



## SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

### COMMUNITY FIRST CHOICE Policy Manual

**Section: SERVICE REQUIREMENTS**

**Subject: Intake Visits**

*Reference: 37.40.1005 and 37.40.1114*

#### **PURPOSE**

This policy outlines the provider agency's responsibility to complete a mandatory in-home intake visit to begin providing a member with Medicaid Agency Based (AB) Community First Choice/Personal Assistance Services (CFC/PAS).

The provider agency must complete an in-home intake visit with every AB-CFC/PAS member in order to begin delivering and billing CFC/PAS services. The intake visit must occur prior to the delivery of services. This policy addresses the provider agency's responsibility for intake requirements.

#### **REGULAR INTAKE PROCEDURE**

1. Once the provider agency receives the member's Mountain Pacific Quality Health (MPQH) Referral/Overview (SLTC-154) and Service Profile (SLTC-155), the Nurse Supervisor must make an onsite intake visit with the member.
2. The Nurse Supervisor must review the member Overview and Service Profile prior to the onsite intake visit.
3. Whenever possible, the onsite intake visit should include a coordinated person centered planning meeting with the member's Plan Facilitator to develop the Service Plan (SLTC 170) in conjunction with the Person Centered Plan (PCP) form (SLTC-200).
4. Prior to scheduling the intake visit, the Nurse Supervisor must determine whether the intake visit will include the Plan Facilitator and development of the Person Centered Planning form (PCP).
  - a. If a coordinated intake visit does occur with the Plan Facilitator, the Plan Facilitator is responsible for overseeing the person centered planning process and completion of the PCP form.
  - b. If a coordinated intake visit does not occur during the intake visit, the Nurse Supervisor is responsible to ensure that the development

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of the Service Plan includes the member's preferences and priorities. Once the PCP form is completed by the member and Plan Facilitator, the Nurse Supervisor is also responsible to ensure the Service Plan is amended, if necessary, to reflect member choice and preferences.

5. At the onsite intake visit the Nurse Supervisor must complete the following forms:
  - a. Service Plan (SLTC 170): In order to develop an appropriate Service Plan Schedule, the Program Oversight staff member must review the MPQH Referral/Overview and Service Profile with the member, discuss the member preferences and needs for CFC/PAS services (either using the PCP form, if it has been completed, or a discussion of member preferences) and review the CFC/PAS flexibility parameters (Refer to AB-CFC/PAS 717).
  - b. The total hours authorized on the Service Plan Schedule must equal the total biweekly hours authorized on the member's MPQH Service Profile.
    - i. Review scheduling preferences, specific requests, etc. with the member.
    - ii. Identify personal care attendant (PCA) training needs and document this on the Service Plan.
    - iii. Document expected results for the member receiving services.

If the Service Plan Schedule does not address all of the member's needs for service as identified on the MPQH Referral/Overview, Service Profile and/or the member preferences for service delivery (i.e. frequency, am/pm services, etc.) as identified on the PCP Form, the Nurse Supervisor must document the member's plan to address the discrepancy on the Service Plan.

- iv. The Service Plan must be signed by the member or personal representative (PR), Nurse Supervisor, and Plan Facilitator. If the Plan Facilitator is not present at the intake visit the, provider agency is responsible for providing a copy of the Service Plan to the Plan Facilitator within 10 working days from the intake visit and must obtain the Plan Facilitator's signature within 30

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days of the intake visit.

- c. The provider agency may have internal paperwork for the member to sign during the intake visit.
6. At the onsite intake visit the Nurse Supervisor must provide written and verbal information to the member on the following information:
- a. CFC/PAS program overview;
  - b. Provider agency hiring policies;
  - c. Member services and assistance;
  - d. Voluntary attendant management training;
  - e. Provider agency role and responsibilities;
  - f. Member role, rights and responsibilities;
  - g. Provider agency complaint procedure;
  - h. Member responsibility to report serious occurrences as defined in the AB-CFC/PAS 709, including reporting abuse, neglect and exploitation; and
  - i. Information on Medicaid fraud.
7. At the onsite intake visit the Nurse Supervisor must review the following forms for ongoing participation:
- a. MPQH Referral/Overview and Service Profile:
  - b. Provider agency Service Delivery Record: The provider agency must provide the member with sufficient information on the service delivery record; including when and how the record is completed and the implications if the record is not completed properly (i.e. service termination or referral to fraud).

**HIGH RISK  
INTAKE PROCEDURE**

- 1. Refer to AB-CFC/PAS 414 for provider agency operating procedure for high risk intakes.
- 2. The high risk intake visit may occur in a hospital or nursing home facility,

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when necessary.

3. At the high risk onsite intake visit the provider agency Nurse Supervisor must complete the following forms:
  - a. Service Plan (SLTC-170):
  - b. The provider agency may have internal paperwork for the member to sign during the intake visit.
4. At the onsite high risk intake visit the provider agency Nurse Supervisor must provide the member with the following information:
  - a. CFC/PAS program overview;
  - b. Provider agency hiring policies;
  - c. Member services and assistance;
  - d. Voluntary attendant management training;
  - e. Provider agency role and responsibilities;
  - f. Member role, rights and responsibilities;
  - g. Provider agency complaint procedure;
  - h. Member responsibility to report serious occurrences as defined in the AB-CFC/PAS 709, including reporting abuse, neglect and exploitation; and
  - i. Information on Medicaid fraud.
5. At the high risk onsite intake visit, the Nurse Supervisor must review the following form for ongoing participation:
  - a. Provider agency Service Delivery Record: The provider agency must provide the member with sufficient information on the service delivery record; including when and how the record is completed and the implications if the record is not completed properly (i.e. service termination or referral to fraud).