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Level of Care - Eligibility

User Guide

September 2023

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Level of Care

Objectives

Prospects must have an evaluation to confirm their eligibility for the UHC Care Advantage Plan, known as the level of care assessment. The assessment determines if the prospect requires a level of care, which is typically based on activities of daily living (ADLs) and cognitive impairment. The ADLs are bathing, dressing, transferring, toileting, and feeding. Each state has specific guidelines for meeting eligibility and the level of care is determined through an assessment. The consumer may have already been assessed by their state when qualifying for Medicaid, so you may be able to validate through Medicaid eligibility. Otherwise, an assessment will need to be conducted with the third-party vendor.

Key Terms

- **Activities of Daily Living (ADLs)**: Essential tasks a person needs to perform on a regular basis to sustain basic survival and well-being. Examples: eating, bathing, getting dressed, toileting, transferring and continence
- **Instrumental Activities of Daily Living (iADL)**: Basic self-care tasks that require both physical and cognitive ability. Examples: Housekeeping, managing money, food preparation, managing transportation, etc.

Important Tips

- If you have not used Wellsky, follow the steps under ***Initial Registration with WellSky*** to register.
- Review the State-Specific LOC information and become familiar with them.

If the prospect:

- **Has Medicaid**, determine if the state has the Medicaid validation process available. If yes, follow the Medicaid Eligible Process.
- **Does not have Medicaid**, follow the instruction to enter and schedule an assessment with our third-party vendor, Wellsky.

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State-Specific LOC Information

Alabama

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Require assistance on at least 1 of 9 ADLs: transfer, mobility, eating, toileting, expressive & receptive communication, orientation, medication administration, behavior, skilled nursing, or rehab services.

Colorado

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Deficits in 2 or more ADLs
  - **OR** score moderate in behavior deficits.
  - **OR** score moderate in cognitive deficits.

Connecticut

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Need factor = rehab services, behavioral issues, or medication support
  - Supervision of 3 or more ADLs plus a need factor
  - **OR** hands-on help with 2 or more ADLs plus a need factor
  - **OR** hands-on help with 3 or more ADLs
  - **OR** cognitive impairment

Florida

- Medicaid Validation process available. See dual process below.
- State Requirement: Meet 2 of the 4 qualifications.
  - Requires hands-on assistance with 1 of the 7 ADLs.
  - Requires hands-on assistance with 1 of the 7 iADLs
  - Medication management
  - Person resides in Alzheimer's/Dementia/Memory Care unit.

Georgia

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Needs assistance within the medical category, which includes therapies, medication management and more. Plus, needs assistance with ADLs, or in a behavior or cognitive area.

Illinois

- Vendor assessment required.
- State Requirement:
  - Scoring based on 6 ADLs, 9 iADLs, and cognitive behavior.

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Indiana

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Requires assistance with 3 or more ADLs.
  - **OR** requires a skilled medical need.
  - Skilled need is represented by any activity the individual requires assistance from a nurse. This includes seizure intervention, IV administration, rehabilitative therapies, etc.

Iowa

- Vendor assessment required.
- State Requirement:
  - Assessment is mostly ADL based. Also includes criteria such as: clinical monitoring, falls w/fracture, significant vision/hearing issues, etc.

Kansas

- Vendor assessment required.
- State Requirement:
  - Requires assistance with 2 ADLs and 3 iADLs recommended.

Maryland

- Vendor assessment required.
- State Requirement:
  - Hands-on assistance with two or more ADL's
  - **OR** Supervision of two or more ADL's + cognitive deficits + assistance with 3 or more iADLs
  - **OR** Supervision of two or more ADL's + two behavior problems (e.g., aggressive, inappropriate behavior, wandering, hallucinations)

Minnesota

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Assistance is always needed with bed mobility, transferring, toileting, cognitive or behavioral needs, or severe vision or hearing impairment, or fall w/fracture.
  - **OR** Clinical Monitoring – requires at least 1 shift.
  - **OR** Hands-on assistance in 4 or more ADL's – out of 5

Mississippi

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Scores assigned based on level of need. To meet minimum score, requires assistance in the areas of ADL, iADL, cognitive, behavior, or health-related services on at least 5 or more recommended.

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Missouri

- Medicaid Validation process available. See dual process below.
- State Requirement:
    - Scores assigned based on level of need. Requires some level of assistance on at least 5 of the 12 categories, they are likely to meet NF LOC.

