

Intake Screen Module Training Manual

COLORADO LONG-TERM SERVICES AND SUPPORTS
(LTSS) ASSESSMENT TOOL



COLORADO

Department of Health Care
Policy & Financing

Prepared by HCBS Strategies, Inc.
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Intake Screen Module - Training

Purpose

The purpose of the Intake Screen is to direct individuals making an initial inquiry regarding Long Term Services and Supports (LTSS) to appropriate information and assistance. The Intake Screen is a first step to access LTSS and is designed to help the intake worker identify if/when an assessment is necessary and how the assessment should proceed.

Overview of Contents

The Intake Screen contains the necessary items to efficiently complete an LTSS intake. Workers will note that in many places the tool uses skip patterns based on the response to an item. This allows the worker to only have to address relevant items based on the situation of the individual seeking assistance. The tool uses a decision-tree approach that is intended to improve and streamline the initial steps experienced by individuals when looking to access LTSS. It is designed to ensure individuals receive all the necessary information about their options.

The screen includes the following sections:

- **Reason for Contact** – This section documents the reason for the call and helps identify whether there is a potential need for an LTSS assessment.
- **Permission to Complete the Screen and Representative Information** – This section helps ensure that the individual is giving permission to continue with the LTSS screen. If someone other than the individual is making contact, ensure that the caller has permission to continue with the screen and to discuss personal information.
- **Individual's Record and Past History** – This section documents basic identifying information about the individual potentially needing services.
- **Determining if Completing Screen is Appropriate** – This section includes items to determine any previous assessment and identification of barriers for completing a basic screening.
- **Eligibility Screen** – This section includes a preliminary screening for potential functional eligibility for HCBS.
- **Financial Information** – This section is a facilitated discussion to determine whether the individual needing assistance is 1) currently determined as eligible for Medicaid or 2) willing or already going through financial eligibility determination.
- **Risk Trigger Screen** – This section documents risk factors that would indicate the possible need for an expedited functional eligibility process.
- **Individual's Demographic Information** – This section documents a variety of demographic information.
- **Assessment Pathway and Scheduling** – This section contains items identify information and individuals required during the assessment.
- **Outcomes and Referrals** - Documents the outcome of the contact and assistance provided.

Special Instructions for Children and Age-Specific Items

The Intake Screen contains items that may be skipped for or only asked of individuals of a specified age. Items and response options in orange font are intended for children (age 0-18). Other items may include directions to skip for individuals below a certain age.

Instructions for Intake Screen

The following instructions provide guidance to workers regarding how to use the Intake screen and process.

Note: If the individual uses an interpreter, communication device or a communication support person the intake worker should always address the individual and not the support person if the individual is able to respond to the items. The support person is helping the individual communicate his/her own words and does not speak for the individual.

Section 1: Reason for Contact

Agencies may customize the actual language used so that it reflects their operations. However, the opening/greeting should include the following:

- Greeting (e.g., Hello. My name is [name] from the [agency name])
- Collect and record caller name
- Provide an overview of the agencies functions so the caller has some idea about the help provided by the agency (e.g., The [agency name] coordinates services through a variety of programs that help people perform their day-to-day tasks.)
- How may I help you today/what is your reason for calling our agency?
- If returning a call from a referral source, also document referral source type (agency/individual), name, and reason for referral

Assessment Item	Guidance
Section 1: Reason for Contact	
1. Record opening narrative: _____ ⓘ	This is a mandatory item. The worker will listen to the person making contact and will document/summarize the purpose of the call. This should include relevant information provided, such as a description of the problem and the type of assistance requested. For example: <i>Jenny Larson called concerning her 80-year-old mother, Dorothy. Jenny is concerned because Dorothy fell at home and injured her arm and side. Jenny is unavailable to check on her mother during weekdays due to work. . She checks on her mother most days after work but is worried her mother will fall and seriously hurt herself during the day.</i>
2. Immediate referral to 911? [Code based on response] ⓘ <input type="radio"/> No	This is a mandatory item. Based on the initial information obtained, the worker will decide

Assessment Item	Guidance
<p>Section 1: Reason for Contact</p> <p><input type="radio"/> Yes [Contact 911 and collect information for follow-up] [Provide information and skip to Section 10: Outcomes and Referrals]</p>	<p>whether the call needs an immediate referral to 911.</p> <p>“No” means that the caller’s inquiry does not constitute an emergency. “Yes” means the caller information constitutes an emergency, defined as a situation with imminent risk to the individual or his/her surroundings. Worker should ask for address and phone number, inform caller that a call to 911 will be made, and make a call to 911.</p> <p>Automated tool will skip forward to Section 10: Outcomes and Referrals. The worker should record actions taken and note any follow-up to occur.</p>
<p>3. Is there a potential LTSS need? [Ask follow-up questions if necessary] ⓘ</p> <p><input type="radio"/> No [Provide information and referral addressing reason for contact] [Skip to Section 10: Outcomes and Referrals to document the type of information and/or referral provided and other outcomes.]</p> <p><input type="radio"/> Yes, continue with the Screen</p>	<p>This is a mandatory item. Assuming a non-emergency call, the worker will next identify whether there appears to be an LTSS need. For purposes of the Intake Screen, LTSS Need is defined as follows:</p> <p><i>A need for assistance with routine daily activities such as personal care, mobility or household activities, or a need for supervision because of health/safety concerns due to physical, cognitive or memory issues.</i></p> <p>At this stage of the process, the worker does not need to know whether the individual in question meets any eligibility threshold for Medicaid LTSS. The worker should simply determine whether there may be a <i>potential</i> need for LTSS.</p> <p>A caller may not give sufficient information for the workers to understand if there is a need. In this case, ask some follow-up questions to determine whether a potential need is present. Using the call previously described in the opening narrative, these are some examples of follow-up questions to help the worker obtain a better idea of potential needs.</p> <ul style="list-style-type: none"> • <i>Is your mother usually unsteady or does she have trouble getting around on her own?</i>

Assessment Item	Guidance
Section 1: Reason for Contact	
	<ul style="list-style-type: none"> • <i>Do you have other worries about your mother's safety or ability to care for herself?</i> <p>In some cases, the caller may simply make the contact to obtain information. For example, a call may be made to obtain information about applying for food stamps. If the reason for calling is clearly not relevant to LTSS, select "NO".</p> <p>When indicating "Yes" the automated tool will proceed to Section 2. If "No" is indicated, the automated tool will display Section 10: Outcomes and Referrals.</p>

Section 2: Permission to Complete Screen and Representative Information

Section 2 is used to document information about who will represent the individual who will receive services.

