CICL Client Intake/Modification/Exit Policy and Procedures

Executive Summary

The CICL Client Intake/Modification/Exit Policy and Procedures outline the comprehensive process for admitting, updating, and transitioning Developmental Disability Services (DDS) clients within the Choices In Community Living (CICL) program.

Intake Process: The intake process is designed to assess client needs, customize services, ensure eligibility, establish rapport, comply with regulations, coordinate services, set expectations, and initiate service planning. It involves verifying referral details, reviewing medical and developmental history, assessing support needs, checking legal documentation, verifying insurance and funding, scheduling appointments, assessing transportation needs, considering cultural and linguistic factors, obtaining consent and release of information, documenting intake information, and confirming details with the County DDS Agency. **All communication related to the Intake process must be directed to the Intake group at intake@cicloh.com**

Individual Service Plan (ISP): The ISP is crucial for providing person-centered, coordinated, accountable, and quality services to individuals with developmental disabilities. It ensures compliance with legal requirements, coordinates services, promotes accountability and quality assurance, empowers clients and families, authorizes services, manages billing units and rates, documents services, verifies service delivery, and advocates for client needs.

Updated/Modified ISP: When an ISP is updated, it's essential to review changes, understand the rationale, assess billing implications, update service delivery plans, communicate changes, implement modifications, participate in ISP reviews, and advocate for client needs. **All communication related to an updated or modified ISP will be directed to the Intake group at intake@cicloh.com by the IT department.**

Reporting Conflicts of Interest: Staff must report conflicts of interest promptly, disclose conflicts, refrain from prohibited activities, manage conflicts appropriately, and maintain confidentiality and privacy.

Clients Exiting CICL: When clients exit CICL, it's important to notify the intake group, return client documents to the new provider, update staffing patterns, exit the client from the program, terminate client records, remove client names from utility bills, transfer benefit money to the new provider, and close financial accounts. **All communication related to client exiting the program must be directed to the Intake group at intake@cicloh.com**

Overall, these policies and procedures ensure a client-centered approach, regulatory compliance, seamless transitions, and quality care delivery within the CICL program for DDS clients.

Purpose

Choices In Community Living "CICL" intake process for DDS (Developmental Disability Services) clients serves several important purposes:

1. **Assessment of Client Needs:** The intake process allows CICL to assess the specific needs of DDS clients referred to them. This assessment includes understanding the client's medical history, developmental challenges, support requirements, and goals for services.
2. **Tailoring Services to Individual Needs:** By gathering information during the intake process, CICL can tailor their services to meet the unique needs of each DDS client. This customization ensures that clients receive personalized support that addresses their individual strengths, challenges, and preferences.
3. **Determining Service Eligibility:** The intake process helps determine whether the DDS client meets the eligibility criteria for services provided by CICL. This may include verifying the client's diagnosis, residency status, insurance coverage, and other relevant factors.
4. **Establishing Communication and Rapport:** Intake provides an opportunity for CICL to establish communication and rapport with DDS clients and their families, guardians, or caregivers. Building a positive relationship from the outset helps foster trust and collaboration throughout the service provision process.
5. **Ensuring Legal and Regulatory Compliance:** The intake process ensures that CICL complies with legal and regulatory requirements governing the provision of services to DDS clients in Ohio. This may include obtaining necessary consents, authorizations, and documentation in accordance with state and federal laws.
6. **Facilitating Service Coordination:** Intake facilitates coordination between CICL, the county DDS agency, and other stakeholders involved in the client's care. This coordination ensures seamless transitions, effective communication, and collaboration among all parties involved in supporting the client's needs.
7. **Setting Expectations:** Through the intake process, CICL can set clear expectations with DDS clients and their families or caregivers regarding the scope of services, responsibilities, and timelines. This helps ensure mutual understanding and alignment of goals between the provider and the client.
8. **Initiating Service Planning**: Intake serves as the starting point for developing individualized service plans for DDS clients. Based on the information gathered during intake, CICL can begin developing service plans that address the client's goals and needs in a comprehensive and coordinated manner.

Overall, the intake process is essential for ensuring that clients receive appropriate, individualized, and high-quality services that support their overall well-being and quality of life.

