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200.100 IndependentChoices

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The Arkansas Department of Human Services (DHS) was granted an 1115 Research and Demonstration waiver to implement IndependentChoices, a Cash and Counseling Demonstration and Evaluation Project in 1998. On April 1, 2008, the IndependentChoices program is became a state plan service under 1915(j) of the Social Security Act. IndependentChoices is operated by the Division of Aging and Adult Services (DAAS). The program offers Medicaid-eligible individuals who are elderly and individuals with disabilities an opportunity to self-direct their personal assistant services.

The IndependentChoices program has been operational since 1998. Some of the results of evaluations performed by Mathematica Policy Research, Inc. specifically identified these results that may positively impact community services in Arkansas:

- A. IndependentChoices decreased unmet needs.
- B. IndependentChoices improved lives.
- C. IndependentChoices participants were less likely to have contractures or urinary tract infections develop or worsen.
- D. Nursing home costs decreased by 18% over a three year period for IndependentChoices participants.

Operation of the IndependentChoices program as a state plan service will use the positive foundation established through lessons learned as an 1115 Research and Demonstration Waiver to continue to offer opportunities for improved life in the community.

IndependentChoices seeks to increase the opportunity for consumer direction and control for Medicaid beneficiaries receiving or needing personal assistant services. Personal Assistant services in IndependentChoices include state plan personal care for Medicaid beneficiaries and Adult Companion and Homemaker services for ElderChoices beneficiaries. IndependentChoices offers an allowance and counseling services in place of traditional agency-provided personal assistance services and items related to personal assistance needs.

The participant or designee is the employer and accepts the responsibility in directing the work of their employee to the degree necessary to meet their individual needs for assistance with activities of daily living and instrumental activities of daily living.

If the IC participant can make decisions regarding his or her care but does not feel comfortable reading and filling out forms or talking on the phone, he or she can appoint a Communications Manager. The Communications Manager can act as the participant's voice and complete and sign forms, etc., but will not make decisions for the participant. The Communications Manager will not hire, train, supervise or fire the personal assistant for the IC participant.

If the participant needs someone to hire and supervise the personal assistant, make decisions about care and administer the cash expenditure plan as well as complete all forms, a Decision-Making Partner will be appointed.

IndependentChoices participants or their Decision-Making Partners must be able to assume the responsibilities of becoming an employer by hiring, training, supervising and firing if necessary their directly hired workers. In doing so the program participant accepts the risks, rights and responsibilities of directing their care and having their health care needs met.

The IndependentChoices program respects the employer authority of the ~~participant/Medicaid beneficiary~~ who chooses to direct his or her care by hiring an employee who will be trained by the employer or Decision-Making Partner to provide assistance how, when, and where the employer or Decision-Making Partner determines will best meet the participant's individual needs. The Medicaid beneficiary assumes the risks, rights and responsibilities of having their health care needs met in doing so.

~~NOTE: The IndependentChoices Program follows the rules and regulations of the State Plan approved Personal Care Program, unless stated otherwise in this manual.~~

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Eligibility

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To be eligible for IndependentChoices, a participant must:

- A. Be 18 years of age or older
- B. Be eligible for Medicaid, as determined by the DHS Division of County Operations, in a category that covers personal care, or be eligible for Supplemental Security Income (SSI) through the Social Security Administration, or be eligible for ElderChoices and determined in need of Adult Companion services, Homemaker services or personal care by the DAAS Registered Nurse (RN)
- C. Be receiving personal assistance services or be medically eligible to receive personal assistance services. Personal assistance services include state plan personal care, ElderChoices adult companion services and ElderChoices Homemaker services.
 1. **Personal Care:** In determining eligibility and level of need for personal care, IndependentChoices follows policy found in the Arkansas Medicaid Personal Care Provider Manual.
 2. **Adult Companion Services:** The ~~ElderChoices DAAS~~ RN must determine and authorize adult companion services based on ElderChoices policy.
 3. **Homemaker Services:** The ~~ElderChoices DAAS~~ RN must determine and authorize ElderChoices Homemaker services according to ElderChoices policy.
- D. Not be living in a home or property owned, operated or controlled by a provider of services unless the provider is related by blood or marriage to the participant. This includes single family homes, group homes, adult family homes, congregate settings, a living situation sponsored or staffed by an agency provider, etc.
- E. Be willing to participate in IndependentChoices and understand the rights, risks and responsibilities of managing his or her own care with an allowance; or, if unable to make decisions independently, have a willing representative decision-maker who understands the rights, risks and responsibilities of managing the care of the participant with an allowance.