New Jersey

- Medicaid Validation process available. See dual process below.
- State Requirement: Vendor assessment required.
    - Some level of assistance on 6 of the 9 ADL categories and minimum of 3 or more ADLs with limited assistance or greater; or
    - Deficits in 3 of the 4 cognitive performance score measures and a minimum of 3 or more ADLs with supervision or greater; or
    - These 3 specific ADLs (locomotion, dressing, and bathing) require limited assistance or greater.

New York

- Medicaid Validation process available. See dual process below.
- State Requirement: Vendor assessment required.
    - Detailed scoring system where applicant receives points based on skilled need, incontinence, functional (ADLs), behavioral/cognitive, sight/hearing/speech, and PT/OT/ST – applicant needs total score of 60 points to qualify- relatively easy to score 60 points.

North Carolina

- Vendor assessment required.
- State Requirement:
    - Scoring determination based on state requirements which considers:
        - Physician order RN services, 24 hr required by RN or LPN, medication administration, restorative nursing, therapeutic diets, nasogastric or gastrostomy tubes, respiratory therapy, wound care, dialysis, rehab services, cognitive disabilities, diabetes (daily diet observation), Therapies PT/OT/ST, Falls, blindness, cognitive behavioral, psychosocial consideration.

Ohio

- Vendor assessment required.
- State Requirement:
    - Assistance with 2 ADLs
    - **OR** assistance with 1 ADL plus medication management

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Oregon

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Resides in an assisted living facility.
  - **OR** requires assistance with at least 1 ADL: toileting, eating, bathing, dressing, or mobility.
  - **OR** scores with a cognitive deficit

Pennsylvania

- Medicaid Validation process available. See dual process below.
- State Requirement: Vendor assessment required.
  - Full deficit on cognitive skills (no consciousness/coma), or minimum of limited assistance on 3 or more ADLs, or is bed bound, or no bowel continence; or
  - Partial deficits in 3 of 8 categories
    - 8 Categories: Cognitive skills, memory, awareness, behavioral, ADLS, mode of locomotion, managing medication and bowel incontinence.

Rhode Island

- Vendor assessment required.
- State Requirement:
  - Extensive assistance with 1 ADL AND limited assistance on 1 additional ADL
  - **OR** limited assistance or more on 2 ADLs
  - **OR** a yes to cognitive or behavioral impairments
  - **OR** receiving physical therapy (PT), occupational therapy (OT), or speech-language therapy (ST)

South Carolina

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Need at least 1 skilled need and 1 functional need or requires total assistance with all activities of daily living.
  - **OR** requiring at least 1 of the 4 intermediate services and 1 functional deficit
  - **OR** requires assistance with at least two functional deficits.
  - *Skilled need:* requires the skills of a professional or technical personnel; Intermediate services: daily monitoring of significant medical condition, supervision of moderate/severe memory issue, or impaired cognitive skills, or problem behaviors; Functional deficit: requires extensive assistance (hands-on) with ADLs, locomotion, transfer, or continent care.

Tennessee

- Medicaid Validation process available. See dual process below.
- State Requirement:
  - Scores assigned based on level of need. To meet minimum score, requires assistance in 3 or more areas between ADL, behavior, and cognitive.

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Texas

- Medicaid Validation process available. See dual process below.
- State Requirement:
    - The applicant must need care provided by a licensed nurse and be deemed as requiring a skilled need.

Utah

- Vendor assessment required.
- State Requirement:
    - Meets 2 of the 3 items below:
    - Score minimal physical assist or greater on at least 1 ADL.

    - Cognitive: Impaired decision making, impaired communication ability, impaired memory recall, or confusion that could cause endangerment
    - Medical condition with needs that cannot be met in less structured setting.

Virginia

- Vendor assessment required.
- State Requirement:
    - Requires assistance on 5 or more of the 7 ADLs.
    - **OR** a combination of needing assistance with ADLs, behavior, mobility, and medication management - vendor assessment recommended.

Washington

- Medicaid Validation process available. See dual process below.
- State Requirement:
    - Supervision of 3 or more ADL's
    - **OR** Hands-on 2 or more ADL's
    - **OR** Cognitive impairment

Wisconsin

- Medicaid Validation process available. See dual process below.
- State Requirement:
    - Supervision of 3 or more ADL's
    - **OR** Supervision of 5 or more iADLs
    - **OR** a combination of ADLs and iADLs - vendor to assess.

