Utah Department of Health & Human Services
Integrated Healthcare

INTRODUCTION

The Home and Community-Based Services (HCBS) New Choices Waiver Program (NCW) is a Medicaid sponsored program administered through the Utah Department of Health, Division of Medicaid and Health Financing, Bureau of Authorization and Community-Based Services. The Waiver Program is designed to offer the option to receive supportive services in a home and community-based setting for qualifying people wishing to move out of nursing facilities, hospitals, and other Utah licensed medical institutions that are not institutions for mental disease. NCW also offers a limited entry pathway for qualifying people who have been residing in licensed assisted living facilities or licensed small health care (Type N) facilities who wish to remain in that setting and enroll in the NCW program. (Special application and selection of entrants' processes apply to ALF and Type N residents.)

The NCW program offers an array of supportive services that are intended to be utilized in conjunction with other paid and unpaid support systems and contributes to the health, safety, and welfare of the targeted population. Home and community-based services are an element of the Medicaid State Plan and must operate in accordance with all established federal and state requirements for both HCBS waivers and the overall Medicaid program.

New Choices Waiver services are one component of the complete Medicaid long term care service delivery system. The roles of providers of HCBS waiver services must be clearly defined in order to ensure waiver clients' needs are identified and services are provided to support successful, integrated community living.

SERVICE SPECIFICATIONS

NCW Service Name: Case Management Services

HCPCS Billing Code: T2024 (Pre-enrollment and during post-enrollment inpatient admissions)
T1016 (Post-enrollment)

Billing Modifier: U8

Provider qualifications:

- All providers must initially and continuously employ at least 2 qualified case managers, one with registered nurse (RN) licensure and one with social service worker (SSW) licensure or other licensure that is at least equivalent to or higher than RN and SSW licensure. Providers shall hire additional qualified case managers as their agency's client caseload increases in order to meet workload demands and to maintain quality standards. The State may consider exceptions to the minimum RN and SSW standards in remote geographical areas of the state

where access to care issues would exist if not for the exception. These situations will be considered on a case-by-case basis;
- Must be accredited as a case management agency by the Bureau of Authorization and Community-Based Services;
- Must be a Medicaid provider enrolled to provide NCW Case Management Services; and
- Non-governmental agencies must have a current business license; or
- Must be recognized as a Division of Services for People with Disabilities Entity; or
- Must be recognized as an Area Agency on Aging entity within the State of Utah; or
- Must be recognized as a Center for Independent Living through the State Office of Rehabilitation.

Service Description:

(This service description is subject to change. Refer to the New Choices Waiver Provider Manual for updates. If this agreement is ever found to be in conflict with the New Choices Waiver Provider Manual, the definition in the Provider Manual takes precedence.)

Case Management Services are services that assist waiver clients to gain access to needed waiver services and other Medicaid State Plan services, as well as needed medical, social, educational, and other services, regardless of the funding source. Case Management Services consists of the following activities:

1. Complete initial comprehensive assessments and periodic reassessments to determine the services and supports required by clients to prevent unnecessary institutionalization;
2. Perform reevaluations of clients' level of care;
3. Complete initial comprehensive person-centered care plans and periodic updates to maximize clients' strengths while supporting and addressing the identified preferences, goals and needs;
4. Research the availability of non-Medicaid resources needed by clients to address needs identified through the comprehensive assessment process to assist clients in gaining access to these resources;
5. Assist clients to gain access to available Medicaid State Plan services necessary to address identified needs;
6. Assist clients to select from available choices, an array of waiver services to address identified needs and assist clients to select from the available choice of providers to deliver each of the waiver services including assisting with locating an appropriate home and community-based setting and assisting with negotiation of rental agreements when needed;
7. Assist clients to request a fair hearing if choice of waiver services or providers is denied, if services are reduced, terminated, or suspended, or if the client is involuntarily disenrolled;

