

Policy Clarification - Notice of Instruction 102403-1-I-PE

QUESTIONS AND ANSWERS

Question 1:

Who is authorized to designate a client as imminent risk?

Response:

Both CCE lead agency case management staff as well as CARES staff are now authorized to classify individuals as being at imminent risk of nursing home placement. When the prioritization form is completed, if the client seems imminent risk because of having a prioritization score above 45 (level 5) and the client or family have either filed an application for the Medicaid Institutional Care Program (ICP) or state their intention to place the individual in a nursing home, a referral should be made for a complete 701B assessment. The 701B should be completed within 3 working days of the referral.

Lead agency imminent risk designations should be made by certified case managers after completing a comprehensive assessment. **(For outcomes purposes, only the imminent risk designations on the 701B will be included in the count of imminent risk referrals.)** Any client whom the case manager considers imminent risk must be reviewed and approved by a supervisor. When possible, agencies are encouraged to have regular case staffings to discuss which clients to designate imminent risk. It is also suggested that agencies seek confirmation with the CARES program through a telephone consult if they are undecided about a designation of imminent risk, especially in regards to health conditions. CARES may need to actually see the client to offer an opinion about imminent risk of nursing home placement.

In designating an individual imminent risk, the case manager must document in the client file how the client's situation meets all three of the criteria listed in the 3d) contract language:

- 1) The client's mental or physical condition has deteriorated to the degree that self care is not possible,
- 2) There is no capable caregiver, **and**
- 3) Institutional placement will occur within 72 hours.

A form is included with this memo to help with the necessary documentation and agency approval, and should be completed for every client designated imminent risk. If the client is referred to another agency, the form should be included with any other paperwork forwarded to the other agency.

Option 3 above is the most challenging aspect for lead agencies to determine. When the designation is made, the case manager must have reason to believe that institutional placement within 72 hours is very likely. Examples include the family indicating that they are no longer able to provide care and plan to place the client in a nursing home, a hospital indicating discharge to a nursing home is likely, or the patient's status is so tenuous that the case manager

and supervisor feel that near-immediate nursing home placement is going to be the only acceptable alternative unless services can be provided.

Although many clients designated imminent risk manage to continue in their homes, with the help of their support systems, it should not minimize the importance of the designation. The burdens that families and other loved ones bear to forego placement in a nursing home is often remarkable. In order to make the designation meaningful in spite of the fact that potential clients might manage to continue beyond the 72 hours, the designation should only be made when the case manager and supervisor sincerely believe that nursing home placement is very likely to occur within 3 days if services are not provided.

Question 2:

What happens if the client designated as imminent risk is put on the assessed priority consumer list or applicant list – how long does the imminent risk designation apply; when might that change?

Response:

Unfortunately, budget constraints sometimes create a situation in which clients who are at imminent risk of nursing home placement still end up on the assessed priority consumer list or the applicant list instead of promptly receiving services. Clients who are designated imminent risk and placed on the assessed priority consumer list or applicant list should be contacted monthly by a certified case manager to determine if there has been a change in the situation. If the client's condition has improved or there has been a change in the support system making the client no longer imminent risk, then an update to the assessment should be made to indicate the client is no longer at imminent risk. This client would no longer be included in the count of imminent risk referrals for outcomes purposes.

Question 3:

Must the individuals be served within 72 hours?

Response:

It is not a requirement for imminent risk referrals to be served within 72 hours. The confusion relates to using the 72 hours as the time frame in which it is estimated the consumer would be admitted to a nursing home if services were not provided. Services should ensue as soon as providers can arrange for services to be delivered.

Question 4:

What program is to serve the clients designated imminent risk?

Response:

The goal is to meet clients' needs. Imminent risk clients can and should be served through any appropriate program whether the program is General Revenue, Medicaid, or OAA funded or through private funding (non-traditional provider). The same criteria should be used as with other clients. First, non-state resources should be tapped when available. If a referral to a non-traditional provider will be able to address the client's needs, then that should be implemented. Then, the program(s) should be used that most meet the consumer's needs.

Question 5:

Is this just for new clients?

Response:

This applies to any client. A current client whose condition worsens may need immediate intervention a more intensive array of services. If that client would now qualify to be designated imminent risk, then the updated assessment should indicate the client's imminent risk status. This would help justify providing services to this client if there is a waiting list for those services. This will also aide in preventing an existing client out from entering a nursing home, which is one of the Department's goals.

Question 6:

Will the 701D (assessment instructions) be updated to correspond to the assessment instrument technical revision?

