

## 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 guidance related to DHS and CMS in-person and documentation requirements. This job aid addresses when alternative methods of assessment and alternative encounters are allowed.

#### SUMMARY OF REGULATOR 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 according to the grid below is key to maintaining compliance with DHS and CMS regulations.

**POLICY:** To ensure UCare is meeting DHS and CMS requirements, all members enrolled in Connect (non-waiver) and 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 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>	<b>Offer HRA:</b> <ul style="list-style-type: none"> <li>1<sup>st</sup> In Person</li> <li>2<sup>nd</sup> Televideo</li> <li>3<sup>rd</sup> Telephone*</li> </ul> <p><b>*Additional encounter requirements</b></p> <p><b>Institutional:</b> In-person required</p>	<b>Offer HRA:</b> <ul style="list-style-type: none"> <li>May be conducted via phone, televideo or in person <ul style="list-style-type: none"> <li>In-person must be offered</li> </ul> </li> </ul> <p><b>Conversation example:</b> "We can complete our visit on the phone or in person to review your needs."</p> <p><b>Institutional:</b> In-person required</p>

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

**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, then telephonic HRA may be completed with \*conditional use. 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:

Member Demographics										Assessment Activity		Connect + Medicare Only			Support Plan Updates			Care Coordinator/Scheduler		
Assigned Assessor Entity	Product	Last Name	First Name	UCare Member ID# (in digital)	DOB	Living Status	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/LOC	2025 Date of Support Plan Update	Type of Activity	Last Name of Assessor (for Referrals or UTR last name of Scheduler)	First Name of Assessor (for Referrals or UTR last name of Scheduler)	Title	Comments	
UCare	Connect	Smith	Sam	199999999	12/1/1975	Community							Mid-year	1/7/2025	In Person	Heisl, J	Smith	CCW		

**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 assessments must be 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.

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 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