8. Monitor to assure provision and quality of services identified in the client's person-centered care plan;
9. Support clients/legal representatives/family members to independently obtain access to services when other funding sources are available;
10. Monitor on an ongoing basis the client's health and safety status and investigate critical incidents when they occur. The frequency of client contact is based on the case management agency's assessment of client need, but at a minimum at least 1 telephone or face-to-face contact directly with the waiver client is required each month and a minimum of 1 face-to-face contact with the client is required every 90 days. When meaningful telephone contact cannot be achieved due to a client's diminished mental capacity or inability to communicate by phone, in-person contact must be made with the client monthly;
11. Coordinate across Medicaid programs to achieve a holistic approach to care;
12. Provide case management and transition planning services up to 180 days immediately prior to the date an individual transitions to the waiver program;
13. Provide safe and orderly discharge planning services to a client disenrolling from the waiver;
14. Perform internal quality assurance activities, addressing all performance measures listed in the approved state implementation plan; and
15. Monitor participant medication regimens.

Activities not included in the service description above and activities where meaningful case management contact is not made are not reimbursable under case management services. Examples of non-reimbursable activities include but are not limited to:

A. Transporting clients;
B. Directly assisting with packing and/or moving;
C. Performing personal budget assistance for clients;
D. Shopping or running errands for or with clients;
E. Taking clients on facility tours;
F. Taking clients to the Social Security office;
G. Providing emotional support;
H. Visits with clients, families or providers involving pleasantries/social interactions only;
I. Leaving or receiving voice mail messages; and
J. Any other activity that is not in line with the approved service description.

In order to facilitate transition, case management services may be furnished up to 180 days (6 months) prior to a waiver client's enrollment and case management providers may bill for these services once the participant enters the waiver program. 15 units per month or less per client is the expected typical case management utilization pattern. Care plans that include utilization

patterns of 16 units or greater will require submission of additional documentation to justify the need for additional case management services.

Provider entities having the capacity to perform case management functions and other waiver or non-waiver services must assure that the functions of the entity are clearly separated and their respective responsibilities well defined. If the case management agency is listed on a comprehensive care plan as the provider for other paid waiver or non-waiver services, the case management agency must document that there are no other willing, qualified providers available to provide the other paid waiver or non-waiver service(s). The State Medicaid Agency, New Choices Waiver Program Office will review these situations on a case-by-case basis to determine whether or not to override the conflict of interest.

Case management agencies may not assign individual case managers to serve a waiver participant when any one or more of the following scenarios exist:

1. The case manager is related to the waiver client by blood or by marriage;
2. The case manager is related to any of the waiver client's paid caregivers by blood or by marriage;
3. The case manager is financially responsible for the waiver client;
4. The case manager is empowered to make financial or health-related decisions on behalf of the client; and/or
5. The case manager would benefit financially from the provision of direct care services included in the client's comprehensive care plan.

General Requirements:

By signing this attachment, provider agrees to additional terms and conditions as outlined below:

A. Provider will report any negative or critical incident or incidents likely to receive media or legislative scrutiny involving a NCW client to the New Choices Waiver program office immediately. This includes but is not limited to medication errors, falls, injuries, missing persons, abuse, neglect, exploitation, unexpected hospitalizations, unexpected deaths, Adult Protective Services (APS) or law enforcement involvement, and other similar incidents that raise concern for client safety. As required by law, provider will also report any suspected or actual incidences of abuse, neglect or exploitation to APS or to local law enforcement.

B. Provider will investigate Level 2 critical incidents and report findings timely to the State Medicaid Agency, New Choices Waiver Program Office in accordance with the Critical Incident Protocol.

C. Provider will accept the NCW Medicaid rate as payment in full, and the provider shall not bill the client nor their families an additional fee for services rendered.

D. Provider will interact with each NCW client's chosen waiver and non-waiver providers and will invite them to participate in the person-centered care planning process when requested by the client or their representative.

E. Provider will prepare and distribute Service Authorizations to all waiver services providers listed on client care plans initially, annually and when care plans are updated.

F. Provider will notify a client's previously authorized waiver providers when case managers become aware that Service Authorizations have become nullified including for any of the following events:

- The NCW client elects to change to a different NCW provider;
- The NCW client elects to altogether discontinue receiving the service(s) that the provider offers;
- The NCW client loses Medicaid eligibility; and/or
- The NCW client is disenrolled from the NCW program for any other reason.

