



Referral, Screening, Eligibility and Wait List Policy & Procedure

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I. Purpose

To clarify UCP of Maine's intake process and to expedite clients' access to needed services at UCP or from other community providers.

II. Policy

Intake at UCP is responsible for providing information to referents and potential clients and guardians about UCP of Maine's services. Intake facilitates referrals, screens and triages clients to appropriate programs, determines initial eligibility and manages the wait list. Intake has knowledge of community resources and provides information to referents and clients if UCP is not able to provide services.

III. Procedure for Establishing a Wait List (CS 1 MHLR)

When a client is referred the Referral/Intake coordinator, tracks the client on a Referral Tracking Sheet, and then puts the referral in the appropriate waitlist folder. The Referral/Intake Coordinator then contacts family to let them know UCP received the referral, and gives the family an estimated wait time. If there is no wait time, for specific services; the referral coordinator will give the referral to that services supervisor. From there the service supervisor will assign the case. If the referral cannot be picked up immediately, then the referral coordinator calls the family every 14 days to give the family an update on the estimated waitlist time. (SCR 2A.3)

HCT- if services are not immediately available the referral will go on a waitlist, in the order it came in. The Referral/Intake Coordinator will call family every 14 days; to give an estimated wait time before a clinician can pick up the case. The goal is to serve the referrals on a first come first served basis: however, referrals for HCT are picked up based on geographic area, staffing availability and when the client and staff hours match.

OPT - if there is a wait the referral will go on a waitlist, in the order it came in. First come first served, unless there is an immediate need that bumps the referral ahead. Referral/Intake Coordinator will call family every 14 days; to give an estimated wait time before a clinician can pick up the case.

OPT/A - if there is a wait the referral will go on a waitlist, in the order it came in. First come first served. Referral/Intake Coordinator will call family every 14 days; to give an estimated wait time before a clinician can pick up the case.

Bridges -The Referral/Intake Coordinator receives a referral for bridges. The Referral/Intake Coordinator then tracks the referral on a tracking list. The Referral/Intake Coordinator then gives the bridges referral to the Director of the Bridges program. The Director of the Bridges program then puts the referral on a waitlist, and the clients are first come first served.

Speech- The Referral/Intake Coordinator receives a referral for speech. The Referral/Intake Coordinator then tracks the referral on a tracking list. The Referral/Intake Coordinator then gives the speech referral to the speech pathologist. Referrals are served on a first come first served basis.

RCS- The RCS waitlist is managed by APS. The agency making the referral puts the referral on a UCP preferred providers waitlist, through the APS system. The RCS coordinators get an updated list once a week. The list shows client age, location (geographically), and time on waitlist. The RCS coordinators try to pick up cases on a first come first served basis, but geographic and staffing are taking into account. For example if there is a client on the list and RCS has a staff in the area, this client could be picked up before the client who has been on the list longer.

TCM- The Referral/Intake Coordinator receives a referral for Children's Targeted Case Management. The Referral/Intake Coordinator then tracks the referral on a tracking list. The Referral/Intake Coordinator then gives the referral to the CM/BHH director. TCM referrals are based on a first come first served basis.

BHH- The Referral/Intake Coordinator receives a referral for Behavioral Health Homes. The Referral /Intake Coordinator then tracks the referral on a tracking list. The Referral/Intake Coordinator then gives the referral to the TCM/BHH Director. BHH referrals are based on a first come first served basis.

CCM - The Referral/Intake Coordinator receives a referral for Adult Case Management. The Referral/Intake Coordinator then tracks the referral on a tracking list. The Referral/Intake Coordinator then gives the referral to the Adult CM supervisor. CCM referrals are based on a first come first served basis.

Day Treatment- The Referral/Intake Coordinator receives a referral for day treatment from the Bridges Director. The Coordinator then tracks the referral on a tracking list. The Referral/Intake Coordinator then gives the referral back to the Bridges Early Childhood Director. Day Treatment referrals are a first come first served basis.

IV. Procedure for Accepting Referrals/Tracking Referrals/Statistical Data

(SCR 2. A. 1. Pg21) (SCR 2.A.2.) – When accepting referrals from an outside agency. The Referral /Intake Coordinator will ask the outside source for specific information to complete the referral. Information needed includes Client name, Date of Birth, MaineCare #, Diagnosis, Primary Physician, Social Security #, Address, and Phone #, and Services Requested. Once information is gathered the Referral/Intake Coordinator gives the outside referring agency an estimated waitlist time. The Referral/Intake Coordinator then tracks the referral for recording and statistical data. If there is a wait, the Referral/Intake Coordinator will put the referral on the waitlist, and call the referral source every 14 days, to give an updated estimated wait time.

(SCR 2. A. 3. Pg 21)- the Referral/Intake Coordinator keeps the original referral on the waitlist until it is picked up by the service referred for. If during the wait time a family or agency reports they no longer need the service; the Referral/Intake Coordinator will put the referral in a Returned Referral folder. The Referral/Intake Coordinator also will track the referral with Excel on a Returned Referral Tracking sheet. The Referral/Intake Coordinator will keep hard copies of the original referral for a year and then shred them. If a referral is picked up the original referral will be put in the client file.

