

## **Section V**

# **THE SERVICE PLAN**

## **Introduction**

The Service Plan is a document where vital information about the applicant/participant's personal and medical history, lifestyle choices, strengths, and limitations, and service needs are gathered and maintained for access by the participant, waiver providers and other entities of the NHTD waiver. The Service Plan is a reflection of the individual's wishes focusing on maintaining his/her health and welfare in the community. The Service Plan is ever changing as the needs and wishes of the individual evolve.

### **A. Types of Service Plans**

The following is an explanation of the different types of Service Plans used in the NHTD waiver.

**1. Initial Service Plan (ISP)** – The ISP (refer to Appendix C – form C.1) is developed when an individual is applying to become a waiver participant. The ISP is a collection of personal, historical, medical/functional and social information about the applicant gathered through interview and assessment of the individual by the Service Coordinator (SC) and others. It is the primary component of the Application Packet (refer to Section II – Becoming a Waiver Participant). The ISP provides justification for the individual's participation in the NHTD waiver. It describes the reason NHTD services are needed to assure the individual's health and welfare while in the community.

The focus of the ISP is on the individual, reflecting his/her choices and needs that support the individual's health and welfare while in the community. This includes information regarding significant relationships, current informal and community supports, desired living situation, and recreation or community inclusion-time activities. The ISP must also contain a description of the individual's strengths and limitations, including any cognitive, behavioral or physical concerns.

The ISP also details services necessary to maintain the individual in the community. A description justifying why the services are needed to allow for transition from a nursing home into the community or to prevent nursing home placement from occurring is also included. For an applicant presently in an institution, the ISP must include current assessments and/or summaries of all services provided by the facility, including relevant medical reports.

**2. Revised Service Plan (RSP)** – The RSP (refer to Appendix C – form C.13) is developed through a collaborative effort between the participant, individual(s) selected by the participant to participate in the development of the RSP, the SC, current NHTD waiver service providers, non-waiver providers, and others as appropriate. The focus of the RSP remains on the individual, reflecting his/her needs and choice of services that continue to support safe and successful community living.

The RSP is required in the following situations:

- At least every six months, if the participant chooses to continue waiver services;
- When a participant is absent from the community (e.g. extended institutionalization) where upon return to the community the individual's needs have significantly changed, requiring revision of the Service Plan;
- Any time there is a need for a significant change in the level or amount of services (e.g. a decrease/increase in the participant's abilities, a change in the participant's living situation, a participant wants to make a significant change in his/her Service Plan, or there is a major change in the availability of informal supports); and
- When a participant relocates from one region to another.

The RSP must contain a review of the participant's previous months in the waiver and identify the plans and goals for the next six (6) months. The RSP details services necessary to maintain the individual in the community and prevent nursing home placement.

**3. Addendum to the Service Plan** – The Addendum to the Service Plan (refer to Appendix C – form C.15) is developed by the SC in collaboration with the participant and individual(s) selected to participate in the process and specific service provider(s) when there is only a minor change needed in the amount, type, or mix of waiver services to an existing Service Plan. (e.g. a participant wishes to increase/decrease the amount of time at a Structured Day Program)

## **B. Insurance, Resources and Funding Information Sheet**

The Insurance, Resources and Funding Information Sheet (refer to Appendix C – forms C.3 and C.14) is completed by the SC at the time of development of the Initial and Revised Service Plan, and whenever changes in the information occur. Information regarding the applicant/participant's current insurance, income and resources is obtained from the applicant/participant and verified by the SC. In addition, newly identified income and funding sources are determined.

This form is provided to the RRDS for review by the SC with the submission of the ISP and RSP packet. To maintain the financial privacy of the individual, the form is not distributed to waiver service providers as part of the participant's Service Plan. However, the form must be maintained in the applicant/participant's record by the SC. Information needed to provide specific services to the participant are obtained by the individual waiver service provider through direct request to the SC.

## **C. Plan for Protective Oversight (PPO)**

The PPO (refer to Appendix C – form C.4) indicates all key activities that directly impact the health and welfare of the participant and clearly identifies the individual(s) responsible for providing the needed assistance to the participants

in the event of an emergency or disaster.

The PPO must be completed by the SC with the applicant during the development of the ISP. The PPO must be signed and dated by the applicant and SC and all individuals listed as Informal Supports to the waiver applicant. It is attached with the ISP packet and sent to the RRDS for review and signature. A copy of the PPO must be provided to the participant by the SC to be maintained in an easily accessible location of the participant's choice within his/her home. A copy is also provided to each waiver service provider listed in the ISP.

The PPO must be redone by the SC with the participant each time an RSP is developed for submission with the RSP packet to the RRDS for review. The SC, participant, and all individuals listed as Informal Supports to the participant must sign the PPO. A final copy of the PPO is distributed by the SC to the participant to maintain in an easily accessible location of the participant's choice within his/her home. A copy is also provided by the SC to each waiver service provider listed in the RSP.

The PPO must be reviewed by the SC with the participant at each Addendum. If there are no changes to the PPO, the participant and the SC sign the last page of the Addendum indicating that the PPO was reviewed and there were no changes. If there are any changes, a new PPO must be completed and signed by the participant, SC and any individuals listed as Informal Supports to the participant. The PPO must be attached to the Addendum for submission to the RRDS for review.

