



INTRODUCTION/PURPOSE

The Home and Community Based Services (HCBS) assessment process is to determine the current level of independent support and make a determination of unmet needs necessary to enable the potential or current participant to remain in the least restrictive environment.

The purpose of the assessment is to:

- Establish eligibility or continued eligibility for HCBS,
- Ensure adequacy in the development of the Person Centered Care Plan (PCCP),
- Offer appropriate services available,
- Identify and facilitate referrals outside of the HCBS program,
- Inform the participant of qualified HCBS providers in the participant's area, and
- Coordinate HCBS with the selected HCBS provider to ensure delivery of services.

LEGAL REPRESENTATIVE/CONFIDENTIALITY

For potential or current participants who have a legal representative (e.g., guardian, or someone with a Durable Power of Attorney (DPOA) in effect), it is required the legal guardian be informed of the assessment, sign necessary documents (e.g., Participant Choice Statement) and approve the authorization of services. In addition, if there is a signed [Authorization for Disclosure of Consumer/Medical Health Information](#) in effect, the person listed shall be informed.

Additional information may be needed to complete the assessment. Care should be taken to ensure the confidentiality of the potential or current participant is not compromised. When assistance from a third party is necessary to complete the assessment process, this information shall be thoroughly documented in case notes of the participant's electronic case record.

INTERRAI HC ASSESSMENT

The InterRAI HC guides comprehensive care and service planning in community-based settings. It focuses on the person's functioning and quality of life by assessing needs, strengths, and preferences. Completion of the InterRAI HC shall be done at initial referral of services and at each annual reassessment. Based on the information gathered from the completed assessment, algorithms within the HCBS case management system the participant's nursing facility level of care for eligibility purposes. Additional guidance for facilitating an accurate and uniform assessment through the use of the InterRAI HC is available in the InterRAI HC manual.

SCHEDULING AN ASSESSMENT/REASSESSMENT

INITIAL ASSESSMENT

Upon receipt of an initial referral request for HCBS, the Division of Senior and Disability (DSDS) staff shall make arrangements to schedule and complete a face-to-face visit for an initial assessment. The scheduling and completion of all initial assessments must be completed within fifteen (15) business days of the date the referral was received.

To schedule an initial assessment, DSDS staff shall make a minimum of one (1) attempt by phone to contact the participant and/or legal guardian. If attempts to contact are unsuccessful, DSDS staff shall leave a message and include their contact information and the date the initial referral will be closed.

- Ten (10) calendar days from the day the message was left. If the 10th calendar day ends on a State Holiday or weekend, the next **business** day shall be considered the 10th day (e.g., if the 10th calendar day ends on Saturday the next business day is Monday).

NOTE: It is the responsibility of the participant and/or legal guardian to respond by the date outlined in the message in order to proceed with the assessment.

If a message is unable to be left, or if DSDS staff are unsure the phone number is correct for the participant and/or legal guardian, the [Participant Contact Letter](#) shall be sent. The letter shall include a date to respond by:

- Ten (10) calendar days from the day the Participant Contact Letter was sent.

If there is no response to the Participant Contact Letter, DSDS staff shall close the case. The closing date shall be the 11th day from the day the letter was sent. DSDS staff shall initiate a new referral if new information is obtained.

The HCBS provider and/or the referring entity shall be notified of the following:

- Attempts by DSDS staff to contact the potential participant,
- Assist with locating the potential participant, and
- Informed of the closing date of the referral if no contact has been made.

REASSESSMENT

All participants authorized for HCBS shall have a reassessment completed within 365 days from the last level of care determination. DSDS staff shall schedule a face-to-face reassessment, however in certain instances a reassessment may be performed by telephone.

DSDS staff shall make a minimum of one (1) attempt to contact the participant and/or legal guardian by phone to schedule a reassessment. If there is no contact a message shall be left. DSDS staff shall include their contact information and a date to respond by:

- Ten (10) calendar days from the day the message was left. If the 10th calendar day ends on a State Holiday or weekend, the next **business** day shall be considered the 10th day (e.g., if the 10th calendar day ends on Saturday the next business day is Monday).

If the participant and/or legal guardian do not respond by the end of the ten (10) calendar days, an [adverse action](#) shall be initiated. A Participant Contact Letter may be sent along with the adverse action.

NOTE: DSDS staff shall contact the HCBS provider to ensure the provider is aware of the attempt to contact the participant and assist in locating.

If DSDS staff are unable to leave a message for the participant and/or legal guardian, or they are unsure the phone number is correct, the [Participant Contact Letter](#) shall be sent. The letter shall include a date to respond by:

- Ten (10) calendar days from the day the Participant Contact Letter was sent.

DSDS staff shall follow the process for an [adverse action](#) if there is no response to the Participant Contact Letter. At the end of ten (10) business days of the adverse action if there is no contact from the participant and/or legal guardian, the case shall be closed. The care plan shall not be reauthorized unless the ten (10) business days of the adverse action exceeds the end of the care plan.

