



# WELCOME!

## Support Staff/Billers Training Manual and Resources

**LAST REVISED: 05/25/2022**

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# **INTRODUCTION**

# Introduction

**Welcome to our team!** CCSI – Case Coordination, LLC. provides individualized care in looking for services and resources for seniors. Through in-home assessments, we listen to seniors' needs and develop an individualized care plan that links to a variety of home and community based services and resources. Each office has an individual who can assist in locating the optimal services for participants and their family.

In six counties in Illinois, CCSI – Case Coordination, LLC. operates a Care Coordination Unit who is designated by the Illinois Department on Aging. The Care Coordination Unit helps older adults and their caregivers in finding needed services and resources in the community to maintain their independence.

CCSI – Case Coordination, LLC. has been the designated Case Coordination Unit for Clark, Cumberland, Fulton, Mclean, Moultrie and Shelby County since 1998. CCSI has been a Case Coordination Unit for designated areas of the City of Chicago in Cook County since 2017. The Case Coordination Units help older adults and their caregivers in finding needed services and resources in the community to maintain their independence.

The Care Managers visit the older adult in their own home to conduct a comprehensive assessment. The assessment provides the Care Managers with information to assist the older adult and their family about services and resources available in the community. The Care Manager develops a plan to assist with the identified needs and coordinates and refers to the needed services. In addition, the Care Manager continues to follow up with the older adult and caregiver to adjust the plan to meet the individual's needs.

The Care Manager can provide access to In-Home Care Services Offered, Adult Day Care Services Offered, Home Delivered Meals, financial aid programs, transportation programs, home modification and weatherization programs, assistive technology, respite, emergency home response, medication management, Medicare Part D applications and other resources available to assist the older adult.

The Care Managers can also assist the older adult and their caregiver in finding options when leaving the hospital and Long Term Care Center. They are able to coordinate programs to assist with the transition from hospital and Long Term Care Center to home.

[www.CCSICCU.com](http://www.CCSICCU.com)

# **MISSION STATEMENTS**

## **IDoA mission statement**

"The Mission of the Illinois Department on Aging (IDOA) is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage independence, dignity, and quality of life."

## **The Community Care Program (CCP)**

The CCP was established in 1979 by Public Act 81-202. The purpose of the CCP is to help senior citizens remain in their own homes by providing in-home and community-based services.

## **Community Care Systems (CCSI)**

CCSI is a Case Coordination Unit (CCU) contracted with the IDOA to determine eligibility, authorize, and facilitate CCP services for participants.

## **The Role of Support Staff and Billers**

- Assist participants and community agencies with excellent customer service and knowledge of CCP services and programs through phone calls and emails.
- Review and input intakes and authorize assessments to case managers using the CMIS database within the appropriate timeframes.
- Bill assessments using CMIS and file them in the appropriate folders and draws.
- Look up participants' case information in CMIS and PSS when requested by case managers or supervisors.
- Input, review, and close critical events using CERA and following up with the appropriate case manager.
- Receive referrals for Home Delivered Meals (HDM) and keep up to date lists of current HDM recipients.
- Maintain current and open communications with the Open Kitchens, Area Agency on Aging, and other community agencies.
- Organize incoming faxes into the appropriate trays and handout as needed.
- Complete other tasks when needed or requested by supervisors.

# **CCSI Office Policies**

## **Professional Conduct**

- An employee is expected to maintain themselves in a professional manner that enhances the integrity of the employee and the company, whether in the office, a client's home, attending meetings, training, or when representing the company.

## **Clean Desk Policy**

- A clean desk policy can be an important tool to ensure that all sensitive/confidential materials are removed from a workspace and locked away when the items are not in use or an employee leaves his/her workstation. It is one of the top strategies to utilize when trying to reduce the risk of security breaches in the workplace.
- Employees are required to ensure that all sensitive/confidential information in hardcopy or electronic form is secure in their work area at the end of the day and when they are expected to be gone for an extended period.
  - Computer workstations must be locked when the workspace is unoccupied.
  - Any restricted or sensitive information must be removed from the desk and locked in a drawer when the desk is unoccupied and at the end of the work day.
  - File cabinets containing restricted or sensitive information must be kept closed and locked when not in use or when not attended.
  - Keys used for access to restricted or sensitive information must not be left at an unattended desk.
  - Laptops must be either locked with a locking cable or locked away in a drawer.
  - Passwords may not be left on sticky notes posted on or under a computer, nor may they be left written down in an accessible location.
  - Printouts containing restricted or sensitive information should be immediately removed from the printer.
  - Upon disposal restricted and/or sensitive documents should be shredded in the official shredder bins or placed in the lock confidential disposal bins.
  - Whiteboards containing restricted and/or sensitive information should be erased.
  - Lock away portable computing devices such as laptops and tablets.
  - Treat mass storage devices such as CD ROM, DVD or USB drives as sensitive and secure them in a locked drawer.
  - All printers and fax machines should be cleared of papers as soon as they are printed; this helps ensure that sensitive documents are not left in printer trays for the wrong person to pick up.

## **Information Management and Privacy Control**

- **General Use and Ownership:** CCSI Proprietary information stored on electronic and computing devices whether owned or leased by CCSI, the employee or a third party, remains the sole property of CCSI. You must ensure through legal or technical means that proprietary information is protected in accordance with the *Data Protection Standard*.
  - You have a responsibility to promptly report the theft, loss or unauthorized disclosure of CCSI proprietary information. You may access, use or share CCSI proprietary information only to the extent it is authorized and necessary to fulfill your assigned job duties.
  - Employees are responsible for exercising good judgment regarding the reasonableness of personal use. Individual departments are responsible for creating guidelines concerning personal use of Internet/Intranet/Extranet systems. In the absence of such policies, employees should be guided by departmental policies on personal use, and if there is any uncertainty, employees should consult their supervisor or manager.
  - For security and network maintenance purposes, authorized individuals within CCSI may monitor equipment, systems and network traffic at any time, per CCSI's *Audit Policy*.
  - CCSI reserves the right to audit networks and systems on a periodic basis to ensure compliance with this policy.
- **Security and Proprietary Information:** All mobile and computing devices that connect to the internal network will be limited to computing resources required to perform the duties of the employee's job role.
  - Employees requiring root or domain admin level access to the CCSI network, will require a separate user account and must only be used for system administrative purposes only.
  - System level and user level passwords must comply with the *Password Policy*. Providing access to another individual, either deliberately or through failure to secure its access, is prohibited.
  - All computing devices must be secured with a password-protected screensaver with the automatic activation feature set to 20 minutes or less. You must lock the screen or log off when the device is unattended.
  - Postings by employees from a CCSI email address to newsgroups should contain a disclaimer stating that the opinions expressed are strictly their own and not necessarily those of CCSI, unless posting is in the course of business duties.
  - Employees must use extreme caution when opening email attachments received from unknown senders, which may contain malware.

- **Unacceptable Use:** The following activities are, in general, prohibited. Employees may be exempted from these restrictions during the course of their legitimate job responsibilities (e.g., systems administration staff may have a need to disable the network access of a host if that host is disrupting production services).

Under no circumstances is an employee of CCSI authorized to engage in any activity that is illegal under local, state, federal or international law while utilizing CCSI-owned resources.

The lists below are by no means exhaustive, but attempt to provide a framework for activities which fall into the category of unacceptable use.

- **System and Network Activities:** The following activities are strictly prohibited, with no exceptions:
  - Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of "pirated" or other software products that are not appropriately licensed for use by CCSI.
  - Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which CCSI or the end user does not have an active license is strictly prohibited.
  - Accessing data, a server or an account for any purpose other than conducting CCSI business, even if you have authorized access, is prohibited.
  - Exporting software, technical information, encryption software or technology, in violation of international or regional export control laws, is illegal. The appropriate management should be consulted prior to export of any material that is in question.
  - Introduction of malicious programs into the network or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).
  - Revealing your account password to others or allowing use of your account by others. This includes family and other household members when work is being done at home.
  - Using a CCSI computing asset to actively engage in procuring or transmitting material that is in violation of sexual harassment or hostile workplace laws in the user's local jurisdiction.
  - Making fraudulent offers of products, items, or services originating from any CCSI account.
  - Making statements about warranty, expressly or implied, unless it is a part of normal job duties.
  - Affecting security breaches or disruptions of network communication. Security breaches include, but are not limited to,

accessing data of which the employee is not an intended recipient or logging into a server or account that the employee is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, pinged floods, packet spoofing, denial of service, and forged routing information for malicious purposes.

- Port scanning or security scanning is expressly prohibited unless prior notification to CCSI IT staff is made.
  - Executing any form of network monitoring which will intercept data not intended for the employee's host, unless this activity is a part of the employee's normal job/duty.
  - Circumventing user authentication or security of any host, network or account.
  - Introducing honeypots, honeynets, or similar technology on the CCSI network.
  - Interfering with or denying service to any user other than the employee's host (for example, denial of service attack).
  - Using any program/script/command, or sending messages of any kind, with the intent to interfere with, or disable, a user's terminal session, by any means, locally or via the Internet/Intranet/Extranet.
  - Providing information about, or lists of, CCSI employees to parties outside CCSI.
- ***Email and Communication Activities:*** When using company resources to access and use the Internet, users must realize they represent the company. Whenever employees state an affiliation to the company, they must also clearly indicate that "the opinions expressed are my own and not necessarily those of the company". Questions may be addressed to the IT Department.
- Sending unsolicited email messages, including the sending of "junk mail" or other advertising material to individuals who did not specifically request such material (email spam).
  - Any form of harassment via email, telephone or paging, whether through language, frequency, or size of messages.
  - Unauthorized use, or forging, of email header information.
  - Solicitation of email for any other email address, other than that of the poster's account, with the intent to harass or to collect replies.
  - Creating or forwarding "chain letters," "Ponzi," or other "pyramid" schemes of any type.
  - Use of unsolicited email originating from within CCSI's networks of other Internet/Intranet/Extranet service providers on behalf of, or to advertise, any service hosted by CCSI or connected via CCSI's network.

- Posting the same or similar non-business-related messages to large numbers of Usenet newsgroups (newsgroup spam).
- ***Blogging and Social Media:*** Blogging by employees, whether using CCSI's property and systems or personal computer systems, is also subject to the terms and restrictions set forth in this Policy. Limited and occasional use of CCSI's systems to engage in blogging is acceptable, provided that it is done in a professional and responsible manner, does not otherwise violate CCSI's policy, is not detrimental to CCSI's best interests, and does not interfere with an employee's regular work duties. Blogging from CCSI's systems is also subject to monitoring.
  - CCSI's Confidential Information policy also applies to blogging. As such, Employees are prohibited from revealing any CCSI confidential or proprietary information, trade secrets or any other material covered by CCSI's Confidential Information policy when engaged in blogging.
  - Employees shall not engage in any blogging that may harm or tarnish the image, reputation and/or goodwill of CCSI and/or any of its employees. Employees are also prohibited from making any discriminatory, disparaging, defamatory or harassing comments when blogging or otherwise engaging in any conduct prohibited by CCSI's *Non-Discrimination and Anti-Harassment* policy.
  - Employees may also not attribute personal statements, opinions or beliefs to CCSI when engaged in blogging. If an employee is expressing his or her beliefs and/or opinions in blogs, the employee may not, expressly or implicitly, represent themselves as an employee or representative of CCSI. Employees assume any and all risk associated with blogging.
  - Apart from following all laws pertaining to the handling and disclosure of copyrighted or export controlled materials, CCSI's trademarks, logos and any other CCSI intellectual property may also not be used in connection with any blogging activity.



# Confidentiality

The Company ensures that all case information concerning a participant is kept confidential and used only for purposes directly connected with the administration of the Community Care Program. The Company maintains current Participant records in locked file cabinets or locked rooms in each area office. The Company will follow both required and voluntary provision of records. All provisions of records must be consistent with HIPAA.

## **If information in a Participant's file is released, the following procedures are followed:**

- Original records will be released only in accordance with federal or state laws, court orders, or subpoenas.
- Maintain accurate records and other health information.
- Help ensure timely access by enrollees to their records and other health information.
- Abide by all federal and state laws regarding confidentiality and disclosure of mental health records, medical records, other health information, and enrollee information.

## **Release of Information must be completed. (IDOA form # IL-402-1238)**

- Purpose for form: Provides authorization from the Participant or authorized representative for the case manager/provider agency to obtain or release specific confidential Participant information.
- Provides authorization from the Participant or authorized representative for the case manager/provider agency to obtain or release specific confidential Participant information.
- A separate form for each person, organization or agency obtaining or releasing information is required
- Each form **must** state the specific information needed.
- **Original** - is kept in Participant files unless directly requested by the Department on Aging or a court order for original documents.
- **Copies** -are sent to a person/organization/agency, who possesses or needs the Participants information.

The Company carefully documents all of the required information regarding the release in our Participant contact file within the computer systems

All Participant information is to be kept confidential at all times. Verbal and written Participant information may **only** be discussed among supervisors and/or company employees caring for the same Participant.

Participant records are confidential and must be maintained in a manner not to breach confidentiality.

## **CCP Eligibility Requirements**

To receive CCP services a participant must have the following:

- Age 60 or older
- Resident of Illinois
- Status as a US citizen, or a non-citizen within specified categories
- Score a total of 29 points on the Determination of Need (DON)
  - at least 15 points under side A
- Agree to submit an application for Medical Assistance (Medicaid) through DHS, or already be currently on Medicaid
  - If an application for Medicaid is approved, the participant must enroll
- Prt must meet asset requirements and provide proof of income.

### **Assets Requirements**

Participants must have non-exempt assets that do not exceed the \$17,500 limit (\$35,000 for couples both receiving services).

Exempt assets include: residence, car, personal belongings, prepaid burial OR life insurance cash value (\$1500).

Non-exempt assets include: savings accounts, checking accounts, stocks and bonds, cash on hand, etc.

## CCP Acronyms

AAA	Area Agency on Aging	CI	Critical Incident
AABD	Aid to Aged, Blind, Disabled (Medicaid)	CM	Care Manager/Case Manager
ABE	Application for Benefits Eligibility	CMIS	Case Management Information System
ADL/ IADL	Activities of Daily Living/ Independent ADL	CMS	Center for Medicare/Medicaid Services
ADS	Adult Day Service	CNA	Comprehensive Needs Assessment
ALF	Assisted Living Facility	DD	Developmental Disability
AMD	Automated Medication Dispenser	DHS	Department of Human Services
ANE	Abuse, Neglect, Exploitation	DNR	Do Not Resuscitate
APS	Adult Protective Services	DOE	Determination of Eligibility
BAA	Benefits Access (Ride Free Program)	DON	Determination of Need
BEAM	Benefits Eligibility Assistance Monitoring	DORS	Division of Rehabilitation Services
CARP	Community Aging Referral Program	eCCPIS	Electronic Community Care Program Information System
CAT	Case Authorization Transaction	EDD	Eligibility Determination Date
CC	Care Coordinator	EHRS	Emergency Home Response System
CCC	Comprehensive Care Coordination	FHCA	Family Home Care Aid
CCP	Community Care Program	HCA	Home Care Aid
CCU	Care Coordination Unit	HCBS	Home and Community Based Services
CE	Critical Event	HDM	Home Delivered Meals
CEDA	Community and Economic Development Association	HFS	Illinois Department of Healthcare and Family Services
CER	Critical Event Reporting	IDoA	Illinois Department on Aging
CHA	Chicago Housing Authority	IHS/INH	In Home Service

INI	Initial	REDE	Re-Determination
LIHEAP	Low Income Home Energy Assistance Program	RFF	Request for Follow-up
MCO	Managed Care Organization	RFI	Request for Interim
MMSE	Mini Mental State Exam	RIN	Recipient Identification Number
NF	Nursing Facility	RTA	Regional Transportation Authority
PA	Participant Agreement	SHIP	Senior Health Insurance Program
PCPOC	Person-Centered Plan of Care	SSA	Social Security Administration
POA-F/H	Power of Attorney-Financial/Health	SC	Senior Companion
POSM	Participant Outcomes and Status Measures	SSI	Supplemental Security Income
PRT	Participant	SLF	Supportive Living Facility
PSI	Prevention of Spousal Impoverishment	SNAP	Supplemental Nutrition Assistance Program
PSS	Participant Search Screen	TSI	Temporary Service Increase

# CCP Brochures

Review the following required brochures and handouts in order to explain them to participants, when needed. There are additional brochures and handouts available for a variety of topics, not listed here.

## **Director's Letter on Medicaid State Recovery**

- This letter explains that after a participant's death, HFS can file a claim against the participant's estate to recover the cost of Medical Assistance paid out for CCP services. This applies to participants receiving medicaid and CCP services.
- If the participant is survived by a spouse, no claim will be made until after the death of the participant's spouse.
- This brochure is given to CCP participants. (at Initial, Annual, TSI and Interim assessments).

## **Requesting Services and Supports (Green)**

- This brochure outlines the services available in the Community Care Program and the process of applying and beginning services.
- This brochure is only given to CCP participants. (at Initial, Annual, TSI and Interim assessments).

## **Your Rights and Responsibilities (Gray)**

- This brochure highlights the rights that a participant is entitled to under the Community Care Program.
  - Freedom from discrimination, confidentiality, freedom of choice of providers, etc.
- This brochure also highlights the responsibilities a participant must uphold to remain in the Community Care Program.
  - Non-discrimination of workers, report changes in status, apply for medicaid, compliance, etc.
- This brochure is only given to CCP participants. (at Initial, Annual, TSI and Interim assessments).

## **Your Right to Appeal (Yellow)**

- This brochure explains a participant's right to appeal any decision made by the CCU. It also includes information on how to file for an appeal.
- This brochure is only given to CCP participants. (at Initial, Annual, TSI and Interim assessments).
- For more information on the appeals refer to page 52.

## **Notice of Privacy Practices (Pink)**

- This brochure describes how medical information about a participant is used and how a participant can access information.
- This brochure is given to participants at initial and annual CCP assessments, MCO assessments, prescreens, and interim/TSI.
  - For further information on Confidentiality refer to page 13.

## **Bill of Rights (White)**

- This brochure provides detailed descriptions of a participant's rights under the Community Care Program.
  - Person-centered planning, basic safety, information, choice and self-determination, dignity and individuality, express grievances, etc.
- This brochure is only given to CCP participants. (at Initial, Annual, TSI and Interim assessments).

## **Adult Protective Service/Elder Abuse Brochure**

- The APS letter shares need to know information with participants regarding elder abuse. The letter outlines what abuse can look like and includes the emergency 24 hour hotline to report any cases of abuse
- This brochure is given to participants at initial and annual CCP assessments, MCO assessments, prescreens, and interims/TSI.
- For information on APS refer to page 67.

# **ASSESSMENT TYPES**

## **Comprehensive Assessments**

An **INITIAL** comprehensive assessment is required when a participant or family member requests services for a participant in need in order to remain living independently in the community or is at imminent risk of Nursing Facility (NF) placement. An initial assessment determines a participant's eligibility and is used to coordinate a person-centered plan of care. The Case Manager will calculate the Determination of Need (DON) score.

A **RE-DETERMINATION (REDE)** is conducted at least annually to determine if the participant remains eligible or if the participant's services or plan of care need to be revised. A REDE is also conducted when requested by a participant or when the participant has experienced a change in needs. The entire comprehensive assessment is completed at every REDE.

## **Managed Care Organizations (MCOs)**

When a participant is under an MCO, the CCU establishes the participant's eligibility once a year, but allows the MCO to manage the participant's care and services. The Care Manager will gather basic information, including emergency contacts and health history, to determine the participant's Determination of Eligibility (DOE).

## **Hospital Assessments**

Case Managers do assessments in the hospital when a participant is referred for emergency CCP services or will be going to Nursing or Supportive Living Facility in the next 60 days. These assessments can also be completed in the home or as post-screens in a nursing facility.

# **TRANSITIONING BETWEEN CCP AND MCO**

## **POLICY:**

Current CCP participants who are now enrolled in an MCO will have their Home and Community Based waiver services provided by the MCO. CCUs will be notified of participants and their enrollment dates into the MCO as they transfer to MCOs. CCUs are required to complete the following procedures within the timeframes outlined below.

## **PROCEDURE:**

The CCU, MCO and provider(s) shall work together to ensure that no disruption in services occurs during the transition period. Effective communication is essential between all agencies as our focus is on the participant. Transfers from CCP to MCOs can only occur at the beginning of the month. Once a participant enrolls in an MCO they are enrolled for the whole month. They cannot enroll or disenroll mid-month.

The following procedures will be utilized by Care Coordinators and MCO Case Managers regarding transferring current CCP participants to an MCO for home and community based waiver services.

Transfer Procedures:

1. The CCU shall provide IDoA's Benefits, Eligibility, Assistance and Monitoring (BEAM) division with a specific email address where all MCO notifications, documents and communication should be sent. It is the CCUs responsibility to ensure that the Department has a valid current email address to use. IDoA requires that agencies establish a generic agency- specific email address where all communication can be sent.
2. The CCU will receive notification by email from IDoA's BEAM division that a CCP participant is enrolled in an MCO and their case management functions will now be provided by the MCO. CCU case managers should complete NO care plans, nor authorize any services for any MCO participants (even clients requiring interim services).
3. The BEAM division will send an email to the CCU with the participant Recipient Identification Number (RIN), the enrollment date into the MCO, and the name of the MCO provider the participant has chosen. This email will be password protected using the Department established password.
4. For each participant, the CCU must ensure all information in the Department's electronic CCP Information System (eCCPIS) is accurate by ensuring that all Case Authorization Transactions (CATs) are inputted. MCOs will be using eCCPIS to obtain Determination of Need (DON) scores, provider hours of service, and



names of provider agencies. MCO Status Forms do not need to be sent to the MCOs when a participant transfers to an MCO since this information is available in eCCPIS. CCUs should send additional information, as applicable, such as Memorandums of Understanding (MOUs) or other pertinent documentation to help facilitate communication regarding the participant's current situation to the MCO since the MCO will now be responsible for case management functions. MCO Status Forms are required to be sent to the MCOs for annual reassessments, terminations of services, interims and new referrals to alert the MCOs of new DONs or new participants.

5. In order for CCU's Case Management Information System (CMIS) to stay in synch with eCCPIS, CCUs will be required to enter a Program Type 15 (MCO Authorization) 10/012 CAT with a 000 billing code to transfer a participant from CCP to an MCO. The date of the enrollment into the MCO should be used as the Eligibility Determination Date (EDD) on the CAT (This is always the first of the month). CCUs must terminate all CCP services and authorize the MCO contract (MCO1800018) using the service type 15 for 1 unit of service. All transfer CATs will authorize the same generic MCO contract number (MCO1800018) established by the Department. CCUs do not need to process 10/017 transfer CATs when a participant switches from one MCO to another MCO.
6. Once a member has been transferred to an MCO, IDoA's computer system will block Program Type 11 CATs with EDDs during the time the member is enrolled in the MCO from entering eCCPIS. CCUs will receive a CAT reject message indicating the participant is enrolled in an MCO. CCUs should resubmit the CAT with a Program Type 15 and with the appropriate Type Action/Action Reason (TA/AR) and billing codes included. This reject code is related to the EDD on the CAT, so CCUs should ensure they are using the correct EDD for each CAT. If the EDD is during a time the client is in an MCO, the CCU should use a program type 15. If they are not in an MCO during the time of the EDD then the CCU should use a program type 11.
7. CCUs are required to enter and transmit all transfer CATs within 15 calendar days of notification from the BEAM division.
8. CCUs are required to notify all CCP providers of the participants transfer to an MCO using the Provider Notification of MCO Transfer Form [IL 402-1159 (5/14)]. This ensures the provider agencies know where to submit billings and which agency to contact if an issue arises with the participant.
9. If a MCO member becomes disenrolled in a MCO and transfers back to traditional CCP services, the CCU should follow the procedures outlined in the policy entitled: "Transitioning MCO participants to a CCU for services".

## **Annual Determinations of Eligibility and Redeterminations Requested by MCO:**

1. Annual determinations of eligibility (DOEs) are still required for all MCO participants. The DOE consists of completing the Mini Mental Status Exam (MMSE)/Determination of Need (DON) and the MCO Status form.
2. It is not acceptable for an MCO to request a new DOE just to increase or decrease services to a member. MCOs can authorize services even if they exceed the Service Cost Maximums (SCMs) level of the member's current DON score. When an MCO's service plan exceeds the SCMs for a participant's DON score, the MCOs are required to inform participants in writing that their care plans exceed the allowable services in the CCP and that upon returning to the CCP their services may be reduced.
3. The MCO may request that a redetermination of eligibility be completed only when the member's eligibility for waiver services is in question. For example, if a member has improved and the MCO no longer thinks they are eligible for services or if a member's health has deteriorated to the point they feel nursing home placement is necessary, then a redetermination of eligibility may be requested. If a redetermination of eligibility is required:
  - MCOs should not contact the CCUs directly to request a reassessment. The MCO must contact BEAM and request a redetermination be completed. The BEAM division will notify the CCU by email.
  - The CCU is required to complete the DOE within 15 calendar days from notification. This DOE will consist of completing the MMSE/DON and the MCO Status form. The MCO Status Form with the new DON score included should be sent to the MCO via password protected email within 7 calendar days.
4. BEAM will not notify CCUs of a participant's annual assessment. These assessments will continue to be tracked and authorized by the CCUs within their CMIS system. If a DOE is completed mid-year, then an annual redetermination of eligibility shall occur within 12 months from that date.
5. For any redetermination of eligibility whether annual or mid-year, the CCU shall submit a CAT with the appropriate action reason code (Type Action 10) and a billing code of 050, under Program Type 15. CCUs are required to enter and transmit the redetermination CAT within 15 calendar days of completion.

## **Transfers from One MCO to Another MCO**

1. BEAM will send CCUs the information related to MCO to MCO transfers so that the CCU is aware of the participant's MCO change, but no CAT transmittal is required. This information should be documented in the participant's file.

It is the responsibility of the current MCO to provide the new MCO with the current service authorization and care plans for the member and to notify the service providers of the participant's transfer to the new MCO.

## **IDoA Time Frame**

<b>Referral is made (request for services)</b>	CCU has 5 calendar days from the referral date to respond to the referral by contacting the participant (preferably by phone call).
<b>Initial Assessment</b>	CCU has 30 calendar days to complete an Initial Assessment and establish eligibility from the date of the request for services.
<b>Implementation of Person-Centered Plan of Care (PCPOC)</b>	CCU has 15 calendar days from Eligibility Determination Date (EDD) to make referrals and implement PCPOC. This includes referrals to both CCP and non-CCP providers.
<b>Service Start Date</b>	CCP providers have 15 calendar days from the EDD to begin providing services to a participant.
<b>Participant Delay</b>	Participants have 60 calendar days from the face-to-face date to provide documentation verifying eligibility. Participant delay only pertains to CCP cases.
<b>Re-Determination (REDE)</b>	Annual REDE must be completed within one year of the last assessment. The CCU will keep track of when a REDE is due.

## **Four Core Services of the CCP**

There are CCP and Non-CCP services available to participants. Support staff should be familiar with and able to describe the following CCP services to interested participants.

### **1. In-Home Services (IHS)**

- Housekeeping tasks—such as routine house cleaning, laundry, shopping and meal preparation performed by a Home Care Aid (HCA). HCA does not do deep cleaning or heavy seasonal tasks.
- Transportation or escort for essential errands. This is limited to one time a week. A participant should never drive the HCA or have HCA drive the participant's car. Policies on transportation differs between IHS providers.
- Non-medical personal care—such as dressing, bathing/sponge bath, and brushing teeth/dentures. HCA cannot administer medication.
- Services are only provided for the participant and never for other members in the household. All services provided are authorized by the CCU in the Person-Centered Plan of Care (PCPOC).
- Family Home Care Aids (FHCA) can be used, but must be hired by the IHS agency and meet job requirements. CCP does not allow personal assistants.

### **2. Adult Day Service (ADS)**

- Community-based setting where a participant can spend a portion of their day. This is not a residential facility and services are not provided 24 hours a day.
- Ideal for participants who cannot be home alone during the day due to a physical or mental impairment.
- Provides respite for family caregivers and socialization for isolated older adults through daily purposeful & meaningful activities.
- Includes health monitoring, medication supervision, personal care, nutritious lunches, and may also include ancillary services (PT, OT, etc.).
- RN or LPN are always on staff.
- Transportation can be provided when authorized by CCU.

### **3. Emergency Home Response (EHR)**

- 24 hour emergency communication link to assistance.
- A two-way voice system consisting of a base unit and an activation device worn by the participant that will automatically connect the participant to a professionally staffed support center.
- The support center contacts assigned first-responder (usually a family member) or emergency services as needed.
- The CCP only offers the basic EHR unit, either cellular or landline.

### **4. Automated Medication Dispenser (AMD)**

- Alerts/reminds participants to take medications (Even if they are not stored in the device such as insulin).
- If a dose is missed, the device locks the missed medication after 60 minutes to prevent medications from being taken at the wrong time.
- Holds multiple medications in individual compartments and can be customized to hold at least a 7 day supply, dispensing at least four times a day.
- 24 hour technical assistance is available and tracks administered and missed medications.
- A family member or friend must agree to be the responsible party, in charge of filling medications.
- Participant must meet certain criteria to be eligible for AMD:
  - Has unmet need on side B of DON for #13 Routine Healthcare
  - Participant must have a willing and able responsible party
  - Participants must understand the need to take medications, and have the ability to respond to alerts from the AMD device.

# **Providers**

## **Providers or Vendors**

- Providers/vendors are the agencies that provide CCP services.
- The CCU maintains professional and prompt communication with these agencies to ensure that participants receive the appropriate type and amount of services.
  - CCUs authorize service types and frequencies to providers laid out in the Person Centered Plan of Care (PCPOC).
  - Providers implement participants' service plans and notify the CCU when there are any lapses in services or when the CCU needs to intervene.
- Providers may call the office to report any problems or ask a case manager for assistance. Support staff should do all they can to answer any questions and/or connect the provider with the appropriate case manager or supervisor.

## **Choosing Providers**

- When setting up a participant's services the participant has the right to choose which provider provides the services.
- The participant also has the right to transfer to a different provider at any time.
- The CCU can provide a list of provider agencies that accept CCP participants in a participant's area when requested.
- The participant can waive their right to choose a provider, in which case the case manager will select a provider from a rotation list.

# IDoA CONTACT LIST

## **Adult Protective Services**

24 hour APS Hotline  
1-866-800-1409; 1-888-206-1327 (TTY)  
(see direct office numbers on page: 68)

**for: Abuse, Neglect,  
Exploitation**

## **BEAM (Benefits, Eligibility, Assistance, and Monitoring)**

[aging.advisor@illinois.gov](mailto:aging.advisor@illinois.gov)

**for: MCO issues, reject  
assistance**

## **Critical Events**

[mike.berkes@illinois.gov](mailto:mike.berkes@illinois.gov)

**for: Critical Events**

## **Home Care Ombudsman**

[aging.hcoprogram@illinois.gov](mailto:aging.hcoprogram@illinois.gov)

**for: Participants in need of  
advocacy**

## **Legal Resources**

[linda.s.ballard@illinois.gov](mailto:linda.s.ballard@illinois.gov)  
[aging.subpoenas.authorizations@illinois.gov](mailto:aging.subpoenas.authorizations@illinois.gov)

**for: Request for records,  
HIPAA, Civil Rights**

## **Office of Community Care Services**

[aging.occs@illinois.gov](mailto:aging.occs@illinois.gov)

**for: CCP Policy, Rules, and  
Procedure**

## **Senior HelpLine**

1-800-252-8966  
[aging.ilsenior@illinois.gov](mailto:aging.ilsenior@illinois.gov)

**for: APS reports, Filing  
Appeals, Participant Help**

## **Shawnee Info System Department**

1-618-985-9293  
[brobertson@shsdc.org](mailto:brobertson@shsdc.org), [brobinson@shsdc.org](mailto:brobinson@shsdc.org),  
[ihall@shsdc.org](mailto:ihall@shsdc.org)

**for: eCCPIS technical  
assistance**

## **Technical Support**

[aging.infotech@illinois.gov](mailto:aging.infotech@illinois.gov)

**for: IDoA technical support**

## **Training**

[aging.training@illinois.gov](mailto:aging.training@illinois.gov)

**for: Training needs,  
registration, certification**

## **SHIP**

[aging.ship@illinois.gov](mailto:aging.ship@illinois.gov)

**for: Assistance with Medicare**

# **SUPPORT STAFF**



# PHONES/FAXES/EMAILS

## Phone Etiquette

### **1. Answer a call within three rings.**

Do not let a call go to voicemail if you are available. Answer calls within three rings in order to give yourself enough time to prepare for the call.

