



## **CBES Intake Checklist**

Consumer's Name: \_\_\_\_\_ SAMS ID: \_\_\_\_\_

CIR or CM's Name: \_\_\_\_\_ Date completed: \_\_\_\_\_

<b>I. Central Intake Specialist or Care Manager</b>				
<b>Consumer Details Screen:</b>				
Checklist Items	Yes	No	N/A	Comments
Address entered in accordance to CBES standards.				
Consumer's phone number				
SSN				
DOB				
Gender				
Risk Level (ATL ID 2)				
Medicare Eligible box Checked				
Medicaid #: MassHealth ID Entered				
Medicare # entered				
MassHealth Standard: updated to Yes or No				
Medicaid Type- correct type entered				
Contact Information updated (emergency contacts; PCP)				
Lives Alone Updated				
Primary Language Updated				
Understands English Updated				
Co-payment entered				
Mini Cog results entered in Details Note section				
Care Enrollment entered				
ADLs-updated				
IADLs- updated				



Activities and Referrals				
Checklist Items	Yes	No	N/A	Comments
Initial Assessment A&R status change to Completed				
IA A&R completion date is equal the HV date				
IA A&R Status Reason updated				
A&Rs are created for the future home visits (12 months period)				
A&R "Initial Care Plan" created				
A&R "Request for Service Plan" created				
Assessment				
CDS Assessment completed				
Financial Assessment completed				
Assessment Narratives completed				
Journal Entries				
Phone Call(s) to the consumer documented				
Mailed Letter of No Response documented (if applicable)				
MassHealth Verification documented				
Assessment narratives copied to the Journal				
IRT documented				
Referrals for services documented				
CAE Referral submitted				
Falls addressed				
Other concerns addressed				
Folder Contents				
<b>For all new consumers:</b> <div> <div> ( ) Notice of Eligibility (Face 1)  ( ) Shopping Consent; pink copy (Face 1)  ( ) Initial Service Plan; yellow copy (Face 2)  ( ) Applicant Consent &amp; Disclosure Form (Face 5) </div> <div> ( ) Mini Cog Test results (Face 3)  ( ) Risk Assessment Form (Face 3)  ( ) HIPAA (Face 5)  ( ) Public Benefits Overview (Face 6) </div> </div>				



**if applicable:**

- ( ) Application for Co-Payment Adjustment (Face 1)
- ( ) Copy of the Letter to PCP about Mini Cog Results (Face 3)
- ( ) MassHealth PSI (Face 4)
- ( ) Intent to Referral for the waiver applicants (Face 4)
- ( ) Application for Disclosure of HIV Status (Face 5)
- ( ) Consent for use of language interpreters (Face 5)
- ( ) Work Orders, Correspondence & other miscellaneous documents (Face 5)

## II. Central Intake Manager

Checklist Items	Yes	No	N/A	Comments
Folder received and reviewed for completeness				
Detail Screen Reviewed				
Co-payment entered matched Financial Assessment and the Care Program consumer is enrolled				
Co-Payment relations entered (if applicable)				
Mini Cog results matches Section B of the CDS CM				
Risk Level in Alt Id 2 matches Risk Assessment Form				
Number of ADLs and IADLs on details screen matching Assessment Narratives and CDS Section H				
FIL Section of CDS matches Assessment Narratives				
CDS question 1242, Section K9 (WQM#12) answered; follow up actions taken, if applicable				
CDS question 1264, Section O (WQM #13) answered; follow up actions taken, if applicable				
CDS question 1084, Section H1 (WQM #14) answered; follow up actions taken, if applicable				
CDS question 2096, Section K (WQM #15)				



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answered; follow up actions taken, if applicable				
Medication section of CDS completed				
Diagnoses section completed and matches Assessment narratives				
Care Enrollment Start Date is equal IA Completion Date.				
Care enrollment is matching the program consumer was approved by IRT				
Care Plan Start Date is equal the Care Enrollment Start date				
Care Plan end date falls on the last date of the month consumer is due to the annual RD HV (12 month from the month of the IA)				
Care Plan is not empty or referrals for services were made.				
Referral A&R completion date is equal the IA A&R Status Date				
IA A&R Completion Date is equal IA HV date				
IA A&R Status reason filled correctly				
Status of the future home visits A&Rs is equal the date of the IA				
A&R "Initial Service Plan" Status is updated to approved and Provider name is updated to designated QA File Room staff				
Assessment narratives and other Journal Entries completed as required by EOEA and CBES standards				
CAE referral submitted for the FEW/PC or other clinical review				
Folder submitted for filling				
Review Skipped Questions on CDS				

Chard Reviewed: \_\_\_\_\_  
Intake Manager

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Date

Chard Received: \_\_\_\_\_  
File Room

Date

