

FOOTHILLS GATEWAY, INC.

Intake

POLICY:

It shall be the policy of Foothills Gateway, Inc. to execute case management services according to provisions of the rules and regulations of the Health Care Policy and Financing (HCPF).

DEFINITION:

Intake is defined as those activities performed on behalf of an applicant, which leads to determination of developmental disability and referral for services funded by HCPF or other appropriate services. This procedure will begin with the first contact between the individual and/or family or other referral source and the Intake Case Manager, and will end at the point at which the person becomes actively involved in services provided or funded by an agency approved to provide the services, or voluntarily withdraws, or does not meet criteria to receive services.

PROCEDURE:

1. Intake is the responsibility of the Intake Case Manager.
2. Upon receipt of written referral, or receipt of a phone message, a follow-up contact will be made within three (3) working days, for applicants over the age of three.
3. During the initial referral contact, the Intake Case Manager will gather information sufficient to make a preliminary determination as to the appropriateness of the referral. The Benefits Utilization System (BUS) Referral (for Colorado applicants interested in a Medicaid Funded service) or the intake form (for out of state applicants and those ages 3-5 interested in state funded services only), shall be used to document this information. This preliminary determination shall be made both in terms of the applicant's probability of being determined developmentally disabled according to DIDD guidelines, as well as whether services are appropriate to the applicant's needs. All applicants have the right to an assessment unless they decline.
4. Applicants who clearly do not have a developmental disability will be given alternative resources. This shall include, at a minimum, giving the applicant the name, contact person, and phone number of potential service providers. Information about all referrals received will be recorded on a referral log and numbers compiled for statistical data reports.
5. If the referred individual chooses to continue with the intake process, an intake interview will be scheduled or the intake packet will be mailed to the applicant/family. The intake packet will include an Application for Determination of Developmental Disability, Social/Developmental/Medical History, release to share information forms, a list of the minimum required documents and information necessary for the determination of Developmental Disability, information about programs and services offered in Larimer County through Foothills Gateway, Inc. and other applicable intake materials.

6. If requested by the applicant, information on where to obtain testing for the level of intellectual functioning and adaptive behavior will also be provided. The responsibility for obtaining such assessments shall be with the applicant and/or legal guardian.
7. The applicant and/or legal guardian shall provide all documentation and information necessary for the determination of developmental disability within ninety (90) calendar days of the request.
8. If the applicant and/or legal guardian has not provided the documentation and information within ninety (90) days of the request, the Intake Team will send a letter offering the applicant the option to request an extension of the deadline by up to an additional ninety (90) days. If an extension is not requested the request will be closed and the applicant will be notified in writing using the Long Term Care Notice of Action (803).
9. Applicants who receive intake packets and have not responded with a written request within 90 days of the initial contact will be sent a letter of inquiry and encouraged to return the application if services are still desired.
10. Upon receipt of a completed application/request for Developmental Disability Determination (DD determination) and all documentation necessary for the DD determination, a Request for Determination of Developmental Disability form will be completed by the Intake Case Manager and reviewed by the Lead Intake Manager, with consultation with other professionals as appropriate. The decision concerning developmental disability shall be made within 30 days of receipt of the application and all information needed to make the determination. The date of the DD determination shall be the date that the application and all necessary documentation was received by Foothills Gateway.
11. If it is determined that the applicant does not have a developmental disability, the Intake Case Manager will provide referral and follow-up services as needed. The applicant/family/guardian will be informed of the decision in writing and will receive a Long Term Care Notice of Action (803) informing them of the right to appeal the decision, within seven (7) days of the decision. All information accumulated in the intake folder will be placed in the closed files in accordance with the Retention of Records procedure.
12. If the applicant is determined to have a developmental disability he/she or the parent/guardian will be notified in writing within seven (7) days of the decision. This notification will include an explanation of the next steps in the process.
13. The Intake Case Manager will contact the individual or family within 30 days and develop a Waiting List Individual Plan (IP). If the applicant is applying for Medicaid funded services, and meets requirements to be appropriate for an assessment, the LTC 100.2 Functional Assessment will also be completed within 10 days of the determination of developmental disability, and entered into the BUS.
14. The applicant will be added to the queue for admission or referred to the Waiting List, until services are available. Case Management services will be provided to the individual on the Waiting List, including update of contact information annually, and information and/or referral to community agencies as appropriate. Attendance at Individual Education Plan (IEP) meetings with the school district and foster care reviews with DHS, will be determined by Case Manager availability and the individual's need.
15. A Case Management Waiting List file will be established as the Master Record. The file will include Waiting List Individual Plan, Application for DD determination, Social/Developmental/Medical information, face sheet, an individual profile,

psychological testing, adaptive and/or developmental testing, DD determination, appropriate correspondence, and receipt of HIPAA privacy practices information.

16. The Community Contract and Management System (CCMS) information will be entered into the CCMS database.
17. When services and funding become available for the applicant, the Intake Case Manager will follow the admission check list and complete the necessary steps for the appropriate program such as referring the individual for the Supports Intensity Scale Assessment (SIS), assisting the individual/family to complete Long Term Care Medicaid applications, updating the functional assessment in the BUS, and providing information for selecting provider(s). A new Case Manager will be requested from the appropriate Case Management Director. The admission meeting will be scheduled with the chosen provider staff, the applicant, and family/guardian and new Case Manager. At this meeting, a Service Plan (SP) will be developed along with the required enrollment forms.
18. Upon enrollment into services, case management responsibilities will be transferred to a new Case Manager with a caseload of persons actively enrolled in services. The master file will be scanned into a virtual file, except for those documents that have been determined necessary to maintain as hard copies. Those documents will be stored in the locked file room.

12/92.....7/15; 10/16; 12/17