PARTICIPANT CONTACT LETTER

The [Participant Contact Letter](#) shall include at a minimum, the following information:

- DSDS staff inability to contact the participant to schedule an HCBS face-to-face (re)assessment visit;
- The date the participant and/or legal guardian is to respond by;
- The legal reference; and
- A DSDS staff contact number.

The ten (10) calendar days shall begin the first business day after the Participant Contact Letter is mailed. If the 10th calendar day ends on a weekend or State Holiday, the next **business** day shall be considered the 10th day (e.g., if the 10th calendar day ends on Saturday the next business day is Monday).

ELIGIBILITY

DSDS staff shall verify the participant's [Medicaid eligibility](#) prior to a (re)assessment. If the participant is a Medicaid spenddown recipient, spenddown must be met at least once within the last three (3) months to remain eligible for HCBS. DSDS staff shall verify with [Family Support Division \(FSD\)](#) if the participant has pending expenditures waiting to be entered before closing the case. DSDS staff shall thoroughly document contacts with FSD and any attempts for additional information in the electronic case record.

If the participant is no longer Medicaid eligible, DSDS staff or its designee shall follow the [Adverse Action](#) policy.

Individuals enrolled in certain Managed Care Health Plans are not eligible to receive HCBS authorized by DSDS staff. If HCBS cannot be authorized for the participant, DSDS staff shall refer the individual to the Managed Care Health Plan. The 'Eligibility' tab within the electronic case record provides contact information for the Managed Care Health Plan.

ASSESSMENT/REASSESSMENT PROCESS

The (re)assessment process provides a basis in establishing a PCCP and the decisions regarding HCBS authorization. A complete thorough assessment to include information and related documentation obtained during the assessment process, will establish an appropriate PCCP.

INITIAL ASSESSMENTS

Upon receipt, all initial referrals shall be prioritized by the immediacy of the need for an initial assessment and HCBS. The following are examples of high priority referrals:

- Immediate discharge from a hospital or nursing facility,
- Significant breakdown of current support system,
- Catastrophic event, or
- Adult Protective Services request to assist with the participant's safety and well-being.

The assessment and all PCCP activities including completion of the following shall be completed as soon as possible, but not to exceed fifteen (15) business days from the receipt of the referral.

- InterRAI HC
- [Participant Choice Statement](#)
- [HCBS Assessment Attestation](#)
- [Privacy Policies Acknowledgement Form](#)

If the potential participant does not meet the necessary level of care for HCBS, DSDS staff shall initiate an [adverse action](#). The case shall be closed with the appropriate status and date upon completion of the adverse action process.

REASSESSMENTS

A participant shall have a reassessment completed by DSDS staff or its designee to establish continued eligibility for services. The end date, which reflects the last full month within 365 days from the previous level of care determination, will be indicated as the due date for the reassessment.

The InterRAI HC shall be reviewed by DSDS staff or its designee.

- The reassessment shall reflect any change from the previous assessment.
- All information discussed during the reassessment interview shall be thoroughly documented.
- During the reassessment, DSDS staff or its designee shall determine the participant's satisfaction with the HCBS they receive. DSDS staff or its designee shall follow the [Provider Complaint](#) protocol regarding any provider complaints.

DSDS staff or its designee shall develop a new PCCP to ensure the continuity of HCBS. All required documents shall be reviewed and completed at each reassessment including the [Participant Choice Statement](#) and the [HCBS Assessment Attestation](#).

PRIORITY RISK INDICATORS

Priority risk indicators will display for the particular case in the participant's electronic case record. This indicator is determined at the (re)assessment. These indicators are intended to assist the HCBS provider in prioritizing service delivery in instances such as temporary staffing shortages, natural or other disasters, and acts of terrorism.

Document the level of priority by evaluating circumstances (e.g., support system, confusion, and noncompliance) on the assessment tool. Priority/Risk indicator of one (1) shall be used when the lack of

HCBS would pose a serious threat to the health, safety, and welfare of the participant. Discretion shall be used in assigning high priority. A fragile, unreliable or insufficient support system must be documented in the electronic case record justifying high priority status.

GOALS

During the (re)assessment process, DSDS staff shall work with the participant to identify a personal goal. DSDS staff shall ensure the PCCP supports the goal when possible.

An appropriate goal shall reflect what the participant hopes to achieve. DSDS staff shall encourage the participant to express a goal in their own words which may reflect:

- To remain in their home.
- To be able to walk again.

A goal shall not be a statement of fact such as:

- They don't feel well or,
- They enjoy the meals they receive.

Goals may come from the participant or legal representative. In the rare circumstance when a participant cannot verbalize a goal, a primary unpaid caregiver may provide the goal for the participant. Thorough case note documentation would be required in these rare instances.. Case note documentation shall include:

- The participant is unable to express a goal.
- Who the goal was provided by (the legal guardian or primary unpaid caregiver) .
- Name and relationship of the person providing the goal.

BACKUP PLAN

DSDS staff shall identify in collaboration with the participant and/or legal guardian, details of a backup plan to be used in the event of an emergency, and when events such as weather or illness prevent service delivery by the HCBS provider(s). If the aide or attendant is not available, the participant and/or legal guardian shall provide a support system to ensure needs are met, and continuation of services. Available assistance may vary, but all availability should be considered.