Assessment Item	Guidance
Section 2: Permission to Complete Screen and Representative Information	
<p>1. Who initiated the call? 🗨️</p> <ul style="list-style-type: none"> ○ Individual seeking services [Skip to Section 3] ○ Parent/guardian with legal authority [Skip to Item 4] ○ Parent/guardian without legal authority [Skip to Item 2a] ○ Other family member [Skip to Item 2a] ○ Referral – Nursing Facility ○ Referral – ICF-IDD ○ Referral – Hospital ○ SEP [Skip to Section 3] ○ CCB [Skip to Section 3] ○ County DHS, identify county: _____ [Skip to Section 3] ○ Other agency, caller information provided [Skip to Item 2a] ○ Other agency, caller information not provided (e.g., fax referral). Describe agency/referral source: _____ [Skip to Section 3] ○ Other individual [Skip to Item 2a] 	<p>This is a mandatory itemThis is an important triage item for the Intake Screen. There are three different scenarios that will come out of this question:</p> <ul style="list-style-type: none"> • Referral is initiated by individual seeking services - This will result in the automated tool skipping ahead to Section 3. • Referral is initiated by parent/guardian with legal authority- The caller is the individual's legal guardian or a parent with legal authority to speak and make decisions on behalf of the individual. • Referral is initiated by a referral from a nursing facility or hospital - These responses will skip to Item 2a, and then will cause a skip throughout the rest of the document. Staff will use the client information sheet provided by the nursing facility or hospital to complete sections 3, 8, 9, and 10. Because these situations do not typically result in a direct contact with the individual, the Intake Screen will only request responses

Assessment Item	Guidance
Section 2: Permission to Complete Screen and Representative Information	
	<p>that can be found in information sheet provided by the nursing facility or hospital.</p> <ul style="list-style-type: none"> • Referral is initiated by a SEP/CCB - If SEP/CCB staff are reaching out to a individual to conduct the intake, he/she does not need to record the caller information because staff/caller information should be included within the automated system and kept with the intake. Staff should skip to Section 3. • County DHS, identify county - Many SEPs/CCBs receive referrals directly from the county DHS office via phone, fax or email. If this was the source of the referral, staff should identify the county DHS office through which the referral was received and skip to Section 3. • Other agency, caller information provided - If the caller is calling on behalf of the individual from another agency, such as an advocacy agency or service provider, and the caller's information is known, select this option and skip to Item 2a. • Other agency, caller information not provided - This response option would most commonly be used when staff are working from a referral form and the referral form does not provide adequate information about the referral source. If this response option is selected, staff should proceed to Section 2a. • Referral is initiated by another individual - If the caller is a family member, friend, or other individual who does not fall into the above categories, staff should use this response option. Staff should then proceed to Item 2a.
<p>2a. Is the individual seeking services/parent/guardian aware that the referral has been made?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p>[If No, follow agency protocol or consult a supervisor about how to proceed.]</p>	<p>If the call was initiated based on a referral from a person besides the individual, the intake worker will want to verify whether the individual seeking services is aware that the referral has been made. These situations typically require an expedited assessment.</p> <p>If the individual is not aware of the referral, the staff conducting the assessment should prepare</p>

Assessment Item	Guidance
Section 2: Permission to Complete Screen and Representative Information	
	to have a broader discussion of services and the assessment process that may typically occur during the Intake. Staff should follow agency protocol for this situation, and, if necessary, consult a supervisor for further guidance.
<p>2b. Does the caller have the individual's permission, legal authority or the parent/guardian's permission to talk with the agency?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes [Skip to Item 4]</p> <p>[If No, ask if the individual seeking services (if over age 18) or authorized representative is available to talk at this time. If the individual/authorized representative is not available and has not given permission, consult a supervisor about how to proceed.]</p>	<p>If someone else (e.g., relative, friend, provider agency) is initiating the contact, it is necessary to make sure that the individual seeking supports has given permission for the caller to talk with the intake worker. (If the caller is a guardian, then the worker can proceed without the permission of the individual needing assistance.)</p> <p>There may occasionally be a circumstance in which the worker will need to use professional discretion to move ahead without permission of the individual. For example, a individual may have experienced a sudden and unanticipated change in capacity due to an accident or medical event (e.g. traumatic brain injury, stroke, etc.). In this instance, the worker should first try to establish the relationship between the caller and the individual prior to determining how to proceed. For example:</p> <p><i>Is the caller a spouse or does the caller have power of attorney or another form of legal relationship that has previously been put into place? Is the caller an immediate family member, such as an adult-child, who is likely to provide continuing assistance through the process?</i></p> <p>If the call or referral is coming from another agency (other than a hospital or nursing facility), the intake tool can be used to record information and facilitate an assessment. In each of these situations, the worker may decide to continue with the intake using an established agency policy or may want to consult with a supervisor about making a determination to proceed even though the caller may not have permission from the individual.</p> <p>In most cases, however, permission of the individual to proceed will be necessary so that</p>

Assessment Item	Guidance
Section 2: Permission to Complete Screen and Representative Information	
	<p>decisions about the pathway for assessment reflect the preference of the individual. Explain to the caller that because you will need to discuss personal and protected information, it is necessary to make sure permission is granted. If the individual is not available to verify, suggest that a time be arranged for you to speak with the individual to make sure it is permissible to talk with the caller.</p>
<p>3. Continue with Screen? ⓘ</p> <p><input type="radio"/> No [Skip to Section 10: Outcomes and Referrals]</p> <p><input type="radio"/> Yes</p>	<p>Identify if it is appropriate to continue with the screen given the information provided about the caller and his/her permission to speak on behalf of the participant. If it is not appropriate, skip to Section 10.</p>
<p>4. Caller Information:</p> <p>A. Name: _____ ⓘ</p> <p>B. What is the relationship to the individual seeking supports?</p> <p><input type="radio"/> Spouse</p> <p><input type="radio"/> Parent/Guardian</p> <p><input type="radio"/> Parent/Non-guardian</p> <p><input type="radio"/> Partner/Significant Other</p> <p><input type="radio"/> Friend</p> <p><input type="radio"/> Neighbor</p> <p><input type="radio"/> Independent Advocate</p> <p><input type="radio"/> Child or Child-in-law</p> <p><input type="radio"/> Guardian, other: _____</p> <p><input type="radio"/> Other relative: _____</p> <p><input type="radio"/> Other informal helper: _____</p> <p><input type="radio"/> Service/Provider Agency: _____</p> <p>C. Cell telephone number: _____ ⓘ</p> <p>D. Home telephone number: _____</p> <p>E. Work phone number: _____</p> <p>F. Email: _____</p> <p>G. Preferred method of contact:</p> <p><input type="radio"/> Cell phone</p> <p><input type="radio"/> Home phone</p> <p><input type="radio"/> Work phone</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Texting</p>	<p>Document the name of the caller (A) and his/her relationship to the individual (B). Items C through G relate to the contact information of the person making the contact.</p> <p>Note that name and cell telephone number are mandatory.</p> <p><u>If participant's preferred method of contact is texting and the case manager does not have access to work cell phone, have the participant select an alternative method.</u></p>