Referral

The requirements for a DDS client to be referred to CICL can vary depending on the specific policies and procedures of the Ohio Department of Developmental Disabilities (DODD) and the county DDS agencies. However, some common criteria are typically considered when making referrals to CICL. These criteria may include:

1. **Diagnosis of Developmental Disability:** The individual must have a diagnosis of a developmental disability by the age of 22 as defined by the DODD. This may include intellectual disabilities, autism spectrum disorder, cerebral palsy, epilepsy, or other related conditions.
2. **Residency in Ohio:** The individual must be a resident of Ohio to receive services through the Ohio DDS system.
3. **Assessment of Support Needs:** The individual's support needs must be assessed to determine the level of services required. This assessment may include evaluations of the individual's functional abilities, medical needs, behavioral challenges, and other factors relevant to their care.
4. **Authorization for Services:** Depending on the funding source and specific services needed, authorization for services will be required from the county DDS agency or other relevant entities.
5. **Availability of Services:** Referrals to CICL may also depend on the availability of services in the individual's area. The county DDS agency may consider factors such as the provider's capacity, expertise, and ability to meet the individual's needs.
6. **Individual Choice and Preference:** Whenever possible, the individual's preferences and choices regarding service providers should be considered. Individuals and their families may have specific preferences or requirements for the type of services and support they receive.
7. **Compliance with Regulations and Standards:** CICL must meet certain regulatory requirements and standards set forth by the DODD and other relevant governing bodies. This may include licensure, certification, background checks, and adherence to specific service delivery guidelines.
8. **Collaboration and Coordination:** Referrals to CICL should involve collaboration and coordination between the county DDS agency, the individual, their family or guardian, and any other relevant stakeholders to ensure a seamless transition and continuity of care.

It's important to note that these criteria are not exhaustive and may vary depending on individual circumstances and the specific services needed by our clients and their families.

Intake Procedure

1. **Referral Receipt and Initial Contact:**
   a. Upon receiving a referral from the County DDS agency, CICL will acknowledge receipt of the referral and initiate contact with the client or their legal guardian within [specified timeframe], preferably within 24 to 48 hours. Upon contact with a new referral, an email will be sent to the intake team at intake@cicloh.com

   b. The Intake Group is comprised of team members from the Program, Business Office, and IT teams. This email address is for internal use only.

2. **Client Move-In Checklist:**

   Gather basic client information including name, date of birth, address, phone number, email address, and emergency contact details. See the 'New Client Move-In Checklist' Form within 'Choices You' under Forms.

   a. Client Name
   b. Address
   c. Move-In Date
   d. Consumer #/ Client ID
   e. Documents Needed
      I.   State Identification Card
      II. Social Security Card
      III. Birth Certificate
      IV. Food Stamp Card
      V.   Medicaid or Medicare Card
      VI. Guardian Paperwork
      VII. Trust Information
      VIII. Pre-need documents
      IX. Previous payee and/or Provider
      X.   Parents information (name(s), date of birth(s), and social security number(s))
      XI. VA Benefit Information
      XII. Award Letters for Social Security and/or VA
      XIII. Release of Information

3. **Verification of Referral Details:**
   a. Verify referral details including the reason for referral, any relevant documentation attached, and the preferred method of communication from the County DDS agency.

4. **Medical and Developmental History Review:**
   a. Review the client's medical history, including any known medical conditions, current medications, and allergies. Review developmental history, diagnosis, previous assessments, and educational background.

5. **Assessment of Support Needs:**
   a. Conduct an initial assessment to determine the client's support needs across various domains such as daily living skills, communication, behavior management, and socialization.

6. **Legal and Guardianship Documentation Check:**
   a. Verify legal guardian details (if applicable) and check the status of legal documentation such as guardianship or power of attorney.

7. **Insurance and Funding Verification:**
   a. Verify the client's insurance coverage and funding source. Obtain necessary authorization for services if required.

8. **Scheduling and Availability Assessment:**
   a. Determine the client's availability for services and schedule home visits accordingly. Consider the client's preferred times or days for home visits.

9. **Transportation Assessment in partnership with the county agencies:**
   a. Assess the client's transportation needs and ability to transport independently. Arrange transportation assistance if needed.

10. **Cultural and Linguistic Considerations:**
    a. Identify the client's language preferences and any cultural considerations relevant to service provision. Ensure appropriate accommodation is made.

11. **Consent and Release of Information:**
    a. Ensure all necessary authorizations for treatment are obtained by the county agencies.

12. **Documentation and Record-Keeping:**
    a. Document all intake information accurately and maintain detailed records for future reference. Ensure compliance with HIPAA regulations and other applicable laws.

13. **Follow-Up and Confirmation:**
    a. Follow up with the client or their legal guardian to confirm intake details and address any additional questions or concerns.

14. **Communicate with the County DDS Agency:**
    a. Provide feedback to the County DDS agency regarding the intake process, any additional information required, and confirmation of acceptance of the referral.

By following this intake procedure, CICL can ensure thorough assessment and coordination of services for DDS clients referred by the County DDS agency, ultimately facilitating effective support and care delivery.

