



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 Assistant Director of Support Operations tracks the client on a Referral Tracking Sheet, and enters the client's referral into the agency's EMR. The Assistant Director of Support Operations then assigns the referral to the appropriate staff in the agency's EMR, and notifies the staff. The Assistant Director of Support Operations 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 Assistant Director of Support Operations will give the referral to that service's supervisor. From there, the service supervisor will assign the case. If the referral cannot be picked up immediately, then the Assistant Director of Support Operations calls the family every 30 days to give the guardian/client an update on the estimated waitlist time. (SCR 2A.3)

HCT- CBHS and Acentra Manage the waitlist for HCT. When an opening becomes available the HCT supervisor contacts Acentra and notifies Acentra of the town we are able to serve. Acentra then assigns the client who has been waiting the longest, or the UCP supervisor assigns the case from the family choice wait list. We will make three contact attempts over five business days to reach the family and/or case manager. If after five business days contact is not made UCP will discharge the prior authorization, and thus removing the client from the HCT waitlist.

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 Assistant Director of Support Operations 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. . School based referrals are placed on a separate waiting list for specific districts and are a priority for Outpatient Clinicians assigned to each district over our general outpatient waiting list.

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 Assistant Director of Support Operations will call the guardian/client every 30 days; to give an estimated wait time before a clinician can pick up the case.

RCS- The RCS waitlist is managed by Acentra. The agency making the referral puts the referral on a UCP preferred providers or general Acentra waitlist, through the Acentra system. This list can be accessed by UCP through the Acentra website. The list shows client location (geographically), time on waitlist (ie 180+ days), age range (ie 13-17), and time availability of client (ie afternoons). The RCS Manager or coordinators request cases based on staff availability and Acentra assigns children based on who has been waiting the longest. If indicated, the Manager or coordinator can pull clients from the family choice list assigned to UCP by Acentra.

RCS Specialized - The RCS Specialized waitlist is managed by Acentra. The agency making the referral puts the referral on a UCP preferred providers or general Acentra waitlist, through the Acentra system. This list can be accessed by UCP through the Acentra website. The list shows client location (geographically), time on waitlist (ie 180+ days), age range (ie 13-17), and time availability of client (ie afternoons). The RCS Manager or coordinators request cases based on staff availability and Acentra assigns children based on who has been waiting the longest. If indicated, the Manager or coordinator can pull clients from the family choice list assigned to UCP by Acentra.

Bridges (School-based RCS, School-based RCS Specialized, or CDS) -The Assistant Director of Support Operations receives a referral for Bridges. The Assistant Director of Support Operations then tracks the referral on a tracking list. The Assistant Director of Support Operations then enters the referral into the agency's EMR, creating or adding to the client electronic chart. The Assistant Director of Support Operations 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 contacted to schedule intakes in the order the referrals were received. If the wait list exceeds 2-3 children, a wait list letter will be sent, informing the family of the wait for services. Waits are due to either low staffing or physical slots in the childcare facilities being full.

Day Treatment- The Assistant Director of Support Operations receives a referral for Day Treatment services. The Assistant Director of Support Operations then tracks the referral, and enters it into the EMR. Assistant Director of Support Operations gives the referral back to the Director of the Bridges program. Day Treatment referrals are contacted to schedule intakes in the order the referrals were received.

TCM- The Referral Supervisor receives a referral for Children's Targeted Case Management. The Assistant Director of Support Operations then tracks the referral on a tracking list. The

Assistant Director of Support Operations then gives the referral to the CM/BHH director. TCM referrals are based on a first come first served basis.

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

ACM - The Assistant Director of Support Operations receives a referral for Adult Case Management. The Assistant Director of Support Operations then tracks the referral on a tracking list. The Assistant Director of Support Operations then gives the referral to the Adult CM supervisor. CCM referrals are based on a first come first served basis unless other factors impact the urgency of a referral. Factors that impact referrals are: date of referral, status of case management, geographical location, status with waiver waitlist/offers, and other extenuating circumstances impacting urgency.

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 Assistant Director of Support Operations gives the outside referring agency an estimated waitlist time. The Assistant Director of Support Operations then tracks the referral for recording and statistical data. The Assistant Director of Support Operations then enters the referral information into the agencies EMR. If there is a wait, the Assistant Director of Support Operations 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 Assistant Director of Support Operations 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 Assistant Director of Support Operations will remove the clients service/ referral information from the agencies EMR. The Assistant Director of Support Operations then tracks the returned referral in a Returned Referral folder. The Assistant Director of Support Operations 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 Assistant Director of Support Operations 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 Assistant Director of Support Operations will call families every 30 days until the referral is picked up. The Assistant Director of Support Operations 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- Acentra manage screening qualifiers for HCT.

