



# DOEA CARES

## Level of Care Redetermination Form

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 2-4 weeks prior to the 1-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 4 months.

Significant Changes in Client's Condition

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

This page of this form should be completed by case managers of clients in the following programs: Aged/Disabled Adult Services Medicaid Waiver, Assisted Living for the Frail Elderly Medicaid Waiver, Alzheimer's Waiver, Adult Day Health Care Waiver, Project AIDS Care Waiver, Cystic Fibrosis Waiver, Traumatic Brain/Spinal Cord Injury Waiver, and LTC Community Diversion Pilot Project (known as the Nursing Home Diversion 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 a significant change in a client’s condition:

- Most recent assessment (701B Form) completed within the previous 90 days,
- Most recent care plan, and
- New Form 3008 if the redetermination will not be completed before the current level of care is 1 year old.

Delayed Annual Redetermination Requests

Ensuring that assessments and care plans needed for redeterminations are mailed or delivered to CARES 2 – 4 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. A new Form 3008 is needed if a redetermination is not completed prior to the level of care expiring.

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: \_\_\_\_\_