Entering New Client Information in Provide – Performed by Consumer Benefit Specialist

1. **Login**: Access your Provide account using your username and password.
2. **Navigate to the Consumer Section:** Once logged in, find the section or tab labeled "Consumer."
3. **Add New Client:** Look for an option to add a new client. This could be a button labeled "Add New Consumer." Click on it to initiate the process of adding a new client.
4. **Enter Client Details:** You'll be prompted to fill out various fields with the client's information. This typically includes their name, contact details, address, email, phone number, department number, Medicaid number, social security number, and any other relevant information.
5. **Save Client Information:** After entering all the required details, make sure to save the client's information. There's usually a "Save" or "Save Changes" button at the bottom of the page.
6. **Review and Confirm:** Double-check the entered information to ensure accuracy. Once you're satisfied, confirm the addition of the new client.
7. **Confirmation:** After successfully adding the client, you should see the new client listed in the consumer list.

Note: New Client Intake for Westbrook (emergency shelter) and Day Hab is handled by the other staff.

Individual Service Plan (ISP) – Why is it important?

Overall, the Individual Service Plan (ISP) is vital in the Ohio DDS system and for CICL services as it ensures that individuals with developmental disabilities receive person-centered, coordinated, accountable, and quality services that promote their well-being, independence, and inclusion in the community. The Individual Service Plan (ISP) is critical within the context of the Developmental Disabilities Services (DDS) system for several reasons:

1. **Person-Centered Approach:** The ISP is designed to be person-centered, meaning it focuses on the unique needs, preferences, and goals of each individual with developmental disabilities. By tailoring services to the specific needs of the person, the ISP ensures that they receive support that is relevant and meaningful to their lives.
2. **Legal Requirement:** The ISP is a legal requirement mandated by state and federal regulations governing the provision of services to individuals with developmental disabilities. Compliance with these regulations ensures that individuals receive services that meet minimum standards of care and support.
3. **Coordination of Services:** The ISP serves as a roadmap for coordinating various services and supports that an individual with developmental disabilities may require. It outlines the specific services, therapies, interventions, and supports that will be provided to the individual, as well as the responsible parties and timelines for implementation.
4. **Accountability and Quality Assurance:** The ISP establishes clear expectations for CICL, caregivers, and other stakeholders involved in the individual's care. It helps ensure accountability by defining measurable goals and objectives, monitoring progress, and evaluating outcomes. This promotes quality assurance and helps identify areas for improvement in service delivery.
5. **Empowerment and Advocacy:** The ISP empowers individuals with developmental disabilities and their families and guardians to actively participate in the decision-making process regarding their care and support. It provides a platform for individuals to voice their preferences, express their needs, and advocate for the services and resources that will best meet their goals and aspirations.
6. **Service Authorization:** The ISP outlines the specific services, supports, and interventions that an individual with developmental disabilities is eligible to receive. These services may include residential support, day habilitation, behavioral therapy, ancillary services and more. Services included in the ISP requires authorization from the appropriate funding source, the Ohio Department of Developmental Disabilities (DODD).
7. **Billing Units and Rates:** For Medicaid-funded services, billing is based on predefined billing units and rates established by the DODD. CICL submits claims for reimbursement based on the units of service delivered as outlined in the ISP and the corresponding billing rates.

8. **Documentation of Services:** CICL is required to document the services they deliver to individuals with developmental disabilities in accordance with Medicaid billing requirements. This documentation serves as evidence of the services rendered and supports the reimbursement claims submitted to DODD.

9. **Verification of Service Delivery:** DODD may conduct periodic audits or reviews to verify that the services billed align with the services documented in the individual's ISP. CICL must maintain accurate records and be able to demonstrate that the services delivered were medically necessary, authorized, and provided in accordance with applicable regulations and guidelines.

Updated/Modified Individual Service Plan

When an ISP is updated by the County DDS agencies, it's essential for all stakeholders involved, including CICL, to understand the changes and take appropriate next steps. Here's a guide on how to proceed:

1. **Review the Updated ISP Form(s):**
   - Carefully review the updated ISP form(s) provided by the county DDS agency. Pay close attention to any modifications or additions to the client's goals, objectives, services, supports, or other relevant sections of the plan.
   - The IT department will send the updated ISP to the Intake Group at intake@cicloh.com and Nineteen Services.

2. **Understand the Rationale for Changes:**
   - Identify changes and/or seek clarification from the county agencies to understand the reasons for the changes and how they impact the client's services and supports.

3. **Assess Billing Implications:**
   - Determine how the modifications to the ISP may impact billing for services provided to the client. Identify any changes in authorized services, units, rates, or billing codes that may affect reimbursement.

