

Table of Contents

800 - REASSESSMENT

| | |
|-------------------------|-------|
| 800 - REASSESSMENT..... | 800-2 |
|-------------------------|-------|

800 - REASSESSMENT

| | |
|------------------|---|
| POLICY STATEMENT | All CCSP clients are reassessed at least annually, and more often if necessary. |
| POLICY BASICS | <p>Reassessment serves the following purposes:</p> <ul style="list-style-type: none"> • Re-determines a client's level of care (LOC) certification • Affirms each client's continued eligibility, appropriateness, and need for CCSP services • Evaluates client progress toward achieving Comprehensive Care Plan (CCP) goals • Allows for adjustment of the CCP which serves as the client's medical plan of treatment for all providers except Home Delivered Services (HDS) • Permits the care coordinator to continue authorizing needed services. <p>The LOC is determined at every reassessment. Care coordinators conduct reassessments under the following special conditions:</p> <ul style="list-style-type: none"> • Client's mental status, medical condition, diagnosis, or other circumstances, changes significantly. <p>EXAMPLE: A client's condition may justify a change in services when discharged from the hospital.</p> <ul style="list-style-type: none"> • Client needs a change from one service category to another. <p>EXAMPLE: A client's service changes from Personal Support Services (PSS/PSSX) to Alternative Living Services (ALS).</p> <ul style="list-style-type: none"> • Client needs an additional skilled service. <p>NOTE: Skilled and therapy service providers (ADH and HDS) require physician's orders before specific medical procedures can be provided. Orders for therapy services must include specific procedure and modalities used, frequency and duration of services.</p> |

POLICY BASICS
(contd.)

- Provider requests a permanent increase in services which would cause the cost of care to exceed cost limit guidelines.
- Provider requests a change in Adult Day Health (ADH) level of care.
- Client receives only Medicare services for two months and provider expects those services to continue indefinitely.
- Client transfers from one planning and service area (PSA) to another.

EXCEPTION: Client continues to need same service(s).
- Only the RN may complete a reassessment in the following situations:
- Client enters a facility that requires a LOC on a DMA-6 and seeks re-admission to CCSP.

NOTE: Facilities requiring a DMA-6 for admission include: nursing homes, hospital swing beds, transitional care units, sub-acute units, and extended care units.
- Client does not receive a waived service within two months of initial assessment.

NOTE: This includes active clients who have not received a CCSP service in two months.
- Client has recently been discharged from an acute care facility for treatment or exacerbation of an existing medical condition.
- Client has an acute illness or a newly diagnosed condition which requires major changes in the care plan, such as the addition of skilled services.
- Client or provider requests that the nurse conduct the face-to-face interview.

POLICY BASICS

| | |
|------------|---|
| (contd.) | <ul style="list-style-type: none"> Client receives only skilled home health services. The social services worker <u>or</u> RN may complete the reassessment in all other situations. <p>The social services worker may conduct the client visit and complete the care plan but only a RN may determine client LOC certification.</p> |
| PROCEDURES | <p>Use the following procedures to prepare for and conduct reassessment activities.</p> <p><u>Prior to Reassessment:</u></p> <ol style="list-style-type: none"> 1. Use the computerized “Care Coordinator Tickler Report for Reassessments” from Aging Information Management System (AIMS), or reassessment data from the Client Health Assessment Tool (CHAT), to track annual reassessments. 2. Call and schedule a visit at a convenient time for the client to reassess service needs. 3. Obtain additional medical information from physician or provider(s), if needed. 4. Review client information prior to the home visit to determine whether the nurse or the social services worker conducts the face-to-face interview. <p><u>Reassessment Forms:</u></p> <ol style="list-style-type: none"> 1. Level of Care (LOC) page 2. Minimal Data Set- Home Care (MDS-HC) in CHAT 3. Comprehensive Care Plan (CCP) in CHAT 4. Signature page 5. Nutrition Screening Initiative (NSI) Checklist 6. Client Referral Form- Home Delivered Meals, if applicable. 7. Authorization for Release of Information, Form 5459, if needed. |

PROCEDURES (contd.)

During Home Visit:

1. Determine if CCSP services are still appropriate. Use the MDS-HC to assess changes in the following areas:
 - Medical condition
 - Functional status
 - Cognitive ability
 - Environmental safety.
2. Conduct the reassessment:
 - Complete a new CCP based on the current situation.
 - If the client receives ADH or ALS, at a minimum review the following in the clinical record:
 - Progress notes
 - RN supervisory notes
 - Documentation of any additional services being rendered
 - Current medication list
 - Physician orders
 - Hospital admission notes, if applicable
 - Provider Care Plan.
 - Check, with the client's permission, the refrigerator/freezer for those clients receiving HDM, to monitor meal consumption and to assure that proper food temperature can be maintained.

NOTE: If the client appears to be accumulating meals, discuss the situation with the client. Determine the appropriate intervention depending on client's reason for not eating the meals.