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Enrollment

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The Division of Aging and Adult Services is the point of entry for all enrollment activity for IndependentChoices. ~~The program will be limited to no more than 7,500 active participants at any given time. The program is limited based on an approved number through the Medicaid State Plan.~~

The individual or their designee will first call the IndependentChoices toll-free number at 888-682-0044 to speak with an IndependentChoices counselor. The counselor will provide information to the individual about the program and verify that the individual is currently enrolled in a Medicaid category that covers personal assistance services. If the individual is currently

enrolled in an appropriate Medicaid category and has an assessed physical dependency need for hands on assistance with personal care needs, and is interested in participating in IndependentChoices, the counselor will enter the individual's information into a DAAS database. Based on the individual's county of residence, the IndependentChoices counselor will either continue working with the individual through the enrollment process, or refer the individual to the contracted counseling agency for the individual's area of the state. If the individual is not currently enrolled in an appropriate Medicaid category, the counselor will refer the individual to the DHS County Office for eligibility determination.

The counselor, nurse and fiscal agent will then work with the individual to complete the enrollment forms either by mail and telephone contact or by a face-to-face meeting. The individual will be provided with the "My IndependentChoices Handbook," which explains the individual's responsibilities regarding enrollment and continuing participation. The individual must complete the forms in the Enrollment Packet, which consists of the Participant Responsibilities and Agreement, the Backup Personal Assistant and the Authorization to Disclose Health Information. The participant must also complete the forms in the Employer Packet, which includes the Limited Power of Attorney, and IRS and direct deposit forms related to being a household employer. Each personal assistant must complete the forms in the Employee Packet which include the standard tax withholding forms normally completed by an employee, the Employment Eligibility Verification Form (I-9), a Participant/Personal Assistant Agreement, Employment Application and a Provider Agreement. The packets each include step-by-step instructions on how to complete the forms. IndependentChoices staff will be available to the individual, Decision-Making Partner/Communications Manager and the personal assistant to help complete the forms and answer any questions.

As part of the enrollment process, the IndependentChoices-DAAS RN will complete an assessment using the DMS-618 Personal Care Assessment and Service Plan Home and Community Based Services (HCBS) Level of Care Assessment Tool and/or Minimum Data Set Home Care (MDS-HC) Instrument. Through completing the assessment and using professional judgment, the DAAS RN assessment will determine how many hours of personal assistance services are needed by the participant. Eligibility for personal care services is based on the same criteria as state plan personal care services. NOTE: For ElderChoices beneficiaries, the ElderChoices-DAAS RN will determine the number of personal care, Adult Companion Services and Homemaker hours needed. The ElderChoices plan of care will reflect that the beneficiary chooses IndependentChoices as the provider. If the IndependentChoices RN believes the beneficiary needs a different number of hours than what is stated on the ElderChoices plan of care, the IndependentChoices RN will discuss the need with the ElderChoices RN. The ElderChoices RN will make the final decision on the number of hours needed by the beneficiary. IndependentChoices-DAAS-HCBS staff will obtain physician authorization for the hours indicated on the ElderChoices Plan of Care for persons not receiving either ElderChoices or Alternatives for Adults with Physical Disabilities waiver services.

After the in-home assessment, the IndependentChoices-DAAS RN will complete the paperwork and send the information to coordinate with the IndependentChoices counselor. The counselor will process all of the completed enrollment forms. The DMS-618 and/or HCBS Level of Care Assessment Tool MDS-HC Summary, which includes the cap triggers and the number of hours of services needed, will be sent to the participant's physician for authorization if the participant is not authorized for services through a waiver plan of care for ElderChoices or Alternatives for Adults with Physical Disabilities. State and IRS tax forms will be retained by the fiscal agent. Disbursement of funds to a participant or their employee will not occur until all required forms are accurately completed and in the possession of the fiscal agent.

