

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No. I.C.1.PR.001.a

Subject: Intake and Initial Visit

Section: Services and Support, Case Management/Broker Services

Issue Date: July 30, 2003

Effective Date: Upon release

Revised: November 30, 2008

A. Purpose

The purpose of this procedure is to establish a consistent approach for the intake and initial visit process to be implemented when individuals are determined eligible for DDS supports and services.

B. Applicability

This procedure shall apply to all individuals who are eligible for DDS supports and services.

This procedure shall apply to case managers, case management supervisors, program supervisors, Eligibility Unit staff and other DDS staff responsible for eligibility determination, intake and initial visits.

C. Definitions

See Case Management Definitions at the beginning of this section.

D. Implementation

Eligibility

The Central Eligibility Unit determines eligibility for DDS supports and services. Within one week of an individual being determined eligible, the Eligibility Unit shall send the case to the appropriate region for case manager assignment.

Case Manager Assignment

When the regional intake liaison receives the eligibility file, he or she shall review it to determine priority for case manager assignment. Priorities for case manager assignment shall include Medicaid enrollment, Department of Children and Families (DCF), Office of Protection and Advocacy (OPA), or OBRA involvement, current ongoing crisis, forensic involvement, Probate Court commitment or impending school graduation. Files for these individuals are forwarded to an appropriate case management supervisor who will assign a case manager. A case manager will be assigned within two weeks of receipt of the record by the case management supervisor.

In circumstances when a case manager resource is not immediately available:

1. Within two weeks of receipt of the record, the regional intake liaison will send a letter to individuals who are newly determined eligible for DDS indicating that the region is temporarily unable to assign a case manager. The letter will provide the phone number of the regional intake liaison whom the individual or his or her family may contact if they require immediate assistance.
2. The regional intake liaison will maintain a wait list for case management assignment by date of eligibility.
3. The regional intake liaison will forward any new cases that have become critical while on the wait list to the appropriate case management supervisor for review. The case management supervisor will immediately assign a case manager to those individuals.
4. When additional case management resources become available, case managers will be assigned to cases in the order in which they became eligible for DDS supports and services.

Initial Visit/Intake Visit

The assigned case manager or service coordinator will make contact and will meet with the individual and/or his or her family or guardian, as applicable, within 30 days of the assignment.

During the initial visits with an individual and/or his or her family or guardian, the case manager will share, gather and document the following information:

1. Complete an Intake/Case Management Summary including the following information:
 - a. An overview of the individual and the presenting issue(s), including the reasons that services are being sought from the department.
 - b. A brief history, including a history of support services received previously.
 - c. The present composition of the family.
2. Complete a Level of Need assessment and screening tool for individuals over age 18 or requesting residential or day services.
3. Gather all necessary information for eCAMRIS.
4. Share information about the individual’s rights and DDS supports and services.
5. Share information about DDS privacy practices, and obtain signature on the “Acknowledgment of the Notice” form.
6. Obtain the signature on the Notice of Liability regarding legal liability.
7. Share information about individual and family supports and services that are available including respite center services, IFS grants, IFS resource team supports and family support workers, as applicable.
8. Share information regarding the Home and Community Based Services (HCBS) Waivers, including the eligibility and enrollment process.
9. Share information about the DDS website and the types of information located there.
10. Share information about voter registration.
11. Provide DDS fact sheets as appropriate.

Completion of an Individual Plan or Individual Plan – Short Form

1. An Individual Plan (IP) or Individual Plan – Short Form (IPS) should be developed within 60 days of the initial visit by the case manager.
2. At the time of the plan meeting, the case manager shall share information about the Programmatic Administrative Review (PAR) process and other appeal processes.
3. The case manager shall make referrals to community and DDS supports and services as requested by the individual or family and identified in the plan.

E. References

1. Eligibility Policy and Procedure
2. Programmatic Administrative Review (PAR) Fact Sheet
3. Legally Liable Relative Fact Sheet
4. HCBS Waiver Fact Sheet
5. Individual Planning Policy
6. Automated Data System Maintenance Procedure
7. Privacy Practices Policy and Procedures

F. Attachments

None