



## **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 Quality Assurance Manager , tracks the client on a Referral Tracking Sheet, and enters the clients referral into the agencies EMR. The Quality Assurance Manager then assigns the referral to the appropriate staff in the agencies EMR, and notifies the staff. . The Quality Assurance Manager then contacts guardian/client to let them know UCP received the referral, and gives the guardian/client an estimated wait time. (for OPT only, all other programs manage their own waitlist). If there is no wait time, for specific services; the Quality Assurance Manager 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 Quality Assurance Manager r calls the family every 30 days to give the guardian/client an update on the estimated waitlist time. (SCR 2A.3)

**HCT-** CBHS and Kepro Manage the waitlist for HCT. When an opening becomes available the HCT supervisor contacts Kepro and notifies Kepro of the town we are able to serve. Kepro then assigns the client who has been waiting the longest, or the UCP supervisor assigns the case from the family choice wait list.

**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. The Quality Assurance Manager will call guardian/client every 30 days; to give an estimated wait time before a clinician can pick up the case. Child Advocacy Clinic (CAC) referrals are prioritized in accord with our memorandum of agreement.

**OPT/A** - if there is a wait the referral will go on a waitlist, in the order it came in. First come first served. The Quality Assurance Manager will call the guardian/client every 30 days; to give an estimated wait time before a clinician can pick up the case.

**Bridges** -The Quality Assurance Manager receives a referral for bridges. The Quality Assurance Manager then tracks the referral on a tracking list. The Quality Assurance Manager then enters the referral into the agencies EMR creating the client electronic chart The Quality Assurance Manager 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.

**RCS**- The RCS waitlist is managed by Kepro/Atrezzo. The agency making the referral puts the referral on a UCP preferred providers or general Kepro/Atrezzo waitlist, through the Kepro/Atrezzo system. The RCS Supervisors get an updated list once a week. The list shows client location (geographically), and time on waitlist if they have waited more than 90 days. The RCS Supervisors Request cases based on where staff are available geographically and Kepro/Atrezzo assigns children based on who has been waiting the longest or the RCS supervisor can pull clients from the family choice list assigned to UCP by Kepro/Atrezzo.

**RCS Specialized** - The RCS waitlist is managed by Kepro/Atrezzo. The agency making the referral puts the referral on a UCP preferred providers or general Kepro/Atrezzo waitlist, through the Kepro/Atrezzo system. The RCS Supervisors get an updated list once a week. The list shows client location (geographically), and time on waitlist if they have waited more than 90 days. The RCS Supervisors Request cases based on where staff are available geographically and Kepro/Atrezzo assigns children based on who has been waiting the longest or the RCS supervisor can pull clients from the family choice list assigned to UCP by Kepro/Atrezzo

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

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

**ACM** - The Quality Assurance Manager receives a referral for Adult Case Management. The Quality Assurance Manager then tracks the referral on a tracking list. The Quality Assurance Manager then gives the referral to the Adult CM supervisor. CCM referrals are based on a first come first served basis.

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

**ELC - Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID).** The program will maintain a waitlist. Periodic contact may be made with those on the waitlist to ensure they are still actively interested in placement. When there is an opening the IDT will review applicants on the waitlist in conjunction with OADS and DLRS.

**Waiver Homes -** The program will maintain a waitlist. It will be on a first come- first serve basis. When an opening occurs each applicant will then be reviewed again for eligibility. At the time of an opening, if an applicant isn't ready, they will be moved down to the next place on the list. The program reserves the right to move individuals on the waiting list if determined in the best interest of those involved.

#### **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 #, or other insurances Diagnosis, Primary Physician, Social Security #, Address, and Phone #, and Services Requested. Once information is gathered the Quality Assurance Manager gives the outside referring agency an estimated waitlist time. The Quality Assurance Manager then tracks the referral for recording and statistical data. The Quality Assurance Manager then enters the referral information into the agencies EMR. If there is a wait, the Quality Assurance Manager will put the referral on the waitlist, and call the referral source every 30 days, to give an updated estimated wait time. (For OPT only, all other programs manage their own waitlist).

(SCR 2. A. 3. Pg 21)- the Quality Assurance Manager 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 Quality Assurance Manager will remove the clients service/ referral information from the agencies EMR. The Quality Assurance Manager then tracks the returned referral in a Returned Referral folder. The Quality Assurance Manager also will track the referral with Excel on a Returned Referral Tracking sheet. (SCR 2.A.4.)( SCR 2.A.5.)( SCR 2.A.6.) pg 21)- **Statistical Data**, The Quality Assurance Manager 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 Quality Assurance Manager will call families every 30 days until the referral is picked up. The Quality Assurance Manager 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**- Kepro/ Atrezzo manage screening qualifiers for HCT.

