

## Connect / Connect + Medicare

Care Coordination and LTSS

**TITLE:** In-Person Assessment Requirements

### **DEFINITIONS:**

DHS: Department of Human Services

ICT: Integrated Care Team

CMS: Center for Medicare and Medicaid Services

MAL: Monthly Activity Log

**PURPOSE:** To provide care coordinators guidance related to DHS and CMS in-person and documentation requirements. This job aid addresses when alternative methods of assessment and alternative encounters are allowed.

**SUMMARY OF REGULATOR GUIDANCE:** DHS guidance is for Connect members to be offered assessments in-person. If the member declines the in-person assessment, alternative options of completing the assessment via televideo or phone are allowed.

CMS requires Connect + Medicare members to have a completed in-person or televideo encounter annually by at least one member of the ICT. Care Coordinators, Primary Care Providers and Waiver Case Managers are members of the ICT.

**POLICY:** To ensure UCare is meeting DHS and CMS requirements, all members enrolled in Connect and Connect + Medicare are required to be offered an in-person Health Risk Assessment (HRA) within 60 days of new enrollment and within 365 days of previous HRA, UTR or Refusal timelines and upon change of condition.

**Connect:** If a community Connect member declines an in-person HRA, a televideo option may be offered. If the member declines both in-person and televideo assessment, then telephonic HRA may be completed per member choice. Document the informed choice of assessment methods and member preferences in the member's record.

**Connect + Medicare:** If a community Connect+ Medicare member declines an in-person HRA, a televideo option may be offered. If the member declines both in-person and televideo assessment, then telephonic HRA may be completed with \*conditional use. Document the informed choice of assessment methods and member preferences in the member's record.



**Community Connect + Medicare Additional Encounter Requirements**

Best practice and UCare’s preference is for care coordinators to complete assessments in-person.

If a Connect + Medicare member assessment is completed via telephone, a separate in-person or televideo encounter during that same 12-month period is required. Ideally, this is completed by the Care Coordinator. Alternatively, the Care Coordinator can confirm the PCP, Waiver Case Manager, or other ICT Specialty Care Provider\* has seen the member in-person or televideo. Update the Support Plan and the Monthly Activity Log accordingly.

**ICT Encounter Documentation Requirements:** Documentation must be present to indicate the date of the in-person or televideo encounter with the care coordinator, Waiver Case Manager, PCP or other ICT Specialty Care Provider to meet CMS encounter requirements.

\*Other Specialty Care Providers include Psychiatrist or mental health provider, and other specialty appointments with the members of the ICT that are engaged with the member’s treatment.

**EXAMPLE:**

Member Demographics							Annual Assessment Activity			Connect + Medicare Only			Support Plan Updates		Care Coordinator/Scheduler				
Assigned Assessor Entity	Product	Last Name	First Name	UCare Member ID# (9 digits)	DOB	Living Status	2023 Activity Completion Date	HS Code (Select from the drop down menu)	If HP: Type of Activity	Unable To Reach Attempt 1	Unable To Reach Attempt 2	Unable To Reach Attempt 3	2023 Support Plan Update: 6 Mo/TOC	2023 Date of Support Plan Update	Type of Activity	Last Name of Assessor (for Refusal or UTR list name of Scheduler)	First Name of Assessor (for Refusal or UTR list name of Scheduler)	Title	Comments
UCare	Connect	Smith	Sam	199999999	12/1/1975	Community							6 Mo	1/7/2023	In Person	Helpsbot	Susie	LSW	

**Institutional status members:** Connect and Connect + Medicare members residing in a Skilled Nursing Facility or Intermediate Care Facility assessment are to be completed in-person and noted on the Enrollment Roster as “Institutional” for living status.

**TIP:** To ensure an in-person visit can be completed, attempt to schedule 3-4 weeks in advance of the due date. This will allow sufficient time to reschedule the assessment if illness, facility closures or other barriers interfere with the scheduled assessment.

If unable to complete the assessment in-person, attempt to gather as much information as possible and follow the refusal process.

**Transferred Members:** When a member is transferred to a newly assigned care coordinator, the receiving care coordinator must review the transfer documents and determine if the previous full assessment was completed in-person, televideo or phone in order to plan for the future reassessment. THRA’s may be conducted via in-person or by phone.

- **Reminder for Product Change THRA:** The first assessment following a product change THRA is considered an initial assessment.

TABLE:

	Offer First: In-Person	Offer Second: Televideo	Offer Third: Via Phone
<b>INITIAL/ANNUAL: Community Member Connect</b>	X	X	X
<b>INITIAL/ANNUAL: Community Member Connect + Med</b>	X	X	X* <i>*Additional ICT encounter requirements and robust documentation.</i>
<b>INITIAL/ANNUAL: Institutional Connect/Connect + Med</b>	X	NA	NA