Western CT Area Agency on Aging

Referral for the Connecticut Home Care Program – Submission Tips

Referral Website Address: https://www.ascendami.com/CTHomeCareForElders/default

STEP 1: The following fields will need to be completed in the first section of the referral, to meet basic financial eligibility.

Ascend Field	**Notes**
Applicant First Name	
Applicant Last Name	
Social Security Number	
Date of Birth	
Gender	
Medicaid ID (If they possess one)	*Can be blank, will prepopulate if client on Medicaid currently*
Has the Applicant Applied for Medicaid	*Click Box for Yes or No*
Current Address	
City	
State	
Zip Code	
Phone Number	
Marital Status	
Client Representative/Agency	*Enter POA/Representative*
What is applicant's gross monthly income?	
What are the applicant's assets?	
What are the applicant's combined assets with the spouse or someone else?	*If married, can enter "0" above and enter combined assets in this box.*
If Married: I am asking for a Spousal Assessment and wish to have a determination of whether I need the kind of services that would otherwise be provided in an institution.	*Click Box for Yes, Leave Blank for No. Spousal Assessments are completed to assess what assets the spouse **not receiving services** can protect to remain in the community and meet their continued expenses.*
If Married: Spouse Receiving Services	*Click Box for Yes, Leave Blank for No*
Applicant has a degenerative neurological condition. (I.e. MS, Parkinson's Disease, Alzheimer's (Not Dementia))	*Click Box for Yes, Leave Blank for No or Not Applicable- This is for CHPD Program, can be under age 65*
Describe the Neurological Condition	*Enter Diagnosis*
Applicant has resided in a nursing facility for the past 90 days or longer	*Click Box for Yes, Leave Blank for No*
Submitter Information	*Enter all WCAAA demographic information, ASCEND will use this to contact you if they have further questions.*

If Client is determined to meet income and assets for eligibility, a function assessment of the client's IADL/ADL's will be assessed in the next section. See Next Page.

STEP 2: ADL/IADL Functional Assessment. Be specific as possible, consider in your assessment the client's needs on "difficult days".

Ascend Field	Notes
Demographic Section	*Prepopulates from First Screen*
Typical Living Situation	*Alone? Home with Family?*
Current Location	*Are they in the community? Skilled Nursing?*
Application Type `	*CHCP or CHCPD (Disability Program for Applicants with Neurological Disease)*
Medical Diagnosis	*Enter all medical diagnosis*
Medication Supports	*Supports needed to take medications appropriately, Check All That Apply* *1. None and/or Does Not Apply* *2.Set Ups* *3.Verbal or Gestures Assistance (Reminding, Instructing, Coaching, Pointing)* *4.Injections* *5. Other (Specify)*
If Supports Needed, Describe Reason	*Enter why the client needs support to adhere to medication regime.*
Activities of Daily Living	*Codes:* *0=Independent or supervision less than daily* *1=Supervision Daily* *2=Hand On Assistance* *3=Total Dependence* *Criteria:* *Bathing* *Dressing* *Eating/Feeding* *Toileting* *Mobility* *Transfer* *Continence*
Comments	*Write a brief narrative of the applicant's needs and assistance to fulfill those needs.*
Meal Preparation	*Choose best single best answer*
Orientation	*Person, Place, Time and Situational Orientation* *Code:* *0=Fully Oriented and needs no prompting or cueing* *1=Occasionally disoriented and needs prompting or cueing* *2=Disoriented all or most of the time*
Memory	*Choose the best single answer*
Judgment	*Chose the best single answer*
Communication	*Chose the best single answer*
Vision	*Chose the best single answer*
Behaviors Due to Corroborated Dementia	*Choose all that apply*
Describe Frequency of Behaviors	*Enter a brief narrative of how often the behaviors occur.*
Describe Needs Related to Behaviors, including type of required intervention.	*Enter a brief narrative of what the applicant's needs, risks, and interventions to meet needs or mitigate risks to keep safely in the community.*
Additional Notes/Comments	*Enter any pertinent information not captured in the referral for ACU and Access Agency Staff. Include POA/Conservator Contact information.*

Step 3: Submit to Ascend

Ascend/ACU reviews information for eligibility. If client is eligible, it will be referred to Access Agency for an in-person assessment. If there are questions, ASCEND may contact you for further clarification.