

Title: Choices for Care Program/Universal Screening Update	CREATED: January 17, 2017 By: Jose Jimenez	
	ELECTRONIC FILE NAME: Choices for Care Policy Update.1.17.17	
	EFFECTIVE DATE: January 1, 2017	
OPERATIONS POLICY: IDoA will implement policy and procedure for completion of screening assessments.	Last Revisions: December 16, 2016	By: N/A
	Approved By: Jennifer Reif	Date: January 17, 2017
Search Word(s): Choices for Care Pre-Screening Post-Screening Nursing Facility Supportive Living Program provider	Pertains to: <input checked="" type="checkbox"/> CCU For Informational Purposes Only: <input type="checkbox"/> In-Home Service <input type="checkbox"/> Adult Day Service <input type="checkbox"/> Emergency Home Response Service <input type="checkbox"/> Other: Managed Care Organizations (MCOs)	
REQUIREMENT: Each Care Coordination Unit will follow IDoA's policy and procedure for completion of Choices for Care Program assessments (pre-screening & post-screening).	RULE REFERENCE: 240.1010	
	OTHER REFERENCE(s): Public Act 099-0857 Public Act 098-0651 Public Act 95-0080 Public Act 94-0752	
	Rescinds Previous IDoA Policy:	
	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes
	Title: Choices for Care Program/Universal Screening Update	Date: December 16, 2016

PURPOSE:

The purpose of this policy is to inform Care Coordination Units (CCUs) of updates to the Choices for Care Program regarding facility pre-admission screening (pre-screening) and post-screening. Public Act 099-0857 has been enacted since the previous Choices for Care Program policy. This policy impacts various entities of the pre-screening process for individuals in both hospital and community settings.

Part of the mission of the Illinois Department on Aging (IDoA) is to assist older adults to remain in the community as long as they safely can. Once an older adult enters a nursing facility, it becomes harder to transition them back into the community. Therefore, pre-screening should be viewed as an opportunity to prevent unnecessary institutionalizations. All options for community-based services and supports must be explained in detail to the individual and the individual must be afforded choice of available services.

POLICY:

CCUs are required to complete a Choices for Care pre-screening (pre-screening) of need for long term care for all individuals: age 60 or older, prior to placement in a nursing facility (a location licensed under the Nursing Home Care Act or a location certified to participate in the Medicare program under Title XVIII of the Social Security Act or the Medicaid program under Title XIX of the Social Security Act); or Supportive Living Program provider certified by the Department of Healthcare and Family Services; or to determine if they can remain in the community with services and supports.

In compliance with the State's Preadmission Screening and Resident Review (PASRR) program, CCUs will also determine if there is a suspicion of Mental Illness (MI) and/or Intellectual/Developmental Disability (DD) and complete an OBRA Level I Screen. If there is a reasonable basis to suspect MI and/or DD, CCUs shall make the referral to the designated Mental Health Pre-Admission Screen (PAS) Agent or Developmental Disability Individual Service Coordinator (ISC). If a referral is sent to a PAS agent, CCUs shall complete the Determination of Need (DON) and write the DON score on the OBRA Level I Screen. If a referral is sent to an ISC, CCUs shall **NOT** complete the DON until/unless the ISC indicates there is no need for a Level II Screening. CCUs shall make the appropriate referral within one (1) day of completion of the OBRA Level I Screen. If a referral to a PAS agent or ISC is made by a CCU, the CCU will also notify the entity requesting the pre-screening (e.g., hospital, nursing facility, Supportive Living Program provider, etc.) of the referral. The PAS agent or ISC will determine if further screening is required by their agency and will notify the CCU regarding this determination. Federal law requires a Level II Screening by a PAS agent prior to an individual being admitted to a nursing facility or Supportive Living Program provider. If no further screening is required by a PAS agent or ISC, CCUs shall complete the required forms which are sent to the nursing facility or Supportive Living Program provider (OBRA Level I Screen and HFS 2536). If further screening is required by a PAS agent or ISC, that entity will complete the required forms.

