



For Review and Comment Purposes Only – Not for Implementation
DEVELOPMENTAL PROGRAMS BULLETIN
COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

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SUBJECT:

Intake and Registration

BY:

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SCOPE:

County Mental Health and Mental Retardation Program Administrators or Directors
Supports Coordination Organizations
Base Service Units

PURPOSE:

The purpose of this Bulletin is to provide the Office of Developmental Programs' (ODP) policy and standards related to the intake and registration process for individuals registering for mental retardation services through a County Mental Health and Mental Retardation Program. The policy and standards will ensure statewide consistency.

BACKGROUND:

The Mental Health and Mental Retardation Act of 1966, as well as County Service Regulations, 55 Pa. Code Chapters 6201 and 4210 outline County responsibilities to conduct intake, determine eligibility, and provide supports for individuals eligible for mental retardation services¹. Since the inception of these regulations, the service system has grown to recognize an individual's right to an "Everyday Life" which entails utilizing person-centered planning and self-determination principles.

In 2003, ODP initiated a workgroup of its Planning Advisory Committee (PAC) which developed ten recommendations that called for standardized practices and choice of Supports Coordinator and Supports Coordination Organization² for each individual. Furthermore, the recommendations called for an Intake and Registration department separate from the Supports Coordination Organization. As recommended, ODP supports the development of standardized Intake and Registration roles and functions in each County Program.

DEFINITIONS:

¹ Throughout this Bulletin, the phrase "mental retardation services" refers to those services funded with base or non-Waiver and non-Medicaid dollars.

² The phrase "Supports Coordination Organization" as it is used in this Bulletin includes providers of Targeted Service Management and base-funded Case Management.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate Developmental Programs Regional Office

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For the purposes of this bulletin, the following definitions apply:

Intake – Intake is a series of activities designed to determine eligibility for mental retardation services through a County Mental Health and Mental Retardation Program and to provide information regarding available services and supports to the individual or surrogate.

Registration – Registration is a series of activities to enroll the eligible individual with the County Mental Health and Mental Retardation Program and to provide the eligible individual with service options to meet needs.

DISCUSSION:

An intake and registration process should be respectful, responsive, and accessible to the individual or his or her surrogate³. Intake and registration staff should carry out their daily functions in a manner consistent with the principles of “*Everyday Lives*.” It is the responsibility of the intake and registration staff to provide information and explain policies and related timeframes in regards to the individual’s rights to eligibility for mental retardation services and due process rights.

POLICY:

Intake is a series of activities to identify, request, and coordinate receipt and review of information needed to determine eligibility for mental retardation services. The following information outlines ODP standards for County Programs for the Intake process:

- A. Provide the individual or surrogate with an overview of Pennsylvania’s Mental Retardation system. The following informational material will be explained or given to the individual or surrogate as part of this process, as well as other available resource information or documents. This list is the minimal expectation of information to be provided to individuals or surrogates at the onset of the Intake process.

³ Not everyone can make legally binding decisions for themselves. This would include minor children and some adults who have substantial mental impairment. In these instances, a substitute decision-maker may be identified under State law. Substitute decision-makers have various legal titles, but for the purposes of this bulletin, they will be referred to as “surrogates.” “Surrogates” include the following:

- Parents of children under 18 years of age under the common law and 35 P.S. § 10101.
- Legal custodian of a minor as provided in 42 Pa.C.S. § 6357.
- Health care agents and representatives for adults as provided in 20 Pa.C.S. Ch. 54.
- Guardians of various kinds as provided in 20 Pa.C.S. Ch. 55 (as limited by 20 Pa.C.S. § 5521(f)).
- Holders of powers of attorney of various kinds as provided in 20 Pa.C.S. Ch. 56.
- Guardians of persons by operation of law in 50 P.S. §4417(c).

Any of these would be considered “legal representatives” as the Center for Medicaid and Medicare Services uses that phrase. Please see *Application for a §1915(c) Home and Community-Based Waiver [Version 3.5]: Instructions, Technical Guide and Review Criteria* [www.cms.hhs.gov/HCBS/02_QualityToolkit.asp].