4. **Update Service Delivery Plan:**
   - Update the service delivery plan to reflect the modifications to the ISP. Ensure that CICL's approach and interventions align with the client's updated goals, objectives, and service requirements.

5. **Communicate Changes with the Client and Support Network:**
   - Address any questions or concerns raised by the client or their support network and solicit their input as appropriate.

6. **Implement Modifications and Document Service Delivery:**
   - Document all services provided accurately and comprehensively, including the date, time, duration, and nature of each service, as well as any progress or outcomes observed.

7. **Participate in ISP Reviews and Meetings:**
   - Attend ISP reviews and meetings convened by the county DDS agency and/or Nineteen Services to discuss the client's progress and any further modifications to the plan.
   - Provide input based on observations and experiences working with the client to ensure that the ISP remains person-centered and responsive to the client's needs.

8. **Advocate for Client's Needs:**
   - Advocate for the client's needs, preferences, and rights throughout the implementation of the ISP. Ensure that the client's voice is heard and respected in decision-making processes related to their care and support.

Reporting Conflicts of Interest

Reporting conflicts of interest is crucial to maintaining transparency, ethical conduct, and the well-being of clients. This policy applies to all staff members, contractors, volunteers, and other individuals involved in providing services to clients through ISP, regardless of their position or role within the organization.

1. **Definition of Conflict of Interest:**
   a. A conflict of interest occurs when an individual's personal, financial, or other interests conflict with their professional responsibilities to serve clients with ISPs impartially and objectively.

2. **Examples of Conflicts of Interest:**
   a. Financial interests of entities providing services to CICL clients.
   b. Personal relationships with CICL clients or their families.
   c. Employment or consulting arrangements with organizations competing with CICL service providers.
   d. Any situation where personal interests may compromise the staff member's ability to act in the best interest of CICL clients served through the ISP.

3. **Disclosure Requirements:**
   a. All staff members are required to promptly disclose any actual or potential conflicts of interest to their supervisor, manager, human resource director or Chief Executive Officer.

b. Disclosure should include a description of the conflict, its potential impact on service delivery, and any measures taken to mitigate or address the conflict.

4. **Prohibited Activities:**
   a. Staff members are prohibited from engaging in activities that create or appear to create a conflict of interest.

   b. Prohibited activities may include accepting gifts, favors, or other forms of compensation from CICL clients or their families or using confidential information for personal gain.

5. **Management of Conflicts of Interest:**
   a. Upon disclosure of a conflict of interest, CICL will assess the situation and take appropriate measures to manage or mitigate the conflict.

   b. Management strategies may include reassignment of responsibilities, recusal from decision-making processes, establishment of firewalls, or termination of conflicting relationships.

6. **Confidentiality and Privacy:**
   a. Staff members must maintain confidentiality and privacy regarding disclosures of conflicts of interest, as well as any information obtained in the course of their duties related to CICL clients. Unauthorized disclosure of confidential information is strictly prohibited and may result in disciplinary action.

Clients Exiting CICL - Process

When CICL clients are exiting the care of CICL, it's important to ensure a smooth transition while prioritizing the well-being and continuity of care for the clients. Here's a guide on how to handle DDS clients exiting the care of an agency provider:

1. Notification and Planning:
   - Upon notification from the County DDS office of a client exiting CICL care, the Intake group needs to be contacted immediately through an email sent to intake@cicloh.com providing the following information:
     a. Client name
     b. Client's exit date
     c. New Provider's information (name, address, and phone number).

2. Return all client documents to the new Provider and obtain a signed receipt from the new provider:
   - Social security card, birth certificate, Medicaid/Medicare cards, trust information, Pre-need documents, food stamp cards, and log-in/passwords.

3. Update Staffing Patterns:
   - Coordinate with the County SSA representative and CICL Billing Manager to ensure the "home" budget is updated accordingly.

4. Exit the client from the program:
   - Work cooperatively with the new provider to coordinate the move-out dates for the client.
   - Work with the Financial Specialist to pay any outstanding invoices.

5. Remove the client from all work sites and ensure the end date is entered. Terminate the client from Provide (after all billing is completed):

6. Remove the client's name from any utility bills and consult with the Financial Specialist if there are any questions. Have the client/new provider sign a payment plan agreement if applicable.

7. All client benefit money will be forwarded to the new provider while the payee process is being established, which means the new provider is responsible for paying the client's bills upon the move-out date and thereafter.

8. Upon CICL being reimbursed for all services and the payee has been transferred to the new provider, inform the Client Treasury Manager so the Fifth Third account can be closed.