### **2. Immediately introduce yourself.**

When picking up the phone, confirm with the caller whom they have called. Practice answering the phone with, "Hi, this is CCSI Case Coordination. My name is \_\_\_\_\_. How can I help you?"

### **3. Speak clearly.**

Speak as clearly as possible. You want to be heard and avoid having to repeat yourself. A strong, confident voice can make a caller trust you more.

### **4. Actively listen, and take notes.**

Actively listening means being present and empathetic to participants' inconveniences. It's helpful to take notes during calls to refer to later.

### **5. Use proper language.**

Always be mindful and respectful when on the phone. You never know when someone might be offended, so it's best to use formal language.

### **6. Remain polite and cheerful.**

When a caller is rude, remain polite and take a moment to recognize why they're so upset. Request help from a supervisor if unable to continue.

### **7. Ask before putting someone on hold or transferring a call.**

Always ask for permission before putting a call on hold or transferring. Explain why it's necessary, and reassure them that you or another employee are going to return to the call swiftly.

### **8. Be honest if you don't know the answer.**

Admit when you don't know something, rather than making excuses or giving false solutions. Tell them that you're going to get back to them momentarily, or find a co-worker who does know the answer.

### **9. Check for and respond to voicemails.**

Make sure you're always checking for voicemails. Return calls promptly or relay information to the appropriate coworker.

## **Faxes**

1. We receive hundreds of faxes every day from providers, nursing facilities and hospitals so it is important to sort faxes as they come in.
  - **Hospital referrals** should be put in the designated bin by the copier.
  - **OBRA/HFS requests** from nursing facilities should be put in the designated bin by the copier.
  - **Intake referrals and Interims** should be placed in the Intake Bin.
  - **Faxes for case managers** should be placed into the appropriate mailbox or be given directly to the supervisor.
  - **Other faxes** are placed in a miscellaneous bin.
1. Support staff should check the intake bin and sort through the miscellaneous bin every day to ensure that our office maintains good communication with participants and provider agencies.
2. If you are unsure of where a fax goes, ask a coworker or supervisor.

## **Emails**

1. Emails are the third form of communication we have with participants and other community agencies. Emails should be checked daily and resolved promptly.
2. Emails are also used to send memos and updates from supervisors.
3. Every employee is set up with a company email when hired. Talk to your supervisor if you need help accessing your email.

# Intake Process for CCP Services

To apply for services, participants, family members, or authorized community staff can call the senior help line or contact the CCU directly to initiate the intake process. A referral form must be filled out and sent to the CCU. The referral form is located in the shared drive.

- If the participant calls the CCU, the case manager or support staff must assist in gathering intake information and filling out the following referral form.
  - The support staff completes the intake through CMIS and authorizes an initial assessment to the appropriate case manager. (See page 84 to review how to do intakes in CMIS)

Page 1 of referral form:



State of Illinois  
Illinois Department on Aging

## Referral Form for Services and Supports

Referral Date:  Time: 21:28 a3/p3

Agency Name:

Staff Person Taking Referral:

<b>PERSON MAKING THE REFERRAL:</b>			
Name: <input type="text"/>			
Phone: ( <input type="text"/> ) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
E-mail: <input type="text"/>			
Relationship to Individual in need of supports and services: <input type="text"/>			
<b>INDIVIDUAL IN NEED OF SERVICES AND SUPPORTS</b>			
Name: <input type="text"/>		SS# <input type="text"/>	Age: <input type="text"/> Date of Birth: <input type="text"/>
Address: <input type="text"/>		City: <input type="text"/>	Zip Code: <input type="text"/>
County: <input type="text"/>	Phone: ( <input type="text"/> )	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
E-mail: <input type="text"/>			
If not English-speaking, preferred language: <input type="text"/>			
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety issues (i.e. dogs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe: <input type="text"/>			
If not a home residence, please indicate the name and type of facility where the Individual is located.			
Facility Name: <input type="text"/>			
Facility Address: <input type="text"/>			
<input type="checkbox"/> Assisted Living		<input type="checkbox"/> Supportive Living Program	
<input type="checkbox"/> Care Facility (Nursing Home)		<input type="checkbox"/> Long-term	
<input type="checkbox"/> Hospital		<input type="checkbox"/> Hospice Facility	
<input type="checkbox"/> Other: Name: <input type="text"/>			
DOES THE INDIVIDUAL HAVE A SPOUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Spouse Name: <input type="text"/>	
Is spouse in need of services and supports? <input type="checkbox"/> Yes <input type="checkbox"/> No		Age of spouse: <input type="text"/>	
Is there a friend/family caregiver or emergency contact that needs to be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide contact information (if known): <input type="text"/>			
<b>DOES THE INDIVIDUAL HAVE ANY OF THE FOLLOWING?</b>			
Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Representative Payee <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Power of Attorney for Health <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Power of Attorney for Financial <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, provide contact information (if known): <input type="text"/>			
Is there a friend/family caregiver or emergency contact that needs to be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide contact information (if known): <input type="text"/>			
Is there any other individual at this residence that needs services and supports? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Page 2 of referral form:

<input type="checkbox"/> No
<b>NOTE:</b> If yes, complete a separate referral form if 60 or over. If under 60, refer to the proper state agency.
Name of other individual (if known):
Age of other individual (if known):
<b>HEALTH INFORMATION:</b>
Does the Individual have: Hearing loss? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. Vision Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.
If yes, preferred method of communication (i.e., Interpreter, TTY Relay Services or Braille Assistance):
Has the Individual been told by a health care professional that they have any of the following?
Alzheimer's or any other type of dementia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Mental Health Illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Physical Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Intellectual/Developmental Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Brain Injury (i.e., stroke, head injury, aneurysm)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>ADDITIONAL INFORMATION REGARDING THE INDIVIDUAL IN NEED OF SUPPORTS AND SERVICES</b>
Reason for Referral (general concerns): <i>Please provide any additional information regarding the Individual in need of supports and services that may be helpful.</i>
Does the Individual receive any supports and services now? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, type of supports and services are received:
Is the Individual experiencing any problems with the current supports and services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:
Has the Individual or spouse served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Individual aware of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is the Individual in immediate danger? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Explain:
Is the Individual in need of immediate assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:
Does the Individual want someone else to be present during the home visit? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who:
What would be the best time and method to contact the Individual (if known):
Time:
Phone: (    )
E-mail:

IL-402-1196 (04/18)

## Home Delivered Meals (HDM)

**City of Chicago : 312-744-4016**

**Open Kitchens: 312-666-5335**

The City of Chicago's Open Kitchens will make a one time a week delivery of frozen/cold meals or daily delivery of hot/cold meals if eligible.

- The participant is only eligible for daily hot/cold meals if the participant does not have the ability to heat their own meals because of a physical or mental impairment, or they do not have a working microwave or stove.
- 2 meals are provided for each day of service.

Prt must meet the following criteria:

- Be 60 years of age or older;
- Be frail/homebound or unable to obtain meals from another source;
- Be unable to shop for and/or prepare meals due to impaired cognition or physical condition; and
- Must have a minimum DON score of 29.
  - #9. "Preparing Meals" and #12. "Outside Home" must both have a minimum of 2 points on both sides A and B.

***A completed referral from the case manager must be submitted including the participant's signature. See the 3 page blank referral on the next pages.***

**After case managers complete HDM referrals. The assigned Support staff is in charge of maintaining a master spreadsheet of HDM recipients and sending daily transmittal and referrals to Open Kitchens. (limit to 20 referrals a day).**



State of Illinois  
Illinois Department on Aging

☐ New Client ☐ Reassessment ☐ Ineligible/Termination

Reason: \_\_\_\_\_

### Nutrition Referral/Assessment for Home Delivered Meals

*This form must be completed and forwarded to the appropriate Home Delivered Meal nutrition provider agency.*

Referral Source: <input checked="" type="checkbox"/> Care Coordination Unit (CCU) _____	
<input type="checkbox"/> Managed Care Organization (MCO) _____	
<input type="checkbox"/> Area Agency on Aging <input type="checkbox"/> Nutrition Provider	
Days Older Adult to Receive Meals (Check all that apply): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Friday <input type="checkbox"/> All M-F <input type="checkbox"/> Weekend <input type="checkbox"/> 2nd meals	
Type of meal(s): <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Frozen	Special Notes: _____
Priority Level: Choose _____	
Duration of Meals: (Check only one) <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term Re-evaluate Date: _____	
Special Diet Needs: <input type="checkbox"/> General <input type="checkbox"/> Diabetic <input type="checkbox"/> Low sodium <input type="checkbox"/> Other (specify): _____	
<b>Older Adult Demographic Information</b>	
Name: _____	DOB: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Cell Phone: _____
Authorized Representative: _____	Phone: _____
Emergency Contact Name #1: _____	Emergency Contact Name #2: _____
Relationship: _____	Relationship: _____
Daytime/Cell Phone: _____	Daytime/Cell Phone: _____
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	What is your gender? (Check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Race (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Asian American	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Legally Separated	Type of Housing: <input type="checkbox"/> Home <input type="checkbox"/> Apt (# : _____) <input type="checkbox"/> Other (specify): _____ Subsidized Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Below Poverty <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Income: _____ # of Individuals in Household: _____
Limited English Speaking: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, primary language spoken: _____	

Nutrition Risk Screen (select points under Yes or No)	Yes/No
I have an illness or condition that has made me change the kind or amount of food I eat.	Choose _____
I eat less than two meals a day.	Choose _____
I eat few fruits and vegetables, or milk products.	Choose _____
I have three or more drinks of beer, liquor, or wine almost every day.	Choose _____
I have tooth or mouth problems that make it hard for me to eat.	Choose _____
I don't always have enough money to buy the food I need.	Choose _____
I eat alone most of the time.	Choose _____
I take three or more different prescribed or over-the-counter drugs a day.	Choose _____
Without wanting to, I have lost or gained ten pounds in the last six months.	Choose _____
I am not always physically able to shop, cook, and/or feed myself.	Choose _____
<b>TOTAL</b>	<b>0 /21 possible points</b>
<i>Six or more points = High Nutritional Risk</i>	
<input type="checkbox"/> Nutritional Risk was explained to client.	
<input type="checkbox"/> Client is considered at High Nutritional Risk. A recommendation was made to follow-up with a healthcare provider.	

Page 2 of HDM referral:

Impairment/Problem with Activity of Daily Living 0 No Assist = No; 1-3 Assist = Yes; 4 Unknown = No			Impairment/Problem with Instrumental Activities of Daily Living 0 No Assist = No; 1-3 Assist = Yes; 4 Unknown = No		
	PTS	Yes/No		PTS	Yes/No
Eating			Laundry		
Bathing			Shopping		
Grooming			Light Housework		
Dressing			Heavy Housework		
Toileting			Telephone		
Walking/Mobility			Financial Management		
Transferring (in/out of bed/chair)			Transportation		
			Meal Preparation		
			Medication		
Total Points	0		Total Points	0	
Total "Yes"= 0	Total "No"= 0		Total "Yes"= 0	Total "No"= 0	

Additional Nutrition Information	
Who does the grocery shopping? _____ How often? _____	Can Older Adult feed self? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who assists? _____ What type of help: <input type="checkbox"/> Cutting <input type="checkbox"/> Feeding <input type="checkbox"/> Opening Containers
Is anyone available to prepare food? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ What days? _____ Which meals? _____	Does Older Adult have difficulty chewing/poor dental health? <input type="checkbox"/> Yes <input type="checkbox"/> No
Older Adult's kitchen facilities/equipment (Check all that apply): <input type="checkbox"/> Kitchen <input type="checkbox"/> Kitchen privileges <input type="checkbox"/> Freezer w/ available space <input type="checkbox"/> Refrigerator <input type="checkbox"/> Stove <input type="checkbox"/> Microwave	Is Older Adult able to use these appliances unsupervised (Check all that apply): <input type="checkbox"/> Stove <input type="checkbox"/> Microwave <input type="checkbox"/> Freezer <input type="checkbox"/> Refrigerator
Older Adult food source for the weekends: _____	Dietary restrictions: _____
Food Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____ <b>NOTE:</b> It is the client's responsibility to review the weekly menu and bring any allergy concerns to the attention of the nutrition provider. When feasible, the provider will supply a special meal to meet the dietary needs of the client.	
Are you currently receiving food assistance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No (Examples: SNAP, SFMNP, TEFAP)	
Reason/Eligibility for Home Delivered Meals: (Check all that apply) <input type="checkbox"/> Homebound <input type="checkbox"/> Permanently Disabled <input type="checkbox"/> Temporarily Disabled <input type="checkbox"/> Respite for Caregiver <input type="checkbox"/> Meal for Spouse or Disabled Adult in Home <input type="checkbox"/> Other (specify): _____	
Older Adult will benefit from Home Delivered Meals because (Check all that apply): <input type="checkbox"/> Older Adult has difficulty cooking, tires easily <input type="checkbox"/> Older Adult is recovering from surgery, illness, etc. <input type="checkbox"/> Meals will increase nutritional intake as Older Adult has a limited income <input type="checkbox"/> Other (specify): _____	
Currently receiving home delivered meals from another source (e.g. family, church, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Major Health Problems (Check all that apply)	
Ambulation: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Assisted <input type="checkbox"/> Bedfast	Determination of Need (DON) score: (If Known) _____
Vision: <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Glasses <input type="checkbox"/> Blind	Other major health concerns (describe): _____
Hearing: <input type="checkbox"/> Full <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Deaf	

Priority Level Screening Questions (After client is determined to be "eligible" for HDMs)	
1. (a): If you had groceries available, would you be able to use them to prepare hot meals? <input type="checkbox"/> Yes (Go to Question 2a) ↓ <input type="checkbox"/> No (Go to Question 1b) →	1. (b): Do you have reliable help with meal preparation? <input type="checkbox"/> Yes (Go to Question 2) <input type="checkbox"/> No (STOP – Check High Priority Level)
2. During the last month...	
(a)...how often was this statement true? The food that I/we bought just didn't last, and I/we didn't have money to get more?	
(b)...how often was this statement true? I/we could not afford to eat balanced meals?	
(c)...did you or other adults in your household ever cut the size of your meals because there wasn't enough money for food?	
(d)...did you or other adults in your household ever skip meals because there wasn't enough money for food?	
(e)...did you ever eat less than you felt you should because there wasn't enough money for food?	
(f)...were you ever hungry but didn't eat because you couldn't afford enough food?	
Total points 2a-2f	
3. Are you able to get groceries into your home when you need them? <input type="text" value="Choose one"/>	
<small>*Refer to total points when selecting.</small>	
1-1 Point AND "No" = Low Priority (May benefit from Grocery Shopping Services or Food Delivery.)	
2-6 Points = Intermediate Priority (May benefit from additional nutrition services.)	
Check the appropriate Priority Level Box at the top of Page 1	

Other Contacts Information	
Primary Physician Name: <input type="text"/>	Primary Physician Phone: <input type="text"/>
For Home Delivered Meal Providers:	
<input type="checkbox"/> Referred client to Community Care Program (CCP) for additional Home and Community Based Services. <input type="checkbox"/> The HDM client was informed of the possibility that foods may contain or come into contact with food allergens.	
<b>Authorization of Release of Information</b> I give permission to <input type="text"/> to send a copy of this assessment form to the Home Delivered Meal (HDM) Provider, <input type="text"/> , and to discuss my needs with the HDM Provider, Care Coordination Unit (CCU), Managed Care Organization (MCO), and/or the AAA.	
Older Adult Signature: <input type="text"/>	<input type="checkbox"/> * Verbal Consent Provided Date: <input type="text"/>
I certify this Older Adult meets eligibility criteria for Home Delivered Meals under the Older Americans Act.	
Signature: <input type="text"/>	Phone: 312-726-1364
Case Manager Name: REBECCA MILLS	Email: REBECCA.MILLS@CCSICCU.COM
Organization: CCSI CASE COORDINATION LLC	Date: <input type="text"/>
HDM Start Date: <input type="text"/>	Reassessment Date: <input type="text"/>
Termination Date: <input type="text"/>	
Driver Instructions: <input type="checkbox"/> Ring bell <input type="checkbox"/> Knock loudly <input type="checkbox"/> Beware of dog(s) <input type="checkbox"/> Other: <input type="text"/> (Check all that apply)	

\*Verbal consent can be provided in the event of a pandemic, civil unrest, or other circumstance that prevents a client from providing their written consent/signature.

Completed by (For Referring Agencies Only):	
Name of Referring Agency: <input type="text"/>	Phone #: <input type="text"/>
Address: <input type="text"/>	



# MCO Status Form Upload

The MCO Status Form is completed every time an MCO assessment is completed. Case managers will upload the completed MCO status form along with the DON (page 3 of the prescreen assessment) to the "\_scanned" folder in the Shared Drive. **The support staff will check that all status forms are filled out correctly and match the information on the DON. The support staff will use a secure email to send the MCO status forms and DON pages to the appropriate MCOs at the end of each day. If forms are not correct, the support staff will return the forms to the case manager to be corrected and reuploaded.**

## Page 1: MCO status form

Information MUST BE TYPED. Make sure all the information on this form matches the DON page and the participant's information on PSS.

First Section: "Participant's Information" must contain the correct participant's name, address, date of birth, phone number, RIN, eCCPIS ID, and current MCO name.

Illinois Department on Aging		MCO Status Form	
Participant's Information			
Name: <b>FILL IN WITH PRT INFORMATION</b>			
Street Address:			
City:	State: Illinois	Zip Code:	
Date of Birth (MM/DD/YYYY):		RIN #:	
Phone: ( )		eCCPIS ID#:	
MCO Name:			
**INTERIM Services <input type="checkbox"/> (services must start within 2 days)			

Second Section: "Status of Individual" **The first box is filled out if the participant is currently receiving services.** The appropriate box must be checked (usually "Annual" and must show the EDD and DON score (see below). The second box should not be filled out for current participants.

Status of Individual (Please check one):	
Already enrolled in the MCO but requiring another Determination of Eligibility	
<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Change in Status/Eligibility in Question
<input type="checkbox"/> Not eligible for waiver services due to DON score	
<input type="checkbox"/> Client Terminated Reason:	
Determination of Eligibility completed on (MM/DD/YYYY): <b>[EDD]</b>	
Send to MCO: MCO Status Form, DON = <b>[DON SCORE]</b>	
<input type="checkbox"/> Participant currently enrolled in MCO (medical) and now requiring waiver services	
Determination of Eligibility completed (MM/DD/YYYY):	
Not eligible for waiver services due to:	
<input type="checkbox"/> DON Score	<input type="checkbox"/> Client refused services
<input type="checkbox"/> Other:	
Send to MCO: MCO Status Form, DON	

**The second box of the second section is filled out only if the participant is an initial MCO.** Check PSS to make sure the participant does not receive any current services, but has a current MCO. The appropriate box must be checked and must have the EDD and DON score. The first box should not be filled out for initials.

<b>Status of Individual</b> (Please check one):	
Already enrolled in the MCO but requiring another Determination of Eligibility	
<input type="checkbox"/> Annual	<input type="checkbox"/> Change in Status/Eligibility in Question
<input type="checkbox"/> Not eligible for waiver services due to DON score	
<input type="checkbox"/> Client Terminated Reason:	
Determination of Eligibility completed on (MM/DD/YYYY):	
Send to MCO: MCO Status Form, DON	
<input checked="" type="checkbox"/> Participant currently enrolled in MCO (medical) and now requiring waiver services	
Determination of Eligibility completed (MM/DD/YYYY): [EDD]	
Not eligible for waiver services due to:	
<input type="checkbox"/> DON Score	<input type="checkbox"/> Client refused services
<input type="checkbox"/> Other:	
Send to MCO: MCO Status Form, DON = [DON SCORE]	

**The Bottom Section: "CCU Staff Information"** Must contain the the CCU information and case manager name. The date should be the same as the EDD.

<b>CCU Staff Information</b>	
CCU Agency Name: CCSI CASE COORDINATION, LLC	
CCU Address: 329 W 18TH ST, 801, CHICAGO, 60616	
CCU Phone Number: (312) 726-1364	
CCU Staff Name: [CM NAME]	
CCU Contract #: U12191200 (5 OR 6)	Date: [EDD]

IL-402-1150 (10/14)

**If a participant is terminated or denied:** The form should contain the participant's info, appropriate box should be checked and the reason for termination/denial should be typed next to "reason." Scan the MCO Status Form to the shared drive. No Need to fill include DON score or DON page if no assessment was completed.

## Page 2: DON page (page 3 of prescreen assessment)

The second page to be sent to the MCO is the DON. Make sure that the name and DON score match the MCO status form before emailing the forms to the MCO.

### MINI-MENTAL STATE EXAMINATION

Participant Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Care Coordinator is to administer all 11 questions equivalent to a score of 30.

(5) 1. What is the (year) (season) (day) (date) (month)?

(5) 2. Where are we (state) (county) (town) (nursing facility/hospital) (floor)?

(3) 3. Name 3 objects. Allow 1 second to say each. Ask the client all 3 after you have said them. Give 1 point for each CORRECT answer in the first trial only. Then repeat the 3 objects until the client learns all 3. Count trials and repeat the 3 objects until the client learns all 3. Count trials and record. Trials

(5) 4. Spell "WORLD" backwards. Score 1 point for each letter in the CORRECT order.

"D" "L" "R" "O" "W"

(3) 5. Ask for the three objects repeated in question 3. Give 1 point for each CORRECT answer.

(2) 6. Identify a pencil and a watch.

(1) 7. Repeat the following: "No ifs, ands or buts."

(3) 8. Follow a 3-stage command: "Take a paper in your right hand, fold it in half and put it in your lap."

(1) 9. Read and obey the following: CLOSE YOUR EYES.

(1) 10. Write a sentence.

(1) 11. Copy a design.

Maximum score is 30. Enter TOTAL correct answer for MMSE score. ggg 30

1. For MMSE box below: If score is equal or more than "21" - enter "0"; if score is "20" or less - enter "10"

2. For the MMSE Plus score: Add an additional 10 points to the total MMSE Box below, if appropriate documentation is provided for all three listed below. (Rule 240:715, d) 1) C))

Court adjudication as incompetent or disabled; Physician/Psychiatrist certifies need for 24 hour supervision; and, Physician/Psychiatrist certifies presence of Alzheimer's disease, OBS, or dementia.

A NON-COGNITIVE PROBLEM is affecting the MMSE score: ☐ Yes ☐ No If yes, check the correct non-cognitive problem below:

☐ Vision/Hearing Problem

☐ Language Barrier

☐ Low Education/Can't Read

☐ Physical Impairment

☐ Other: \_\_\_\_\_

If Mini-Mental State Examination score total is: 21-30, proceed with the DON; informant not needed. 20 points or less: An informant may be needed.

1. Informant Available: ☐ Yes ☐ No

2. Informant Used: ☐ Yes ☐ No

3. Name: \_\_\_\_\_

4. Relationship: \_\_\_\_\_

### E. DETERMINATION OF NEED (Functional Status - Activities of Daily Living/Instrumental Activities of Daily Living)

FUNCTION	A. LEVEL OF IMPAIRMENT				B. UNMET NEED FOR CARE				A. Case Notes	B. Case Notes
1. Eating	0	1	2	3	0	1	2	3		
2. Bathing	0	1	2	3	0	1	2	3		
3. Grooming	0	1	2	3	0	1	2	3		
4. Dressing	0	1	2	3	0	1	2	3		
5. Transferring	0	1	2	3	0	1	2	3		
6. Continence	0	1	2	3	0	1	2	3		
7. Managing Money	0	1	2	3	0	1	2	3		
8. Telephoning	0	1	2	3	0	1	2	3		
9. Preparing Meals	0	1	2	3	0	1	2	3		
10. Laundry	0	1	2	3	0	1	2	3		
11. Housework	0	1	2	3	0	1	2	3		
12. Outside Home	0	1	2	3	0	1	2	3		
13. Routine Health	0	1	2	3	0	1	2	3		
14. Special Health	0	1	2	3	0	1	2	3		
15. Being Alone	0	1	2	3	0	1	2	3		
TOTAL	0				0					
MMSE	A	MMSE/A TOTAL			B	TOTAL DON SCORE			IL-402-1315 (Rev. 03/08)	
0		0				0				

# Medicaid Verification Form

Every time an application is completed, the case manager will make a copy of the first page from the printed application. On this first page the case manager should write the following information from the list below and scan the page to the shared drive. **Support staff will check that the form is completed correctly and upload the page through the Report Uploader in the IDoA provider portal. Refer to page 132 on how to use Report Uploader.** If the form is not correctly filled out, the support staff will return the form to the case manager to be corrected and reuploaded.

- **"INITIAL"**

Clearly note if the participant is an initial participant. If prt is not an initial applicant--skip this part.

- **PARTICIPANT'S NAME**

(Last Name, First Name)

- **ECCPIS ID**

Put SSN for Initial participants that don't yet have an Eccpis ID.

- **EDD** (Eligibility of Determination Date):

the date the participant file was completed and faxed

- **CONTRACT NUMBER:**

Area 5- 205

Area 6- 206

- **CASE MANAGER:**

First Name and Last Name Initial.

---

Example for a  
current CCP participant:

**Name: Smith, Patricia**  
**ECCPIS ID: 123456789**  
**EDD: 09/15/2020**  
**Contract: 205**  
**CM: Jane D.**

Example for an  
Initial CCP participant:

**INITIAL**  
**Name: Smith, Patricia**  
**SSN: 555-55-5555**  
**EDD: 09/15/2020**  
**Contract: 205**  
**CM: Jane D.**

---

*\*\*\*It is the case manager responsibility to include all the information required for support staff to complete a same day upload. If a file is returned to the case manager because it is missing information, a same day return is expected.*

## EXAMPLE MEDICAID VERIFICATION FORMS:

	abe. illinois. gov	<b>ABE</b> 	APPLICATION FOR BENEFITS ELIGIBILITY
---	--------------------------	--	--

### \*CURRENT CCP PARTICIPANT EXAMPLE.

NAME: Darnell Happy  
ECCPIS: 1123456789  
EDD: 09/01/2020  
CM: Jane D.  
Contract: 206

**\*\*Do not mail this information. Your application was submitted electronically.\*\***

Thank you for using ABE to apply for benefits!

Darnell HAWKINS, your application was submitted on September 15, 2020 at 09:30 A.M. If your application was received outside of normal business hours, your application date will be the next business day.

#### Mailing Address

Woodlawn FCRC  
915 E 63 RD Street  
CHICAGO IL 60637-3609  
Phone Number: (773) 753-5200

Your application tracking number is T1543162! You will need this number to check the status of your application.

You may also need to give your worker proof of some of the things you told us in your application. We will send you a letter with a list of the items you need to provide in order for us to process your application. Once you have gathered the items, you can fax, mail or bring them to the office listed above. If you cannot find something, your worker may be able to help you get the proof you need.

#### Application Summary

Here is a summary of what you told us, as well as important information about your rights and responsibilities.

#### Office Information

Original Suggested Office: Woodlawn FCRC, 212  
Office of Choice: Woodlawn FCRC, 212

#### Applying on Your Behalf

<b>Applying on Your Behalf</b>
a staff person of a community agency

#### Basic Information

<b>Your Name</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Language Preference</b>	<b>County</b>
Darnell Happy	xx/xx/xxxx	Male	English	Cook
<b>Where You Live</b>		<b>Mailing Address</b>		
Ret address CHICAGO, IL		Ret address CHICAGO, IL		
<b>Currently homeless?</b>				
<b>Contact Information</b>				



abe.  
illinois.  
gov

# ABE

APPLICATION  
FOR BENEFITS  
ELIGIBILITY

**INITIAL**

## \*INITIAL PARTICIPANT EXAMPLE:

McGhee, Patricia

EDD: 9/01/20

**\*\*Do not mail this information. Your application was submitted electronically.\*\***

SSN: 123-45-6789

Thank you for using ABE to apply for benefits!

Area 206  
CM: Jane D.

Patricia mcghee, your application was submitted on September 15, 2020 at 03:53 P.M. If your application was received outside of normal business hours, your application date will be the next business day.

### Mailing Address

Woodlawn FCRC  
915 E 63 RD Street  
CHICAGO IL 60637-3609  
Phone Number: (773) 753-5200

Your application tracking number is T1543314 . You will need this number to check the status of your application.

You may also need to give your worker proof of some of the things you told us in your application. We will send you a letter with a list of the items you need to provide in order for us to process your application. Once you have gathered the items, you can fax, mail or bring them to the office listed above. If you cannot find something, your worker may be able to help you get the proof you need.

### Application Summary

Here is a summary of what you told us, as well as important information about your rights and responsibilities.

### Office Information

Original Suggested Office: Woodlawn FCRC, 212  
Office of Choice: Woodlawn FCRC, 212

### Applying on Your Behalf

Applying on Your Behalf
a staff person of a community agency

### Basic Information

Your Name	Date of Birth	Gender	Language Preference	County
Patricia mcghee	xx/xx/xxxx	Female		Cook *
Where You Live	Mailing Address			
(Print address) chicago, IL 60637	Print address chicago, IL 60637			
Currently homeless?				

# CRITICAL EVENT REPORTING

A critical event is any actual or alleged incident or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of an individual. Part of the mission of the Illinois Department on Aging (IDoA) is to assist older adults to remain in the community if they can safely do so. Once an older adult experiences a critical event, it becomes more likely that similar events will occur in the future. Therefore, critical event reporting and follow-up in response to these events should be viewed as opportunities to prevent unnecessary and premature institutionalizations.

Each Care Coordination Unit and CCP provider agency is required to report and follow-up on all critical events, regardless of whether they occur during the provision of service hours. Event reports will be made through the completion of an electronic Critical Event report form housed in the Critical Event Reporting Application (CERA). The role of the CCUs and CCP providers will be one of astute observation, documentation and action. Failure to meet the intent of this policy - keeping participants safe - can bring serious consequences to the individuals we serve. While not all risk(s) can be avoided, the network must anticipate, rapidly report and effectively respond when they do occur.

For critical incidents and SIP complaints, there is a two-step reporting requirement. First, at the time of initial discovery, and through a second follow-up report that must be completed within 60 days from the notification date, the date the first entity learns an event has occurred. **Refer to page 146 on how to use the CERA.**

## Three Sub-Categories of Critical Events

### 1. Critical Incidents

- ***Anticipated Death:*** Any cessation of life, regardless of cause, that was medically predicted to occur
- ***Unanticipated Death:*** Any cessation of life, regardless of cause, that was not predicted: accidental death, death resulting from suicide, death that occurs in questionable circumstances, resulting from any other unexpected or unknown reason.
- ***Unanticipated Hospitalization:*** A hospital admission that was not predicted or anticipated that may be the result of abuse, neglect, accident, mental health crisis, injury, or sudden decline from a pre-existing medical condition.



