Choices for Care Training

Module 2: Eligibility

2020

FOR CASE MANAGERS, SERVICE COORDINATORS & PROVIDERS

Choices for Care: General Eligibility

Eligible applicants must:

- Be a Vermont resident, and
- Be 18 years of age or older, and
- Have a functional limitation resulting from a physical condition or associated with aging, and
- Meet the clinical criteria for the program (Highest or High)
- Meet all financial and non-financial criteria for VT Long-Term Care Medicaid, and
- Choose services in an approved CFC setting with authorized CFC providers.

NOTE: People identified with a mental illness or developmental disability who are applying for services in a nursing facility must also have a federally required “Step II PASRR” screening to assure specific needs can be met in that setting.

Choices for Care: Application Process

Step I: Application

- Choices for Care (CFC) applications may be obtained by calling 1-800-479-6151 or online at https://www.greenmountaincare.org/sites/gmc/files/202LTC%2002%2018-1.pdf.
- DVHA assigns the Long-Term Care Medicaid application to a case worker who contacts the individual to initiate the financial eligibility process.
- DVHA or the ADPC forwards the application to the local Department of Disabilities Aging and Independent Living (DAIL) Long Term Care Clinical Coordinator (LTCCC) via email, who contacts the individual to arrange for a face-to-face visit to complete clinical eligibility.

Choices for Care: Application Process

Step II: Clinical Determination:

- After receipt of the CFC application from DVHA/ADPC, the DAIL LTCCC completes a face-to-face clinical assessment and provides options education.
- The DAIL LTCCC determines clinical eligibility and sends the "Clinical Certification" form CFC 803 to DVHA and applicable providers, depending on the long-term care setting the individual has chosen.

Choices for Care: Clinical Determination "Highest"

To be clinically eligible at "Highest" level of care, the LTCCC's clinical assessment must demonstrate at least one of the following:

- **Activities of Daily Living:** Toileting, Eating, Bed Mobility or Transfer = **3 (extensive assist) or 4 (total assist) AND** any other ADL= **2 (limited assist)** or greater.
- **Cognition:** Decision making skills severely impaired.
- **Cognition & Behavior:** Decision making skills moderately impaired **AND** a behavior not easily altered.
- **Conditions/Treatments** that requires skilled nursing on a **daily basis.**
- **Unstable Medical Conditions** which requires skilled nursing on a **daily basis.**

Choices for Care: Clinical Determination "High"

To be clinically eligible at "High" level of care, the LTCCC's clinical assessment must demonstrate at least one of the following:

- **Activities of Daily Living:** Daily assistance with
  - Bathing, Dressing, Eating, Toileting, Physical Assistance to Walk = **3 (extensive assist) or 4 (total assist).**
- **Skilled Teaching:** The individual requires skilled teaching (rehab) on a daily basis:
  - gait training, speech, range of motion, bowel and/or bladder program.
- **Cognition & Cueing:** Impaired judgment or impaired decision making skills (**Moderate)** that require constant or frequent direction for at least on of the following:
  - bathing, dressing, eating, toileting, transferring or personal hygiene.

Choices for Care: Clinical Determination "High"

- **Behaviors:** The individual exhibits behaviors that require a controlled environment to maintain safety for self.
- **Conditions/Treatment & Aggregate Daily Services**: The individual has a condition or treatment that requires skilled nursing assessment, monitoring and care on a less than daily basis and requires an aggregate of other services (personal care, nursing care, medical treatments or therapies) on a daily basis**.**

Choices for Care: Application Process

Step II: Clinical Determination(cont):

- For Home-Based (HB), and Flexible Choices (FC), the case manager or consultant completes the Independent Living Assessment and Service Plan or Allowance within 14 calendar days and sends with required documentation to the LTCCC for review and authorization.
- For ERC, the ERC provider completes the Residential Assessment (RA), Tier Score Sheet and ERC service plan within 14 calendar days if a current resident or within 14 days after the client is admitted and sends to the LTCCC for review and authorization.
- For AFC, the Authorized Agency (AA) completes the Independent Living Assessment and personal care worksheet within 14 calendar days after CFC Enrollment (CFC 707) form is signed. The AA completes the AFC service plan as soon as the AFC Home Provider has been identified and sends to the LTCCC for review and authorization.

Choices for Care: Application Process

Step III: Financial Determination:

- After receipt of Clinical Certification (CFC 803), DVHA completes financial eligibility determination and patient share (if applicable).
- DVHA sends Notice of Decision to applicant, legal representative, LTCCC and highest paid provider.

Step IV: Final Authorization:

- For HB, FC, AFC and ERC, after receipt of the DVHA Notice of Decision, if financially eligible, the DAIL LTCCC authorizes the Service Plan or Allowance. A copy of Service Plan or Allowance is sent to the individual and applicable providers.
- Nursing facilities may start billing after receipt of the DVHA Notice of Decision. Other HB, FC, AFC and ERC providers may start billing after receipt of the authorized Service Plan or Allowance.

PASRR

PRE-ADMISSION SCREENING AND RESIDENT REVIEW

Overview

For a state to have its Medicaid plan approved by the Centers for Medicare and Medicaid Services (CMS), it must maintain a Preadmission Screening and Resident Review (PASRR) program that complies with the relevant Federal laws and regulations. Everyone who applies for admission to a nursing facility (NF) must be "screened" for evidence of serious mental illness (MI) and/or intellectual disabilities (ID), developmental disabilities (DD), or related conditions.

A NF must not admit an applicant who has MI and/or ID unless the appropriate state agency has determined whether a) the individual needs the level of services that a NF provides, and b) whether individuals who need NF services *also* need high-intensity specialized services." Generally speaking, the intent of PASRR is to ensure that all NF applicants are thoroughly evaluated, that they are placed in nursing facilities *only* when appropriate, and that they receive all necessary services while they are there

2 LEVELS of PASRR Level I and Level II

Level I

Completed by hospital/NF staff prior to admission to a NH. If there is a request for NF placement directly from a person's home, a community-based social worker, nurse or case manager may complete and submit the Level I.

Level II

Must be completed by a PASRR Coordinator.

Purpose of Level I and Level II

The purpose of a Level I screen is to determine whether an individual *might* have MI and/or ID.

If an individual "tests positive" at Level I, PASRR, Level II must be completed

Level II evaluation has three main aims:

- To confirm whether the applicant has MI/ID/DD;
- To assess the applicant's need for placement in a nursing facility; and
- To assess whether the applicant requires specialized services or specialized rehabilitative services.

Who is responsible for PASRR in VT?

For individuals diagnosed with mental illness and have "yes" checked off in **Part B** of the Level I form, the Department of Mental Health (DMH) is responsible for the Level II.

For individuals suspected to have Intellectual/Developmental Disability or Related Condition with "yes" checks in **Part C** of the Level I form, DAIL/Developmental Disabilities Services Division (DDSD) is responsible.

If a person is believed to have both MI and DD, DMH and DAIL will coordinate and perform a Level II evaluation together.

Who is PASRR Exempt?

If a person is being admitted to a nursing facility following an acute hospitalization to receive rehabilitative therapies and is likely to require treatment for less than 30 days in the NF, he/she will not need a Level II evaluation.

If the person is admitted to a NF and later is determined to need a longer stay, the PASRR Coordinator should be contacted to arrange a Level II evaluation.

Questions?