4.05
INTAKE AND PRESCREEN

The Division of Senior and Disability Services (DSDS) or its designee shall be the initial point of contact on referrals for Home and Community Based Services (HCBS) funded through the Medicaid program administered by DSDS. DSDS or its designee operates a customer service Call Center for receipt of HCBS referrals.

Referrals may also be received utilizing the Online HCBS Referral Form. In instances where referrals cannot be submitted online, referrals can be submitted by completing the Home and Community Based Services Referral Form (see Policy 8.00, Appendix 3).

Upon receipt of a request for HCBS, DSDS or its designee shall determine if the potential participant is appropriate for service initiation in the HCBS Web Tool by:

- Determining the potential participant is requesting an HCBS that can be authorized in the HCBS Web Tool;

  Note: Special intake requirements exist for Money Follows the Person (MFP) (see Policy 7.00).
- Screening the caller for the potential participant's Departmental Client Number (DCN) and either the date of birth or last name in order to access information in the HCBS Web Tool; and
- Accessing the Participant Case Summary Screen in the HCBS Web Tool, to verify if the potential participant has the appropriate type of Medicaid and age eligibility.

Special Circumstances: Individuals enrolled in a Managed Care Health Plan **are not** eligible to receive HCBS authorized by DSDS. Upon receipt of a referral for an individual enrolled in a Managed Care Health Plan, DSDS shall refer the individual to the Managed Care Health Plan. The 'Eligibility' tab within the HCBS Web Tool provides contact information for the Managed Care Health Plan.

The HCBS Web Tool will not allow further action on individuals who are not Medicaid or age eligible on the date of the request. Upon receipt of a referral for an individual with no Medicaid benefits, DSDS or its designee shall refer the individual to the appropriate Family Support Division's (FSD) Resource Center or FSD Information Call Center at 855/373-4636. The following link can assist in locating an FSD Resource Center http://dss.mo.gov/index.htm.

> **Note**: New HCBS referrals can be taken for active spenddown MO HealthNet recipients who do not have Medicaid benefits in effect but appear to meet the HCB Medicaid threshold and are potentially eligible for an ADW service (see Policy 2.00, Appendix 2).
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> **Note**: In addition, an IM-54A referral from FSD indicating a "Miller Trust" is being processed shall be accepted for those active spenddown recipients who do not have Medicaid benefits in effect and are potentially eligible for an ADW service (see Policy 2.00 - Miller Trust).
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> **Note**: A Home and Community Based Options Information fact sheet is available in the HCBS Web Tool as a resource when the potential participant is not eligible for HCBS (see Policy 4.00, Appendix 9).

Upon determination that the potential participant is an appropriate referral for HCBS:

- The Participant Case Summary Screen shall be reviewed and completed when the caller has enough information. Information regarding any safety concerns shall be addressed in the "Directions to Residence". Completion of the Physician Information Section is required on the Participant Case Summary Screen. Priority Risk indicator is also displayed in the Participant Case Summary Screen although the information will not be gathered until the participant has been assessed. Information on the Participant Case Summary Screen shall be changed or updated at any time during the life of a case when DSDS or its designee becomes aware of the change or update.
- 'Add Case' shall be selected on the same day it is determined that the referral is appropriate for HCBS processing. Selection of 'Add Case' will open a new case and assign a case # in the HCBS Web Tool. The Case Items section on the Participant Case Summary Screen will display the identifying Case #, the user that created the case, and the start date. A case shall remain open as long as there is an authorization for HCBS.
- 'Add PreScreen' shall be selected immediately subsequent to opening the new case. These two actions ('Add Case' and 'Add PreScreen') shall typically occur on the same day. Selecting 'Add PreScreen' will navigate the user to the PreScreen screen. Selection of 'Add PreScreen' will create a case stage within the associated case.
    - Faxed referrals may not be able to be processed on the same day as there may be a delay in verifying information on the faxed referral.

Completion of the PreScreen will provide DSDS or its designee with information to determine the potential participant's initial eligibility for a face-to-face assessment. Only one PreScreen is required for the life of a case. DSDS or its designee shall initiate completion of the PreScreen based on information provided by the caller.

The PreScreen shall be completed either face-to-face or by telephone within three (3) business days from the determination that the original referral was appropriate for HCBS.

Review and update the Demographics Section as needed.

Completion of the Physician Information Section is required at the PreScreen stage. However, if the name of the physician is unknown, type "Unknown" in the Last Name field. The physician information entered on the PreScreen will be locked and not available for editing on the PreScreen. The physician information may be updated within other screens of the HCBS Web Tool.

