



JEB BUSH
GOVERNOR

CAROLE GREEN
SECRETARY

MEMORANDUM

TO: Distribution **NOTICE#: 091405-1-I-SWCBS**

FROM: Carole Green, Secretary

DATE: September 13, 2005

SUBJECT: Notice of Instruction: CARES LOC Redeterminations

The purpose of this memo is to define a process that ensures level of care redeterminations are performed at least annually for Aged/Disabled Adult Services Medicaid Waiver, Assisted Living for the Frail Elderly Medicaid Waiver, Alzheimer's Waiver, Adult Day Health Care Waiver, Project AIDS Care Waiver, Adult Cystic Fibrosis Waiver, Traumatic Brain/Spinal Cord Injury Waiver, Channeling Waiver, and LTC Community Diversion Pilot Project (known as the Nursing Home Diversion Waiver) clients.

Federal regulations require that level of care must be determined by CARES at least annually for the waivers listed above. A level of care redetermination may be needed sooner if there is reason to believe significant changes have occurred in the client's condition. If the level of care is determined within the one-year time frame, and a significant change has not occurred, a new Patient Transfer and Continuity of Care form (Form 3008) is not required. A new Form 3008 is required if the one-year time frame is exceeded or a significant change has occurred.

The level of care redetermination must be completed within one year of the approval date entered on the most recent Notification of Level of Care (Form 603). This date is found on the Form 603 adjacent to the Approval Signature as illustrated on the following page.

It is the responsibility of the client's case manager to track level of care redeterminations to ensure they are conducted at least annually. It is also the responsibility of the case manager to get an updated Form 3008 when there is a change in the client's condition.

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7. LOC Effective Date: _____	
8. Comments: _____ _____ _____	
9. Approval Signature: _____	Date: December 15, 2005

DOEA-CARES form 603 (Revised, March 2003)

Appendix I



**Date used to establish when a level of care redetermination is needed.
Redeterminations must be done within 1 year of this date.
In this example, a redetermination must be done prior to December 15, 2006.**

To assist case managers and CARES staff in ensuring the one-year time frame is met, we have created the *CARES Level of Care Redetermination Form*. This form is to be completed by case managers and sent to CARES under the following situations:

- Annual level of care redetermination(s) are needed within the next four months. This list will assist CARES in ensuring staff is available to conduct redeterminations in the coming months.
- Annual level of care redetermination(s) are needed within the next two-to-four weeks, i.e., the one-year anniversary date of the previously completed Notification of Level of Care Form is two-to-four weeks away. The most recent care plan and assessment are required. The assessment must have been completed within the previous 90 days.
- Level of care redetermination(s) are needed due to significant changes in the client's condition. The most recent care plan and assessment are required. The assessment must have been completed within the previous 90 days.

Process Steps:

1. The case manager completes the first page of the *CARES Level of Care Redetermination Form* listing the names of the individuals requiring a level of care redetermination and the date by which the redetermination is needed. Prior approval from the CARES supervisor is needed if any redeterminations are needed in less than two weeks' time. Enter the date(s) the redetermination(s) are needed.
2. Provide the list to the appropriate CARES office along with copies of the latest assessment (701B form) and care plan for those cases requiring level of care redetermination(s) be completed within the next two-to-four weeks.
3. Upon receipt of the *CARES Level of Care Redetermination Form*, CARES staff signs and dates the "Received By" and "Received On" portions of the *CARES Level of Care Redetermination Form*. This form is kept in the CARES files.

4. CARES determines the level of care prior to the date the redetermination is needed.
5. CARES provides the completed Notification of Level of Care Form(s) (Form 603) to the case manager.

Requests for redeterminations outside of the specified time frame:

Ensuring that assessments and care plans needed for redeterminations are mailed or delivered to CARES two-to-four weeks prior to the current level of care expiring will ensure that redeterminations are completed on time. If this time frame is missed, case managers must contact the CARES supervisor and receive approval prior to sending the *CARES Level of Care Redetermination Form* and accompanying documentation. Contact with CARES is required to alert them of the quick turnaround time needed and to determine if CARES will be able to review the information by the deadline. A new Form 3008 is needed if a redetermination is not completed prior to the level of care expiring.

If you have any questions or comments regarding this notice, please contact Sam Fante at (850) 414-2000.

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