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's responsibility to complete a mandatory in-home intake visit to begin providing a member with Medicaid Self Directed (SD) Community First Choice/Personal Assistance Services (CFC/PAS).

The provider agency must complete an in home intake visit with every SD-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 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 provider agency Program Oversight staff member must make an onsite intake visit with the member and Personal Representative (PR), when applicable.

2. The provider agency Program Oversight staff member 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 (PCP) meeting with the member's Plan Facilitator to develop the Service Plan (SLTC-175) in conjunction with the PCP Plan (SLTC-200).

4. Prior to scheduling the intake visit, the provider agency Program Oversight staff member must determine whether the intake visit will include the Plan Facilitator and development of the PCP form.

    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 provider agency Program Oversight staff member is

responsible to ensure that the development of the Service Plan includes the member's preferences and priorities. Once the PCP Form is completed by the member and Plan Facilitator the Program Oversight staff member 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 provider agency Program Oversight staff member must complete the following forms:

   a. Service Plan (SLTC-175): 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 SD-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 need for service as identified on the MPQH Referral/Overview and Service Profile and/or the member's preferences for service delivery (i.e., frequency, am/pm services, etc.) as identified on the PCP Form the Program Oversight staff member 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 PR, Program Oversight staff member, 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 days of the intake visit.

c. Consumer or PR Agreement (STLC-159/166): The Program Oversight staff member must review, in detail, the self-directed program and the responsibility of the member/PR to participate in the program. The Program Oversight staff member is responsible to ensure that the member/PR understands all of the self-directed responsibilities prior to the member/PR signing the form.

   i. If the Program Oversight staff member does not believe the member/PR understands and/or can complete the responsibilities of the program the Program Oversight staff member should express these concerns to the member/PR and provide additional training on the self-directed program prior to proceeding with the intake. If the member/PR shares the concerns and is not comfortable signing the Consumer/PR Agreement the Program Oversight staff member should end the intake visit and work with the member to find a different PR or make a referral to the Agency-Based program.

   ii. The member/PR and Program Oversight staff member must sign the Consumer/PR Agreement prior to the delivery of SD CFC/PAS services.

d. The provider agency may have internal paperwork for the member to sign during the intake visit.

6. At the onsite intake visit the provider agency Program Oversight staff member must provide the member with the following information:

   a. Overview of self-direction philosophy;
   b. CFC/PAS program overview;
   c. Provider agency hiring policies;
   d. Member services and assistance;
   e. Voluntary attendant management training;
   f. Provider agency role and responsibilities in the self-directed program;
   g. Member role and responsibilities in the self-directed program;
   h. Provider agency complaint procedure;

i. Member responsibility to report serious occurrences as defined in the SD-CFC/PAS 709, including reporting abuse, neglect and exploitation; and
j. Information on Medicaid fraud.

7. At the onsite intake visit the provider agency Program Oversight staff member 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).

   c. Health Care Professional Authorization Form (SLTC-160): the provider agency must provide the member with sufficient information about the Health Care Professional Authorization Form, including the requirement to have the form signed prior to the start of services, annually thereafter, and whenever there is a change to the Health Maintenance Activities. The provider agency should notify the member that SD CFC/PAS discharge will occur if the member is unable to obtain a Health Care Professional signature in the required timeframes.

HIGH RISK
INTAKE PROCEDURE

1. Refer to SD-CFCF/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, when necessary.

3. At the high risk onsite intake visit the provider agency Program Oversight staff member must complete the following forms:

   a. Service Plan (SLTC-175):

   b. Consumer or PR Agreement (STLC-159/166): The Program Oversight staff member must review, in detail, the self-directed program and the responsibility of the member/PR to participate in the program. The Program Oversight staff member is responsible to ensure that the member/PR understands all of the self-directed

responsibilities prior to the member/PR signing the form.

i. If the Program Oversight staff member does not believe the member/PR understands and/or can complete the responsibilities of the program the Program Oversight staff member should express these concerns with the member/PR and provide additional training on the self-directed program prior to proceeding with the intake. If the member/PR shares the concerns and is not comfortable signing the Consumer/PR Agreement the Program Oversight staff member should end the intake visit and work with the member to find a different PR or make a referral to the Agency-Based program.

ii. The member/PR and Program Oversight staff member must sign the Consumer or PR Agreement prior to the delivery of SD CFC/PAS services.

c. 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 Program Oversight staff member must provide the member with the following information:

a. Overview of self-direction philosophy;

b. CFC/PAS program overview;

c. Provider agency hiring policies;

d. Member services and assistance;

e. Voluntary attendant management training;

f. Provider agency role and responsibilities in the self-directed program;

g. Member role and responsibilities in the self-directed program;

h. Provider agency complaint procedure;

i. Member responsibility to report serious occurrences as defined in the SD-CFC/PAS 709, including reporting abuse, neglect and exploitation; and

j. Information on Medicaid fraud.

5. At the high risk onsite intake visit the provider agency Program Oversight staff member must review the following forms 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).

    b. Health Care Professional Authorization Form (SLTC-160): the provider agency must provide the member with sufficient information about the Health Care Professional Authorization Form, including the requirement to have the form signed prior to the start of services, annually thereafter, and whenever there is a change to the Health Maintenance Activities. The provider agency should notify the member that SD CFC/PAS discharge will occur if the member is unable to obtain a Health Care Professional signature in the required timeframes.