

FOOTHILLS GATEWAY, INC.

Provider Selection for Medicaid Waivers (DD, SLS, CES, CHRP)

PROCEDURE:

- The Placement Coordinator will keep track of all waiver admissions in a tracking system.
- For the SLS, DD, CES and CHRP Waivers, the Case Manager must get financial eligibility.
- The Case Manager will enter the program offer into the paperwork tracking system (SLS, CES, CHRP). The paperwork tracking system will show the Case Manager the next steps in the admission process.
- The Placement Coordinator will be notified by HCPF when someone is being offered DD Waiver funding. The Placement Coordinator will notify the Case Management Directors, Case Manager and Case Manager's supervisor of the offer. Then the Placement Coordinator will enter the DD offer(s) in the paperwork tracking system.
- Once the Case Manager has completed the SIS request (if applicable), 100.2/PMIP, and financial eligibility they are ready to complete the Provider Selection step.
- A release of information must be obtained by the Case Manager prior to contacting providers.

PROVIDER SELECTION OPTIONS:

- Individuals and/or their guardians and authorized representatives, as appropriate, who enroll in HCBS waiver services shall have the freedom to choose from qualified provider agencies.
- Case Management Agencies shall provide Individuals, and/or their guardians, and authorized representatives, as appropriate, informed choice on all provider agencies qualified to provide the authorized HCBS waiver services.
- When the Individual, Guardian, or authorized representative, when applicable, knows which qualified provider agency(ies) they want to provide the authorized HCBS waiver service(s), the Individual shall inform the Case Manager of their choice.
 - a. The Case Manager shall obtain a release of information, then contact the selected provider agency(ies) regarding the Individual's needs, the services needed, and the scope, frequency, and duration of services.
 - b. If the provider agency(ies) are willing to provide the authorized HCBS waiver service(s), the Case Manager shall hold a Service Plan meeting and create the Prior Authorization Request in accordance with Section 8.519.14.
 - c. If the provider agency(ies) are not willing to provide the authorized HCBS waiver service(s), the Case Manager shall inform the Individual and discuss options for additional provider selection as outlined in Section 8.519.13.B(2).
- If the Individual or guardian (as appropriate) does not know which provider agency(ies) the individual wants to select, the Case Manager shall provide informed choice to the Individual which may include, but is not limited to:
 - a. Providing a list of qualified provider agencies;
 - b. Providing the Department's webpage address and information on how to search for a qualified provider agency;

- c. Providing resources for accessing information about provider agency quality, such as survey information, that is available to the public;
 - d. Providing information regarding qualified provider agencies based on the Individual's preferences;
 - e. Contacting all qualified provider agencies, with information regarding the requested and authorized service(s) including the scope, frequency, level of support necessary, and duration of the services for the purpose of receiving responses from qualified service agencies who can serve the Individual to not include Support Level information unless a release is obtained from the Individual, family and/or guardian; or
 - f. In addition to other assistance as requested or needed by the Individual.
- The Case Manager shall document the Individual's choice of provider agency(ies) and the method by which the choice was made in the Service Plan and in the Department's prescribed system (BUS).
 - Case Managers shall contact all requested providers within five (5) business days of the Individual's selection.

Individual chooses to change providers:

1. If an individual would like to change providers, they should contact their Case Manager.
2. The Case Manager will offer opportunity to have a conversation with the current provider agency to see if needs can be met.
3. The Case Manager will communicate outcome of the conversation or the request to change providers.
4. The Case Manager will follow the provider selection options.

2/20 2/21, 2/22