Pre-screenings must be completed for persons transferring from a Supportive Living Program provider (SLP) to a nursing facility (NF) if the most recent screening is more than 90 days old. Persons transferring from nursing facilities to a Supportive Living Program provider do not require a new screening provided there is no break in service between the NF to the SLP. Screenings will not be completed for discharges from hospitals to nursing facilities licensed under the Hospital Licensing Act.

PROCEDURES:

General Process:

Referrals for required screenings may be accepted by a CCU from hospitals, Supportive Living Program providers, nursing facilities, or the community.

- 1) The CCU receiving the referral shall check their agency's Case Management Information System (CMIS), and either IDoA's electronic Community Care Program Information System (eCCPIS) or the Participant Search Screen (PSS) to determine if a screening has been completed, either by that CCU or another CCU, within the past 90 calendar days.
- 2) If the individual **has not** been screened within the past 90 calendar days, the CCU shall proceed with conducting the face to face screening following the procedures in this policy.
- 3) If the individual **has been screened** within the past 90 calendar days, the CCU **will not** complete another screen. The CCU shall complete the Illinois Department of Healthcare and Family Services Screening Verification Form [HFS 3864 (R-6-08)] in its entirety utilizing information in CMIS or eCCPIS/PSS to complete the date the individual was screened. **The DON score shall also be included by hand writing it on this form.** The CCU shall complete, sign the form, and provide a copy to the entity requesting the pre-screen, (i.e., hospital, nursing facility, or Supportive Living Program provider). The CCU shall also determine if there is a suspicion of MI and/or DD and complete an OBRA Level I Screen. The CCU shall utilize documentation in an individual's file or reports from hospital staff/referral source for pre-screening to complete the OBRA Level I Screen. If there is a reasonable basis to suspect MI and/or DD, the CCU shall make the referral to the designated PAS agent or ISC. The PAS agent or ISC will determine if further screening is required and will notify the CCU regarding this determination. The CCU shall provide a copy of the OBRA Level I Screen to the entity requesting the pre-screen. The DON shall be hand written on this document in instances where there is a reasonable basis to suspect MI.
- 4) If the individual **has been** screened within the past 90 calendar days, but the individual will be returning to their residence and in need of Community Care Program (CCP) services through interim or temporary service increase (TSI), the CCU may complete another screening if an appropriate plan of care cannot be developed from the previous screening. CCUs in Managed Care Organization (MCO) areas are required to check MCO status prior to completion of an interim or TSI screening. If an individual is in an MCO and an interim/TSI is warranted then the CCU shall refer to the MCO. Refer to the policy titled, "New Referrals for Services—Update July 2013" dated July 23, 2013, for further information.
- 5) When a screening is required to be completed, the CCU shall complete the pre-screening within the timeframes specified in this policy. Acquisition of information for each individual screened must be obtained during the screening process by completion of the following documents. **The documents cannot be backdated.**
 - a) Illinois Department on Aging Choices for Care Assessment Form [IL-402-1312 (Rev. 03/08)], Determination of Need (DON) and Mini Mental State Examination [IL-402-1315 (Rev. 03/08)], and Service Selection and Certification [IL-402-1317 (Rev. 03/08)];

Note: These forms need to be completed regardless of whether the OBRA Level I Screen indicates a suspicion of MI. The CCU shall complete these forms prior to the OBRA Level I Screen being forwarded to the PAS agent. The CCU shall write the DON score on the OBRA Level I Screen prior to referral being made to the PAS agent;

- b) Illinois Department of Healthcare and Family Services Interagency Certification of Screening Results (also known as HFS 2536) [HFS 2536 (R-11-05)], including the DON score;
- c) Illinois Department of Human Services, OBRA Level I Screen – Identification of Individuals for When there is a Reasonable Basis to Suspect a Developmental Disability or Mental Illness [IL 402-1323 (Rev. 05/99)]

Note: If there is a reasonable basis to suspect MI and/or DD, the CCU shall contact the PAS agent or ISC within one day. The PAS agent or ISC will determine if further screening is required and will notify the CCU regarding this determination. The DON shall be hand written on this document in instances where there is a reasonable basis to suspect MI. If a referral is sent to an ISC, CCUs shall **NOT** complete the DON until/unless the ISC indicates there is no need for a Level II Screening and communicates this to the CCU.

