

Effective Date: July 1, 2025
are followed:

Approved:

Supersedes: 24-0021

Reassessments are conducted by the county, tribal human services organization, or managed care organization. Reassessments are completed using the same assessment tool that is used for the initial assessment; ~~in the same manner and many times by the same entity as the initial assessment.~~ [Up to two remote reassessments may be conducted following an in-person assessment or reassessment.](#)

A different county, tribal human services organization, or managed care organization may complete the reassessment if, during the service plan year, the participant moved to a different region of the state or enrolled in managed care.

Reassessments must be completed at least every 12 months and whenever a significant change in the participant's condition warrants a comprehensive review. Annually, the CFSS provider agency (agency model) or FMS provider (CFSS budget model) requests a reassessment at least 60 days before the end of the service agreement. For participants enrolled in a §1915(c) HCBS waiver or is age 65 or older and enrolled in managed care, the CFSS provider agency or the FMS provider would collaborate the request for reassessment with the participant's case manager or care coordinator.

When a participant has a significant change in condition, the participant, CFSS provider agency (agency model) or FMS provider (budget model) can request a reassessment using the [Referral for Reassessment form \(PDF\)](#). The request for assessment goes to the county, tribal human services organization, or managed care organization who conducts the assessment. After receiving the request, the county, tribal human services organization, or managed care organization will determine if it should complete:

- A 45-day temporary increase in CFSS services
- A full reassessment

Person-Centered Service Plan

The CFC service plan must be developed using a person-centered and person-directed planning process. This process is driven by the individual and includes people chosen by the individual to participate.

The state will claim costs associated with CFC person-centered planning process as:

- Box checked: A Medicaid Service
- Box unchecked: An Administrative Activity

Indicate who is responsible for completing the Community First Choice person-centered service plan.

- Box unchecked: Case Manager. Specify qualifications:
- Box unchecked: Social Worker. Specify qualifications:
- Box unchecked: Registered Nurse, licensed to practice in the state, acting within scope of practice under state law.
- Box unchecked: Licensed Practical Nurse or Vocational Nurse, acting within scope of practice under

state law.