



# HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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## Sessions 1- LOC Review and I&E Discussion

12.15.2014

In-person

Note taker

Andrew Cieslinski

Attendees

Tim Cortez, Brittani Trujillo, Kelly Wilson, Jason Mizak, Michele Craig, Barb Ramsey

### LOC

- Will have to work out the details around the potential for loss of services for individuals who may be receiving services as a result of the subjective process, including the transition plan and appeal process.
- The behavior component is going to be one that will be difficult to replicate accurately because the current criteria are so broad. Many of the have a number of different pieces within them.
  - There is currently no training around how to interpret the responses in the ULTC 100.2, meaning that responses are very subjective.
- Behavior and Cognition sections are the ones that case managers have trouble with the most. These are kind of the "catch all" sections. BI used to have their own tool as well, so will need to make sure information they would need is appropriately recorded.
- *Should add instructions to assessors that if the individual does not have a cognitive impairment or has a very obvious cognitive impairment, they do not need to ask all items in the cognition section. This should just be for individuals who may have an impairment but assessors need to delve a bit deeper to establish.*
- Perhaps start phrasing emails to Barb Gage and Pat Rivard as TEFT assistance to get a better response.
- Won't actually go out for the assessment until they confirm there is a Medicaid application on file. Only looking for them to have started the Medicaid application process prior to receiving the assessment. *Get a copy of the 8.4393 regs about this from Brittani. Will need to capture this in Assessment Workflow.*
  - Exceptions are if they are discharging from hospital or nursing home.
- May not make sense to have all individuals with IDD go through the whole non-IDD assessment if this is the route they choose because they will still go through the SIS at some point if they are looking to receive IDD services.
  - ADL, cognition, and behavioral will be needed for eligibility decisions.
  - SLS and CES no longer have a waitlist, and if enrolled in these services can be on waitlist for DD waiver.
  - Have to be determined eligible to be placed on the IDD waiver waitlist, but there was the suggestion that there may be a shift in this mentality as a result of the Screen that does a better job of identifying individuals. Brittani said that if the individual wants to go on the waitlist, the Screen by itself may be appropriate to get them on there. If they want services, they will obviously have to continue on to the assessment.

### I&E Paper Tool

- If the referral is coming from a nursing home or hospital there will be an expedited assessment given, and this will need to be captured in the tool.
  - Currently captured in the Screening and Intake ULTC 100.2 Tool at the top in the "Current Living Situation" box.
- Discharge planner currently completes ULTC 100.2 Screen and faxes to SEPs, CCBs, or NFs.
  - Take a shot at a streamlined version of this.
- Send PMIP with the first two pages in the ULTC Screen in order to speed up the process; not mandated but CM agencies have found it to be helpful to expedite. **Look at this as part of what assessment needs to be going into the assessment tool.**
- Match client in the BUS using SS, State ID, DOB or name. Only need one, but more may be helpful to collect.
- Change of status occurs typically by judgment, some scenarios include if individual is changing programs, declining health,
  - Update assessment at the 6-month point either via phone or in-person; not change of status.
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