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1. “*Everyday Lives*”.
 2. “*Everyday Lives: Making It Happen*”.
 3. Community resource information (for example, community activities, parks, social groups, etc.).
 4. Contact information for advocacy groups, the County Mental Health and Mental Retardation Program, the Office of Developmental Programs Customer Service number (1-888-565-9435), and other resources available to the individual or surrogate, as well as a list of informational websites.
 5. Application for Medical Assistance, as required.
 6. Special Needs Trust Contacts, if requested.
 7. A copy of the process to be followed to file a complaint with the County Program in regards to the intake and registration process.
 8. Due process rights, as applicable.
- B. Offer assistance to obtain accommodations (for example, interpreters) for people who speak and understand languages other than English, as required.
- C. Explain mental retardation services that may be available to the individual or family.
- D. Identify, request, and coordinate receipt and review of information needed to determine eligibility for mental retardation services. This includes the following activities:
1. Explain the intake process and the types of information needed to determine eligibility for services through the County Program⁴.
 2. Send a letter to request eligibility information and documentation and to secure consent for the release of information to the individual or surrogate seeking registration within 5 calendar days after an individual or surrogate seeks registration with a County Program for the first time. If the individual is in urgent need of mental retardation services at the initial screening, contact will be made with the individual or surrogate within 24 hours with written follow up within 5 calendar days. The letter or contact will request documentation needed to determine eligibility for mental retardation services. A standardized letter is attached that will be used for this purpose (Attachment 1). If all of the needed information and documentation is provided by the individual or surrogate to the County Program at the initial contact, this letter is not required to be sent.
 3. Provide the individual or surrogate with information on medical, social, educational, and other available community services and benefits, and document in the individual’s file in the Home and Community Services Information System (HCSIS) that the information was provided.
 4. Send a follow-up letter to the individual or surrogate if the information and documentation needed to determine eligibility for the mental retardation

⁴ To determine eligibility for mental retardation services, the following documents may be requested as part of the registration process: birth certificate, standardized IQ assessments, teacher evaluations, educational history, developmental history, medical history, approved Adaptive Behavioral Scales, and other personal information and documentation.

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program is not received within 30 calendar days of the mailing date of the initial request letter. The follow-up letter should state a deadline date for the receipt of the needed documents. The deadline for the submission of the information will be a date 10 calendar days from the mailing date of the follow-up letter. A standardized follow-up letter is attached to this bulletin (Attachment 2).

5. Perform an eligibility determination after all documentation is received at the County Program in accordance with Bulletin 4210-02-05, *“Clarifying Eligibility for Mental Retardation Services and Supports”*, or any future revisions.
 6. Complete the appropriate Demographic and Eligibility Determination screens in HCSIS within 5 calendar days of the completed eligibility determination. Record all demographic and eligibility data and document the results of the associated testing.
 7. Notify the individual or surrogate of the determination of eligibility decision within 20 calendar days from the receipt of the needed documentation and information. A standardized letter (Attachment 3) will be used to notify individuals that are found eligible for mental retardation services or their surrogates of this decision. Individuals who are determined ineligible for mental retardation services or their surrogates will be notified of this decision in writing using a standardized letter (Attachment 4). In addition, the individual or surrogate will be given an opportunity to meet with the County Program as well as given a copy of the County Program Due Process procedures. Explain the individual’s or surrogate’s right to due process as it relates to the determination of ineligibility for mental retardation services. For more information on due process rights, please refer to Bulletin 00-08-05, *“Due Process and Fair Hearing Procedures for Individuals with Mental Retardation”*.
 8. If the required documentation and information is not received by the County Program by the required deadline date mentioned in number 4 above, no eligibility determination can be completed. A standardized letter (Attachment 5) will be sent to the individual or surrogate that closes the registration process until the required documentation becomes available to the County Program. Once all the documentation and information is received at the County Program, the registration process will begin.
- E. For individuals who are age three and older, explain the Medical Assistance program and assist the individual or surrogate to apply for Medical Assistance benefits⁵, if the individual is not currently enrolled. This requirement for an assessment for Medical Assistance eligibility shall occur only if the individual’s plan costs for the needed services are estimated to exceed \$8,000. If the

⁵ The Mental Health and Mental Retardation Act of 1966 states “neither the State nor a County shall be required to expend public funds under the act on behalf of a mentally disabled person until such a person, who has been admitted or committed or is receiving services or benefits under this act, shall have exhausted his eligibility and receipt of benefits under all other existing or future, private, public, local, State or Federal programs.”

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individual's plan costs are estimated at less than \$8,000, an assessment for Medical Assistance eligibility may not be warranted.

If the individual or surrogate is not interested in pursuing eligibility for Medical Assistance benefits and the individual's plan costs are estimated at more than \$8,000, the County must explain to the individual or surrogate that mental retardation services shall not be provided until a Medical Assistance assessment is completed. If the individual or surrogate continues to deny application for Medical Assistance, a service note shall be entered in the individual's file that documents assistance was offered and refused. This information should also be entered in the appropriate eligibility screens in HCSIS. The County Program will explain the impact of this decision as it relates to mental retardation services and service delivery preference. Please see Bulletins 00-08-03 entitled "*Procedures for Service Delivery Preference*" and 00-08-04 entitled "*Individual Eligibility for Medicaid Waiver Services*" for more information.

- F. Provide information to the individual or surrogate about community resources and document in the individual's file in HCSIS that the information was provided.