Screening and qualifying factors for Targeted Case Management The Assistant Director of Support Operations Manager utilizes the same referral form for internal and external referrals for TCM services. When receiving the referral the Assistant Director of Support Operations 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 Assistant Director of Support Operations 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 Assistant Director of Support Operations Manager utilizes the same referral form for internal and external CCM services. When receiving the referral the Assistant Director of Support Operations Manager screens for an active Mainecare #, date of birth, and contact Information. The Assistant Director of Support Operations 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 Assistant Director of Support Operations 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 and Assessments- The Assistant Director of Support Operations receives referral form for Outpatient Therapy services and places

the referral in the pending folder. When receiving the referral the Manager makes sure the referral form is complete including date of birth, contact information, clarifying guardianship and qualifying factors. The Assistant Director of Support Operations also determines if the client is able and willing to receive services through telehealth, office-based or school-based delivery . 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. The Assistant Director of Support Operations then sends a copy of the referral to the Billing Manager to confirm insurance information Once all information is complete and screened the Assistant Director of Support Operations 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 Assistant Director of Support Operations 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 Assistant Director of Support Operations then sends a copy of the referral to the Billing Manager to confirm insurance information. 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, screening, and referral process is managed by Acentra. To qualify for RCS the client may have a Mental Health Diagnosis or a specific congenital or acquired condition documented by a physician. If the client is under 5, a doctor's note of medical necessity can qualify the child for RCS. It is also helpful to have a Vineland 3, Bayley, or other department-approved assessment that shows developmental or adaptive delays are present in the client's functioning. Once the client qualifies, the referral is faxed to Acentra and put on a Preferred Providers list or general waitlist. When UCP has capacity the RCS Manager or coordinator will contact Acentra, who assigns a prior authorization for the assigned client. The RCS Manager or coordinator may need to contact the case manager who made the RCS referral to request the 28 referral packet, the functional assessment scores and/or doctors note, and a diagnostic evaluation.

Screening and qualifying factors for RCS Specialized Services – The RCS Specialized waitlist, screening, and referral process is managed by Acentra. To qualify for RCS Specialized, the client should have a diagnosis of Autism Spectrum Disorder. If the client is under 5, a doctor's note of medical necessity can qualify the child for RCS Specialized. It is also helpful to have a Vineland 3, Bayley, or other department-approved assessment that shows developmental or adaptive delays are present in the client's functioning. Once the client qualifies, the referral is faxed to Acentra and put on a Preferred Providers list or general waitlist. When UCP has capacity the RCS Manager or coordinator will contact Acentra, who assigns a prior authorization

for the assigned client. The RCS Manager or coordinator may need to contact the case manager who made the RCS referral to request the 28 referral packet, the functional assessment scores and/or doctors note, and a diagnostic evaluation.

Screening and qualifying factors for Bridges (School-based RCS, School-based RCS Specialized, or IEP Services) - The referral process for School-based RCS and School-based RCS Specialized is managed in conjunction between the agency and Acentra. The referral process for IEP related services is managed in conjunction by the local school department, Child Development Services (CDS) and the agency. A complete referral to the Bridges program should include an internal referral form, section 28 or CDS referral form, a psychological or diagnostic evaluation, a doctor's note of medical necessity (for RCS and Specialized), and scores from an adaptive assessment (if completed). Once all information is verified the Assistant Director of Support Operations processes the referral and relays the referral to the Bridges program Director.

Screening and qualifying factors for Day Treatment - The Assistant Director of Support Operations Referral/Intake Coordinator receives UCP's internal referral form; this referral is the same for internal and external providers. When receiving the referral; the Assistant Director of Support Operations screens for an active MaineCare #, date of birth, and contact information.

Within thirty (30) days of the start of service, the member must have received a diagnostic evaluation which indicates a diagnosis is appropriate due to current behavioral or developmental challenges. It is also helpful to have a Vineland 3, Bayley, CAFAS or other department-approved assessment that shows developmental, behavioral, or adaptive delays are present in the client's functioning.

Screening and qualifying factors for Children's BHH- The Assistant Director of Support Operations 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 is screened the Assistant Director of Support Operations 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 Assistant Director of Support Operations will offer Targeted Case Management services.

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, HCT, OPT
Community Care (945-4240) HCT, CCM, CM, OPT
Assistance Plus (453-4708) CCM, CM, OPT, RCS
Bangor Counseling Center (941-6434) OPT, OPTA, RCS, HCT
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, OPT
Penquis (973-3500) CM, Lynx, Assisted living for adults, heating assistance, RCS
Brighter Heights (1-866-890-8960) HCT, RCS, CM, OPT
Eastern Maine Counseling and Testing – RCS Specialized
Downeast Horizon – RCS Specialized, RCS
Woodfords Family Services – RCS Specialized, RCS

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