Section 3: Individual's Record and Past History

This section records identifying information about the individual who potentially needs supports. In the fully implemented system, the worker should look in the system to determine if there is already a record and populate information based on the record.

Assessment Item	Guidance
Section 3: Participant Record and Past History	
<p>1. Name of Individual Seeking Supports: _____ ⓘ</p> <p>Staff should review if there is a record for the individual in the automated system and if so, verify that the information in 2 and 3 is correct. [Note: The actual structure of this will need to be adapted based upon the capabilities of the automation platform]</p>	<p>This is a mandatory item. Record the name of the individual.</p> <p>At this time, staff should check within the system to determine if the participant already has a record. If so, update the information within this section as necessary.</p>
<p>2. Is the individual currently enrolled in an HCBS program or had an HCBS assessment? ⓘ</p> <p><input type="radio"/> Yes, enrolled in an HCBS program (Skip to Section 10 and document next steps and outcome of call)</p> <p><input type="radio"/> Yes, had an HCBS assessment but not currently enrolled in an HCBS program</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p>	<p>Identify if the individual is currently enrolled in a Medicaid waiver or State Plan service. If he/she is, the Intake Screen does not need to be complete because the individual has already been determined eligible for services. Skip to Section 10 and provide appropriate information and referral.</p> <p>If the individual is not enrolled in a Medicaid waiver or State Plan service, proceed with the Intake Screen.</p>
<p>3. Individual's Information:</p> <p>A. Date of Birth: ___/___/___ ⓘ</p> <p>B. Age: ___ [auto-calculate in automated version]</p> <p>C. Social Security #: ___ - ___ - ___</p> <p>D. Gender</p> <p>E. Preferred method of contact:</p> <p><input type="radio"/> Email</p> <p><input type="radio"/> Cell phone</p> <p><input type="radio"/> Work phone</p> <p><input type="radio"/> Home phone</p> <p><input type="radio"/> Texting</p> <p>F. Cell telephone number: _____ ⓘ</p> <p>G. Home telephone number: _____</p> <p>H. Work phone number: _____</p> <p>I. Email: _____</p> <p>J. Address Confidentiality Program (ACP)?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes [Autofill ACP address]</p> <p>K. Current Mailing Address</p> <p>L. County of residence: _____</p> <p>M. County(ies) where services will be delivered: _____</p> <p>N. Is the mailing address the same as the individual's current physical address?</p>	<p>Collect information contained in items 3A-R (includes other identifying information: date of birth, age, social security number, gender identification, preferred method of contact, current mailing address, current physical address if different than mailing, and insurance information).</p> <p>Note that date of birth is mandatory for record locating purposes and cell telephone number is mandatory for contact information.</p>

Assessment Item	Guidance
Section 3: Participant Record and Past History	
<input type="radio"/> No <input type="radio"/> Yes [Skip to Item P] O. Current Physical Address: _____ P. Current insurance Q. Health First Colorado (Medicaid) # (if applicable) R. Medicare # (if applicable) [Note: If referral was selected for 2.1, skip to Section 7]	

Section 4: Determining if Completing Screen is Appropriate

This section contains items to help make a decision regarding whether to proceed with the telephone screening for functional eligibility. The telephone screen is a tool to help identify the likelihood for functional eligibility prior an assessment. This helps to streamline the process and allows some individuals who would not meet functional eligibility thresholds to make a decision to forego the assessment process. (It does not, however, replace the eligibility assessment and individuals may elect to proceed with an assessment even if they do not “screen” as likely to be eligible for LTSS.)

Prior to completing the telephone screen, the worker will provide an overview of the screening and assessment process so that the individual can decide whether he/she wants to continue. This should include a brief explanation of the following:

- The intake screen provides an idea about the likelihood of the individual meeting functional eligibility for programs and services. However, the worker should make certain to emphasize that eligibility needs to be verified through the formal assessment process.
- The assessment process. The worker should make sure the individual understands that he/she will be visited at home or at another location convenient to him/her, and will be asked to provide various personal information. For example, the assessor will ask about the need for assistance with personal care and housekeeping and any challenges with memory or judgment.

Assessment Item	Guidance
Section 4: Determining if Completing Screen is Appropriate	
1. Explain the Intake Screen and Assessment process. Provide an overview of the types of questions that will be asked and why they are being asked. Is the individual/parent/guardian willing/able to answer additional questions and proceed with the remainder of the Screen? <input type="radio"/> No [Provide information and referral and skip to Section 10: Outcomes and Referrals to document the type of information and/or referral provided and other outcomes.] <input type="radio"/> Yes, continue with Screen	Determine whether the individual is willing and able to proceed. If the individual wants to proceed but needs assistance that is unavailable during the call, make sure to note the need for assistance in Item 2 and use the code below that the individual is unable to complete a telephone screen. If the response is “No”, the intake would end at this point. Provide information and/or referral for other alternatives if appropriate and record outcome in Section 10.