- d) *Notice of Privacy Practices* Brochure (IL-402-1239-pink);
- e) *Your need to know about Adult Protective Services* Brochure (IOCI17-0112); and
- f) Case Record Recording Sheet (IL-402-1224 or facsimile).
- g) For an individual who is being admitted to a Supportive Living Program provider (SLP), the CCU shall also provide a copy of the DON [IL-402-1315 (Rev. 03/08)].

6) Pursuant to Public Act 099-0857, when the pre-screening is completed in a hospital, the CCU shall complete and ensure that the following completed forms are sent to the facility (including signatures and dates): all sections of the HFS 2536 including the facility name and address, and the date of admission to facility; and the OBRA Level I Screen. The hospital discharge planner shall notify the CCU which facility the patient is being discharged to and the date of discharge, in order for the required documentation to be sent to the appropriate facility.

- a) If the CCU does not complete the pre-screening prior to a resident being discharged from the hospital to a facility, the CCU shall provide information to IDoA in the format indicated. CCUs shall transmit the information weekly by email to Aging.OCCS@illinois.gov **The CCU shall be responsible for informing IDoA of the reason(s) for non-completion of the screen.**
- b) The CCU in the geographic area of the facility will be required to conduct a post-screening, following the timeframes in this policy, for those individuals who do not have a pre-screening completed prior to admission.

Note: CCUs need to contact IDoA for individuals who are admitted to a facility if one of the post-screening circumstances noted on the HFS 2536 existed: 1) admitted from out of state, 2) admitted from hospital emergency or outpatient services, or 3) admitted due to loss of caregiver, when a pre-existing condition of need for a caregiver was established.

- c) With the information provided by CCUs, IDoA shall contact the Illinois Department of Healthcare and Family Services (HFS) Bureau of Long Term Care to inform them of individuals for whom no pre-screening was completed.

7) When the pre-screening is completed in the community or completed as a post-screening within a facility, the CCU shall complete the documents listed above in #5. The documents (HFS 2536, OBRA Level I Screen, and DON—only to SLP providers) must be submitted (hand delivered, faxed, secure email or mailed) by the CCU to the nursing facility/Supportive Living Program provider within five (5) calendar days of the CCU being notified of the individual's admission or the date the post-

screening was conducted.

- 8) Upon completion of the pre-screening documents, including the facility/SLP name and date the individual entered, the CCU shall complete and transmit the appropriate Case Authorization Transaction (CAT) to IDoA within ten (10) calendar days.
- 9) If a facility/SLP does not receive a copy of the HFS 2536 and OBRA Level I Screen upon the individual's admission, the facility/SLP shall:
 - a) Contact the CCU where the individual was located at the time of the pre-screening to obtain the documents.
 - b) If the CCU does not provide the facility/SLP with the necessary documents from the CCU within ten (10) calendar days, the facility can contact IDoA's [Office of Community Care Services \(OCCS\) at aging.occs@illinois.gov](mailto:aging.occs@illinois.gov)
 - c) The facility/SLP should provide the following information to OCCS: name, address, and contact information for facility requesting the information; name, Social Security number, and date of birth of individual(s) for which screening information is needed; the date of the original admission to the LTC setting; and the location of the hospital from which the individual was admitted.
 - d) OCCS will contact the appropriate CCU to assist the NF/SLP with obtaining the appropriate documents.

When an Individual needs a Screening:

A. Hospital Discharges to a Nursing Facility/Supportive Living Program provider

CCUs providing service to the geographic area in which the discharging hospital is located have the responsibility for pre-screening all NF/SLP applicants age 60 and for applicants aged 18 to 59 in certain geographic areas of the state..