- **Medication Error:** A hospital admission that was not predicted or anticipated that may be the result of abuse, neglect, accident, mental health crisis, injury, or sudden decline from a pre-existing medical condition.
- **Serious Injury:** Any injury that requires treatment by medical personnel, including an RN, MD, Physician assistant or emergency medical technicians (EMTs).
- **Missing Person:** Unexpected absence of a participant from his/her home or scheduled program service(s) that constitutes a recognized danger.
- **Emergency Department Visit:** Any visit to an Emergency Department for medical care, monitoring or evaluation; the participant is discharged directly from the Emergency Department without the need for hospital admission.
- **Property Damage:** Damage to the program participant's residence or belongings that presents a risk to the health and welfare of the participant or is the result of the action(s) by a program worker.
- **Nursing Facility Placement:** Admission to a nursing facility for long-term care services that is the result of an unanticipated change in health or mental status or results from the lack of sufficient or appropriate services.
- **Fall with Injury:** An unplanned descent to the floor (or extension of the floor) resulting in injury.
- **Fall without Injury:** An unplanned descent to the floor (or extension of the floor) that does not result in injury.
- **Special Circumstance:** Any situation not otherwise defined as a critical incident that constitutes a threat to the health, safety or welfare of a CCP participant.
- **Criminal Act/Law Enforcement:** Must be reported when the participant is the victim of a crime that requires intervention by law enforcement officials. **OR** Must be reported when the participant is taken into custody for the alleged commission of an illegal act and/or is contacted by law enforcement officials for questioning.
- **Abuse, Neglect, and Exploitation:** Any case of abuse, neglect, exploitation, etc. as defined by Adult Protective Services (APS). See more on page 67.



## **2. Service Improvement Program (SIP)**

- Includes any oral or written communication by the program participant or other interested party expressing dissatisfaction with the operation or provision of service, service quality, or a failure to provide/offer services. SIP complaints include problematic issues pertaining to:
  - Access to services
  - Delayed service start

## **3. Request for Change of Status**

- Occurs when the condition of the program participant changes or there is a change in circumstances which affects the ability of the family and/or caregiver to safely provide support and assistance.

## **Procedures for Care Coordination Units (CCUs)**

- CCUs must monitor their user dashboards in the CERA daily and respond to critical event notifications coming from APS, EHRS, In-Home and Adult Day Service providers.
  - In cases where the In-home or ADS provider completes the initial report, the CCU will be responsible for following up with the participant and/or their emergency contact person within specified timeframes and completing the "60- Day Review Summary", which finalizes the critical event report.
  - The CCU must watch for critical event notifications from EHRS providers daily by monitoring: Online portal, Emails, Scans.
- At CCSI, there are designated employees to monitor the CERA for critical event reports. They will give authorizations to the appropriate case manager to follow up with a participant as needed. The case manager will give a copy of case notes to the designated employee who will then close out the critical event report.
- **See page 146 for for info on how to use CERA.**

## **Reporting Timeframes and Follow-up Requirements**

Timeframes are triggered by the “notification date”. This is the date that the initial reporter learned of the event.

	<b>CCU, In-Home &amp; ADS Provider Reporting Timeframe</b>	<b>CCU Follow-Up Requirement</b>
<b>Critical Incident</b>	Initial event reports must be made within 7 calendar days from the “notification date”, the date the initial report taker learned of the event. A risk mitigation plan must be implemented by the CCU and documented on the event report “60-Day Review Summary”.	CCU must successfully complete phone contact with the participant or their emergency contact person within 15 calendar days from the “notification date”, the date the initial report taker learned of the event
<b>Critical Incident – specific to Abuse, Neglect and Exploitation</b>	Referral to Adult Protective Services (APS) for intake must be made within 24 hours of learning of the actual or suspected instance of ANE. Referral must be made by calling the 24-Hour APS Hotline or the appropriate APS provider agency.	A case note confirming referral to APS must be documented in the participant's case file at the reporter’s agency setting (CCU or provider office).
<b>SIP Complaint</b>	Initial event reports must be made within 7 calendar days from the “notification date”, the date the initial report taker learned of the event. A risk mitigation plan must be implemented by the CCU and documented on the event report “60-Day Review Summary”.	CCU must successfully complete phone contact with the participant or their emergency contact person within 15 calendar days from the “notification date”, the date the initial report taker learned of the event
<b>Request for Change of status</b>	Initial event reports must be made within 7 calendar days of the “notification date”, the date the initial report taker learned of the event. A risk mitigation plan must be implemented by the CCU that aims to reduce risk and the likelihood a subsequent event occurs	CCU must successfully complete phone contact with the participant or their emergency contact within 7 calendar days of the “notification date”, the date the initial report taker learned of the event, to determine if a face-to-face redetermination is necessary.

# OBRA/HFS 2536 REQUESTS

When a participant goes to a nursing facility, supportive living facility, long term care facility or rehabilitation center, etc. the CCU needs to send documentation showing that they are eligible to be admitted into the facility. CCUs no longer complete OBRA's. Instead, level I and level II PASRR screens are completed through Maximus Assessment Pro. **See pages to review Maximus Assessment Pro.**

- Case managers and screeners will conduct a prescreen with the participant and complete and turn in the HFS 2536 certification form with the prescreen paperwork.
- Case managers and screeners will enter the DON score, FTF date, and upload the HFS 2536 form to Maximus Assessment Pro within 24 hours of completing a screen.
- Nursing facilities will be able locate the HFS 2536 in Maximus. However, if the HFS 2536 was not uploaded, they will contact the CCU by email or fax.
  - CCU staff can email or fax the completed HFS 2536 form to nursing facilities when it cannot be uploaded to Maximus.
- The nursing facility will fax or email an admission face sheet (see example below) to the CCU, when a screen was not completed in Maximus and then the CCU staff will complete a post screen.

From: 11/16/2020 10:42 #130 P.002/004

ADMISSION RECORD  
Carlton Skilled Nursing  
725 W Montrose Ave  
Chicago, IL 60613-1515  
TEL: (773) 929-1700  
Nov 16, 2020 10:38:51 CT

RESIDENT INFORMATION																	
Resident Name	Resident Date of Birth	Resident Sex	Resident Race	Resident Ethnicity	Resident Religion	Resident Marital Status	Resident Education	Resident Employment	Resident Social Security Number								
Mr. [REDACTED]	11/14/2020	M	W	White	Protestant	Married	High School	Retired	[REDACTED]								
<table border="1"> <thead> <tr> <th colspan="2">PAYER INFORMATION</th> </tr> <tr> <th>Payer Name</th> <th>Payer Address</th> </tr> </thead> <tbody> <tr> <td>Medicare A</td> <td>725 W Montrose Ave, Chicago, IL 60613-1515</td> </tr> <tr> <td>Medicare B</td> <td>725 W Montrose Ave, Chicago, IL 60613-1515</td> </tr> </tbody> </table>										PAYER INFORMATION		Payer Name	Payer Address	Medicare A	725 W Montrose Ave, Chicago, IL 60613-1515	Medicare B	725 W Montrose Ave, Chicago, IL 60613-1515
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Facility Name	Facility Address																
Facility Name: [REDACTED]	725 W Montrose Ave, Chicago, IL 60613-1515																

- CCU staff will claim any post screen requests within the CCU area.
- CCU staff can email or fax the completed HFS 2536 form to nursing facilities when it cannot be uploaded to Maximus.
- Supportive Living Facilities will email or fax CCUs regarding potential applicants. CCU staff must complete a SLP initial screen in Assessment Pro and then can claim it.
- Before authorizing any pre or post screens, CCU staff will double check Assessment Pro, PSS, and CMIS to ensure that there was not already a DON completed in last 90 days.
- If we are not the CCU that completed the prescreen the support staff will send the HFS 3864 Form to the facility that is requesting a screen.

**Review HFS forms 2536 and 3864 in the following pages.**

**HFS 2536 Form**

The Illinois Department of Healthcare and Family Services (HFS) Interagency Certification of Screening Results form is used to certify results of a prescreen.

Case managers complete the HFS Certification Form for all pre-screens. The HFS certification is turned in with the prescreen. Support staff will send the HFS certification form to the nursing facility after a participant is admitted into the nursing facility.

Illinois Department of Healthcare and Family Services  
INTERAGENCY CERTIFICATION OF SCREENING RESULTS

Name:		Birth Date:	/ /
Address:		Social Security #:	- -
	IL -	Medicaid Eligible:	Y OR N
Facility Name:		Case #, if known:	
Address:		Recipient #, if known:	

Date of screening: / /      Determination of Need Score: \_\_\_\_\_

NOTE: Screening is valid for 90 days from date of screening.

Date of admission to facility: / /

Admission to nursing facility or supportive living facility occurred prior to the date of screening and one of the following circumstances existed:

☐ Placed from out-of-state; or

☐ Hospital Emergency/Outpatient Services; or

☐ Pre-existing condition of need for a caregiver and caregiver is no longer able to provide care. Explain reason for loss of caregiver (must be completed) \_\_\_\_\_

\_\_\_\_\_

---

The individual was screened to determine his/her need for nursing facility, supportive living or ICF/DD services and to ascertain if other services might be an acceptable alternative to nursing facility, supportive living or ICF/DD placement.

☐ Screening indicated supportive living services are appropriate.

☐ Screening indicated ICF/DD services are appropriate.

☐ Screening indicated nursing facility services are appropriate.

☐ Screening indicated nursing facility, supportive living or ICF/DD services are not appropriate.

---

SCREENING CERTIFIED BY:

☐ Department on Aging

☐ Department of Human Services: Check One. ☐ Division of Rehabilitation Services ☐ Division of Mental Health

☐ Division of Developmental Disabilities

☐ Department of Healthcare and Family Services

Signature of Individual Certifying Results	Title	Date
CCSI - CCB		/ /
Agency/Office	(312) 726-1364	Phone Number

## **How to Complete HFS 2536 Form**

1. The top of the HFS form will pre populate with the participants information from page 2 of the Comprehensive Assessment.
2. Fill in the "Date of Screening" with the date that the case manager completed the prescreen.
3. Fill in the "Determination of Need Score" with the DON score on page 3 of the Prescreen Assessment.
4. **DO NOT** fill in the "Date of Admission to Facility." The designated employees will fill this out after confirmation of admission from the Nursing Facility.
5. In the third section of the document check the box stating "Screening indicated nursing facility services are appropriate."
6. Sign the bottom of the document; fill in your title as "Care Coordinator;" fill in the date; fill in the agency office as "CCSI Case Coordination, LLC;" and fill in the phone number: 312-726-1364.
7. Turn in the HFS Certification Form with the prescreen paperwork to be processed and billed.

## **HFS 3864 Form**

If the individual has been screened within the past 90 calendar days, the CCU **will not** complete another screen. If the facility is unable to obtain the HFS 2536 form from the correct CCU, 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).

## Example of how to complete the HFS 3864 Form:



State of Illinois  
Department of Healthcare and Family Services

### 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.

(Name of CCU that did the screen)	today's date
To: CCU Name	Date:
(Name of Nursing Facility if known)	(leave blank if unknown)
From: Facility Name	Address
(if known)	(if known)
Phone Number	Fax Number

Resident Name (Name of Participant that was screened) Birth Date (Participant's DOB)

Social Security Number SSN Medicaid Eligible: Yes ☒ No ☐

If yes, Medicaid Recipient Identification Number (enter RIN, if Yes)

Anticipated Date of Admission: (leave blank if unknown)

(Following to be completed by CCU)

Agency records show that the above named resident was screened on ( EDD of screen)

The screening   
 indicate nursing facility services are appropriate.

**DON=**

Signature of Individual Verifying Screening Results	←sign if able Title	CCSI Case Coordination Agency/Office	(today's date) Date
--	------------------------	---	------------------------

# APPEALS

## **When Can a Participant Appeal?**

- Participants have the right to appeal if:
  - Their application for CCP services is denied; or
  - They disagree with a decision to reduce, terminate or in any way change the CCP services or the manner in which those services are provided (excluding suspension).
- Case managers should give the yellow "Right to Appeal" pamphlet to every CCP participant (see page 17). And if a participant wishes to appeal, an appeal form must be mailed to the participant through certified mail.
- Participants must appeal within 60 days of a decision with which they disagree.
- Participants should appeal directly to the Illinois Department on Aging in Springfield by contacting the Senior Helpline, filling out a form they will provide at by request and mail to the following address:

***Illinois Department on Aging  
Division of Home & Community Services  
Office of Community Care Services  
Client Appeals Section  
421 East Capitol Ave., #100  
Springfield, IL 62701-1789***

## **The Appeal Procedure**

- Once an appeal is received, the IDoA will review the issues informally and notify the participant of its findings. If it makes no changes to the local agency's decision, the participant will be given a hearing before an impartial hearing officer selected by the Department. At the hearing, the participant has the right to be represented by a lawyer or other person and to present evidence in support of your appeal.
- After the hearing is over, the hearing officer will make recommendations to the Director of the Department on Aging on how to decide the issues in the appeal. Within 90 days after the hearing, the Department on Aging will send the participant its final decision.
- If the participant disagrees with the Department on Aging's final decision, the participant may file a lawsuit in the Illinois Circuit Court asking the court for review of the agency's final decision. There is a strict 35-day time limit after the date of the decision to file such a lawsuit. The participant is encouraged to consult a lawyer right away after receiving the agency's decision. There are other tight requirements about who must be included as a defendant.



# Memorandum of Understanding (MOU)

If a participant does not cooperate with CCP regulations, services may be suspended by the CCU. An MOU is needed in order for this participant to restart services.

All incidents of Non-Cooperation should be well documented before suspension:

- **Not being home to receive services, Not calling in advance if not available, Not allowing provider into home, Refusing specific POC services-**

After two documented instances, within the same fiscal year, further action/suspension of services is needed.

- **Threaten or act abusively, Displaying weapons, Not preventing animal aggression-**

After one documented instance, further action/suspension of services is needed.

- **Inflicting Physical Injury-**

Any instance warrants immediate denial or termination. No suspension or MOU is required.

Suspension of Services:

- If instances of Non-Cooperation have been properly documented, CCU will suspend CCP services and notify appropriate providers.
- Within 30 days of suspension, CCU will create an MOU outlining corrective actions. The MOU must be signed by the CCU, providers, and the participant.
  - The participant must sign the MOU within 60 days.
- CCU will send a new PCPOC to the provider and participant, reinstating services within 15 days from the date of the last signature on the MOU.

After the MOU is completed:

- If the participant violates the MOU provision, services will be terminated.
- The MOU will follow the participant through CCU and provider transfers. MOU addendum must be sent with every transfer.

# **CCU TRANSFERS/CHANGE OF ADDRESS**

## **Transferring from our CCU to new CCU**

When a participant moves out of the area their case has to be transferred to the new CCU and the providers have to be notified. The case must be billed as a termination (40) with type reason: moved out of area (48). See page 123 for more information on billing CCU transfers.

The appropriate case manager will follow up with the participant and complete the necessary paperwork. The case manager will notify all providers and the new CCU of the change of address and CCU transfer. The case manager will turn in the complete participant's file to be terminated and transferred. Billers should confirm that the file should contains the following documents before terminating their case:

- CCP Case Transfer form (with old and new address)  
**\*See next page for CCP Case Transfer form\***
- Case Note
- PCPOC indicating Termination, with billing code 40/48
- CAT
- Fax confirmations for all current providers and for the CCU over the participant's new address.

Bill the participant case as a termination and close out their case. (make sure the lights in CMIS turn off.) Put all documents in the file and turn it in to be mailed to the new CCU through certified mail.

## **Transferring to our CCU from another CCU**

When a participant moves into our area and has an open case with another CCU, that case must be terminated by the old CCU and transferred to our CCU before the participant can be seen. Check if the participant case was terminated by the old CCU in the eccpis records in PSS. The old CCU should send the prt case information through fax and mail the complete file to our CCU, as well. If the participant's case has been terminated, the support staff will complete an intake in CMIS (01/02) and authorize a REDE assessment to the appropriate case manager.

Illinois Department on Aging  
Community Care Program  
CASE TRANSFER INFORMATION

Part I. Caseload Transfer

Client's Name: Curtis Cowsen Client ID/Soc. Sec. No.: 358 - 28 - 5912

FORMS

<input checked="" type="checkbox"/> Application (IL-402-1222)	<input checked="" type="checkbox"/> Case Action Notice (IL-402-1270)
<input checked="" type="checkbox"/> Case Record Sheet (IL-402-1224)	<input checked="" type="checkbox"/> Notice of Appeal (IL-402-1551)
<input checked="" type="checkbox"/> Elig. Information (IL-402-1230)	<input checked="" type="checkbox"/> Receipt of Transfer (IL-402-1584)
<input checked="" type="checkbox"/> Release of Information (IL-402-1238)	<input checked="" type="checkbox"/> Case Auth. Transaction (IL-402-1710)
<input checked="" type="checkbox"/> Provider Selection (IL-402-1240)	<input checked="" type="checkbox"/> Memorandum of Understanding
<input checked="" type="checkbox"/> Client Agreement (IL-402-1253)	<input checked="" type="checkbox"/> Inter. Agency Cert. (IDPA 2536)
<input checked="" type="checkbox"/> Physician Statement (IL-402-1260)	<input type="checkbox"/> Other

Part II. Individual Case Transfer

Old Address: \_\_\_\_\_ New Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ph. No: ( ) -

Indicate Living Circumstances: ☐ Alone ☐ Relative ☐ Other: \_\_\_\_\_

Physician: \_\_\_\_\_ Ph. No: ( ) -

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Person: \_\_\_\_\_ Ph. No: ( ) -

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Background Information: Summary (e.g., physical, cognitive, MOU, etc.)

Sending Staff: \_\_\_\_\_ Receiving Staff: \_\_\_\_\_  
Sending CCU: \_\_\_\_\_ Receiving CCU: \_\_\_\_\_

CCSI CASE COORDINATION, LLC.  
329 W 18TH ST, 801  
Chicago IL, 60616  
(312)726-1364

Original to receiving CCU; Copy to sending CCU.

IL-402-1583 (Rev. 4/99)

# **Community Resources**

## Area Agency on Aging (AAA)

City of Chicago's AAA:

**The Department of Family and Support Services (DFSS)**

**Phone: 312-744-4016 / Email: [aging@cityofchicago.org](mailto:aging@cityofchicago.org)**

The City of Chicago also provides the following programs to eligible participants that are age 60 or over. Referrals are completed by the case managers, but support staff should be familiar with these services to explain to participants.

### Meals on Wheels (HDM)

- Home delivered meals that are coordinated by the CCU. (See page 33)

### Caregiver Counseling and Support Services

- Short-term individual and family counseling, group therapy, and support groups
- Gap-filling funds to purchase a limited supply of goods and services not covered by insurance. May also be used for one-time emergency rent, utility or mortgage payment.

### CARPLS Legal Assistance Services

- Attorneys provide legal advice and referral services for seniors for a wide range of legal issues: family law, guardianship, consumer debt, immigration, civil rights, public benefits, taxes. No direct representation in court.
- Housing services: Attorneys provide legal advice for seniors at risk of becoming homeless and/or need more appropriate housing. No direct representation in court.

### Heavy Duty Chore and Short Term Chore Services

- Heavy Duty Chore: One-time intensive cleaning service for seniors whose living conditions pose a threat to their health, safety, and well-being.
  - trash removal, window and appliance cleaning, moving heavy furniture, packing. **NO INFESTATIONS.**
- Short Term Chore: Temporary assistance in the home for seniors recuperating from illness, recent hospitalization, or injury.
- Ask a supervisor for a copy of the heavy chore referral (also located in the shared drive).
- Referrals for Heavy Chores should be directed to Stacy Subida at DFSS:  
**[Stacy.Subida@cityofchicago.org](mailto:Stacy.Subida@cityofchicago.org)**

### Grandparents or Older Relatives Raising Children

- Short-term, one-on-one counseling and/or support groups for grandparents age 55 or older who are primary caregivers for a child from birth to age 18.
- Gap-filling funds can be used to purchase a limited supply of goods and services, including school supplies, furniture, summer day camp, school programs, or medication for the child. May also be used for one-time emergency rent, utility or mortgage payment.

### Caregiver Respite Program

- Respite services provide professionally trained staff to care for a frail senior, who has a familial caregiver, on a temporary basis.
- Can be used in an emergency, such as caregiver illness, or a planned time away, such as a vacation.
- Respite can be provided in home, a nursing facility, supportive living facility, or assisted living facility.

### Intensive Case Advocacy and Support (ICAS)

- Intensive case coordination and support for seniors with issues such as hoarding, uninhabitable living conditions, undiagnosed and untreated mental health concerns, limited cognitive abilities and safety.
- ICAS workers will work with the participant to establish a safe care plan and provide referrals to additional services as needed.

### Senior Health Assistance Program (SHAP)/

### Medicare Improvements for Patients and Provider Act (MIPPA)

- Assist Medicare beneficiaries with personalized counseling assistance, engaging community outreach, and enrollment assistance.

### Senior Companion and Foster Grandparent

- Senior Companion: a volunteer comes to the participant's home to provide socialization and companionship.
- Foster Grandparent: The participant is paired with one or more children in schools to provide mentorship and socialization with young children.

# **Supplemental Nutrition Assistance Program (SNAP)**

Supplemental Nutrition Assistance Program (SNAP) provides a monthly allowance for groceries to eligible low-income adults with nutritional risk. Eligible participants receive a Link Card to use to help pay for groceries. SNAP benefits are also often referred to as Food Stamps. **Participants are not required to apply for SNAP, but Case Managers will assist participants with the application process when requested. Case managers also apply and manage medicaid applications for participants.**

## **Energy Assistance (CEDA)**

The mission of the Community and Economic Development Association (CEDA) is to work in partnership with communities to empower individuals and families to achieve self-sufficiency and improve their quality of life. CEDA delivers home heating and cooling assistance for Chicagoland residents facing financial hardship. Programs are designed to assist income-eligible households with energy costs by making a payment directly to the utility company(s) on behalf of the households. The available programs include, the Low Income Home Energy Assistance Program (LIHEAP), Percentage of Income Payment Plan (PIPP), Furnace, ComEd Residential Special Hardship, and Peoples Gas Share the Warmth (STW) grants.

**Case managers can assist participants with referrals.**

Website: [www.CEDAorg.net](http://www.CEDAorg.net)

Energy Service Toll-Free Hotline:

**(800) 571-CEDA (2332)**

## **Low-Income Home Energy Assistance Program (LIHEAP)**

- Assists eligible low-income households with their heating and cooling energy costs, bill payment assistance, energy crisis assistance, weatherization and energy-related home repairs.
- Eligible recipients must choose between one time payment/reconnection assistance or a monthly payment plan.
- Eligibility is based on household income.

## **Direct Vendor Payment (DVP) and Reconnection Assistance (RA)**

- DVP/RA is an optional benefit choice under LIHEAP. DVP and RA is designed to assist income-eligible households with energy services, in the form of a one-time benefit payment to the utility companies that is applied directly to the household's energy bills. The amount of the payment is determined by income, household size, and fuel type. RA is used to prevent or reconnect disconnected households.

## **Percentage of Income Payment Plan (PIPP)**

- PIPP is an optional benefit choice within the Illinois LIHEAP that is available to customers of Ameren Illinois, ComEd, Nicor Gas and North Shore Gas/ Peoples Gas.
- The PIPP program will enroll you in a budget billing plan. Under this program, the State may pay a portion of your monthly budget bill and you will be required to pay the rest.

## **Furnace Assistance**

- Furnace Assistance is designed to restore the home's heating system back to a safe and effective operation. Assistance is only available to approved households that have or are eligible to receive a LIHEAP benefit and whose heating systems are not operational or have been red-tagged by their utility company.
- The services are free of charge for income qualifying households. Renters are not eligible to apply.



## **People's Gas Share the Warmth (STW)**

- STW is a matching grant program. Customers who are income-eligible can receive a grant up to \$200. The grant cannot exceed \$200 and cannot result in a credit balance. Grants cannot be applied to charges from alternate suppliers.
- The customer must confirm that their application has been processed before making their pledge payment. The pledge must then be made to their Peoples Gas account in a single payment within 14 calendar days of the date the application is processed by People's Gas.
- Disconnected households may be eligible to apply.

## **ComEd Residential Special Hardship**

- ComEd's Residential Hardship program allows eligible, residential customers to apply once every two years for grants up to \$500. Eligible hardships include job loss, illness, military deployment, and senior or disability-related hardships.
- For Veterans: **ComEd's CHAMP (ComEd Helps Activated/Disabled Military Personnel) program** offers a package of benefits to qualified military personnel who live within ComEd's service territory. ComEd has assisted, activated and deployed members of the U.S, Armed Forces, National Guard, Reserves and honorably discharged veterans. ComEd provides grants of up to \$1,000 (once every two years, while funds are available).
- For more info on ComEd's financial assistance programs, including eligibility requirements, **visit [ComEd.com/CARE](https://www.comed.com/CARE) or call 1-888-806-CARE (2273).**

## **Where to Apply**

- There are many CEDA Energy Service sites in the city of Chicago. Below are some of the sites located in Area 5 and 6. Use the service locator found in [CEDAorg.net](http://CEDAorg.net) to search for the nearest site if no site is located in the zip code.

**Direct Link:** <http://laalocator.cedaorg.net/laalocator/>.

### **60622:**

**Puerto Rican Cultural Center**

2640 W Division St  
Chicago, IL 60622  
**(773) 661-2304**

**European American Association  
(Appointment only)**

2827 W Division St  
Chicago, IL 60622  
**(773) 342-5868**

### **60615:**

**Cathedral MB Church**

4821 S Wabash Ave.  
Chicago, IL 60615  
**(872) 244-3725**

### **60616:**

**Chinese American Service League  
(Appointment Only)**

2141 S Tan Ct.  
Chicago, IL 60616  
**(312) 791-0418**

### **60637:**

**WECAN (By appt.)**

6144 S Cottage Grove  
Chicago, IL 60637  
**(773) 684-8780**

**WECAN**

5531 S King Dr.  
Chicago, IL 60637  
**(773) 684-8780**

**WECAN**

6450 S Stony Island  
Chicago, IL 60637  
**(773) 288-3000**

### **60653:**

**Centers for New Horizons**

4305A S King Dr.  
Chicago, IL 60653  
**(773) 373-5700**

**Partners in Community Building**

68 E 47th St.  
Chicago, IL 60653  
**(312) 328-0873**

**Centers for New Horizons**

3858 S Cottage Grove  
Chicago, IL 60653  
**(773) 373-5700**

# Community Aging Referral Program (CARP)

CARP is a referral program for participants with low assets, who are above the threshold to qualify for CCP. Under CARP, the participant is eligible for a reduced private pay option from participating providers.

- For participants with assets between \$17,500 and \$35,000.
- CCU completes comprehensive assessment, verifying assets are within the CARP asset limits. Assessment is billed as a denial.
- CCU completes the CARP form and gives it to participants.
- Participant brings CARP form to the chosen provider and arranges services and payments. The CARP form can be found at [illinois.gov/aging](http://illinois.gov/aging) or with a quick google search.



## Community Aging Referral Program (CARP)

To Participant/Authorized Representative: The agencies listed on the attached page(s) are enrolled in CARP. You have the choice of contacting any of the agencies to make arrangements for service. You and the provider will work out the service plan, i.e., how many hours, days, and the tasks to be completed. You are responsible for 100% of the amount of payment and must work out payment arrangements with the provider. The rate of service provided through CARP cannot exceed the State rates specified below. If you are delinquent in payments, your CARP services may be terminated. A copy of this form must be given to the provider prior to the beginning of service. For Emergency Home Response Service, a copy of this form must be provided upon installation of the unit. Any complaints you have regarding your CARP In-Home Service should be addressed to the Illinois Department of Public Health by calling 1-800-252-4343. Complaints regarding the CARP agency not honoring the rates below should be sent to the Care Coordination Unit (CCU) who completed your assessment/conducted a home visit.

Date:		
Participant Name:		
Participant Address:	(Street)	(City, State, Zip)
CCU Name & Address:		
Care Coordinator Name:		
Care Coordinator Signature:		

Rate for In-Home Service=\$17.14/hour

Rate for Adult Day Service: Service=\$9.02/hour; transportation=\$8.30/one way trip

Rate for Emergency Home Response Service: installation=\$30; monthly service=\$28

IL-402-1142 (08/01/11)

# Home Health Services

**There are no medical services offered under the CCP. If a participant is in need of medical services or Durable Medical Equipment (DME), the case manager will send a referral to a reliable home health agency.**

## **Home Health Agencies**

### **All Wellness**

OFC 847-671-6394  
FAX 847-671-6753

### **Heroes Home Health**

OFC: 312-265-1532  
FAX: 312-589-7230

### **Advance Care and Infusion Services**

OFC: 630-545-0179  
FAX: 630-545-0208

### **Shield HealthCare**

OFC: 800-675-8847  
FAX: 630-617-5218

\*This is not an exhaustive list and there are many Home Health Agencies that can accept referrals. Some agencies accept different insurances and offer different services. Call an agency to discuss options before sending a referral.

## **Home Health Agencies can assist with:**

- Durable Medical Equipment (DME)/Assistive Devices
  - cane, walker, bath bench, bedside commode, grab bars, etc.
- Incontinence Products
  - adult diapers, incontinence pads, catheters, etc.
- In-Home Health Visits from Medical professionals
  - Doctor, Registered Nurse or Certified Nurse Assistant, Physical Therapist, Occupational Therapist, Psychiatrist or Counselor, etc.
- Nutrition supplements
  - Ensure, Boost, etc. Mainly used for participant's with feeding tubes.
- and MORE!

# Transportation

The CCP does not authorize a HCA to be used primarily for transportation when there are other available resources. Care managers are encouraged to look in the community for affordable options for participants in need of transportation. Support staff can help connect participants with these resources, as well.

## **RTA Ride Free Pass**

The Regional Transportation Authority offers free CTA passes to eligible low-income seniors. Participants and Case Managers can apply for RTA Ride Free Pass through the Benefits Access Portal at [www.Illinois.gov/aging](http://www.Illinois.gov/aging).

## **PACE**

Participants can schedule services with PACE for transportation to and from grocery stores, doctor appointments, etc. Participants can call **1-800-606-1282** to request an application for transportation services.

## **Door-To-Door Service**

The Chicago Department of Family & Support Service's Transportation program offers specialized transportation services for eligible seniors. The TAP program will be available to seniors that meet specific requirements under the Regional Transit Authority's (RTA) Americans with Disabilities Act (ADA) program. The service provides specialized door-to-door transportation to seniors at reduced rates.

The TAP service allows A.D.A. Paratransit certified seniors an opportunity to travel in taxis at reduced rates. To apply for the ADA paratransit program, please call **312.663.4357**.

## **Home Health Services**

Some Home Health Agencies will provide transportation to and from medical appointments when needed. Call the Home Health Agency to get more information.

## **CCP Providers**

Some IHS providers can provide transportation as a separate private-paid service. ADS providers provide transportation to and from ADS facilities when included in the Care Plan.

## **HFS Medicaid**

Call **1-877-912-8880** to apply for transportation via Medicaid.

## **First Transit**

First Transit will cover costs of transportation for eligible participants to and from medical appointments.

### **To request a trip with First Transit:**

1. Call a Transportation company to see if they can take you to your doctor's appointment.  
-If you need help finding a transportation company, call First Transit at **1-877-725-0569**
2. Call First Transit at **1-877-725-0569** to get your trip approved. You will receive a reference number.

First Transit will ask:

- Your Name
  - Pick-up address and phone number
  - Medicaid RIN (Recipient Identification Number)
  - General reason for Doctor's visit
  - Name of office/clinic/hospital where you are going
  - Name of Doctor you will be seeing
  - Address and phone number of where you are going
  - Appointment date and time
  - Any Medical or nonmedical reasons why you can't use public transportation
  - If you use walker, wheelchair, or cane
  - If you can travel with yourself or need a companion
3. Call the transportation company and give them your reference number and schedule your pick up time.
  4. Call the transportation company before your doctor's appointment to confirm your reservation.

# **ADULT PROTECTIVE SERVICE (APS) REPORTS**

**IDoA 24-hour Adult Protective Services Program Hotline:  
1-866-800-1409 or 1-888-206-1327 (TTY)**

Any suspected cases of abuse or neglect should be given to the appropriate case manager. Case Managers will directly contact the following offices to make an APS report during business hours. Anyone can call the hotline above, if making a report outside of business hours. Community members can also use the 24 hr hotline above. The reporter's name is kept confidential even if they identify themselves. APS investigates any reports of abuse, neglect, or exploitation that are reported and will take further actions when necessary. If there is a critical event, the case must be closed in CERA (see pages 146).