Personal care assessments for participants aged 21 years or older and authorized by the participant's physician in excess of 14.75 hours per week will be forwarded by the participant's counselor to Utilization Review in the Division of Medical Services for approval. [View or print Utilization Review contact information.](#) For individuals under age 21, all personal care hours must be authorized through Medicaid's contracted Quality Improvement Organization (QIO), QSource of Arkansas. [View or print QSource of Arkansas contact information.](#)

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IndependentChoices follows the rules and regulations found in the Arkansas Medicaid Personal Care Provider Manual in determining and authorizing personal care hours. The initial authorization for personal assistance services may not begin until the participant's primary care physician or an advanced practice nurse enrolled in the Arkansas Medicaid APN program seeing patients in an Arkansas Medicaid-enrolled Rural Health Clinic or Federally Qualified Health Center signs and dates the Home and Community Based Services (HCBS) Level of Care Assessment Tool. For beneficiaries receiving services through the ElderChoices or Alternatives for Adults with Physical Disabilities waiver program, the APN or physician's signature is not required. The signature of the DAAS RN is sufficient to authorize personal care services. After the service plan is authorized, the actual day services begin is dependent upon all of the following conditions:

- A. DAAS issues a seven-day notice to discontinue service to any agency personal care, adult companion services or homemaker provider currently providing services to the individual.
- B. The date the participant's worker is able to begin providing the necessary care. It can be no earlier than the date the physician authorized the service plan for the non-waiver eligible participant. If an agency provider is not providing the personal care services.
- C. The fiscal agent is in possession of all required employer and employee documents.

If the individual is not a recipient of ElderChoices or Alternatives for Adults with Physical Disabilities services, then continuation of personal assistance services requires reauthorization prior to the end of the current service plan end date.

When required for non-waiver beneficiaries, the earlier of the two following conditions will suffice for the face-to-face visit required sixty days prior to the begin date of the new service plan:

- A. The participant's primary care physician or eligible nurse practitioner (as described in this manual) signature on the HCBS Level of Care Assessment Tool attests that he or she has examined the patient within the past 60 days.
- B. The participant has a face-to-face visit with their primary care physician or eligible nurse practitioner 60 days prior to the service plan begin date.

When the approval by Utilization Review is received, or the individual needs 14.75 hours or less per week, the IndependentChoices Counselor will contact the participant or Decision-Making Partner/Communications Manager to develop the cash expenditure plan. The participant and the counselor will also determine when IndependentChoices services can begin, but may not commence prior to the date authorized by the physician. The participant is required to have a face-to-face visit with their physician within 60 days of the date that the physician signs the Assessment Tool or 60 days prior to the service plan begin date and each subsequent reassessment. If the participant is currently receiving personal care through an agency, IndependentChoices will begin 7 days from the time DAAS sends a letter to the personal care agency informing the agency to stop services. If the client is not receiving agency personal care services, the start date will be the date the IndependentChoices RN completes the assessment if personal care is already being provided by the participant's personal assistant or the date the participant's personal assistant will begin working for the participant. At no time will services begin prior to the first day of the previous month unless authorized by the Division of Aging and Adult Services.

An individualized personal assistance service plan, signed and dated by the participant's personal physician constitutes the physician's personal assistant services authorization. All services must be prior approved through the service plan.

NOTE: An advanced practice nurse (APN) enrolled in the Arkansas Medicaid Program seeing patients in a Rural Health Clinic or Federally Qualified

Health Center enrolled in the Arkansas Medicaid Program as an RHC or FQHC may sign the personal care service plan/order if practicing within an environment for which his/her certification applies and within the scope of his/her certification. No MD signature is required in addition to the APN's signature unless required by their license and/or certification.

202.600 Cash Expenditure Plan 44-4-091-1-13

The amount of the Cash Expenditure Plan (CEP) is determined by the assessment performed by the IndependentChoices DAAS RN. The counselor and the participant or Decision-Making Partner will work together to develop the CEP, which may be updated and revised whenever a need arises. The CEP is intended to be a blueprint of how the monthly allowance may be spent to meet the needs identified in the service plan. The CEP may include a ten percent of the amount of the participant's plan as a discretionary expenditure per the amount of the participant's plan but may not to exceed \$75.00. The discretionary expenditure is used to purchase personal hygiene items and does not require the participant to maintain receipts for the purchases. For reporting purposes, discretionary purchases will be self-declared by the participant and will be part of the quarterly reporting requirement performed by the fiscal agent. However, if the participant has a Decision-Making Partner, the Decision-Making Partner must account for 100% of the allowance with appropriate documentation.

202.700 Savings Accounts 4-4-081-1-13

The fiscal agent may establish and maintain a savings account for individuals who want to save part of the monthly allowance for a more expensive personal assistant service item. The item must be approved by the IndependentChoices counselor and be listed on the Cash Expenditure Plan. Funds designated for savings will be transferred to an interest-bearing savings account as soon as all attendant salaries have been paid for the month or no later than the 5th day of the following month. These funds may be saved to purchase more expensive personal assistant services items or services. All savings must be spent on appropriate items by the end of the participant's eligibility for IndependentChoices services or returned to the Arkansas Medicaid program within 45 days of disenrollment from IndependentChoices.