Pre-screenings for all NF/SLP applicants currently hospitalized are accomplished as follows:

- 1) The hospital shall advise the CCU at least 24 hours prior to discharge from the hospital when that individual/person:
 - a) requires NF/SLP placement; or
 - b) contemplates/requests NF/SLP placement; or
 - c) may need home and community-based services.
- 2) Pre-screening from a hospital licensed care facility, licensed under the Hospital Licensing Act, will not occur until/unless the individual/person:
 - a) is discharged to a NF licensed under the Nursing Home Care Act participating in the Medicaid program; or
 - b) contemplates/requests NF/SLP placement; or
 - c) may need home and community-based services; or
 - d) resides for 21 or more days.
- 3) The hospital licensed care facility shall notify the CCU:
 - a) at least 24 hours prior to discharge from the facility; or
 - b) when the stay is expected to exceed 21 days.
- 4) Time frame for Imminent Risk: The CCU must complete the pre-screening **within one (1)**

calendar day from notification that NF/SLP placement is imminent from a hospital or hospital licensed facility.

- 5) CCUs shall have the capacity to **complete face to face pre-screenings seven (7) days a week, at a minimum of seven (7) business hours per day**. CCUs are not required to complete screening on federal holidays. CCUs shall document on the Case Record Recording Sheet the time the request was received and the time the pre-screening was completed.
- 6) If a CCU completes a screening (either pre-screening or post-screening) on a weekend, they will be reimbursed by IDoA at an enhanced rate for a face to face assessment. The enhanced rate applies to screenings that are completed between 5 PM on a Friday until 7 AM on a Monday.

B. Community Referrals to the Nursing Facility/Supportive Living Program provider

CCUs are also responsible for pre-screening all individuals, age 60 and older, referred for NF/SLP placement by an individual or agency in the community.

- 1) An individual or agency in the community shall advise the CCU when:
 - a) an individual is believed to be at imminent risk of NF/SLP placement within **three (3) calendar days/72 hours** without the provision of services to meet an individual's essential personal, health, nutrition and safety needs; or,
 - b) Individual/family contemplates/requests NF/SLP placement.
- 2) Time Frame for Imminent Risk: screening must be completed within **one calendar day** from notification that nursing facility/Supportive Living Program provider placement is imminent from the community.
- 3) Time Frame for Non-Imminent Risk from the Community (not at imminent risk of nursing facility/Supportive Living Program provider placement): **screening must be completed within two (2) calendar days from request**.

C. Hospital Community Referrals

CCUs are required to follow-up all hospital notifications of patients who are pending discharge with home health services ordered. Follow-up means to complete an intake/referral in accordance with the CCU's policies/procedures, pre-screening, and/or documentation of these patients subsequent to the notification.

D. Post Admission Screens (Post-screenings)

- 1) If the NF/SLP has an individual coming from; i) an out of State hospital, ii) an emergency hospital admission, or iii) admission due to loss of a caregiver the entity should contact the CCU in their area to obtain a post-screening.
- 2) If an individual is admitted to a NF/SLP prior to completion of a pre-screening, the entity should contact the CCU in their area to obtain a post-screening.
- 3) Upon request for a post-screening, the CCU shall check their agency's Case Management

Information System (CMIS), and either IDoA's electronic Community Care Program Information System (eCCPIS) or the Participant Search Screen (PSS) to determine if a screening has been completed, either by that CCU or another CCU, within the past 90 calendar days.

- 4) If the individual has not been screened within the past 90 calendar days, the CCU shall proceed with conducting the face to face screening **within two (2) calendar days** from the date of the request for the post-screening.
- 5) If the individual has been screened within the past 90 calendar days, the CCU will not complete another screen. The CCU shall complete the Illinois Department of Healthcare and Family Services Screening Verification Form [HFS 3864 (R-6-08)] in its entirety utilizing information in CMIS or eCCPIS/PSS to complete the date the individual was screened. The DON score shall also be included by hand writing it on this form. The CCU shall complete, sign the form, and provide a copy to the entity requesting the post-screening. The CCU shall also determine if there is a suspicion of MI and/or DD and complete an OBRA Level I Screen. The CCU shall utilize documentation in an individual's file or reports from hospital staff/referral source for post-screening to complete the OBRA Level I Screen. If there is a reasonable basis to suspect MI and/or DD, the CCU shall make the referral to the designated PAS agent or ISC. The PAS agent or ISC will determine if further screening is required and will notify the CCU regarding this determination. The CCU shall provide a copy of the OBRA Level I Screen to the entity requesting the post-screening. The DON shall be hand written on this document in instances where there is a reasonable basis to suspect MI.
- 6) Upon completing the post-screening, the CCU shall transmit the appropriate Case Authorization Transaction (CAT) to IDoA within ten (10) calendar days.

