New Choices Waiver

Bureau of Authorization and Community Based Services, Division of Medicaid and Health Financing
801-538-6155 (option 6) or toll free 800-662-9651 (option 6)

Dear Applicant:

The New Choices Waiver program is a Utah Medicaid program designed to offer a home and community-based option for people living long term in nursing facilities, assisted living facilities, small health care (Type N) facilities or other licensed Utah medical facilities such as hospitals and hospice inpatient settings (excluding institutions for mental disease). The program strives to build upon the strengths and resources of each individual, supporting their ability to live in their own home or in another community-based setting.

This application packet is specifically designed for people residing in nursing facilities, hospitals or other Utah licensed medical institutions that are not institutions for mental disease. If you are residing in another type of facility such as an assisted living facility, please call to request a different application packet.

Here are a few important things to know about the New Choices Waiver application process:

1. The New Choices Waiver program is a Utah Medicaid program. Utah Medicaid financial eligibility is a basic requirement and must be in place at the time your New Choices Waiver application is submitted.

2. Utah Medicaid financial eligibility is *one* of the requirements for enrollment in the New Choices Waiver program, but approval of Medicaid financial eligibility does not automatically mean that all requirements have been met or that services for the New Choices Waiver will be approved.

3. When we receive your New Choices Waiver application, the program office will perform an initial screening of the application forms and other records you've provided. If your application is complete and appears to meet the minimum program requirements, a referral will be sent to the case management agency that you have selected. They will contact you directly to schedule a face-to-face assessment to confirm the medical eligibility requirement is met. This face-to-face assessment is only valid for 60 days. If any of the waiver requirements remain unmet after 60 days, a new assessment must be performed and waiver services cannot begin prior to the new assessment date. This cycle repeats as each 60-day period expires. Therefore, it is in your best interest to respond quickly if additional documents are requested.

4. As mentioned above, the New Choices Waiver program is reserved for people who meet the medical criteria for long term care in a skilled nursing facility setting. If during the screening and assessment process the New Choices Waiver program office determines that your medical conditions do not meet the long term nursing facility level of care criteria, we will send you a denial letter with hearing rights. Since the medical eligibility criteria is the same for the New Choices Waiver program as it is for Medicaid reimbursed care in a nursing facility, a medical denial from the New Choices Waiver program office will likely mean you will also be discharged from the facility you are living in.

If you have any questions during the application process, please contact the New Choices Waiver program office for assistance. Thank you.

The New Choices Waiver Program Office
(800) 662-9651, option 6

New Choices Waiver
Bureau of Authorization and Community Based Services, Division of Medicaid and Health Financing
801-538-6155 (option 6) or toll free 800-662-9651 (option 6)

Screening Checklist for Nursing Facility/Hospital Residents

(Please complete and submit this form with your application.)

The New Choices Waiver (NCW) eligibility requirements are complex and require a great deal of analysis and coordination by the intake team. At a minimum, the following five (5) requirements must be met in order for the intake team to begin the process:

1. A complete New Choices Waiver application must be received including all applicable records.

2. The applicant must have been determined financially eligible for Utah Medicaid by the Utah Department of Workforce Services (not in pending status or in the application process).

3. The applicant must be at least 18 years of age.

4. The applicant must be actively residing in a nursing facility, hospital or in another type of Utah licensed medical facility that is not an institution for mental disease.

5. The applicant must have satisfied the minimum length of stay requirement in the facility of residence. Which of the following two (2) scenarios (A or B) describes the applicant's status?

   A. ☐ The applicant has been determined to be financially eligible for Utah Medicaid but their current placement is being paid by Medicare AND

      ☐ They have been in the facility for at least 15 days before applying to the New Choices Waiver program.
      ☐ They will continue to live in the facility for a total of at least 30 days.
      ☐ There is a plan to discharge the applicant to a long term nursing facility if not admitted to the New Choices Waiver program.

   B. ☐ The applicant is currently residing in a nursing facility that is paid by Utah Medicaid AND

      ☐ They have been living in the facility for at least 60 days before applying to the New Choices Waiver program.
      ☐ They will continue to reside in a nursing facility for a total of at least 90 days.