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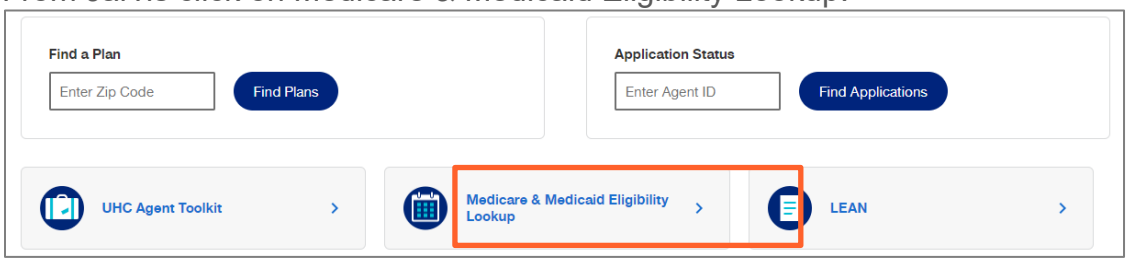
Medicaid Eligible Process

If the state has the Medicaid validation process available, complete Medicaid check in Jarvis. If it returns that the LOC requirement has been met, enrollment can be submitted and no submission to vendor is needed. Pay close attention to whether it was met or not met. Examples below.

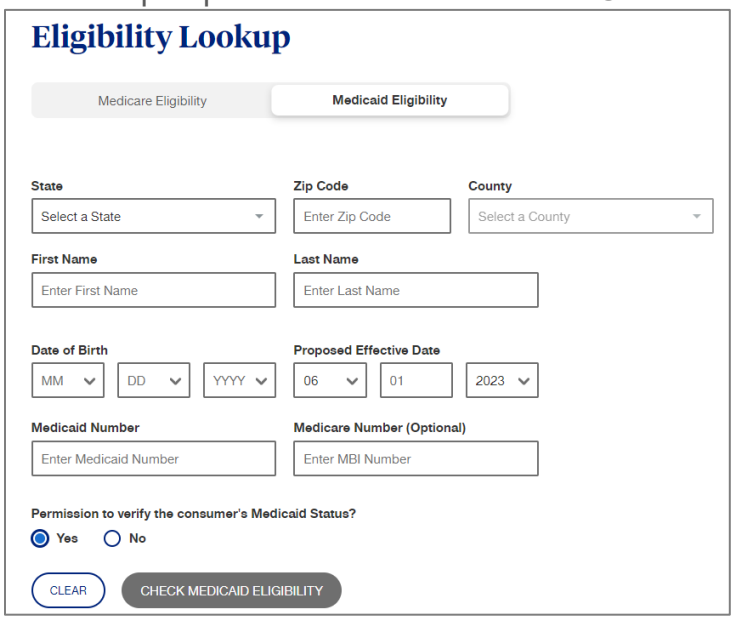
If the state does not have Medicaid validation process available, consumer is not eligible for Medicaid, or it returns that the LOC requirement was not met, proceed to vendor process.

Jarvis

1. From Jarvis click on Medicare & Medicaid Eligibility Lookup.



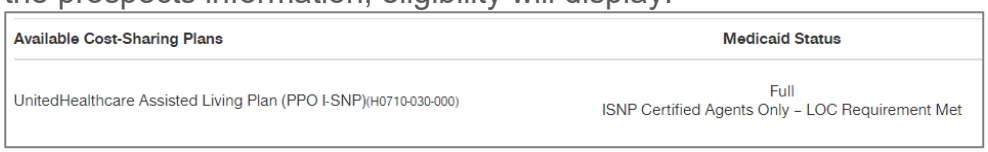
2. Click on Medicaid Eligibility.
3. Enter the prospect's information and click Check Medicaid Eligibility.



Note: NY requires Name, DOB, and Medicaid number.

4. Based on the prospects information, eligibility will display.

Example:



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5. Advise prospect that a nurse from WellSky (third-party vendor), will reach out via phone to conduct a telephonic interview with them or authorized representative.
6. Inform the consumer what to expect:
    a. The nurse may call you from an unknown number.
    b. They will call around the start time of your appointment. If you check your caller id before you answer calls, please keep that in mind.
    c. If you don't answer the first time they call, they will leave a message with their number so that you can call them back or they will try again within the next 15 minutes.
    d. If they can't reach you during that time we will need to reschedule.
    e. Average call is 20-25 min depending on your responses.
    f. The nurse will ask you questions about how much help you need to complete your daily tasks. They will use this information to determine if you are eligible for the UHC Care Advantage Plan. As a reminder, you'll be speaking with a nurse, so be sure answer their questions honestly about any assistance you may need.
    Example answers you may be asked to provide:
        i. I need lots of assistance from others.
        ii. I need some help from others but can do some of it myself.
        iii. I need a device to complete the task (examples- walker, cane, shower chair, handrails, etc.)
        iv. No assistance needed. I'm independent.
    g. It is helpful to have a list of medications but is not mandatory.