E. A Pre-screening/Post-screening for nursing facility admission is not required for:

- 1) Sheltered care services;
- 2) Hospice services;
- 3) Caregiver respite services (applies only to screening of community-based applicants if the individual is in a NF for no more than 15 consecutive days);
- 4) Transfers from one NF licensed under the Nursing Home Care Act and certified to participate in the Medicare or Medicaid program to another, with or without an intervening hospital stay (note Section on transfers below);
- 5) Individuals who are readmitted to a NF licensed under the Nursing Home Care Act from a hospital to which she or he was transferred for the purpose of receiving care;
- 6) Individuals who resided in a NF licensed under the Nursing Home Care Act for a period of at least 60 calendar days who are returning to a NF licensed under the Nursing Home Care Act after an absence of not more than 60 calendar days;
- 7) Individuals who have a Life Care contract with a Continuing Care Retirement Community and will be returning to such facility;
- 8) Individuals entering a Veterans Administration (VA) facility in Anna, Quincy, LaSalle, or Manteno; or
- 9) Individuals who resided in a nursing facility on June 30, 1996.

F. A Pre-screening/Post-screening for Supportive Living Program provider admissions is not required for:

- 1) Hospice services;
- 2) Caregiver respite services;
- 3) Transfers from a NF licensed under the Nursing Home Care Act and certified to participate in the Medicaid program or another SLP without a break in service (it is the admitting SLP's responsibility to ensure that a screening document is received from the transferring SLP or NF);
- 4) Residents who are readmitted to a SLP from a hospital to which he or she was transferred for the purpose of receiving care.

G. Transfers:

It is the transferring NF/SLP responsibility to ensure that copies of the resident's most recent screening assessment accompany the transferring resident. The receiving NF/SLP will make every effort to obtain a copy from the transferring nursing facility. If a copy of the screening document still cannot be located, the receiving NF/SLP shall notify the appropriate CCU using the attached Screening Verification Form, [HFS 3864 (R-6-08)]. The CCU shall search eCCPIS/PSS to verify whether a screening had been completed and if the screening indicated whether NF/SLP services were appropriate. The attached Screening Verification Form [HFS 3864 (R-6-08)] will be utilized rather than a hard copy of the screening by the NF/SLP and CCU. **The DON score shall also be included by hand writing it on this form.** This verification eliminates the need for the CCU to search for a hard copy of the screening document in archived materials. **The Screening Verification Form [HFS 3864 (R-6-08)] must be submitted by the CCU to the nursing facility/Supportive Living Program provider requesting the information within 10 calendar days from the request.**



SCREENING VERIFICATION FORM

This form is used for prospective residents who are being admitted from another nursing facility where a copy of the original screening assessment completed for admission to the transferring nursing facility cannot be found. Pursuant to 89 Ill. Adm. Code 140.642, Screening Assessment for Nursing Facility and Alternate Residential Settings and Services, the transferring facility is responsible for ensuring that copies of the resident's most recent screening assessment accompany the transferring resident. Admitting facilities must make every effort to obtain a copy of the screening assessment from the discharging facility prior to completing this form.

TO: _____ DATE: _____

CCU Name

FROM: _____

Facility Name

Address

Phone Number

Fax Number

Resident Name: _____

Birth Date: _____

Social Security Number: _____

Medicaid Eligible: **Y** or **N** If yes, Medicaid Recipient Identification Number: _____

Anticipated Date of Admission: _____

(Following to be completed by CCU)

Agency records show that the above named resident was screened on: (date) _____.

The screening (circle one) **did** / **did not** indicate nursing facility services are appropriate.

Signature of Individual Verifying Screening Results

Date

Title

Agency/Office or CCU/CMU Stamp