



What you can expect from the comprehensive assessment process

What is the interRAI assessment? The interRAI is a standard form or questionnaire used to assess information about a person's health care and support needs. Completing this assessment involves an in-person visit with a licensed clinician who will learn about your health needs, goals, and preferences.

This process is at no cost to you, and helps identify the long-term services and supports (LTSS) for which you might be eligible. It usually occurs within 5 days of your request for LTSS or an assessment.

Who should have an assessment? People of any age who have disabilities or chronic care needs can request an assessment. At the time of assessment, you do not need to be enrolled in Medicaid; however, many LTSS available in the District are offered through Medicaid, and eligibility for and enrollment in Medicaid may be necessary to access those supports.

How will the assessment help me? The assessment process may help you better understand your needs and how to get services to meet those needs. Such services can help you to stay at home or move home from a hospital or nursing home. If you qualify for LTSS, it will help you identify those services and enroll in them. If you don't qualify for certain programs, it can help identify alternative services.

Who may attend my assessment? What will the assessor ask me? Your family members, your legal representative or other significant people in your life can attend the assessment and help you provide information. Questions the assessor will ask may include:

- How you manage your day-to-day needs, such as dressing, eating, bathing and getting around
- Health care services you use on a regular basis or have used recently
- Health concerns or challenges that affect your ability to live as you choose
- Where and how you want to live, work and participate in your community

You can also prepare for the assessment by collecting a list of your medications or medication bottles, records of health services, or other information that might contribute to a complete health history.

What happens after the assessment? When will I know the results? After the assessment, you will be notified of the outcome based on the information gathered during your visit. You will receive written information that includes:

- Whether your result means you qualify for LTSS that require this functional assessment
- Information about LTSS available and how they can help meet your needs

If you qualify for the District's Medicaid long-term care programs, such as the EPD Waiver or PACE, and choose to enroll, a referral will be made on your behalf and someone will contact you to assist in LTSS planning and enrollment.

What rights do I have? You have the right to request an interpreter for your assessment and to protect the privacy of your health information. You can also appeal assessment results if you disagree with them.

If you want to request an assessment for LTSS, get started by contact the Aging and Disability Resource Center (ADRC) at the DC Office on Aging:

- By phone: 202-724-5626
- Via email: Ask.ADRC@dc.gov
- On the web: www.dcoa.dc.gov



If you are already enrolled in the Dual Choice or PACE program, you can contact your care team to explore your options.