7. Wellsky will determine if they meet level of care requirements as outlined by their state requirements.
8. Advise you will call them back <day/date/time> to discuss the assessment outcome and determine the next steps for enrollment.
9. Enter the prospects information into Wellsky, follow steps under **Entering Prospect into WellSky**.

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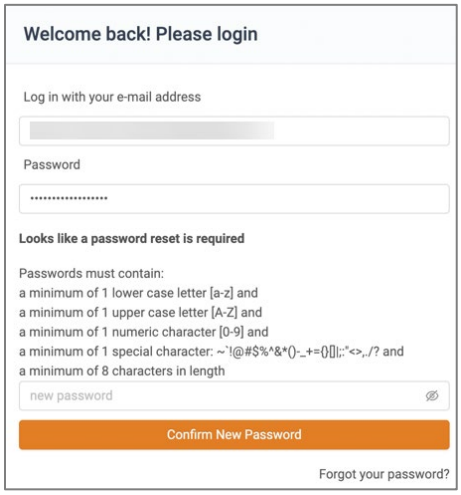
Initial Registration with WellSky

1. User will receive an email from WellSky (no-reply@wellsky.com) with information needed for registration.

2. Click the link in the email a new window will open:
   a. Enter the *email address*
   b. Enter *temporary password*
   c. Enter *New Password*



3. Click **Confirm New Password**.
4. Save the URL, username, and password for future use.
   Note: Users do not have to access the portal to keep their account active.

If you forget your password, you can reset it by clicking **Forgot your password?** Then follow the prompts. Be sure to use the same email as the one used to sign up.

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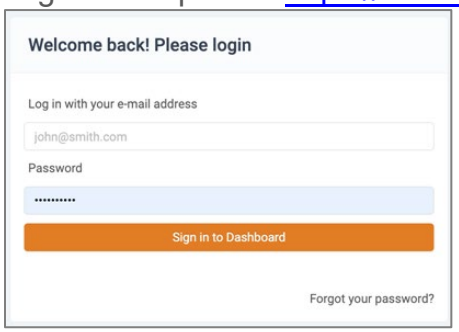
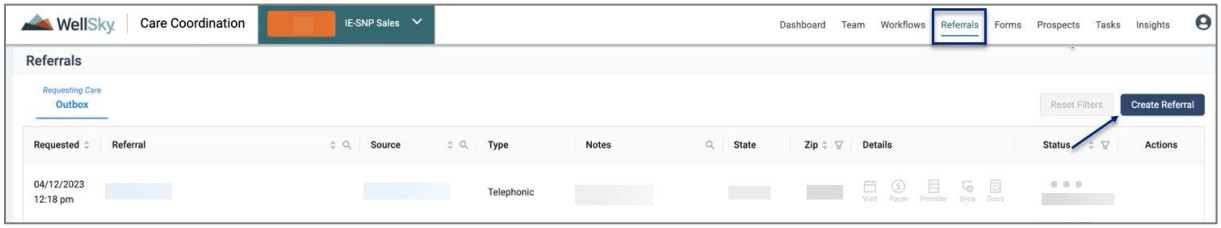
Entering Prospect into WellSky

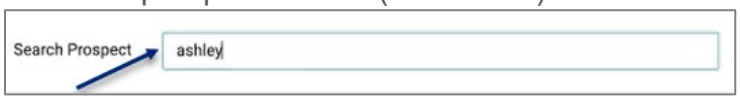
1. Log into the portal: https://claire.clearcareonline.com/



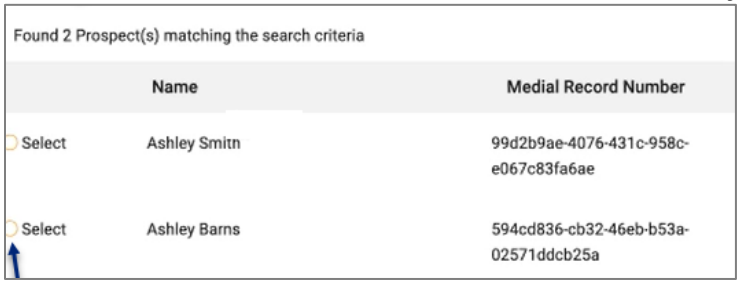
2. Enter the *email address* & *password*.
3. Click **Sign in to Dashboard**.
4. From the home page, click **Referrals** in the upper right hand corner.
5. Click **Create Referral**.



6. Enter the prospects name (first or last) in the *Search Prospect* field,



7. Review all matches that are listed and determine if your prospect has an existing record:



8. If *yes*, select the radio dial next to their name and click on **Create Referral**.
9. If *no*, click **Create Prospect**.

