**Section 240.1420 Care Coordination Unit Responsibilities**

CCUs, in the performance of their CCP contract, shall have the following responsibilities for purposes of care coordination:

a) intake to address public inquiries regarding services and supports and making preliminary decisions regarding need for a home visit for a comprehensive assessment.

b) Determine functional and financial eligibility for services, including:

1) scheduling a face-to-face meeting between a certified Care Coordinator and a participant/authorized representative;

2) utilizing the comprehensive assessment tool, or any successor assessment tool used to determine need for long-term services and supports authorized by the Department, including all addenda, to assess the participant's functional needs, cognitive, psychological, and social well-being, including but not limited to participant demographics, physical health history and assessment, behavioral health, medications, nutritional screening, caregiver, transportation, environment, financial, legal status, and person-centered goals of care, as well as other factors contributing to quality of life and the ability to live independently in the community;

3) reporting alleged or suspected abuse, neglect, financial exploitation, or self-neglect; assisting with investigations conducted under the Adult Protective Services Program; and making referrals to the State/Regional Long Term Care Ombudsman Programs.

4) identifying existing informal and formal support systems and the need for further evaluation by other disciplines, and/or services that would assist the participant in maintaining independent living and coordinating available resources to assist the participant/authorized representative to gain access to and receive needed services and supports, whether paid or unpaid, that will assist the participant to achieve identified goals, including distributing and assisting with completion of applications and forms required to access services identified in the goals of care; and

5) maintaining relationships with DHS, HFS, managed care entities, physicians, hospital discharge personnel, and providers/vendors for the purpose of receiving input that may be beneficial to the CCU in exercising these responsibilities.

c) full responsibility for the performance of CCP determinations/redeterminations of eligibility, including residents of nursing homes seeking to return to the community, and development of a Participant Agreement – Person-Centered Plan of Care for each CCP client. (The Participant Agreement – Person-Centered Plan of Care can be revised only by the CCU.) CCUs should maintain liaison with DHS, HFS, physicians, hospital discharge personnel, and providers/vendors for the purpose of receiving input that may be beneficial to the CCU in exercising these responsibilities.

d) develop a Participant Agreement − Person-Centered Plan of Care for each participant receiving CCP services based on person-centered planning and freedom of choice in the selection of services, supports and vendors.

e) monitor the person-centered plan of care, including the Goals of Care, to ensure that services/resources are being provided.

f) implement transfer of a participant as required by Sections 240.1110 through 1180.

g) send/hand deliver a person-centered plan of care to the participant/authorized representative as required by Sections 240.910 and 240.945. Also send/hand-deliver to providers/vendors, on same day the CCU sends the form to the participant/authorized representative, the following:

1) the applicable sections of the comprehensive assessment tool; and

2) copy of the Participant Agreement − Person-Centered Plan of Care.

h) during the face-to-face/in-person visit and, upon subsequent request, advise participants/authorized representatives of all rights and responsibilities under the CCP and furnish each participant/authorized representative with a copy of those rights and responsibilities, including a copy of "Things You Need to Know" brochures and Home Care Participant Bill of Rights brochures. Also provide a copy of the Request for Appeal form as promulgated by the Department and rendering assistance in filing the Request for Appeal form as requested or needed.

i) arrange for the implementation of CCP services by CCP vendors in accordance with the person-centered – plan of care, and develop memoranda of understanding when needed to maintain service. (See Section 240.350.)

j) submit to HFS all requested records for issues under the Medical Assistance Program, and any other information or records for HFS to discharge its responsibilities as the Single State Agency under Title XIX of the Social Security Act.

k) send notification to the participant/authorized representative as required by Section 240.910 if a participant is determined ineligible for CCP services and providing linkage to other indicated services (e.g., Older Americans Act (42 USC 3001 et seq.) services).

l) advise the participant/authorized representative of his/her right to receive a penalty payment as specified in Section 240.940 if the notice of eligibility is not mailed within 45 calendar days after the date on which a completed request is received by the Department or CCU.

m) inform and assist the participant in the exercise of his/her rights to obtain an alternative provider as specified in Section 240.270 if provision of CCP service is delayed beyond the required time frame.

n) maintain a record of all participants receiving services under the CCP being served within the CCU's jurisdiction.

o) address any request by participant/authorized representative/vendor relating to CCP services and respond verbally/in writing within 15 calendar days after the date of request and so document in the participant's file.

p) document in the participant's file all contact, verbal or written, with or on behalf of participants/authorized representatives.

q) monitor for critical event notifications coming from Adult Protective Services, Emergency Home Response, In-Home and Adult Day Service providers. CCUs will respond to all critical event notifications by providing mandatory follow-up with CCP participants who have experienced a critical event. All critical event reports will be closed to reflect mandatory follow-up with CCP participants within 60 days after the date the event occurred or was identified to have occurred. CCUs will close critical event reports through completion of the 60-day review summary housed in the Department's automated reporting system.

r) complete and submit CCP assessment billing data to the Department; review and correct rejects; and provide assistance to vendors with billing errors.

s) provide, in a timely manner, copies of all participant documents requested by the Department for participant appeals or other Departmental matters.

t) attend hearings on appeals affecting participants under the CCU's jurisdiction and testify as requested. The CCU shall make available the appellant's case records at the hearing.

u) conduct Choices for Care prescreening, postscreening, and Deinstitutionalization in accordance with Section 240.1010.

v) conduct HFS OBRA-1 (Level I ID Screen).

w) provide the Department with an annual financial audit report completed in accordance with Generally Accepted Audit Standards and Audit Guidelines issued by the Department.

1) The financial audit report shall be filed within 6 months after the close of the CCU's business fiscal year. The annual financial audit report must include, at a minimum, an income and expense statement and a balance sheet with the auditor's opinion and findings.

2) The annual financial audit report shall be filed with the Illinois Department at its main office in Springfield.

x) maintain all records and documentation as specified in this Part and applicable procedures.

y) respond to correspondence as required in performing all specified responsibilities.

z) obtain any necessary consent and cooperation for release of information when required to document case record material and to take subsequent indicated action.

aa) develop and maintain resource listings for the geographic area served by the CCU, which will be shared with the Department upon request, to ensure that choices are presented to participants/authorized representatives in an objective manner that also allows for a rotation system for referrals to providers/vendors when the participant/authorized representative elects not to make a choice.

bb) perform other activities as required by State or federal or local rules, regulations and ordinances as they relate to the CCP.

(Source: Amended at 42 Ill. Reg. 20653, effective January 1, 2019)