Because the NCW program is a medical program, each applicant must also meet the medical eligibility requirements. This is known as *nursing facility level of care criteria* which is described in administrative rule R414-502-3. As part of the application process, the applicant will be asked to submit records from the facility where they reside. A complete list of the required items can be found on page nine (9)

When all New Choices Waiver application forms are complete and the applicant has collected all needed records, please send them to the NCW program office (contact information is included on page ten (10). If we have follow-up questions or if the application is incomplete at the time of submission, the New Choices Waiver program office will contact the applicant, their representative or the facility where they reside in to request additional information. Applications that remain incomplete after 60 days will be denied.

New Choices Waiver
Bureau of Authorization and Community Based Services, Division of Medicaid and Health Financing
801-538-6155 (option 6) or toll free 800-662-9651 (option 6)

Application
Nursing Facility/Hospital Residents

Application Date: _____ Date of Admission to Facility: _____

Applicant's Full Name: _____

Date of Birth: _____ Utah Medicaid ID: _____

Facility Name: _____ Facility Phone#: _____

Facility Address: _____

Applicant's Preferred Mailing Address: _____

_____

_____

On the date this application is submitted to the New Choices Waiver program office, which entity is funding the facility care? ☐ Medicaid ☐ Medicare ☐ Other _____

Request for Evaluation: (this section can only be completed by the applicant or representative)

By signing below, I am requesting to be evaluated for the New Choices Waiver program. I understand that by requesting this evaluation a representative from the New Choices Waiver program office may contact me and/or my representative to obtain additional information about my current situation. I have willingly submitted copies of the required medical records (listed on page two of this application packet) to enable the New Choices Waiver intake team to perform an initial nursing facility level of care screening. I authorize staff of the facility where I reside to speak with representatives from the New Choices Waiver program office if there are any questions about my medical conditions and care needs. I further authorize staff of the facility where I reside to send additional documentation of the services I receive in this facility when requested by the New Choices Waiver program office. I further authorize staff at any previous medical facilities or assisted living facilities that I lived in immediately prior to my admission to the current facility to provide information to the New Choices Waiver program if needed. If my application passes the initial screening, I authorize the New Choices Waiver program office to forward my complete application (including medical records) to the case management agency that I have selected on the Freedom of Choice Consent Form.

_____ _____
Signature Date

Who is signing? ☐ Self/Applicant ☐ Family Representative ☐ Legal Representative

Representative's Name (Print): _____

Relationship to Applicant: _____ Preferred contact method: ☐ Phone ☐ Email

Representative's Phone #: _____

Representative's Email: _____

Please list the names of any other family members/representatives that you authorize the NCW program office to speak with:

_____

Length of Stay Certification

This form can only be completed by staff of the facility where the applicant resides. Supporting documentation such as an admission face sheet must be attached.

Resident Name:_____ Date of Birth:_____

Facility Name:_____

Individuals interested in applying to the New Choices Waiver program from a nursing facility, hospital or other Utah licensed medical facility must have satisfied the length of stay requirement as described on page two (2). Formal discharges to non-facility community-based settings constitute a "break in stay" which may disqualify the applicant. The length of stay count begins over upon readmission to a qualifying facility type. Furthermore, premature discharge from the facility prior to formal enrollment in the New Choices Waiver program may also result in disqualification.

Please answer the following questions to certify this applicant's length of stay in your facility:

1. Date of admission to current facility: _____
2. Please review this resident's record for up to 90 days immediately preceding applying to the New Choices Waiver and provide a listing of all overnight absences from the facility. Use additional sheets if needed.

   Begin Date_____ Return Date:_____ Reason for absence:_____

   Begin Date_____ Return Date:_____ Reason for absence:_____

   Begin Date_____ Return Date:_____ Reason for absence:_____

3. Was the resident living in another facility prior to being admitted to this facility?

   ☐ No ☐ Yes (If yes, what type of facility was it? _____)

   Name of previous facility:_____

   Contact person at previous facility:_____

   Previous facility phone#:_____

I certify that I am employed by the facility listed at the top of this form and that the information provided is correct to the best of my knowledge.