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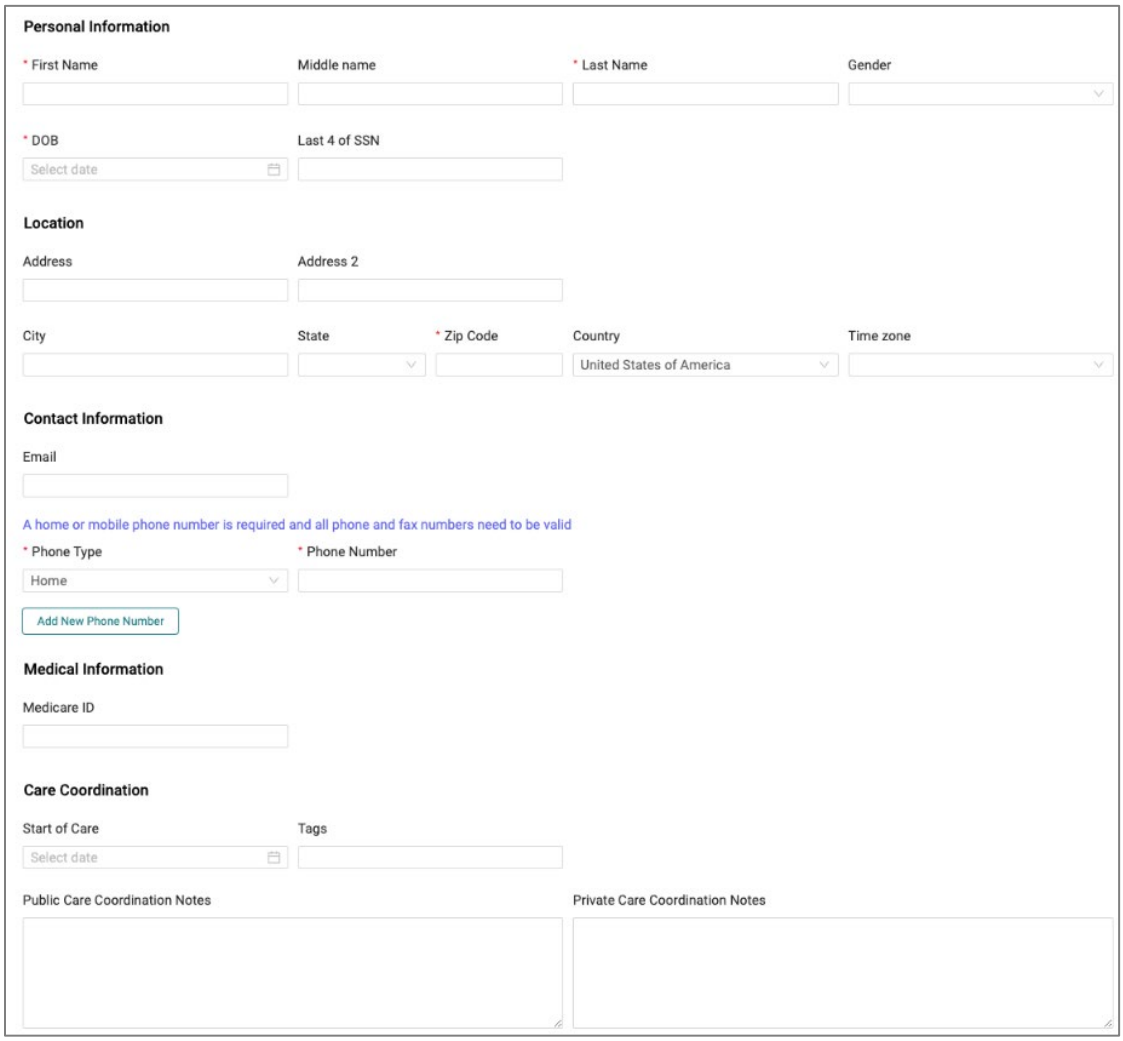
10. A new window will open, displaying the 4 step process.

11. Complete the *Prospect Profile* entering all the required fields (*). Enter additional information if it is available.



Some fields may have special instructions based upon different situations, see below:

- Enter the **Phone Number** of the person we are calling (prospect or responsible party). If the phone number is for someone other than the consumer enter in *Public Care Coordination Notes*.
- **Email** is strongly encouraged as the Wellsky will send a reminder ahead of the scheduled callback.
- **Medicare ID** is required, but if you do not have it, please enter N/A.
- If **Language Translation** services are needed, enter in the *Public Care Coordination Notes* with the language needed.
- If **scheduling for a couple**, enter in the *Public Care Coordination Notes* that the assessment is for 2 individuals and include the name of the other prospect.

