

STATE: PENNSYLVANIA

ENTRANCE PROCEDURES AND REQUIREMENTS

APPENDIX D-1

a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

1. The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (check all that apply):

For deinstitutionalized individuals.
Discharge planning team

Physician (M.D. or O.D.)

Registered Nurse, licensed in the State

Licensed Social Worker

Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a).

Other (specify):

For Diverted individuals:

Physician (M.D. or O.D.)

Registered Nurse, licensed in the State

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Licensed Social Worker

Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

Other (specify):

2. Initial evaluation of level of care is performed for waiver and institutionalized individuals through a common Pre-Admission Screening (PAS) system

a. Yes

b. No

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APPENDIX D-2

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the recipient will take place (at a minimum) according by the following schedule (specify):

- every 3 months
- every 6 months
- every 12 months
- other (specify):

b. QUALIFICATIONS OF EVALUATORS PERFORMING REEVALUATIONS

Check one:

The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care. (Specify.)

- Physician (M.D. or D.O.)
- Registered Nurse, licensed in the State
- Licensed Social Worker
- Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

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APPENDIX D-3

a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (check all that apply):

- By the Medicaid agency in its central office.
- By the Medicaid agency in district/local offices.
- By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program.
- By the case managers.
- By the person(s) or agencies designated as responsible for the performance of evaluations and reevaluations.
- By service providers.
- Other (specify):

The responsible County MH/MR Program

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment criteria to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix.

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

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APPENDIX D-4

a. FREEDOM OF CHOICE AND FAIR HEARING ([To view the bulletin on this topic click here](#))

1. When a recipient is determined to be likely to require a level of care indicated in item 2 of this request, the recipient or his her legal representative will be:
 - a. informed of any feasible alternatives under the waiver; and
 - b. given the choice of either institutional or home and community-based services.
2. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to beneficiaries who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice or the provider(s) of their choice.
3. A copy of the form(s) used to document freedom of choice and to offer a fair hearing is attached to this Appendix. Also attached to this Appendix is a description of the agency's procedure(s) for informing eligible recipients (or their legal representatives) of the feasible alternatives available under the waiver and allowing recipients to choose either institutional or home and community-based services, and the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained: The County MH/MR program or designee.

APPROVED: _____

DATE: