

DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF AGING AND COMMUNITY SERVICES

GLOBAL OPTIONS (GO) FOR LONG TERM CARE FOR NURSING FACILITY
TRANSITIONS (NFT)

SUBJECT: Reassessment

PURPOSE: The procedure establishes both criteria and a process for modifying the participant's Plan of Care (POC) and increasing individualized budgets.

PROCEDURE:

Roles and Responsibilities

1. Care Manager:

- May determine during home visits or follow-up contacts that services and/or supports identified in the initial Transition Plan/Plan of Care are inadequate, and that the plan should be modified. The two significant factors that may prompt an increase in the POC are a **change in clinical condition** or a **change in the informal support system**.
- Completes the process of initiating changes in the Transition Plan/Plan of Care and formally requests an increase in the cost of the service plan as follows:
 - A. Writes a justification documenting changes in health status or caregiver support;
 - B. Revises the POC to reflect changes, which may include an increase in types of service, units of service or frequency.
 - C. Projects the cost for the increased services on the Service Cost Record (SCR);
 - D. Copies the original MDS-HC, adds the updated information, and initials the changes in clinical or caregiver status.
- Completes the request as follows:
 - A. If under \$2,841, submits the request to the care coordinator or care manager supervisor for review and approval/denial.
 - B. If over \$2,841, submits request to OCCO Regional Quality Manager for approval/denial.

2. Care Coordinators/Care Manager Supervisors:

- Review requests to modify the POC for those services that do not exceed \$2,841.
- Review updated MDS-HC assessment, POC, written justification, and SCR.
- Evaluate the impact of the changes on the participant's ability to meet deficits in ADL/IADL.
- Ensure that the proposed changes to the POC and to the individualized budgets are aligned with level of care needs.
- Based on the information presented, approve or deny the budget modification requests.

3. OCCO Regional Quality Managers:

- Review requests to modify the POC for those services that exceed \$2,841.
- Review the updated MDS-HC assessment, POC, written justification, and SCR.
- Evaluate the impact of the changes on the participant's ability to improve deficits in ADLs/IADLs.
- Ensure that the proposed changes to the POC and to the individualized budgets are aligned with level of care needs.
- Based upon the information presented, approve or deny the budget modification requests.

Performance Standards and Outcome Measures

The following will be used as performance measures and assessed for quality assurance:

- Request Unisys report that tracks modifications to GO POCs.
- DACS county liaisons will review files of GO participants during onsite Quality reviews.

Forms Associated with Modifying Plan of Care

1. **MDS-HC – (hardcopy):** Used as the assessment tool.
2. **Justification for Modifying Plan of Care:** Narrative that identifies the change in participant's condition or informal supports as well as the type, cost, units, and frequency of the service to meet the increased need.
3. **Plan of Care (POC – WPA-2):** Updated as necessary but at least annually.
4. **Service Cost Record (SCR):** Updated as necessary when requesting an increase to the service plan.

Administrative Responsibilities

1. CM updates the MDS-HC to reflect changes in healthcare or caregiver status and prepares a written justification.
2. Care coordinator/Care manager supervisor reviews and approves/denies request to modify the POC and individualized budgets up to \$2,841.
3. Regional quality manager reviews and approves/denies request to modify the POC and individualized budgets over \$2,841.

Opportunities for Improvement Process

1. Conduct training for care coordinators, supervisors, and care managers on the MDS-HC assessment tool.
2. Develop IT solutions for collecting and analyzing modifications to the POC, which are cross-walked to MDS-HC database.