

# Accessing SGF Services

Prior to beginning any non-crisis SGF ongoing services, supporting documentation of IDD eligibility that meet your CMHC policy must be acquired, and the individual must be on all appropriate waiver waitlists. CMHC assistance in gathering and determining eligibility and MWMA applications must be completed through either Access and Referral or Crisis services.

- **Access and Referral (A/R)**

- All inquiries regarding SGF services will begin with Access and Referral.
- Staff providing Access and Referral services shall speak to the individual and/or their family to gather information on needed services and eligibility (intake/application form).
- Ways to use Access and Referral:
  - Assistance with MWMA to be placed on waiver waitlists (WL) only
  - Completing eligibility requirements to obtain SGF services
  - Assistance with linking to any other needed services
- A/R staff will inform individual/family of needed documentation. It is the individual's/family's responsibility to provide needed documentation, but when additional assistance is needed A/R staff will assist in gathering.
  - Once documentation has been obtained, the MWMA application shall be submitted and completed, including resolving any LOI's.
  - If assisting with accessing SGF services, A/R staff will ensure that the individual is waitlisted for the appropriate waivers before sending to the SGF CM.
- Access and Referral and CM **cannot** overlap. A/R cannot be billed once CM services begin. It is important that the client record be clear regarding what service is being provided and explain when transfer of cases from one service to another occurs.
- If A/R staff determines that the individual does not meet criteria for SGF services, or that another service is more appropriate, then they will refer the individual to that service and ensure that they have the appropriate contact person/info.

- **Crisis**

- A crisis call comes in and the crisis team responds.
- At the debriefing meeting it is determined that the individual in crisis can benefit from SGF services.
- Any immediate need for SGF services prior to completing eligibility process requires an approved extension request until that process is completed.

- Crisis staff work with family/guardian/individual in gathering the required documentation for the individual to be placed on the appropriate waiver WL's.
- Crisis staff submit MWMA application and documentation to get the individual on the appropriate WL and resolve any LOI's.
- Once the individual is determined eligible and is on appropriate WL's, then the individual is transferred to SGF CM.

Non-crisis individuals will begin as an access and referral ONLY client until they have completed the process to validate that financial and diagnostic criteria for services are met, been placed on all appropriate waiting lists, and linked to other appropriate resources. If the client is determined to need SGF services, you will also begin the process of identifying appropriate services and providers.

Once all of these steps have been completed, if a need for SGF services (other than residential) is indicated, you may create the plan of care and begin services WITHOUT requiring submission of an extension request. The SGF client listing on the form 140 should reflect that individuals receiving any SGF services (other than Access and Referral) have successfully been reviewed and approved for all appropriate waivers/waiting lists.

# Extension Request Requirements And Submission Process

## WHEN an Extension Request is Required

1. **All** clients in SGF Residential prior to billing any services under this code.

For individuals placed in crisis respite, once it has been determined that residential services are needed ongoing, and eligibility has been determined, the request should be submitted to transition to SGF residential. This must occur no later than 90 days from the first date of service (includes any service dates prior to placement in crisis respite). \*\* Subsequent extension requests must be submitted for ongoing approval prior to expiration of current approval. Request should include updates on the individual's continued need for residential supports and status of review for emergency SCL. Prior approval will continue to be required until individual is no longer receiving SGF residential services, as this service should only be provided until SCL allocation is obtained. \*\*

2. If eligibility review and waiver application process is incomplete through Access and Referral process, or the individual is a crisis client who also has not completed these steps, but there is an immediate need for SGF services to begin.

An extension request must then be completed to explain the reason the service is needed immediately, to report the status of the application and a specific timeline of actions that will be taken to successfully complete the process. Client will be transferred to ongoing CM, and a plan of care must be completed prior to beginning any ongoing SGF services. \*\* Subsequent extension requests must be submitted for ongoing approval prior to expiration of current approval with updates on status of application process. Prior approval will continue to be required until individual completes review process for all waivers as reported on SGF quarterly report. \*\*

3. Requests for Miscellaneous Goods and Services over \$2000.

Must be approved prior to purchase.

\*\* If you are providing a recurring miscellaneous service for a consumer, and the cumulative cost of that service exceeds \$2000 in a fiscal year, you will be required to submit an extension request for approval prior to providing additional units of service. Purchases of the same type or for similar purpose that occur on the same date or at various times throughout the year should be calculated together and submitted if the total exceeds \$2000 cumulative. \*\*

Ex of similar type of goods requiring approval-multiple purchases for an individual related to room and board even if items were purchased on separate days or from multiple vendors, etc.

