QUICK REFERENCE GUIDE: COMPREHENSIVE ASSESSMENT

SERVICE DESCRIPTION:

A. The Comprehensive Assessment is provided for individuals applying for DDA services and is an assessment of the individual's needs and supports to determine eligibility as noted in COMAR 10.09.48 and 10.22.12. [1]

B. The Comprehensive Assessment should be **completed within 45 business days of referral** to the Resource Coordination (RC) Provider and include the following:[2]

1. A review of relevant medical and other records with the applicant or legal representative's written consent;
2. A review of current medical, social or other support services as appropriate;
3. A face-to-face assessment of the applicant, preferably at the applicant's home, to review:
   a. Medical, developmental, and mental history, including current medications;
   b. Nutritional status;
   c. Emotional and behavioral status;
   d. Health care coverage;
   e. Living situation;
   f. Personal support systems;
   g. Individual's goals and preferences;
   h. Environmental, social and functional status;
   i. Educational history;
   j. Employment and income status;
   k. Health education;
   l. Social support;
   m. The most integrated setting appropriate to meet the individual's needs; and
   n. Any additional service needs.
4. Assistance with information gathering, such as obtaining professional evaluations and assessments necessary to document and recommend eligibility and priority for services; and
5. A completed assessment form as required by the DDA.

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[1] *In the event of emergencies, the individual referred for resource coordination by the DDA shall be contacted by the resource coordinator as circumstances require or as requested by DDA as per COMAR 10.09.48.04D(9)(f).*

[2] *Please reference DDA's website for the Advisory Guidelines for Determining Eligibility for DDA Funded Service at* http://dda.dhmh.maryland.gov/SitePages/information.aspx.

C. As the resource coordinator is conducting the Comprehensive Assessment, he/she should also share information about relevant resources, make referrals as necessary, and assist the individual with applications to generic community, local, state and federal programs [3] for medical, social, educational and other necessary services. Examples of such services include referrals to community housing agencies, identifying self-advocacy groups, recreational and social activities, and connecting with DDA's Low Intensity Support Services (LISS) to address needs while waiting for the eligibility determination.

PROTOCOLS AND BUSINESS RULES:

The foundation of the Comprehensive Assessment is the face-to-face visit with the applicant to gather information and assess needs as described in the section above. The service deliverable is the Comprehensive Assessment, submitted to the referring DDA Regional Office using the Critical Needs List Recommendation (CNLR) Form. The activities related to completion of the Comprehensive Assessment shall be recorded, in addition to the five required key dates, within PCIS2. In order to be reimbursed for this service, certain actions are required as outlined below.

A. Timing Guidelines as Outlined in COMAR 10.09.48

1. **Initial Contact:** All individuals referred for an Assessment should be contacted within three (3) business days of receipt of referral by the DDA.

   In the event of emergencies, the individual referred for resource coordination by the DDA shall be contacted by the resource coordinator as circumstances require or as requested by DDA as per COMAR 10.09.48.04D(9)(f).

2. **Face-to-Face:** All individuals referred for an Assessment should receive a face-to-face visit within seven (7) business days of the initial contact unless the individual's health or schedule conflicts.

3. **Completion of CNLR:** Hard copies of the Comprehensive Assessment should be completed and submitted, with required supporting documentation, to the Regional Office within 45 business days of the referral to the RC provider by the DDA.

B. Individuals who are Unavailable or Unresponsive

At times there are unique circumstances that impact the availability of the individual to meet face-to-face. As per COMAR 10.09.48D(9)(d), the provider must document the reasons why face-to-face meetings did not occur within the required timeframe. There are also situations where individuals request assistance and then are either unresponsive to follow-up actions or unable to be reached based on the contact information they initially provided. The following scenarios and guidance are provided for these unique circumstances.

[3] This shall include, as necessary, assisting the referred individual in completing their application for DDA eligibility.

