Choices for Care Policy

Policy Reference Number:
2.2.001: CCP.CCU.ChoicesforCare.2024

Illinois Department on Aging

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Description of Policy:
Advises Care Coordination Units (CCUs) of requirements for conducting Choices for Care consultations.

Update:
Updated to require CCUs to perform Choices for Care consultations for adults aged 18-59; to implement updates to the Choices for Care process resulting from the Pre-Admission Screening and Resident Review (PASRR) redesign; to include procedures for individuals receiving hospice and/or respite care in a nursing facility; and enhances requirements for CCUs to coordinate with other care coordination entities assisting individuals interested in transitioning to the community. **Also updated to clarify which brochures are required to be provided during the Choices for Care consultation, to clarify information in the Summary of Timeframes table and to correct an error in the billing code when during the follow-up phone call, the individual determines they do not want a follow-up visit and will remain in the nursing facility (the CCU must complete a CAT with Type Action/Type Reason (TA/TR) 25-060 with Billing Code 066).**

Policy Pertains To:	**Statutory Authority:**
• Care Coordination Units	Hospital Licensing Act (210 ILCS 85/6.09) Nursing Home Care Act (210 ILCS 45) **Regulatory Authority:** 42 CFR Part 483 Subpart C 89 Ill. Adm. Code 240.1010

	89 Ill. Adm. Code 240.1020

Rescinds Previous IDoA Policy:
Rescinds all previous policies and guidance specified below.

Version History:

07/12/2024	Choices for Care Policy
08/31/2021	Verifying and Completing Choices for Care Screenings for Managed Care Organization (MCO) Clients
06/01/2021	Further Updates to Choices for Care Assessment – Service Selection and Certification effective June 1, 2021
05/18/2021	Update to Choices for Care Assessment – Service Selection and Certification Page
04/05/2018	Choice of Providers During Out-of-Area Assessments
01/17/2017	Choices for Care Program/Universal Screening Update
12/16/2016	Choices for Care Program/Universal Screening Update
09/02/2014	Choices for Care Program/Universal Screening Update
07/29/2008	Choices for Care Program (Universal Nursing Facility/Supportive Living Facility Screening) REVISED
07/13/1998	Out of Area Assessments

Questions:
Email to Aging.OCCS@illinois.gov with the subject line “Choices for Care Policy”

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PURPOSE

The purpose of this policy is to inform Care Coordination Units (CCUs) of the requirements for the Choices for Care Program. Under this Program, CCUs screen and educate individuals in hospitals, nursing facilities, and in the community about all long-term care options, including home and community-based service options. This equips individuals with the information needed to make an informed choice about their options for long-term services and supports to prevent and/or reduce unnecessary institutionalization. As part of the Choices for Care consultation, CCUs determine eligibility for long-term care services and Home and Community-Based Services (HCBS).

POLICY

A. A CCU shall conduct a Choices for Care consultation for every individual **aged 60 and older and every adult aged 18-59** when considering entry into a nursing facility or Supportive Living Program Setting (SLP), is at imminent risk of nursing facility placement, and in other select situations outlined in this policy. Nursing facility is defined as 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.

B. The Choices for Care consultation is a multi-step process that should occur prior to admission to a nursing facility or SLP but can occur after an individual has been admitted to a nursing facility and in other situations as outlined in this policy.

C. CCUs may receive Choices for Care consultation referrals from hospitals, nursing facilities, SLPs, Specialized Mental Health Rehabilitation Facilities (SMHRFs), or the community. CCUs must adhere to all referring entity requirements including the use of personal protective equipment (PPE) and/or other precautions.

    1. Most referrals for Choices for Care consultations are sent to CCUs through AssessmentPro, a platform operated by Maximus, a contractor of the Illinois Department of Healthcare and Family Services (HFS). CCUs can direct questions regarding AssessmentPro access and functionality to Maximus at ILCCU@Maximus.com. CCUs are also encouraged to utilize the training resources on the AssessmentPro website.

    2. Referrals are visible in a CCU's AssessmentPro queue and are based on several factors. If a CCU receives a referral from outside of their geographic area or an individual is discharged from a location in a CCU's area prior to CCU completion of the Choices for Care consultation, the CCU shall not close the request and instead

shall complete the Maximus DON reassignment form:
https://app.smartsheet.com/b/form/506d834484f4485b924a9d400d6d590a

3. Upon receiving a Choices for Care referral, the CCU shall check its Case Management Information System (CMIS) and IDoA's Participant Search Screen (PSS) to determine if a Determination of Need (DON) has been completed, either by that CCU or another CCU, within the past 90 calendar days.