## AREA 5

### **Catholic Charities**

3125 N Knox

Chicago, IL 60641

**OFC: (773) 286-6041**

[apsnenw@catholiccharities.net](mailto:apsnenw@catholiccharities.net)

## AREA 6

### **Center for New Horizons**

4309A S Martin Luther King Dr

Chicago, IL 60653

**OFC: (773) 451-1377**

## **Types of Abuse, Neglect, and Exploitation:**

### **Physical Abuse**

- Someone is inflicting physical pain or injury on a participant.
- Can often occur from caregiver burnout.

### **Sexual Abuse**

- Forcing a participant to have sex; nonconsensual touching or fondling.

### **Emotional Abuse**

- Someone is yelling, harassing, or intimidating a participant with verbal assaults.
- Can involve threats about pets or personal possessions.
- Emotional abuse is often accompanied by other forms of abuse.

### **Confinement**

- Someone is restraining or isolating a participant in a bed, room, apartment, or home.
- Being kept from family or friends.

### **Passive Neglect**

- Caregiver or HCA is failing to give the participant things they need (food, shelter, medical care, access to assistive devices)
- This is not intentional neglect and often can be resolved with more assistance for the caregiver.

### **Willful Deprivation**

- A caregiver, HCA, or family member is deliberately depriving a participant of things they need (medication, shelter, food, assistive devices) which can cause you harm to go without.

### **Financial Exploitation**

- A caregiver, HCA, or family member is misusing or stealing a participant's money or other resources.

### **Self Neglect**

- A participant is failing to provide self with needed things such as (food, medications, etc.) or is failing to uphold a safe, clean living environment.
- Risk factors for Self Neglect:
  - Depression, Poor Health, Cognitive Problems, Physical Impairment.
- The participant has the right to refuse assistance if their self neglect does not put anyone else in danger.



## **APS Timeframe**

APS Reports are investigated within specific timeframes based on the priority of the report.

### **PRIORITY 1: Immediate Danger**

Investigation begins within 24 hours of the initial report.

- Physical Abuse
- Sexual Abuse
- Neglect

### **PRIORITY 2: No Immediate Danger**

Investigation begins within 72 hours of the initial report.

- Unexplained Bruises, Scratches
- Financial Exploitation
- Neglect
- Confinement

### **PRIORITY 3: No Serious threat or Risk**

Investigation begins within 7 days of the initial report.

- Emotional Abuse (not serious threat)
- Financial Exploitation (not serious threat)
- Self Neglect (no immediate danger)

## SENIOR HELP LINE

The Senior Help Line is the IDoA's hotline number that Participants can call to gain more information about services, agencies, and options for their care.

**SENIOR HELP LINE** (8:30am-5:00pm, Monday-Friday)  
**1-800-252-8966 (Voice)**  
**1-888-206-1327 (TTY)**

This hotline provides information on programs and services for seniors:

- It links persons 60 years of age and older and their caregivers to local services.
- Professional staff briefly assess needs and send literature and written referrals for a range of services such as case management, the Long-Term Care Ombudsman Program, legal services, transportation, employment, and nutrition services.
- Senior Helpline staff also provide elder abuse [intake](#) and accept appeals and service inquiries from the Community Care Program clients.

## Power of Attorney and Legal Status

The legal forms for the following legal statuses can be found on [Illinois.gov/aging](http://Illinois.gov/aging) or with a quick google search. The Senior Help Line is also prepared to assist participants with setting up power of attorney or other legal statuses.

### **Illinois Living Will Act (IL-402-0764)**

A document specifying the individual's preferences regarding measures used to prolong life when there is a terminal prognosis.

### **Power of Attorney for Property (IL-702-0755)**

Documentation that someone other than the individual is legally responsible for financial decisions if the individual becomes unable to make decisions.

### **Power of Attorney for Health Care (IL-402-0754)**

Documentation that someone other than the individual is legally responsible for health care decisions if the individual becomes unable to make decisions.

### **DNR (Do Not Resuscitate)**

Documentation that the individual does not want to receive medical intervention if that individual's heart stops beating.

## **LOCAL DHS OFFICES**

### **DHS Family Community Resource Centers in Cook County:**

The Department of Human Services (DHS) oversees Medicaid healthcare coverage, SNAP benefits and more. IDoA Notifications are sent to the respective DHS office when needed by the case managers.

#### **Woodlawn**

915 E 63rd St  
Chicago, IL 60637  
Hours: M-F 8:30am-5:00pm  
**60653/60615/60637**

Phone: (773)753-2406  
TTY: (866)214-9358  
**FAX: (773)753-5282**  
Other phone: (773)753-2416 /  
(773)753-5287 / (773)753-5240

#### **Southeast**

8001 S Cottage Grove Ave  
Chicago, IL 60619  
Hours: M-F 8:30am-5:00pm  
**60649**

Phone: (773)602-4321  
TTY: (866)439-3714  
**FAX: (773)602-4344**

#### **South Loop**

1112 S Wabash Ave  
Chicago, IL 60605  
Hours: M-F 8:30pm-5:00pm  
**60601-05/60607/60661/60616**

Phone: (312)793-7500  
TTY: (866)217-8037  
**FAX: (312)793-7671**

#### **Lower North**

2650 W Fulton St  
Chicago, IL 60612  
Hours: M-F 8:30pm-5:00pm  
**60654/60610/60611/60642**

Phone: (773)638-7373  
TTY: (866)439-3719  
**FAX: (773)638-6099**

#### **Humboldt Park**

2753 W North Ave  
Chicago, IL 60622  
**60622**

Phone: (773) 292-7224  
FAX: 773-292-2775

# **S.H.I.P. (Senior Health Insurance Program) and MEDICARE**

SHIP is a free statewide health insurance counseling service for Medicare beneficiaries and their caregivers. SHIP counselors can assist clients in finding information and resources about applying for Medicare, sites in their area that they can get assistance applying for Medicare, and tools for SHIP sites around the State to utilize in serving Medicare beneficiaries.

**To contact SHIP call 1-800-252-8966  
or email [Aging.SHIP@Illinois.gov](mailto:Aging.SHIP@Illinois.gov)**

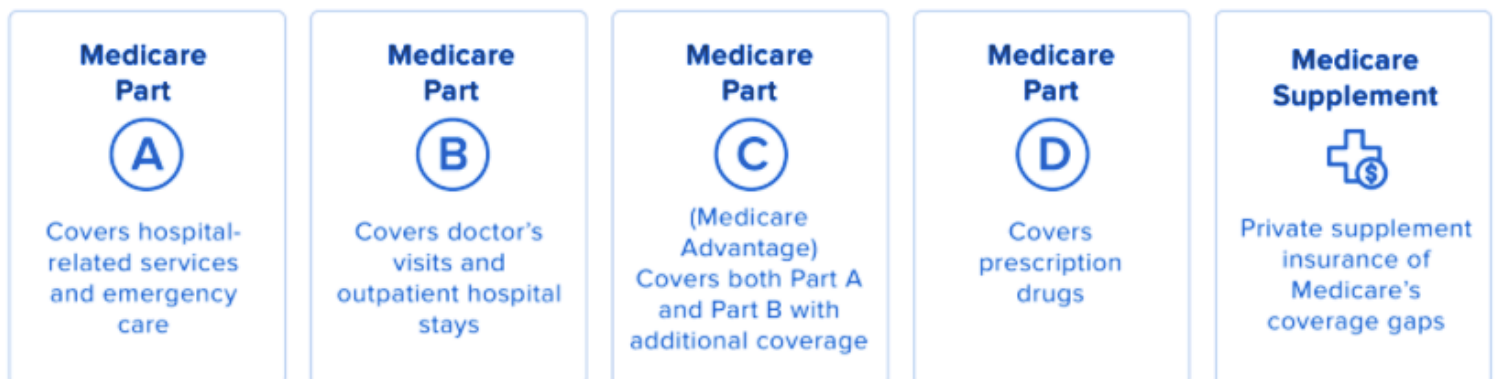
If a participant has questions about Medicare or needs assistance applying for Medicare, refer them to a SHIP site or a certified SHIP counselor. Some CCP case managers are also certified SHIP counselors. See a supervisor for a list of certified counselors in your office or if you are interested in becoming certified.

## **General Medicare Overview:**

More information on Medicare can also be found at

**Medicare.gov or**

**Call 1-800-Medicare (1-800-633-4227)**



## **Original Medicare (Part A & Part B):**

Together, Part A & Part B are the combined health insurance product known as Original Medicare. Original Medicare also serves as the foundation for private Medicare Advantage and Medicare Supplement plans.

**Medicare Part A:** Covers inpatient hospital care. You must enroll if you receive Social Security and are over the age of 65. Some people call Part A “hospital insurance.” Part A covers:

- In patient hospital care
- Stays in hospitals and skilled nursing facilities - but there are limits on time
- Home services like home health visits
- Hospice care

**Medicare Part B:** Covers outpatient care. You can apply by contacting your local Social Security office. Some people call Part B “medical insurance.” Part B covers:

- Outpatient medical services, including routine doctor visits
- Preventive services, like flu shots and mammograms
- Equipment or tests administered during outpatient services
- Medication administered during outpatient visits

## **Supplemental Coverage:**

It’s strongly recommended that you sign up for additional coverage to save money on healthcare costs. Although you can rely on Original Medicare alone, most people with Medicare also join a privately-run supplementary plan.

With Original Medicare, you’ll still have to pay for prescription drugs, emergency care in foreign countries, deductibles, premiums, and co-payments of 20% on Part B costs. Supplementary plans are a very affordable way to cover these costs.

### **Medicare Part C (Medicare Advantage):**

- Medicare Advantage plans replace your Original Medicare with healthcare from a familiar insurance company
- These plans are required to cover everything that Original Medicare does. Many Plans include prescription drug coverage.
- Most importantly, these plans have an out-of-pocket maximum and can include additional benefits that aren’t a part of Original Medicare (like hearing aids).
- Medicare Advantage Plans will tie you to the insurance plan’s doctor network.

### Medicare Part D (Prescription Drug Plans):

- Prescription drug payments generally aren't covered by Original Medicare.
- Medicare Part D plans add prescription drug coverage to your existing Medicare benefits. Many Part C plans are bundled with Part D coverage.

### Medicare Supplement (Medigap):

- Medicare Supplement plans fill the "gaps" in coverage that you would otherwise be responsible for under Original Medicare.
- All plans cover your Part A hospital costs and give you extra time in the hospital.
- Most plans cover your full Part B coinsurance.
- Some plans even cover your Original Medicare deductibles and excess charges.

*medicare.healthcare.com*

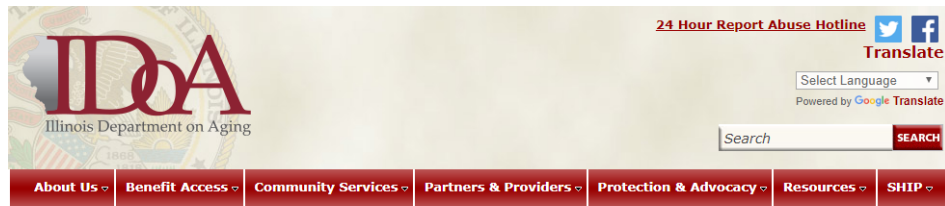
# Medicare Enrollment Periods



	INITIAL ENROLLMENT PERIOD (IEP)	GENERAL ENROLLMENT PERIOD (GEP)	SPECIAL ENROLLMENT PERIOD (SEP)	ANNUAL ENROLLMENT PERIOD (AEP)	OPEN ENROLLMENT PERIOD (OEP)
WHO NEEDS	Turning 65	Missed IEP	Previous Employer-based coverage	Medicare Plan Enrollees	Medicare Advantage (MA) Enrollees
PURPOSE	Enroll in Original Medicare	Enroll in Medicare Part A or Part B	Enroll in Medicare Part A or Part B	Reevaluate coverage & Make Changes	One-time change to MA Plan
WHEN	3 months before 65th birthday through 3 months after	January 1 - March 31	8 months from termination of employer coverage	October 15 - December 7	January 1 - March 31

# IDOA: ILLINOIS.GOV/AGING

The IDoA website is an online resource for participants, participants' families, and case managers. On this page you can search for providers and CCUs, stay up to date on new policies, apply for benefits and more.



## Welcome

The Illinois Department on Aging helps older adults live independently in their own homes and communities. As the population ages, services and programs for older adults must evolve as well because longevity means more when quality of life is enhanced. To best serve older adults, we must also serve their families and teach younger people about the realities of aging, so many of our programs have an intergenerational emphasis. Working with Area Agencies on Aging, community-based service providers and older adults themselves, the Illinois Department on Aging strives to improve quality of life for current and future generations of older Illinoisans.

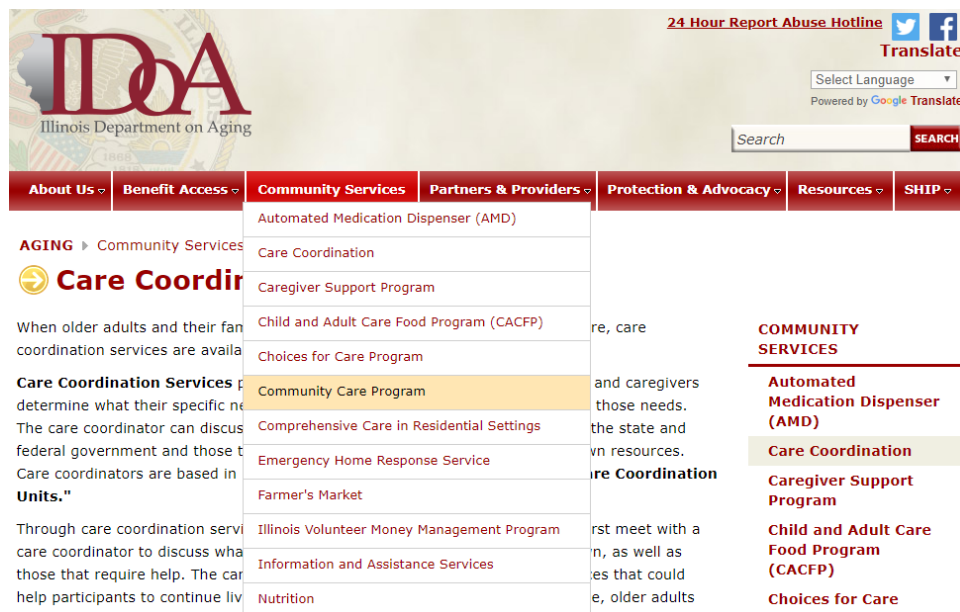


## Are you looking for assistance?

You can find information about different services in your area with IDoA's NEW Search Tool. Find information on programs and services that can help you in your home including the Community Care Program, Adult Protective Services Program, Area Agencies on Aging and Care Coordination Units.

## Provider Profile

Go to [illinois.gov/aging](http://illinois.gov/aging), click on "Community Care Services" and select "Community Care Program" from the drop-down menu.



At the bottom of the page, under "Find Assistance in Your Area," click on "Service Locator."

## Find Assistance in Your Area

These services and resources are coordinated on a community level by local organizations and programs that are part of our aging network. You can locate programs and services by county using our **Service Locator**.

The Provider Profile page will open. Select Cook County, click yes to being in the city of Chicago, and select the participant's zip code when prompted. Click "Search Cook County."

Then you will be able to see the information for the agencies that service that area:

**Adult Protective Services (APS)**  
**Case Coordination Units (CCU)**  
**Area Agency on Aging (AAA)**  
**CCP Service Providers: IHS, ADS, EHRS, and AMD**



Provider Profile example for 60616:



Select Language



# Provider Profile

Welcome!IL MapAdvanced Search

Still Need Help? Contact Us => Senior Helpline: 1-800-252-8966  
TTY: 1-800-206-1327  
aging.ilsenior@illinois.gov

Adult Protective Services: 1-866-800-1409 or 1-888-206-1327(TTY)

Showing Results For Cook County, Zip Code: 60616



Adult Protective Services: 1-866-800-1409

If you need to report any suspected abuse, neglect or financial exploitation, contact Adult Protective Services at 1-866-800-1409 or 1-888-206-1327(TTY) or contact the APS site listed.

Centers for New Horizons  
4309A S. Martin Luther King Drive  
Chicago, IL 60653  
Phone: (773) 451-1377 Fax: (773) 924-3941

Care Coordination Unit (CCU)

Individuals, families and friends interested in learning more about home and community-based services and supports for those ages 60 and over are encouraged to contact the Care Coordination Unit (CCU) in your area (listed to the right) through the Community Care Program (CCP). Once a referral is made a Care Coordinator will make a home visit and assist the participant in determining eligibility for CCP and in developing a person-centered plan of care. CCP core services include homemaker aides, adult day services, emergency home response services and automated medication dispensers. In addition to CCP services, the CCU can link older adults to community-based services offered by the local Area Agency on Aging.


CCSI-Case Coordination, LLC  
70 E Lake Street Suite 1600  
Chicago, IL 60601  
Phone: (312) 726-1364  
Fax: (312) 726-1365

CCP Services

Use your mouse to click on a service image below to view service information and providers.




In Home Service



Adult Day Service



Emergency Home Response



Automated Medication Dispenser

Area Agency on Aging

Area Agencies on Aging(AAAs) have the primary task of planning and coordinating services and programs for older people in their respective areas. The AAAs contract with local agencies which provide services to the older people who live in the same community. Services are based on available funding. Contract the AAA listed to the right to see if you are eligible for services.

Senior Services Area Agency on Aging, Chicago Department of Family & Support Services  
1615 West Chicago Avenue 3rd Floor  
Chicago, IL 60622  
Phone: (312) 744-4016  
Fax: (312) 744-8168  
www.cityofchicago.org/aging

AAA Services

Use your mouse to click a service name below to view service information.

Chore/Housekeeping

Congregate Meals

Health Promotion

Home Delivered Meals

Housing Assistance

Information & Assistance

Legal Assistance

Options Counseling

Recreation

Respite

Senior Center

SHAP

Family Caregiver Services

The Family Caregiver Support Program is for family caregivers and for grandparents or older individuals who are relative caregivers. Services may include Information, Assistance, Counseling/Support Groups/Training, Respite and Supplemental Services. Contact your AAA for more information.

Assistance

Counseling, Support Groups, and Training

Respite

Supplemental Services

77

## **CMIS DATA ENTRY**

# **Introduction to the Systems**

## **Importance of Data Entry**

- Helps CCU get paid for the work done
- Allows providers to bill for services provided
- IDoA uses data entered into eCCPIS for budget analyses, trends, legislative requests—all which shape future of CCP
- IDoA uses for mailings to participants, i.e. satisfaction surveys
- For each CCP participant who is on Medicaid, the State is reimbursed by the federal government for 50% of costs. CCP services are a waiver service. When an initial CAT is accepted in eCCPIS, a “waiver indicator” is open at the Department of Healthcare & Family Services (HFS). Consequences of waiver indicator being incorrect:
  - If CAT is not put into eCCPIS to terminate CCP, the waiver indicator stays open at HFS—HFS uses waiver indicators to pay MCOs a higher capitated rate for Long Term Services & Support
  - If waiver indicator is still open but the participant is being serviced by another waiver program (e.g. DRS Home Services Program), the other agency cannot claim the federal government match which means the state loses money
- Good data entry helps us be good stewards of the state’s resources which ultimately helps our participants!
- When info is submitted to eCCPIS you are saying it is correct!

## **Data Entry Standards**

- No punctuation marks should be used. No periods, commas, apostrophes, etc. should be used in either names or addresses (for example, Street should be abbreviated as “ST”, Post Office Box as “PO Box”, etc.).
- Names like McDonald should have spaces between the MC and the rest of the name (Mc Donald). Also for MACs (Mac Gyver).
- Names that start in Van should have a space between the Van and the rest of the name. VanDeCamp would be entered as Van De Camp.

- Names that contain an apostrophe should have a space where the apostrophe would be. For Example, O'Neill should be entered as O Neill.
- Use a space between initials with no punctuation. J C not JC or J.C.
- In names that contain a title, the title should be entered in the first name field after the first name. For Example, William Green Sr. would be entered as: Last Name: Green, First Name: William SR
- Addresses should be entered without punctuation. When entering address information, the following standards should be observed.
- Use the following street and address abbreviations

**Avenue= AVE**

**Circle= CIR**

**Drive= DR**

**Lane= LN**

**Mountain= MT**

**Place= PL**

**Road= RD**

**Terrace= TER**

**Boulevard= BLVD**

**Court= CT**

**Highway= HWY**

**Mobile Home Park= MHP**

**Mobile Home Court= MHC**

**Plaza= PZ**

**Street= ST**

**Way= WAY**

- Abbreviate the direction of the address with no punctuation. Example: "N" for North, "NW" for Northwest, etc.
- Do NOT abbreviate street names
- Number Street should be entered as "2nd ST" instead of spelled out like "SECOND STREET". You should not put a space between the number and suffix (2nd not 2 nd).

## **Participant Files**

- Case managers use Participant Forms Manager (PFM) to generate the necessary forms for the participant's file.
- The Client's File consists of the following information:
  - Intake(s)
  - Authorization(s)
  - Comprehensive Assessment(s)
  - CCP Forms
  - Service Activity Units
  - Case Notes
  - Other CCU Specific Paperwork

- The Client's File is Entered into CMIS And is comprised of the following:
  - Master Record
  - Family Information
  - Client Impairments
  - Emergency Information
  - Determination of Need (DON)
  - Financial Information
  - Nutritional Information (optional)
  - Client Notes (optional)
  - Family Caregiver (optional)
  - CCP Assessment Screens
  - Title III Services (optional)
  - Other Services (optional)
  - Service Activity (optional)

## User Security

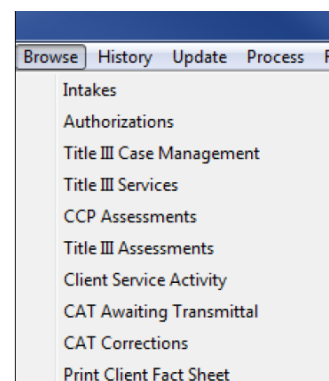
	Browse Client Info	Print CCP Reports	Print All Reports	Add Client Info	Edit Client Info	Update CCU Info	Update Lookup Tables	CAT/VRFP Transmit	NAPIS Export
Guest	X								
Reporter (IDoA)	X	X							
Reporter (CCU)	X	X	X						
Operator	X			X	X				
Operator Plus	X	X	X	X	X				
Administrator	X	X	X	X	X	X	X	X	X

- **NASA**—Network Agency Security Administrator. This is the person at each agency (sometimes multiple people) who are responsible for assigning rights to others.
- **Waiver Activities**—Consists of adding case notes for Intensive Case Work and/or Intensive Monitoring.

## **CMIS Menus**

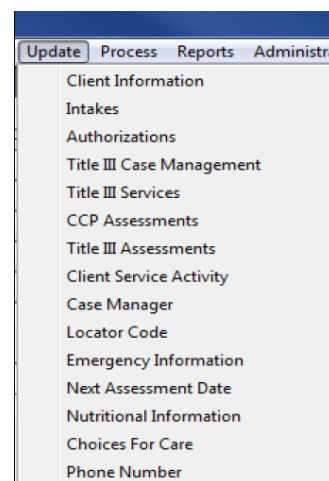
**Browse**—simply means “LOOK, DON’T TOUCH”!

- Browse Intakes
- Browse Authorizations
- Browse Title III
- Browse CCP Assessments
- Browse Client Service Activity
- Browse CAT Awaiting Transmittal
- Browse CAT Correction



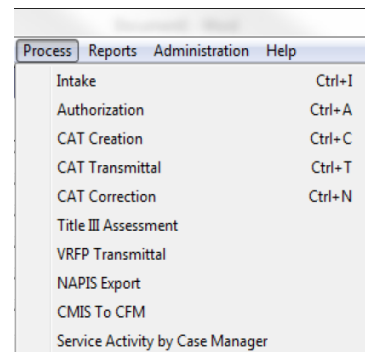
**Update**—things you can change without a CAT and are processed against the client you are viewing.

- Update Client Information (if client is not active) \*\*can update SSN here if client is NOTactive CCP\*\*
- Update Intakes
- Update Authorizations –if you realize the wrong type of auth was entered and you want to correct it PRIOR to creating the CAT
- Update CCP Assessments (If in transmittal, someone with administrative access can delete the CAT).
- Update Service Activity
- Update Case Manager –when need to assign new case manager
- Update Emergency Contact
- Update Next Assessment Date
- Update Phone Number



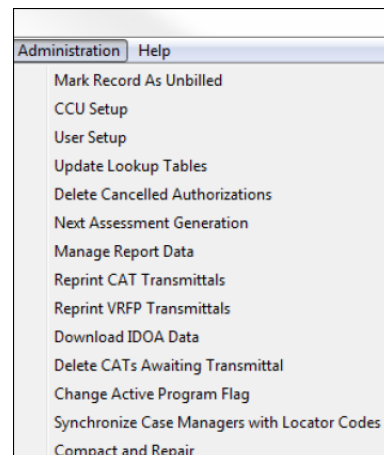
**Process**—Entering New Information. Must search for client.

- Process Intake
- Process Authorization
- Process CAT
- Process Transmittal
- Process Correction
- Process VRFP



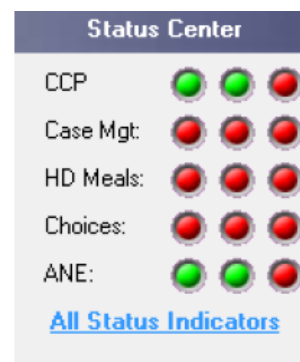
## **Administration**—Administrator level only functions.

- User Setup (add new user)
- Update Lookup Tables
- Add new Provider –when you receive a copy
- Of a service specific application from IDoA
- Add new Care Coordinator
- Next Assessment Generation
- Reprint CAT and VRFP Transmittals
- Delete CAT Awaiting Transmittal
- Change Active Program Flag
- Compact and Repair



## **Status Center**

- **First light**— is green if the participant ever applied
- **Secondlight**— is green if there is a current active Intake
- **Thirdlight**—is green if the participant is active right now.



# INTAKE

- Before beginning the Intake, confirm in PSS that the participant's SSN matches the name of the participant. Also confirm that the participant's date of birth/age fits the requirements for CCP services.
- When entering an Intake, ALWAYS Browse!
  - Browse by SSN
  - Browse by Client Name
  - Browse by BOTH SSN and Client Name separately! This will prevent duplicate clients being in CMIS!!

The 'Client Search' window displays search criteria and a table of results. The 'Search by Client ID' field contains '123-45-6789' and the 'Search by Client Name' fields contain 'Last Name: Jones' and 'First Name: Indiana'. The search results table is as follows:

Client ID	Last Name	First Name	Middle Initial	DOB	Address Line	City
123-45-6789	Jones	Indiana		01/01/1920	123 Temple of Doom R...	CARBO

Buttons at the bottom include 'Select' and 'Cancel'.

- After browsing for client first, if you don't find the person by SSN and/or Name:
    - "Create a new client using above information"
- \*\*Only way to add a new client!\*\***

The 'Client Search' window shows the same search criteria as the previous screenshot. Below the search results table, the 'Selection Type' section has two radio buttons: 'Use client selected above.' (unselected) and 'Create a new client using above information.' (selected). The 'Next >>' button is highlighted in green.



## Master Record

Master Record contains:

- Demographics Information
- Family Information
- Client Impairments
- Emergency Information
- Determination of Need (DON)
- Financial Information
- Nutritional Information
- Client Notes
- Family Caregiver Information

The screenshot shows the 'Master Record' window in the CMIS application. The form contains the following data:

Client ID:	XXXX-6789		
Last Name:	Jones		
First Name:	Indiana		
MI:		Common Name:	
Address 1:	123 Temple of Doom Road		
Address 2:			
Zip Code:	62901 - CARBONDALE		
Phone #:	(618) 999-9999	TDD:	<input type="checkbox"/>
County:	047 - Jackson		
Township:	0002 - Carbondale		
Locator:		Rural:	<input checked="" type="checkbox"/>
DOB:	01/01/1920	Age:	95
Sex:	M	Race:	01 - White Non-Hispanic
Language:	00 - English		
Living Alone:	<input type="checkbox"/>	Social Need:	<input checked="" type="checkbox"/>
Economic Need:	<input type="checkbox"/>	At Risk:	<input type="checkbox"/>
Frail:	<input type="checkbox"/>		
Case Mngr:	99 - NO CASEMANAGER		

## Important fields:

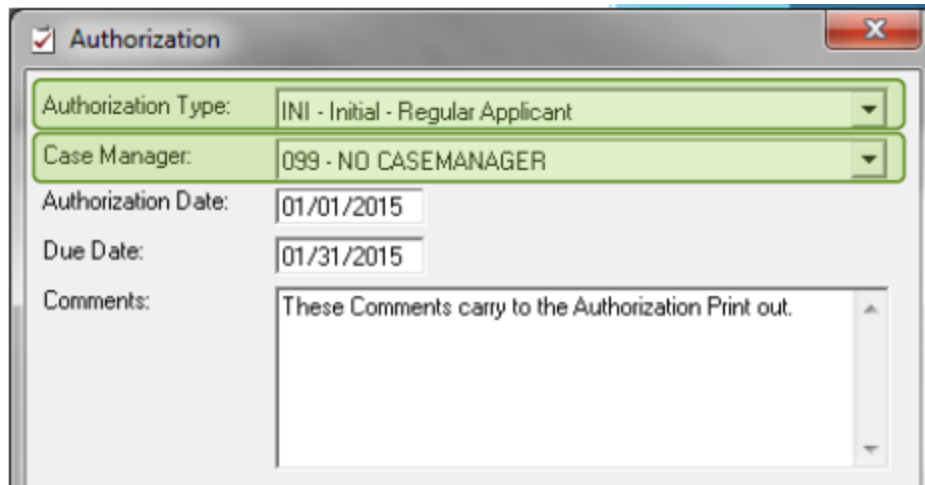
- Program requested:
  - Program 01 (CCC/CCP/MCO)
  - Program 05 (NHP = Choices for Care Screening)
  - Program 95 (ORS = ORS Screening)
- Type of Intake
  - INI—Regular Case
  - RFI—Request for Interim

The screenshot shows the 'Intake Information' window. The 'General' tab is active, displaying the following information:

Interviewer:	12 - BETH ROBERTSON
Interview Date:	01/01/2015
Program Requested:	001 - CCP
Date App. Sent:	01/01/2015
Type Of Intake:	INI - Regular Applicant
Emergency Case:	(None)
Location:	DEI - Deinstitutionalization INC - Choices for Care Conversion INF - Choices for Care Followup INI - Regular Applicant
Comments:	INS - Choices for Care Screening RFI - Request for Interim
Last modified by:	

Buttons at the bottom: Save, Reset, Close.

# AUTHORIZATIONS

A screenshot of a software window titled "Authorization" with a close button (X) in the top right corner. The window contains several fields: "Authorization Type:" with a dropdown menu showing "INI - Initial - Regular Applicant"; "Case Manager:" with a dropdown menu showing "099 - NO CASEMANAGER"; "Authorization Date:" with a text box showing "01/01/2015"; "Due Date:" with a text box showing "01/31/2015"; and "Comments:" with a text area containing the text "These Comments carry to the Authorization Print out.".

## Important Fields:

- **Authorization Type** –automatically set based on the INTAKE type chosen if going from Intake to Auth
- **Case Manager**
- **Comments:** -enter in RIN, last FTF, MCO name, other contacts, and any information that would be useful to the case manager.

## Important Auth Types:

- INI–Initial Regular Client
- RFI–Request for Interim
- RFF–Request for Interim Follow-up
- RED–Redetermination
- MCO–Managed Care Client
- REN–Screening on Current CCP Client
- REF--Follow up after Screening on Current CCP Client (Not MCO)
- REM–Annual Redetermination on Money Management Client
- TSI–Temporary Service Increase
- TSF–Temporary Service Increase Follow-up
- TC1–Transfer from one CCU contract to another

# CAT CREATION

CAT=Case Authorization Transaction

When processing an assessment in CMIS, you must utilize a Type Action/Action Reason to identify the type of case you are processing, and the action the client is taking.