G. Provider will verify client Medicaid eligibility each month. Utah Medicaid offers two methods that providers may use to verify client eligibility:

- Medicaid Eligibility Lookup Tool (https://medicaid.utah.gov)
- Access Now (1-800-662-9651 option 1, option 1)

H. Provider shall not bill Medicaid for services that were not actually provided or for services that the provider anticipates providing to a client in the near or distant future.

I. Provider shall not bill a client for a missed or canceled appointment unless the client or the client's legal representative has signed a written cancelation policy which expressly allows the provider to charge the client for missed or canceled appointments.

J. Provider will not engage in unsolicited direct marketing activities to prospective NCW clients. Marketing strategies shall be limited to mass outreach and advertisements. Provider will not approach prospective or currently enrolled NCW clients or their representatives unless the client or representative explicitly requests information from the provider. Provider shall

refrain from offering incentives or other enticements or from otherwise persuading a prospective or currently enrolled NCW client to choose or to transfer to the provider or to an individual case worker for case management services. If a case manager leaves employment with one NCW case management provider and becomes employed with another NCW case management provider, that case manager shall not advise clients on their existing NCW caseload to switch to the new case management agency in order to keep that case manager. Provider may not require NCW clients to select a certain waiver or non-waiver provider for other services listed on the person-centered care plan.

K. Upon accepting a client into case management services, provider will continue to provide case management services and advocate for the client's needs until the client is either disenrolled from the New Choices Waiver program or until the client freely and without prompting or coercion voices a preference to switch to a different case management agency. Provider shall not discharge a client from case management services unless a volatile situation exists making provision of case management services impossible due to a breakdown in the relationship between the client and the case management agency. The New Choices Waiver Program Office will review these situations on a case-by-case basis and must approve them prior to transfers taking place.

L. Provider will document each service encounter. At a minimum each service encounter record should include:
   - The client's first and last name
   - The date of service for each service encounter
   - The start and end times for each service provided
   - The number of service units provided in service increments applicable to the service
   - The services provided by service title
   - Notes describing the service encounter
   - The printed name of the individual who performed the service
   - The credentials of the individual who performed the service
   - The signature of the individual(s) who performed the service
   - If the entry is not billable, please note "Not Billable to Medicaid"

M. Provider will abide by the policies and procedures outlined in the NCW Provider Manual and to stay apprised of policy updates and changes regarding Medicaid and the NCW program. If this agreement is ever found to be in conflict with the NCW Provider Manual, the NCW

Provider Manual will take precedence over this agreement. The NCW Provider Manual is posted on the Utah Medicaid website: https://medicaid.utah.gov

N. Provider will review the Medicaid Information Bulletins (MIBs) and stay apprised of policy updates and changes regarding Medicaid and the NCW program. The MIB is the tool that the Utah Department of Health, Division of Medicaid and Health Financing uses to disseminate such information to providers and stakeholders. The MIB is published quarterly or more frequently as needed. To subscribe to the Newsletter or to view the MIB releases, visit the Medicaid website: https://medicaid.utah.gov

O. If the provider has Medicare and/or Medicaid certification and loses Medicare and/or Medicaid certification, the provider's New Choices Waiver contract shall also be terminated effective the same day as the termination of the Medicare and/or Medicaid certification. The provider will notify the New Choices Waiver Program Office within 3 business days of receiving the notification letter from Medicare and/or Medicaid. The provider will make every effort to ensure a safe and orderly transition of all NCW clients to other service providers prior to final termination of their NCW contract.

P. If the provider is aware that it is about to undergo a change of ownership or otherwise elects to voluntarily terminate their New Choices Waiver contract, the provider shall give at least 30 days advance written notice of the change of ownership or voluntary termination to the New Choices Waiver Program Office. Providers shall assist in ensuring a safe and orderly transition of waiver clients to another service provider prior to termination.