The backup plan shall identify a specific individual(s) available to assist when needed and may consist of the following:

- Family, friends, a neighbor, collateral contacts, etc.

A brief detailed summary of the support shall be provided and documented in the participant's electronic case record, and include:

- The name, phone number and relationship of the individual providing the support,
- The specific tasks to be provided, and
- The frequency of each task being provided (e.g., all meals prepared Monday, Wednesday and Friday, bathing Tuesday and Thursday)

NOTE: If multiple supports are identified, DSDS staff shall ensure all contact information, specific tasks and the frequency of each task is documented specifically for each individual providing the support.

911 should only be used in rare instances and as the last option for participants with no other alternatives or support system (i.e. family, neighbor, friend, etc.). If 911 is the only alternative for an emergency contact, case note documentation shall thoroughly explain there are absolutely no other options available.

PROVIDER SELECTION

DSDS staff shall allow fifteen (15) calendar days following the **initial assessment** for the participant and/or legal guardian to select an HCBS provider. If an HCBS provider is not selected by the end of the fifteen (15) calendar days, DSDS staff shall refer to the [Adverse Action](#) policy and initiate an adverse action. DSDS staff shall close the case if a response is not received from the participant and/or legal guardian ten (10) business days from the date the adverse action was sent.

If within ninety (90) days of the adverse action a participant and/or legal guardian notifies DSDS staff that a provider has been selected, a new assessment *does not* need to be completed. DSDS staff that completed the initial assessment shall open the case and authorize HCBS using the initial assessment. If no HCBS provider is selected within the ninety (90) days of the adverse action, the case remains closed. If an HCBS provider is selected after the ninety (90) days, a new assessment shall be completed.

NOTE: ‘Assessment – State Designee’ is *only* used if there is no HCBS provider available to serve the participant.

For initial assessments, DSDS staff or its designee shall contact the referring HCBS provider when the participant has chosen another provider for authorization of HCBS. DSDS staff or its designee shall inform the referring HCBS provider the authorization was processed per the request of the participant and did not result in authorization to the referring provider.

As part of the **reassessment** process DSDS staff or its designee shall ensure an HCBS provider is selected. If a participant has a circumstance that requires a selection of a different provider, DSDS staff shall refer to the [Person Centered Care Planning and Maintenance](#) policy.

PHYSICIAN NOTIFICATION OF CARE PLAN

Per state regulation, the participant’s primary care physician shall be informed of, and have the opportunity to be involved with the development of the PCCP.

DSDS staff shall notify the participant’s physician of the initial PCCP for HCBS via the Physician Notification of Care Plan within three (3) business days of the date of approval.

- The associated copy of the PCCP shall be attached to the Physician Notification of Care Plan for forwarding to the physician.
- This notification is required only at **initial** authorizations of all HCBS, regardless of the service authorization.
 - The Physician Notification of Care Plan informs the physician of the availability of electronically monitoring their patient’s PCCP.
- Physicians may contact DSDS staff or its designee to discuss the PCCP and make recommendations. The PCCP shall comply with the recommendations or requests of the physician, unless sufficient

justification is documented to the contrary. Any modification that adversely impacts the participant shall require notification as outlined in the [Adverse Action](#) policy.

- Any decision to *not* comply with physician recommendations or requests, (i.e., statutory or regulatory violation, etc.) shall be reviewed and approved by the DSDS supervisor and documented in the participant's electronic case record. Notification to the physician shall be made, in writing, as to why the physician's recommendation or request is not being followed. All documentation shall be maintained within the electronic case record.
- The completed Physician Notification of Care Plan shall be scanned and attached to the participant's record in the electronic case record.

CASE NOTE DOCUMENTATION

All documentation, contacts and actions made regarding the (re)assessment and the development of the PCCP shall be electronically recorded in the participant's electronic case record. This provides a summary and justification of the participant's circumstances and provides a record of the interaction between the participant, collateral contacts and HCBS providers. The [Case Notes Documentation Policy](#) and the [Case Note Documentation Quick Guide](#) shall be utilized to ensure all appropriate documentation is completed for all case actions. At the conclusion of a case note entry, DSDS staff or its designee shall enter their first and last name, title and business affiliation (e.g., DSDS or provider agency name).

FINALIZATION

HCBS (re)assessments, corresponding documentation and information shall be entered into the electronic case record. DSDS staff shall ensure the following:

- The authorization of units and cost of the care plan do not exceed the [cost maximum](#),
- Documentation justifies the PCCP,
- Goals and backup plans are identified and appropriate, and
- An HCBS provider has been selected.

All HCBS participants shall receive a copy of the completed and signed [Participant Choice Statement](#). The completed Participant Choice Statement shall be scanned and attached to the participant's electronic case record.

HCBS providers shall be instructed to provide a copy of the PCCP via the electronic case record to the participant, detailing the authorization of their HCBS services. DSDS staff shall send the PCCP upon participant request.