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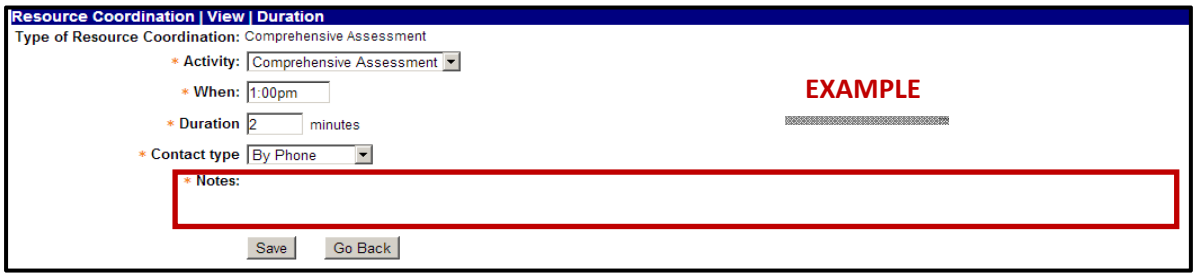
Scenario 1: Face-to-Face Assessment Completed

If a resource coordinator has the initial face-to-face meeting with the individual, and afterwards the individual *does not* (1) provide *all* the necessary follow-up documentation within the specified timeframe, and/or (2) remain in contact with the coordinator or reciprocate the coordinator's efforts to communicate, etc.; then the resource coordinator should:

a. Complete the Comprehensive Assessment (CNLR form) as extensively as he/she is able to given the circumstances; and

b. Inform the Regional Office of the challenges when submitting the CNLR and available supporting documentation. The challenges should also be indicated by documenting in detail within PCIS2, under the "Notes" section as shown below:



NOTE: In this scenario, the face-to-face meeting occurred and the Assessment (CNLR) is completed; therefore, the RC provider is eligible for the $450 payment for service. In order to submit an invoice, all required dates must be entered on the appropriate screen within PCIS2 (*refer to Step 7 below*).

Scenario 2: Face-to-Face Meeting Not Conducted

If a resource coordinator makes contact with the individual; however, due to *unique circumstances*, the individual is unable to meet face-to-face within the time frame outlined in the regulations, then the coordinator should (1) document the circumstances as an exception, and (2) continue the Assessment process once the individual is available.

a. Clarification: Unique circumstances may include an extended hospitalization where the person is unavailable and there is no other representative to provide information; or the need to be "out of reach" due to a death in the family that may require extensive travel.

   The resource coordinator should document the circumstances and follow-up plan in the "Notes" section within PCIS2 and inform the Regional Office via e-mail. For example, the note could state: "Ms. Jones was hospitalized on May 5, 2013, currently unable to communicate her needs, and has no other representative at this time. Plan to follow-up in two weeks to check on status and begin assessment." Or "Mr. Smith will be traveling to Florida due to grandparent's death and is scheduled to return on June 1st at which time the assessment date will be coordinated."

   NOTE: In this scenario, the face-to-face meeting has not occurred and the Assessment (CNLR) was not completed; therefore, no claim can be submitted for this service at this time.

b. Clarification: If the individual is not available to meet face-to-face within two (2) months of the referral date, he/she should be made inactive within PCIS2. The resource coordinator should document the circumstances in the "Notes" section within PCIS2 and inform the Regional Office of the need for the individual to be made inactive. The coordinator should clearly state the rational for the requested change in active status.

If the individual later contacts the Regional Office or the RC provider, a new referral will be made to the original RC provider for completion of a Comprehensive Assessment.

NOTE: In this scenario, the individual is made inactive prior to the face-to-face meeting taking place; therefore, the Resource Coordination provider is not eligible for the $450 payment and no invoice may be submitted for this service.

Scenario 3: Unable to Contact

If upon receiving a referral for a Comprehensive Assessment from the DDA, a resource coordinator attempts to contact an individual three times spread over a period of seven business days, and receives no response, the coordinator should (1) document the date and actions taken in the "Notes" section within PCIS2 and (2) email the Regional Office's RC Lead to inform DDA that the person was unresponsive. At that point, the Regional Office will discharge the individual from RC services closing the relationship. If the individual later contacts the Regional Office or the RC provider, a new referral will be made to the original RC provider for a Comprehensive Assessment.

NOTE: In this scenario, the face-to-face meeting has not occurred and the Assessment (CNLR) was not completed; therefore, no claim can be submitted for this service at this time.

