

In-Home Services Referral Form

Thank you for your interest in Lifeworks. To start your referral, please fill out all 6 pages of the form. When finished, email the form and any required documents to

lifeworksreferrals@lifeworks.org.

Please ensure the proper sections are complete and all documents are included to avoid delays.

Services Screening:

How did you hear about Lifeworks?	
Is the client transferring from another provider?	
Is the client a former Lifeworks client?	
Does the client had CFSS, CDCS, or CSG services currently or have they had them previously?	
Are there other household members receiving CFSS, CDCS, or CSG services?	
Does the client have staffing or intend to locate their own staff?	
Does this client have an existing Employer Identification Number (EIN)?	

Available Services with Lifeworks:

1. **Community First Services and Supports (CFSS) Budget Model Only-**
Assistance with personal cares (eating, bathing, grooming), activities of daily living (shopping, cooking), and behavioral support.
 - a. Please provide a copy of one of the three documents: Supplemental Summary Charts, CFSS Assessment or Service Delivery Plan (SDP).
 - b. Lifeworks is an FMS provider and only supports the Budget Model for the delivery of CFSS.
2. **CFSS Goods Only-** Purchasing of approved goods for clients who do not require personal cares or daily living assistance.
 - a. Please provide a copy of the service delivery plan.
3. **Consumer Directed Community Support (CDCS)-** Allows clients to self-direct their care, including therapies, assistive technology, supplies, and home or vehicle modifications.
4. **CDCS Goods Only-** Purchasing of covered goods only. This is for clients who do not need staff.

In-Home Services Referral Form

5. **245D:** Please provide a copy of the support plan with Lifeworks listed as the provider. This is completed by the case manager.
- a. **Individualized Home Supports (IHS) Without Training-** Provide support and supervision in an identified support area. These areas are community participation, health, safety, household management and adaptive skills.
 - b. **Respite-** Offers relief for primary caregivers or coverage during their absence.
 - c. **Night Supervision-** Awake staff available overnight to assist with assessed needs.
 - d. **Homemaking-** Covers light housekeeping and laundry tasks.
6. **CFSS Consultation-** Guidance and support in writing the CFSS Service Delivery Plan (SDP) based on the clients' assessed needs. Designed to help clients understand their service options to make an informed choice.
- a. Lifeworks cannot act as both the consultation and service delivery provider.
 - b. Consultation must be completed before receiving the service delivery portion of CFSS with another agency.

In-Home Services Referral Form

Role Definitions:

1. **Client**- This is the individual that is receiving services.
2. **Responsible Party**- The main point of contact for the client. They review and approve work hours every two weeks, attend meetings, and sign documentation.
 - a. This role *cannot* provide services to the client for CFSS.
 - b. This role is also referred to as the "participant representative".
 - c. You will be asked for your date of birth, this information is needed to verify your identity for electronic signatures in MyHealthPointe. MyHealthPointe is a portal to view and electronically sign service related documents
3. **Guardian**- A parent or legal representative authorized to act on behalf of the client.
 - a. Documentation of guardianship will be requested if applicable.
 - b. You will be asked for your date of birth, this information is needed to verify your identity for electronic signatures in MyHealthPointe. MyHealthPointe is a portal to view and electronically sign service related documents
4. **Emergency Contact**- A person a client chooses to contact if there's an emergency or if the client cannot communicate what they need.
5. **Case manager**- This role is the point of contact through your county.
6. **Support Planner**- The support planner manages writing the CDCS Customized Support Plan (CSP).
 - a. Applicable to clients receiving CDCS.
7. **Consultation Provider**- Develops the Individualized Service Delivery Plan (ISDP) and provides training and ongoing support.
 - a. Applicable to CFSS services only.
8. **Care Coordinator**- Point of contact through the insurance company for clients on managed care plans. Typically for individuals over age 65 on state health plans.

In-Home Services Referral Form

1. Client Information

Preferred Start Date			
First Name			
Middle Name			
Last Name			
Preferred Name if Different			
Address			
Date of Birth			
Guardianship Status			
Ethnicity			
Gender			
Program Type *CFSS can be combined with CDCS and 245D services	CFSS-FMS Budget Model		Night Supervision (245D)
	CFSS Goods Only		Homemaking (245)
	CDCS		CFSS Consultation
	CDCS Goods Only		Budget Model
	IHS without training (245D)		Agency Model
	Respite (245)		Unknown
County of Residence			
County of Financial Responsibility			
Waiver Type			
PMI/MA #			
Pronouns			
Preferred Language			
Would you like an interpreter?			
Client Phone Number (required if client is own legal responsibility)			
Client Email Address (required if client is own legal responsibility)			

In-Home Services Referral Form

2. Responsible Party *This person CANNOT serve as the staff for CFSS*

First Name	
Last Name	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	
Date of Birth	
Preferred Language	
Relationship to Client	

3. Guardian *If applicable and different than the Responsible Party*

First Name	
Last Name	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	
Date of Birth	
Preferred Language	
Relationship to Client	

4. Primary Emergency Contact

First Name	
Last Name	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	
Preferred Language	
Relationship to Client	

In-Home Services Referral Form

5. Case Manager

First Name	
Last Name	
Company	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	

6. Support Planner (CDCS ONLY)

First Name	
Last Name	
Company	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	

7. Consultation Provider (CFSS ONLY)

First Name	
Last Name	
Company	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	

8. Care Coordinator (Managed Care Organization)

First Name	
Last Name	
Insurance Co. Name	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	