

## 672 - STANDARDS OF PROMPTNESS

POLICY STATEMENT	Care coordinators complete CCSP activities within the standards of promptness guidelines determined by the Division of Aging Services and DMA.
PROCEDURES	The following Chart 672.1 gives standards of promptness:
<b>Chart 672.1 - Standard of Promptness for Care Coordination</b>	
<b>IF ACTIVITY IS</b>	<b>THEN STANDARD OF PROMPTNESS IS WITHIN</b>
Responding to telephone inquiry regarding CCSP service	24 hours after telephone inquiry
Screening a referral	5 business days after receiving referral
Notifying client referral source of client denial/ineligibility after telephone screening	Immediately
RN completion of initial assessments	5 business days after receiving referral from AAA/intake and screening unit
Advising applicant of denial during screening	Immediate verbal notice
Notifying applicant of non-entry into CCSP due to ineligibility, i.e. financial ineligibility or ineligible for services	3 business days after screening completed
Determining initial level of care	2 months from date of initial assessment visit  <b>NOTE:</b> A RN assigns the LOC within 24 hours of receipt of the LOC page signed by the physician.
Sending level of care denial (first notice)	10 working days after LOC denial
Applicant sending additional medical information	10 calendar days after receipt of LOC denial notice
Sending level of care denial (second notice)	10 working days after second LOC denial
Beginning level of care re-determination	2 months before expiration of the level of care  <b>NOTE:</b> May begin as early as 3 months prior to expiration of LOC.

IF ACTIVITY IS (contd.)	THEN STANDARD OF PROMPTNESS IS WITHIN (contd.)
Assigning LOC at reassessment	2 months from date of reassessment home visit
<p>Completing reassessments when client situations change for the following reasons:</p> <ul style="list-style-type: none"> <li>• Emergency</li> <li>• Significant change in client condition or situation</li> <li>• Adding skilled service(s)</li> <li>• Adding another skilled service</li> <li>• Terminating a skilled service</li> <li>• Adding non-skilled service</li> <li>• Moved to another PSA</li> </ul>	<p>2 business days after reassessment request</p> <p>5 business days after reassessment request</p> <p>5 business days after reassessment request</p> <p>10 business days after reassessment request</p> <p>As needed</p> <p>5 business days after reassessment request</p> <p>5 business days if client needs a change in service.</p>
<p>Completing reassessments when requested by:</p> <ul style="list-style-type: none"> <li>• CCSP service provider</li> <li>• Utilization Review analyst</li> <li>• Legal Services Office</li> <li>• Administrative Law Judge</li> <li>• Client</li> </ul>	10 business days after reassessment request
Admitting an emergency client	2 business days after referral received
Brokering services for an emergency client	24 hours after LOC assigned
Brokering services for new client	3 business days after LOC assigned
Registering client in AIMS	3 business days of brokering services for new client

IF ACTIVITY IS (contd.)	THEN STANDARD OF PROMPTNESS IS WITHIN (contd.)
Telephone follow-up with a client after service brokered to assess service compliance, client satisfaction	10 business days after service brokered
Sending client a Participation Form	3 business days after brokering services
<p>Sending referral packet to provider</p> <p><b>NOTE:</b> If referral packet is faxed to provider, a hard copy is mailed the same day. The provider's SOP begins the day they receive the faxed referral.</p>	24 hours of brokering services
Completing and returning Community Care Notification Form (CCNF), Form 6500, to provider	3 business days after receipt from provider
Sending CCC and LOC to DFCS	3 business days from receipt of first CCNF
Initial Comprehensive Care Plan Review	60 days of admission
Subsequent Comprehensive Care Plan reviews	Every 4 months
Completing a new Comprehensive Care Plan that includes exact service orders using only standardized abbreviations. "No change" notation may not be used.	At care plan review time and when client services change
Sending completed Comprehensive Care Plan to provider	Three days prior to the expiration date of the current care plan
<p>Notifying Adult Protective Services (APS) and Division of Aging Services (DAS) Section Manager(or designee) of serious injury, death suspected abuse, neglect, or exploitation</p> <p><b>NOTE:</b> If the client is in an ALS, notify ORS and LTCO instead of APS.</p>	Immediately
Sending initial SAFs for PMAO client to provider(s)	3 business days from receipt of eligibility notice or CCC.
Sending initial Service Authorization Forms (SAFs) for SSI client to provider(s)	3 business days from receipt of first CCNF

<b>IF ACTIVITY IS (contd.)</b>	<b>THEN STANDARD OF PROMPTNESS IS WITHIN (contd.)</b>
Sending SAF for active client to provider(s)	5 business days of notification of change in services or cost share
Transfer of electronic record when client moves to another PSA	2 business days after notification of transfer
Transfer of original client record when client moves to another PSA	5 business days after notification of transfer
REFERENCES	Chapter 600, Care Coordination; Chapter 700, Care Management