Ex of recurring services-multiple events of transportation, appointments for specialized therapies, etc. where combined cost for all events for this service exceeds \$2000.

#### 4. Requests to provide Case management only.

Once access and referral process is complete and individual is transferred to ongoing CM, plan of care must be started and services begin within 90 days. Any ongoing CM provided past the 90 day point without additional ongoing services being provided will require submission and approval of an extension request. For ongoing CM clients, should a gap in services occur longer than 90 days, an extension request will be required to continue providing CM.

## Extension Request Form Completion

Enter the client name, Social Security # and DOB.

### Section 1

Identify whether or not the individual has a guardian. If Yes is selected, you will then be given the option to identify whether the guardian is a private or state guardian.

### Section 2

Please identify any sources of income the individual receives. Check all that apply. If the individual is a minor, you can select the "Other" option to identify parent's income.

### Section 3

List all diagnoses related to developmental conditions, intellectual disability, mental health diagnoses or any medical conditions that impact need for services and supports.

Describe what information has been provided to assist with the validation of these diagnoses (psychological evaluations with IQ and adaptive testing, medical documentation of related conditions, history reported by parent or other close family member).

### Section 4

Identify the first date of SGF services. This includes I/DD crisis services but does not include any mental health or substance abuse services provided by your agency.

### Section 5

Check yes if you have explored and attempted to seek other sources of funding for these services. If no, please explain why these have not been pursued, or are not available.

### Section 6

(Will only be available for completion if YES is checked on #5.) Please check all of the funding sources that were sought. For all options that are chosen, additional boxes will

appear to allow you to enter the date that applications were submitted, the date that they were reviewed, and the determinations. Please be specific in your narratives for Outcome in regard to whether applications are pending review, RFI requested, placed on waiting list, denied (with reason denied), etc.

### Section 7

Select all services that the individual is receiving or requesting to receive NOW. Additional services that MAY be sought in the future do not need to be reflected here. Please identify the reason the services are needed (what the individual's needs are that this service will address).

For miscellaneous goods and services you will be prompted to also provide a description of the good/service, provider of good/service, and cost of good/service. If multiple estimates were obtained please identify all of that information here.

For residential services you will be prompted to identify where the individual is currently staying, the status of their emergency SCL request, and why residential services are needed.

## **Reminders**

- It is very important that you make individuals and their families/guardians aware that they must agree to pursue other funding sources in order to be eligible for SGF services. This includes all funding sources for specific misc. services or goods such as: YMCA scholarship program, food stamps, LIHEAP, HUD, etc.
- Ensure all of the individuals being served have applied for and/or exhausted all other resources to provide supports. They must complete any waiting list updates that are required and if they receive an allocation and do not accept waiver services, they will not be able to continue to receive SGF services.
- It is required that all long-term clients maintain their status on any applicable waiver waiting lists and also seek out any new sources of support that may become available.
- The extension request is the mechanism that demonstrates that the individuals you are requesting to support with SGF funds does not have any other means available to provide for these supports.
- An extension request MUST be submitted and approved by DDID in order for you to fund their services with SGF after the deadlines noted above under the extension requests required section.
- Your quarterly form 140s will be reviewed along with your SGF client listing to ensure that the long-term provision of supports for these individuals have been approved and

that you have an approved extension request for any individuals that required it. Your form 140 cannot be approved and finalized by DDID if there are clients reported for SGF services that did not meet the above outlined requirements.

- You will have to submit another updated extension request prior to the end date listed on the request in order to continue to fund services through SGF until the process of review and waiting list approval is complete.
- If your extension request is denied, then you will need to provide any information requested and resubmit ASAP. If you do not get an approved extension request, you cannot continue to utilize SGF funds for those services.
- Please check your client listings and ensure that needed extension requests have been submitted and approved prior to the submission of your form 140. If you have any questions about specific extension requests, please contact your liaison for assistance.

**SGF funds cannot be used for services without meeting the requirements of this protocol (either appropriate completion of all waiver applications and approvals prior to initiating services OR approval of extension request) and CANNOT be included in quarterly financial reporting form 140.**

**Late submissions of extension requests will not be approved for dates prior to submission of the form. Rejected forms that are not resubmitted within 30 days will be permanently closed and cannot be resubmitted.**