The Types are:

- 01 -New Case
- 10 -Existing Client
- 40 -Existing Client Terminating
- 25 -Nursing Home Prescreen (also called Choices for Care)
- 35 -Nursing Home Prescreen on client under 60 (also called ORS)
- 20 -Client Denial for CCP services

NEW CCP CLIENT -01/000

NEW CCP CLIENT INTERIM -01/066

- Interim CATs must be followed by either a 20/066 CAT or 01/000 CAT

NEW CCP CLIENT SPOUSAL IMPOVERISHMENT (SI) INTERIM -01/063 or 01/064

CCP CLIENT TRANSFER FROM ANOTHER CCU -01/002 and 40/048

CCP DENIAL -20/xxx

CHOICES FOR CARE (Nursing Home Prescreen) -25/xxx

ORS (Choices screening on client under 60) -35/xxx

RED (CCP Redetermination) -10/xxx or 40/xxx for terminations.

TERMINATION OF SERVICES FOR CCP CLIENTS -40/xxx

## **PROCESSING A CAT**

**Step 1** –Select Outstanding Authorization

**Step 2** –Update Selected Authorization (if needed)

**Step 3** –Select Type Action / Action Reason

**\*\*The TA/AR comes from the CCC CAT Data Form!\*\***

**Step 4** –Enter Client Demographics:



### **Confirm Demographics Information**

(previously entered at time of Intake)

- Enter Family Information
  - Most Information comes from CCC Assessment, page 2
  - Number Receiving CCP comes from Person Centered Plan of Care (PCPOC)
  - Enter Medicaid Number (RIN!!!)
  - POA and Guardian come from CCC Assessment, page 19

Family Information

Marital Status: 05 - Widowed

Living Arrangement: 03 - Apt. Housing for Elderly

Living Status: 01 - Alone

Type of Housing: 05 - Assisted Living

Nursing Facility Status: 05 - Applicant not institutionalized prior to enrollment

Family Size: 1

Number in Household Over 60: 1

Number Receiving CCP: 1

Where Spouse Resides: 00 - No Spouse

Medicaid Number: 123456789

Power of Attorney: POA goes Here

Guardianship: Guardian Name goes here

Save Reset Close

- Enter Client Impairments
  - Information comes from CCC Assessment, page 5
  - They don't match exactly, so do the best you can!

Impairments

Visual Impairments: 01 - Visually Impaired

Number	Name
<input checked="" type="checkbox"/> 14	FRAIL/WEAK
<input checked="" type="checkbox"/> 19	HIGH BLOOD PRESSURE
<input checked="" type="checkbox"/> 32	STROKE/CVA
<input checked="" type="checkbox"/> 34	VISUAL IMPAIRMENT
<input checked="" type="checkbox"/> 38	WHEELCHAIR BOUND
<input checked="" type="checkbox"/> 39	USES WALKER/CANE
<input checked="" type="checkbox"/> 42	POOR AMBULATION
<input checked="" type="checkbox"/> 44	DEPRESSION
<input type="checkbox"/> 01	ALCOHOLISM/SUB. ABUSE

Save Reset Close

- Enter Emergency Contact Information
  - Doctor Information comes from CCC Assessment, page 4
  - Client Emergency Information comes from CCC Assessment, page 3
  - Emergency Home Response comes from CCC Assessment, page 14

- Enter Determination of Need (DON) Information
  - Information comes from CCC Assessment, page 8

**\*\*DON Date is Not the same as Face-to-Face Date\*\***

- Enter Financial Information
  - Information comes from CCP Financial Data Form

**\*\*The Care Coordinators should not be leaving Assets zero. If they are, discuss with a supervisor. Assets and income verifications are required to be completed for CCP!\*\***

- Enter Nutritional Health Statement (optional)

-

- Enter Client Notes

- Can use this to enter whatever you want! Denote the MCO name, directions to house, client is hard of hearing, etc. Train your staff to look at this screen!

- Enter Family Caregiver (optional)

## Step 5 –Enter CCP Assessment

- General Tab

- Must enter Fee Schedule located on the Client Agreement
- Location is located on CCC Assessment, page 2
- CCU ID field is used to distinguish between your CCU's different contract numbers
- Mark the "Managed Care Organization Client?" box if the client is enrolling/dis-enrolling from an MCO

- Initial Dates Tab

- Referral Date: Comes from initial contact with client (Intake Form)
- Application Date: Date first contact was made with Client
- Elig. Notif. Date: Located on the Plan of Care Notification Form (POCNF)
- Initial Service Date: Located on the Client Agreement as service start date

**\*\*These dates do NOT change once established at the initial!\*\***

- Assessment Dates Tab

- Billing Code: Comes from CCC CAT Data Form
- FTF Date: Date contact was made with Client
- Elig. Deter. Date: Located on the Plan of Care Notification Form (POCNF). Needs to match the date the care coordinator signed the Client Agreement.
- Next Assess Date: CMIS automatically assigns as one year from the EDD
- Term Date: Comes from Plan of Care Notification Form (POCNF) if completely terminating CCP service on a 40/xxx CAT

CCP Assessment

General Initial Dates **Assessment Dates** CCP Services Choices for Care

Billing Code: 362 - Comp. Assessment Redetermination

Face-to-face Date: 03/05/2015

Eligibility Determination Date: 03/05/2015

Next Assessment Date: 03/05/2016

Termination Date: / /

Cancel <<Back Next >>

- CCP Services Tab

- The Action Date is the date that the provider is authorized to begin or continue to provide the amount of service indicated for the client. This can be found on the Client Agreement.

- Don't forget to "T" terminate EHRS Installation on subsequent CATs

CCP Assessment

General Initial Dates Assessment Dates **CCP Services** Choices for Care

Type	Action	Date	Units/Month	ServMax	Provider	Provider Information
21	A	03/05/2015	20.0	342.00	009	INH1011002 HELP AT HOME, INC
33	A	03/05/2015	40.0	360.00	075	AD\$1011004 GOLD PLATE ADS
44	A	03/05/2015	10.0	83.00	075	AD\$1011004 GOLD PLATE ADS
			0.0	0.00		
			0.0	0.00		
			0.0	0.00		
			0.0	0.00		

Serv Max 757

Cancel <<Back Next >>

Service Code	Service Description
11	CCRS (also called CBRF service)
21	In Home Service (Homemaker)
33	Adult Day Service
35	Senior Companion
44	ADS Transportation
121	In Home Service (Service Expansion)
133	Adult Day Service (Service Expansion)
144	ADS Transportation (Service Expansion)
69	Money Management Volunteer
82	Money Management Assessment
36	EHRM Installation and Training of Equipment
37	EHRM Monthly Units(s) of Service
46	Cash and Counseling Initial & Subsequent Service
47	Cash and Counseling Closing
15	MCO Service

- If a person is sharing EHRM monthly service with another household member, 0.5 units should be authorized for each
- If one person has EHRM service terminated, a CAT service correction should be made to authorize 1 unit
- If both INH & ADS services are authorized & the ADS never bills, the INH provider may have units rejected with a P381 reject code. The CCU may need to terminate the ADS provider & temporarily increase the DON score for the INH provider to be paid appropriately.

## Step 6 –Print the CAT

- You must perform the CAT Transmittal in CMIS in order to upload your data to eCCPIS!
  - If the CAT has NOT transmitted, you can ask an administrator to DELETE IT!!!

**\*\*If CMIS does not “let” you process CAT as indicated on paperwork, the CCU should have a policy in place for how to correct—give back to the Supervisor or Care Coordinator to fix.**

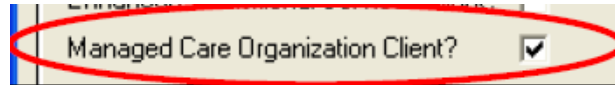
**Don’t try and “force” the CAT!\*\***





## MCO (Managed Care Organization)

- CMIS Version 230 included a new Authorization type of "MCO". This automatically marks the "MCO" box and does not allow you to change the next assessment date.



- In order to send a "PROGRAM TYPE 15" indicating the client is MCO, Mark the MCO Box.
- This is different from the "SERVICE TYPE 15". The service type 15 is put on the CCP Service section.

Type	Action	Date	Units/Month	ServMax	Provider	Provider Information
36	T	03/01/2015	1.0	0.00	013	EHR0700202 LIFELINE
37	T	03/01/2015	1.0	0.00	013	EHR0700202 LIFELINE
15	A	02/01/2015	1.0	1.00	903	MCO1300002 Illini
			0.0	0.00		

## CCP Transfer to MCO

- CCUs will be required to enter a Program Type 15 (MCO Authorization) 10/012 CAT with a 000 billing code to transfer a participant from CCP to an MCO.
- The date of the enrollment into the MCO should be used as the Eligibility Determination Date (EDD) on the CAT (This is always the first of the month).
- CCUs must terminate all CCP services and authorize the appropriate MCO contract number using the service type 15.
- Use the authorization type of "MCO" in CMI

A screenshot of a software window titled "Authorization". It contains several fields: "Authorization Type" set to "MCO - MCO Assessment", "Case Manager" set to "015 - BEVERLY PARKS", "Authorization Date" set to "02/25/2015", and "Due Date" set to "02/25/2015". There is a "Comments" section at the bottom with a text area containing the message: "The new Authorization Type of MCO has been added to make it easier to track MCO Clients in CMIS."

## **MCO Transfer to CCP**

- When the CCU receives the MCO Participant Transfer form, the CCU processes a CAT with a 10/012, with a billing code of 000 in Program Type 11. The EDD will be the day after the disenrollment date from the MCO (this date will always be the first of the month). eCCPIS will block Program Type 15 CATs from entering eCCPIS once a participant has disenrolled.
- If the current service plans created by the MCO exceeds the CCP service cost maximums, the CCU should increase the DON score to allow full authorization of the MCO service plan during the transition period. CCUs should use the effective date of the transfer (which should always be the first date of the month following disenrollment) as the provider authorization start date(s). CCUs must make sure to authorize the appropriate CCP provider contract number for each service type and authorize the appropriate hours based off the MCO service plan. The CCU is required to enter and transmit the 10/012 CAT within fifteen (15) calendar days of the effective date of the transfer.
- The CCU shall notify the CCP provider(s) within three (3) calendar days of receipt of MCO Participant Transfer form (or notification from BEAM) to inform them that the participant has been transferred back to CCP services.
- If the MCO Participant Transfer form indicates that "No New Service Plan Developed Since Transfer" has occurred, the CCU is only required to contact the participant by phone. If this line on the form is not checked, then the CCU is required to complete a face-to-face reassessment including completion of the complete CCC tool on the participant within thirty (30) calendar days of the effective date of the transfer (the first of the month following disenrollment).

## **MCO Determination of Eligibility (DOE)**

- For redeterminations of eligibility, the CCU shall submit a CAT with the appropriate action reason code (Type Action 10) and a billing code of 050, under Program Type 15.
- CCUs are required to enter and transmit the redetermination CAT within 15 calendar days of notification from the BEAM unit.
- The EDD should be the date the CCU conducted the DOE.
- Use the authorization type of "RED" in CMIS.

## **MCO Cheat Sheet**

<u>Description</u>	<u>CAT TA/AR</u>	<u>Bill Code</u>	<u>Program Type</u>	<u>EDD</u>	<u>Service Section</u>
Participant transfers from CCP to MCO	10/012	00	15	MCO Enrollment Date	-Terminate CCP Service -Activate MCO Service (service code 15)
Participant transfers from MCO to CCP	10/012	00	11	Day after MCO Disenrollment	-Terminate MCO Service (service code 15) -Activate CCP Service
Participant transfers from MCO to MCO	10/017	00	15	MCO transfer date	-Terminate one MCO Provider -Activate one MCO Provider
Participant terminates MCO/CCP Completely	40/061	00	15	MCO Disenrollment date	-Terminate MCO Service
DOE for MCO Participant	10/xxx	50	15	Date of actual DOE	-Reauthorize only MCO Service (service code 15)

# REJECTS

A list of rejects can be found on the Illinois Department on Aging electronic Community Care Program Information System (eCCPIS): <http://www.egov.aging.state.il.us/egov/>

## **CAT REJECTS** –Reject messages begin with “A”

- The CAT transmitted to IDoA and rejected. Some common causes of CAT rejects are:
  - Incorrect Dates
  - Missing or Invalid Data

## **VRFP (BILLING) REJECTS** –Reject messages begin with “P”

- The CCU or Service Provider is trying to bill for service and it is rejecting
- The CAT may have rejected or accepted with incorrect information. Some common causes of VRFP rejects are:
  - The CAT rejected and therefore the current information isn't at IDoA
  - Incorrect Vendor was authorized for services
  - Incorrect Dates used
  - Services decreased or terminated too soon

## **CAT Rejects**

Message #	Message Description	Probable Cause	Correction Method
A 295	Client in an MCO	EDD is during a time when the client was enrolled in an MCO and you are trying to submit a Program Type 11 CAT	Check the EDD. The EDD needs to be during the time they were in an MCO. If you have verified their enrollment dates and are using the correct EDD and still getting this reject then contact BEAM to check the status of the filter. Sometimes loading errors occur.
A 296	Client in CCP	EDD is during a time when the client was enrolled in CCP and you are trying to submit a Program Type 15 CAT	Check the EDD. The EDD needs to be during the time they were in CCP. If you have verified their enrollment dates and are using the correct EDD and still getting this reject then contact BEAM to check the status of the filter. Sometimes loading errors occur.
A297	Client is Deceased	The face to face date on the CAT is after the date of death on Public Health death records.	Check the face to face date. If a correction needs to be made, correct the CAT and regenerate. IDoA is planning to add to eCCPIS, the ability for CCUs to obtain Public Health death information.

## Provider Rejects

Message #	Message Description	Probable Cause	Correction Method
P 144	Total paid year to date > service maximum amount	Supplemental bill submitted; units on supplemental bill + units submitted on previous bill(s) are greater than the units authorized for the month	Review records: compare units authorized on appropriate Client Agreement to eCCPIS ('Case Management-Assessment-View', then to 'CCP Services'). If Client Agreement matches eCCPIS, Provider may have over-billed. Correct the units on the rejected bill, and resubmit. If the Client Agreement does not match eCCPIS, contact CCU to discuss. Can review the units paid for the month of the reject by going to 'VRFP-view VRFP'.
P 369	Duplicate monthly bill on payment file	Submitted bill matches a record already on file, including bill number	Review records: Check 'VRFP-view VRFP' to see if payment was already made for this client, month, and bill number. If this is a supplemental bill, change bill number to next higher number (i.e. 01, 02, etc.), and resubmit. If this is a duplicate, delete the reject.
P 381	Total year to date paid > DON score table maximum	Client is authorized for more than one service type and the amount billed for a particular service type is greater than the maximum allowed on the DON score table maximum service plan for that service type	Check records to confirm the correct number of units were submitted on the bill. If incorrect change the number of units billed and resubmit. If the number of units is correct, contact CCU to discuss. 2 Providers might have billed for same client.
P 999	Amount rejected above service maximum	Units submitted on first bill for the month are greater than the units authorized in eCCPIS	Review records, including appropriate Client Agreement and number of units authorized in eCCPIS ('Case Management-Assessment-View'). Compare units. If Client Agreement matches eCCPIS, Provider probably has over-billed. Correct the units, and resubmit. If the Client Agreement does not match eCCPIS, contact CCU to discuss.
P 005	No match on client master file	CCU has not sent assessment record to Dept. for a new client	If the client is a new client to Provider, check 'Case Management-Assessment-View' at a later date to see if the client is now authorized. Contact CCU to discuss if the client is still not authorized in eCCPIS.
P 009	Service Terminated	CCU has sent assessment record to Dept. to terminate client's services for that month	Review records to determine if the client should have received services for that month. Contact CCU to discuss if client should have been active. If should not have billed for the month, delete the reject. Correction may need done to reauthorize services terminated too soon

# CORRECTIONS

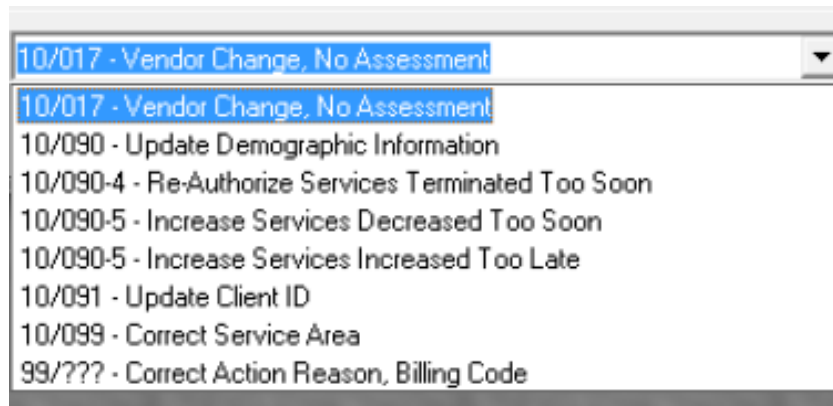
## If the CAT is Rejected:

REGENERATE

Through History > Cats, and correct whatever is wrong.

## If the CAT is Accepted, and Something is Wrong:

\_\_\_\_\_CAT CORRECTION



## Provider Transfer - 10/17

- Client requested to change (transfer) providers on 5/5/2014
- The EDD for a transfer is the date the Care Coordinator receives the signed Client Agreement
- The action date for the NEW provider is the EDD
- The action date to terminate the OLD provider is calculated by adding 15 days to the EDD and going to the first of the next month

## SERVICE LINE:

21	T	06/01/2014	25 units	001	OLD Provider
21	A	05/05/2014	25 units	005	NEW Provider

## **Correct Demographics and Services - 10/090 and 10/099**

- **10/090** Corrections are used to correct the demographic information. If a CAT is submitted and ACCEPTED and a demographic field is incorrect, use the 10/090 to correct the information.
  - Address
  - County/Township
  - DOB, Gender
  - Family Information
  - Impairments
  - DON
  - Financial Information
  - Dates (App Date, END, ISD, EDD, Referral, FTF)
  - CCU ID (CCU Contract Number)
- **10/099** Corrections are used to correct the SERVICE SECTION ONLY. If a CAT is submitted and ACCEPTED and the service section is incorrect, use the 10/099 to correct the information.
  - Service Type
  - Service Date
  - Service Units
  - Provider ID

## **Correct Change in Services - 10/090-5 and 10/090-4**

- **10/090-05 - Increase Services Decreased Too Soon**
  - Choose the CAT PRIOR TO the CAT that decreased the services. This CAT will still show the higher level of service.
  - Type the date that the services should have been terminated into the End Date field. Do NOT Type into any other field.
- **10/090-05 - Increase Services Increased Too Late**
  - Choose the CAT that increased the services.
  - Type the date that the services should have been authorized to begin into the Date field. Do NOT Type into any other field.
- **10/090-04 - Re-authorize Services Terminated Too Soon**
  - Choose the CAT that terminated the services.
  - Type the date that the services should have been terminated into the End Date field. Do NOT Type into any other field.

## **Correct SSN - 10-091**

- The 10/091 Correction is used to change SSN on a CURRENTLY ACTIVE CCP client in CMIS and then subsequently, eCCPIS.
  - PRIOR to submitting a 10/091 SSN Correction, please browse eCCPIS and verify that the SSN is NOT currently showing. If it is NOT on eCCPIS, proceed with 10/091.
  - If the SSN is already on eCCPIS, please DO NOT process the 10/091. Contact Shawnee Information Systems to work through the proper steps.



# REPORTS

## **CMIS Reports**

There are several report options in CMIS. To generate a report, choose the Reports menu at the top of the screen and choose Report Wizard. Using the Report Wizard you may choose from the following standard reports:

- **Active CCP Averages** –Can be run by county or case manager and shows total service cost, average service cost, average age, and average DON score.
- **Case Management Contact Report** –you can use the calendar in the Title III screen to set up contacts with a client by date. Then utilizing the contact report, you can print by month, by case manager, those contacts.
- **Case Manager Assessment Log** -Shows the status of all assigned assessments for a case manager. It counts how many of the assigned assessments have been authorized, cancelled, completed and how many are outstanding. This report can help the case managers and the case manager supervisors keep track of upcoming and outstanding assessment activities and to monitor the timely completion of these activities.
- **CCP Assessment Summary Report** -can be used to provide a summary of the Type Action/Action Reason (TA/AR) codes entered into CMIS during the CAT Creation Process. There is a separate page for each Type Action. This report can be printed by either County or Case Manager.
- **CCP Timeframes Report** –used to show the number of days between the Referral Date to the Application Received Date, to the Eligibility Determination Date, to the Eligibility Notification Date.
- **Client Listings** -can be used to identify clients that are active in a program. The report can be used to provide a summary report or list the clients in a detailed report.
- **Demographics Report** –shows a breakdown of clients by county for basic demographics categories such as Gender, Living Alone, Social Need, Economic Need, Race, etc.
- **DON Score Report** –can show DON detail, A side, B side, or total DON score breakouts.
- **Next Assessment** -lists all annual assessments that are due for a specified month by case manager. This report works as a tickler report for all annual assessments. In order for the report to be accurate, it is important to correctly maintain the Next Assessment Date field.

- **Service Activity Report** –if you enter service activity units, this report lists the clients where units were entered and gives you various sorting options.
- **Service Increases** –can show for regular increases or TSI's, and shows the old service cost, the new service cost and the difference.
- **Vendor List** –allows you to run a listing of all clients receiving service from a provider in your CMIS system. Great for obtaining a list of MCO clients!

## **eCCPIS Reports**

- **Report #5**—Display CAT Reject Listing—used to show rejected CATs for a particular CCU and the reason why they were rejected.
- **Report #7**—CAT Reject and Accepts Report—used to show the accepted and rejected CATs for a particular CAT transmittal.
- **Report #18**—Redeterminations Due/OverDue—used to show the annuals that are overdue for a CCU.
- **Report #19**—List of Rejects for a specific CCU And/or Vendor—used to show by fiscal year, the rejects that a CCU has. It shows the client information as well as the reject description.
- **Report #21**—No Service for 6 Months—used to show the clients who are active CCP but have not had service billed by the provider in over 6 months.

# **BILLING**

## BILLING CODES

<u>Assessment Type</u>	<u>Type Action</u>	<u>Type Reason</u>	<u>BillCode</u>
CCP INITIAL	01	00	360
INTERIM	01	66	80
PSI (15 DAY)	01	63	84
PSI (2 DAY)	01	64	84
INITIAL (DENIAL)	20	50	360
ANNUAL (DENIAL)	20	50	362

**\*Redes -- Bill annual comprehensive assessments as 362. Bill needs-based Redes as 262. Translation bill code is 365.**

REDE (DECREASE)	10	11	*
REDE (REMAIN THE SAME)	10	12	*
REDE (INCREASE)	10	13	*
REDE(AFTER TRANSFER)	10	see list	362
TSI	10	05	62
VENDOR CHANGE(no assessment)	10	17	00
Adjustment to PCPOC	10	11/12/13	89
DENIAL (INITIAL)	20	see list	60
DENIAL (INTERIM)	20	see list	60
DENIAL (AT INTERIM F/UP)	20	66	60
TERMINATION With assessment	40	see list	62
TERMINATION No assessment	40	see list	00
TERM AFTER 45 DAY F/UP (If not resulting in TSI)	40	70	62

**\*Prescreens -- On weekends, bill code is 90.**

PREScreen	25	70	64
ORS PRESscreen	35	001	64
CURRENT CLIENT PRESscreen	10	37	62
NF F/UP FROM PRESscreen	25	see list	64
(If not resulting in Interim)			
45 DAY F/UP ON CLIENT	10	37	62

**\*MCO -- Translation bill code is 56.**

MCO INITIAL DOE	01	00	50
MCO ANNUAL/REDE DOE	10	12	50
MCO DENIAL	20	22	50
MCO TERM (w/ DOE)	40	see list	50
MCO TERM (No DOE)	40	see list	00

## **More Billing Codes/Dates:**

### **Program Type:**

**CCP** 11

**MCO** 15

### **Referral Date:**

**New client** Date received referral or authorization

**Current client** Date originally referred for services. Can be found on last CAT or in eCCPIS records in PSS.

### **Application Date:**

**New client:** Date of first contact with participant (phone call)

**Current client:** Date from original contact. Can be found on last CAT or in eCCPIS records in PSS.

### **EDD and END:**

**\*Eligibility Determination Date: (EDD)** Date of completion of assessment

**\*Eligibility Notification Date: (END)** Date Participant and providers are notified of Eligibility

***\*EDD and END should always be the same date.***

**See a supervisor for additional bill codes and complete list of TAs and TRs.**

## SERVICE COST MAXIMUM (SCM)

Based on a participant's DON score, the participant's cost of service cannot exceed the service cost maximum for that score. Ask a supervisor for the full list for service cost maximums. Case managers can use the Participant agreement on Participant Forms Manager to see the calculate the cost of services or use the service rates below.

Ask a supervisor for the full list.

- If participant is receiving only IHS, EHRS, and/or AMD--refer to the IHS/EHRS column
- If participant receives ADS--use the ADS column

### Service rates as of January 2021:

In-Home Service (IHS)	<b>\$23.40</b> / unit
Adult Day Service (ADS)	<b>\$14.30</b> / unit
ADS Transportation (TRANS)	<b>\$10.29</b> / unit
Automated Medication Dispenser (AMD)	<b>\$40</b>
Emergency Home Response (EHRS)	<b>\$28</b> (Not shared) or <b>\$14</b> (Shared)

DON	In-Home Service & Office of Public Guardian SCM	ADS SCM	Senior Companion SCM
29	\$587.00	\$1,200.00	722.00
30	\$657.00	\$1,395.00	792.00
31	\$728.00	\$1,604.00	863.00
32	\$798.00	\$1,810.00	933.00
33	\$868.00	\$2,019.00	1003.00
34	\$939.00	\$2,226.00	1074.00
35	\$1,009.00	\$2,353.00	1144.00
36	\$1,078.00	\$2,478.00	1213.00
37	\$1,149.00	\$2,603.00	1284.00
38	\$1,219.00	\$2,729.00	1354.00
39	\$1,289.00	\$2,855.00	1424.00
40	\$1,360.00	\$2,982.00	1495.00
41	\$1,430.00	\$3,107.00	1565.00
42	\$1,499.00	\$3,233.00	1634.00
43	\$1,571.00	\$3,360.00	1706.00
44	\$1,640.00	\$3,485.00	1775.00
45	\$1,712.00	\$3,612.00	1847.00
46	\$1,780.00	\$3,738.00	1915.00
47	\$1,851.00	\$3,864.00	1986.00
48	\$1,922.00	\$3,989.00	2057.00
49	\$1,990.00	\$4,115.00	2125.00
50	\$2,062.00	\$4,241.00	2197.00
51	\$2,132.00	\$4,367.00	2267.00
52	\$2,203.00	\$4,494.00	2338.00

# Billing CCP Assessments

## **CCP Initial Assessment:**

1. Confirm all paperwork is included and completed:
  - **Case Authorization**
  - **Checklist**
  - **Completed Case Note**
  - **Comprehensive Assessment (p1-19)**
  - **Signed Consent Form (2 pages)**
  - **Financial Data**
  - **Signed Participant Agreement**
  - **PCPOC: Sections A-E (3 pages)**
  - **Section F pages as needed**
  - **Signed Signature Page**
  - **CAT Data**
  - **POSM**
  - **Individualized Back-Up Plan**
  - **Any referrals made for the participant**
  - **All supporting documents**
  - **Fax face sheets and fax confirmations for providers and DHS**
2. Look up prt in PSS and confirm the following (see page 127 for PSS review):
  - Prt is not current MCO
  - Prt name, SSN and DOB are correct
  - Prt is not active under eccpis records or receiving services under another CCU or waiver
3. Search the participant in CMIS
  - Make sure not all case management lights are green
4. Go to cat creation.
  - select authorization, and use bill code 01/00 for initials.
5. Update and input information for:
  - family information
  - Impairments
  - emergency contacts
  - DON score
  - financials
6. Once done updating click next.
7. In the CCP Assessment window input information from assessment.
  - **DO NOT CHECK "Managed Care Organization Client" box**

8. Once data is put into all the tabs, click next.
9. Print the CAT.
10. Authorize a REDE annual assessment (due date: 10 months from EDD date) and a quarterly home visit (due date: 4 months from EDD date on the last day of the month).
11. With a green pen, add the following to the case manager's case note:
  - You reviewed the file
  - any changes made (if any)
  - what bill code you used
  - that a REDE annual was authorized.

### **CCP Initial Denial/HDM only Assessment:**

1. Confirm all paperwork is included and completed:
  - **Case Authorization**
  - **Checklist**
  - **Completed Case Note**
  - **Comprehensive Assessment (p1-19)**
  - **Financial Data (if denial is based on finances)**
  - **PCPOC: Sections A-E**
  - **Section F: Nutritional Health (if applying for HDM)**
  - **Signed Signature Page**
  - **CAT Data**
  - **POSM (if applying for HDM)**
  - **Completed HDM referral form (if applying for HDM)**
  - **All supporting documents.**
2. Look up prt in PSS and confirm the following (see page 129 for PSS review):
  - Prt is not current MCO
  - Prt name, SSN and DOB correct
  - Prt is not active under eccpis records or receiving services under another CCU or waiver
3. Search the participant in CMIS
  - Make sure not all case management lights are green
4. Go to cat creation.
  - select authorization, and use bill code 20/see list/60.
5. Update and input information for:
  - family information
  - Impairments
  - emergency contacts



- DON score
  - financials
6. Once done updating click next.
  7. In the CCP Assessment window input information from assessment.
    - **DO NOT CHECK "Managed Care Organization Client" box**
  8. Once data is put into all the tabs, click next.
    - If prt is receiving HDM, make sure "HD Meals" lights are all green.
  9. Print the CAT.
  10. If HDM only: Authorize a REDE annual assessment (due date: 10 months from EDD date) and a quarterly home visit (due date: 4 months from EDD date on the last day of the month).
  11. With a green pen, add the following to the case manager's case note:
    - You reviewed the file
    - any changes made (if any)
    - what bill code you used
    - that a REDE annual was authorized (if HDM only).
  12. Denied cases (that aren't receiving HDM) should be turned in with terminations.

### **CCP Re-determination Assessment:**

1. Confirm all paperwork is included and completed in the participant's file:
  - **Case Authorization**
  - **Checklist**
  - **Completed Case Note**
  - **Comprehensive Assessment (p1-19)**
  - **Signed Consent Form (2 pages)**
  - **Financial Data**
  - **Signed Participant Agreement**
  - **PCPOC: Sections A-E (3 pages)**
  - **Section F pages as needed**
  - **Signed Signature Page**
  - **CAT Data**
  - **POSM**
  - **Individualized Back-Up Plan**
  - **Any referrals made for the participant**
  - **All supporting documents**
  - **Fax face sheets and fax confirmations for providers and DHS.**

2. Look up prt in PSS and confirm the following (see page 127 for PSS review):
  - Prt is not current MCO
  - Prt name, SSN and DOB correct
  - Prt has current CCP services
  - Service providers and amounts from the last assessment match up with the new client agreement or if any changes made were documented (ex: increase or decrease).
  - If they were receiving services before under another CCU, that they were terminated (40/48).
    - (If a transfer is missing either 40/48 or 01/02 DO NOT bill, let the billing supervisor know so they can fix it first).
3. Search the participant in CMIS
  - Make sure all case management lights are green
4. Go to CAT creation
  - select authorization, and use the appropriate bill code based on if there is a change in service amounts since last assessment:
    - **Decrease in service amounts** = **10/11**
    - **No change in service amounts** = **10/12**
    - **Increase in service amounts** = **10/13**
5. For CCP Assessment window input information from assessment.
  - **DO NOT CHECK "Managed Care Organization Client" box.**
6. Once data is put into all the tabs, click next.
7. Print the CAT
8. Authorize a REDE annual assessment (due date: 10 months from EDD date) and a quarterly home visit (due date: 4 months from EDD date on last day of the month).
9. With a green pen, add the following to the case manager's case note:
  - You reviewed the file
  - any changes made (if any)
  - what bill code you used
  - that an REDE annual was authorized.