 - Complete and obtain client/client representative's signature on the Authorization for Release of Information and Informed Consent (signature page).
 - Update the discharge plan in consultation with the client/family, the client's physician, other involved service agencies and other available local

PROCEDURES (contd.)

| | |
|---------------------|--|
| PROCEDURES (contd.) | <p>resources.</p> <ul style="list-style-type: none"> • Complete and obtain client/client representative's signature on Authorization for Release of Information, Form 5459, if needed. ▪ Complete other activities specific to the client's situation. <p><u>After the Reassessment Home Visit:</u></p> <ol style="list-style-type: none"> 1. Document reassessment activities in client case notes. 2. Send the Service Order and LOC page to client's physician. The physician completes, signs, and returns them to care coordinator. 3. Broker changes to current service, if necessary. 4. Make referrals, if necessary. 5. After receiving physician's signature, RN redetermines the LOC certification. 6. If applicable, broker new services added during reassessment. 7. Provide needed follow-up and document all related activities. 8. Send copies of the following to providers: <ul style="list-style-type: none"> • Copy of LOC page • MDS-HC and CCP generated from CHAT which includes the following: <ul style="list-style-type: none"> • Client detail • Assessment questions short • DON • Assessment detail • Triggers and Interventions • CCP which includes CAPs, Service Order and Evaluation <p>NOTE: When completing a CCP Review and reassessment at the same time, send a CCP with</p> |
|---------------------|--|

| | |
|--|---|
| | <p>the provider's reassessment packet.</p> <ul style="list-style-type: none"> • Copy of signed Authorization for Release of Information and Informed Consent (signature page) • Any other relevant information, including: <ul style="list-style-type: none"> • psychological and psychiatric evaluations • information about client that the provider needs before completing an evaluation/assessment. <p>NOTE: Send the NSI and Client Referral Form-Home Delivered Meals form to the CCSP HDM provider when brokering this service.</p> <p>9. Update reassessment date in CHAT and AIMS.</p> <p>10. Generate SAFs when the provider sends CCNF indicating date revised services were delivered.</p> <p>Use the criteria in the Chart 800.1 to complete reassessments:</p> |
|--|---|

| Chart 800.1 - Reassessment Procedures | |
|---|---|
| IF | THEN |
| LOS is less than 12 months | Begin reassessment as early as 3 months but no less than 2 months prior to the expiration of the LOC. |
| Provider advises care coordinator of changes in client circumstances | Conduct a reassessment when appropriate and necessary. |
| Adding Home Delivered Meals (HDM), Out-of-Home Respite Care or Medical Social Services (MSS) NOTE: Physician's orders are required before MSS services are delivered. | Complete a reassessment when appropriate to incorporate the changes in client's services. NOTE: If ordering a therapeutic meal, it must be indicated on the LOC page. |
| IF (contd.) | THEN (contd.) |

| | |
|--|---|
| <p>Assessment/reassessment was completed within the past 2 months and client needs a change in services, with the exception of HDM, Out-of-Home Respite Care & MSS (above)</p> <p>NOTE: If SNS or HDS within first 50 visits no reassessment is required. Prior to the 51st visit a reassessment is required to authorize HDS.</p> | <ul style="list-style-type: none"> • Access current CCP in CHAT. • Document the reason for change(s) in comment section of CCP or Service Order. • Adjust the Service Order date to reflect the day the change in services was made. <p>NOTE: Once the physician signs the LOC page, the care coordinator does not change services listed.</p> <ul style="list-style-type: none"> • Document the information regarding the request for needed change(s) in the client case notes. • Sign and date the revised CAPs and Service Order. • Send a copy of revised Service Order to the MD. • Send a copy of revised CCP and revised SAFs to the provider(s). |
| <p>Provider requests a HDS, which is not on the current care plan, to be delivered on an emergency basis</p> <p>NOTE: Coordinate the first 50 visits with the home health provider.</p> <p>IF (contd.)</p> | <ul style="list-style-type: none"> ▪ Approve requested HDS service for 30 days. • Use CCNF to request a copy of the physician's verbal order for skilled services from the HDS agency. • Conduct a reassessment within two business days of approval for emergency service to determine if <p>THEN (contd.)</p> |

| | |
|---|--|
| | <p>changes in services are needed.</p> <ul style="list-style-type: none"> Revise CCP, effective with the date of verbal approval, and the SAF. Forward these forms to the provider after receipt of the CCFN. |
| Client condition has not changed, but client moves in from another PSA with need for same services | <p>Within 1 business day of receipt of the record:</p> <ol style="list-style-type: none"> Contact client to determine provider choice or rotation. Broker service(s). Update provider information on CCP. Send copy of the updated CCP, initial assessment or most recent reassessment forms to provider(s). Within 5 business days, make a home visit to evaluate whether client continues to need the same service(s) and complete a new CCP. Authorize service(s) on SAF and send to new provider(s). |
| <p>New service added</p> <p>NOTE: This includes transfers from one PSA to another, who require new service(s).</p> | <p>Complete reassessment to add new services.</p> <p>NOTE: No reassessment is needed for Home Delivered Meals, Medical Social Services or Out-of-Home Respite.</p> |
| The client condition or situation changes significantly | <p>Complete reassessment.</p> <p>EXCEPTION: If an initial assessment or reassessment was completed within past 2 months.</p> |
| IF (contd.) | THEN (contd.) |
| | A reassessment is not necessary to add the |

| | |
|---|--|
| Client receives PSS or Extended PSS and needs both services | other PSS service. |
| PROCEDURES | Use the procedures in Chart 800.2 when terminating a client at reassessment: |

| Chart 800.2 - Activities when Client no Longer Meets LOC at Reassessment | |
|---|--|
| IF | THEN |
| Client no longer meets LOC criteria | Send first Termination of LOC certification letter to client. |
| Client sends additional information, but still does not meet the LOC criteria | Send second Termination of LOC certification letter to client. |
| Client no longer eligible for any reason other than LOC | Send Notice of Denial, Termination or Reduction in Service, Form 5382, to client stating reason for ineligibility. |
| Client wants to appeal adverse action | Follow appeal procedures. |

REFERENCES

Chapter 600, Care Coordination;
 Section 660, Documentation;
 Chapter 700, Care Management;
 Chapter 900, Ongoing Activities;
 Chapter 1000, CCSP Appeals;
 Section 1100, CCSP AIMS;
 Appendix 100, Forms and Instructions;
 Appendix 500, Level of Care Criteria