



Senior & Long Term Care Division Community Services Bureau

Community First Choice/Personal Assistance Program Agency Based Policy Manual

Title: AB-CFC/PAS 702
Section: SERVICE REQUIREMENTS
Subject: Intake Visits
Reference: ARM 37.40.1005 and 37.40.1114
Supersedes: AB-CFC/PAS 702 (July 2017)

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's MPQH Overview and Service Profile prior to the onsite intake visit.
3. If the provider agency is acting as the Plan Facilitator, the intake visit must include the completion of the PCP Form (SLTC-200) and review of PERS (Refer to CFC/PAS 1101, 1102, 1111, 1112).
4. 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) (Refer to CFC/PAS 1115).

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5.
 - Prior to scheduling the intake visit, the provider agency must determine whether the intake visit will include the Plan Facilitator and development of the PCP form.
 - a. If a coordinated intake visit occurs 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 will not occur during the intake visit, the Nurse Supervisor 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 Nurse Supervisor is responsible to ensure the Service Plan is amended, if necessary, to reflect member choice and preferences.
6. 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 Nurse Supervisor must review the MPQH Referral/Overview and Service Profile with the member, discuss the member's preference and need 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 421 and 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,

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- specific requests, etc. with the member;
 - ii. Identify personal care attendant (PCA) training needs and document this on the Service Plan; and
 - iii. Document expected results for the member receiving services.
 - c. ➤ If the Service Plan Schedule does not address all of the member's need for service, as identified on the MPQH Overview and Service Profile or the member's preference 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.
 - d. The Service Plan must be signed by the member, 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 days of the intake visit.
 - e. The provider agency may also complete internal paperwork for the member to sign during the intake visit.
 - 7. ➤ At the onsite intake visit, written and verbal information must be provided to the member. The information may be provided by either the Qualified Designee or Nurse Supervisor. The information must include the following:
 - a. CFC/PAS program overview;
 - b. Provider agency hiring policies;

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- 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, including reporting abuse, neglect and exploitation fined Refer to CFC/PAS 709); and
 - i. Information on Medicaid fraud.
8. ➤At the onsite intake visit, the Qualified Designee and/or Nurse Supervisor must review the following forms for participation:
- a. MPQH Referral/Overview and Service Profile; and
 - 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 (Refer to CFC/PAS 718).
9. The provider agency has ten days from the date the intake visit is completed to submit the Agency Admit form (SLTC-163) to MPQH.
- a. The provider agency must provide a copy of the Agency Admit form to the member and the Plan Facilitator.