ILLINOIS DEPARTMENT ON AGING (IDoA)
DIVISION OF HOME AND COMMUNITY SERVICES

<table>
<tr><td rowspan="3">Title:
New Referrals for Services (Revised)</td><td colspan="2">CREATED BY: Jose Jimenez</td></tr>
<tr><td colspan="2">ELECTRONIC FILE NAME:
New referrals for Services 01.01.18</td></tr>
<tr><td colspan="2">EFFECTIVE DATE: January 1, 2018</td></tr>
<tr><td rowspan="2">OPERATIONS POLICY:
IDoA will implement policy and procedure for new referrals for services.</td><td>Last Revisions:
January 16, 2014</td><td>By: Jennifer Reif</td></tr>
<tr><td>Approved By:
Jennifer Reif</td><td>Date:
January 1, 2018</td></tr>
<tr><td>Search Word(s):
New referrals
Applicant
Managed Care Organization
MCO
Eligibility</td><td colspan="2">Pertains to:
☑ CCUs
☐ In-Home Service
☐ Adult Day Service
☐ Emergency Home Response Service ☐ Other:
☑ Other: Managed Care Organizations (MCOs)</td></tr>
<tr><td rowspan="4">REQUIREMENT:
Each Care Coordination Unit will follow IDoA's policy and procedure for new referrals to services.</td><td colspan="2">RULE REFERENCE:
OTHER REFERENCE(S):</td></tr>
<tr><td colspan="2">Rescinds Previous IDoA Policy:</td></tr>
<tr><td>☐ N/A</td><td>☑ Yes</td></tr>
<tr><td>Title: Same -Updated 1/2014</td><td>Date: 1/16/14</td></tr>
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PURPOSE:

The purpose of this policy is to notify all Care Coordination Units (CCUs) of the procedure for new referrals for services through the Community Care Program (CCP). Effective January 1, 2018, the State's Managed Care Initiative will expand to include the entire State. CCP participants throughout the State that are enrolled in Managed Care Organizations (MCOs) for medical services will begin receiving their home and community-based waiver services (In-Home, Adult Day, Case Management,

Emergency Home Response services, etc.) through the MCOs. Therefore, it is essential that CCUs determine if a potential referral is already enrolled with an MCO prior to conducting the first home visit with the participant so the appropriate type of assessment can be completed.

POLICY:

CCUs are required to check the Participant Search Screen (PSS), located at https://secure1.illinois.gov/AGE/ParticipantSearch/ upon receipt of any request for assistance in determining Medicaid status, enrollment in an MCO for medical services and verifying Social Security numbers and date of birth. CCUs are required to follow the procedures outlined in the "Electronic Verification of Data on Case Authorization Transactions (CATs)/Participant Search Screen" dated 01/01/17. If Social Security numbers cannot be verified by viewing the participant's social security card or through verification in PSS, CCUs are required to submit participant's Social Security numbers to the Department's Benefits, Eligibility, Assistance and Monitoring (BEAM) Unit using the prescribed password protected document. Requests for verification should be sent to Aging.Advisor@illinois.gov . Verification requests may take up to 48 hours to process. To ensure the fastest processing please submit your requests prior to noon each day.

PROCEDURES:

Choices for Care/Prescreening Assessments

1) The CCU does not need to verify MCO status for all prescreens. CCUs are required to complete prescreens on all participants regardless of Medicaid status or MCO participation. However, your billing personnel may want to look up the participant's MCO status prior to submitting the CAT in order to prevent billing rejects. If the CAT is submitted as a CCP client (program type 11) and the participant is a MCO member, then the prescreen CAT will reject. Prescreens for MCO members will need to be entered as a program type 15 CAT.
2) For persons entering a Nursing Facility or Supportive Living Facility, the CCU may complete the assessment following the policy dated January 17, 2017, "Choices for Care Program (Universal Nursing Facility/Supportive Living Facility Screening) REVISED." However, if the person ends up being diverted to home and community services, then the CCU is required to check MCO status prior to the Presumptive Eligibility/Interim assessment being completed. (See "In cases of imminent risk of nursing facility placement…" below.)

All Other Assessments

The following procedures will be utilized by Care Coordinators upon receipt of a request for assistance prior to conducting the first home visit with the participant so the appropriate type of assessment can be completed. If an MCO case manager

requests services for one of their members, the referrals will be sent from the MCO to the BEAM unit. BEAM will then forward the referral to the appropriate CCU. However, many times an MCO participant or family member will contact the CCU directly for assistance. This is allowable and the CCU should proceed with the following procedure for completing the assessment.