Assessment Item	Guidance
Section 4: Determining if Completing Screen is Appropriate	
<input type="radio"/> Individual/parent/guardian uncomfortable/unable to complete Screen via the telephone, but assessment appropriate. [Skip to Section 6: Financial Information]	<p>If "Yes" continue screen.</p> <p>In many cases the worker will be able to make a determination based on the opening conversation and follow-up that an assessment is appropriate. Mark "Individual unable to complete telephone screen but assessment appropriate" and proceed to offer the assessment without completing a telephone screen.</p>
<p>2. Does the individual/parent/guardian have any barriers to completing the Screen?</p> <input type="radio"/> No <input type="radio"/> Yes, describe barriers that need to be addressed to accommodate the barriers: _____	<p>Identify whether the individual has any barriers to completing the screen. If barriers exist, describe the challenge and determine what actions should be taken to address the situation. For example, if the individual has difficulty hearing specific information over the telephone, other arrangements should be considered. This might include having someone, such as a spouse or family member, assist by sitting in on a conferencing call, or it might include deciding to forego the telephone screen for an in-person visit to determine eligibility. If necessary, the worker can consult with a supervisor to determine the appropriate protocol for proceeding.</p>
<p>3. Given the individual's history and the conversation thus far, which action is appropriate?</p> <input type="radio"/> Conduct Screen <input type="radio"/> Conduct Assessment [Skip to Section 6: Financial Information] <input type="radio"/> Neither [Skip to Section 10: Outcomes and Referrals]	<p>This item records the worker's evaluation about the appropriate next step.</p> <p>If you select "Conduct Screen", proceed with a telephone screen. This is the most likely action for individuals who are not known to the system. If you select "Conduct Assessment", proceed to the assessment based on information obtained during the call or because the individual is known to the system.</p> <p>If you select "Neither", provide information or referral, based on the presenting need. When selecting "neither" the tool will skip forward to Section 10. The worker should record the outcome of the contact, including any referral information provided.</p>

Section 5: Eligibility Screen

The Eligibility Screen section helps evaluate an individual's potential functional eligibility for programs. The information collected during the telephone screen is intended to carry forward to the formal assessment, at which time the assessor will verify the information. The items in this section cover only

those areas that coincide with functional eligibility. This section is not a full assessment and only provides an indication of the need for assessment

Assessment Item	Guidance
Section 5: Eligibility Screen	
<p>1. Does the individual have any difficulty with any of the following ADLs? For individuals under age 18, consider needs beyond what is typical of a child of that age and stage.</p> <p> <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Toileting <input type="checkbox"/> Transferring <input type="checkbox"/> Mobility <input type="checkbox"/> None </p> <p>Document additional information related to ADL performance: _____</p>	<p>Indicate any difficulty in the areas of bathing, dressing, eating, toileting, transferring or mobility. The intake worker can directly ask the individual about each or can use information offered during earlier parts of the intake to complete this item. If more detailed information is offered about the type or amount of difficulty, the worker can document this information in the text box.</p> <p>If the individual is younger than age 18, some age specific support may be necessary. For example, a four year old may be provided with support for dressing. Consider the support needed by a child of a similar age without a disability when responding to this item.</p>
<p>2. Does the individual display/have any memory or cognitive impairments? For individuals under age 18, consider needs beyond what is typical of a child of that age and stage.</p> <p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Uncertain </p> <p>If yes or uncertain, describe: _____</p>	<p>Indicate any memory or cognitive impairments or issues. If the individual is unclear about the terminology or is uncertain about the presence of memory/cognitive issues, the worker should use prompts to determine whether any problems exist. For example, the worker might ask about the following:</p> <ul style="list-style-type: none"> • <i>Ability to remember things or people.</i> • <i>Frequent feelings of being confused about time, place.</i> • <i>Ability to understand simple directions or what people are saying.</i> <p>It is not necessary to ask about all areas of cognition or memory. Additional information that helps to explain the difficulty experienced should be described in the text box.</p>
<p>3. Does the individual display/have any behavior issues? For individuals under age 18, consider needs beyond what is typical of a child of that age and stage.</p> <p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Uncertain </p> <p>If yes or uncertain, describe: _____</p>	<p>Indicate any behavioral issues. For example, this might include (but is not limited to) aggression or acting out, self-injury, depressive-like behavior (sadness, frequent crying, lack of interest in things), self-destructive behavior, abusive (physical or verbal), impulsive behavior that presents danger to self or others, or other behavioral issues that present a problem.</p>

Assessment Item	Guidance
Section 5: Eligibility Screen	
	Note that if the participant is currently displaying suicidal behaviors, an immediate referral to 911 should be made.
<p>4. Is an assessment justified?</p> <ul style="list-style-type: none"> <input type="radio"/> No, and individual does not wish to proceed with Assessment [Skip to Section 10: Outcomes and Referrals] <input type="radio"/> No, but individual would like to proceed with Assessment <input type="radio"/> Yes 	<p>This item documents the worker’s impression about functional eligibility based on information provided during the intake. The items included in the screen are not intended to be precise and may, in fact, capture individuals as potentially eligible who later are determined not to be eligible. The telephone screen is only designed to screen out the individuals most likely to NOT be eligible so they can decide whether or not to continue through a full assessment.</p> <p>Criteria for eligibility include:</p> <ul style="list-style-type: none"> • Difficulties with 2 or more ADLs (item 1); or • “Yes” on Item 2 or 3; or • Uncertain on items 2 or 3. <p>Individuals who do not meet criteria (a NO code) continue to have the right to a full assessment to fully verify functional eligibility status. The worker should indicate that based on the conversation, it is likely that he/she does not meet functional eligibility, however he/she has the right to a full assessment that will more clearly determine eligibility.</p> <p>If the individual meets criteria for one or more of the bullets above, the worker will code YES. If the individual does not meet criteria for one or more of the bullets above but would like to exercise his/her right to an assessment, select the second respond. If the individual does not meet the criteria and does not wish to receive an assessment, select the first option.</p>

In the case of an individual who is not likely to meet functional eligibility criteria, the worker can discuss the preliminary findings and the individual can then decide whether or not to proceed to assessment. For example:

Based on what you have told me, it doesn't appear likely that you would qualify for LTSS services. However, this brief screen does not determine eligibility. You have the right to a full assessment to determine your functional needs eligibility. This assessment would occur in your home or at another location arranged with you.

Section 6: Financial Information

Section 6 includes information the intake worker will share and collect regarding financial eligibility. The purpose is to inform the individual that financial eligibility must be established prior to receiving a functional assessment for LTSS. The worker should address the following with the individual:

- Because these services are funded through Health First Colorado (Medicaid), Home and Community Based Services waivers, the individual's income and assets must be below certain levels to be eligible for services.
- The exact levels of income and assets vary based upon a number of factors, such as marital status and the individual's employment status.
- Children *may* be eligible for waivers based on the child's income and assets, thereby waiving the family financial status.
- There is a financial eligibility process that is separate from the level of care process.
- Health First Colorado (Medicaid) application must be started prior to receiving a level of care assessment.