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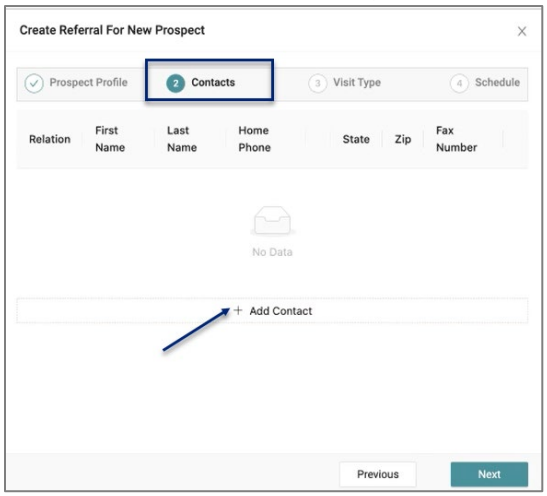
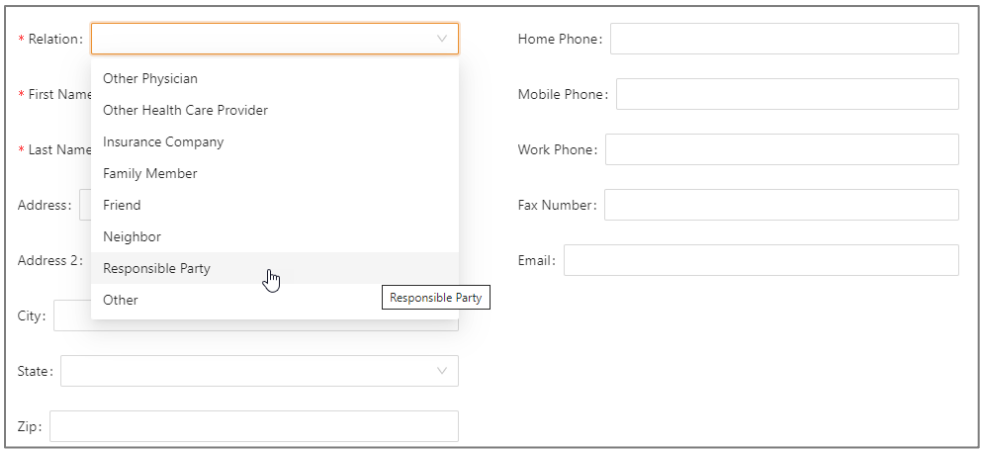
12. Once all information is entered, click **Next**.
13. You will now be on *Contacts*, click **Add Contact**.

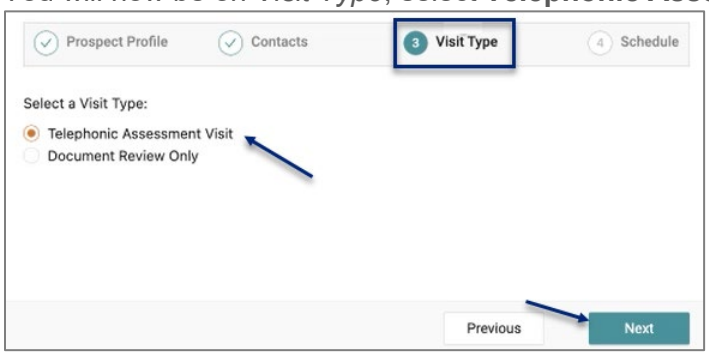


14. Enter the information for the individual that the nurse will call and complete the assessment with.



Note: When completing the *Contacts* section, include the relation to the prospect by choosing the most applicable role (keep in mind that Responsible Party is the same as Authorized Representative).

15. Click **Done**.
16. You will now be on *Visit Type*, select **Telephonic Assessment Visit** and click **Next**.



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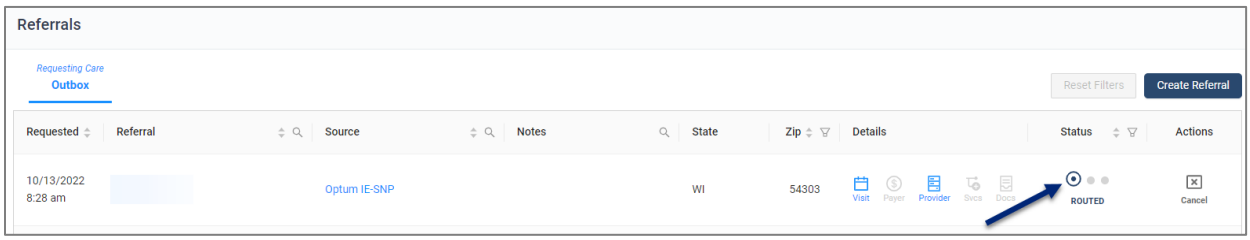
17. You will now be on *Schedule*.
18. Locate an open time slot for the call to occur that works for the prospect or RP, click on the appointment time.