### **CCP Quarterly Visit:**

1. Confirm all paperwork is included and completed in the participant's file:
  - **Case note**
  - **Signed Quarterly half sheet**

2. Look participant up in PSS and confirm the following (see page 129 for a review of PSS):
  - Prt is not current with an MCO
  - The name, SSN, and DOB are correct
  - Prt has current CCP services
3. Search the participant in CMIS
  - Make sure all case management lights are green
4. Click on the Update tab
  - Click on "Authorizations"
5. Make sure authorization is R02 and dates are correct
  - Then click CLOSE
6. Go to the Process Center
  - Click on "Title III Assessment"
7. Click "F12"
  - Make sure it is the correct person
  - Click NEXT
8. Merlin pops up (say hi!) and click BEGIN
  - Click NEXT
9. Authorization box pops up
  - Make sure all information is correct
  - Click NEXT
10. Do not change anything under the Master Record
  - Click NEXT
11. General Tab
  - **Select the case manager's name for "Assessment Case Manager" and "Case Manager"**
  - **Select your own name under "Case Manager Assistant"**
  - **Select Location : 01-Residence**
  - **Enter in the CCU ID**
    - **700 =area 6**
    - **800 =area 5**
  - **Select MMSE Score under "Reason Case Mgt. Needed"**
12. Skip Initial Dates Tab
13. Assessment Dates Tab
  - **Enter in the face-to-face date as the "current date"**
  - Click Next

14. "Would you like to update Title III Services?"
  - Click NO
15. Click on the Update tab again.
  - Click Authorization
16. The authorization box pops up.
  - Click ADD
17. Authorize R02 for the next quarterly home visit.
  - **Enter the face-to-face date as the Authorization date**
  - **Enter the due date as four months from EDD. Always use the last date of the month.**
  - Click SAVE and then click CLOSE
  - Click CLOSE on the authorization box
18. Click on the Update tab again
  - Click on Client Service Activity
  - Click ADD
19. Enter in the correct information
  - **Case Manager: Select the correct case manager**
  - **Service: Select 02 -Case Management**
  - **Date: Face-to-face date**
  - **Number of Units: 1**
  - **PH: Enter P if visit was done by Phone / Enter H if visit was done in the Home.**
  - **Type: 02 -Re-Assessment**
  - **Number of Contacts: 1**
20. Click ADD and then CLOSE.
21. Add to the case note in green ink: "Reviewed ¼ HV. Updated CMIS and Client Service Activity and created new authorization--¼ HV."

# Billing MCO Assessments

## MCO Initial and Interim Assessments:

1. Confirm all paperwork is included and completed:
  - **Authorization**
  - **Checklist**
  - **Case notes completed**
  - **P2-6 of the prescreen assessment**
  - **P2 and 5 of the comprehensive assessment**
  - **MCO Status Form**
2. Look participant up in PSS and confirm the following (see page 127 for a review of PSS)
  - The name, SSN, and DOB is correct.
  - The prt is MCO when assessment was done and that prt is still MCO.
  - If they were receiving services before under another CCU, that they were terminated (40/48).
    - (If a transfer is missing either 40/48 or 01/02 DO NOT bill, let the billing supervisor know so they can fix it first).
3. Search the participant in CMIS
  - Make sure not all case management lights are green
4. Click on the Update tab
  - Click on "Authorizations"
5. Change MCO authorization to INITIAL (can't bill an initial MCO with a MCO authorization).
6. Go to cat creation.
  - select authorization, and use bill code 01/00 for initials.
7. Update and input information for:
  - family information
  - Impairments
  - emergency contacts
  - DON score
  - financials
8. Once done updating click next.
9. In the CCP Assessment window input information from assessment.
  - make sure "Managed Care Organization Client" box is checked.

10. Once data is put into all the tabs, click next.
11. Print the CAT.
12. Authorize a MCO annual assessment
  - due date: 10 months from EDD date
13. With a green pen, add the following to the case manager's case note:
  - You reviewed the file
  - any changes made (if any)
  - what bill code you used
  - that an MCO annual was authorized.

### **MCO ANNUAL ASSESSMENTS:**

1. Confirm all paperwork is included and completed in the participant's file:
  - **Authorization**
  - **Checklist**
  - **Case notes completed**
  - **P2-6 of the prescreen assessment**
  - **P2 and 5 of the comprehensive assessment**
  - **MCO Status Form**
2. Look participant up in PSS and confirm the following (see page 129 for a review of PSS):
  - The name, SSN, and DOB is correct.
  - The prt is MCO when assessment was done and that prt is still MCO.
  - They have current active services with a past bill code of 01/00 and no terminations.
  - If they were receiving services before under another CCU, that they were terminated (40/48) and brought into our contract (01/02).
    - (If a transfer is missing either 40/48 or 01/02 DO NOT bill, let the billing supervisor know so they can fix it first).
3. Search the participant in CMIS
  - Make sure all case management lights are green
4. Click on the Update tab
  - Click on "Authorizations"
5. Change MCO authorization to REDE (can't bill MCO authorization).
6. Go to CAT creation
  - select authorization, and use bill code 010/012.

7. Update and input information for:
  - family information
  - Impairments
  - emergency contacts
  - DON score
  - financials
8. Once done updating click next.
9. For CCP Assessment window input information from assessment.
  - make sure the "Managed Care Organization Client" box is checked.
10. Once data is put into all the tabs, click next.
11. Print the CAT
12. Authorize a MCO annual assessment.
  - Due date: 10 months from EDD date
13. With a green pen, add the following to the case manager's case note:
  - that you reviewed the file
  - any changes made (if any)
  - what bill code you used
  - that an MCO annual was authorized.

# Billing Hospital Assessments

## Choices for Care/Prescreen Assessment:

1. Confirm all paperwork is included and completed in the participant's file (If a participant does not have an active case in our contract, there is no file):
  - **Case Authorization**
  - **Case notes completed**
  - **Prescreen assessment (page 1-6)**
  - **Consent form/Choices for care (page 5 of prescreen)**
  - **HFS form in file and signed**
2. Look participant up in PSS and confirm the following (see page 127 for a review of PSS):
  - The participant is active or not under eCCPIS records
  - The name, SSSN, and DOB is correct
  - If the participant is MCO (You will need this later)
  - No screen was already billed in the last 90 days
3. Look up the participant in CMIS
  - Check the authorization
    - **NHP =for age 60 and up**
    - **ORS =for age 18-59**
    - **REN =active participant**
  - If the authorization is wrong, correct it before moving on
4. Go to process center
  - Search CAT creation and click NEXT
5. Click the assessment you want to bill
  - Click NEXT
6. Make sure all the information is correct
  - Click NEXT
7. Choose type of assessment
  - **NHP =25/70**
  - **ORS =35/70**
  - **Active participant (REN) =10/37**
  - Click NEXT
8. Correct and input the participant's demographic information, impairments, emergency contacts, DON, etc.
  - Make sure the case manager listed is the case manager that completed the prescreen.
  - Click NEXT when done.



## 9. General Tab

- Select the correct case manager
- Assistant Case Manager is you!
- Select location
  - **01-Home**
  - **02-Hospital**
  - **03-Nursing Home**
- Select the CCSI area according to which area the screen was completed in
  - **800 -Area 5**
  - **700 -Area 6**
- Check Managed Care Organization Client if participant is MCO
- Click NEXT

## 10. Initial Dates Tab

- If the participant is 60+, you only need to enter in the "Referral Date."
- If the participant is under 60, enter in the "Referral Date" and "Application Date"
- If the participant is an active, do not change any dates.
- Click NEXT

## 11. Assessment Date Tab

- Enter in the Billing Code
  - **64 =during week, no translation**
  - **67 =during week, with translation**
  - **90 =weekend, no translation**
  - **91 =weekend, translation**
- Enter in the "Face-to-face Date" and "Eligibility Determination Date"
- Click NEXT

## 12. Choices for Care Tab

- Leave blank.
- Click NEXT

## 13. Authorize Follow-up

- "Do you wish to authorize the Choices for Care Follow up at this time?"
  - **Click YES** - if a participant is an active participant (REN), not current MCO, and has not been seen recently. Authorize follow up with 7 day due date (REF). If a participant is MCO and hasn't been seen in a year, follow up is needed. Otherwise **click NO**.

## 14. CAT has been created successfully

- Print CAT
- Minimize before closing
- Add the following to the case note using GREEN ink.
  - "Reviewed file. No corrections made. CAT created 25/70 -64 bill code."

- If the participant is active...
    - Find the original file and combine, and give the file to the case manager if a follow up is needed.
15. With a green pen, add the following to the case manager's case note:
- that you reviewed the file
  - any changes made (if any)
  - what bill code you used

### **Interim Assessment (if not MCO):**

1. Confirm all paperwork is included and completed in the participant's file (If a participant does not have an active case in our contract, there is no file):
  - **Case Authorization**
  - **Check List**
  - **Case notes completed**
  - **Comprehensive Assessment: page 2, 3, 5, 8, 9, 10**
  - **Consent form (2 pages, signed)**
  - **Participant agreement (signed)**
  - **PCPOC: Sections A-E (3 pages)**
  - **Section Fs (as applicable)**
  - **Signature page (signed)**
  - **CAT Data**
  - **Fax face sheets and fax confirmations for providers**
    - **If the participant lives out of the area there should be a face sheet and fax confirmation for the participant's CCU.**
2. Look participant up in PSS and confirm the following (see page 127 for a review of PSS)
  - The name, SSN, and DOB is correct
  - The prt was NOT MCO when assessment was done
  - The prt is not active under eccpis records or receiving any CCP services from our CCU or another CCU
3. Search the participant in CMIS
  - Make sure all case management lights are green
4. Click on the Update tab
  - Click on "Authorizations"
5. Go to CAT creation
  - select authorization
  - use bill code 01/066.
6. Input and update the following:
  - family demographics

- Impairments
  - emergency contacts
  - DON score.
  - financials:
    - use 150 in the assets box,
    - use 8946 in both income boxes,
    - select "social security" from the list,
    - and check the "full asset documentation collected" box.
7. Click NEXT to open the CCP assessment window.
  8. Input information from assessment into each tab for CCP assessment window
    - (-80 for no translation, -81 for with translation).
  9. Once finished click next and print CAT.
  10. Authorize RFF (the follow up) to CM taking care of that address/area within 7 days of the current date.
    - Disregard if the interim was done for a participant out of our contract area.
  11. With a green pen, add the following to the case manager's case note:
    - that you reviewed the file
    - any changes made (if any)
    - what bill code you used
    - That a RFF follow up was assigned to the CM (if applicable)
  12. Once all paperwork is together, hand it all over to CM assigned to follow up with prt. (unless Interim is out of area).

### **Temporary Service Increase (TSI):**

1. Confirm all paperwork is included and completed and in the participant's file (If a participant does not have an active case in our contract, there is no file):
  - **Case Authorization**
  - **Check List**
  - **Case notes completed**
  - **Comprehensive Assessment: page 2, 3, 5, 8, 9, 10**
  - **Consent form (2 pages, signed)**
  - **Participant agreement (signed)**
  - **PCPOC: Sections A-E (3 pages)**
  - **Section Fs (as applicable)**
  - **Signature page (signed)**
  - **CAT Data**
  - **Fax face sheets and fax confirmations for providers**

- **If the participant lives out of area there should be a face sheet and fax confirmation for the participant's CCU.**
2. Look participant up in PSS and confirm the following (see pages 129 for a review of PSS):
    - The name, SSN, and DOB is correct.
    - The prt was not MCO when assessment was done.
    - They have current active services with a past bill code of 01/00 and no terminations.
  3. Search the participant in CMIS
    - Make sure all case management lights are green
  4. Go to CAT creation
    - select authorization
    - use bill code 10/05/62.
  5. Input and update the following:
    - family demographics
    - Impairments
    - emergency contacts
    - DON score.
    - financials:
      - use 150 in the assets box,
      - use 8946 in both income boxes,
      - select "social security" from the list,
      - and check the "full asset documentation collected" box.
  6. Click NEXT to open the CCP assessment window.
  7. Input information from assessment into each tab for CCP assessment window
  8. Once finished click next and print CAT.
  9. Authorize RFF (the follow up) to CM taking care of that address/area within 7 days of the current date.
    - Disregard if the TSI was done for a participant out of our contract area.
  10. With a green pen, add the following to the case manager's case note:
    - that you reviewed the file
    - any changes made (if any)
    - what bill code you used
    - That a RFF follow up was assigned to the CM (if applicable)
  11. Once all paperwork is together, hand it all over to CM assigned to follow up with prt. (unless TSI is out of area).

# TERMINATIONS

## CCP Terminations:

1. Confirm all the paperwork is present in the participant's original file.
  - All past assessments
  - Case note
  - PCPOC Sections A-E with termination bill code
    - If prt passed away, the date of death should be written under the reason.
  - CAT with termination bill code
  - IDoA notification indicating CCP termination or prt death.
  - Face sheets and fax confirmations from DHS and all providers
  - Any other documents needed for termination
    - Eg. if prt services are terminated due to being over assets, the case manager must include documentation showing that prt is over the asset maximum
2. Look participant up in PSS and confirm the following (see page 127 a review of PSS):
  - The name, SSN, and DOB is correct.
  - The prt is not MCO
  - They have current active services with a past bill code of 01/00 and were not already terminated
3. Search the participant in CMIS
  - Make sure all case management lights are green
    - If not all lights are green, the participant may have already been terminated.
4. Go to CAT creation
  - select authorization, and use the appropriate bill code based on why the participant case is being terminated.
    - **Client Death** = **40/42**
    - **Client requested cancellation** = **40/46**
    - **Client exceeds Asset Maximum** = **40/53**
    - **Client chose NF placement** = **40/70**
    - **etc.**
5. For CCP Assessment window input information from assessment.
  - **DO NOT CHECK "Managed Care Organization Client" box.**
6. Once data is put into all the tabs, click next.
7. Print the CAT

8. Check that not all the case management lights are green.
9. With a green pen, add the following to the case manager's case note:
  - You reviewed the file
  - what bill code you used
  - That prt case was terminated
10. Turn in the processed file to be put in storage.

## **MCO Terminations:**

1. Confirm all the paperwork is present in the participant's original file.
  - All past assessments
  - Case note
  - MCO Status form indicating termination
    - If prt passed away, the date of death should be written under the reason.
  - Any other documents needed for termination
    - Eg. if prt services are terminated due to being over assets, the case manager must include documentation showing that prt is over the asset maximum
2. Look participant up in PSS and confirm the following (see page 127 for a review of PSS):
  - The name, SSN, and DOB is correct.
  - The prt is MCO
  - They have current active services with a past bill code of 01/00 and were not already terminated
3. Search the participant in CMIS
  - Make sure all case management lights are green
    - If not all lights are green, the participant may have already been terminated.
4. Go to CAT creation
  - select authorization, and use the appropriate bill code based on why the participant case is being terminated.
    - **Client Death** = **40/42**
    - **Client requested cancellation** = **40/46**
    - **Client exceeds Asset Maximum** = **40/53**
    - **Client chose NF placement** = **40/70**
    - **Etc.**
5. Update and input information for:
  - family information
  - Impairments

- emergency contacts
  - DON score
  - financials
6. Once done updating click next.
  7. For CCP Assessment window input information from assessment.
    - make sure the "Managed Care Organization Client" box is checked.
  8. Once data is put into all the tabs, click next.
  9. Print the CAT
  10. Check that not all the case management lights are green.
  11. With a green pen, add the following to the case manager's case note:
    - that you reviewed the file
    - what bill code you used
    - The prt case was terminated.
  12. Turn in the processed file to be put in storage.

## **CCU Transfers**

See page 54 for more information on CCU transfers. CCU transfer cases are completed the same as terminations, but with a bill code of 40/48. Once the case is closed in CMIS the file should be given to Jessica Sowden to be sent to the new CCU.

### **If a CCP client, the file should include:**

- All past assessments
- Case notes
- CCU transfer form
- PCPOC with bill code 40/48 and with name of new CCU under the reason
- CAT data
- Face sheets and fax confirmations for all providers

### **If MCO client, the file should include:**

- All past assessments
- Case notes
- MCO Status Form indicating termination.
  - Under reason, CCU transfer and the name of the new CCU should be written

# FILING

After billing is done, billers must put all the documents into the original file, or create a new file for initial participants. Newer documents are placed in front of older documents.

## **CCP Assessments (Front to Back):**

### **Part 1**

- Case Notes

### **Part 2**

- CAT (Case Authorization Transaction)

### **Part 3**

- Participant Agreement

### **Part 4**

- CCU Checklist
- PCPOC (Person Centered Plan of Care)
- DON (page 8 and 9)
- Financial Data
- Consent Form

### **Part 5**

- IDoA Notification
- Individualized Back-up Plan
- POSM (Participant Outcome Status Measures)
- Authorization
- Supporting Documents
- Face Sheets and Fax Confirmations
- Green or Yellow Sheet (only used to separate documents from previous assessments done by previous CCUs)

### **Part 6**

- Remaining assessment paperwork



## **MCO Assessments (Front to Back):**

### **Part 1**

- Case Notes

### **Part 2**

- CAT

### **Part 3**

- MCO Status Form

### **Part 4**

- CCU Checklist
- DON (page 3 and 4)
- Consent Form/Service Selection (page 5)

### **Part 5**

- Any Supporting Documents

### **Part 6**

- Nothing

## **Prescreen Assessments (Front to Back):**

### **Part 1**

- Case Notes

### **Part 2**

- CAT

### **Part 3**

- Nothing

### **Part 4**

- DON (page 3 and 4)
- Consent Form (page 5)

### **Part 5**

- Hospital referral paperwork
- Any Supporting Documents

### **Part 6**

- Nothing

# **REVIEW OF OTHER ELECTRONIC RESOURCES**

# PARTICIPANT SEARCH SCREEN (PSS)

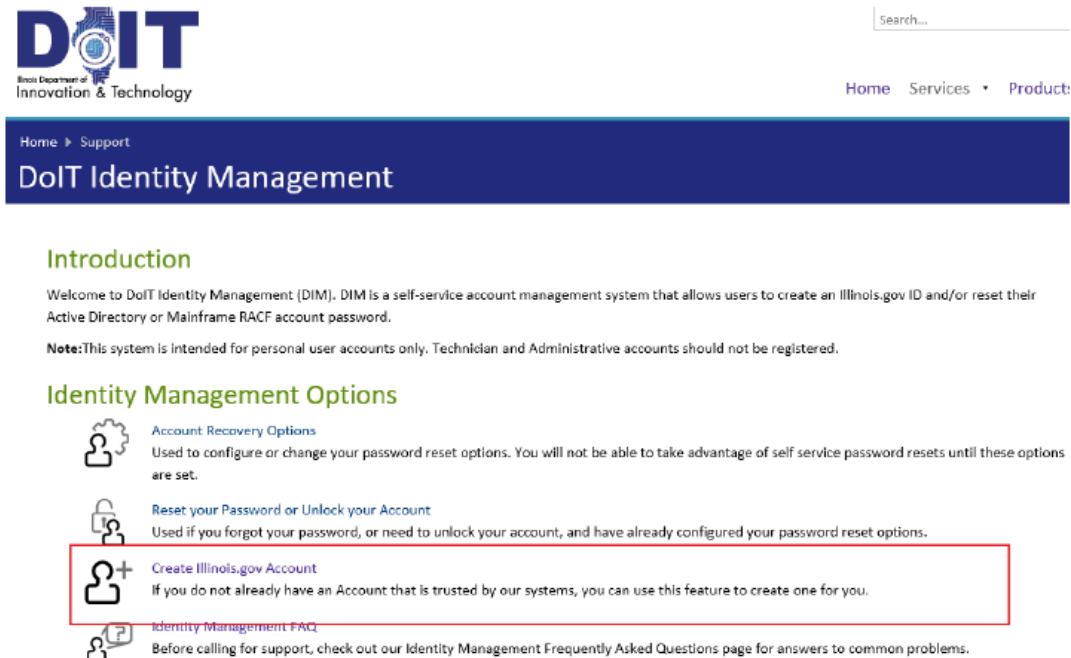
The PSS application can be accessed through the IDoA Partner Portal:

<https://webapps.illinois.gov/AGE/Dashboard>

## **Registering a Partner Account**

In order to access the application, an external partner account is required. If an account has not been created, it can be obtained online.

- From a browser, navigate to <https://www2.illinois.gov/sites/doit/support/Pages/DoITIdentityManagement.asp> X.



- Click on Create Illinois.gov Account. Follow the on-screen instructions for creating a Partner account. **Do not create a Public account.**

## **Use of PSS**

PSS shows the records of all participants in Illinois that have been assessed by case manager and/or have medicaid benefits. With PSS, you can see:

- The Participant's past assessments and DON scores
- Medicaid status and history
- Current Address and Phone Number
- MCO status
- Death records
- Current Waiver

## **How to search a Participant:**

Go to the PSS Portal and log in using your given ID and created password.

Search for the participant using one of the three:

- Social Security Number
- RIN (Medicaid Recipient ID Number)
- Client ID (from eCCPIS)

Illinois Department on Aging

Participant Search Screen

Welcome! EXTERNAL [REDACTED]

[Log Out](#)

Participant Search Screen

---

Start Search

Search for

Search with

☒ SSN  
☐ RIN  
☐ Client ID

[Submit](#)

---

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PSS results will show up to 5 sections with information on the participant. If the participant has never had services or medicaid, no information will appear in the results.

## **eCCPIS Client Records**

The first section of PSS results show the participant's eCCPIS records. This section shows the information from the participant's past assessments and billings, including:

- Face to Face Dates
- EDD
- Bill Codes
- DON Scores
- Providers
- Service Levels

Illinois Department on Aging

Participant Search Screen

Welcome! EXTERNAL [REDACTED]

[Log Out](#)

Participant Search Screen

---

Start Search

Search for

Search with

☒ SSN  
☐ RIN  
☐ Client ID

[Submit](#)

---

eCCPIS Client Records

1 Record(s) found. Please click on the 'Details' button to continue.

CLIENT ID	LAST NAME	FIRST NAME	M. I.	BIRTH DATE	SEX	RACE	
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]		05 - Asian	<a href="#">Details</a>

Click on “Details” under eCCPIS Client Records to see the past assessments for the participant.

### eCCPIS Client Details

#### Client Information

CLIENT ID: [REDACTED]	LAST NAME: [REDACTED]	FIRST NAME: [REDACTED]	M. I.: [REDACTED]	BIRTH DATE: [REDACTED]	SEX: [REDACTED]	RACE: 05 - Asian
Last CCU: U121912006 - CCSI- CASE COORDINATION LLC						
				Fiscal Year: 2020	<a href="#">View VRFP</a>	<a href="#">View Rejects</a>

#### Case Assessments

Elig Deter Date ^	Appt. Date	Referral Date	Face to Face Date	Init Serv Date	Prog Type	Type Action	Type Reason	
03/25/2013	03/21/2013	03/21/2013	03/21/2013	03/25/2013	11	01	000	<a href="#">Details</a>
01/01/2015	03/21/2013	03/21/2013	03/21/2013	03/25/2013	15	10	012	<a href="#">Details</a>
06/14/2017	03/21/2013	03/21/2013	06/14/2017	03/25/2013	15	10	012	<a href="#">Details</a>
07/01/2018	03/21/2013	03/21/2013	06/14/2017	03/25/2013	15	40	048	<a href="#">Details</a>
07/01/2018	03/21/2013	03/21/2013	06/14/2017	03/25/2013	15	01	002	<a href="#">Details</a>
02/19/2019	03/21/2013	03/21/2013	02/19/2019	03/25/2013	15	10	012	<a href="#">Details</a>

Click on “Details” of an assessment to see more information from each assessment such as:

- Basic Client Information
- CCU Information
- Assessment Dates
- Family Information
- Client Impairments
- DON Score
- Financial Information
- Client CCP services

## **Death Records**

When a participant passes away, their information and date of death will show in PSS under the second section labeled “Death Records.” If there is no recorded death, it will say “No Record Found!”

### Death Records

1 Record(s) found.						
LAST NAME	FIRST NAME	M. I.	BIRTH DATE	DEATH DATE	SEX	UPDATED ON
[REDACTED]	[REDACTED]	[REDACTED]	10/12/1920	4/21/2019	F	6/10/2019

## **HFS MMIS Recipient Records**

The Third section of PSS shows the records from HFS (Healthcare and Family Services). This section will only appear if the participant has ever received Medicaid. The RIN (Recipient Identification Number) is displayed on the left, but the case manager should always click on “details” to confirm that the Medicaid case is current. The detailed HFS records shows:

- Medicaid/Medicare records
- Eligibility records
- Address history

See next page.

HFS MMIS Details

[Back to Search](#)

### Recipient Record

1 Record(s) found..

RIN	LAST NAME	FIRST NAME	M. I.	BIRTH DATE	SEX	RACE	CASE ID
166400622	LI	ZHEN HUA		2/16/1938	1-Male	7-Asian/Pacific Islander	20260474313600

### Eligibility Records

7 Record(s) found..

DEF CD	BEG DATE	END DATE	SLIB CD	SPEND DOWN CD
01-Regular Action	2/1/2019	Current		
01-Regular Action	1/1/2019	1/31/2019		
01-Regular Action	10/1/2017	12/31/2018		

## **MCO/HMO History**

The fourth section of PSS shows the current status and history of MCOs. In this section verify the start date and end date of the most recent MCO. Current MCOs will say “Current” AND have a start date prior to the day you check the MCO status.

### MCO/HMO History

1 Record(s) found..

PROJ CODE	BEGIN DATE	END DATE
280018-BCBS	1/1/2015	Current

**OBRA EXCEPTIONS**

The fifth section of PSS shows any waivers that are open for the participant. Common waivers include:

- Aging -Participant’s receiving CCP services
- DORS - Participant is under 60 years old and receiving services through the Department of Rehabilitation Services.
- SLF -Participant is in a Supportive Living Facility

OBRA Exceptions

1 Record(s) found.			
WAIVER	BEGIN DATE	END DATE	CHANGE DATE
Aging	3/1/2013	Current	4/10/2013

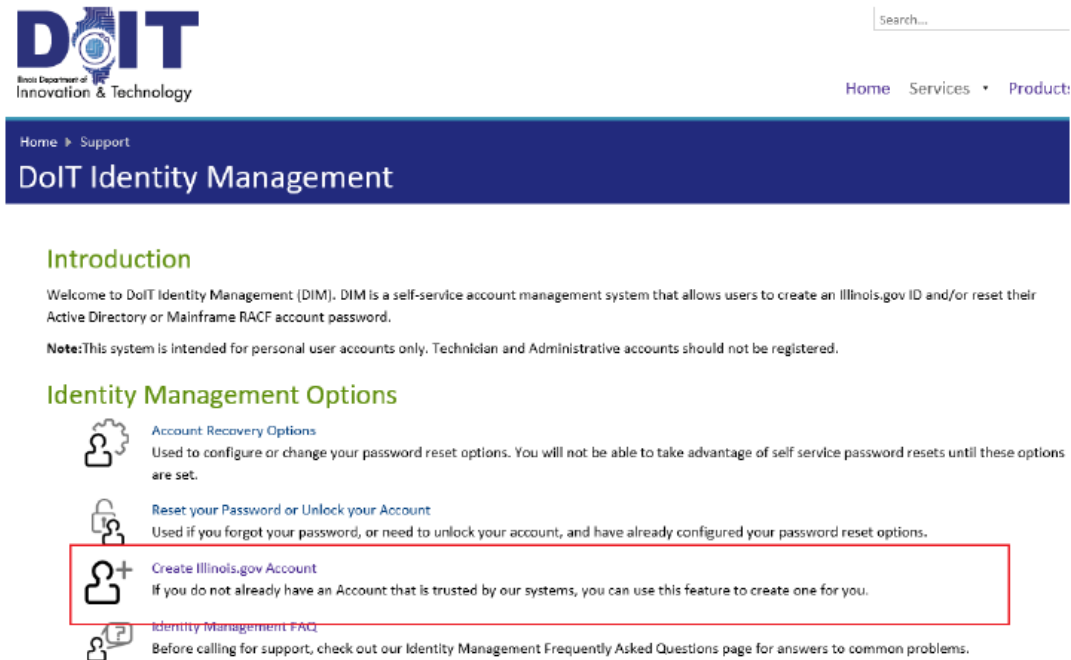
# Report Uploader

The Report Uploader application can be accessed through the IDoA Partner Portal:  
<https://webapps.illinois.gov/AGE/Dashboard>

## **Registering a Partner Account**

In order to access the application, an external partner account is required. If an account has not been created, it can be obtained online.

- From a browser, navigate to  
<https://www2.illinois.gov/sites/doit/support/Pages/DoITIdentityManagement.asp>  
[X](#).



- Click on Create Illinois.gov Account. Follow the on-screen instructions for creating a Partner account. **Do not create a Public account.**

## **Registering in Report Uploader**

Once the external account is created, log into the Report Uploader application. The first time accessing the application, registration is required. After the registration is complete, the home screen will display upon accessing the application.



**Registration Page** Illinois Department on Aging

**1.** First Name, Last Name, Email Address, Phone #

CreatedDate: 2/20/2020

UserName: ILLINOIS\Carla.Rapps

**2.** Organization Type: ☐ AAA, ☐ CCU, ☐ Grantor, ☒ Provider

Select the organization type. Selecting CCU or Provider will display the Contract Name and Contract Number fields. The Contract Number field is not required during the user registration process but is required if uploading any Medicaid Verification forms.

**2a.** Contract Name: -- Select a Contract Name --

Contract Number: U120404402, U129813709, U129503901, U120605613

To select multiple contracts, hold down the CTRL key and click on each contract

**3.** Register

1. Complete the First Name, Last Name, Email Address and Phone number fields. The Created Date is auto populated with the date of registration. The User Name field will auto populate with the external account User ID used to access the application.
2. Select the organization type. If CCU or Provider are selected, the Agency (Contract name) will need to be selected from the drop-down list. After the agency is selected, the corresponding contracts for that agency will display in the Contract number field. (NOTE: A contract number is not required at this point. It will need to be added if uploading Medicaid Verification Forms).
3. Click on Register to complete the registration.

## **Navigating Report Uploader**

### **Home Screen**

After registration, and all subsequent logins, the home screen for the application will appear. It contains the main menu bar, choices for the type of document to upload and a list of the most recent files uploaded by the current user logged into the application. This will not be a complete list. To see the complete list, click on Uploaded Documents in the main menu bar.



## Report Uploader Menu

This menu option provides the choices for uploading documents. Select 'Upload Medication Verification form' (either the first page of a paper application or the ABE confirmation page). The Financial Report Uploader is not being utilized at this time.

## Uploaded Documents Menu

This menu option displays all documents uploaded by currently logged in users. It includes the details of each document. The list can be sorted by any of the column headings. A search feature has been included and will search on any field available. As text is entered in the search field, the list will be filtered. The details link will display the details of that specific document. This includes an option to view the document or download. If download is selected, the user can either choose to Open it (and print if desired) or to download it and save the file on a local or network drive.

**IDOA Report Uploader**  
Illinois Department on Aging

Home Profile Report Uploader Uploaded Documents User Instructions Administrator Log Off

### List of Documents

List of All Documents Uploaded by User

Click to view file details

Show 50 entries Search

Contract Number	Contract Name	File Type	File Name	Date	
(none)	RegisteredAgencyName	Legal Entity Application	pci-express-x4-zoom-up-56a6faac5f9b58b7d0e5d0e7	02/03/2020	Details
(none)	RegisteredAgencyName	Fiscal Reports	Department on Aging - Rock Star Award	02/04/2020	Details
000000519	RegisteredAgencyName	Direct Service Worker Cost Report/Certification	science	02/14/2020	Details
U02042020	RegisteredAgencyName	Legal Entity Application	Department on Aging - VanHalen Rock Star Award 2019	02/04/2020	Details
U121904404	RegisteredAgencyName	Medicaid Verification	637145283453790148_Xerox Scan_12112019091812.pdf	01/13/2020	Details
U121904404	RegisteredAgencyName	Medicaid Verification	637145978522171101_BandOpticalClass2019.pdf	01/14/2020	Details
U121904404	RegisteredAgencyName	Medicaid Verification	637146083435451660_LenCrafterExam2019.pdf	01/14/2020	Details

Financial Report Upload Details

Report Type Selected (Financial reports only)

RegisteredAgencyName

Report Type Legal Entity Application

Contract/Grant Number (none) Date Created 2/3/2020 End Date 2/3/2020

To view only View Download To Save or print

### User Instructions menu

This menu option opens this instructional document.