D. Depending on the referral request, the Choices for Care consultation may include:

1. Education on all options for long-term care, including all home and community-based service options in order to facilitate informed choice; This should take the form of a conversation between the Care Coordinator and the individual and be primarily informed by the goals of the individual, including where they would like to be living right now and where they would like to be living in a year, along with the available supports that would help them live in their preferred setting.

2. An eligibility determination for long-term care using the DON assessment tool or verification the DON was previously completed;

3. A Pre-Admission Screening and Resident Review (PASRR) Level I screen for individuals residing in the community considering entry into a nursing facility. This is an initial screen to identify a known/suspicion of serious mental illness (SMI), intellectual and/or developmental disability (I/DD).

    a. CCUs shall administer the PASRR Level I screen for referrals from the community unless previously completed by the nursing facility.

    b. If Maximus closes the completed Level I in Assessment Pro, the CCU shall request Maximus re-open the referral instead of entering a new Level I assessment.

    c. Note: Once the Level I is entered into AssessmentPro, the system will determine if there is a need for further evaluation. Maximus clinical review team completes an SMI Level II assessment if indicated by review of the Level I. IDD Independent Service Coordinators complete an IDD Level II if indicated by review of the Level I.

4. A Supportive Living Program Setting (SLP) Initial Screen which is an initial screen to identify individuals with potential serious mental illness, intellectual disability and/or developmental disability as well as the reason for referral, **specifically for SLP services**;

5. Potential follow-up depending on the individual's preferences; and

6. Completion and submission of prescribed forms in required timeframes.

The procedures below outline when each component of the Choices for Care consultation is required.

PROCEDURES

A. Choices for Care Pre-Screen: When a Choices for Care consultation occurs prior to an individual's admission to a nursing facility, it is called a "Pre-Screen." CCUs shall have the capacity to **complete face-to-face Choices for Care Pre-Screen seven (7) days per week, a minimum of seven (7) business hours per day, except for state and federal holidays**.

1. Choices for Care Pre-Screen in a Hospital Setting

a. The CCU shall complete a Choices for Care Pre-Screen within **one (1) calendar day** of a request being entered into a CCU's AssessmentPro queue by a hospital. CCUs shall check their AssessmentPro queue frequently to ensure timely responses to referrals.

b. **Step 1:** Upon receiving a Choices for Care referral from a hospital in its geographic area via AssessmentPro, the CCU shall check its Case Management Information System (CMIS) and IDoA's Participant Search Screen (PSS) to determine if a DON has been completed, either by that CCU or another CCU, within the past 90 calendar days.

i. If the individual **has not** had a DON completed within the past 90 calendar days, the CCU shall proceed with conducting the face-to-face DON.

ii. If a DON has been completed within the past 90 calendar days, the CCU shall **not** complete another DON.

1. If a DON has been completed within the past 90 calendar days, regardless of the type of assessment, the CCU shall **not** complete another DON. The CCU shall only complete another DON if the individual's DON score within the past 90 days was below 29 and their condition has significantly changed during this period.

2. **Interim Services & Temporary Service Increase (TSI):** If a DON has been completed within the past 90 calendar days, the individual is returning to their residence and **has been** determined eligible for CCP services through Interim or Temporary Service Increase (TSI), the CCU shall complete another DON if an appropriate plan of care cannot be developed based on the previous DON. If the individual is covered by a Medicaid Managed Care Organization (MCO), the CCU shall refer the individual to their MCO to establish Interim or TSI services.

c. Step 2: Following the eligibility determination, the CCU shall discuss all options for long-term care services, including HCBS and other community-based resources, with the individual so the individual can make an informed choice about their long-term services and supports. The individual has the right to choose which services they will receive or to choose no services. The CCU shall provide the individual with IDoA brochures including "Choices for Care in Illinois," "Home Care Participant Bill of Rights," "Notice of Privacy Practices," "Your Need to Know About Adult Protective Services," and the "Long-Term Care Ombudsman Program – You Have Rights." If the individual is aged 18-59, the CCU shall also provide the brochure "IDHS-DRS Empowering People with Disabilities through Home Services." The CCU shall also inform the individual of their right to appeal their DON score.

i. During the assessment, it may be determined the individual will return to their residence.
1. If the individual does **not** currently receive CCP services but meets the qualifications,

the CCU may offer CCP Interim services. If the “assessing” CCU is different from the “home” CCU, the “home” CCU shall provide the “assessing” CCU with a current list of service providers and the name of the next provider(s) on the rotation list. The “assessing” CCU is required to utilize the list of CCP service providers when presenting options to the individual/authorized representative and establishing the person-centered plan of care. The “assessing” CCU shall utilize the next provider(s) on the rotation list provided by the “home” CCU if the individual does not have a preference in provider.

