Initial Assessment/ New Participant Checklist (Mi-Choice Referrals)

Before Initial Assessment:

* Contact prospective participant BEFORE traveling to their home to confirm their availability and continued interest.
* Confirm prospective participant’s understanding that they are able to invite anyone that they would like to have present for the assessment and care planning process.

At Initial Assessment:

* Introductions & Program Explanation
	+ Verbal explanation of UPCAP & Mi-Choice Waiver Program
	+ Review Eligibility Criteria:
		- Medical Eligibility
			* Must meet Nursing Facility Level of Care Criteria
			* Have needs that are consistent with nursing home level of care or risk of nursing home placement without services
		- Financial Eligibility
			* Review Income and Asset eligibility for Mi-Choice Waiver program
			* Review Estate Recovery pamphlet
			* If participant does not meet financial criteria for program, provide information on Care Management Program and/or private pay options
		- Need for at least 2 Waiver services, with one being Supports Coordination
			* If needs can be met through other available programs, these must be explored first (ex: Veterans Administration; Tribal Services; Adult Home Help) and documented
* Complete Nursing Facility Level of Care Determination (NFLOCD)
	+ If participant meets medical eligibility criteria, complete Freedom of Choice Form (FOC) – signed by participant, or legal representative, designating Mi-Choice Waiver w/ date
	+ If participant does not meet medical eligibility criteria, complete Freedom of Choice Form - (FOC) signed by participant or legal representative. Provide appropriate action notice and appeal information to participant, as well as optional resources if available.

If Eligible:

* Review Participant Handbook
	+ Review Rights and Responsibilities
	+ Review Service Providers; Self Determination program; HIPAA and Privacy; Person Centered Planning; Fraud, Waste, and Abuse; Critical Incident Reporting
	+ UPCAP folder left w/ participant – remind them to keep and make note of location
* Complete Consent and Authorization Form
	+ Signed by participant; spouse if applicable
	+ Carbon copy left with participant; Original copy retained for UPCAP file
* Receipt of Handbook Signature Page
	+ Signed by participant
	+ Copy left with participant if requested; Copy retained for UPCAP file
* Medical Release Form
	+ Signed by participant
* Confirm Information for UPCAP file:
	+ Identification
	+ Social Security Card
	+ Medicare Card and/or other Insurance Card(s)
* Complete Full Assessment
	+ Social Work Section – completed by SW
	+ Registered Nurse Section – completed by RN
	+ Add Caregivers
	+ Add ALL active Medical Providers and Pharmacy
	+ Add ALL Medications – must physically see and record
	+ Add all DME Equipment
		- Tour Participant’s home
		- Make suggestions for DME equipment if needed
* Complete Person-Centered Service Plan (PCSP)
	+ Confirm that the participant understands that they may request a formal Person-Centered Planning meeting at any time
	+ Confirm that the participant understands that they have the right to designate individuals to receive a copy of their PCSP as well as individuals not authorized to receive a copy
		- Note preferences in COMPASS
	+ Review participant’s needs identified during the assessment and the services and supports available to meet those needs
		- Discuss MIChoice Waiver services requested by participant – type, amount, and frequency
		- Review available service providers for each service and make note of participant preference/participant choice of provider
	+ Review available informal supports
		- If informal supports are available, confirm tasks and availability. Document agreement to continue informally without compensation. Confirm who is responsible for notifying informal supports of their responsibilities.
		- If no informal supports are available, note risks and discuss any concerns with participant
	+ Review any risks and note plan to mitigate them
	+ Note participant’s preferences and strengths
	+ Discuss desired goals and outcomes
	+ Review all current services in the home – note type, amount, frequency, and provider
		- Grant-funded
		- Skilled services and therapies
		- Tribal services
* Complete Care Plan Signature Sheet
	+ Signed, dated, and initialed by participant
	+ Signed and dated by informal support
	+ Signed and dated by RN & SW Supports Coordinators
* If Participant Elects Self-Determination:
	+ Discuss difference between FI & AWC
	+ Complete Self-Determination Enrollment form and elect Representative if necessary
	+ Complete Participation Information Sheet
	+ Provide copies of Employee application for selected FI or AWC
		- Review need for copies of driver’s license and social security card for potential employee
		- Provide potential employee with contact information and direction to send completed application directly to FI/AWC for processing
	+ Discuss and determine pay rate
	+ Discuss required SD employee trainings:
		- First Aid & CPR Training required – Training materials will be purchased by the Waiver
			* Explain that the participant is to keep and use the materials for any future employees as well
		- Fraud, Waste, and Abuse training required – Materials provided
		- Infection control training required – Materials provided; quiz
		- All trainings must be completed by SD employee within 30 days of hire.