The Evaluation Steps section of the PreScreen gathers information on the following:

- Other Responsible Person;
- Reported Health Conditions;
- Formal Supports;
- Requested HCBS; and
- Level of Care.

If DSDS or its designee does not have sufficient information from the referral source to complete the PreScreen, DSDS or its designee shall:

- Contact the potential participant or their designated representative; or
- Contact other formal and/or informal supports to obtain the necessary information.

Note: 208.895, RSMo requires that if contact information received from the referring entity is inadequate, DSDS or its designee shall contact the referring entity within five (5) days in order to resolve the inaccuracy.

DSDS or its designee shall close the referral when a PreScreen determination cannot be completed and send a letter within two (2) business days to the potential participant with, at a minimum, the following information:

- DSDS or its designee's inability to complete the PreScreen due to inadequate or incomplete information; and
- DSDS or its designee's toll-free Call Center customer service number to be utilized for future requests.

The case shall be closed. DSDS or its designee shall initiate a new referral if new information is obtained.

Upon completion of the Level of Care tab within the PreScreen Evaluation Steps, a message of either 'Criteria Met' or 'Criteria Not Met' will be displayed.

'Criteria Met'

- The potential participant is eligible to receive the face-to-face InterRAI HC assessment for HCBS. DSDS or its designee shall inform the referring HCBS provider, if applicable, the referral has been processed and the potential participant meets the preliminary eligibility criteria and has been forwarded to the appropriate region.

'Criteria Not Met'

- Upon completion of the PreScreen and a determination of 'Criteria Not Met' DSDS or its designee shall provide an Adverse Action Notice to the potential participant (see Policy 5.00).
- DSDS or its designee shall contact the referring HCBS provider when the initial referral has been denied. DSDS or its designee shall inform the referring HCBS provider the referral has been processed and the potential participant has received Adverse Action Notice.
- The case shall be closed with the appropriate status and date upon completion of the level of care determination.
    - The status in the case line on the Participant Case Summary screen must be updated to 'Closed' by selecting the 'Edit Case Status' icon in the associated case line on the Participant Case Summary screen and entering the applicable

information (see Policy 10.20). Upon saving of this information, the status of the case line will be updated to 'Closed'.

Intake and Referral Process for Healthy Children and Youth (HCY) Participant Transition

The Department of Health and Senior Services (DHSS), Divisions of Community and Public Health (DCPH) and DSDS, in coordination with Department of Mental Health (DMH), will collaborate to provide a smooth transition for HCY participants when HCY services are no longer available after the participant's 21st birthday. DCPH, DSDS and DMH all have services available for participants 21 years of age and older. The respective Assistant Regional Manager will serve as the DSDS point of contact for this transition process.

The HCY Program Manager is responsible for preparing a list of participants who will age out of the HCY Program. This list will be maintained on an Excel spreadsheet and will be filterable by the month the participant transitions out of the HCY Program. By December 31st of each year, the HCY Program Manager will submit the spreadsheet to DMH and the DSDS points of contact for those HCY participants turning 21 years old during the next fiscal year (July 1- June 30).

The spreadsheet will contain the following information for each participant:

- Name;
- Date of birth;
- Month and year HCY services end;
- DCN;
- County of residence;
- HCY regional office;
- HCY authorized service plan;
- Whether the participant is known to DMH;
- DMH regional office;
- Whether the participant is known to DSDS; and
- DSDS regional office information.

Designated representatives from DCPH, DSDS, and DMH will hold quarterly, or as needed, conference calls to discuss the participant(s) needs and request for services after turning 21 years old. These conference calls are scheduled by DCPH staff. Prior to this conference call, specific participant information will be sent by the HCY Program Manager to the DSDS point of contact and DMH. The HCY Participant Services Matrix will be utilized for this purpose, and will contain only preliminary information regarding the participant. During the conference call, all service options for the participant(s) will be determined. The call will take place 6-9 months prior to the participant's 21st birthday. DSDS staff will be able to discuss specific service options available to the participant(s). Following the conference call, DSDS will document DSDS service options on the HCY Participant Services Matrix and share with all conference call representatives by e-mail. Each agency designee will do the same.

Following the completion of the HCY Participant Services Matrix by all agency representatives, a face-to-face visit with the participant and/or responsible party will be made by representatives from DCPH, DSDS and DMH, as applicable. The scheduling of this visit will be coordinated by the HCY staff unless otherwise specified. The service options will be presented to the participant and/or responsible party in a written format. The participant and/or responsible party can discuss such service options with all representatives and can ask questions which will allow for an informed decision to be made.