2. If the individual currently receives CCP services, the CCU shall discuss the need for a Temporary Service Increase (TSI) with the individual and authorize TSI services if appropriate.
    i. When the “assessing” CCU is different from the “home” CCU, the “assessing” CCU shall establish the person-centered plan of care. The “assessing" CCU shall also complete the appropriate forms for authorization of the Interim or TSI services and forward the forms to the “home” CCU and CCP providers in the geographic area where the individual resides within one (1) business day. The “home” CCU shall contact the individual and the CCP providers selected by the individual to ensure services are in place. The “home” CCU shall conduct a follow-up home visit to complete either the initial determination of eligibility or redetermination, as appropriate, within fifteen (15) calendar days from the date of discharge.

ii. If the individual does not meet eligibility requirements for long-term care or HCBS waiver services, the CCU shall educate the individual about other community-based resources that may be available.

d. Step 3: If the individual selects facility-based care, the CCU shall determine whether the individual would like follow-up in the facility to discuss their possible return to the community and the availability of HCBS options. Following person-centered practices, the individual/authorized representative drives this process and has the full authority to accept or decline follow-up. See

Section E below for more information related to follow-up.

e. **Step 4:** The CCU shall enter results of the Choices for Care Pre-Screen into AssessmentPro as soon as possible, but no later than one (1) calendar day after completion. Completion of the Choices for Care consultation is accomplished utilizing forms prescribed by IDoA which include demographic information for the individual, the DON and the "Service Selection and Certification" page signed by the individual. The CCU shall complete and upload into AssessmentPro either the "HFS Interagency Certification of Screening Results" (HFS 2536) or the "HFS Screening Verification Form" (HFS 3864). If the total DON assessment score is 29 or above, the CCU shall mark the form as 'appropriate.' If the total DON assessment score is below 29, the CCU shall mark the form as 'not appropriate.' The facility name and address and date of admission to facility are left blank on the HFS 2536 to expedite the CCU's completion of the form. Note: If a Level II assessment is triggered in AssessmentPro, it cannot be finalized until the DON score is entered by the CCU.

2. Choices for Care Pre-Screen in the Community for SLP Placement

a. **Step 1:** For individuals living in the community who are considering entry into an SLP, the CCU shall complete a Choices for Care Pre-Screen including a DON, and a **SLP Initial Screen** prior to an individual being admitted to a SLP. Note: Individuals who are entering an SLP in private pay status are not required to have a minimum total DON score of 29. The SLP Initial Screen is used to identify individuals with potential SMI or I/DD as well as the reason for referral, **specifically for SLP services**. SLPs cannot discuss admission with potential residents until the SLP Initial Screen and DON are completed.

i. If the individual is at imminent risk for admission, the CCU shall complete the Choices for Care consultation within one (1) calendar day.

ii. If the individual is **not** at imminent risk for admission, the CCU shall complete the Choices for Care consultation within two (2) calendar days.

b. **Step 2:** Follow step 2 in the above section “Choices for Care Pre-Screen in a Hospital Setting,” with the exception of providing the “Home Care Participant Bill of Rights” and “Long-Term Care Ombudsman Program – You Have Rights” brochures.

c. **Step 3:** The CCU shall enter results of the Choices for Care Pre-Screen, including the SLP Initial Screen, into AssessmentPro as soon as possible, but no later than one (1) calendar day after completion. The CCU is required to send the HFS 2536 and SLP Initial Screen results directly to the SLP, in addition to entering it into AssessmentPro. Completion of the Choices for Care consultation is accomplished utilizing forms prescribed by IDoA which include demographic information for the individual, the DON and the “Service Selection and Certification” page signed by the individual. The CCU shall complete and upload into AssessmentPro either the "HFS Interagency Certification of Screening Results” (HFS 2536) or the “HFS Screening Verification Form” (HFS 3864). If the total DON assessment score is 29 or above, the CCU shall mark the form as ‘appropriate.’ If the total DON assessment score is below 29, the CCU shall mark the form as ‘not appropriate.’ The facility name and address and date of admission to facility are left blank on the HFS 2536 to expedite the CCU’s completion of the form. Note: If a Level II assessment is triggered in AssessmentPro, it cannot be finalized until the DON score is entered by the CCU.

