

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 MI Choice 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 Plan of Care 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