Assessment Item	Guidance
Section 6: Financial Information	
<p>1. Does the individual/parent/guardian wish to continue with the Intake Screen based on the financial discussion? ⓘ</p> <p><input type="radio"/> No [Provide information and referral and skip to Section 10: Outcomes and Referrals to document the type of information and/or referral provided and other outcomes.]</p> <p><input type="radio"/> Yes</p>	<p>Indicate if the individual would like to continue with the Screen.</p> <p>If the individual does NOT want to continue, provide any information or referral that is appropriate and document in Section 10. If "Yes", proceed to Item 2.</p>
<p>2. Does the individual receive Supplemental Security Income (SSI)?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes [Assist the individual/guardian in completing the Request for Long Term Care form for individuals receiving SSI and Skip to Section 7: Risk Trigger Screen]</p> <p><input type="radio"/> Unknown</p>	<p>Document if the individual receives Supplemental Security Income (SSI). If "Yes", the individual can complete the Request for Long Term Care form (Intake worker can send out form or assessor can take form at the time of the assessment). If "Yes", the remaining portion of the section will be skipped (skips to Section 7).</p> <p>Below are the definitions for SSI and SSDI to assist the intake worker.</p> <ul style="list-style-type: none"> • Supplemental Security Income (SSI) is a United States government program that provides stipends to low-income people who are either aged (65 or older), blind, or disabled. Blind or disabled children may also receive SSI. • Social Security Disability Insurance (SSDI) pays monthly benefits to workers who are no longer able to work due to a significant illness or impairment that is

Assessment Item	Guidance
Section 6: Financial Information	
	expected to last at least a year or to result in death within a year. In some instances, the child (adult or minor) of a disabled or retired parent may receive SSDI.
<p>3. Has the individual begun the Health First Colorado (Medicaid) application process?</p> <p><input type="radio"/> No [If individual wishes to enroll, assist individual/guardian in beginning the application process or provide referral to local agency application assistance site, DHS, or PEAK. Document this referral in Section 10: Outcomes and Referrals. Continue with the process.]</p> <p><input type="radio"/> Yes, _____ date _____ application submitted: _____</p> <p><input type="radio"/> Unknown</p>	<p>Document if the individual has begun the Health First Colorado (Medicaid) application process. If yes, document the date the application was submitted. If unknown, staff should look up if there is a record of the client in the online Medicaid system.</p> <p>If individual is in the online Medicaid system, treat this as a “yes” response and continue to Section 7. If no or unknown and individual is not in Medicaid system, provide a referral or assist the individual to begin the application process. This can include providing a referral to the local agency application assistance site, PEAK, or to DHS. Document assistance provided in Section 10.</p>

Section 7: Risk Trigger Screen

The purpose of this section is to identify individuals who may have a potential risk that requires an expedited eligibility determination. The goal of this is to take faster action in order to divert individuals who may be at risk from unnecessary admission to a facility or hospital.

Assessment Item	Guidance
Section 7: Risk Trigger Screen	
<p>1. Participant’s residence: </p> <ul style="list-style-type: none"> ➤ 01. Alone, in own home (owned or rented) (Skip to item 4) ➤ 02. With both parents/guardians (Skip to item 4) ➤ 03. With single parent/guardian and other legally responsible parent/guardian is living elsewhere (Skip to item 4) ➤ 04. With single parent/guardian, no other legally responsible parent/guardian (Skip to item 4) ➤ 05. With spouse (Skip to item 4) ➤ 06. With children (Skip to item 4) ➤ 07. With non-spouse relatives (Skip to item 4) ➤ 08. With non-relatives (Skip to item 4) 	<p>Assessors should code the participant’s setting in 1) the last 3 days (single select) and 2) the past month (multi-select). Select all that apply for the past month.</p> <p>If the individual’s residence in the last 3 days is a Nursing Facility or Hospital, complete items 1-3 and skip to item 27 and mark “Yes” to indicate that an expedited functional eligibility determination is needed.</p>

Assessment Item	Guidance
Section 7: Risk Trigger Screen	
<ul style="list-style-type: none"> ➤ 09. Alternative Care Facility ➤ 10. Foster Care ➤ 11. Nursing Facility ➤ 12. Hospital, discharge date if known: _____ ➤ 13. Host Home ➤ 14. Group Home ➤ 15. ICF/IID ➤ 16. Juvenile Correctional Facility ➤ 17. Adult Correctional Facility ➤ 18. Homeless (Skip to item 4) ➤ 19. Residential Treatment Center ➤ 20. Other. Specify _____ (Skip to item 4) <p>2. Facility name: _____</p> <p>3. Facility phone: _____</p>	
<p>4. Based on the conversation thus far, does the individual appear to have a potential risk that may require an expedited eligibility determination? ⓘ</p> <p><input type="radio"/> No [Skip to 8: Individual's Demographic Information]</p> <p><input type="radio"/> Yes</p> <p>The following items should be asked only if they appear to apply to the individual's life based on the opening conversation. All questions do not need to be asked.</p>	<p>This is a mandatory item. Based on the conversation, the intake worker would indicate whether the individual appears to be at risk and in need of an expedited functional eligibility process. Use the items within this section as a guide for what might result in the need for an expedited determination.</p> <p>If "No", Intake tool will skip to Section 8. If "Yes", continue to Item 5.</p>
<p>5. Number of hospitalizations in the past six months: _____</p>	<p>Only ask about items that appear to apply to the individual based on the conversation already having occurred during the intake and screen.</p>
<p>6. Number of emergency room visits in the past six months: _____</p>	
<p>7. Number of calls to 911 in the past six months: _____</p> <p>Skip to Item 9 if individual is under age 18.</p>	<p>Only ask about items that appear to apply to the individual based on the conversation already having occurred during the intake and screen. It may be necessary to collect additional information about items applicable to the individual's situation, but it is not necessary to ask about all items or to go into great detail about areas of risk mentioned during the intake. After each item, the worker can provide information concerning the number of incidents.</p> <p>If the individual is <18, skip to Item 9.</p>
<p>8. Based on the individual's presenting needs, how likely is he/she to be placed in a nursing facility in the next three months?</p>	<p>Indicate the likelihood of placement into a nursing facility in the next three months. This should be based on your judgment of the presenting needs described during the intake.</p>