Response:

The 701D will not be updated at this point. The Department will be considering other changes to the forms and instructions in the near future. Any changes incorporated will then be put through the rule revision and hearing process, including the 701D. In the meantime, to update the training on forms 701A, B, and C, please include the information in this clarification memo and the original notice (NOI 102403-1-I-PE).

Question 7:

Where can we get forms?

Response:

The forms can be downloaded and printed from the DOEA website, for those who like to print forms as they are needed. Forms are also available through PRIDE by writing to PRIDE

Calhoun Graphics, 19566 SE Institution Drive, Blountstown, Florida 32424, or by sending an email request to: calhounprint@peol.com, Attention: I/M Lucero, or by calling (850) 674-3299 or SunCom 771-2100 and asking for Inmate Lucero. An order form can be downloaded from: <http://www.peol.com/doesforms.htm>. The order form includes the number of forms per package and the price per package.

Question 8:

How does the imminent risk designation affect whether a client should receive a level-of-care determination?

Response:

There should be no change. If a lead agency has a client they deem as imminent risk and they will be able to provide services promptly, they should do so. If they are going to have to put the client on a waiting list and the client is likely to have to be admitted for nursing home care, and it seems as financial criteria for the institutional care program are met, then a referral to CARES for a nursing home preadmission screening should be made. All other procedures should occur according to policy. (Reference Notice of Instruction: 102403-2-I-SWCBS regarding Revised Assisted Living for the Elderly Waiver Wait List Procedure.)

Question 9:

Relating specifically to referrals from the CARES program: Is it correct to assume that only referrals to lead agencies can be considered imminent risk?

Response:

Yes, CARES may only use the imminent risk designation for referrals to lead agencies. Other agencies are under no obligation to treat a referral designated “imminent risk” any differently than other referrals.

Current Contract Language for Prioritization of Clients

B. Assessment and Prioritization for Service Delivery for New Consumers

The following are the criteria to prioritize new consumers for service delivery. It is not the intent of the department to remove existing clients from any services in order to serve new clients being assessed and prioritized for service delivery.

1. Abuse, Neglect and Exploitation:

The recipient will ensure that pursuant to Section 430.205(5), Florida Statute, those elderly persons who are determined by adult protective services to be victims of abuse, neglect, or exploitation who are in need of immediate services to prevent further harm and are referred by adult protective services, will be given primary considerations for receiving Community Care for the Elderly services. As used in this subsection, "primary consideration" means that an assessment and services must commence within 72 hours after referral to the department or as established in accordance with department contracts by local protocols developed between department service recipients and adult protective services.

2. Priority Criteria for Individuals in Nursing Homes in Receivership:

The recipient will ensure that pursuant to Section 400.126(12), Florida Statutes, those elderly persons determined, through a CARES assessment, to be a resident who could be cared for in less restrictive setting or who does not meet the criteria for skilled or intermediate care in a nursing home, will be referred for such care, as appropriate for the resident. Residents referred pursuant to this subsection shall be given primary consideration for receiving services under the Community Care for the Elderly program in a manner as persons classified to receive such service pursuant to Section 430.205, Florida Statutes.

3. Priority Criteria for Service Delivery:

- a) individuals in nursing homes under Medicaid who could be transferred to the community;
- b) individuals in nursing homes whose Medicare coverage is exhausted may be diverted to the community;
- c) individuals in nursing homes which are closing and can be discharged to the community; or;
- d) individuals whose mental or physical health condition has deteriorated to the degree that self care is not possible, there is no capable caregiver, **and** institutional placement will occur within 72 hours. (emphasis added)

4. Priority Criteria for Service Delivery for Other Assessed Individuals:

The assessment and provision of services should always consider the most cost effective means of service delivery. Service priority for individuals not included in groups one, two or three above, regardless of referral source, shall be determined through the department's client assessment form administered to each applicant, to the extent funding is available. First priority will be given to applicants at the higher levels of frailty and risk of nursing home placement. For individuals assessed at the same priority and risk of nursing home placement, priority will be given to applicants with the lesser ability to pay for services.

Imminent Risk Designation Form

Priority Criteria for Service Delivery

Please select the situation(s) that apply:

- a) individuals in nursing homes under Medicaid who could be transferred to the community
- b) individuals in nursing homes whose Medicare coverage is exhausted and may be diverted to the community;
- c) individuals in nursing homes which are closing and can be discharged to the community; or;
- d)- individuals whose mental or physical health condition has deteriorated to the degree that self care is not possible,
- there is no capable caregiver, **and**
- institutional placement will occur within 72 hours

(Note: If option d is selected, all three conditions in d must be met)

Additional information to justify the need for the imminent risk designation

Case Manager Name

Case Manager Signature

Date

Supervisor Name

Supervisor Signature

Date