**Screening and qualifying factors for Targeted Case Management** The Quality Assurance Manager utilizes the same referral form for internal and external referrals for TCM services. When receiving the referral the Quality Assurance Manager 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 Quality Assurance Manager 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 Adult Case Management**- The Quality Assurance Manager utilizes the same referral form for internal and external CCM services. When receiving the referral the Quality Assurance Manager screens for an active Mainecare #, date of birth, and contact Information. The Quality Assurance Manager 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 Quality Assurance Manager 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 Quality Assurance Manager receives one referral form for Outpatient Therapy services. When receiving the referral the coordinator screens for an active Mainecare #, or other insurances, date of birth, contact information, and qualifying factors. . The Quality Assurance Manager then sends a copy of the referral to the Billing Manager to confirm insurance information. 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 Quality Insurance Manager 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 Quality Assurance Manager receives one referral form for Outpatient Therapy Assessment services. When receiving the referral the coordinator screens for an active Mainecare # , or other insurances, date of birth, contact information, and qualifying factors. The Quality Assurance Manager then sends a copy of the referral to the Billing Manager to confirm insurance information. Qualifying factors are as follows: ages birth though 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, screening, and referral process is managed by Kepro/Atrezzo. 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 a Mental Health 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 Kepro/Atrezzo and put on a Preferred Providers list or general waitlist . When UCP has capacity the RCS Supervisor will contact Kepro/Atrezzo who Assigns a prior authorization for the assigned client. The RCS Supervisor then contacts the case manager who made the RCS referral, to request the 28 referral packet, the Vineland scores, and/or doctors note, and a diagnostic evaluation.

**Screening and qualifying factors for RCS Specialized Services** – The RCS waitlist, screening, and referral process is managed by Kepro/Atrezzo. 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 a Mental Health 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 Kepro/Atrezzo. Once the client qualifies, the referral is faxed to Kepro/Atrezzo and put on a Preferred Providers list or general waitlist. When UCP has capacity the RCS Supervisor will contact Kepro/Atrezzo who Assigns a prior authorization for the assigned client. The RCS Supervisor then contacts the case manager who made the RCS referral, to request the 28 referral packet, the Vineland scores, and/or doctors note, and a diagnostic evaluation.

**Screening and qualifying factors for Bridges** - The referral process is managed by Kepro/Atrezzo. 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 Quality Assurance Manager r receives one referral form for internal and externals 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 Quality Assurance Manager 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 Quality Assurance Manager will offer Targeted Case Management services.

**Screening and qualifying factors for Day Treatment** - The Quality Assurance Manager Referral/Intake Coordinator receives one referral form for internal and externals 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 Quality Assurance Manager 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.

**Screening and qualifying factors for Section 21 Waiver Group Homes -**

Eligibility: Adults with intellectual disabilities or autism spectrum disorders who want to live as independently as possible at home and in the community.

Application Process: Referrals will go through UCP referral department. Applicants will be screened by program manager and individual's case manager. Intake must be pre-approved by OADS.

**Screening and qualifying factors for Elizabeth Levinson Center Program -**

Eligibility: A diagnosis of intellectual disability and the need for at least 8 hours of nursing care per day.

Application Process: Referrals will come through UCP referral department, directly to the facility, or through state vendor calls. Applicants will be reviewed by interdisciplinary team (IDT). Qualifying applicants must then be approved by OADS, DLRS, and OFCS.

**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:

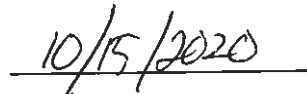
- Care and Comfort (992-2535) RCS, CCM, CM, Home health, CCM
- Community Care (945-4240) HCT, CCM, CM, OPT
- Assistance Plus (453-4708) CCM, CM, HCT OPT, RCS
- Bangor Counseling Center (941-6434) OPT, OPTA
- Catholic Charities of Maine (1-800-781-8500) CM, CCM
- Community Health and Counseling Services (1-800-924-0366) OPT, CCM, CM
- Kids Peace (299-1414) Residential care, HCT, OPTA
- Penquis (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>



Scott Tash, CEO



Date