Assessment Item	Guidance
Section 7: Risk Trigger Screen	
<input type="radio"/> Very likely <input type="radio"/> Somewhat likely <input type="radio"/> Not likely	
<p>9. Child and/or Adult Protective Services have been involved in the individual's life in the past year.</p> <p>10. Concerns about abuse, neglect, and/or exploitation.</p> <p>11. Individual does not feel safe in home</p> <p>12. Individual does not feel safe in community</p> <p>13. Has had inpatient, psychiatric, or neurobehavioral hospital admission(s) in the past year.</p> <p>14. Has resided in a nursing facility in the past year.</p> <p>15. Currently residing in or being discharged from a hospital, nursing facility, or other facility</p> <p>16. Has recently experienced a loss of caregiver support.</p> <p>17. Is at risk of becoming homeless.</p> <p>18. Has had interaction with the police and/or legal system in the past 6 months.</p> <p>19. Is a danger to him/herself.</p> <p>20. Is a danger to others.</p> <p>21. Has experienced a substantial change in health (e.g., new chronic illness, serious accident, etc.) in the past 6 months.</p> <p>22. Has been diagnosed with a terminal illness.</p> <p>23. Is currently receiving hospice care.</p> <p>24. Caregiver at risk.</p> <p>25. Based on staff judgement, the individual's health or safety is at risk.</p>	<p>Items 9-25 includes common risk triggers that would indicate additional consideration for an expedited eligibility determination. It is not necessary to ask about all of the items. The worker should check all that apply.</p> <p>If Items 19 and 20 are checked, the individual may be at risk of harm to him/herself or others. Use your agency's crisis policy to refer the individual to APS, mobile crisis or another resource.</p>
<p>26. Describe factors above or other factors that present a threat to health and safety:</p>	<p>Describe how the items identified in 5-25 impact the individual's health and safety. This information will be used to justify the expedited functional eligibility determination process.</p> <p><i>Example: Dorothy currently lives alone and has been diagnosed with cancer within the past six months. Her ability to care for herself has deteriorated substantially, especially during the week after her chemo and radiation treatments. Her weakened physical health places her at risk of falls. She has also been diagnosed with a form</i></p>

Assessment Item	Guidance
Section 7: Risk Trigger Screen	
	<i>of rapidly advancing macular degeneration and is having trouble moving about safely. She was briefly in a nursing facility for post-surgical (cancer) rehabilitation four months ago.</i>
<p>27. Based on the above responses, should the individual receive an expedited eligibility determination?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>Based on the information obtained, the worker should indicate the need for an expedited eligibility determination. Some <i>considerations</i> for an expedited process include:</p> <ul style="list-style-type: none"> • Likely placement into (or return to) facility in the next three months • Significant risk to health and safety • Substantial changes in physical or mental health that put the individual at risk of placement into a facility or hospital • Risk of homelessness that, due to physical or mental health status, would result in placement into a facility • Diagnosis of terminal illness • Other sudden changes that affect the individual's care/support situation or capacity to care for self <p>The above factors are only examples of considerations and are intended to provide guidance to the worker. This list is not intended to be all inclusive or to define the limits of consideration. Workers should use professional judgment and, when necessary, obtain guidance from a supervisor.</p> <p>Document the need for an expedited determination in Section 10.</p>

Section 8: Individual's Demographic Information

Section 8 collects basic demographic information about the individual that will be used to populate the consumer record. Complete the information below and flag items that need to be followed up during additional contact. **If the individual has an existing consumer record, verify that items 1-15 are correct.**

Assessment Item	Guidance
Section 8: Individual's Demographic Information	
<p>1. Primary language of the individual:</p> <p><input type="radio"/> English</p> <p><input type="radio"/> Spanish</p>	Indicate the individual's primary language.

Assessment Item	Guidance
Section 8: Individual's Demographic Information	
<ul style="list-style-type: none"> <input type="radio"/> French <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Chinese (Mandarin) <input type="radio"/> Chinese (Cantonese) <input type="radio"/> ASL (American Sign Language) <input type="radio"/> Russian <input type="radio"/> Other: _____ 	
<p>2. Primary language of the primary parent/guardian (i.e., parent who will have the main contact with the assessor/case manager):</p> <ul style="list-style-type: none"> <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> French <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Chinese (Mandarin) <input type="radio"/> Chinese (Cantonese) <input type="radio"/> ASL (American Sign Language) <input type="radio"/> Russian <input type="radio"/> Other: _____ 	Indicate the primary parent/guardian's primary language.
<p>3. Does the individual want or need an interpreter (oral or sign language) and/or other communication support?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unable to determine</p> <p>If yes, check all that apply below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Large print <input type="checkbox"/> Braille <input type="checkbox"/> Materials accessible by electronic reader <input type="checkbox"/> Interpreter/communication support staff <input type="checkbox"/> Submission of interview questions before assessment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ 	Indicate whether the individual uses and/or needs an interpreter or other communication support. If yes, indicate the specific type of support(s) that is needed (e.g., large print or braille).
<p>4. Does the primary parent/guardian want or need an interpreter (oral or sign language) and/or other communication support?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unable to determine</p> <p>If yes, check all that apply below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Large print <input type="checkbox"/> Braille <input type="checkbox"/> Materials accessible by electronic reader <input type="checkbox"/> Interpreter/communication support staff 	Indicate whether the primary parent/guardian uses and/or needs an interpreter or other communication support. If yes, indicate the specific type of support(s) that is needed (e.g., large print or braille).

Assessment Item	Guidance
Section 8: Individual's Demographic Information	
<input type="checkbox"/> Submission of interview questions before assessment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
5. Does the individual have a pediatrician or primary care provider? <input type="radio"/> No [Skip to Item 6] <input type="radio"/> Yes 5A. Physician name: _____ 5B. Physician telephone: _____ 5C. Physician fax: _____	Select whether the individual has a primary care provider. If no, proceed to Item 6. If yes, collect additional information about the primary care provider in items 5A-C.
6. Marital status: <input type="radio"/> Never Married <input type="radio"/> Married <input type="radio"/> Civil Union <input type="radio"/> Partner/Significant other <input type="radio"/> Widowed <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Unknown <input type="radio"/> Refused <input checked="" type="radio"/> Common Law	Document the individual's marital status.
7. Is the person of Hispanic, Latino, or Spanish origin? (Check all that apply) <input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Hispanic, Latino, or Spanish origin <input type="checkbox"/> Unknown	Document whether the individual is of Hispanic, Latino, or Spanish origin. For this item, words such as Latino or Chicano should end in an "o" if addressing a male individual and "a" if addressing a female individual (e.g. Latina).
8. Would the individual like to declare a race? <input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: _____ <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan	Ask the individual whether he/she would like to declare a race.

