Direction to MCOs regarding:
DON Score Reassessment requests from the Illinois Department on Aging (Elderly Waiver) and Illinois Department of Human Services, Division of Rehabilitation Services (DRS)

Members enrolled in Managed Care can also qualify for and receive IDOA and DRS waiver services. Members are eligible for these HCBS Aging and DRS waiver services if they score a DON (Determination of Need) score of 29 or higher. Initially, the Illinois Department on Aging determines the DON score, and the MCO’s are responsible for completing assessments and establishing care plans based on the member’s DON score.

The MCOs are required to provide all HCBS waiver services to members approved under each respective HCBS waiver. MCO case managers can exceed the service cost maximum (SCM) for a DON score. A new DON is not required for a health plan to allow a higher service cost maximum for their membership. MCOs must follow these guidelines when it comes to reassessments under DRS and Aging waivers.

***Department on Aging
MCOs cannot and should not go back to Aging/Care Coordination Units (CCUs) for a new DON score; this is only completed during annual assessment. Services should be based on the comprehensive plan, not just the DON score, as the DON may have been an abbreviated assessment and is not enough to establish a complete care plan. MCOs do not have to comply to the SCM and can allow for more hours until the DON is done again.

***DRS
MCOs should provide medical information that supports the need to increase the SCM. That medical information should be submitted to DHS.HSPManagedCare@illinois.gov. The medical information shows justification to increase the DON score, especially since it will increase the SCM. The primary means of justifying increases is through clinical information that supports the increase.
**Policy History**

**Direction to Managed Care Organizations**

**Aging and DRS DON Assessment Requests**

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<td>Policy Revisions</td>
<td>Amy Deluhery</td>
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