### Administrator menu

This menu option is for IDOA administrators to grant access.

## **Preparing Documents for Upload and Time Frame**

### **See page 40 for example Medicaid Verification Form**

- Support staff will find the uploaded Medicaid Verification Forms in the scanned folder in the shared drive.
- The participant's eCCPIS ID is required for the document to be uploaded. For a participant who is not in eCCPIS (eg. Initials), the Case Authorization Transaction (CAT) will need to be accepted first.
- CCUs are required to complete the upload within 15 calendar days of the Eligibility Determination Date (EDD).

## **Uploading Documents**

1. From the home page, click on 'Upload Medicaid Verification Form'. (NOTE: Alternatively, click on the Report Uploader menu and select the type from the drop-down menu)
2. Complete the fields as required:
  - Select the Contract number from the Contract Number field.
  - Enter the Client ID (9-digit numeric only).
  - Click on 'Choose File'.
  - Navigate to where the document to be uploaded is stored, select the file and click on OK to return.
  - Click on 'Upload'.
  - If uploading for more than one participant, complete the steps above for each.

## Medicaid Verification \*\*

**File Upload Page**

Registered Agency Name

Contract/Grant Number i

-- Select a Contract Number --

-- Select a Contract Number --

U121912001

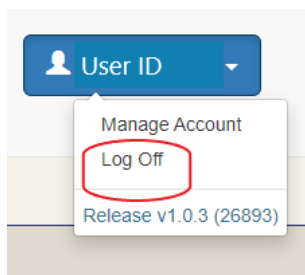
Client ID ii

123456789

Choose File IDOALogo.png iii

v Upload

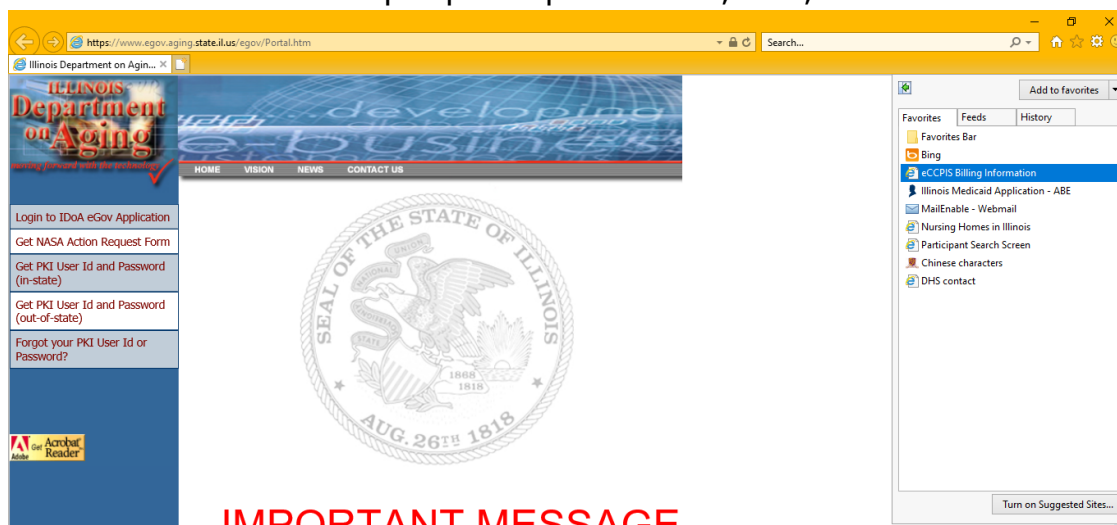
3. After the document is uploaded the document details screen will display. You can view the document, download to print, or close that window.
4. If any other documents will be uploaded, repeat steps 1 – 3. If not, log out of the application.



# eCCPIS BILLING INFORMATION

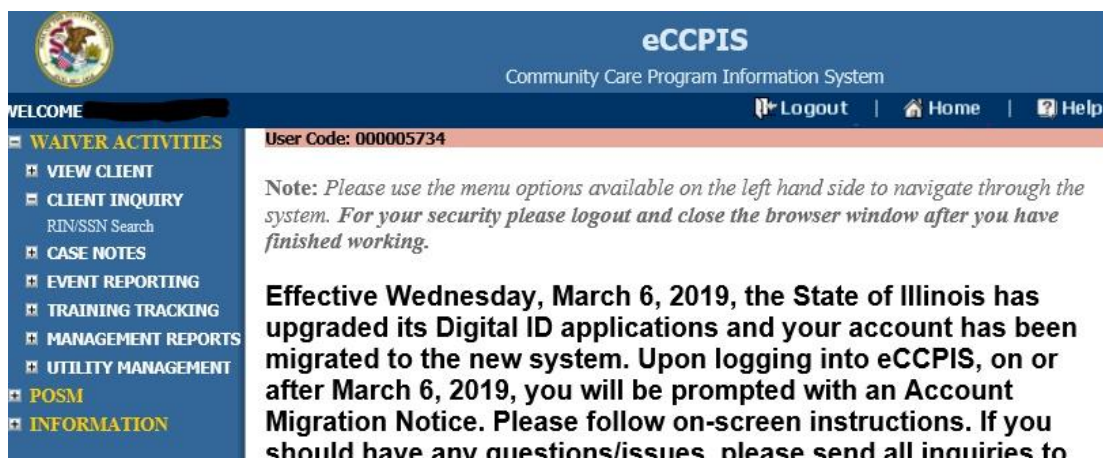
The eCCPIS Billing Information can be accessed through your web browser. There is a shortcut on every desktop and the link should be saved under the favorites tab on internet explorer.

The eCCPIS Billing page is where case managers upload State Case Notes and POSMs, but it also can be used to look up a participant's SSN, RIN, or Client ID.

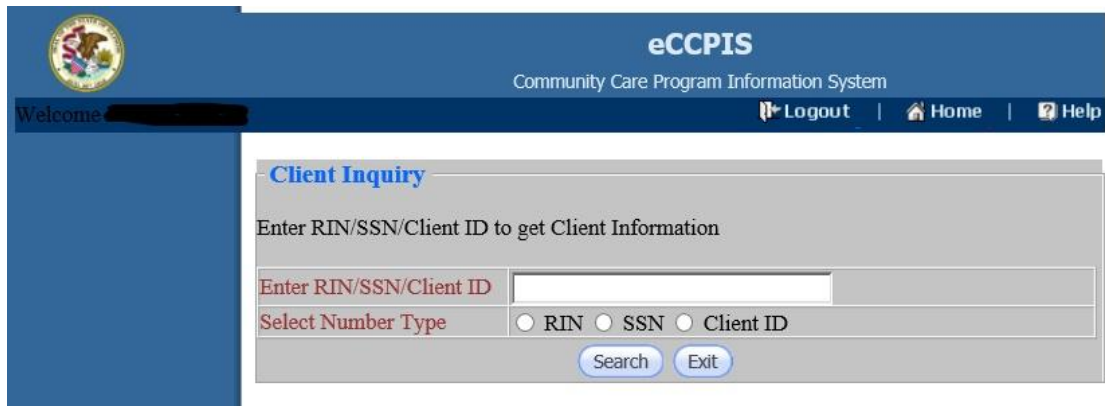


## Client Inquiry

1. Login to eCCPIS using your ID and password.
2. Select "Waiver Activities" and select "Client Inquiry" from the drop-down menu. Click on "RIN/SSN Search."



3. Enter in the Participant's RIN, SSN, or Client ID and select the type.



**eCCPIS**  
Community Care Program Information System

Welcome [Redacted] [Logout](#) | [Home](#) | [Help](#)

**Client Inquiry**

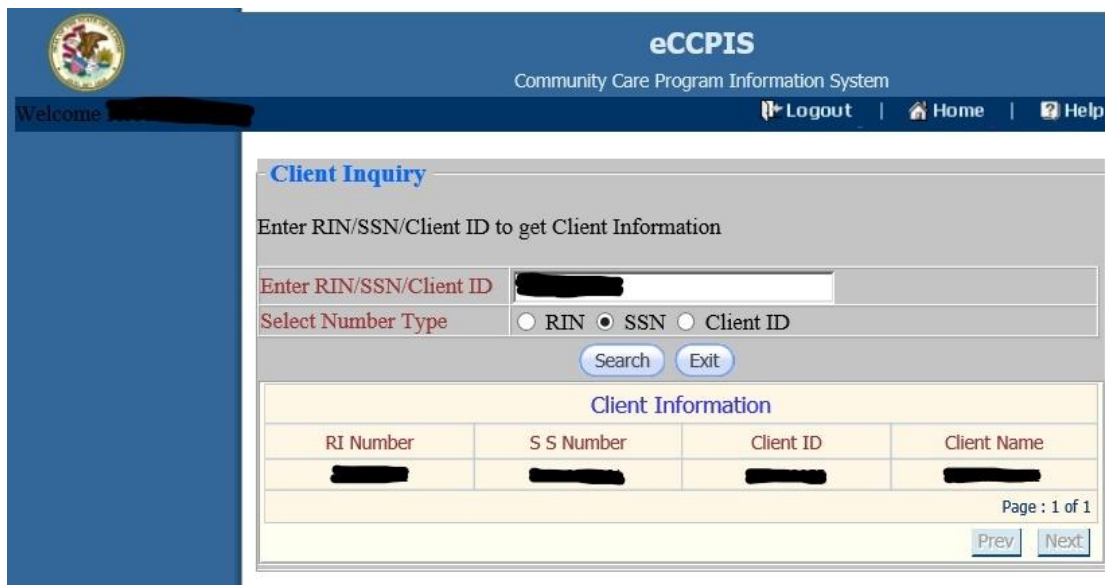
Enter RIN/SSN/Client ID to get Client Information

Enter RIN/SSN/Client ID

Select Number Type ☐ RIN ☐ SSN ☐ Client ID

[Search](#) [Exit](#)

This will pop up the participant's RIN, SSN, and Client ID.



**eCCPIS**  
Community Care Program Information System

Welcome [Redacted] [Logout](#) | [Home](#) | [Help](#)

**Client Inquiry**

Enter RIN/SSN/Client ID to get Client Information

Enter RIN/SSN/Client ID

Select Number Type ☐ RIN ☒ SSN ☐ Client ID

[Search](#) [Exit](#)

Client Information			
RI Number	S S Number	Client ID	Client Name
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Page : 1 of 1

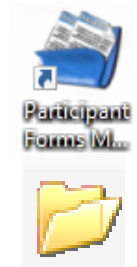
[Prev](#) [Next](#)

# PARTICIPANT'S FORM MANAGER (PFM)

Participant's Form Manager (PFM) is used by the Case Managers to complete all assessments. PFM is located on every desktop. Support staff and billers should be familiar with how to use PFM and its sections.

## OPENING PFM:

Click on the PFM icon on your desktop to open up PFM.



## OPENING A FILE:

Click on the folder icon at the top left of the PFM screen and then select the file you wish to open from File explorer.

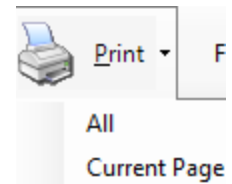
## SAVING A FILE:

Click on the blue floppy disk icon at the top left of the PFM screen. Go to the desired folder in the shared drive and click save.



## PRINTING:

Click on the Printer icon at the top left of the PFM screen and then select "current page" to print the page that is currently open or select "All" to print multiple sections at once. If you select all, a window will pop up asking you to select which sections you wish to print, and then click print.



Choose Which Forms To Print

Check The Forms Which You Would Like To Print

Select All Clear All

<input checked="" type="checkbox"/> Comprehensive Assessment Forms	<input type="checkbox"/> Community Based Residential Facility	<input type="checkbox"/> AMD Screening Criteria	<input checked="" type="checkbox"/> PCPOC Section F: Physical Health
<input type="checkbox"/> Addendum A	<input type="checkbox"/> Referral Form	<input type="checkbox"/> AMD Responsible Party Form	<input type="checkbox"/> PCPOC Section F: Behavioral Health
<input type="checkbox"/> Addendum A-1	<input type="checkbox"/> Prescreen Assessment Form	<input type="checkbox"/> 90 Day Review Guidelines	<input type="checkbox"/> PCPOC Section F: Spirituality
<input type="checkbox"/> Addendum B	<input type="checkbox"/> OBRA	<input type="checkbox"/> Memorandum of Understanding	<input type="checkbox"/> PCPOC Section F: Medications
<input type="checkbox"/> Addendum C	<input type="checkbox"/> Parolee Screen Form	<input type="checkbox"/> Guide for Selecting an AMD Unit	<input type="checkbox"/> PCPOC Section F: Nutritional
<input type="checkbox"/> Addendum D	<input type="checkbox"/> HFS 2536	<input type="checkbox"/> Cellular Acknowledgement	<input type="checkbox"/> PCPOC Section F: Caregiver
<input type="checkbox"/> Addendum E		<input type="checkbox"/> Individualized Backup Plan	<input type="checkbox"/> PCPOC Section F: Transportation
<input type="checkbox"/> Addendum E (Continued)		<input type="checkbox"/> HDM Nutritional Referral	<input type="checkbox"/> PCPOC Section F: Environment
			<input type="checkbox"/> PCPOC Section F: Financial
<input checked="" type="checkbox"/> CCP Financial Data	<input type="checkbox"/> Case Recording	<input type="checkbox"/> PCPOC Consent Form	<input type="checkbox"/> PCPOC Section F: Legal Status
<input type="checkbox"/> CCP Physician Statement	<input type="checkbox"/> Participant Injury/Death	<input checked="" type="checkbox"/> PCPOC Section A-E	<input type="checkbox"/> PCPOC Section F: Other Goals 1
<input type="checkbox"/> CCP Participant Agreement	<input type="checkbox"/> Release of Information	<input type="checkbox"/> PCPOC Signature Page	<input type="checkbox"/> PCPOC Section F: Other Goals 2
<input type="checkbox"/> CCP Plan of Care Notification Form			<input type="checkbox"/> PCPOC Section F: Other Goals 3
<input checked="" type="checkbox"/> CCP CCC CAT Data			<input type="checkbox"/> PCPOC Section F: Other Goals 4

Print Close



## **PFM Sections Reviewed:**

Click on "Comprehensive Assessment" and open up the menu to see all the sections of PFM.

Comprehensive Assessment
<b>Comprehensive Assessment</b>
Statewide ADDENDUM **A**
Statewide ADDENDUM **A-1**
Statewide ADDENDUM **B**
Statewide ADDENDUM **C**
Statewide ADDENDUM **D**
Statewide ADDENDUM **E**
Statewide ADDENDUM **E-1** (Continued)
CCP Financial Data
CCP Physician Statement
CCP Participant Agreement
CCP Plan of Care Notification
CCP CCC CAT DATA
Community Base Residential Facility Referral Form
Prescreen Assessment Form
OBRA
CCP Parolee Screen Form
HFS 2536
Case Recording
Release Of Information
AMD Screening Criteria
AMD Guide for Selecting an AMD Unit
AMD Responsible Party
AMD 90 Day Review Guidelines
AMD Memorandum of Understanding
POC Section F: Financial
POC Section F: Legal Status
POC Section F: Other Goals, Services or Supports 1
POC Section F: Other Goals, Services or Supports 2
POC Section F: Other Goals, Services or Supports 3
POC Section F: Other Goals, Services or Supports 4
POC Signatures
POC Section F: Spirituality
POC Section F: Medications
POC Section F: Nutritional Screening
POC Section F: Caregiver
POC Section F: Transportation
POC Section F: Environment

### **Comprehensive Assessment**

The Comprehensive Assessment is mainly used for initials and rede assessments. This section records all the information for the participant to be printed off for the participant's file.

### **Addendums**

Addendums are only used when prompted in the Comprehensive assessment paperwork.

### **CCP Financial Data**

The Financial Data page is used for initials and annual Rede assessments. It records the participant's financial information.

### **CCP Physician Statement**

The Physician Statement is rarely needed for an assessment. But can be used if needed to certify that a participant is beyond the scope of the CCP and requires the care of a NF.

### **CCP Participant Agreement**

The PA is used at every Initial and Rede assessment.

### **CCP Plan of Care Notification**

The POCNF is no longer used, but still appears in the menu for convenience if reviewing an older file. Use "PCPOC Section A-E" instead.

### **CCP CCC CAT DATA**

The Case Authorization Transaction (CAT) is used to record the billing codes for each assessment.

### **Community Based Residential Facility**

No longer used.

### **Referral Form**

The referral form is used when extra communication is needed to be sent to a provider or to refer the participant for a specific service not covered by the CCP and there is no other referral form to use.

### **Prescreen Assessment Form**

The Prescreen Assessment is 6 pages long. It is used primarily for Prescreens.

### **OBRA**

The OBRA is a 2 page document that is no longer used. The OBRA was replaced by PASRR screens in Maximus Assessment Pro.

### **CCP Parolee Screen Form**

Rarely used. The IDoA no longer requires the CCU to ask if a participant has ever been incarcerated.

### **HFS 2536**

The HFS form is completed with prescreens to be sent to the nursing facility.

### **Case Recording**

This can be used to write case notes if desired. Most Case Managers use case notes in the shared drive.

### **Release of Information**

This form is not required for every assessment, but is encouraged to be used, for example, if someone other than the participant without POA requests information regarding the participant's services.

### **AMD Screening Criteria / AMD Guide for Selecting an AMD Unit /**

### **AMD Responsible Party / AMD 90 Day Review Guidelines /**

### **AMD Memorandum of Understanding**

These sections are only used when a participant is beginning or already receives AMD services through CCP.

### **Cellular Acknowledgement**

This is a consent form that is no longer required, but can be used when a participant is applying for EHRS or AMD and does not have a landline.

### **Individualized Back-up Plan**

This records the emergency contact and agency numbers for CCP participants.

**Nutrition Referral for HDM**

Referral form for Home Delivered Meals. See page 33 for more details

**POC Consent Form**

Mainly used for Initial and Rede assessments.

**POC Section A-E**

This is the Person Centered Plan of Care (PCPOC). The PCPOC is used with CCP participants.

**POC Section F (multiple sections)**

A Section F is completed for each identified need for a CCP participant.

**POC Signatures**

This is the signature page used for CCP assessment.

**For more help with the PFM, see a Supervisor or Senior Case Manager.**

# CRITICAL EVENT REPORTING APPLICATION (CERA)

Review page 43 for more information on Critical Events.

## **CERA Points of Contact and Support**

For general questions regarding CER reporting processes, navigating the CERA or CER policy

**Mike Berkes**  
[Mike.Berkes@Illinois.gov](mailto:Mike.Berkes@Illinois.gov)

For technical issues or questions related to log on/user credentials

**Aging's IT Division**  
[Aging.infotech@Illinois.gov](mailto:Aging.infotech@Illinois.gov)

To request assistance with SIP resolution, challenging cases or programmatic questions

**Office of Community Care Services (OCCS)**  
[Aging.OCCS@Illinois.gov](mailto:Aging.OCCS@Illinois.gov)

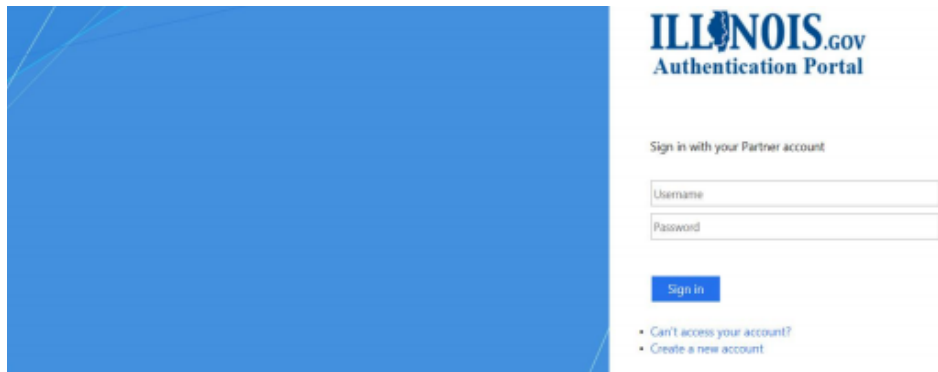
## **Accessing CERA**

All users must have EXTERNAL Illinois.gov accounts prior to gaining access to CERA (if you don't already). Obtaining your Illinois.gov account is simple:

- Go to: <https://www2.illinois.gov/sites/doit/support/Pages/DoITIdentityManagement.aspx> Click on "Create Illinois.gov Account"
- Follow the on-screen prompts to create and obtain your Illinois.gov username. Remember your Illinois.gov Username and Password – you will need these for logging in to the application.

New User Login:

- "Click" on the application URL:  
<https://webapps.illinois.gov/AGE/EventReporting>
- CCU Users select "Partner Account"
- Enter your Illinois.gov account credentials (Username and Password) at the sign-in screen and click "sign in"



**ILLINOIS.GOV**  
Authentication Portal

Sign in with your Partner account

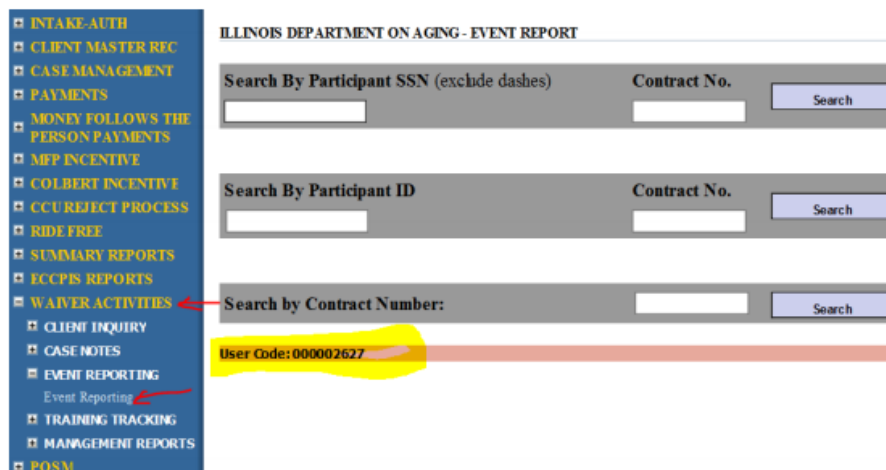
Username

Password

[Sign in](#)

[Can't access your account?](#)  
[Create a new account](#)

- Complete the User Registration Select User Type (“CCU” for staff or “CCU Supervisor”) Enter User Code from eCCPIS System...
  - Retrieve User Code from eCCPIS:

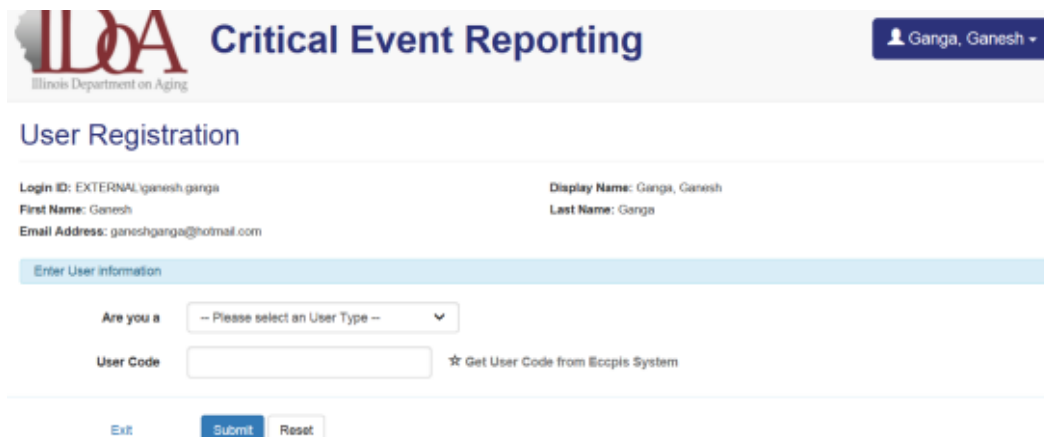


**ILLINOIS DEPARTMENT ON AGING - EVENT REPORT**

☐ INTAKE AUTH  
☐ CLIENT MASTER REC  
☐ CASE MANAGEMENT  
☐ PAYMENTS  
☐ MONEY FOLLOWS THE PERSON PAYMENTS  
☐ MEP INCENTIVE  
☐ COLBERT INCENTIVE  
☐ CCU REFLECT PROCESS  
☐ RIDE FREE  
☐ SUMMARY REPORTS  
☐ ECCPIS REPORTS  
☐ **WAIVER ACTIVITIES**  
☐ CLIENT INQUIRY  
☐ CASE NOTES  
☐ EVENT REPORTING  
☐ TRAINING TRACKING  
☐ MANAGEMENT REPORTS  
☐ POSM

Search By Participant SSN (exclude dashes)  Contract No.  [Search](#)  
 Search By Participant ID  Contract No.  [Search](#)  
 Search by Contract Number:  [Search](#)  
 User Code: 000002627

- Now, enter your User Code from eCCPIS into the “User Code” field on the application screen and click “Submit”



**ILDA Critical Event Reporting** Ganga, Ganesh

**User Registration**

Login ID: EXTERNAL/ganesh.ganga  
 First Name: Ganesh  
 Email Address: ganeshganga@hotmail.com  
 Display Name: Ganga, Ganesh  
 Last Name: Ganga

Enter User information

Are you a

User Code  [★ Get User Code from Eccpis System](#)

[Exit](#) [Submit](#) [Reset](#)

- After selecting “submit”, you have made your access request to Aging IT.
- Department will grant access to the application (within 24 hours) and you will receive an e-mail notification confirming access has been granted.
  - You can now log-in at the site URL with your “Partner Account” and Illinois.gov Username and Password
  - You are ready to enter critical event reports!

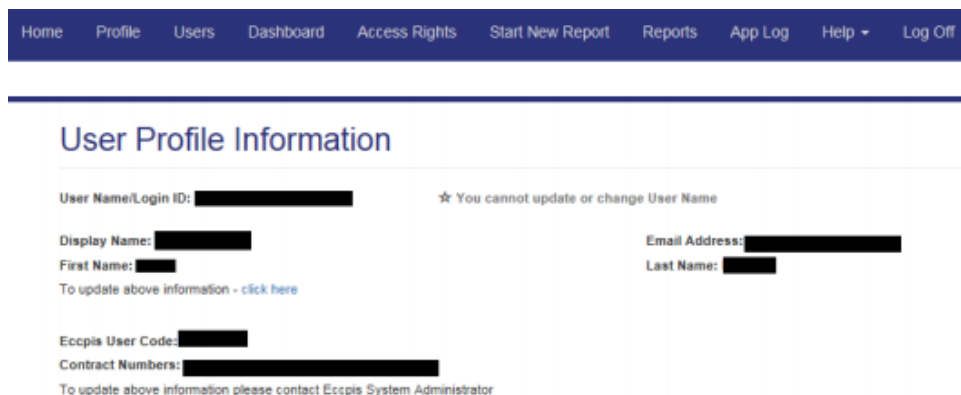


## **Home Screen (first tab)**

- “Home” – Brings the user back to the home screen from other areas of the application.
  - Home screen text can be edited for updates, system changes, etc.

## **Profile (second tab)**

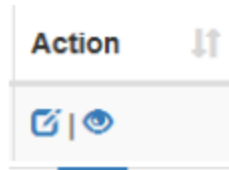
- “Profile” – Shows your user name, user code and contract numbers associated with your user credentials.



## **Dashboard (third tab)**

- 3 User dashboards exist in the application CCU, INH/ADS provider, and State.
  - CCU and INH/ADS dashboards will bring all relevant reports/activity into the view of the user (what the provider sees, the CCU sees).
  - State dashboard will be used to review, approve and “reject” reports. All communication occurs on user dashboards moving away from manual email notification.
  - Dashboard contains a keyword search function allowing users to quickly pull specific records to the surface
  - Dashboard columns can be sorted using the arrows next to the column labels.
  - Hovering your cursor over blue text on your dashboard will provide you additional information.
    - 60 day due date
    - Rejection reasons
    - User report was submitted by
- All user dashboards are broken into four main sections:
  - Section #1 Incomplete/Pending Report(s)
    - Shows initial reports that have been started but NOT completed or submitted.
  - Section #2 Complete Initial Reports (60 Day Pending)
    - Shows records for which the initial reports have been completed, 60 day report pending.
    - Reports in this section are ready for the CCU to complete the 60 day screen (using the “continue/edit” icon)
  - Section #3 60 Day (submitted) Report(s) for IDOA Review
    - Shows records where the 60 day report has been completed by the CCU and is awaiting IDOA approval/rejection.
  - Section #4 Completed/Final Event Reports
    - Reports in this section are complete and final. The initial report and 60 day screen are finished, no further action is required.
- Action Icons are available based on user type and are found at the right side of your user dashboard.
  - Hovering over each icon will pull text explaining the action

- CCUs and Providers will be able to “view” and “continue/edit” (continue/edit icon is used to complete initial and 60 day reports).



- Department (state) users can “view”, “continue/edit”, “delete”, “reject” and “Complete”
- State users are able to reject reports that lack information or are inadequate.
  - Reports can be rejected at the time of initial report and at the time of 60 day report.
  - All rejections will trigger an automatic email to the report taker that includes the rejection reason (CCU or provider).
  - Rejected reports will show in red font on your dashboard in the “report status” column.
  - To clear the reject, make corrections in response to the rejection reason and re submit report will show on state dashboard as needing subsequent review.
  - Hovering over the “report status” for rejected reports will also give you the reason for report rejection.
- State can monitor and approve all reports from our user dashboards.

## Dashboard

Incomplete/Pending Report(s)

Show10▼entries

Search:

Report ID	Notification Date	Client ID	Client Name	Event Type	Report Status	Submitted On	Action
No data available in table							



No records available

PreviousNext

Complete Initial Reports (60-Day Pending)

Show10▼entries

Search:

Report ID	Notification Date	Client ID	Client Name	Event Type	Report Status	Submitted On	Action
340-131	07/30/2018			CI	Review Pending	07/30/2018	 

Showing 1 to 1 of 1 entries

Previous1Next




60-Day (submitted) Reports for IDOA Review								
Show	10	▼	entries	Search: <input type="text"/>				
Report ID	Notification Date	Client ID	Client Name	Event Type	Report Status	Submitted On	Action	
304-904	07/26/2018	██████	██████	SIP	IDOA Pending	07/27/2018	<a href="#">🔍</a>	
314-276	07/26/2018	██████	██████	SIP	IDOA Pending	07/26/2018	<a href="#">🔍</a>	
Showing 1 to 2 of 2 entries							Previous	1 Next

Completed/Final Event Report(s)								
Show	10	▼	entries	Search: <input type="text"/>				
Report ID	Notification Date	Client ID	Client Name	Event Type	Report Status	Submitted On	Action	
248-481	07/26/2018	██████	██████████	CI	Completed	07/26/2018	<a href="#">🔍</a>	
299-120	07/26/2018	██████	██████	CI	Completed	07/27/2018	<a href="#">🔍</a>	
305-091	07/26/2018	██████	██████	CS	Completed	07/27/2018	<a href="#">🔍</a>	
Showing 1 to 3 of 3 entries							Previous	1 Next

## Start a New Report (fourth tab)

- New reports can be generated by clicking on this tab (this also appears on your home screen).
- Enter the participant's eccpis ID number, select the correct contract number, and click "Search."



# Critical Event Reporting

[Home](#)
[Profile](#)
[Dashboard](#)
[Start New Report](#)
[Reports](#)
[Help ▾](#)
[Log Off](#)

## Search Client/Participant

Enter Client ID/Participant ID and Contract Number

Client ID/Participant ID

Contract Number

— Please select — ▾

[Exit](#)

[Search](#)
[Reset](#)

- Review the participant's basic information and click "Start."



