



# HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

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## Sessions 3 I&E Screen Discussion

12.15.2014

In-person

Note taker

Andrew Cieslinski

Attendees

Tim Cortez, Brittani Trujillo, Kelly Wilson, Jason Mizak, Jennifer Martinez, Candie Dalton, Sean Bryan, Lauren Stanislaos, Michele Craig, Barb Ramsey

### Areas of Concern Discussion

- Tim said that they may want to look at other paths beyond simply Medicaid (OAA, State funded programs, etc.) that do not include HCBS further down the road.
- Currently have DD determination earlier in the process to see if they can get State funds rather than Medicaid. Steve said that this would be included in I&E tool.
- Will include a placeholder for both emergency and non-emergency referrals in the Screen.
- No current training language around the "areas of concern" in the 100.2 that may be adapted for the I&E Screen.
  - This language will need to be developed to ensure a consistent process.
  - Jennifer Martinez said that she believes that the intake staff do a little more digging, including asking about how the individual performs the tasks under the Areas of Concern. If they need more info, they will talk more with the referring individual/entity.
  - The group said that each SEP has different procedures, with some performing 100.2 Intake Screen in a manner more consistent with the actual assessment to reduce the number of assessments that need to occur. Also, because of the extreme waitlist issues, the Intake had to be more in depth if staff wanted to provide appropriate referrals prior to putting the individual on a wait list.
- The group said that the quick screen would be more appropriate than the more non-standardized in-depth "screen" that occurs now.
  - Brittani said that the training will improve the accuracy of the information collected.
  - **Steve suggested having a general approach, and if they do not have concerns in ADLs, Behaviors, or memory/cog issues then going a bit more in-depth, and the group really agreed with this.**
- Will want to collect information on the volume of referrals/assessments to see if screening criteria needs to be adjusted.

### Financial Component Discussion

- Brittani said they should not be doing financial determinations at this point, but can collect some preliminary information.
- Inform people that there are financial requirements rather than collecting any info beyond if they have started the Medicaid eligibility determination process. Also collect this information to look it up.
  - Application has to be at least pending before the Assessment can be conducted.
  - Not all SEPs are Medicaid application assistance sites. Tim's guidance was to keep the guidance to staff broad and to follow the agency protocol for application assistance and follow-up.
    - **Steve proposed adding a section to document the follow-up for individuals who have not begun the financial determination process to track how different agencies are conducting business. Tim said that this would be very helpful.**

### Risk Triggers

- Candie suggested adding involvement of CPS or APS to the proposed high risk triggers.
- Barb suggested adding whether there is a loss of caregiver support.
- Tim suggested adding criminal issues in the past six months in an effort to trigger mental health issues.
- Candie suggested adding homelessness; while HCBS may not provide direct assistance for homelessness, it is an important risk trigger for expedited determinations.
  - Tim suggested instead risk of homelessness that they have been looking at with MFP. This may be more appropriate for HCBS.
  - Will look at this in the pilot and see if the worker's judgment is enough or if the homelessness trigger should stay in.

### Decision Tree for IDD/Non-IDD Assessment Route

- Barb said that you can put the individual on a waitlist and then enroll them in another waiver. Do DD determination and 100.2 prior to this. This is very common right now.

# Meeting Minutes

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