Facility Representative's Name (Print): _____

Signature: _____ Date: _____

Preferred contact method: ☐ Phone ☐ Email

Facility Representative's Phone #: _____ Email: _____

Freedom of Choice Consent Form – San Juan County

Applicant's Name: _____ DOB: _____

This form is designed to help you (the applicant) to select a case management agency. This form should never be completed without your involvement, nor should it ever reflect a choice that you did not make of your own free will. If you experience any undue influence, please call the New Choices Waiver program office to report the incident and to notify the program office of your actual choice of case management providers. (800-662-9651, option 6)

Every New Choices Waiver applicant will need to select a case management agency. You are free to choose from the list of all case management agencies that are available in your area. If your application is selected to move to the next step in the process, a referral will be made to the case management agency that you have chosen. They will send a registered nurse and a social worker to meet with you in person. Visit this website to learn more about the agencies listed on this form: http://health.utah.gov/ltc/NC/NCCMAContacts.htm

Which case management agency would you like?

☐ Utah Case Management

Once the New Choices Waiver program office makes a referral, the case management agency will perform a review of your application materials. Case management agencies have the right to decline to take on a new referral. If they do this, you will receive a notice in writing. Under certain circumstances you will have the option to select a different case management agency. The New Choices Waiver program office will advise you if this option is available to you.

If the case management agency decides to move forward, they have up to 14 days to perform a face-to-face assessment. The date of the assessment is important to remember because it is only valid for up to 60 days. If any of the waiver enrollment criteria (including Medicaid financial eligibility determination) remains unmet by the end of 60 days, a new assessment must be performed and waiver services cannot begin prior to the new assessment date. This cycle repeats as each 60 day window passes.

By signing below, I certify that I have read and understand the information in this form. I also certify that I made this case management agency selection of my own free will.

_____ _____
Signature Date

Who is signing? ☐ Self/Applicant ☐ Family Representative ☐ Legal Representative

Representative's Name (Print): _____

Freedom of Choice (NF or HCBS)

The New Choices Waiver program is a Medicaid program that serves as an alternative to nursing facility care. Participation in the New Choices Waiver program is completely voluntary. Individuals who meet the eligibility criteria for enrollment in the New Choices Waiver program have the fundamental right to enter a Medicaid certified nursing facility instead of participating in the New Choices Waiver program. Once enrolled in the New Choices Waiver program, participants retain the right to voluntarily disenroll from the program and enter a nursing facility at any time.

Applicant's Name: _____ DOB: _____

Please indicate your choice:

☐ I prefer to receive care in a nursing facility and <u>not</u> be considered for enrollment in the HCBS New Choices Waiver program.

☐ I prefer to be considered for enrollment in the HCBS New Choices Waiver program and receive supportive services in my own home or in another community-based setting.

_____ _____
Signature Date

Who is signing? ☐ Self/Applicant ☐ Family Representative ☐ Legal Representative

Representative's Name (Print): _____

If your choice is to be considered for enrollment in the New Choices Waiver program, you have the right to choose from among the available home and community-based services setting options. Your case management agency will work with you to explore all options which include:

1. Your own home or apartment,
2. The home or apartment of a friend or family member,
3. A certified independent living facility,
4. A licensed assisted living facility, or
5. A licensed community residential care facility.

The New Choices Waiver program provides supportive services in each of these settings. No matter which setting you choose, you will be responsible for the shelter costs. This includes room and board, mortgage payments, rent, and utilities. Please demonstrate your ability to cover these costs by providing your total monthly income.

Total monthly income: _____ (Include the total sum of pension/retirement, social security, disability, and any other sources of monthly income.)

Know your rights:

Applicants have the right to be treated with consideration, respect, and with full recognition of dignity and individuality.

Applicants have the right to be considered for the New Choices Waiver program no matter your race, nationality, disability, sex, or religion.

Applicants have the right to confidentiality of protected health information. Health information cannot be released to any entity without permission, unless it is allowed by law for the provision of treatment or payment and healthcare operation activities.

