



Provider Reassessor Notification Portal Instructions

How to use the Notification Portal:

One Portal Notification per Reassessment

- Each Reassessment should only be entered into the Portal **1** time.

Provider Information:

- **Assessor Agency:** Name of agency in which the reassessment was assigned.
 - AAA Provider Reassessors should select their name from the drop-down list.

Participant Information

- First Name
- Last Name
- DCN

Authorization Information

- **Month Current Care Plan Expires:**
 - Enter the month the care plan will expire.
 - Reassessments are assigned by the month they will expire.
 - Reassessment must be submitted to DSDS by the last day of the month prior to the month the care plan is expiring.
Example: If a care plan expires July 31st, the assessment must be submitted to the portal by June 30th.

Assessment Status

- Assessment Completed- Select "Yes" and review below questions:
 - **How was Reassessment completed:**
 - Face to face reassessment (reassessment occurred in participant's home)
 - Hybrid (reassessment was completed via face to face **and** telephone)
 - **Did the participant meet LOC?**
 - Select "Yes" if LOC was met
 - Select "No" if LOC was not met
 - **Are you requesting an ILW for this participant?**
 - Select "Yes" if an ILW request is made.
 - Option to upload the HCBS3a/HCBS3c will appear. Only upload these documents here.
 - Select "No" if an ILW request is not made.
 - **Provider List**
 - Does the Participant need a provider list mailed to them?
 - Select "Yes" or "No"
 - **Other Assessment issues**
 - Any additional issues/circumstances the PRR needs to be made aware of?
 - Example: Duplicated forms that need to be deleted.
 - *Rare circumstances should be emailed to the PRR email account.



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Assessment Status Continued:

- Assessment not completed - select "No" and review additional options:
 - Admitted to Hospital
 - Admitted to Rehabilitation Facility
 - Admitted to Skilled Nursing Facility
 - Case and Services Already Closed in Cyber Access/WebTool (verify status)
 - Deceased
 - Inactive Medicaid/ME Code 05 (Managed Care)
 - Incarcerated
 - Moved out of State
 - Moved out of Service Area
 - No Show/Scheduling Conflict
 - Requested Services be Closed/Refusal
 - Spenddown not met within last 90 days
 - Unable to Contact
 - Staffing/Time Limitations
 - **Other-** Use only in rare situations. Review above list for the most appropriate situation/issue preventing completion of reassessment.