202.800 Work Agreements and Participant/Personal Assistant Agreements 44-4-091-1-13

The IndependentChoices counselor/DAAS RN will assure that a written work agreement DAAS-IC-2017 is executed between the participant or Decision-Making Partner and the employee and each of his/her employees. The purpose of the agreement is to clearly identify the tasks required on a daily basis to meet the participant's personal assistance needs to be performed by the participant's employee. The participant as the employer will detail the tasks to be performed within each work day. Both the participant/Decision-Making Partner and the assistant will retain a copy of the agreement for their records. In addition to the Work Agreement, the fiscal agent is responsible for obtaining the Participant/Personal Assistant Agreement form DAAS-IC-17. The purpose of the DAAS-IC-17 is to state the agreements to which both the employer and the employee(s) are in agreement. The agreement is signed by both the participant or Decision-Making Partner and the employee.

220.200 Personal Assistance Services 44-4-091-1-13

The primary use of the monthly allowance is to purchase personal assistance services to meet the participant's personal assistance needs. Assistants will be recruited, interviewed, hired and managed by the Decision-Making Partner. Family members, other than those with legal responsibility to the participant may serve as personal assistants. A court appointed legal guardian, or spouse, power of attorney or income payee may not serve as a Personal Assistant.

After an assistant is selected, the participant/Decision Making Partner, in consultation with the IndependentChoices counselor, will identify the exact tasks to be completed by the assistant and a Work Agreement will be completed and signed by all parties involved. The participant's personal assistant performs the services identified on the DAAS-IC-20 Work Agreement under the agreed upon terms of the DAAS-IC-17 IndependentChoices Participant/Personal Assistant Agreement.

220.210 Non-Hospice Care Status Reserved

44-4-001-1-
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Medicaid beneficiaries who have elected hospice care under Title XVIII (Medicare) or Title XIX (Medicaid) and who have not revoked the election are not eligible to participate in IndependentChoices.

Hospice services include a personal care component. Therefore, Personal Care services and IndependentChoices participation are duplicative as the per diem for Hospice services includes the provision of personal care services. ElderChoices participants receiving only Adult Companion or Homemaker Services may be eligible for Hospice if Hospice is included in the ElderChoices plan of care and the participant otherwise meets all criteria and requirements of the Hospice program.

220.300 Homemaker Services

44-4-001-1-
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In-home services are designed to reduce or prevent inappropriate institutionalization by maintaining, strengthening or restoring an eligible client's participant's function in his or her own home. IndependentChoices allows ElderChoices beneficiaries-participants the choice of self-directed Homemaker Services rather than receiving Homemaker services through a certified agency.

Homemaker services provide basic upkeep and management of the home and household assistance, such as:

A. Menu planning

B. Meal preparation

C. Laundry

D. Essential shopping and errands

E. Simple household tasks

Simple household tasks may include, but are not limited to, washing windows, cleaning ceiling fans and light fixtures, cleaning the refrigerator and washing inside walls.

Medically oriented personal care tasks are not included as part of this service.

Homemaker services must be provided according to the client's written plan of care.

The ElderChoices DAAS RN will determine the number of hours of Homemaker Services needed by the participant as indicated on the ElderChoices Plan of Care. If the participant chooses to self-direct Homemaker Services, the ElderChoices DAAS RN will refer the participant to the IndependentChoices program by sending the plan of care to the IC RN IndependentChoices, noting that IC IndependentChoices was selected.

220.400 Adult Companion Services

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Adult Companion Services is nonmedical care, supervision and socialization provided to an adult with a functional impairment functionally impaired adult who is an enrolled participant in the

ElderChoices home and community-based waiver operated by the Division of Aging and Adult Services. Participants enrolled in ElderChoices and in need of Adult Companion Services may either receive Adult Companion Services through an agency or self-direct the services through IndependentChoices. Companions may assist or supervise the individual with meal preparation, laundry and shopping, or other tasks necessary to make the home habitable and to prevent health and safety risks. The provision of Adult Companion Services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature. Services provided by a companion include:

- A. Improving and maintaining mobility and physical functioning
- B. Maintaining health and personal safety, including medication oversight to the extent provided by law
- C. Communication including assistive technology, if necessary
- D. Encouraging the participant to issue choices, identify preferences, and have an opportunity for satisfying individual interests
- E. Providing or assisting with accessing and using transportation
- F. Assisting with the development and maintenance of personal relationships
- G. Assistance in participation in community experiences and activities

The ElderChoices DAAS RN will determine the number of hours of Adult Companion Services needed by the participant as indicated on the ElderChoices Plan of Care. If the participant chooses to self-direct Adult Companion Services, the ElderChoices DAAS RN will refer the participant to the IndependentChoices program by sending the plan of care to IndependentChoices notating that IC IndependentChoices was selected.