If you *enroll* in the New Choices Waiver program, you will have the following rights as a program participant:

1. The right to choose where you will live. Participants may choose to live in any community-based setting as long as your assessed needs can be met in that setting and as long as you can afford the room and board or rental fees in that setting. Options include:
    a. Your own home or apartment
    b. The home or apartment of a friend or family member
    c. An independent living facility
    d. A licensed assisted living facility
    e. A licensed community residential care facility
2. You may also choose to decline New Choices Waiver services and choose to receive care in a nursing facility instead.
3. The right to choose who you will live with. You do not have to share a room with a roommate unless you choose to. If you choose to have a roommate, you have the right to select the roommate.
4. The right to have visitors including family, friends, and other visitors at any time except when doing so endangers you, your care providers, or others.
5. The right to a personalized care plan that is based on your personal strengths, preferences, goals, and assessed needs. You may choose somebody to represent you and to participate in helping you develop your plan of care. You have the right to schedule care planning activities at times and locations that are convenient for you and/or your chosen representatives.
6. The right to choose the services that you will receive as long as they are assessed to be medically necessary to meet your goals and to ensure your health and safety. You may choose to accept or decline any services that are recommended to you.
7. The right to select your own service providers. If you choose to live in a non-facility setting, you may also explore the option of hiring your service provider through the *self-administered service* option.
8. The right to receive case management services without a conflict of interest.
9. The right to keep a copy of your care plan and to request changes to your care plan, services, service providers, or home setting at any time. To request changes, you may contact your case manager. Your care plan will be reviewed and revised at least yearly and whenever your assessed needs change.
10. The right to voluntarily disenroll from the New Choices Waiver program as a result of declining the observation of care planning activities by New Choices Waiver representatives. The New Choices Waiver program will observe care planning activities as part of quality assurance. Observation is a requirement of enrollment in New Choices Waiver services and may be done in person, via telehealth or phone; personal care services are not included in the observation. Information gathered through the observation may be used to determine ongoing eligibility and/or participation and may also be used in the administrative hearing process.

Applicant's Name (Please Print)	Signature of Applicant/Representative	Date

Know your responsibilities:

Applicants are responsible to complete the New Choices Waiver application truthfully and to submit all requested documentation in a timely manner. Incomplete or inaccurate applications may result in denial from the New Choices Waiver program.

Applicants for the New Choices Waiver program must be found financially eligible for Medicaid and maintain ongoing financial eligibility in order to receive New Choices waiver services. Loss of Medicaid financial eligibility will result in loss of eligibility for the New Choices Waiver program.
Applicants are responsible to provide complete and accurate information about their medical history, health and care needs during the initial medical assessment performed by the case management agency.

If you *enroll* in the New Choices Waiver program, you have the following responsibilities as a program participant:

1. You will be responsible to ask your case manager questions if you are ever confused about the New Choices Waiver program, your care plan, the services you are receiving, or if you do not understand what action is expected of you.
2. You will be responsible to drive the development of your care plan by participating in care planning meetings, communicating your strengths, preferences, goals, and needs and communicating your choices. You can delegate this responsibility to a chosen representative that you trust. If you have a legal representative, they are responsible to drive the care planning process on your behalf. When you and your care plan team have come to an agreement about the services and supports to be included in your care plan, you are responsible to fully engage in those services. If you believe something about your care plan is ineffective, you are responsible to contact your case management agency to request a change.
3. You will be responsible to notify your case management agency of any changes in your health or circumstances that may impact your eligibility for the New Choices Waiver, your Medicaid financial eligibility or that may require changes to your care plan.
4. You will be responsible for any risks or consequences that you may experience as a result of choosing to decline a recommended service. If your decisions result in a dangerous situation for your health and safety or the health and safety of people around you and you are unwilling to make adjustments to your plan of care that meets minimal health and safety standards, you may be disenrolled from the New Choices Waiver program.
5. You will be responsible to show respect and consideration to service providers by keeping scheduled appointments or notifying them if you are unable to keep scheduled appointment times.
6. You will be responsible to pay the shelter costs at the community-based setting you have chosen to live in. This includes room and board, mortgage payments, rent and utilities.
7. You will be responsible to show respect for the property, comfort, privacy and rights of others who live around you.
8. You will be responsible to refrain from committing any illegal actions or actions that may result in self-harm or harm against others.