3. Choices for Care Pre-Screen in the Community for Nursing Facility Placement

a. **Step 1:** For individuals living in the community at risk of or considering nursing facility placement, the CCU shall complete a Choices for Care Pre-Screen including a DON, and a Level I screen, in compliance with the federal Preadmission Screening and Resident Review (PASRR) requirement, to determine if there is a suspicion of SMI or I/DD. The CCU shall complete the Choices for Care Pre-Screen and Level I screen **within two (2) calendar days** of the request for screening. **If the individual is believed to be at “imminent risk” of nursing facility placement, the CCU shall complete the Choices for Care Pre-Screen and Level I screen within one (1) calendar day of referral. “Imminent risk” means placement is likely to occur within three (3) calendar days without the provision of services to meet the individual’s personal, health, nutrition and safety needs.**

b. **Step 2:** Follow step 2 in the above section “Choices for Care Pre-Screen in a Hospital Setting.”

i. During the assessment, it may be determined the individual will be able to remain in their residence with services.

1. If the individual does **not** currently receive CCP services but meets the qualifications, the CCU may offer CCP Interim services. If the “assessing” CCU is different from the “home” CCU, the “home” CCU shall provide the “assessing” CCU with a current list of service providers and the name of the next provider(s) on the rotation list. The “assessing” CCU is required to utilize the list of CCP service providers when presenting options to the individual/authorized representative and establishing the person-centered plan of care. The “assessing” CCU shall utilize the next provider(s) on the rotation list provided by the “home” CCU if the individual does not have a preference in provider.
2. If the individual currently receives CCP services, the CCU shall discuss the need for a Temporary Service Increase (TSI) with the individual and authorize TSI services if appropriate.
    i. When the “assessing” CCU is different from the “home” CCU, the “assessing” CCU shall establish the person-centered plan of care. The “assessing" CCU shall also complete the appropriate forms for authorization of the Interim or TSI services and forward the forms to the “home” CCU and CCP providers in the geographic area where the individual resides within one (1) business day. The “home” CCU shall contact the individual and the CCP providers selected by the individual to ensure services are in place. The “home” CCU shall conduct a follow-up home visit to complete either the initial determination of eligibility or redetermination, as appropriate, within thirty (30) calendar days from the date of discharge.

ii. **Step 3:** Follow step 3 in the above section “Choices for Care Pre-Screen in a Hospital Setting.”

iii. **Step 4:** The CCU shall enter results of the Choices for Care Pre-Screen into AssessmentPro as soon as possible, but no later than one (1) calendar day after completion. Completion of the Choices for Care consultation is accomplished utilizing forms prescribed by IDoA which include demographic information for the individual, the DON and the "Service Selection and Certification" page signed by the individual. The CCU shall complete and upload into AssessmentPro either the "HFS Interagency Certification of Screening Results" (HFS 2536) or the "HFS Screening Verification Form" (HFS 3864). If the total DON assessment score is 29 or above, the CCU shall mark the form as 'appropriate.' If the total DON assessment score is below 29, the CCU shall mark the form as 'not appropriate.' The facility name and address and date of admission to facility are left blank on the HFS 2536 to expedite the CCU's completion of the form. Note: If a Level II assessment is triggered in AssessmentPro, it cannot be finalized until the DON score is entered by the CCU.

4. Choices for Care Pre-Screen for Transfers from a Specialized Mental Health Rehabilitation Facilities (SMHRFs)

a. Step 1: When an individual is transferring from a SMHRF to a nursing facility or SLP, the CCU shall complete a Choices for Care Pre-Screen including the DON, **within two (2) calendar days** of the request for screening.

b. **Step 2:** Follow step 2 in the above section "Choices for Care Pre-Screen in a Hospital Setting."

c. **Step 3:** Follow step 3 in the above section "Choices for Care Pre-Screen in a Hospital Setting."

d. **Step 4:** The CCU shall enter results of the Choices for Care Pre-Screen into AssessmentPro as soon as possible, but no later than one (1) calendar day after completion. Completion of the Choices for Care consultation is accomplished utilizing forms prescribed by IDoA which include demographic information for the individual, the DON and the "Service Selection and Certification" page signed by the individual. The CCU shall complete and upload into AssessmentPro either the "HFS Interagency Certification of Screening Results" (HFS 2536) or the "HFS Screening Verification Form" (HFS 3864). If the total DON assessment score is 29 or above, the CCU shall mark the form as

'appropriate.' If the total DON assessment score is below 29, the CCU shall mark the form as 'not appropriate.' The facility name and address and date of admission to facility are left blank on the HFS 2536 to expedite the CCU's completion of the form. Note: If a Level II assessment is triggered in AssessmentPro, it cannot be finalized until the DON score is entered by the CCU.