231.300 Hospitalization

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An IndependentChoices participant may be hospitalized for a continuous hospital stay of no more than five (5) days without interruption of his/her cash allowance. However, for stays longer than five days, the cash allowance will be refunded accordingly beginning with the 6th day. An IndependentChoices participant's allowance paid prospectively during hospitalization must be returned to the Medicaid Program. The day of admission and day of discharge are allowable days when the participant receives personal assistance services prior to admission or after discharge from the hospital. The participant is instructed to provide supporting hospital documentation to their counselor and Financial Management Services provider to support receipt of personal assistance services on the day of admission. The DAAS Financial Management Service will be responsible for calculating and collecting the refund.

231.500 Voluntary Disenrollment

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When the participant voluntarily elects to discontinue participation in IndependentChoices, the counselor will discuss with the individual the reason for disenrollment and assist the individual in resolving any barriers or problems that may exist in preventing continuation. If the participant wishes to continue with the option to disenroll, the counselor will assist the participant by informing him or her of traditional agency personal care providers in the participant's area. Once the participant selects an agency provider, the counselor will make the referral to establish agency services. The counselor will assist with the coordination of agency services to the degree requested by the participant.

IndependentChoices can continue until agency services are established or the participant may elect to use informal supports until agency services are established.

231.600 Involuntary Disenrollment

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Participants may be disenrolled for the following reasons:

- A. **Health, Safety and Well-being:** At any time that DAAS determines that the health, safety and well-being of the participant is compromised by continued participation in the IndependentChoices Program, the participant may be returned to the traditional personal care program.
- B. **Change in Condition:** Should the participant's cognitive ability to direct his or her own care diminish to a point where he or she can no longer direct his or her own care and there is no Decision-Making Partner available to direct the care, the IndependentChoices case will be closed. The counselor will assist the participant with a referral to traditional services.
- C. **Misuse of Allowance:** Should a participant or the Decision-Making Partner who is performing all of their payroll functions (and not using the fiscal agent) use the allowance to purchase items unrelated to personal care needs, fail to pay the salary of an assistant, misrepresent payment of an assistant's salary, or fail to pay related state and federal payroll taxes, the participant or Decision-Making Partner will receive a warning notice that such exceptions to the conditions of participation are not allowed. The participant will be permitted to remain on the program, but will be assigned to the fiscal intermediary, who will provide maximum bookkeeping services. The participant or Decision-Making Partner will be notified that further failure to follow the expenditure plan could result in disenrollment. Should an unapproved expenditure or oversight occur a second time, the participant or Decision-Making Partner will be notified that the IndependentChoices case is being closed and they are being returned to traditional personal assistance services. Program Integrity is informed of situations as required. The counselor will assist the participant with transition to traditional services. The preceding rules are also applicable to participants using the fiscal agent.
- D. **Underutilization of Allowance:** The fiscal agent is responsible for monitoring on a monthly basis the use of the Medicaid funds received on behalf of the participant. If the participant is underutilizing the allowance and not using it according to the cash expenditure plan, the fiscal agent will inform the counseling entities through quarterly reports and monthly reports on request, the counselor must counsel with the participant. If the participant accrues one month of cash allowance and that amount is not identified on their cash expenditure plan, the participant will be given a two-week notice informing him or her that they must comply or make adjustment to their cash expenditure plan. The counselor will discuss problems that are occurring with the participant and their support network. The counselor will continue to monitor the participant's use of their allowance through both review of reports and personal contact with the participant. If underutilization continues to occur, future discussions will focus on what is in the best interest of the participant in meeting their ADL's even if the best solution is a return to agency services. Unused funds are returned to the Arkansas Medicaid program within 45 days after disenrollment. Funds accrued in the absence of a savings plan will be returned to Medicaid within a twelve-month filing deadline. Involuntary disenrollment may be considered if the participant has been hospitalized for more than 30 days and a discharge date is unknown to the participant or Decision-Making Partner. Participants with approval by their physician for an out-of-state visit may be involuntarily disenrolled if their stay extends past the approval period authorized by their physician. The participant is required to provide a copy of the physician's authorizations to their counselor for monitoring purposes. If the participant does not remedy the situation during the two-week period, he or she will be disenrolled from IndependentChoices for not fulfilling their responsibilities as a participant. The participant can re-enroll when they can execute their cash expenditure