(SCR 2.A.4.)(SCR 2.A.5.)(SCR 2.A.6.) pg 21)- **Statistical Data**, the Referral/Intake Coordinator tracks the referral on a tracking list once referral is complete and processed. Information tracked is the following: client name, original date of referral, referral source, date of first contact with client, and the Intake date. Information is tracked for every service. Statistical data is tracked to set measurable standards for our agency, and to also let outside providers know the standard time UCP serves referrals. Other information tracked is the average time a client is contacted on the waitlist compared to when the original referral date is. The Referral/Intake Coordinator will call families every 14 days until the referral is picked up. The Referral/Intake Coordinator keeps a record on a tracking system. Information tracked is as follows: original date of referral, first contact date, and attempted contact dates during the wait time. At the end of the month the Referral /Intake Coordinator reports all tracked data to the CEO of UCP.

V. Preliminary Screening and Eligibility

(SCR 1. A.) (SCR 1.b)(SCR 1. C.) pg 20

Every referral that comes to UCP, internal or external usually goes through the Referral /Intake Coordinator. Each referral goes through an eligibility screening and qualifying factors before the

referral is accepted and processed. When screening for eligibility and quality factors, each program varies.

Screening and qualifying factors for HCT- The Referral/Intake Coordinator receives two different referrals for HCT services, the internal UCP referral and the state HCT referral packet. When screening the internal referral the Referral/Intake Coordinator looks for client's Maine care, qualifying diagnosis, date of birth, contact information, and that the referral is completely filled out. When receiving the HCT state packet the Referral/Intake Coordinator looks for the presence of at least 1 mental health diagnosis (Axis 1) and/or ability to be diagnosed with axis 1 diagnosis at intake. Coordinator also checks for Mainecare #, date of birth, and social security #. Client also needs to be within the age range of 2-20 years old. The coordinator also will log into APS to check the client's Mainecare status. The referral coordinator also checks the content of "reason for referral" to make sure the information provided is sufficient enough to get services authorized through APS; and to also determine if the services are appropriate for this Individual. If a Clinician or the coordinator feel the services are not appropriate, UCP will still offer a service but, suggest a lower intensive service to the Family like RCS or Outpatient therapy.

Screening and qualifying factors for Targeted Case Management The Referral/Intake Coordinator utilizes the same referral form for internal and external referrals for TCM services. When receiving the referral the coordinator screens for an active Maine Care #, date of birth, and contact information. The coordinator also checks for a qualifying diagnosis. For example, the presence of medical or mental axis 1 or 2 diagnosis. The client also needs to be in the age range of 2-20 years old. Once all information is screened the coordinator processes the referral and relays the referral to the Director of Behavioral Health Homes and Targeted Case Management, from there the director assigns the referral to a TCM.

Screening and qualifying factors for Community Case Management- The Referral/Intake Coordinator utilizes the same referral form for internal and external CCM services. When receiving the referral the coordinator screens for an active Mainecare #, date of birth, and contact information. The Coordinator screens for a qualifying diagnosis, for example; Presence of a developmental disability and/or autism spectrum diagnosis. To qualify client must fulfill all of the DHHS state requirements for the service. All CCM referrals go through the state of Maine DHHS OADS office. Client must also be 18 years of age to qualify for Adult Case Management services. Once all information is screened the coordinator processes the referral and relays the referral to the supervisor for Adult Case Management, from there the supervisor assigns the referral to a CCM.

Screening and qualifying factors for Outpatient Therapy- The Referral/Intake Coordinator receives one referral form for Outpatient Therapy services. When receiving the referral the coordinator screens for an active Mainecare #, date of birth, contact information, and qualifying factors. Qualifying factors could be the presence of an interruption in functioning in at least one environment: emotional, social, work/school, family, medical, loss, etc. Services are also

available to clients with an Axis 1 or axis 2 mental health diagnosis. Once all information and screened the Referral/Intake Coordinator processes the referral and puts the referral on a waitlist until it can be picked up by a UCP clinician.

Screening and qualifying factors for Outpatient Therapy Assessments- The Referral/ Intake Coordinator receives one referral form for Outpatient Therapy Assessment services. When receiving the referral the coordinator screens for an active MaineCare #, date of birth, contact information, and qualifying factors. Qualifying factors are as follows: ages birth through adult, presence of an interruption in functioning enough to warrant an evaluation; If the referral is referred from the clients PCP office. A Comprehensive Assessment is offered to determine if a diagnosis is warranted. Some Comprehensive Assessment will also include a Vineland Assessment to determine functioning level of the client in multiple areas of Development to determine eligibility for Section 28 MaineCare services. Once all information and screened the coordinator processes the referral and puts the referral on a waitlist until it can be picked up by a UCP clinician.