5. **Choices for Care Pre-Screen for Individuals Receiving Hospice and/or Respite Care**
    - **a.** Individuals who will receive hospice and/or respite care in a nursing facility or SLP are required to have a Choices for Care consultation prior to admission. Follow the steps above for the appropriate section depending on whether the individual is in the hospital or community at the time of the Pre-Screen.

6. **Choices for Care Pre-Screen for Individuals in Carceral (Correctional) Settings**
    a. Individuals who are preparing to transition out of a carceral setting and require long-term care services (nursing facility or HCBS) are required to have a Choices for Care consultation. Follow the steps above to complete the Pre-Screen. Document any delay in completing the Pre-Screen due to facility rules and/or availability of facility staff.

B. Choices for Care Post-Screen: When a Choices for Care consultation occurs after an individual's admission to a nursing facility, it is called a "Post-Screen." Post-Screens may be necessitated by a nursing facility admission from out-of-state, an emergency hospital admission or outpatient, or admission due to loss of a caregiver. CCUs may also receive requests for Post-Screen referrals if a nursing facility cannot locate a HFS 2536. CCUs shall have the capacity to **complete face-to-face Choices for Care Post-Screen seven (7) days per week, a minimum of seven (7) business hours per day, except for state and federal holidays**.

1. The CCU shall complete a Choices for Care Post-Screen within **two (2) calendar days** of a request being entered into a CCU's AssessmentPro queue by a nursing facility. CCUs shall check their AssessmentPro queue frequently to ensure timely responses to referrals.

    a. **Step 1:** For individuals who were admitted to a nursing facility without completion of the DON, the nursing facility should check in AssessmentPro: "NF resident who is not currently in an inpatient

psychiatric hospital/unit" and then the appropriate subcategory. If the nursing facility chooses this category, the CCU will see the request in their AssessmentPro queue. Upon receiving a Choices for Care referral from a nursing facility in its geographic area via AssessmentPro or other means, the CCU shall check its CMIS and IDoA's PSS to determine if a DON has been completed, either by that CCU or another CCU, within the past 90 calendar days. Note: If a PASRR has been completed, but a DON has not been completed, the nursing facility will send the Choices for Care Post-Screen referral to the CCU directly, not through AssessmentPro.

i. If the individual **has not** had a DON completed within the past 90 calendar days, the CCU shall proceed with conducting the face-to-face DON.

ii. If a DON has been completed within the past 90 calendar days, regardless of the type of assessment, the CCU shall **not** complete another DON, unless the DON score was under 29 total points.

b. **Step 2:** Follow step 2 in the above section "Choices for Care Pre-Screen in a Hospital Setting."

c. **Step 3:** Follow step 3 in the above section "Choices for Care Pre-Screen in a Hospital Setting."

d. **Step 4:** Completion of the Choices for Care Post-Screen consultation is accomplished by utilizing forms prescribed by IDoA which include demographic information for the individual, the DON and the "Service Selection and Certification" page signed by the individual. The CCU shall complete and upload into AssessmentPro either the "HFS Interagency Certification of Screening Results" (HFS 2536) or the "HFS Screening Verification Form" (HFS 3864). If the total DON assessment score is 29 or above, the CCU shall mark the form as 'appropriate.' If the total DON assessment score is below 29, the CCU shall mark the form as 'not appropriate.' As the individual is already in the NF, the facility name and address and date of admission can be completed on the HFS 2536 prior to uploading into AssessmentPro. If the referral was not received in AssessmentPro, the CCU shall provide a copy of the HFS 2536 directly to the nursing facility.

i. If the CCU finds that the DON has been completed within the past 90 calendar days, the CCU shall complete the HFS 3864 and upload it into AssessmentPro.

2. Large Requests for Screening Verifications

a. A "large request for screening verification" is defined as ten (10) or more requests by the same nursing facility at the same time.

b. **PASRR:** If a nursing facility is not able to find previous PASRR paperwork, the nursing facility shall enter in AssessmentPro: "Nursing Facility resident who is not currently in an inpatient psychiatric hospital/unit." Then for purpose of the Level I Screen, "This nursing home resident has never had a PASRR Level I screen."

i. Once the Level I Screen is entered by the nursing facility, AssessmentPro will determine whether a Level II Screen is needed. Maximus managers alert their staff that they may see a need for Level II Screens from these nursing facilities. If the nursing facility is stating the Level II Screens are being canceled, they should email Maximus at ILPASRR@maximus.com

c. **DON:** The CCU shall check its CMIS and IDoA's PSS to determine if a DON has been completed, either by that CCU or another CCU, within the past 90 calendar days. PSS also contains assessments completed by CCUs for individuals aged 18-59.

