General Instructions
Long-Term Services and Supports Health and Functional Assessment Tool-Child and Adult

The goal of QUEST Integration (QI) is to provide improved access and enhanced quality healthcare services to eligible Medicaid members for medically necessary healthcare services. The health plans shall use the Health and Functional Assessments (HFA) to provide a thorough face-to-face assessment of QI members that are eligible for Long-Term Services and Supports (LTSS) in order to design a functional personalized service plan for QI members. The service coordinator shall base the service plan on the HFA, Personal Assistance Tool, and the Skilled Nursing Tool (if applicable). The service coordinator shall develop the service plan in conjunction with the member, authorized representative (if applicable), the Primary Care Provider (PCP) and other providers. The service coordinator for individuals living in a Community Care Foster Family Home (CCFFH), Expanded-Adult Residential Care Home (E-ARCH), or Assisted Living Facility (ALF) may be the case manager from the Community Care Management Agency (CCMA).

The LTSS HFA serves as a starting point in the development of the service plan requiring input from all primary participants of the member's healthcare team. The HFA requires a multidisciplinary approach to determine appropriate services. The service coordinator will use high-quality professional assessment skills in the process of identifying and providing necessary services for QI members. The service coordinator will need to collaborate with the PCP, service providers, and the member (or authorized representative).

The service coordinator shall obtain information for the HFA from a variety of sources. Health plans are encouraged to prepopulate as much of the objective data from their records (i.e., claims, prior assessments, etc.) or other providers prior to the face-to-face assessment. Health plans may consider their information [or that provided by the Department of Human Services (DHS)] as a primary data source. The service coordinator shall validate prepopulated information with the member. In addition, whenever possible, the services coordinator shall obtain information directly from the member.

The service coordinator may verify information for the HFA with records, other members of the team, or the member. For example, medications the member is currently taking should be compared with the health plan's records to assure accurate medication management. The service coordinator shall document information obtained from a source other than the member or a primary source in the comment section of the tool.

Both the Child and Adult LTSS HFA have individualized instructions. Please read all instructions accompanying each assessment for specifics on each section. An appendix is found in the final section of each HFA's set of instructions. This appendix includes a list of acronyms to clarify the various acronyms used throughout the assessments.

Initial Assessments require both a Registered Nurse (RN) and a Social Worker (SW) to participate in the LTSS assessment. The health plan will use the entire tool for initial assessments. The service coordinator shall complete all pertinent sections; however, all sections will not be appropriate to review with each member, e.g., only pregnant females are assessed in the pregnant female section or the diabetes section does not need to be completed unless someone has diabetes. Service coordinators

shall use professional discretion in recognizing the appropriate sections for the member. Insight specifically identified through the member's history (i.e., diagnoses, medications, treatments, equipment, previous and current services provided) will serve as a guide. The primary service coordinator, either RN or SW, will be determined following the Initial Assessment. The primary service coordinator, with input from the consulting service coordinator, will initiate the service plan. For all additional assessments, the primary service coordinator shall collaborate with the consulting service coordinator based upon needs of the member.

Nursing Facility (NF)/CCFFH/E-ARCH residents will not require all sections of the LTSS tool to be completed. The LTSS HFA identifies the sections not required for members living in these settings; complete all other sections appropriate for the member. The service coordinator (or CCMA) shall complete all sections of the LTSS HFA for members that are planning a discharge to a private home or an ALF.

Quarterly Reassessments occur for members receiving LTSS outside of a NF, CCFFH, E-ARCH, or ALF. The reassessment allows the service coordinator to prioritize or reprioritize goals identified for the member and revise/update the service plan. These reassessments are completed with a different document than the initial/annual LTSS HFA tool. This periodic reassessment is an abbreviated version of the annual assessment, serves to identify changes in the member's health status, and monitor the efficacy of the service plan. The primary service coordinator will perform these reassessments. The reassessment tool does not have a separate set of instructions; the instructions have been included on the reassessment tool. The service coordinator shall refer to the LTSS HFA instructions for specific information or questions.

6-month Reassessments occur for members receiving LTSS in a NF, CCFFH, E-ARCH, or ALF. The service coordinator (or CCMA) will perform the reassessment. Quarterly Reassessments for these members are not necessary. The service coordinator (or CCMA) will use the reassessment tool to verify changes with the member's health status and monitor the implementation of the service plan. The reassessment tool does not have a separate set of instructions. The instructions have been included on the reassessment tool. The service coordinator (or CCMA) shall refer to the LTSS HFA instructions for specific information or questions.

Reassessment due to significant change in status uses the same tool as the initial assessment. Members that have a significant change in status may have increased healthcare needs that cannot be obtained from the reassessment tool. The service coordinator will assess for changes that have occurred for the member and identify any need for new or additional services. The service coordinator does not need to complete all sections of the HFA, only those applicable to the member's health and functional status.

Annual Assessments will use the same tool as the initial assessment. The primary service coordinator will perform this assessment. The service coordinator will assess for changes that have occurred for the member, identify any need for new or additional services and update all applicable sections of the HFA.