Screening and qualifying factors for RCS Services – The RCS waitlist and referral process is managed by APS. To qualify for RCS the client must have a Vineland Assessment administered. . The clients' assessment must be two standard deviations below the average level of functioning in two specific areas. The client must also have an axis 1 or 2 diagnosis If the client is under 5, a doctor's note of medical necessity can qualify the child for RCS as well. Once the client qualifies, the referral is faxed to APS and put on a Preferred Providers list. When UCP has capacity the RCS coordinators will contact the TCM who made the referral and ask for the referral information. When the Referral/intake Coordinator receives the referral the packet is screened for the APS approval letter, the 28 referral packet, the Vineland scores, and /or doctors note, and a diagnostic evaluation. Once all information is verified the Referral /Intake Coordinator processes the referral and relays the referral to an RCS Coordinator.

Screening and qualifying factors for Bridges- The referral process is managed by APS. To qualify for Bridges the client must have a Vineland Assessment administered. The client must also have an axis 1 or 2 diagnosis. The clients' assessment must be two standard deviations below the average level of functioning in two specific areas. If the client is under 5, a Doctor's note of medical necessity can qualify the child for Bridges as well. Once the client qualifies, the referral is faxed to APS by the client's Case Manager. Once approved APS will contact the TCM who made the referral. The TCM will then contact UCP and make the referral for the Bridges program. If there is a wait the referral will be on hold until there is capacity in the Bridges program. When the coordinator receives the referral, he screens for the APS approval letter, the 28 referral packet, the Vineland scores, and or Doctor's note, and a diagnostic evaluation. Once all information is verified the Referral/Intake Coordinator processes the referral and relays the referral to the Bridges program Director.

Screening and qualifying factors for Children's BHH- The Referral/Intake Coordinator receives one referral form for internal and external referrals to TCM services. The referral form is UCP's internal referral; this referral is the same for internal and external providers. When receiving the referral; the coordinator screens for an active Mainecare #, date of birth, and contact Information. The coordinator also checks for a qualifying diagnosis. For example, the presence of a mental, and a medical axis 1 or 2 diagnosis, diagnosis that do not qualify any medical diagnosis (e.g., diabetes, asthma, etc.) that does not co-occur with a mental/behavioral health condition. Client also needs to be in the age range of 2-20 years old. Once all information and screened the Referral/Intake Coordinator processes the referral and relays the referral to the Director of Behavioral Health Homes, from there the director assigns the referral to a BHH. If the client does not qualify for BHH then, the Referral Coordinator will offer Targeted Case Management services.

Screening Qualifiers for Day Treatment

The Referral/Intake Coordinator receives one referral form for internal and external referrals to Day Treatment services. The referral form is UCP's internal referral; this referral is the same for internal and external providers. When receiving the referral; the coordinator screens for an active Mainecare #, date of birth, and contact Information.

The member must be aged twenty (20) or under, and must be referred by the Qualified Staff, as defined below. Additionally, the member must need treatment that is more intensive and frequent than Outpatient but less intense than hospitalization.

Within thirty (30) days of the start of service, the member must have received a multi-axial evaluation and must have been diagnosed either with an Axis I or Axis II behavioral health diagnosis based on the most recent Diagnostic and Statistical Manual of Mental Disorders or with an Axis I diagnosis based on the most recent Diagnostic Classification of Mental Health or Development Disorders of Infancy and Early Childhood Manual (DC-03); and

In addition, based on an evaluation using the Battelle, Bayley, Vineland or other tools approved by DHHS, as well as other clinical assessment information obtained from the member and family, the member must either have a significant functional impairment (defined as a substantial interference with or limitation of a member's achievement or maintenance of one or more developmentally appropriate, social, behavioral, cognitive, or adaptive skills); or

Have a completed evaluation establishing that the member has 2 standard deviations below the mean in one domain of development or 1.5 standard deviations below the mean in at least two areas of

development on the Battelle, Bayley, Vineland, or other tools approved by DHHS and other clinical assessment information obtained from the member and family.

VI. Referring to Other Providers (CS.1 pg26)

If UCP of Maine cannot immediately offer services the referral source will be offered the option to be on UCP's wait list and/or be given information about alternative agencies that offer the similar service. List of providers UCP will refer the source to:

Charlotte White Center (947-1410) RCS, OPT, CM

Care and Comfort (992-2535) RCS, CCM, CM, Home health, CCM

Community Care (945-4240) HCT, CCM, CM, OPT

Assistance Plus (453-4708) CCM, CM, HCT OPT, RCS

Bangor Counseling Center (941-6434) OPT,OPTA

Catholic Charities of Maine (1800-781-8500) CM,CCM

Community Health and Counseling Services (1800-924-0366) OPT, CCM,CM

Kids Peace (299-1414) Residential care, HCT, OPTA

Penquis Cap (973-3500) CM, Lynx, Assisted living for adults, heating assistance

Sequel Care of Maine (1-866-890-8960) HCT, RCS, CM, OPT

The referral coordinators provide the Maine. Gov website that provides a list of all Behavioral and Mental Health Services.

<http://www.maine.gov/dhhs/samhs/mentalhealth/providers/>

<http://www.maine.gov/dhhs/ocfs/cbhs/provider-list/home.html>