i. If the DON has **not** been completed, the CCU shall complete a Post-Screen DON in the nursing facility, enter the information and upload HFS 2536 into AssessmentPro within 30 calendar days of the request.

ii. If the DON has been completed, the CCU shall complete the HFS 3864 and include the DON score on the form within 30 calendar days of the request.

iii. In AssessmentPro: The CCU shall mark the DON as completed but Choices for Care consultation not completed and enter reason as "previous DON completed." Include the date of the DON. The CCU shall upload HFS 3864.

iv. If the DON found is more than 90 calendar days old **but there has been no break in nursing facility service which exceeds 60 calendar days**, there is no need for a new DON.

C. SLP Conversion Screens

1. Individuals who enter an SLP on a private pay basis are required to have a new DON completed when they apply for Medicaid. CCUs are required to complete the DON within fifteen (15) calendar days of the request from the SLP. The SLP will contact the CCU directly (not through AssessmentPro) when a conversion screen is needed. After the DON is completed, the CCU completes an HFS 2536 and sends it to the SLP, utilizing the date the DON was completed as both the date of screening and date of admission.

D. Hospital Discharge with Home Health

1. CCUs shall follow-up on 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.

E. Informed Choice, Follow-Up & Linkages to Other Care Coordination Entities

1. As part of the Choices for Care consultation, the CCU shall discuss all options for long-term care services, including HCBS and other community-based resources, with the individual so the individual can make an informed choice about their long-term services and supports. The individual has the right to choose which services they will receive.

2. The CCU shall ask the individual if they would like to schedule follow-up with a Care Coordinator within a certain number of days to discuss their possible return to the community and HCBS options. Following person-centered practices, the individual/authorized representative drives this process and has the full authority to accept or decline follow-up.

3. To determine which care coordination entity is responsible for follow-up with the individual in the nursing facility (if requested and documented on the "Choices for Care: Service Selection and Certification Form"), the CCU shall check PSS to determine if the individual is covered by an MCO or another HCBS waiver program and refer the individual to the care coordination entity as follows:

    a. If the individual requests follow-up, is aged 60 and older and is **not** covered by an MCO or another waiver program, the CCU shall call the participant (and/or authorized representative, family, friend designated by the

participant at the time of the Choices for Care consultation) within the number of days requested to discuss HCBS and other community-based resources to assist in the participant's transition to the community. The CCU shall invite other authorized representatives, family or friends designated by the participant in the discussion, as requested by the participant. The CCU must thoroughly document case notes in the Choices for Care assessment regarding all phone calls and attempts for follow-up. Follow-up phone calls do not have to be made by the Care Coordinator who completed the Choices for Care assessment and can be done by other CCU staff, such as a case aide. If the individual is unsure about returning to the community at the time of the follow-up call, the CCU shall document this in the case notes, and call the individual back at a later time.

i. If the participant lives in the "assessing" CCU's geographical service area, this CCU shall be responsible for completing the follow-up. The CCU should set a reminder in their CMIS or another method to follow-up with the participant within the number of days requested by the participant.

ii. If the participant lives in a geographic area not served by the "assessing" CCU, the participant's "home" CCU shall complete the follow-up.

iii. If it is determined an assessment must be completed to facilitate the participant's transition back into the community, the CCU where the nursing facility is located is responsible for conducting the assessment. If the "assessing" CCU is not responsible for follow-up, it shall send the "Service Selection and Certification Form" to the "home" CCU within five (5) calendar days of the completion of the Choices for Care consultation.

At the time of the Choices follow-up call, or at any time an individual expresses interest in returning to the community, the appropriate CCU as outlined directly above shall complete a face-to-face visit with the individual within thirty (30) calendar days. If the individual is in a nursing facility, the CCU shall complete the comprehensive deinstitutionalization assessment and develop a person-centered transition plan including CCP and other non-CCP services as determined by the assessment, assists with arranging all needed services for the individual to successfully transition back to the community, and completes required forms and documents the visit. The CCU shall determine if the participant would be an appropriate candidate for Intensive Monitoring

and/or Intensive Casework to provide more intensive supports post-transition.

b. If the individual requests follow-up, is aged 18-59 and is **not** covered by an MCO, the CCU shall send the "Choices for Care: Service Selection and Certification Form" to the other HCBS waiver program within **five (5) calendar days of the Choices for Care consultation** to communicate the individual's interest in obtaining additional information about transitioning from the institutional setting to the community. The other HCBS waiver program is responsible for following-up with the individual.

c. If the individual requests follow-up, is aged 18-59 or aged 60 and older, and is covered by an MCO, the CCU shall send the "Choices for Care: Service Selection and Certification Form" to the MCO within **five (5) calendar days of the Choices for Care consultation** to communicate the individual's interest in obtaining additional information about transitioning from the institutional setting to the community. The MCO is responsible for following-up with the individual.