C. Documenting Activity Duration and Billing

1. It is important to document or log dates, duration, actions taken, circumstances, challenges, and follow-up plans (as appropriate) in the "Notes" section within PCIS2. These documented activities are part of the client record and are required to meet regulatory requirements.
2. The Comprehensive Assessment activities also capture five (5) key performance measure dates. All five required dates (*refer to Step 7 below*) are to be entered into the PCIS2 system for payment including:
   a) Referral Date– the date the RC provider received the referral from the DDA Regional Office.
   b) Initial Contact – the date of the resource coordinator's initial contact with the referred person. This is required within three (3) business days of receipt of referral by the DDA.

c) Meeting Date – the actual date the initial face-to-face meeting occurred. This is required within seven (7) business days of the initial contact with the referred person.

d) Comprehensive Assessment Completed – the date the Comprehensive Assessment (CNLR form) was completed by the resource coordinator.

e) Sent to Regional Office – the date the RC provider sent the hard copy of Comprehensive Assessment (CNLR form) and supporting documentation to the DDA Regional Office.

3. There is a one-time $450 payment for conducting a Comprehensive Assessment. This is considered a "unit of one." Time logged by resource coordinators for Comprehensive Assessment activities in the PCIS2 system will not be billed on a per unit-basis but will be used to assess time associated with the activity.

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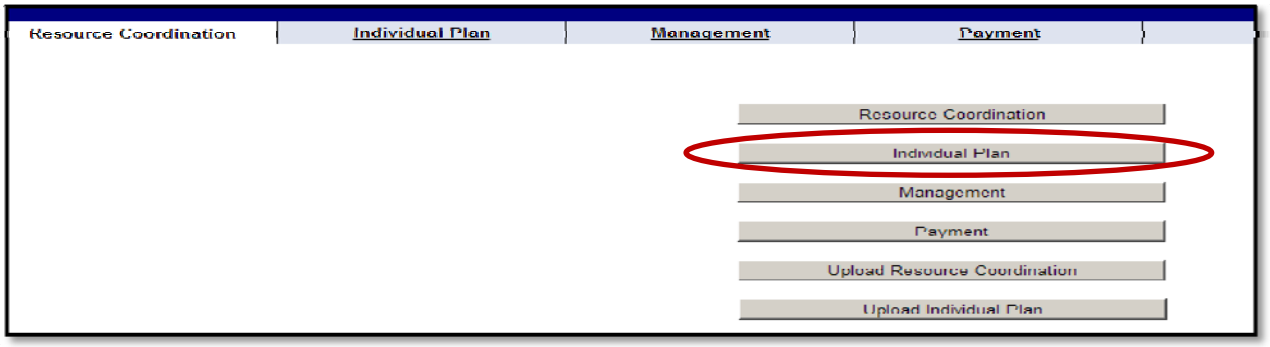
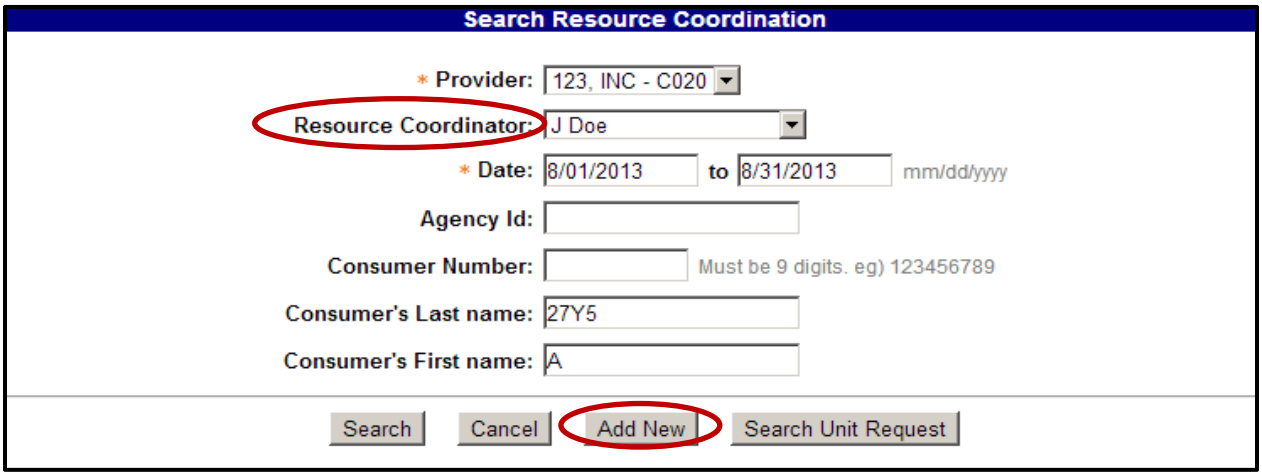
LOGGING ACTIVITIES IN PCIS2:

