

Long Term Care Functional Screen Implementation Series #1

Topic: Long Term Care Functional Screen Re-Screening Guidelines for ADRCs

Purpose

This information bulletin is intended to provide guidance to ADRCs when it is appropriate to conduct a Long Term Care Functional Screen (LTC FS) rescreen.

In Family Care, PACE, Partnership, IRIS and the traditional home and community-based waivers, an initial long term care functional screen (LTC FS) is required to establish eligibility prior to receiving services or being placed on a waitlist. An annual LTC FS is required thereafter to ensure continued functional eligibility. Annual recertification screens for MCO enrollees are performed by the MCO. Annual recertification screens for IRIS participants are performed by the IRIS Consultant Agency. The LTC FS may be completed more often at an individual's request, however there are instances where it is not appropriate for multiple screens to be completed. The following technical assistance outlines these instances.

Multiple re-screens when an individual is found eligible at the non nursing home level of care or functionally ineligible.

Aging and Disability Resources Centers (ADRCs) are the agencies that conduct the initial LTC FS to determine functional eligibility for long term care programs. When an individual is found functionally ineligible for publicly funded long term care services, the ADRC should review the screen to assure the LTC FS was completed accurately. This could include:

- Review of the LTC FS and any related health information to ascertain that all pertinent and still current and correct information has been included.
- Review of the LTC FS Clinical Instructions to be sure the correct responses have been selected given the applicant's assessed needs.
- Review of the LTC FS and supporting documentation with your local screen liaison and/or other colleagues who are also certified screeners. Does everything appear to be filled out correctly? Does anything appear to be missing?

On occasion, an individual is correctly found functionally ineligible but requests additional re-screens. An individual has the right to request the redetermination of their functional eligibility for long term care services however, screening agencies are not obligated to re-screen a person upon every request and should set a reasonable condition upon which a redetermination should be completed. This reasonable condition may include receipt of information that was not known to the screener at the time of the earlier screening that describes a medical or physical condition, diagnosis, functional limitation, or information from a physician or other professional confirming there has been a significant change in the person's medical or physical condition. The information should be confirmed and include how the change has impacted the person's functional ability. A physical or cognitive change is significant when the change affects the level of assistance the person needs.

If an individual has been found ineligible on an initial screen by another entity, such as by a waiver county prior to long term care transition, the ADRC should consider that individual new to the ADRC and proceed with conducting a new initial screen. ¹

Re-screens when the individual is interested in obtaining a new IRIS monthly allocation amount

The LTC FS calculates the monthly allocation available to each IRIS participant. On occasion, an individual may not believe the allocation is adequate and may request a re-screen by the ADRC to attempt to obtain an increased allocation. Effective January 2011, the responsibility for conducting annual rescreens and change in condition screens is being transitioned to the IRIS Consultant Agency. Once the transition for each ADRC is complete, the ADRC should direct IRIS participants requesting a rescreen to the IRIS Consultant Agency. Similar to the above answer, if an individual has additional information from a physician or another professional of a new medical condition or a significant change in their existing medical condition resulting in a change in their functional ability, it is appropriate to complete a change in condition screen. If the individual does not have any confirmed changes warranting a change in condition screen, but believes his/her IRIS budget is insufficient, he/she should contact the IRIS Consultant Agency in order to request an allocation adjustment. The IRIS Consultant Agency is responsible to submit any requests to the Department of Health Services for review.

Any concerns about the adequacy of the monthly IRIS allocation amount are to be directed to the IRIS Consultant Agency. Again the individual should be referred back to the IRIS Consultant Agency if concerns about the monthly IRIS allocation persist.

Reminder: ADRC staff cannot view the allocation for annual or change in condition screens for individuals who were enrolled or referred to IRIS on and after July 1, 2010. In these cases, information on the IRIS allocation amount is only available to the individual through the IRIS Consultant Agency.

Re-screens when an MCO member requests a Long Term Care Functional Screen re-screen

Occasionally, an individual who is currently enrolled at the nursing home level of care in a managed care program may seek the assistance of an ADRC to complete a LTC FS even if they are not interested in enrolling in IRIS or inquiring about an IRIS budget. The individual may seek this assistance because they do not feel the LTC FS completed by the MCO is accurate and the individual would like the ADRC to complete a screen for comparison. In these instances, the ADRC should not complete a new screen and the individual should be referred back to the interdisciplinary team (IDT) or the interdisciplinary team supervisor at the MCO.

Additionally, it may occur that an individual is determined to be eligible at a nursing home level of care by the ADRC and then determined functionally ineligible or receives a non nursing home level of care by the MCO. When this occurs, the individual may request a re-screen by the

ADRC. In these instances, the ADRC should not complete a re-screen, however may provide assistance with reconciling the two screens if the MCO requests it.

There are procedures in place both at the MCO and Department of Health Services to assist individuals when they are determine functionally ineligible or eligible at the non nursing home level of care. The first step is internal MCO review. The MCO screen liaison may conduct another screen, often with another screener from the MCO to determine if the screen has been completed accurately. In addition, the MCO often contacts the Department of Health Services for technical assistance. If the screen result is the same, the member may appeal the screen. MetaStar coordinates all functional screen appeals for the MCOs. All submitted appeals to MetaStar are also sent to the Department of Health Services for concurrent review. The majority of appeals are resolved before continuing on to the Department of Hearings and Appeals.

Re-screens when a member transfers from one MCO to another MCO

Occasionally, a member may decide to disenroll from their current MCO and enroll and receive services from another MCO. In these cases, the ADRC would be notified of this change via the Member Requested Disenrollment Form. ADRCs are not required to review the functional screen and recalculate eligibility in these instances.

Re-screens when a member transfers from an MCO to IRIS

A MCO member may inquire to the ADRC about the IRIS program and their potential monthly IRIS allocation. In these instances, it is appropriate for the ADRC to review the individual's current screen and make any necessary changes to assure the most accurate LTC FS and corresponding proposed IRIS allocation amount for the individual. If the member decides to disenroll from their current MCO and enroll into IRIS, the ADRCs is not required to again review the functional screen and recalculate eligibility provided the ADRC is able to communicate the proposed monthly IRIS allocation to the individual.

Re-screens when an IRIS participant transfers to an MCO

Occasionally, a participant may decide to disenroll from IRIS and enroll into a managed care program. In these cases, the ADRC would be notified of this change when the IRIS Consultant Agency sends the Member/Participant Requested Disenrollment Form. ADRCs are not required to review the functional screen and recalculate eligibility in these instances.