



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

Section: FORMS

**Subject: Intake Internal Review Worksheet
(SLTC-246)**

PURPOSE

The provider agency must use the Intake Internal Review Worksheet (SLTC-246) for each member in the agency's Intake Review Sample. Refer to CFC/PAS 610 instructions for how to determine the Intake Review Sample.

INSTRUCTIONS

➤ Every member in the Intake Review Sample must be reviewed for the criteria listed below; which is related to the documentation completed during the member's intake visit.

1. ➤ Person Centered Plan (PCP) Form with signatures: Determine whether the member's chart contained a current PCP Form (SLTC-200) during the intake visit. A PCP form is considered current if it was completed in the last 12 months. If the member is a new intake to the CF/PAS program and the provider agency is not the Plan Facilitator, the PCP Form may be completed up to ten days after the CFC/PAS intake visit.
 - a. ➤ If the provider agency is the Plan Facilitator and the chart does not contain the PCP Form, the criteria is unmet.
 - b. ➤ If the case manager is the Plan Facilitator, and there is no PCP form and no documentation in the member's chart that the agency contacted the case manager, the criteria is unmet.

2. ➤ Service Plan with signatures: Determine whether the member's chart contains a Service Plan (SLTC-175) that was completed during the intake visit and that it is signed and dated by the member, program oversight staff, and plan facilitator. If the chart does not contain the Intake Service Plan or the required signatures, the criteria is unmet.
 - a. ➤ The agency has 30 days from the date the Service Plan is

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completed to obtain the Plan Facilitator signatures.

➤NOTE: If the member did not have a Service Plan in place at the time of intake and services were delivered and billed to Medicaid, the provider agency must complete a repayment.

3. ➤Member/Personal Representative (PR) Agreement: Determine whether the member's chart contains either the Member or PR Agreement form (SLTC-159/166) and that it is signed and dated by the member or PR on the date of the intake visit. If the chart does not contain the Agreement form or the required signatures, the criteria is unmet.

4. ➤Health Care Professional (HCP) Authorization: Determine whether the member's chart contains the HCP Authorization (SLTC-160) and that it is signed and dated by the HCP prior to delivering CFC/PAS services. If the chart does not contain the HCP Authorization form prior to delivering services, and/or does not contain the required signatures, the criteria is unmet.

➤NOTE: If the member did not have a Health Care Professional Authorization in place and services were delivered and billed to Medicaid, the provider agency must complete a repayment.

5. ➤Mountain Pacific Quality Health (MPQH) Overview and Service Profile: Determine whether the member's chart contained the MPQH Overview and Service Profile (SLTC 154/155) or a pre-screen profile at the time of the regular intake. If the chart does not contain the MPQH Overview and Service Profile at the time of intake, the criteria is unmet.

➤ NOTE: If the member did not have MPQH Overview and Service Profile in place and services were delivered and billed to Medicaid, the provider agency must complete a repayment.

6. The following criteria should be evaluated for a member intake when services are delivered prior to receiving the MPQH Service Profile (i.e. member is enrolled as a high risk intake). If the member was not high risk mark n/a.

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- a. High Risk Service Plan: Determine whether the member charts contains a High Risk Service Plan and that the Service Plan was signed and dated by the member and the program oversight staff. If the chart does not contain a High Risk Service Plan, or the required signatures, the criteria is unmet.
 - NOTE: If the member did not have a High Risk Service Plan in place and services were delivered and billed to Medicaid, the provider agency must complete a repayment.
 - b. High Risk Referral to MPQH: Determine whether the member's chart contains a High Risk Referral Form (SLTC-154) with the bottom section of the form completed indicating high risk. If the form is not present, the criteria is unmet.
7. ➤ The following should be reviewed if the agency acted as the Plan Facilitator. If the agency was not the Plan Facilitator mark n/a.
- a. ➤ PCP Form contains member/PR initials: Determine whether the PCP Form has the member/PR initials on each of the lines indicating they have received and reviewed the CFC Handbook. If a line is missing the initials, the criteria is unmet.
 - b. ➤ PCP Form contains member information in every box: Determine whether the form contains member-specific information in every box of the form. If there is a box that does not contain member specific information, the criteria is unmet.
8. ➤ Service Plan documents ADL/HMA/IADL tasks and ADL/HMA frequency: Review the member's Intake Service Plan Schedule to ensure that activities of daily living (ADL), Health Maintenance Activities (HMA) and Instrumental activities of daily living (IADL) are listed and ADL/HMA are assigned a frequency. If ADL/HMA/IADL tasks are not listed and/or the frequency for the ADL/HMA tasks are not listed, the criteria is unmet.
9. For each of the criteria outlined above (1-8) the provider agency must record an "x" in one of the following boxes:

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- a. N/A: If the criteria is not applicable indicate an “x” in the box;
- b. Met: If the criteria is met indicate an “x” for the box; or
- c. Unmet: If the criteria is not met indicate an “x” in the box.
- d. Date Completed or Date Span: Indicate the date the form was completed or the span referenced on the form.
- e. Comments: Provide additional comments.