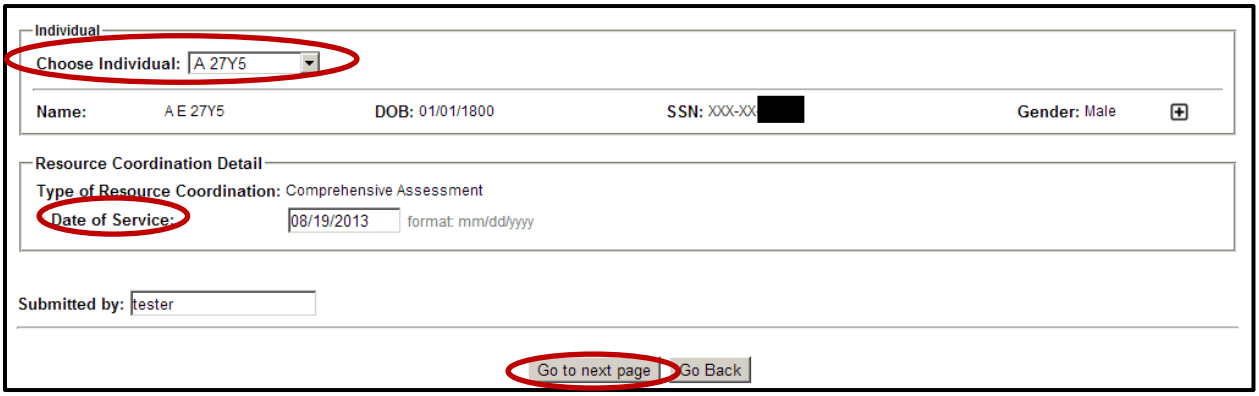
STEP 1: Once in the "Resource Coordination" tab, click on **"Resource Coordination."**



STEP 2: Select your name from the "Resource Coordinator" drop-down menu and click on **"Add New."**



STEP 3: Select the individual from the "Choose Individual" drop-down menu; enter the "Date of Service" (date the activity was conducted); and then click on **"Go to Next Page."**



