

ATTACHMENT B SPECIAL PROVISIONS

RESPONSIBILITIES OF CASE MANAGEMENT SERVICES PROVIDERS UNDER THE NEW CHOICES HOME AND COMMUNITY-BASED SERVICES WAIVER

The Home and Community-Based Services (HCBS) New Choices Waiver Program (NCW Program) is a Medicaid sponsored program administered through the Utah Department of Health, Division of Health Care Financing, Long Term Care Bureau. The NCW program must operate in accordance with all established federal and state requirements for both HCBS waivers and the overall Medicaid program. The NCW Program was developed to provide Medicaid recipients residing in long term care nursing facilities with the option of receiving long term care services in home and community based settings rather than institutional settings.

The Waiver Program is intended to be utilized in conjunction with other formal and informal support systems and contributes to the health, safety and welfare of the targeted population. Home and Community-Based Services are an element of the State Medicaid Plan and must operate in accordance with all established federal and state requirements for both HCBS waivers and the overall Medicaid program. Case Management Services are one component of this coordinated long term care service delivery system. The roles of providers of HCBS Waiver Services must be clearly defined in order to ensure waiver participants' needs are identified and services are provided to support successful community placement.

To participate in the New Choices Waiver Program as a Case Management Service Provider, the Provider will:

1. Complete initial **comprehensive assessment utilizing the MDS-HC** as well as periodic (annual and at significant change) reassessments to determine the services and support required by participants.
2. Evaluate participant **level of care** upon participant application, annually, and in the event of a significant change in health status.
3. Assist participants with identifying non-Medicaid resources that may meet their needs.
4. Assist participants with accessing Medicaid State Plan services.
5. Develop a **comprehensive care plan** based on assessed needs and available resources regardless of the funding source. Update care plans annually and as needed to address changing needs.
6. Assist participants with selecting waiver service providers, from the list of providers developed by the Long Term Care Bureau, that would best meet his/her individual needs.
7. Obtain approval from the Department of Health, Division of Health Care Financing, Long Term Care Bureau prior to implementing the comprehensive care plan.

8. Educate participants on their right to free choice of providers and services. Reinforce and support participant's choices.
9. Assist participant with requesting a fair hearing if choice of waiver services or service providers is denied.
10. Monitor waiver service providers to insure that services are being provided according to the assessed need documented in the **Comprehensive Care Plan**.
11. Monitor on an ongoing basis the participant's health and safety status. Initiate appropriate reviews of needs and care plan as indicated.
12. Coordinate services across all Medicaid programs to achieve a holistic approach to care.
13. Face to face contact with client must be made based on assessed need. This contact must be made quarterly at a minimum.
14. Adhere to the **New Choices Disenrollment Protocol** when disenrolling any waiver participant from the program.
15. Provide discharge planning services to individuals to ensure their health and safety when disenrolling from the waiver.
16. Perform internal quality assurance activities.
17. Provide case management and transition planning services up to 180 days immediately prior to the date a participant transitions from the nursing facility to the waiver program. (Medicaid cannot be billed for these services until after the transition from the Nursing Facility has taken place. Participant is not considered to be on the New Choices Waiver until after they have left the nursing facility.)
18. Receive and maintain a record of incident reports, as per protocol, relating to waiver participants.
19. Follow the New Choices Waiver Incident Reporting Protocol. Respond to concerns and incidents reported by participant and/or service providers regarding participant's health, safety and/or welfare.
20. Direct marketing to consumers by a Case Management Agency is prohibited. Case Management Agencies may develop educational information that will be distributed to waiver applicants by the Long Term Care Bureau.
21. All forms utilized for the New Choices Waiver must be approved by the Long Term Care Bureau prior to dissemination to participants.

Type or Print **PROVIDER** Name

Type or Print Name of Corporation

PROVIDER Address

Telephone Number

PROVIDER Signature

Date