

Components of Comprehensive Assessment

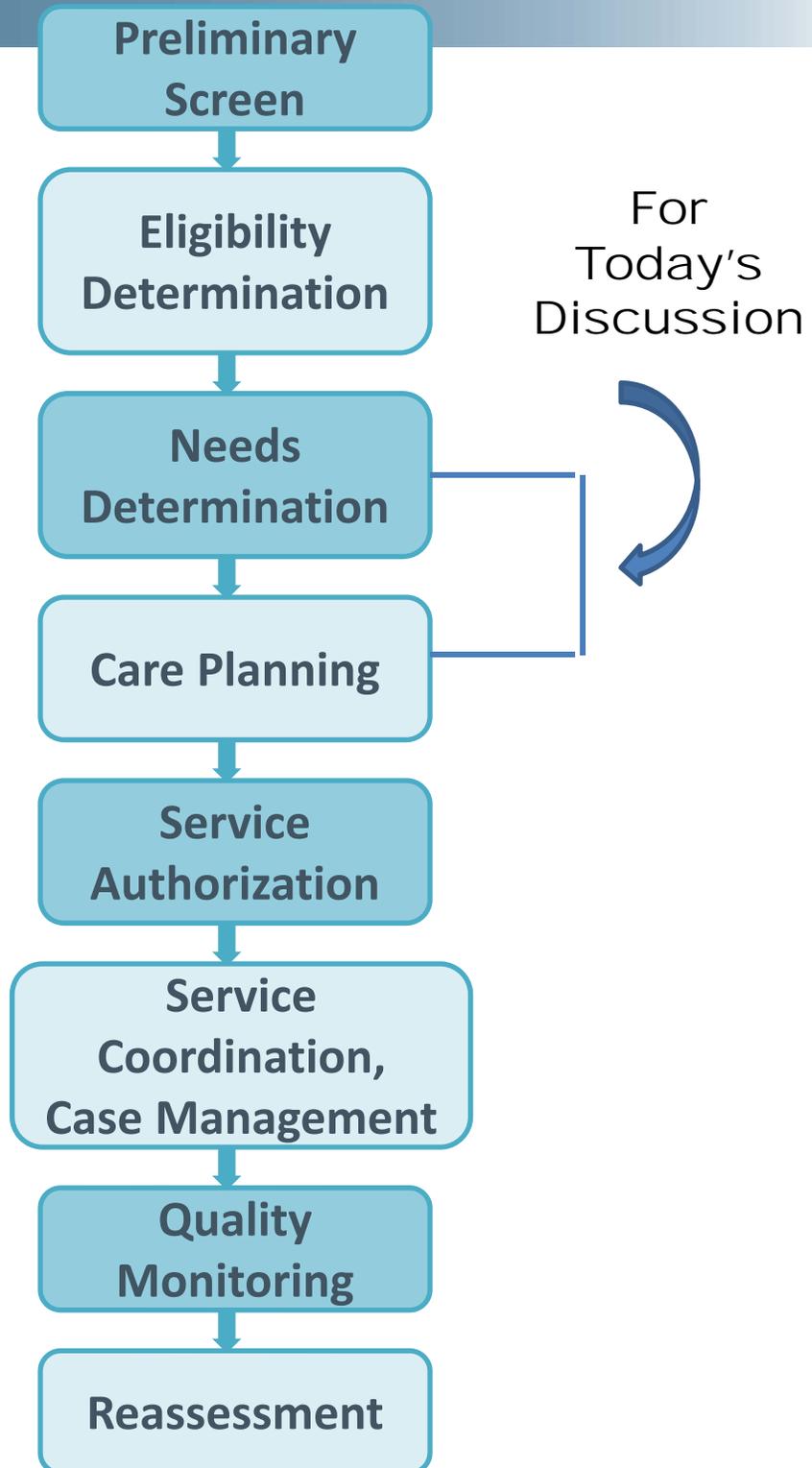


Table 3. Components of Comprehensive Assessment.

Stage	Definition
Preliminary screen	Initial contact with applicant seeking to gain entry into an eligibility process or waiting list. Identifies who will go on to a more in-depth assessment.
Eligibility Determination	Determination that eligibility criteria for a specific program(s) are met. A needs assessment is typically accomplished as part of this stage in assessment. Results may also determine prioritization of care or position on program waiting lists.
Functional Eligibility	Often referred to as the "level of care determination." For HCBS 1915(c) waiver programs, establishes that nursing home level of care criteria are met.
Financial Eligibility	Establishes that financial criteria are met. Typically performed by the state Medicaid department.
Needs Determination	Identification of specific service needs. Typically accomplished as part of clinical eligibility determinations.
Care Planning	Development of a plan of service delivery that takes into account an individual's needs and goals of care, existing sources of care and support, and resources available through a range of formal programs and informal supports.
Service Authorization	Establishing a budget or allocating service hours. May be generated by algorithms that rely upon information gathered during needs assessment or through the development of the care plan, or may be accomplished through a separate process.
Service Coordination, Case Management	Determination that services prescribed by the care plan match identified needs and services delivered, and that service delivery is timely.
Quality Monitoring	Quality monitoring may include reviews of completed assessments or aggregated data, as well as practices that ensure that data collection is consistent across assessors.
Reassessment	Repeated assessments accomplish one or more functions: (1) To verify continued eligibility (functional and/or financial), (2) To verify effectiveness of the care plan, and (3) To assess changing needs. Reassessments are typically conducted quarterly to annually or when there is a change in status.