DHR

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HCBS Manual Transmittal 2004-4: Chapter 114, Guidelines for Client Assessment

TO: Executive Directors, Regional Development Centers
Executive Director, The Legacy Link, Inc.
Executive Director, SOWEGA Council on Aging, Inc.
Directors, Area Agencies on Aging

FROM: Zelda White, Deputy Director
Division of Aging Services

DATE: December 29, 2003

This transmits in final form the manual chapter listed above. This document was issued as a draft for a review and comment period in September-October 2003. Attached for your convenience is a compilation of the comments and our responses.

Chapter 114 incorporates the policies previously issued through Procedural Issuance 146, 4/21/2001, "Client Assessment for Non-Medicaid Home and Community Based Services," and is revised to provide a model for eliminating duplication of assessment activities.

Please assure that staff and contractors receive these chapters promptly and enter receipt and distribution dates on the Record of Manual Transmittal log. The document is formatted to be printed or copied on hole-punched paper, on both sides of the page. We also will post the chapters to the DAS webpage in the near future.

We thank you for your ongoing support of and participation in the policy development process. If you have questions, please contact your assigned Program Manager or Beverly Littlefield at 404-657-5322 or by e-mail at brlittle@dhr.state.ga.us.

C: DAS Leadership Team

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Comments, Questions and Responses Regarding Chapter 114, Client Assessment

Comment/Question: *Section 114.6(d). Are you saying that only one entity will complete assessments on clients? For example if client receives CCSP services and HCBS Non-Medicaid services then only CCSP will complete an assessment. Will CCSP forward this information to HCBS Non-Medicaid provider to be placed in client record at HCBS Non-Medicaid provider location?*

DAS Response: In addition to making better use of the time of various staff involved in assessment and data entry activities, we essentially want to stop the practice of creating conflicting and overlapping HCBS assessment files in AIMS, when there is more than one non-Medicaid HCBS provider involved with a client. Further, if a person is being served by both the non-Medicaid program and the CCSP, we don't believe a contact by non-Medicaid provider for a separate assessment for HCBS is really necessary, as long as the CCSP Care Coordinator is in agreement that the non-Medicaid service is needed and appropriate, has incorporated the HCB service in the CCSP Care Plan and is overseeing service delivery. We still need to record certain basic data such as the DON-R and NSI-D scores for persons who are jointly served, because of our need to track the characteristics of people receiving non-Medicaid services and meet certain reporting requirements. However, it should not be necessary for staff of two or more provider agencies, including CCSP Care Coordination, to make multiple face-to-face contacts for the purpose of assessing client needs.

Question Section 114.5 b, *regarding telephone follow-up to initial assessments. Is this new?*

DAS Response: No, this comes from Procedural Issuance 146, 4/21/2001.

Comment: Section 114.11, AAA Monitoring. *Excellent QA. Providers often update client records but fail to forward information to appropriate person for data entry.*

DAS Response: Glad it's useful.

Comment: §114.5 (c) *Reassessment guidelines should be reviewed to correct discrepancies between CCSP and HCBS standards for completing a reassessment. HCBS policy states "any change" and the CCSP policy states "significant change". Also, HCBS requires reassessment for a change in service level, CCSP does not.*

DAS Response:

Community Care Services are provided via a comprehensive, holistic programmatic approach through which a professional care coordinator oversees and manages client assessment, reassessments and management of services levels. Centralized case management currently is not widely available to provide the same oversight for the non-Medicaid services, which accounts for why assessment activities have become duplicative among HCBS providers. CCSP reassessments confirm clients' ongoing eligibility based on their continuing to meet level of care criteria, as well as other criteria for the program as a whole. Provision of non-Medicaid services is not linked to such criteria, only to the continued need for the individual services being used. Because HCB service providers currently make the majority of decisions regarding the amount of services a client will receive, we will continue to require periodic reassessment to support and document the rationale for changes in service levels. Also, currently the time standard for reassessing non-Medicaid clients varies by service. This is due in part to the objectives of the

services being provided, the impairment levels and other characteristics of clients likely to use the services, and the varying need to monitor potential for change/decline in clients' conditions.

We will continue to study the variations in reassessment requirements to determine if a higher degree of standardization is possible.

Regarding the requirement for reassessment when changes in client conditions are noted: the phrase, "any change," is modified by the phrase, "that would affect the need for a change in service levels…." We intend that to mean "significant" change.

Comment: *§114.7 (b) Conflicts with §114.8 (b) when collecting and initiating AIMS data entry.*

DAS Response: We have modified §114.8(b), (which is renumbered to §114.9 to correct numbering) to read: " …AAAs *or other designated entities* will continue to enter any additional client date required…."