F. Appeals

1. During the Choices for Care Pre- and Post-Screen processes, the CCU shall inform the individual of their right to appeal their DON score following the procedures outlined in 89 Ill. Adm. Code 240.400.

G. Summary of Timeframes

Action	**Required Timeframe to Complete** (CCUs shall have the capacity to complete face-to-face Choices for Care Screens seven (7) days per week, a minimum of seven (7) business hours per day, except for state and federal holidays.)
Hospital-Based Screen & Community-Based Imminent Risk	1 calendar day to complete, enter & upload into AssessmentPro
Community-Based Non-Imminent Risk Screen (including SMHRF)	2 calendar days to complete, enter & upload into AssessmentPro

All Post-Screening	2 calendar days to complete, enter & upload into AssessmentPro; 15 calendar days to enter into IDoA Post Screen Portal app
Verification of screen (HFS 3864) to nursing facility/SLP upon request	2 calendar days (enter & upload into AssessmentPro unless request came directly)
Case Authorization Transaction (CAT) entered into system	10 calendar days of completion of pre-screening
SLP conversion DON (not entered into AssessmentPro)	15 calendar days
Follow-Up sent to another care coordination entity	5 calendar days

H. Choices for Care Consultation Exemptions

1. A Pre-Screen/Post-Screen for nursing facility admission is not required for:
    a. Transfers from one nursing facility to another.
    b. Admissions to a continuing care retirement community with which the participant has a life care contract.
    c. Returns to a nursing facility from a hospital.
    d. Admissions to sheltered care facilities.
    e. Participants who resided in a nursing facility on June 30, 1996.
    f. Participants who resided in a nursing facility for a period of at least 60 calendar days who are returning to a nursing facility after an absence of not more than 60 calendar days.
    g. Individuals entering a Veterans Administration (VA) facility.

2. A Pre-Screen/Post-Screen for SLP admissions is not required for:
    a. Transfers from a nursing facility 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 nursing facility);
    b. Residents who are readmitted to a SLP from a hospital to which he or she was transferred for the

purpose of receiving care.

I. Exemptions from Face-to-Face Choices for Care Consultations

1. All Choices for Care consultations must be conducted in-person, face-to-face. In rare instances that a CCU cannot complete a face-to-face Choices for Care consultation within the required timeframes due to hazardous weather conditions and/or facility-imposed restrictions, the CCU shall:

    a. Immediately notify IDoA in writing by emailing aging.occs@illinois.gov as soon as possible with the subject line "Remote Choices Consultation." Include the reason that the Choices for Care consultation is being performed telephonically (e.g. hazardous weather conditions, facility-imposed restrictions).

        i. If the Choices for Care consultation is being conducted remotely due to facility-imposed restrictions, also include the name of the facility in the email to IDoA.

    b. Complete the Choices for Care consultation telephonically and document the reason that the assessment was completed telephonically.

    c. Attempt to complete the Mini Mental State Examination (MMSE) via phone, with the exception of questions 6 and 8-11, which should be scored '0.'

    d. Sign the "Case Noted Signature" section of the IDoA Service Selection and Certification (page 5 of the prescreen assessment form in Participant Forms Manager), indicating the individual was not able to physically sign.

    e. Return to face-to-face Choices for Care consultations as soon as possible and notify IDoA in writing by emailing aging.occs@illinois.gov as soon as face-to-face consultations have resumed.

BILLING FOR CHOICES FOR CARE CONSULTATIONS AND FOLLOW-UP

A. Billing for Face-to-Face Choices for Care Consultations

1. CCUs are required to enter information from the Choices consultation into their CMIS to generate a Case Authorization Transaction (CAT). CATs are to be entered and transmitted to IDoA within ten (10) calendar days of completion of the Choices consultation. The following billing codes are utilized on CATs for Face-to-Face Choices consultations:

Billing Code	Description
064	Choices for Care Screening
067	Choices for Care Screen with Translation Services
090	Weekend Choices for Care Screen –screen is completed between 5pm on Friday and 8am on Monday
091	Weekend Choices for Care Screen with translation

2. The Type Action (TA) for a CAT for a consultation on an individual aged 60 and older is 25. For an individual aged 18-59 the TA is 35. IDoA sends 35 TA CATs for payment processing to DHS on a weekly basis.

