



JEB BUSH
GOVERNOR

MEMORANDUM

TO: Distribution **NOTICE#: 101305-1-I-SWCBS**

FROM: Carole Green, Secretary

DATE: October 11, 2005

SUBJECT: Notice of Instruction: CARES LOC Redeterminations

This memo replaces Notice # 091405-1-I-SWCBS dated September 13, 2005. Please note, the attached CARES Level of Care Redetermination Form has also been updated.

CAROLE GREEN
SECRETARY

The purpose of this memo is to define a process that ensures level of care redeterminations are performed at least annually for clients in the following waivers:

- Adult Cystic Fibrosis Waiver,
- Aged/Disabled Adult Services Medicaid Waiver,
- Assisted Living for the Frail Elderly Medicaid Waiver,
- Alzheimer's Waiver,
- Adult Day Health Care Waiver,
- Channeling Waiver,
- Project AIDS Care Waiver, and
- Traumatic Brain/Spinal Cord Injury Waiver.

Federal regulations require that level of care must be determined by CARES at least annually for the waivers listed above. A level of care redetermination may be needed sooner if there is reason to believe significant changes have occurred in the client's condition. If the level of care is determined within the one-year time frame, and a significant change has not occurred, a 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) is not required. A new form is required if the one-year time frame is exceeded or a significant change has occurred.

The level of care redetermination must be completed within one year of the approval

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date entered on the most recent Notification of Level of Care (DOEA CARES Form 603). This date is found on Form 603 adjacent to the Approval Signature as illustrated below.

It is the responsibility of the client's case manager to track level of care redeterminations to ensure they are conducted at least annually. It is also the responsibility of the case manager to get an updated Patient Transfer and Continuity of Care form (DCF Form CF-MED 3008) or 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) when significant changes have occurred in the client's condition.

7. LOC Effective Date: _____

8. Comments: _____

9. Approval Signature: _____ Date: **December 15, 2005**

DOEA-CARES form 603 (Revised, March 2003) Appendix I

Date used to establish when a level of care redetermination is needed. Redeterminations must be done within 1 year of this date. In this example, a redetermination must be done prior to December 15, 2006.

To assist case managers and CARES staff in ensuring the one-year time frame is met, we have created the *CARES Level of Care Redetermination Form*. This form is to be completed by case managers and sent to CARES under the following situations:

- Annual level of care redetermination(s) are needed within the next four months. This list will assist CARES in ensuring staff is available to conduct redeterminations in the coming months.
- Annual level of care redetermination(s) are needed within the next two-to-four weeks, i.e., the one-year anniversary date of the previously completed Notification of Level of Care Form is two-to-four weeks away. The most recent care plan and assessment are required. The assessment must have been completed within the previous 90 days.
- Level of care redetermination(s) are needed due to significant changes in the client's condition. The most recent care plan and assessment are required. The assessment must have been completed within the previous 90 days.

Process Steps:

1. The case manager completes the first page of the *CARES Level of Care Redetermination Form* listing the names of the individuals requiring a level of care redetermination and the dates by which the redeterminations are needed. Prior approval from the CARES supervisor is needed if any redeterminations are needed in less than two week's time.
2. Provide the *CARES Level of Care Redetermination Form* to the appropriate CARES office along with copies of the latest assessment(s) (701B Form) and care plan(s) for those cases requiring level of care redetermination(s) within the next two-to-four weeks.
3. Upon receipt of the *CARES Level of Care Redetermination Form*, CARES staff signs and dates the "Received By" and "Received On" portions of the form. This form is kept in CARES' files.
4. CARES determines the level of care prior to the date the redetermination is needed.
5. CARES provides the completed Notification of Level of Care Form(s) (Form 603) to the case manager.

Requests for redeterminations outside of the specified time frame:

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 time frame 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, Brain and Spinal Cord Injury Program Request for Level of Care form (for the Traumatic Brain/Spinal Cord Injury Waiver Program), or DOEA MED Form 607 (for the Project AIDS Care Waiver) is needed if a redetermination is not completed prior to the level of care expiring.

If you have any questions or comments regarding this notice, please contact Sam Fante at (850) 414-2000.

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