Q. The State Medicaid Agency may terminate the provider's New Choices Waiver contract after giving the provider 30 days advance written notice for either of the following reasons:

1. The State Medicaid Agency detects a pattern of non-compliance with general Utah Medicaid provider standards,
2. The State Medicaid Agency detects a pattern of non-compliance with NCW policies, procedures and/or provisions listed in this contract.

Examples of conduct that constitute patterns of non-compliance include but are not limited to:

- Abuse, neglect or exploitation of waiver clients;

- Billing Medicaid in excess of the amount, duration and frequency of services that have been authorized;
- Billing Medicaid for services not provided;
- Inadequate or non-existent record keeping;
- Repeatedly tardy care plan submission;
- Billing Medicaid for case management services provided by individuals that do not meet the minimum qualifications of RN or SSW licensure (or equivalent or higher licensure);
- Not maintaining minimum provider qualifications such as required business license or certification;
- Acts of direct marketing to prospective or currently enrolled NCW clients or their representatives;
- Acts of coercion or manipulation of client freedom of choice rights;
- Acts of offering or receiving incentives or kickbacks to or from other providers or entities in an effort to manipulate client freedom of choice rights;
- Lack of adequate provider representation at the annual mandatory provider training; and/or
- Billing NCW clients or their representatives for services covered by Medicaid.

If the State Medicaid Agency discovers conduct that constitutes a pattern of non-compliance but elects not to terminate the provider's New Choices Waiver contract, the State Medicaid Agency may instead suspend making new referrals to the provider, require the provider to repay any overpayments, complete additional training and/or to submit to additional monitoring activities in order to avoid contract termination. The provider will be given hearing rights for any adverse actions taken by the State Medicaid Agency.

R. All new NCW case management agencies must complete the NCW New Case Management Agency Training before the State Medicaid Agency, New Choices Waiver Program Office will forward the provider's enrollment application to the next step in the enrollment process. This training is scheduled as needed. To arrange a training session please contact the NCW Program Office and ask to speak with the NCW Training Coordinator. (800) 662-9651, option 6.

After the provider is enrolled, additional training is available if the provider requests it by contacting the NCW Program Office at the same number listed above.

All employed case managers who meet the minimum qualifications to perform nursing facility level of care assessments for waiver clients using the Minimum Data Set-Home Care (MDS-HC) evaluation tool must receive formal training from an approved State official prior to administering the MDS-HC for the first time. For New Choices Waiver, only RNs or physicians licensed in the state of Utah are permitted to administer the MDS-HC to waiver clients. To arrange for MDS-HC training, contact the State Medicaid Agency, New Choices Waiver Program Office and ask to speak with the MDS-HC Training Coordinator: (800) 662-9651, option 6.

The New Choices Waiver Program Office provides annual training to all enrolled Case Management Services providers. This training is mandatory and all employed RN and SSW case managers and supervisors/team leaders must attend in order to get credit for the annual training. At a minimum, provider must send an appropriate representation of experienced staff members who can receive and understand the training and later disseminate the materials to all employees who cannot attend.

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Signatures and Attestation:

I am the owner, the executive director or another duly authorized representative of this provider entity. I have been empowered to review and sign this contract on behalf of the provider entity. I have read all of the requirements contained within the pages of this Attachment B – Special Provisions contract and I hereby agree that this provider entity will abide by all of the requirements.

I understand that in order to become fully enrolled as a New Choices Waiver provider this application must be approved by the New Choices Waiver Program Office within the Division of Medicaid and Health Financing, Bureau of Authorization and Community-Based Services and by the Bureau of Medicaid Operations.

Type or Print PROVIDER AGENCY Name: _____

_____
Type or Print Name of Corporation, DBA or Other Affiliation

_____
PROVIDER Mailing Address

_____ _____
PROVIDER Primary Telephone Number PROVIDER Secondary Telephone Number

PROVIDER Email Address

_____ _____
Authorized Representative's Name Authorized Representative's Signature

_____
Signature Date

When this contract has been reviewed and signed with a "wet signature," THIS PAGE ONLY must be scanned and uploaded to your New Choices Waiver provider enrollment file within PRISM. If you have any questions, please call (800) 662-9651, option 6, and ask to speak with the NCW Provider Specialist.