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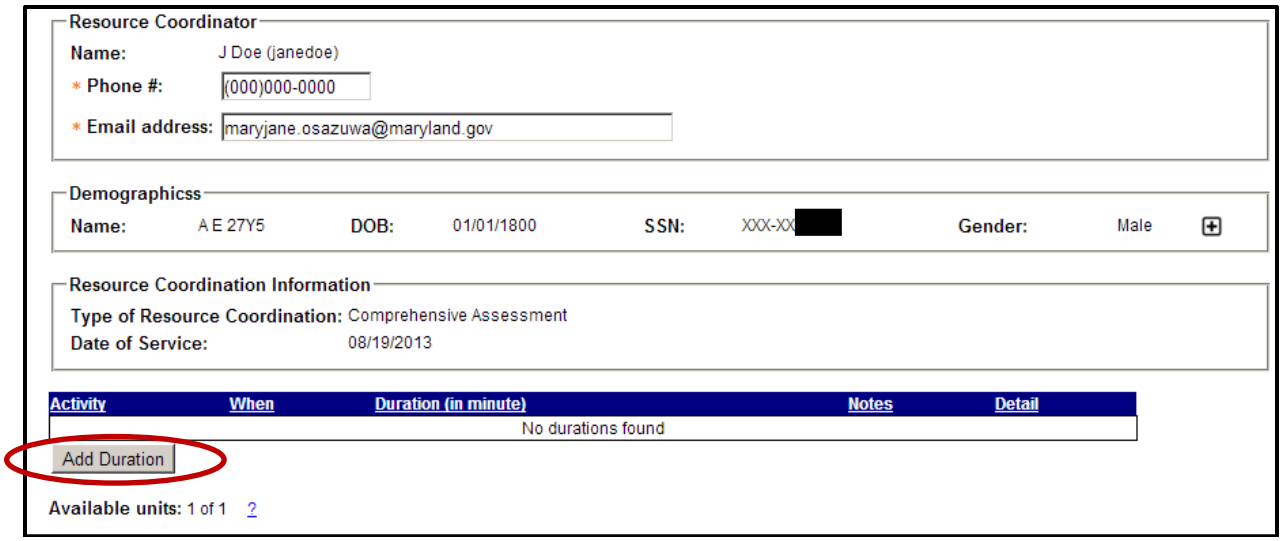
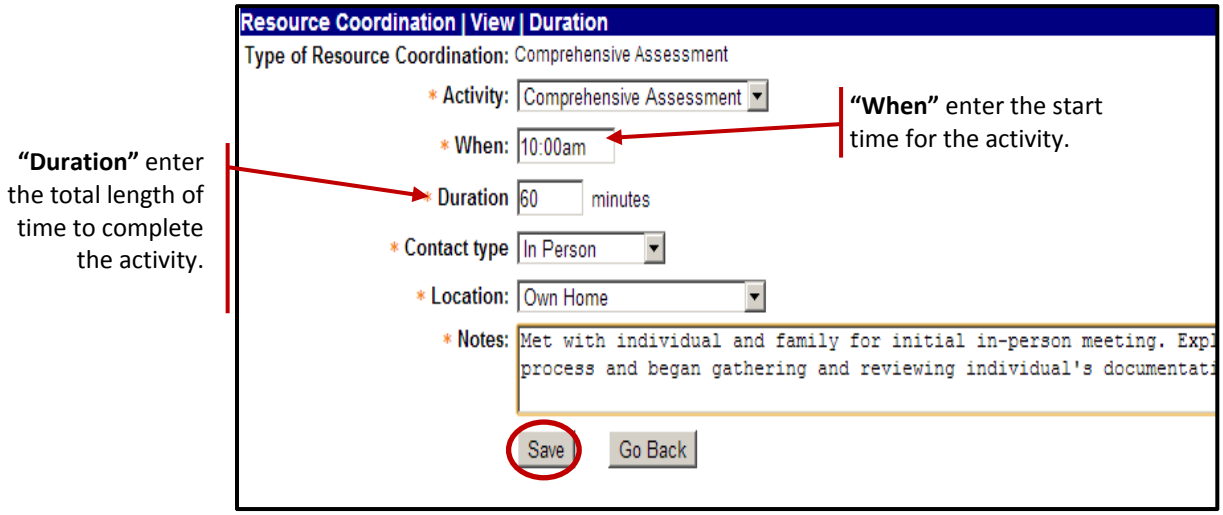
STEP 4: To add activity duration, click on **"Add Duration."**



STEP 5: Select **"Comprehensive Assessment"** from the "Activity" drop-down menu and then enter "When," and the "Duration". Select the appropriate options from the "Contact Type" and "Location" drop-down menus. In the "Notes" enter details related to the activity, then click on **"Save."** After you saved the changes, click on **"Go Back."**



To enter one or more of the required dates related to the Comprehensive Assessment proceed to Step 6.

