

# 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 – RN 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
    - Document any barriers to the participant meeting their goals.
  - 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; SC must file copy of SD employee training sign off in participant's file.

# 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