Comment: *In our area, the CCSP care coordination contractor has a separate contract to perform assessment/reassessment and information and referral for HDM clients. Providers of other services complete their own assessments/reassessments. A AAA staff member in Gateway currently does the 30-day telephone follow-up calls for all HCBS services.*

We've got to make some real work to do to eliminate duplicate assessments, but that's fine because I can see the benefit of doing so. However, I'd like for the AAA to continue making the 30 day follow-up calls. Does Section 114.6 (b) mean that we can't do that since we're not conducting initial assessment? Or is it the intent of this section to emphasize the importance of an independent agency conducting the follow-up calls, but not preclude the AAA from conducting them?

DAS Response: We did not intend to remove the option of the AAA conducting the 30-day follow-up calls, if so desired, even if another entity conducts initial assessments, and have modified this section to indicate that this is still an option.

Comment: *In §114.7(c), item (1) seems to be an explanation of (c), rather than an exception.*

DAS Response: We have revised this for greater clarity, we hope.

Comment: §114.7 (d) *Refer to existing DHR Form 5459, Authorization for Release of Information. Form is to be renewed annually.*

DAS Response: An annual update is one of several options. We have passed the requirement to safeguard confidential client information through our contracts to the AAAs and providers. The client has the right to limit the period of time during which an agency may release information via the DHR Form 5459. The latest version of this form, which includes a statement about HIPAA, is available for downloading from
http://www.ph.dhr.state.ga.us/pdfs/forms/5459.inforelease.03.pdf

Clients are not to be asked to sign "blanket" releases as a routine matter. Obtaining the release is appropriate only when there is a specific need to share confidential information with another resource.

This form is used when releasing information from a client's record, as indicated in the following excerpt from the DHR Administrative Manual:

GA. DHR ADMINISTRATIVE **PAGE 1**
PART XI. A. 2
POLICY AND PROCEDURES MANUAL **9/86 (J)** **CHANGE #84**

"SUBJECT: CONFIDENTIALITY OF AND ACCESS TO RECORDS
LEGAL REFERENCES:
1. Chapter 50—18, Article 4, O.C.G.A., Inspection of Public Records
2. Chapter 50—18, Article 5, O.C.G.A., State Records Management
3. Board of Human Resources Policy Manual, Part O.F.6.

REVISED: September, 1986

A. The following policy of the Georgia Department of Human Resources governs the disclosure of records which are generated or held by Divisions and Offices within the Department. The policy provides for the safeguarding of certain records which are to be regarded as confidential and the disclosure upon request of records which are to be regarded as open to public inspection. The disclosure of open or non—confidential records by the Department is in accordance with the above Georgia law concerning "Inspection of Public Records," commonly referred to as the "Open Records Act."

3. CLIENT INFORMATION
a. Personally identifying information about a client which is collected for purposes of service delivery or program administration may be released or disclosed to anyone for any purpose if the client has consented in writing to the disclosure. All Divisions and Offices are expected to use the standard consent form for release of information about individual clients or patients, **Form #5459**, Authorization for Release of Information…
[Please note that] if a client is adjudicated mentally incompetent…the consent form must be signed by his… guardian, other legally responsible agent, or other person who has written authorization by the client's legally responsible agent to act on that client's behalf. If a client is otherwise incapable of signing the consent form himself, it must be signed by his legally responsible agent or by a person authorized in writing by the client or his agent to act in the client's behalf. "

Question §114.8 (a) *Will the CCSP lead agency be responsible for meeting "other additional requirements" that may be required of HCBS providers by ORS?*

DAS Response: The "additional requirements" would relate to those required of the licensed organization, not the CCSP Care Coordination agency.

Comment: *§114.8 (b) Conflicts with §114.7 (b) when collecting and initiating AIMS data entry.*

DAS Response: We believe we have addressed this issue.

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Comment: §114 Appendix B (process flow for intake, screening and assessment) *In block #2 change to read "and/or".*

DAS Response: We have substantially revised the process flow for greater clarity and a more accurate depiction of the processes. Thanks especially to Teresa Marlow for her suggestions and to Lauren Burby for the final diagram.

Comment: §114 *Add additional appendix containing standardized forms:*
Consent Form
Communicator Form
Income Worksheet
Currently there are forms for CCSP and HCBS which collect different data elements for each program.

DAS Response: We would be glad to add this resource at a later time. There are several other forms which need to be standardized as well. Yes, there will be some variations in the data elements required for the two programs, but we will continue to work to achieve as much consistency as possible.

Comment: *Both our Gateway Screening Specialist and I reviewed this and have not found anything that should be changed. It includes those duties that our non-medicaid hcbs case managers currently perform.*