

## Connect / Connect + Medicare

Care Coordination and LTSS

**TITLE:** In-Person Assessment Requirements

**DEFINITIONS:**

DHS: Department of Human Services

ICT: Integrated Care Team

CMS: Center for Medicare and Medicaid Services

MAL: Monthly Activity Log

**PURPOSE:** To provide care coordinators with guidance related to DHS and CMS in-person and documentation requirements. This job aid addresses the circumstances under which alternative methods of assessment and alternative encounters are permitted.

**SUMMARY OF REGULATORY GUIDANCE:**

DHS and CMS provide guidance on the method of assessment (e.g., in-person, phone, televideo). In preparation for the assessment, care coordinators must determine the appropriate method based on the member’s situation. Frequency and method of contact vary based on the member's health plan. Robust documentation of the assessment options offered, as outlined in the grid below, is crucial for maintaining compliance with DHS and CMS regulations.

**POLICY:** To ensure UCare is meeting DHS and CMS requirements, all members enrolled in Connect + Medicare are required to be offered an in-person Health Risk Assessment (HRA) within 60 days of new enrollment and within 365 days of the previous HRA, UTR or Refusal timelines and upon change of condition. Document the informed choice of assessment methods and member preference in the member’s record. The table below indicates the required methods and contact attempts for member contacts.

	CT + MED 4 actionable attempts: 3 phone calls & 1 UTR letter	CONNECT 3 attempts: Phone, email, or UTR Letter. If three attempts are completed, one of the attempts must be a UTR letter.
<b>Initial Assessment</b>	<p><b>Offer HRA:</b></p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> In Person</li> <li>• 2<sup>nd</sup> Televideo (document if televideo is not an option)</li> <li>• 3<sup>rd</sup> Telephone*</li> </ul> <p>*Additional encounter requirements</p> <p><b>Institutional:</b> In-person required</p>	<p><b>Offer HRA:</b></p> <ul style="list-style-type: none"> <li>• May be conducted via phone, televideo or in person</li> </ul> <p><b>Institutional:</b> In-person required</p>

<b>Annual Assessment</b>	<p><b>Offer HRA:</b></p> <ul style="list-style-type: none"> <li>1<sup>st</sup> In Person</li> <li>2<sup>nd</sup> Televideo (document if televideo is not an option)</li> <li>3<sup>rd</sup> Telephone*</li> </ul> <p>*Additional encounter requirements</p> <p><b>Institutional:</b> In-person required</p>	<p><b>Offer HRA:</b></p> <ul style="list-style-type: none"> <li>May be conducted via phone, televideo or in person</li> </ul> <p><b>Institutional:</b> In-person required</p>
<b>THRA</b>	<p><b>Method:</b> May be conducted via phone, televideo or in person</p>	<p><b>Method:</b> May be conducted via phone, televideo or in person</p>
<b>Mid-Year Review</b>	<p><b>Method:</b> Follow additional encounter requirements</p> <p><b>Institutional:</b> Any method</p>	<p><b>Method:</b> Any Method</p> <p><b>Institutional:</b> Any method</p>

**Connect + Medicare Community:** If a community Connect + Medicare member declines an in-person HRA, a televideo option may be offered. If the member declines both in-person and televideo assessment (or the technology is not available), a telephonic HRA may be completed with additional encounter requirements. Document the informed choice of assessment methods and member preferences in the member’s record.

Community Connect + Medicare Additional Encounter Requirements

Best practice is for care coordinators to complete assessments in person.

If a Connect + Medicare member assessment is completed via telephone, a separate in-person or televideo encounter during that same 12-month period is required. Ideally, this is completed by the Care Coordinator. Alternatively, the Care Coordinator can confirm the PCP, Waiver Case Manager, or other ICT Specialty Care Provider\* has seen the member in person or by televideo. Update the Support Plan and the Monthly Activity Log accordingly.

**ICT Encounter Documentation Requirements:** Documentation must be present to indicate the date of the in-person or televideo encounter with the care coordinator, Waiver Case Manager, PCP, or other ICT Specialty Care Provider to meet CMS encounter requirements.

\*Other Specialty Care Providers include Psychiatrist or mental health provider, and other specialty appointments with members of the ICT that are engaged with the member’s treatment.

**EXAMPLE:**

Assessment Activity			Connect + Medicare Only			Support Plan Updates		
2025 Activity Completion Date	HS Code (Select from the drop down menu)	If HP: Type of Activity	Unable To Reach Attempt 1	Unable To Reach Attempt 2	Unable To Reach Attempt 3	2025 Support Plan Update: Mid-year/TOC	2025 Date of Support Plan Update	Type of Activity
						Mid-year	1/7/2025	In Person

**Institutional members:** Connect and Connect + Medicare members residing in a Skilled Nursing Facility or Intermediate Care Facility, and noted on the Enrollment Roster as “Institutional” for living status, must have assessments completed in person.

**TIP:** To ensure an in-person visit can be completed, attempt to schedule 3-4 weeks in advance of the due date. This will allow sufficient time to reschedule the assessment if illness, facility closures, or other barriers interfere with the scheduled assessment time.

In the rare instance that the member is unable to reach (e.g., hospitalized or unable to locate) or declines all participation, consult with a supervisor or the clinical liaisons.

**Transferred Members:** When a member is transferred to a newly assigned care coordinator, the receiving care coordinator must review the transfer documents and determine if the previous full assessment was completed in person, televideo or by phone in order to plan for the future reassessment. THRAs may be conducted in person or by phone.

- **Reminder for Product Change THRA:** The first assessment following a product change THRA is considered an initial assessment