~~plan. At disenrollment, funds remaining in the participant's account will be returned to the Arkansas Medicaid program.~~

~~**E. Failure to Assume Employer Authority:** Failure to Assume Employer Authority occurs when a participant fails to fulfill the role of employer and does not respond to counseling support. Disenrollment will not occur without guidance and counseling by the counselor or by the fiscal intermediary. When this occurs, the counselor will coordinate agency personal care services to the degree requested by the participant. The participant may wish to self-advocate from a list provided by the counselor, ask the counselor to coordinate or may simply wish to receive personal assistance services informally. The participant's wishes will be respected.~~

Whenever a participant is involuntarily disenrolled, the IndependentChoices program will mail a notice to close the case. The notice will provide at least 10 days but no more than 30 days before IndependentChoices will be discontinued, depending on the situation. During the transition period, the counselor will work with the participant or Decision-Making Partner to provide services to help the individual transition to the most appropriate services available.

250.200 Reason for Appeal

14-4-091-1-
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If the participant loses eligibility for personal assistance services, he or she may ask for an ~~informal Administrative~~ Reconsideration according to Section 161.200 of the Medicaid Provider Manual or may appeal the decision according to Medicaid Provider Manual policy 161.300 through 169.000.

An appeal may be filed by a participant or Decision-Making Partner based on actions or circumstances listed below:

- A. Dissatisfaction with action taken by an IndependentChoices Counselor or Fiscal Agent
- B. Involuntary case terminations including but not limited to:
 1. Loss of Medicaid eligibility
 2. Institutionalization
 3. Dissatisfaction with number of personal care hours
 4. Health, safety or well being of participant is compromised
 5. Duplication of services
 6. IndependentChoices case closure based on noncompliance with program requirements
- C. Loss of Medicaid eligibility will result in the closure of the case. Any appeal made by the participant must be filed with the Office of Appeals and Hearings according to Medicaid Provider Manual Policy 161.300 through 169.000.
- D. Request for personal care hours above 14.75 denied by Utilization Review (UR) in the Division of Medical Services. Appeals must be filed with the Office of Appeals and Hearings will be made directly to UR. Any further appeal on this action must be filed with the Office of Appeals and Hearings according to Medicaid Provider Manual Policy 161.300 through 169.000.
- E. Requests for personal care hours for beneficiaries under age 21 denied by Medicaid's contracted QIO may be filed for reconsideration. Reconsideration requests must be made in writing to QSource of Arkansas and must include additional documentation to substantiate the medical necessity of the requested services. View or print QSource of Arkansas contact information. If the decision is reversed during the reconsideration review, an approval is forwarded to all relevant parties specifying the approved units and

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services. If the denial is upheld, the QIO issues a written notification of the decision to all relevant parties. Any further appeal on this action must be filed with the Office of Appeals and Hearings according to Medicaid Provider Manual Policy 161.300 through 169.000.

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Counselors

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Counselors for IndependentChoices will be employed or contracted by DAAS. Counselors must possess a Bachelor's degree in humanities, social science or a related field plus two years experience in social or community work pertaining to adults with chronic conditions and disabilities or a related field.

Other job related education and/or experience may be substituted for all or part of these basic requirements with approval of DAAS.

The current contract requires IndependentChoices counseling providers to perform the following:

A. Enrollment of new participants

~~B. Develop and implement participant directed budget~~

~~C. Coordinate with Financial Management Services (FMS) provider and DMS~~

~~BD. Orientation to IndependentChoices and the concept of consumer direction~~

~~CE. Skills training on how to recruit, interview, hire, evaluate, manage or dismiss assistants~~

~~DE. Consumer-directed counseling support services~~

~~EG. Monitor IndependentChoices participants/Decision-Making Partners~~

~~H. Monitor over and under expenditures of the Cash Expenditure Plan~~

~~FI. Provide quarterly reports to DAAS~~

~~GJ. Use RN's to assess functional need for personal care~~

~~HK. Provide all State and Federal forms necessary for the enrolled participant to act as a "Household Employer" to the fiscal provider~~

~~IL. Inform DAAS of participant's begin and end dates and results of RN's assessment~~