   - Confirm that the appropriate **time zone** is listed at the top of the scheduling tool.
   - When **scheduling couples**, always choose consecutive time slots (back-to-back), and enter notes indicating the appointments are for a couple.

19. Click **Finish**. The *Referral* will be listed as *Routed* until the Wellsky staff moves it to **Scheduled**.



- The Wellsky nurse will attempt to call 3 times in the first 15 minutes of the scheduled time.
- The call will come from an unknown number, so the contact should be ready to answer the call at their scheduled time.
- The agent that submitted the referral will receive an email once the assessment or outreach has been completed. If the contact did not answer the 3 calls, the status will be "unable to be determined".
- The agent should attempt outreach to the applicant and reschedule a callback. A new referral will be needed.

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20. An email will be sent to the consumer confirming the appointment date and time, the plan name, and will provide an overview of the questions that will be asked by the nurse. The letter also states that the information will be used to determine if the consumer is eligible for the plan.

Appointment Reminder

(AGENT NAME) scheduled a telephonic appointment for (PATIENT NAME) for the UHC Assisted Living plan eligibility on (DATE AND TIME).

If you cannot make this scheduled time, please contact (AGENT NAME) immediately.

This appointment will be with a nurse from WellSky, a vendor of UnitedHealthcare. The nurse will ask you questions about how much help you need to complete your daily tasks. They will use this information to determine if you are eligible for the UnitedHealthcare Assisted Living plan. The UnitedHealthcare Assisted Living plan is a Medicare Advantage plan that includes:

- A dedicated care team led by a nurse practitioner or physician assistant
- Low copays and deductibles for prescription drugs
- A health products catalog that gives you dollars to buy over the counter products
- Low or $0 copay for dental, hearing, vision, routine podiatry visits, therapy, and so much more

You will answer questions about your health by using the scale shown below:

I need lots of assistance from others
I need some help from others, but can do some of it myself
I need a device to complete the task (examples- walker, cane, shower chair, hand rails, etc.)
No assistance needed. I'm independent.

Some examples include:

1. Bathing: Your ability to shower or bathe.
2. Dressing: Your ability to dress and undress as necessary.
    a. This includes your ability to put on braces, compression stockings or other devices.
    b. This also includes your ability to button/zip garments and put on and take off shoes and socks.
3. Toileting: Your ability to use the toilet (or commode, bedpan, or urinal- whichever you normally use).
    a. Getting on/off the toilet
    b. Cleaning yourself.
    c. Adjusting your clothing.

If you cannot make this scheduled time, please contact (AGENT NAME) immediately.

Thank You,

UnitedHealthcare

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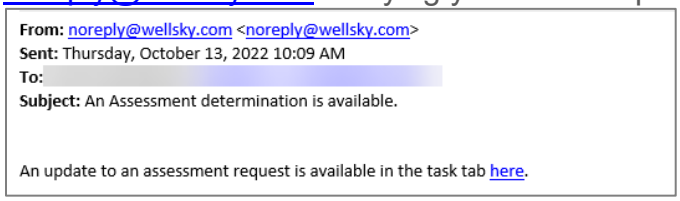
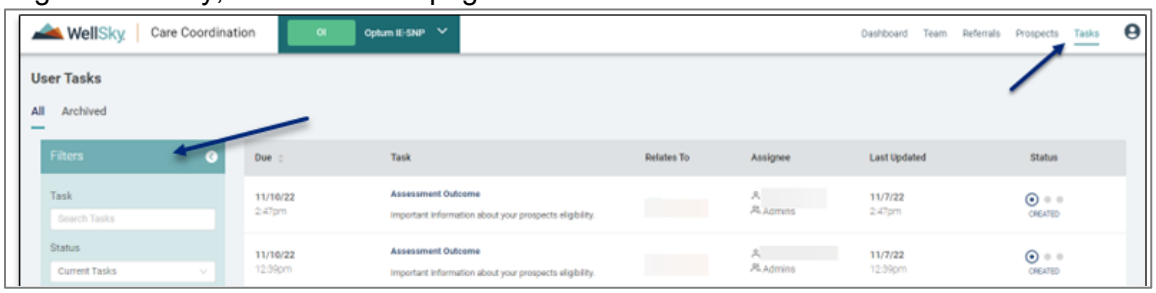
Reviewing Results and Acknowledging

1. After the Wellsky nurse has completed the assessment, you will receive an email noreply@wellsky.com notifying you that an update on an assessment is available.

