

XXXX Agency
CAP/C Case Management Policy and Procedures

Policy Number:

Subject: Recipients' Freedom of Choice

I. PURPOSE

The Center for Medicare and Medicaid Services (CMS) seeks assurance from state waiver programs that

- Recipients have the freedom to choose between waiver services and institutionalization
- Recipients have the freedom to choose from among enrolled Medicaid providers

This policy/procedure describes how recipient freedom of choice is implemented and documented.

II. POLICY

XXX Agency will maintain a current listing of nursing facilities and of local Medicaid or CAP/C enrolled provider agencies. The list of provider agencies will include nurse and nurse aide agencies, home health agencies, therapy agencies, DME providers, and others as applicable. The list shall include but not be limited to the provider name, type, and contact information. Examples of other information which may be included are types of private insurance accepted, geographic service area, staff credentials (i.e., whether Nurse Aides are CPR certified), and any information of public record.

The agency will maintain a current listing of other community resources as well as national agencies, foundations, pharmaceutical companies, etc.

The CAP/C Case Manager will inform recipients/families of all of their available options.

The Case Manger will assist the recipient to think through the options and to seek out information that will help the recipient to make an informed decision.

The Case Manager will assist with implementation of the recipient's choice.

III. PROCEDURE

	<u>Procedure</u>	<u>Responsible Party</u>
1.	The list of nursing facilities and of Medicaid/CAP-C enrolled providers is updated whenever a change is noted and at least annually (every XX).	1. Administrative Assistant
2.	Agency XXX maintains a list of other community resources and national foundations, pharmaceutical companies, etc. This list is updated whenever a change is noted and at least annually.	2.
3.	At the time of the referral and/or the initial assessment, the Case Manager will present the family with the option of institutionalization versus CAP/C services.	3. Case Manager
4.	At the time of the initial assessment, the Case Manager will ask the parents if the child has any other Medical	4. Case Manager

Insurance.

- | | | |
|-----|---|------------------|
| 4A. | If the client does <u>not</u> have Medical Insurance the Case Manager will: <ul style="list-style-type: none">• Discuss with parent(s)/guardian their freedom of choice of providers.• Provide the recipient with the list of Medicaid or CAP/C enrolled providers. | 4A. Case Manager |
| 4B. | If the child <u>does</u> have Medical Insurance, the Case Manager will: <ul style="list-style-type: none">• Inform the family of the following:<ol style="list-style-type: none">1. Medicaid is the payer of last resort, and that the private insurance will be billed first.2. Medicaid will pay up to the Medicaid allowable if the recipient does not use an in-network provider but the insurance allows out of network benefits at a reduced rate.3. Medicaid will not pay if the insurance does not allow any out of network benefits and the recipient goes out of network for services. When the insurance carrier denies a claim with an EOB that states provider not in network, not participating, etc, Medicaid cannot override the insurance and make payment.• Document the insurance company, policy number and contact information on the Initial Assessment form.• Make contact with the insurance company to determine benefits and eligibility. | 4B. Case Manager |
| 5. | At the time of the initial assessment and thereafter with each CNR, the parent signature shall be obtained on section H of the Plan of Care form. This signature indicates, among other things, that the parents have been informed of their right to freedom of choice. | 5. Case Manager |
| 6. | If parents do not have a preference of provider agencies, the Case Manager will send multiple referrals based on the assessment of the agencies ability to safely and effectively provide services. | 6. Case Manager |
| 7. | During the monthly contact with the recipient, the Case Manager shall assess the provision of nurse, nurse aide, and respite services, and the family's satisfaction with those services. The Case Manager will assist the family in changing agencies as needed. | 7. Case Manager |
| 8. | During the quarterly home visit, the Case Manager shall assess the provision of all services, and the family's satisfaction with those services. The Case Manager will assist the family in changing agencies as | 8. Case Manager |

needed.

Effective Date	Revision Date	Reviewed By

SAMPLE