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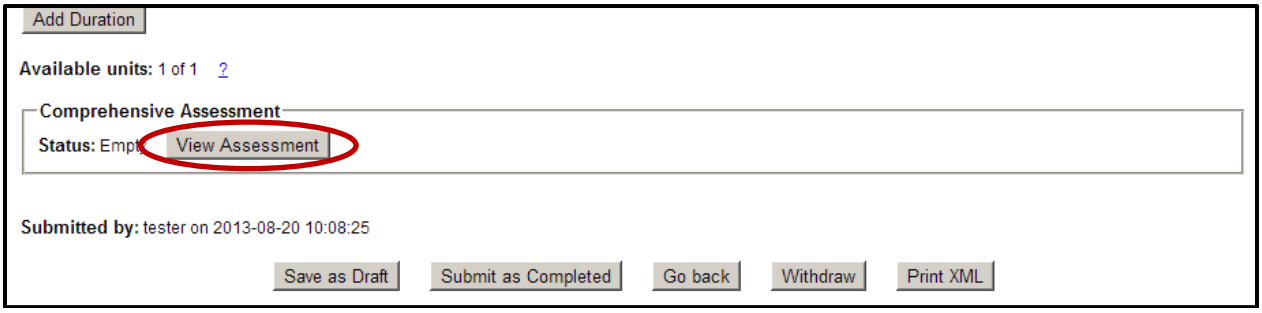
STEP 6: To enter the required dates related to the Comprehensive Assessment, click on **"View Assessment."**

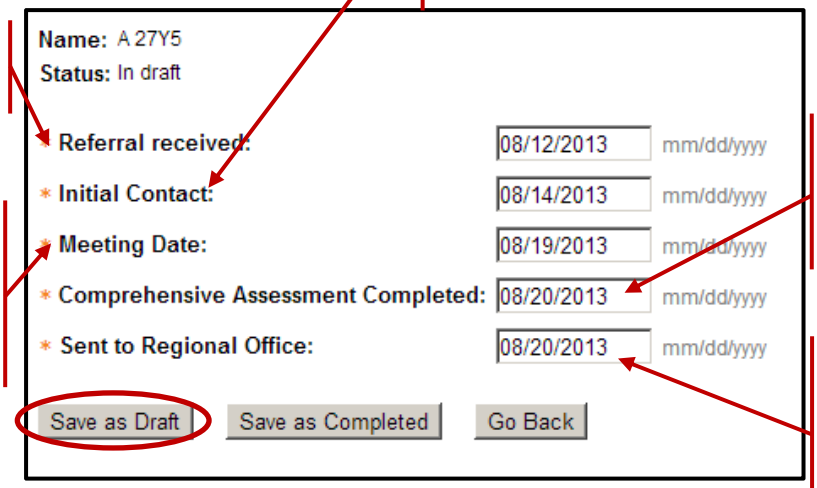


STEP 7: Enter each of the five (5) required dates as they occur. Each time a date is entered, click on **"Save as Draft."**

"Initial Contact" is the date of the resource coordinator's initial contact with the referred person. This is required within three (3) business days of receipt of referral by the DDA.

"Referral Received" is the date the RC provider received the referral from the DDA Regional Office.

"Meeting Date" is the actual date the initial face-to-face meeting occurred. This is required within seven (7) business days of the initial contact with the referred person.



"Comprehensive Assessment Completed" is the date the Comprehensive Assessment (CNLR form) was completed by the resource coordinator.

"Sent to Regional Office" is the date the RC provider sent the hard copy of the Assessment and supporting documentation to the Regional Office.

STEP 8: Mail or email the completed Comprehensive Assessment in the form of the Critical Needs List Recommendation (CNLR) ***and*** supporting documentation to the Regional Office.

NOTE: When applicable, be sure to clearly note any circumstances that resulted in delays in meeting the timing guidelines, including but not limited to, those caused by the individual's unavailability.