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Assessment Item	Guidance
Section 8: Individual's Demographic Information	
<input type="checkbox"/> Other Pacific Islander: _____ <input type="checkbox"/> Some other race: _____ <input type="checkbox"/> Choose not to identify	
9. Individual is a Veteran or the minor child of a Veteran? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Indicate whether the individual is a veteran or a child of a veteran, if under age 18.
10. Are there any issues related to custody or visitation? <input type="radio"/> No <input type="radio"/> Yes, describe: _____	Item 10 will only be asked of individuals age 0-18. Indicate if there are any custody or visitation issues. If "Yes", describe the issue and how it may impact the individual's physical and emotional health and how they could potentially impact service delivery.
11. Individual's current education <input type="radio"/> Not attending school (Skip to Section 9: Assessment Pathway and Scheduling) <input type="radio"/> Early intervention <input type="radio"/> Preschool/Headstart <input type="radio"/> Elementary <input type="radio"/> Junior high/Middle school <input type="radio"/> High school <input type="radio"/> Other: _____	Item 11 will only be asked of individuals age 0-18. Indicate the individual's current education level. If the individual is not currently attending school, skip to Section 9: Assessment Pathway and Scheduling.
12. Name of school: _____	Item 18 will only be asked of individuals age 0-18. Indicate the name of the individual's school.
13. Type of school: <input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Charter <input type="radio"/> Homeschool <input type="radio"/> Other: _____	Item 19 will only be asked of individuals age 0-18. Indicate the type of school the child currently attends.
14. Does the individual require special accommodations or support in school? <input type="radio"/> No (Skip to Section 9: Assessment Pathway and Scheduling) <input type="radio"/> Yes, describe: _____	Item 14 will only be asked of individuals age 0-18. Special accommodations may include assistive devices, adaptive equipment for writing, such as a weighted pencil, wheelchair access, 1:1 supervision, behavior plan, and education plan.
15. Is an IFSP/IEP/504 or other school-based plan in place? <input type="radio"/> No <input type="radio"/> Yes	Item 15 will only be asked of individuals age 0-18. Indicate if an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), or 504 plan is in place. IEP - a plan developed through the education system that describes how

Assessment Item	Guidance
Section 8: Individual's Demographic Information	
	<p>special education and services for children ages 3 -21 will be provided.</p> <p>IFSP - a plan developed through Early Intervention services that describes how Early Intervention services will be provided to eligible children ages birth up to the 3rd birthday.</p> <p>504- Section 504 is a part of the Rehabilitation Act of 1973 that prohibits discrimination based upon disability. Section 504 is an anti-discrimination, civil rights statute that requires the needs of students with disabilities to be met as adequately as the needs of the non-disabled are met.</p>

Section 9: Assessment Path and Scheduling

Section 9 collects information about whether the individual has a potential intellectual and/or developmental disability (IDD), whether he/she has decision supports, and establishes whether others should be included in the Assessment.

Assessment Item	Guidance
Section 9: Assessment Pathway and Scheduling	
<p>1. Does the individual potentially have any of the following:</p> <ul style="list-style-type: none"> • <i>Intellectual and/or developmental disability</i> <ul style="list-style-type: none"> ○ <i>The definition of a developmental disability for the purposes of receiving DD services in Colorado is, "IQ of 70 or below OR Adaptive Behavior of 70 or below with a neurological condition that manifested prior to the individual's 22nd birthday."</i> ○ <i>The definition of a developmental delay for the purposes of receiving DD services in Colorado means "that a child meets one or more of the following: A. A child who is less than five (5) years of age at risk of having a developmental disability because of the presence of one or more of the following: 1. Chromosomal conditions associated with delays in development, 2. Congenital syndromes and conditions associated with delays in development, 3. Sensory impairments associated with</i> 	<p>Indicate if the individual has a potential intellectual and/or developmental disability or, for individuals under the age of five, developmental delay using the criteria provided in the item.</p> <p>Do not assume that the individual does or does not have an IDD. Work with the individual to code Item 1.</p> <p>If "Yes", proceed to Item 2.</p> <p>If "No", skip to Item 3.</p>

Assessment Item	Guidance
Section 9: Assessment Pathway and Scheduling	
<p><i>delays in development, 4. Metabolic disorders associated with delays in development, 5. Prenatal and perinatal infections and significant medical problems associated with delays in development, 6. Low birth weight infants weighing less than 1200 grams, or 7. Postnatal acquired problems resulting in delays in development. B. A child less than five (5) years of age who is significantly delayed in development in one or more of the following areas: 1. Communication, 2. Adaptive behavior, 3. Social-emotional, 4. Motor, 5. Sensory, or 6. Cognition. C. A child less than three (3) years of age who lives with one or both parents who have a developmental disability.”</i></p> <p><input type="radio"/> No <i>[Skip to Item 3]</i></p> <p><input type="radio"/> Yes</p>	
<p>2. Does the individual have a developmental disability or delay determination (DD) form on file?</p> <p><input type="radio"/> No, interested in IDD services <i>[Provide a referral so the DD determination process can be started. Document the referral and need for follow-up in Section 10: Outcomes and Referrals.]</i></p> <p><input type="radio"/> No, not interested in IDD services</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Unknown</p>	<p>If the individual does potentially have IDD, the assessor should discuss IDD services with him/her. If the individual is interested in IDD services, determine whether the individual has a DD determination form on file.</p> <p>If the individual is interested in IDD services but has not completed a DD Determination, provide a referral to begin the DD determination process. Document this referral in Section 10 and then continue to Item 3.</p> <p>If “Yes”, “Unknown”, or if the individual is not interested in IDD services, continue to item 3.</p>
<p>3. Decision Support Information:</p> <p>A. Individual has someone who assists with or is legally authorized to make decisions (e.g., POA, DPOA, legal guardian, etc.): </p> <p><input type="radio"/> No <input type="radio"/> Yes <i>[Skip to C]</i></p> <p>B. Would the individual, <i>parents, or guardian</i> like additional assistance making decisions?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes <i>[Consult with supervisor to determine what additional assistance should be provided at assessment.] [Skip to D]</i></p>	<p>Items A through E are used to assist with making sure the individual can independently engage in the assessment, or has the assistance someone selected by the individual. This is an important component to ensuring informed decision making and accuracy in explaining needs and preferences in how services get delivered.</p> <p>A. Indicate if the individual has someone assisting with making decisions about health care, money or other issues.</p> <p><input type="radio"/> No.</p> <p><input type="radio"/> Yes. If yes, the tool will skip to C.</p>