# Critical Event Reporting

[Home](#) [Profile](#) [Dashboard](#) [Start New Report](#) [Reports](#) [Help](#) [Log Off](#)

## Participant Basic Information

Contract Number: [REDACTED]

Client ID/Participant ID: [REDACTED]

Participant Name: [REDACTED]

Agency Name: [REDACTED]

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

[Exit](#)

[Previous](#)

[Start](#)

- Select the event type and click "Next" (see page 43 to review event types)
  - Critical Incident
  - Service Improvement Program Complaint (SIP)
  - Request for Change of Status (COS)

[Home](#) [Profile](#) [Dashboard](#) [Start New Report](#) [Reports](#) [Help](#) [Log Off](#)

## Event Type

Select Event Type

- Critical Incidents – Anticipated death, Unanticipated death, Hospitalization, Medication error, Serious injury, Missing Person, ER Visit, Property Damage, Nursing Facility Placement, Fall (with injury), Fall (without injury), Special circumstance, Criminal activity, Law enforcement interaction.
- Service Improvement Program Complaints (SIPs) – The SIP is a complaint based reporting process with the purpose of identifying and resolving problematic issues related to the provision of HCBS.
- Request for Change of Status – Occurs anytime the condition of a CCP participant changes or there is a change in circumstances, which affects the ability of the family and/or caregiver to safely provide support and assistance.

- Event Type
- ☐ Critical Incident
  - ☐ Service Related Complaint (SIP)
  - ☐ Request for change of status

[Exit](#)

[Previous](#)

[Next](#)


[Reset](#)

- Enter the participant's basic information on the next two pages when prompted.
  - Click "Next"

## Participant Basic Information

Contract Number: [REDACTED] Agency Name: [REDACTED]  
 Social Security Number: [REDACTED] Participant Name: [REDACTED]  
 Client ID/Participant ID: [REDACTED] Date of Birth: [REDACTED]  
 Report ID: [REDACTED] Event Report Status: Pending - New Report Pending/Incomplete

Enter Participant Basic Information - Critical Incident

Notification Date   ★ Date Reporter Learned of Critical Event

Gender  ▼

Marital Status  ▼

Language Preference(s)

<input checked="" type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Assyrian	<input type="checkbox"/> German
<input type="checkbox"/> Ethnic Chinese	<input type="checkbox"/> Farsi	<input type="checkbox"/> French	<input type="checkbox"/> Hindi
<input type="checkbox"/> Greek	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Korean
<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Mon-Khmer	<input type="checkbox"/> Polish
<input type="checkbox"/> Laotian	<input type="checkbox"/> Lithuanian	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Swedish
<input type="checkbox"/> Romanian	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Ukranian	<input type="checkbox"/> Urdu	
<input type="checkbox"/> Yiddish	<input type="checkbox"/> Yugoslavian	<input type="checkbox"/> Cantonese	

Other Language

Exit

[Next](#) [Reset](#)

## Participant Address and Contact

Contract Number: [REDACTED] Agency Name: [REDACTED]  
 Social Security Number: [REDACTED] Participant Name: [REDACTED]  
 Client ID/Participant ID: [REDACTED] Date of Birth: [REDACTED]  
 Report ID: [REDACTED] Event Report Status: Pending - New Report Pending/Incomplete

Enter Participant Address and Contact Information - Critical Incident

★ If the self-populated address is incorrect, the CCU must update the address in CMIS then process a CAT with the new address.

Street Address Line1

Street Address Line2

City/Town

State

Zip Code

Home Phone Number

Work Phone Number

Cell Phone Number

Email Address

Preferred Method of Contact  ▼

Additional Contact Information



Exit


[Previous](#) [Next](#) [Reset](#)

<https://uuhannona.illinois.gov>

## **Start a New Report: Critical Incident**

- Select the appropriate options according to the critical incident.
  - Include a brief description of what happened during the incident
  - Click “Next”

Enter Participant Critical Incident Information -

Incident Date   ★ Date Event/Incident Occurred

Incident Time    ☐ Time is Approximate

Provider Number

Critical Incidents Category

<input type="checkbox"/> Anticipated Death	<input type="checkbox"/> Nursing Facility Placement
<input type="checkbox"/> Unanticipated Death	<input type="checkbox"/> Vulnerable Adult Report (VAR)
<input type="checkbox"/> Unanticipated Hospitalization	<input type="checkbox"/> Fall with Injury
<input type="checkbox"/> Medication Error	<input type="checkbox"/> Fall without Injury
<input type="checkbox"/> Missing Person	<input type="checkbox"/> Emergency Department Visit
<input type="checkbox"/> Serious Injury	<input type="checkbox"/> Criminal Act/Law Enforcement Involvement - Participant is victim
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Criminal Act/Law Enforcement Involvement - other

Other CI Category

Location of Incident

Providing Care  ★ Who was providing care for Participant at time of incident

Description of Incident

[Exit](#) [Previous](#) [Next](#) [Reset](#)

- Enter in the contact information of the reporter (the person entering the report into CERA)
  - Include any additional information

Enter Reporter Information - Critical Incident

Reporter Type

First Name  Last Name

Agency Name

Street Address Line1  Street Address Line2

City/Town  State  Zip Code

Work Phone Number

Cell Phone Number

Email Address

Preferred Method of Contact

Provide additional information on incident

Any Others with information on incident

[Exit](#) [Previous](#) [Next](#) [Reset](#)

- Indicate if there are others with information regarding the critical incident.
- If “Yes,” scroll down and enter their contact information.
  - Click “Next”

Any Others with information on incident

Other Reporter Information

Relationship to Participant

First Name  Last Name

Work/Cell Phone Number  Email Address

Preferred Method of Contact

Provide additional information on incident

Exit

### Initial Review:

- First section: Write a brief description of the initial actions taken after the Critical Incident.
  - Who is the source of the report? What happened? Etc.
- Second section: Write a brief description of potential risk factors or barriers to resolving the critical incident.
  - Health conditions, language barriers, etc.
- Third section: Write a brief description of how the CCU will resolve the critical incident
  - Was the report given to a case manager to follow up? Etc.
- Fourth section: Write a brief description of the participant’s current status
  - Is the participant in the hospital, at home, or in a facility? Etc.
- Click “Next”



Reporter Information

Reporter Type: [REDACTED]	Other Reporter:
Last Name: [REDACTED]	First Name: [REDACTED]
Agency Name: [REDACTED]	
Street Address Line 1: [REDACTED]	Street Address Line 2:
City/Town: [REDACTED]	State: [REDACTED]
Zip Code: [REDACTED]	Work Phone Number: [REDACTED]
Cell Phone Number:	Email Address: [REDACTED]
Preferred Method of Contact: [REDACTED]	Provide additional information on incident:
Any Others with information on incident: [REDACTED]	

Edit

Initial Review Summary

Investigation Approach: [REDACTED]
Investigation Findings: [REDACTED]
Actions Post-Investigation: [REDACTED]
Current Status of Investigation: [REDACTED]

Edit

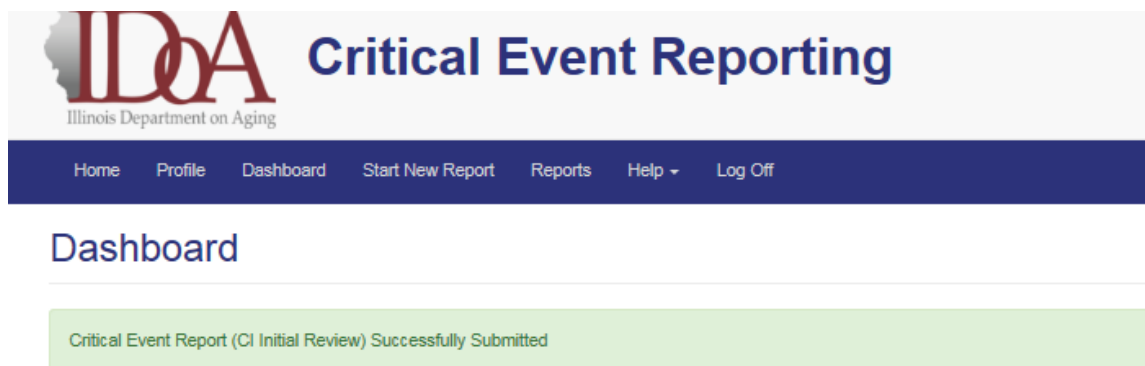
Submit Critical Event Report - Critical Incident Initial Review

☒ By Checking this box, I certify all information is true and correct to the best of my knowledge and displayed my name be used as my Signature

Event Report Submitted by: [REDACTED] Event Report Submitted on: 06/07/2018

Event Report Submit

- Confirmation of a successful submission will look like this:



## **Start a New Report: Critical Incident 60 Day Review**

The CCU will close the report within 60 days of the initial review.

- First section: Write a brief description of the initial actions taken after the initial review was submitted.
  - Was a case manager assigned to follow up? Who did the case manager contact? etc.
- Second section: Write a brief description of any risk factors or barriers that were encountered while resolving the critical incident.
  - Health conditions, language barriers, etc.
- Third section: Write a brief description of any actions that were taken to resolve the incident.
  - Change in Care Plan, Community referrals, etc.
- Fourth section: Write a brief description of the participant's current status
  - Is the participant at home? Is the participant receiving appropriate services?
- Click "Next"

Enter 60-Day Review Information - Critical Incident

🔗 Complete All Fields to the Best of Your Knowledge

Approach to 60-Day incident review ⓘ

Barriers to incident resolution ⓘ

Complete this field to the best of your knowledge

60-Day Review Action Plan Items ⓘ

Complete this field to the best of your knowledge

Current status of participant ⓘ

Complete this field to the best of your knowledge

Exit

Next

Reset



- Review the summary of the review and make any necessary edits.
  - Click “Event Report Submit”

## Critical Incident 60-Day Review Summary

Participant Information

Contract Number: [REDACTED]

Agency Name: [REDACTED]

Social Security Number: [REDACTED]

Participant Name: [REDACTED]

Client ID/Participant ID: [REDACTED]

Date of Birth: [REDACTED]

Report ID: [REDACTED]

Event Report Status: Review Pending - Final Follow-up/60-Day Review Pending

60-Day Review Summary

Investigation Approach: [REDACTED]

Investigation Findings: [REDACTED]

Actions Post-Investigation: [REDACTED]

Current Status of Investigation: [REDACTED]

Edit

Submit Critical Event Report - Critical Incident 60 Day Review

☐ By Checking this box, I certify all information is true and correct to the best of my knowledge and displayed my name be used as my Signature

Event Report Submitted by: Aster Bowden

Event Report Submitted on: 07/27/2018

Event Report Submit

- Confirmation of a successful submission will look like this:

## Dashboard

Critical Event Report (CI 60 Day Review) Successfully Submitted

## **Start a New Report: Service Improvement Program Complaint (SIP)**

- Select the category of the complaint
- Select the Contract Number for the provider who the complaint is about
- Write a brief description of the complaint.
- Click “Next”

Enter Participant Service Related Complaint(s) - Service Related Complaint (SIP)

Complaint category

-- Please select an Complaint Category - ▾

Contract Number

-- Please select -- ▾

★ Contract Number of Provider who the complaint is about

Description of Complaint

Exit

Previous

Next

Reset

- Enter in the contact information of the reporter (the person entering the report into CERA)
  - Include any additional information
  - Indicate if there are others with information regarding the critical incident.
    - If “Yes,” scroll down and enter their contact information.
  - Click “Next”

Enter Reporter Information - Service Related Complaint (SIP)

Reporter Type

First Name  Last Name

Agency Name

Street Address Line1  Street Address Line2

City/Town  State

Zip Code

Work Phone Number

Cell Phone Number

Email Address

Preferred Method of Contact

Provide additional information on incident

Any Others with information on incident

[Exit](#)

### Initial SIP Report:

- First section: Write a brief description of the initial actions taken after Service complaint.
  - Who is the source of the report? What happened? Etc.
- Second section: Write a brief description of potential risk factors or barriers to resolving the service complaint.
  - Health conditions, language barriers, etc.
- Third section: Write a brief description of how the CCU will resolve the service complaint.
  - Was the report given to a case manager to follow up? Etc.
- Fourth section: Write a brief description of the participant's current status
  - Is the participant in the hospital, at home, or in a facility? Etc.
- Click "Next"

Enter Initial Review Information - Service Related Complaint (SIP)

Complete All Fields to the Best of Your Knowledge

**Approach to SIP review** ⓘ

**Risk factors identified during initial SIP review** ⓘ

Complete this field to the best of your knowledge

**Post-Review Action Plan Items** ⓘ

Complete this field to the best of your knowledge

**Current status of participant** ⓘ

Complete this field to the best of your knowledge

Exit Previous Next Reset

- Review the summary of the review and make any necessary edits.
  - Click “Event Report Submit”

### Service Related Complaint(SIP) Initial Review Summary

Participant Information

Contract Number: [REDACTED]	Agency Name: [REDACTED]
Social Security Number: [REDACTED]	Participant Name: [REDACTED]
Client ID/Participant ID: [REDACTED]	Date of Birth: [REDACTED]
CER Number: 187982-9501	Event Report Status: Pending - New Report Pending/Incomplete

Participant Basic Information

Event Date: [REDACTED]	Marital Status: [REDACTED]
Gender: [REDACTED]	Other Language: [REDACTED]
Language: [REDACTED]	

Participant Address Information

Street Address Line 1: [REDACTED]	Street Address Line 2: [REDACTED]
City/Town: [REDACTED]	State: [REDACTED]
Zip Code: [REDACTED]	Home Phone Number: [REDACTED]
Work Phone Number: [REDACTED]	Cell Phone Number: [REDACTED]
Email Address: [REDACTED]	Preferred Method of Contact: [REDACTED]
Additional Contact Information: [REDACTED]	

Service Related Complaint(s)

Complaint category: [REDACTED]	Contract Number: [REDACTED]
Description of Complaint: [REDACTED]	

Reporter Information

Reporter Type:
Last Name:
Agency Name:
Street Address Line 1:
City/Town:
Zip Code:
Cell Phone Number:
Preferred Method of Contact:
Any Others with information on incident:

Other Reporter:
First Name:
Street Address Line 2:
State:
Work Phone Number:
Email Address:
Provide additional information on incident:

Edit

Initial Review Summary

Investigation Approach:
Investigation Findings:
Actions Post-Investigation:
Current Status of Investigation:

Edit

Submit Critical Event Report - Service Related Complaint(SIP) Initial Review

☐ By Checking this box, I certify all information is true and correct to the best of my knowledge and displayed my name be used as my Signature

Event Report Submitted by:
Event Report Submitted on: 06/07/2018

Event Report Submit

- Confirmation of successful submission will look like this:

## Dashboard

Critical Event Report (SIP Initial Review) Successfully Submitted

## **Start a New Report: Request for Change of Status (COS)**

- Select the contract number of the provider making the request
- Select the type of change that is being requested
- Write a brief description of the reason for the request
- Click "Next"

Enter Participant Change of Status Information - Request for change of status

Contract Number
-- Please select --

☆ Contract Number of Provider making the request

Request caused by a change in
-- Please select an Request Change --

Rationale for Change of Status Review

Exit
Previous
Next
Reset

- Enter in the contact information of the reporter (the person entering the report into CERA)
  - Include any additional information.
  - Indicate if there are others with information regarding the critical incident.
    - If "Yes," scroll down and enter their contact information.
  - Click "Next"

Enter Reporter Information - Request for change of status

Reporter Type
-- Please select an Reporter Type --

First Name
Last Name

Agency Name

Street Address Line1
Street Address Line2

City/Town
State
Zip Code

Work Phone Number

Cell Phone Number

Email Address

Preferred Method of Contact
-- Please select an Mode of Contact --

Provide additional information on incident

Any Others with information on incident
-- Please select --

Exit
Previous
Next
Reset

- Review the summary of the report and make any necessary edits
  - click “Event Report Submit”

### Change of Status Initial Review Summary


Participant Information	
Contract Number: [REDACTED]	Agency Name: [REDACTED]
Social Security Number: [REDACTED]	Participant Name: [REDACTED]
Client ID/Participant ID: [REDACTED]	Date of Birth: [REDACTED]
CER Number: 197981-9484	Event Report Status: Pending - New Report Pending/Incomplete
Participant Basic Information	
Event Date: [REDACTED]	Marital Status: [REDACTED]
Gender: [REDACTED]	Other Language: [REDACTED]
Language: [REDACTED]	<a href="#">Edit</a>
Participant Address Information	
Street Address Line 1: [REDACTED]	Street Address Line 2: [REDACTED]
City/Town: [REDACTED]	State: [REDACTED]
Zip Code: [REDACTED]	Home Phone Number: [REDACTED]
Work Phone Number: [REDACTED]	Cell Phone Number: [REDACTED]
Email Address: [REDACTED]	Preferred Method of Contact: Home Phone
Additional Contact Information: [REDACTED]	<a href="#">Edit</a>
Request for change of status information	
Contract Number: [REDACTED]	Request caused by a change in: [REDACTED]
Rationale for Change of Status Review: [REDACTED]	<a href="#">Edit</a>
Reporter Information	
Reporter Type: [REDACTED]	Other Reporter: [REDACTED]
Last Name: [REDACTED]	First Name: [REDACTED]
Agency Name: [REDACTED]	Street Address Line 2: [REDACTED]
Street Address Line 1: [REDACTED]	State: [REDACTED]
City/Town: [REDACTED]	Work Phone Number: [REDACTED]
Zip Code: [REDACTED]	Email Address: [REDACTED]
Cell Phone Number: [REDACTED]	Provide additional information on incident: [REDACTED]
Preferred Method of Contact: [REDACTED]	
Any Others with information on incident: [REDACTED]	<a href="#">Edit</a>
Submit Critical Event Report - Change of Status Initial Review	
<input type="checkbox"/> By Checking this box, I certify all information is true and correct to the best of my knowledge and displayed my name be used as my Signature	
Event Report Submitted by: [REDACTED]	Event Report Submitted on: 06/07/2018
<a href="#">Event Report Submit</a>	

- Confirmation of successful submission will look like this:

### Dashboard

Critical Event Report (CS Initial Review) Successfully Submitted	<a href="#">×</a>
--	-------------------

**Reports (fifth tab)**



# Critical Event Reporting

Home   Profile   Dashboard   Start New Report   Reports   Help ▾   Log Off

## Critical Event Reports

Dynamic Reports

CI Report Status

SIP Report Status

CS Report Status

Event Report

- Critical Incident Report Statistics

- Service Related Complaint Report Statistics

- Change of Status Event Statistics

- Generate/View Critical Event Reports

- “Reports” Aggregate counts of records for all event types and management reports that reflect all activity associated with your contract number(s).
- “Event Report” will house status reports that show all activity for your agency (similar to those we shared at the regional CER meetings).

## Critical Incident Report Statistics

Critical Incident Report Status by CCU or Provider

Show 10 ▾ entries Search:

CCU/Provider #	Agency Name	Total Reports	Pending Reports	Reject by IDOA	60-Day Review Pending	IDoA Review Pending	Review Completed
██████████	██████████	4	1	0	2	0	1

Showing 1 to 1 of 1 entries Previous 1 Next



## Service Related Complaint Report Statistics

Service Related Complaint Report Status by CCU or Provider							
Show	10	▼	entries	Search:			
CCU/Provider #	Agency Name	Total Reports	Pending Reports	Reject by IDOA	60-Day Review Pending	IDoA Review Pending	Review Completed
[REDACTED]	[REDACTED]	2	1	0	1	0	0
Showing 1 to 1 of 1 entries							Previous 1 Next

## Change of Status Report Statistics

Change of Status Report Status by CCU or Provider							
Show	10	▼	entries	Search:			
CCU/Provider #	Agency Name	Total Reports	Pending Reports	Reject by IDOA	IDoA Review Pending	Review Completed	
[REDACTED]	[REDACTED]	2	0	0	2	0	
Showing 1 to 1 of 1 entries							Previous 1 Next

## Search Function



# Critical Event Reporting

[REDACTED]

[Home](#) [Profile](#) [Dashboard](#) [Start New Report](#) [Reports](#) [Help](#) [Log Off](#)

### Welcome!

Community Care Program (CCP) workers, Care Coordinators and providers, are required to report and follow-up on all Critical Events that have occurred or are suspected to have occurred to participants under the CCP.

Any actual or alleged incident or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of an individual. "Critical Event" is the broad term used to describe all events that must be reported under this initiative.

[Learn more](#) [Start New Report](#) [Search](#)

- The search function is used to search for specific reports. You can search for reports using:
  - participant ID,
  - provider contract number,
  - or report ID

## Critical Event Report Search

Enter Participant/Client ID and Contract Number or Event Report ID

Participant/Client ID

Contract Number

-- OR --

Report ID

Search

Reset

## Search (sixth tab)

- IDOA is able to upload documents and files to CERA. Resources will be posted here for users (current policy, FAQs , Log in instructions, etc.)
- Subsequent application version releases will be listed here.

## Help

Help Documents	
<a href="#">FAQ</a>	- Frequently Asked Questions ▾
<a href="#">Reference Guides</a>	- User Reference Guide ▾
<a href="#">Agency Policies</a>	- IDOA Policies ▾
<a href="#">eCCPIS Registration</a>	- Instructions for eCCPIS Registration ▾
<a href="#">Illinois.gov Account</a>	- Instructions for how to create an Illinois.gov account ▾
<a href="#">Illinois.gov Account</a>	- Instructions for how to create an Illinois.gov account ▾
<a href="#">V1.01.180</a>	- Release

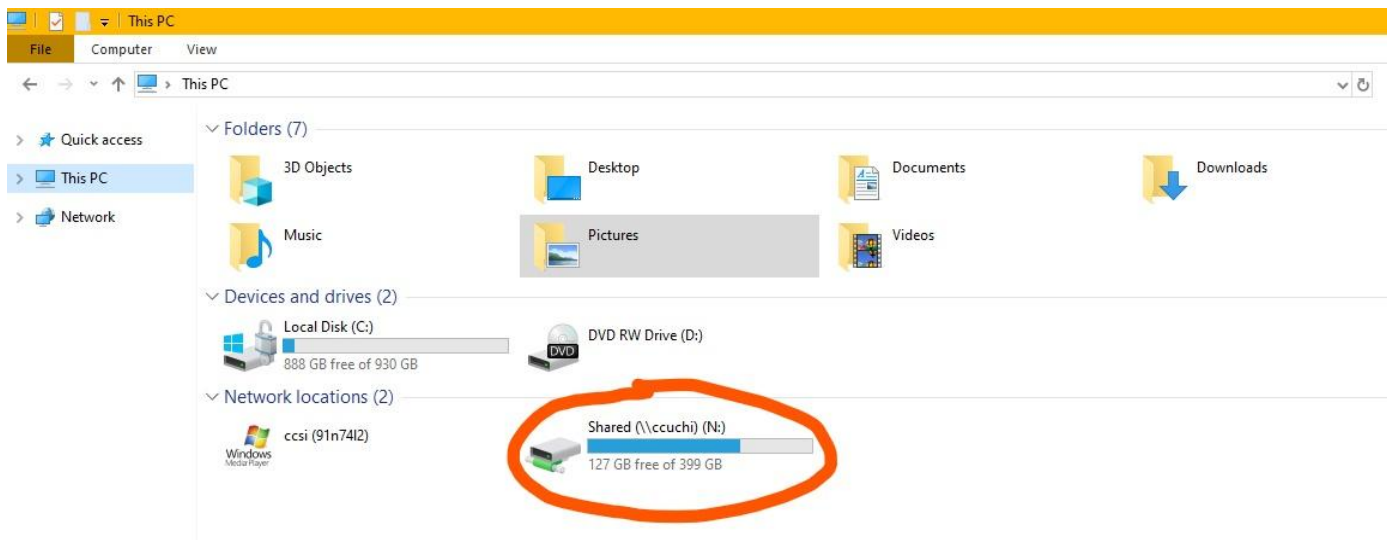
# THE SHARED DRIVE

The shared drive (N) is a folder located in your file explorer. Most of the computers have a shortcut located on the desktop. The shared drive can be accessed by all the computers in the office.

Everything should be saved to shared drive when possible:

- Home Visit Schedules
- All assessments on Participant Forms Manager
- Case Notes
- Applications and referrals

**SAVE A COPY OF EVERYTHING  
TO THE SHARED DRIVE!**



# MAXIMUS ASSESSMENT PRO

[WWW.AssessmentPro.com](http://WWW.AssessmentPro.com)

As of March 2022, the IDoA has implemented a new program for completing PASRR level I and II screens for Choices for Care Screens. This will take place of completing OBRA and Verification forms. **Only supervisors, support staff, screeners, and case managers working the weekends will have access to Maximus Assessment Pro.**

Requests for Choices for Care Screens or prescreen/post screens will be claimed through Maximus Assessment Pro and the Screeners will enter in the DON score, date of DON within Maximus after completing a prescreen assessment. Screeners will also immediately upload the HFS 2536 form. Nursing facilities can then review the HFS 2536 within Maximus.

The following are slides from the Maximus Assessment Pro Training. For additional training, talk to your supervisor and review the Maximus Resources available in AssessmentPro.com.

## Important to Note

CCUs complete Choices for Care assessments for individuals under the age of 60, if the individual is in a hospital.

In most areas, DRS staff are responsible for pre-screening & post-screening, if individual is in the community or in a nursing facility.

A minimum DON score total of 29 is required for an individual to either receive NF, SLP or CCP services.

With the exception of federal holidays, CCUs are required to have capacity to complete face to face pre-screenings seven (7) days a week, at a minimum of seven (7) business hours per day.

## Referrals and Process

Referral can come from hospital, NF, SLP, community, individual/family.



CCU checks CMIS *and* either eCCPIS or PSS to see if a DON has been completed in the last 90 days.

What info regarding the referral should go in the participant's physical Choices file?

- The screenshot from AssessmentPro that shows the date the referral was sent to the CCU.
- IDoA Referral Sheet no longer needed.
- No longer need to complete the IDoA Choices for Care Screening Verification Form (IL 402-1179) which was left with hospitals as a communication tool.

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Has a DON been completed within the past 90 calendar days by any CCU?

**NO:** CCU conducts face-to-face screening.

**YES:** CCU does not complete another screening.

- If the Level I was put in by a NF or hospital, the DON will be triggered. However, since there is a DON done within the last 90 calendar days, there is no need to complete a new DON.
- CCU completes HFS Screening Verification form (HFS 3864), hand write DON score onto form.
- In AssessmentPro CCU will:
  - Mark DON and Choices consultation not completed and enter reason as "previous DON completed within last 90 calendar days."
  - Upload HFS 3864.

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## When the Individual Lives in the Community

Is the individual at imminent risk (within 3 calendar days) of NF/SLP placement?

- **YES:** pre-screening must be completed within 1 calendar day
- **NO:** pre-screening must be completed within 2 calendar days

If the individual is in the community, the CCU where the individual resides is responsible for completing the Level I or SLP Initial Screen and DON.

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## Uploading the 2536 into AssessmentPro

- Maximus, HFS, and IDoA have been discussing the uploading of the 2536.
- On 4/13/22, the decision was made for CCUs **NOT to enter the facility name and admission date on the 2536**. This change takes effect immediately.
- This way the 2536 can immediately be uploaded into AssessmentPro as soon as the DON is completed. **The CCU no longer has to wait for that information from the hospital or NF.**
- If you had checked in AssessmentPro the 2536 was not available and you had printed out a fax cover sheet, please go ahead and send those to Maximus, without the admission date or facility.
  - **The Maximus fax is secure; please do not encrypt or password protect 2536s faxed to Maximus. The fax cover sheet is also specific to a particular individual—please generate and utilize a new fax cover sheet for each person.**

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## Sending HFS 2536 & SLP Initial Screen to SLP

- CCUs are required to complete the SLP Initial Screen and enter into AssessmentPro and send the HFS 2536 to the SLP **PRIOR** to the admission date.
- SLPs will not be doing the admission tracker like NFs. Therefore, the HFS 2536 should be sent directly to the SLP (pre 4/18/22 methods) and not uploaded into AssessmentPro.
- Only if the SLP submits the Initial Screen (such as for someone admitting from out of state) should the 2536 be uploaded into AssessmentPro.
- The CCU can complete the SLP's name and address and the **SLP will fill in the admission date** on the HFS 2536.

**An individual cannot enter the SLP until the SLP Initial Screen is completed.**

## Timeframe Notes

- It is imperative:
  - The Choices consultation/DON is completed within 24 hours of receipt of the referral.
  - The DON score is entered and 2536 uploaded into AssessmentPro as soon as possible after completion.
    - A Level II cannot be finalized until the DON score is entered by the CCU into AssessmentPro.
- Referral timeframe—starts during your agency's business hours for completing Choices and is not based on the time the Level I or Initial Screen are entered, such as if these were entered overnight.



# What if a Choices Pre-screen was not completed?

- An individual cannot enter a NF until the Level I screen is completed.
  - As long as the NF submits the Level I as an 'applicant' the CCU queue will be triggered to complete the DON.
- An individual cannot enter the SLP until the SLP Initial Screen is completed.
  - As long as the SLP submits the Level I as 'preadmission' the CCU queue will be triggered to complete the DON.
- CCU will complete post-screening DON within 2 calendar days and enter into AssessmentPro. In these cases, the CCU can complete name of facility and admission date on the 2536 prior to uploading into AssessmentPro.
- CCU also enters information into the IDoA portal after the screening is completed.  
<https://webapps.illinois.gov/AGE/AgingPortal/Account/Register>
- If pre-screening was not completed prior to NF/SLP admission, information needs to be entered into the IDoA portal, even if one of the circumstances of the HFS 2536 is met:
  - Out of state
  - From hospital emergency room/outpatient services
  - due to loss of a caregiver when a pre-existing need for a caregiver existed
- IDoA will provide this information to HFS Bureau of Long-Term Care.

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## Completion of HFS 3864— Screening Verification Form

What if a NF/SLP contacts your CCU as they do not have a copy of HFS 2536?

- CCU looks in PSS to determine if assessment has been completed within past 90 calendar days.
  - If assessment has not been completed, follow procedures for completing post-screening.
  - If assessment has been completed,
    - CCU completes HFS Screening Verification form (HFS 3864), hand write DON score onto form.
    - In AssessmentPro CCU will:
      - Mark DON and Choices consultation not completed and enter reason as "previous DON completed within last 90 calendar days."
      - Upload HFS 3864.
- CCU can bill for non Face to Face pre-screening (066) for this process.
- Link to fillable form:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/hfs3864.pdf>

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## AssessmentPro Helpful Hints

- CCUs can utilize training resources in AssessmentPro.
  - Password protected but IDoA has provided password to all CCUs.
- Is the referring entity notified as soon as the DON score is entered?
  - No however the referring entity can look in AssessmentPro.
- What if a referring entity (hospital or NF) is identified incorrectly due to their address?
  - Contact Maximus to request a change in the facility address—with the subject line **"Referring Facility Correction Needed."**
- Two Level Is for the same individual can be entered if a different ID is utilized, such as SSN on one request and driver's license on another request. CCU should complete DON on one referral; other referral can be marked as 'no DON done' and in comments indicate 'duplicate.'
- Watch for emails from Maximus regarding updates. Sign up by emailing Maximus at [ILCCU@maximus.com](mailto:ILCCU@maximus.com) and put "sign me up for updates" in subject line.

**\*\*Although AssessmentPro is required to be utilized to enter DON score, etc., remember you can still communicate with hospitals, NFs, and SLPs outside of AssessmentPro, documenting all contacts in the individual's case notes.**

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## Choices for Care Questions

- CCUs should only utilize the [ILCCU@maximus.com](mailto:ILCCU@maximus.com) email which has been established specifically for CCU questions.
- If the question is regarding an IDoA procedure or timeframes, email IDoA
- NFs and hospitals should be utilizing the [ILPASRR@maximus.com](mailto:ILPASRR@maximus.com) email.
- For NFs or hospitals who do not understand the PASRR process or have difficulty accessing AssessmentPro:
  - Refer them to the ILPASRR website and resources available.
  - Email [aging.training@illinois.gov](mailto:aging.training@illinois.gov) with the subject line "NF/hospital PASRR access" with as much contact information as possible. IDoA will provide this information to HFS for follow up.

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## NOTES SECTION

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.