

NEW CHOICES WAIVER Health Status Screening Report

Whenever a New Choices Waiver participant experiences a substantial change in health status OR is discharged from an inpatient stay in a medical institution, the waiver case management agency is required to perform a screening to determine whether the participant's needs can continue to be safely met within the waiver program with services listed on the existing care plan, and whether the participant continues to meet the nursing facility (NF) level of care.

The RN case manager must perform a face to face screening and submit this form to the New Choices Waiver Unit within seven (7) business days after discovery of the substantial change or following discharge from the medical institution. Please retain a copy in the participant's record within your agency.

Name of RN case manager:	Date of face to face screening:
Case management agency:	
Waiver participant's first and last name:	
Waiver participant's Medicaid ID number:	
Date of admission to the medical institution:	
Reason for admission:	
Date of discharge from the medical institution:	
Name of the medical institution at the time of discharge:	
Type of medical institution: <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____	

Please certify one of the following:

- _____ The participant continues to meet NF level of care and no changes are needed to the existing care plan in order to maintain health and safety within the waiver program.
- _____ The participant has experienced minor changes in health status that warrant small adjustments to the existing care plan, but it is clear (without performing a full assessment) that he/she continues to meet NF level of care and that his/her needs can be safely met within the waiver program.
- _____ Due to substantial changes in the participant's health status, a full level of care assessment (MDS-HC) is needed to determine whether the participant continues to meet NF level of care, and whether the existing care plan continues to meet the participant's needs. A full assessment will be performed.
- _____ The participant no longer meets NF level of care and will be disenrolled from the waiver program.
- Participant chooses to voluntarily disenroll.
- Special Circumstances Involuntary Disenrollment will be requested by the case management agency.
- _____ Due to substantial changes in the participant's health status that are not expected to improve in the near future, the participant's needs can no longer be safely met by the waiver program and he/she will be disenrolled.
- Participant disenrolling voluntarily or for a pre-approved involuntary reason, e.g. entered SNF.
- Special Circumstance Involuntary Disenrollment will be requested by the case management agency.
- _____ Other: _____

Signature (Case Management Agency Representative)

Date

Printed Name (Case Management Agency Representative)

Phone #