_____	_____	_____
Applicant's Name (Please Print)	Signature of Applicant/Representative	Date

NCW Application Checklist

All applicants must complete and send the following NCW application forms:

1. ☐ Application page 2, "Screening Checklist for Nursing Facility/Hospital Residents"
2. ☐ Application page 3, "Application for Nursing Facility/Hospital Residents"
3. ☐ Application page 4, "Length of Stay Certification" completed by the facility of residence
4. ☐ Application page 5, "Freedom of Choice Consent Form"
5. ☐ Application page 6, "Freedom of Choice, NF or HCBS"
6. ☐ Application page 7, "Know Your Rights"
7. ☐ Application page 8, "Know Your Responsibilities"
8. ☐ Application page 9, "NCW Application Checklist"

In addition, please attach the following clinical documentation:

1. ☐ A copy of the admission face sheet from the facility of residence
2. ☐ A copy of the signed physician orders and admit orders
3. ☐ A copy of the PASRR Level I screening
4. ☐ A copy of the PASRR Level II determination letter and full evaluation, if applicable
5. ☐ A copy of the most recent History and Physical
6. ☐ A copy of the most recent Comprehensive MDS assessment
7. ☐ A copy of the previous 60 days of progress notes (nursing, physician, and social services/psychosocial notes)
8. ☐ 60 days of ADL flowsheets
9. ☐ Wound care orders, if applicable
10. ☐ A signed MOCA current within 60 days for applicants with a Dementia diagnosis

The New Choices Waiver program office may require additional information on a case-by-case basis.

Application Submission Instructions

When you have completed all New Choices Waiver application forms and have obtained copies of all required records, you may send them to the New Choices Waiver program office by fax, secure e-mail, or by U.S. postal mail. The New Choices Waiver program office strongly recommends that you send them by fax because it is the quickest and the most secure method to transmit your protected health information.

Fax: 801-323-1586

(Fax is the preferred method of receiving applications.)

E-mail: newchoiceswaiver@utah.gov

(E-mailing protected health information to the New Choices Waiver program office is not permitted unless you can encrypt the message before sending. If you are not able to encrypt the message, do not use the email option.)

Mail: Utah Department of Health
Division of Medicaid and Health Financing
New Choices Waiver Program Office
Attn: Intake Team
P.O. Box 143112
Salt Lake City, Utah 84114-3112

Thank you for your interest in the New Choices Waiver program. If you have any questions, please give us a call.

Phone: (801) 538-6155, option 6

OR toll free: (800) 662-9651, option 6

New Choices Waiver Program Office P.O. Box
143112
Salt Lake City, Utah 84114-3112 Fax: (801)
323-1586
Email: newchoiceswaiver@utah.gov

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION
New Choices Waiver Program

Participant Name: _____ Medicaid ID#: _____ DOB: _____

Participant Phone Number: _____ Participant Email:_____

I _____ hereby authorize the New Choices Waiver Program (NCW) Office to disclose information, of the above-named participant, indicated below to:

Select all that apply	NCW will release any waiver related information unless otherwise indicated. Please note any restrictions in what can be released below:
☐Senior Planning Agency_____ ☐Family_____ ☐CMA_____ ☐Other	

I understand that:

- I may revoke this authorization at any time by sending written notification to the NCW.
- I may refuse to sign this authorization. The NCW cannot deny services if I refuse to sign this authorization.
- Information used or disclosed under this authorization may be subject to redisclosure by the person or facility receiving it and may no longer be protected by federal or state privacy regulations.
- The authorization cannot be revoked in response to information that has been acted upon by NCW.
- The authorization is valid for **1 year** from the date of signature.

_____ _____
Signature of Participant or Personal Representative* Date

***If signed by a Personal Representative, indicated the authority to act on behalf of the participant.**

☐Legal Guardian (proof of guardianship required)
☐Personal Relationship (state relationship) _____
☐Court Appointed Representative (state type of representative) _____
☐Other