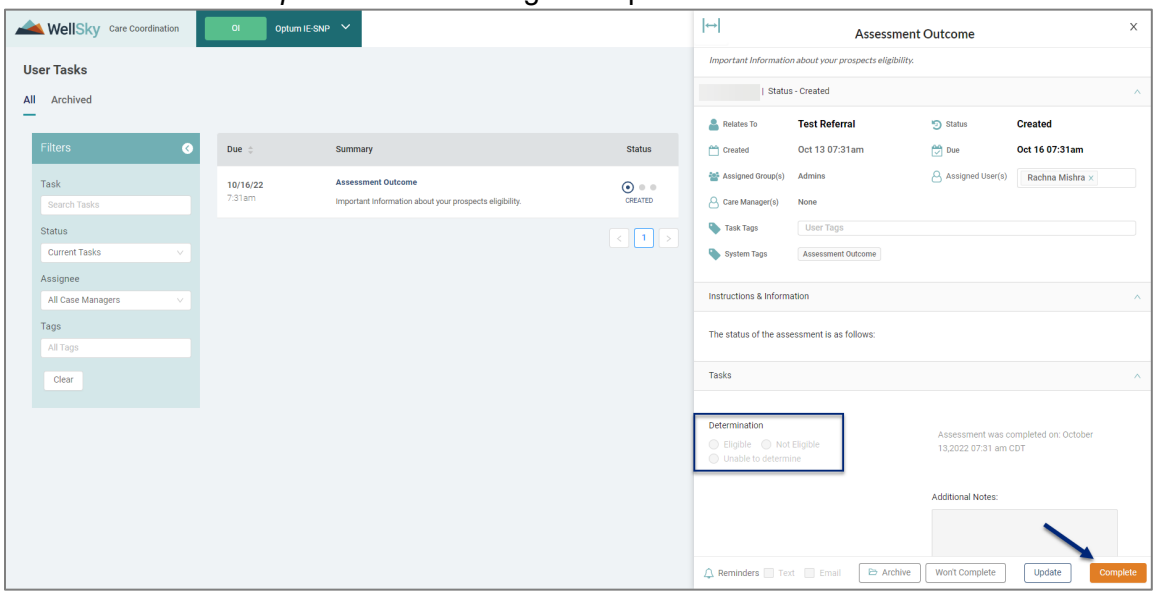


2. Log into Wellsky, from the home page select *Tasks*.



Note: use the filters to better refine the information being displayed.

3. Locate the correct referral and click **Open** to view results.
4. Review the *Determination* section.
5. You must select *Complete* to acknowledge receipt of the results.



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Wellsky FAQ

Q:	**What should I do if I am having issues with WellSky?**
A:	Try refreshing by using the ↻ button. If that doesn't help log out and then log back in. You can also try using in Chrome.
Q:	**When I get a determination email, why doesn't it tell me if they are eligible?**
A:	Data like this is private and we are careful not to send Protected Health Information in emails. Logging in to view the determination gives you access to the information without possible exposure of that sensitive data.
Q:	**My assessment outcome came back as "Unable to Determine". What should I do?**
A:	A reason is given for each determination that comes back as "Unable to Determine". If it makes sense to reschedule based on the reason given, then feel free to reschedule the assessment. Unanswered calls would be a common reason for this outcome. Nurses will attempt three times in the first 15 minutes of the scheduled timeslot to connect with the prospect, if they are not able to do so in that timeframe a message is left for the prospect explaining the need to reschedule.
Q:	**What should I do if incorrect information was added to the prospect information or contact information such as state, phone number, etc.) and I have already scheduled the referral?**
A:	To correct the misinformation, you will need to follow the steps below: 1. **Cancel the referral.** 2. **Update the profile or contact.** 3. **Add a new referral.** Following these steps will ensure that the updates made will also update the tasks that the nurses utilized to complete the LOC. **Please Note:** Although this will potentially release the timeslot to others to schedule, you should be able to select the same timeslot if done quickly.
Q:	**My prospect missed their appointment time or called back after the first 15 minutes of the appointment time, what should I do?**
A:	If the consumer has the direct number of the nurse that called them, they can callback and leave a message for the nurse. If the nurse has an opening before the end of the day they may try to call but there are no guarantees. Most likely the assessment will need to be rescheduled.

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