

## Initial Assessment

### Participant is Eligible for MI Choice

- Submit **NFLOCD** and **FOC** for entry into CHAMPS.
- Submit **Status** form designating program as “Waiver-Pending”
  - If assisting with Medicaid application, status and enrollment must wait until application is filed with MDHHS
- Submit **Waiver Enrollment Notification Form** for entry within 5 business days

- Complete **iHC-RA Assessment** - within 2 business days
  - Check the assigned boxes below to signify completion

#### SW SC Responsibilities

- Case File (Participant Info)
- SW Assessment & Certification Checkbox
- Caregivers
- Durable Medical Equipment \*can also be completed by RN SC

#### RN SC Responsibilities

- RN Assessment & Certification Checkbox
- Other or Primary Diseases
- Medications
- Medical Providers
- Pharmacies

- Complete **COMPASS PCSP** - within 5 business days
  - Both disciplines check boxes to signify completion

#### Primary SC Responsibilities:

- Finalize full COMPASS Assessment – within 7 calendar days
  - Verify Assessment & PCSP is completed by both disciplines
- Submit **Care Plan Budget** to Team Leader/Supervisor for signature
  - Services CAN NOT be started until budget has been signed and PCSP finalized in COMPASS
  - Copy must be printed and added to participant “hard” chart
- Start requested/approved MI Choice Services within 7 calendar days
  - Submit **Work Orders** for requested/approved services
  - If provider is not on Vendor View, mail or fax copy to them.
  - If services are unable to start within 7 days, document in progress notes

- Mail **Post Assessment Letter** to Referral Source
- Mail **Post Assessment Letter** to Participant
- Mail **Back-Up Plan** and **PCSP** once finalized and services started.

### Participant is NOT Eligible for MI Choice

If individual is currently on Medicaid:

- Provide individual with **Action Notice** and Appeal Information, including secondary review process.
- Submit **NFLOCD** and Door 0 Summary for entry into CHAMPS
- Provide appropriate community referral information, if applicable

If individual is under 60 years old:

- Provide individual with appropriate community referral information, if applicable
- Submit **Status** form designating closure.
- Mail **Post Assessment Letter** to Referral Source

If individual is over 60 years old:

- Provide individual with information on UPCAP’s Care Management Program.
- If they decline participation in the Care Management program:
  - Submit **Status** form designating closure
- If they would like to participate in the Care Management program:
  - Submit **Status** form designating program as “AASA/CM”
  - Complete and finalize **iHC-RA Assessment** and **PCSP** in COMPASS – responsibilities for completion and documentation in the system remain the same as those eligible for MI Choice
  - If participant would qualify for MI Choice in the future or has some financial needs:
    - Complete **Needs Summary** and **Care Plan Budget** and send to Director of LTC Programs for approval of 202 funding.
    - When approved, submit **Work Orders** for request/approved services.
  - If participant would like to privately pay for services:
    - Complete **Care Plan Budget** and submit to participant for approval
    - Complete **Work Orders** for requested services.
- Mail **Post Assessment Letter** to Referral Source
- Mail **Post Assessment Letter** to Participant
- Mail **Back-Up Plan** and **PCSP** once finalized and services started.