1) Upon receipt of a request/referral for assistance, the CCU shall check the PSS system to determine the participant's Medicaid status, enrollment in MCO program, and to verify the participant's Social Security Number (SSN) and birth date. If the SSN cannot be verified via the PSS system, the CCU shall submit, the same day if possible, but no later than the next business day a request for SSN verification to the BEAM unit. The BEAM unit can be contacted between the hours of 8:00 AM and 5:00 PM, Monday through Friday, excluding State holidays by emailing Aging.Advisor@illinois.gov

2) If the participant is not currently enrolled in an MCO, the CCU shall complete the Comprehensive Care Coordination assessment (as appropriate), the Medical Benefits (Medicaid) application (as appropriate following the provisions outlined in the Medicaid policy) and any applicable service referrals including CCP. The CCU should refer to Community Care Program (CCP) Forms Instructions & Training Document for timeframes.

    a) The CCU shall bill and authorize services according to CCP guidelines for the assessment completed. CCUs should ensure that the proper billing codes and program types are used for billing each participant.

    b) The CCU shall continue to assess and monitor the participants as outlined in CCP rules and policies.

    c) If a participant, at a later time, is deemed eligible for Medicaid and becomes enrolled in an MCO, the CCU will then be required to transfer the participant to the MCO following the procedures outlined in the policy titled: Transitioning CCP clients to MCOs—date January 1, 2018.

3) If the participant is currently enrolled in an MCO, the CCU shall complete only a Determination of Eligibility (DOE) to determine eligibility for waiver services through the MCO. If the participant receives a Determination of Need (DON) score total of at least 29, the CCU shall send the MCO Status Form and DON to the participant's chosen MCO notifying them that the participant is now eligible for waiver services. (Refer to policy titled: MCO enrollee requiring waiver services—updated January 1, 2018.)

    a) In cases of **interims**, after verifying the participant's enrollment in a MCO, the CCU shall complete a DOE, following Community Care Program (CCP)

time frames, and shall refer the participant to the appropriate MCO using the MCO Status form and indicating the participant requires interim services. (For further details regarding the DOE, refer to procedures #8 and #9 of the policy titled: MCO enrollee requiring waiver services—update January 1, 2018.) The CCU shall complete the follow up DOE in the participant's home, as required by CCP rules, to ensure the participant is still eligible for services. The CCU may elect to waive the follow-up DON if the case manager feels the participant's eligibility will not change if the DON was conducted in the participant's home environment (ie, the participant will still receive a minimum score of 29 on the DON). If this assessment is waived the CCU must document the reason in the participant's case notes. The CCU will be responsible for completing the participant's annual DOE to ensure eligibility for waiver services. The MCO will authorize the appropriate interim services and develop the care plan.

b) In cases of **out of area interims**, the "assessing" CCU shall follow the procedure in 1)a) and also make sure to send the participant's "home" CCU the DOE paperwork and notify that CCU to enter the client into their CMIS database as a new MCO client (01/066 CAT with a billing code of 000). They should also make sure they identify who the participant's "home" CCU will be on the MCO Status form they send to the MCO. (For further details regarding the DOE, refer to procedures #8 and #9 of the policy titled: MCO enrollee requiring waiver services—update January 1, 2018.) If after reviewing the file, the "home" CCU feels a new DON is required due to the fact that their DON score may change if assessed in their home environment, the "home" CCU should complete a new DOE and send the new MCO Status Form paperwork to the MCO with the new assessment score. The "home" CCU can bill for a 01/000 CAT with a billing code 050 for this assessment. The "home" CCU will be responsible for completing the participant's annual DOE to ensure eligibility for waiver services.

c) If the participant does not score the required minimum 29 points on the DON the CCU is required to notify the client of the denial of services as they normally would follow CCP guidelines. The CCU should also notify the MCO on the MCO Status Form that an assessment was completed at the participant's request and the participant was found ineligible. The participant should be denied using a Program Type 15 CAT with the TA/AR of 20/022 (insufficient point count) with a billing code of 050 (056 for translation) and an Eligibility Determination Date (EDD) equal to the date of the DOE conducted by the CCU.