



DOEA CARES

Level of Care Redetermination Form

Updated Oct 5, 2005

This form is to be used when requesting level of care redeterminations from DOEA's Comprehensive Assessment Review and Evaluation for Long-Term Care Services (CARES).

Annual Redeterminations

This form must be completed and sent to CARES two-to-four weeks prior to the one-year anniversary of the previous level of care determination(s).

Monthly Notifications

This form must be completed and sent to CARES every month if level of care redeterminations will be needed within the next four months.

Significant Changes in Client's Condition

This form must be completed and sent to CARES if significant changes in a client's condition warrant a level of care redetermination.

This page of this form should be completed by case managers of clients in the following programs: Adult Day Health Care Waiver, Aged/Disabled Adult Services Medicaid Waiver, Alzheimer's Waiver, Adult Cystic Fibrosis Waiver, Assisted Living for the Frail Elderly Medicaid Waiver, Channeling Waiver, Project AIDS Care Waiver, and Traumatic Brain/Spinal Cord Injury Waiver.

Requester's Org: _____	Request Date: _____
Requester's Name: _____	Requester's Phone: _____
CARES Office: _____	Mailed: ____ Faxed: ____ (check one)

LOC Deadline	First Name	Last Name	Date of Birth	County of Residence	Program Currently Enrolled In

(Continued)

LOC Deadline	First Name	Last Name	Date of Birth	County of Residence	Program Currently Enrolled In

LOC Deadline – Enter the date by which the LOC redetermination is needed

Required Attachments

Required attachments for annual level of care redeterminations and redeterminations needed due to significant changes in a client’s condition:

- Most recent assessment (701B Form) completed within the previous 90 days,
- Most recent care plan, and
- New Patient Transfer and Continuity of Care form (DCF Form CF-MED 3008), Brain and Spinal Cord Injury Program Request for Level of Care form (for the Traumatic Brain/Spinal Cord Injury Waiver Program), or Project Aids Care Physician Referral and Request for Level of Care Determination (DOEA MED Form 607) (for the Project AIDS Care Waiver) if the redetermination will not be completed before the current level of care is one year old.

Delayed Annual Redetermination Requests

Ensuring that assessments and care plans needed for redeterminations are mailed or delivered to CARES two-to-four weeks prior to the current level of care expiring will ensure that redeterminations are completed on time. If this timeframe is missed, case managers must contact the CARES supervisor and receive approval prior to sending the *CARES Level of Care Redetermination Form* and accompanying documentation. Contact with CARES is required to alert them of the quick turnaround time needed and to determine if CARES will be able to review the information by the deadline.

Upon receipt of this form CARES staff should acknowledge who received the form and when it was received by completing the “Received By” and “Received On” portions of the form below. A date/time stamp may be used.

Received By: _____

Received On: _____