B. Billing for Non-Face-to-Face Choices for Care Consultations/Verifications

1. When a CCU completes and uploads an HFS 3864 into AssessmentPro, a CAT with billing code 066 should be entered and transmitted to IDoA.

C. Billing for Follow-Up

1. A CCU may bill Code 066 for a completed follow-up phone call with an individual who requests follow-up.

    a. If during the follow-up phone call, the individual determines they do not want a follow-up visit and will remain in the nursing facility, the CCU must complete a CAT with Type Action/Type Reason (TA/TR) 25-060 with Billing Code 066. The CCU should utilize the date the contact was made as the dates for the CAT—including referral, Face-to-Face, and Eligibility Determination. Demographic, impairment, and the MMSE/DON information will be the same as the previous Choices/prescreen CAT. This TA/TR cannot be utilized until contact has been made during follow-up phone call(s).

b. If during the follow-up phone call, it is determined the individual will be able to return to the community, either with or without CCP services, the CCU must complete a CAT with a TA/TR 25-061 with Billing Code 066. The CCU should utilize the date the contact was made as the dates for the CAT—including referral, Face-to-Face, and Eligibility Determination. Demographic, impairment, and the MMSE/DON information will be the same as the previous Choices/prescreen CAT. This TA/TR cannot be utilized until contact has been made during follow-up phone call(s).

2. If during the follow-up phone call, the individual determines they do not want a follow-up visit and will remain in the nursing facility, the CCU must complete a CAT with Type Action/Type Reason (TA/TR) 25-060 with Billing Code 066. The CCU should utilize the date the contact was made as the dates for the CAT—including Choices for Care referral, Choices for Care face-to-face consultation, and eligibility determination. Demographic, impairment, and the MMSE/DON information will be the same as the previous Choices/prescreen CAT. This TA/TR cannot be utilized until contact has been made during follow-up phone call(s).

3. A new assessment may be requested during the follow-up phone call(s). The CCU shall complete the assessment following IDoA policies and procedures.

    b. A CCU may bill for Deinstitutionalization (068) when a Care Coordinator completes a face-to-face visit with an individual in a nursing facility; the Care Coordinator completes the comprehensive assessment, creates a person-centered transition plan, assists with arranging all needed services for the individual to transition back to the community, completes required forms and documents the visit.

    c. If the CCU determines the participant would be an appropriate candidate for Intensive Monitoring and/or Intensive Casework to provide more intensive supports post-transition, the CCU may bill for Intensive Monitoring (369) and/or Intensive Casework (366) as specified in IDoA's "Community Care Program Rates" Policy and "Intensive Casework & Intensive Monitoring" Policy.

D. Reporting Post-Screens to IDoA

1. For any face-to-face Post-Screen conducted, IDoA has developed the Post-Screen Portal for CCUs to enter information regarding the Choices for Care consultation. CCUs are required to enter all post-screen data, even if one of the

circumstances on the HFS 2536 is met (admission from out of state, hospital emergency room/outpatient services, or loss of a caregiver) within 15 calendar days. Access to the Post-Screen Portal is obtained through the User Maintenance Portal (UMP). Contact aging.training@illinois.gov for issues regarding access and for updates needed for nursing facility and hospital listings.

FORMS & BROCHURES

A. The following forms and brochures are referenced in this policy:

1. Illinois Department on Aging Choices for Care Assessment Form [IL-402-1312], Determination of Need (DON) and Mini Mental State Examination [IL-402-1315], and Service Selection and Certification [IL-402-1317]
2. Illinois Department of Healthcare and Family Services Interagency Certification of Screening Results [HFS 2536]
3. Illinois Department of Healthcare and Family Services Screening Verification Form [HFS 3864]
4. *Choices for Care in Illinois* Brochure
5. *Notice of Privacy Practices* Brochure (IL-402-1239-pink)
6. *Home Care Participant Bill of Rights* (IL-402-1225 (White) (Rev. 08/27/2018))
7. *Your need to know about Adult Protective Services* Brochure (IOCI17-0112)
8. *Long-Term Care Ombudsman Program – You Have Rights Rights* (IOCI 17-0269 (Rev. 10/17 200)
9. *IDHS-DRS Empowering People with Disabilities through Home Services* [DHS 4243 (R-12-18)]
10. Case Record Recording Sheet (IL-402-1224 or facsimile)