Financial Eligibility/ Medicaid

If Participant has Medicaid:

* Confirm Medicaid eligibility/program via CHAMPS
* Must still confirm income and assets even if Medicaid is active
	+ Recommended that copy of income statement and assets are obtained for file

If Participant does not have Medicaid:

* SW SC to assist with completing Medicaid Application and gathering verifications/supporting documentation:
	+ Can be completed at initial visit or additional visit scheduled
		- **NOTE:** Participant cannot be opened to the Mi-Choice Waiver until completed application is filed with MDHHS
	+ Application can be completed online via MIBridges or a paper copy to be submitted at local MDHHS office
* All applicable documents/forms and verifications scanned or copied
	+ - If more documents are requested by MDHHS, SW SC to assist with getting documents
* Participant or Representative Signatures required on paper application
* Submit Medicaid Application and verifications to MDHHS
	+ Include letter on UPCAP letterhead notifying eligibility specialist of review for Mi-Choice Waiver eligibility
	+ Retain copy of application and all verifications kept for UPCAP file
* Follow up with participant regarding supplemental questionnaire – sent out immediately following receipt of initial application
	+ Assist with completion and submit to MDHHS
* Follow up with local MDHHS office/specialist

New Participant Checklist

After Initial Assessment: Waiver only

* Complete Assessment in COMPASS
	+ Must be completed within 2 business days
	+ Update Progress Notes w/ Summary
		- See charting examples
* Complete Person-Centered Service Plan in COMPASS
	+ Must be completed within 5 business days of the COMPASS assessment
	+ Services can NOT start before PCSP is finalized
	+ Ensure all goals are linked to appropriate interventions
	+ Make sure informal caregivers/supports are listed under Informal interventions
* Review with other SC discipline and finalize assessment
* Complete Participant Case File in COMPASS
	+ Ensure Address, County, Phone Number, DOB, and Social Security Number are correct
		- Submit Data Base Change to update Social Security Number if incorrect
	+ Complete Medicare Plan Information and Effective dates
	+ Enter due dates
* Submit completed NFLOCD and FOC to Case Tech
	+ NFLOCD must be entered within 14 days of completion
		- If not submitted within 14 days of the completion of NFLOCD, a new NFLOCD & FOC must be completed before participant can be opened to the Mi-Choice Waiver
* Submit completed MICIS Status Report to Case Tech:
	+ Waiver-Pending designation if participant is already on Medicaid
	+ Care Management designation if waiting for Medicaid application to be submitted to MDHHS
* Email Waiver Enrollment form to designated staff person (Ellen Bernier)
	+ Do not submit until Mi-Choice Waiver date is confirmed
	+ Date of Waiver Enrollment must be the same as Waiver-Pending date
	+ Submit copy of emailed Waiver Enrollment to case tech with NFLOCD
* Mail Referral Source Notification/Letter – place copy in file
* Mail or fax Dr. Letter and Medical Release with copy of COMPASS Medication and Allergy Report
* Contact Agencies for Service Availability
* Submit Supervisory Care Plan Review/Budget to Regional Supervisor or Director
	+ SC can NOT start services until form is signed and returned
	+ Place signed copy in file
* Once Care Plan Budget received:
	+ Submit Work Orders for data entry
* Send Back-up Plan to participant and those designated on the care plan
	+ Place copy in file
* Send finalized copy of the Person-Centered Service Plan to participant and those designated on the care plan
* Participant must be contacted within 14 days of the start of services:
	+ Complete Two-week Service follow up in COMPASS progress notes
	+ Review service start dates and satisfaction

If Self Determination

* Forward Participant Information Sheet - if AWC
* Forward Self Determination Enrollment to FI or AWC
* Complete work order for World Point training materials and submit for data entry
* Once kick-off is completed and Employment Agreement (EA) is received, submit work order to Case Tech. Place EA in chart
* Request copy of employee training sign off sheet for file

New Participant Checklist

After Initial Assessment: Care Management

* Complete Assessment in COMPASS
	+ Must be completed within 2 business days
	+ Update Progress Notes w/ Summary
		- See charting example
* Complete Person-Centered Service Plan in COMPASS
	+ Must be completed within 5 business days – cannot start services before finalized
	+ Ensure all goals are linked to appropriate interventions
	+ Make sure informal caregivers/supports are listed under Informal interventions
* Review with other SC discipline and finalize Assessment
* Complete Participant Case File
	+ Ensure Address, Phone Number, DOB, and Social Security Number are correct
	+ Complete Medicare Information and Effective dates
	+ Enter due dates
* Submit completed MICIS Status Report to Case Tech
	+ Care Management designation
* Submit completed NAPIS form to Mary Ross-Dubord
* Mail or fax Dr. Letter and Medical Release - \* optional
* Mail Referral Source Notification/Letter – place copy in file
* Complete Cost Share Worksheet
	+ Notify participant of cost share amount
	+ Submit to Waiver Director for billing
* Request optional funding (202) funding if appropriate
* Contact agencies for available grant services or resources – make referrals
* Assist with creating budget and arranging for privately paid services if appropriate