If an individual is found eligible for mental retardation services, the process continues with the registration of the individual for mental retardation services. The following information outlines ODP standards for County Programs for the Registration process:

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- A. The following informational material will be explained or given to the individual or surrogate as part of the registration process, as well as other available resource information or documents. This list is the minimal expectation of information to be provided to individuals or surrogates in the Registration process.
 - 1. "Family Guide to the Individual Support Plan in Pennsylvania" (for people new to the mental retardation system).
 - 2. "Individual Support Plan and Everyday Lives Values in Planning Guide".
 - 3. An information packet of available services to include traditional models of service, more integrated service options (that is, Supported Employment and Lifesharing through Family Living), and participant-directed services. As part of the explanation of participant-directed services, the individual or surrogate will be provided with information regarding Vender Fiscal and Agency With Choice Financial Management Services.
- B. Offer assistance to obtain accommodations (for example, interpreters) for people who speak and understand languages other than English, as required.
- C. For individuals eligible to receive Supports Coordination through Targeted Service Management (TSM), inform the individual or surrogate of their right to

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select any TSM provider statewide as stated in Bulletin 00-02-06 *“Revision of the Definition of Conflict Free Providers for Targeted Service Management”*, or any future revisions. The selected Supports Coordinator Organization is provided with the information obtained during the intake and registration process. ODP encourages County Programs to provide the same level of choice for Supports Coordination that is provided using non-Medicaid funding.

When an individual chooses a Supports Coordination Organization other than the Organization designated by his or her registration county, a timely referral must be made to the Supports Coordination Organization of choice. The chosen Supports Coordination Organization can accept or decline to serve the individual based on:

- Caseload availability.
- Inadequate documentation.
- Distance to travel that precludes effective oversight, which may include individuals residing in non-contiguous counties or in a county that spans a large geographical area.
- Conflict of interest.
- Determination that the supports coordination needs of the person are beyond the Organization’s ability to address in accordance with State and Federal requirements.

If an Organization declines the transfer request, the reason(s) for declining must be recorded in HCSIS. Choice of Supports Coordination Organization will be monitored by ODP.

The Supports Coordination Organization that will provide Supports Coordination services will assign a Supports Coordinator to the eligible individual. Supports Coordination Organizations shall advise individuals during the intake process that an individual may request a change of Supports Coordinator Organization or Supports Coordinator at any time.

It is incumbent on the Supports Coordination Organization to measure the individual’s satisfaction with the Supports Coordinator. The Supports Coordination Organization should be responsive to requests to change Supports Coordinators. However, the decision to approve a change of an individual’s Supports Coordinator lies solely with the Supports Coordination Organization. While preference for Supports Coordinators will generally be honored, there may be circumstances that prevent an individual or family from being able to utilize a particular Supports Coordinator. Geography, staffing levels, caseload size, and conflict of interest are examples of issues that may influence an Organization’s ability to provide a specific choice. It is the responsibility of the Supports Coordination Organization to determine the reasons for denying choice and document decisions in a service note in HCSIS. Choice of Supports Coordinator will be monitored by ODP, including a review of the conditions that necessitated a change of Supports Coordinator.

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- D. Explain feasible alternatives, Medicaid Waivers and Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR), and the eligibility criteria for these options. This includes traditional models of service, more integrated service options (for example, Supported Employment and Lifesharing through Family Living), and participant-directed services. As part of the explanation of participant-directed services, the individual will be provided with information regarding Vendor Fiscal/Employer Agent and Agency With Choice Financial Management Services organizations.
- E. When the individual is currently enrolled in Medical Assistance, offer and explain Service Delivery Preference between receiving home and community-based services through a Medicaid Waiver and receiving services in an ICF/MR. Please see Bulletin 00-08-03 entitled *“Procedures for Service Delivery Preference”* for more information on this process. If the individual is making application to a Medicaid Waiver, explain the individual’s or surrogate’s right to a fair hearing and appeal and provide the individual or surrogate with a copy of the Department’s Fair Hearing and Appeal Process. For more information on fair hearing and appeal rights, please refer to Bulletin 00-08-05, *“Due Process and Fair Hearing Procedures for Individuals with Mental Retardation”*.
- F. Explain to the individual or surrogate the requirement to complete a needs assessment to determine the needs of the individual. The assessment will be used to create an Individual Support Plan. For mental retardation services, the assessment will be the standard tool used by the County Program at the time.
- G. Provide an overview of the Prioritization of Urgency of Need for Services (PUNS) process. The County Program may delegate this step to the individual’s Supports Coordinator, after one is assigned to the person.
- H. Complete the required intake and registration screens in HCSIS within 20 calendar days of the meeting to finalize the registration process. Details of all contacts or meetings with the individual or surrogate will be documented in the appropriate screens or as a service note in HCSIS. All test results and scores will be documented in HCSIS in the appropriate screens.
- I. All test results and scores will be kept in the individual’s file at the County Program Office until 4 years after the individual’s case file is closed.

OBSOLETE BULLETIN

Bulletin 00-04-08 *“Determining Medical Assistance Eligibility for Individual Age Three and Older Who Apply for Supports and Services Authorized by a County Mental Health/Mental Retardation Program”*