

Attachment B: ICDS Care Management Stratification Levels:
Assessments, Contact Schedule, and Staffing Ratios

Risk/Acuity Stratification Level	Initial Assessment Mode: In person or telephone	Initial Assessment Completion Timeframe	Reassessment Mode: In person or telephone	Reassessment Completion Timeframe	Triggers to Update the Assessment	Minimum contact schedule for first 6 months of enrollment Note: Visit is an in person contact.	Minimum contact schedule for 7 months – completion of demonstration Note: Visit is an in person contact	Minimum Staffing Ratios 1 FTE: ICDS Enrollees
Intensive	In person	Within 15 days of the enrollment effective date	In person	Within 365 days of the initial assessment date.	-Change in enrollee status or need -Significant health care event occurs -Request by the Enrollee, caregiver, or provider.	0 – 1 month: 2 visits the first month. Maximum of 15 days between visits. 2 – 6 months: 1 visit per month. Maximum of 30 days between visits. Telephonic contact as needed.	1 visit per month. Maximum of 30 days between visits. Telephonic contact as needed.	1:25 - 1:50
High	In person	Within 30 days of the enrollment effective date	In person	Within 365 days of the initial assessment date.	-Change in enrollee status or need -Significant health care event occurs -Request by the Enrollee,	0-1 month: 2 visits the first month. Maximum of 15 days between visits. 2-3 months: 1	1 visit every two months. Maximum of 60 days between visits. Monthly telephonic	1:51 - 1:75

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					caregiver, or provider	visit per month. Maximum of 30 days between visits. 4-6 months: 2 visits in 90 days. Maximum of 45 days between visits. Telephonic contact as needed.	contact.	
Medium	Telephonic. In person if requested by Enrollee/caregiver/provider.	Within 60 days of the enrollment effective date	Telephonic. In person if requested by Enrollee/caregiver/provider.	Within 365 days of the initial assessment date.	-Change in enrollee status or need -Significant health care event occurs -Request by the Enrollee, caregiver, or provider	0-2 months: 1 visit 3-6 months: 2 visits. Maximum of 60 days between visits. Telephonic contact as	1 visit every three months. Maximum of 90 days between visits. Monthly telephonic contact.	1:76 - 1:100
Note: Enrollees receiving 1915(c) waiver services must receive an in-person assessment even when assigned to this stratification level.								

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						needed.		
Low	Telephonic. In person if requested by Enrollee/caregiver/provider.	Within 75 days of the enrollment effective date	Telephonic. In person if requested by Enrollee/caregiver/provider.	Within 365 days of the initial assessment date.	-Change in enrollee status or need -Significant health care event occurs -Request by the Enrollee, caregiver, or provider	0-4 months: 1 visit. 5-6 months: 1 telephonic contact.	1 visit every six months. Maximum of 180 days between visits. Quarterly telephonic contact.	1:101 - 1:250
Note: Enrollees receiving 1915(c) waiver services must receive an in-person assessment even when assigned to this stratification level.								
Monitoring (only includes non-waiver consumers)	Telephonic. In person if requested by Enrollee/caregiver/provider.	Within 75 days of the enrollment effective date.	Telephonic. In person if requested by Enrollee/caregiver/provider.	Within 365 days of the initial assessment date.	-Change in enrollee status or need -Significant health care event occurs -Request by the Enrollee, caregiver, or provider	0-6 months: 1 visit. Telephonic contact as needed.	1 visit a year. Semi-annual phone contact.	1:251 - 1:350

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Initial care plans must be developed within 15 calendars of the initial comprehensive assessment date. Revisions to the care plan must occur as expeditiously as the individual's need warrant but no later than 14 calendar days from the date the change in need is identified.

At least one of the in person visits within the first 6 months of the demo and then annually thereafter must be conducted in the individual's primary place of service (i.e., residence or institutional facility).