Assessment Item	Guidance
Section 9: Assessment Pathway and Scheduling	
<p>C. Information about individual assisting with making decisions:</p> <ol style="list-style-type: none"> Name: _____ What is the relationship to the person seeking supports? <ul style="list-style-type: none"> <input type="radio"/> Spouse- Guardian <input type="radio"/> Spouse- Non-Guardian <input type="radio"/> Child or Child-in-law <input type="radio"/> Parent/Guardian <input type="radio"/> Parent/Non-guardian <input type="radio"/> Guardian, other: _____ <input type="radio"/> Partner/Significant Other <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Neighbor <input type="radio"/> Other: _____ Mobile telephone number: _____  Home telephone number: _____ Work telephone number: _____ Email: _____ Preferred method of contact:  <ul style="list-style-type: none"> <input type="radio"/> Email <input type="radio"/> Mobile phone <input type="radio"/> Work phone <input type="radio"/> Home phone <input type="radio"/> Texting Does this person have the legal authority to make decisions or sign papers for the individual? <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unsure <p>[If Yes or Unsure, have individual and/or individual assisting with making decisions bring documentation of this authority to the assessment]</p> Will individual assisting with making decisions be present at assessment? <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unsure Comments: _____ <p>D. Others who the individual would like to be present at the assessment:</p> <ol style="list-style-type: none"> Name: _____ What is the relationship to the person seeking supports? 	<p>B. If the answer to A above is "no", document individual's desire for additional assistance in making decisions. While it is not necessary for someone to have another person at the assessment to provide assistance, the worker should let the individual know that he/she can have a family member or friend assist if desired. This can be an informal arrangement, such as an adult child helping a parent with decisions about needs and services.</p> <p>If other assistance is needed or requested (such as the individual wanting assistance but not having access to someone then assistance should be provided) the worker should consult with a supervisor to determine next steps. This might include suggesting an advocate for the individual.</p> <p>C. Information about individual assisting with making decisions: These items record information about individuals authorized to assist with decision making.</p> <p>D. These items are used to document information about any others who should be or the individual would like to be present at assessment. For example, the individual may choose to have a friend or advocate present. While these other invitees do not have decision authority or may not assist in decisions, the individual may use these other invitees to explain information, assist with communicating, and provide support.</p> <p>E. Special accommodations and assistance needed, including how best to maximize the individual's participation and additional information (e.g., specific directions/apartment codes, beware of dog, etc.)</p>

Assessment Item	Guidance
Section 9: Assessment Pathway and Scheduling	
<ul style="list-style-type: none"> <input type="radio"/> Spouse- Guardian <input type="radio"/> Spouse- Non-Guardian <input type="radio"/> Child or Child-in-law <input type="radio"/> Parent/Guardian <input type="radio"/> Parent/Non-guardian <input type="radio"/> Guardian, other: _____ <input type="radio"/> Partner/Significant Other <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Neighbor <input type="radio"/> Other: _____ <input type="radio"/> Service/Provider Agency <input type="radio"/> Guardian Ad Litem <p>3. Telephone number: _____</p> <p>4. Comments: _____ [Additional individuals can be added]</p> <p>E. How to best maximize the individual's involvement and other additional information (e.g., specific directions/apartment codes, beware of dog, etc.): _____</p>	

Section 10: Outcomes and Referrals

This section should be used to document the outcome of the intake and any referrals made.

Assessment Item	Guidance
Section 10: Outcomes and Referrals	
<p>1. Outcome (Check all that apply):</p> <p><input type="checkbox"/> Assessment scheduled</p> <p style="padding-left: 20px;">a. Assessment date and time: _____</p> <p style="padding-left: 20px;">b. Assessment location:</p> <ul style="list-style-type: none"> <input type="radio"/> In person at individual's home (Skip Response c) <input type="radio"/> In person at agency. Agency name: _____ <input type="radio"/> In person at other location <p style="padding-left: 20px;">c. Assessment address: _____</p> <p><input type="checkbox"/> Assessment needs to be scheduled</p>	<p>Indicate the outcome (check all that apply) that resulted or will result from the intake.</p>

Assessment Item	Guidance
Section 10: Outcomes and Referrals	
<input type="checkbox"/> Assessment pending documentation of Health First Colorado (Medicaid) application <input type="checkbox"/> DD Determination process started and/or referral made <input type="checkbox"/> Expedited functional eligibility determination <input type="checkbox"/> Information and referral only - no assessment <input type="checkbox"/> Other action, describe: _____	
2. Referral(s) provided (Check all that apply):  <input type="checkbox"/> None <input type="checkbox"/> Advocacy organization <input type="checkbox"/> Crisis services <input type="checkbox"/> Child or Adult Protection Services <input type="checkbox"/> Colorado Legal Services <input type="checkbox"/> Early intervention/Child Find <input type="checkbox"/> Housing assistance <input type="checkbox"/> Assistance with completing Health First Colorado (Medicaid) application <input type="checkbox"/> Mental Health Center/BHO <input type="checkbox"/> Regional Accountable Entity (RAE) <input type="checkbox"/> Center for Independent Living (CIL) <input type="checkbox"/> Area Agency on Aging (AAA) <input type="checkbox"/> Staff/entity for assignment to Waiting list <input type="checkbox"/> Division of Vocational Rehab (DVR) <input type="checkbox"/> Guardianship Alliance <input type="checkbox"/> Colorado Center for the Blind <input type="checkbox"/> Long Term Home Health Agency <input type="checkbox"/> Aging and Disability Resource Center (ADRC) <input type="checkbox"/> Low-Income Energy Assistance Program (LEAP) <input type="checkbox"/> Colorado Works <input type="checkbox"/> Food Assistance programs <input type="checkbox"/> Other, describe: _____ <input type="checkbox"/> Other, describe: _____ <input type="checkbox"/> Other, describe: _____	Indicate all referrals that apply.
3. Summary of contact: _____ 	This item allows the intake worker to summarize the outcome of the intake. This should include any outcomes not already indicated.