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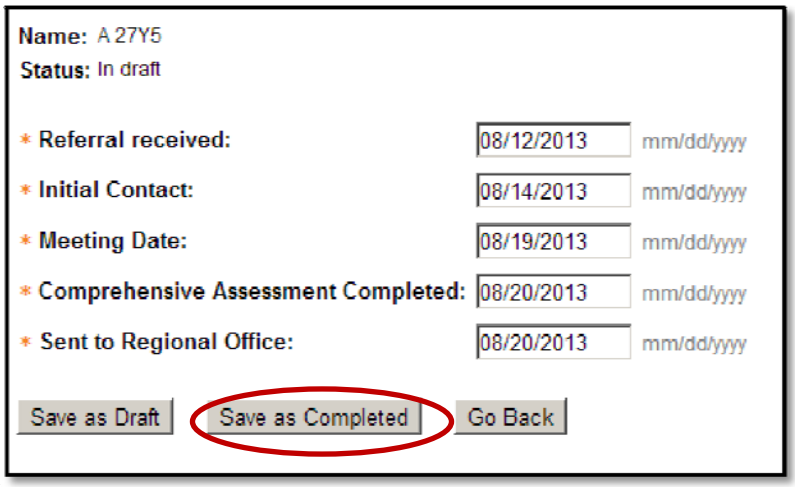
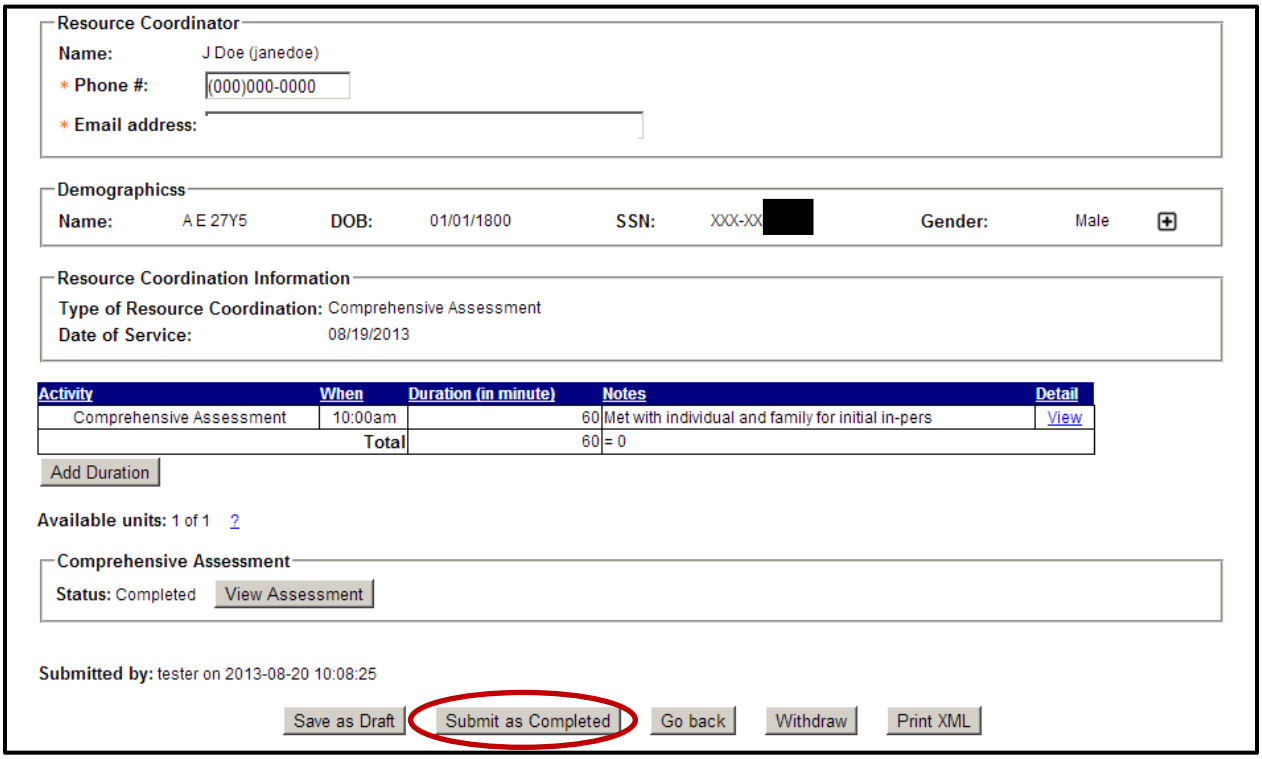
STEP 9: Once you've entered all of the dates, click on **"Save as Completed,"** then click on **"Go Back."** All 5 dates must be entered in order to submit the Comprehensive Assessment as complete; an invoice may then be generated and submitted for payment.



STEP 10: Click on **"Submit as Completed."**