Should any information in the PPO change in the interim, the SC is responsible for making updates at that time and acquiring signatures from the participant and any individuals listed as Informal Supports to the participant. The PPO must be sent to the RRDS for review and signature. If the participant's situation has changed and he/she now has a legal guardian, the SC will request and obtain the guardian documentation. A copy of this guardian documentation is forwarded to the RRDS. The SC is responsible to communicate with the waiver service providers that the participant now has a legal guardian who they need to communicate with as needed. The SC does not forward the guardian documentation to waiver service providers only to the RRDS as stated above.

Once reviewed and signed by the RRDS, the PPO is returned to the SC, who distributes it to the participant and any waiver service provider listed in the current Service Plan.

#### **D. Development of the ISP**

The development of the ISP is a complex process and a key responsibility of the SC. The development of the ISP begins upon acceptance of the applicant by his/her chosen Service Coordination provider.

All Service Plans must be person-centered and support the applicant's dignity, right to take risks and the right to fail while maintaining his/her health and welfare

living in the community. Through direct interview and assessment, the SC must be able to acquire information needed to build an individualized and comprehensive plan. To accomplish this, multiple visits with the applicant by the SC may be required. The applicant may choose to include family, friends and others he/she selects to participate in the process. If the individual has a legal guardian he/she are present for the ISP development. (Refer to Section II - Becoming a Waiver Participant).

The Service Plan must reflect the applicant's strengths and abilities. It details all of the services and supports (e.g. informal supports such as family and friends) necessary to maintain the applicant in the community and prevent institutionalization, and the coordination of these services and supports. As information is collected for the Service Plan, the SC taking into account the efficiency of service utilization, must determine whether services are available through informal supports, non-Medicaid local, state and federally funded programs, Medicaid State Plan services, and/or waiver services.

The SC must collaborate with Local Department of Social Service (LDSS) staff to have an understanding of the applicant's history, if any, of participation in Medicaid State Plan community-based services or adult protective services. This collaboration will further the SC understanding of the strengths and needs regarding the applicant's health and welfare if he/she is approved for the NHTD waiver.

The SC discusses the need for non-waiver options with the applicant to assure appropriate referrals are made. If the applicant is already receiving non-waiver services with the anticipation of continuing them if approved for the NHTD waiver, the SC must obtain appropriate information from and regarding each of these services for inclusion in the ISP.

If the applicant's ISP indicates the need for Home and Community Support Services, Assistive Technology, Community Transitional Services, Environmental Modifications, and/or Moving Assistance the Service Coordinator must obtain, complete, and attach all applicable supporting documentation (e.g. HCSS assessment tools).

The SC works with the applicant to establish what services are needed. Upon selection of waiver service providers by the applicant, the SC is responsible to contact each waiver service provider to assure the availability and ability necessary to provide the service(s). In addition, the SC coordinates the inclusion of non-waiver services. The SC must work collaboratively with the applicant, NHTD and non-waiver providers and others to prepare the most accurate and complete Service Plan for submission to the RRDS. Open communication assists the SC in establishing a projected weekly schedule of all services (including days, times and who will provide) with input from the applicant. The schedule also includes the availability of informal supports.

Once the ISP is reviewed with/by the applicant, he/she is asked to sign the document indicating understanding of its contents and purpose as written. The

SC then submits the completed ISP as part of the Application Packet to the RRDS for review (refer to Section II – Becoming a Waiver Participant).

Service Plans are expected to evolve as the participant experiences life in the community, requests revisions, experiences significant changes in his/her condition, or as new service options become available.

### **E. Coordination of non-waiver services**

In addition to the scheduling of waiver services, the SC must also identify and coordinate all non-waiver services deemed appropriate and necessary for the applicant. If the applicant is not currently receiving non-waiver services, the SC must work with him/her and all necessary partners to obtain any necessary referrals, assessments and approvals/authorizations.

If the applicant is currently receiving non-waiver services, the SC must work with him/her and all necessary parties to obtain any necessary referrals, re-assessment and re-approvals/re-authorizations for the potential continuation of these services.

It is the SC's responsibility to maintain a current understanding of the processes required to obtain necessary referrals, re-assessments and re-approvals for non-waiver services.

This includes understanding which services under Medicaid require a physician's order (e.g. personal care or private duty nursing) and re-approvals/re-authorizations (e.g. authorization from LDSS for personal care and/or prior approval from State DOH or the LDSS for private duty nursing). The RRDS and/or SC may identify that the applicant/participant requires the provision of skilled tasks. These tasks are not provided by NHTD waiver services. They are potentially provided to Medicaid recipients under State Plan services through Certified Home Health Agencies (CHHA), Private Duty Nursing or the Consumer Directed Personal Assistance Program (CDPAP). When Service Plans include State Plan services, the SC must work closely with LDSS assuring there is no duplication of services and that roles and responsibilities are clearly defined.

Once all non-waiver services are identified, the SC must include them in the Projected Weekly Schedule of the ISP to ensure the coordination of services, preventing unnecessary overlap and/or gaps in services. The SC must clearly articulate the provision of service the provider is responsible for.

### **F. Scheduling of Waiver Services**

Part of the work to develop an ISP is the scheduling of anticipated services that the applicant will receive. The Projected Weekly Schedule of All Services is a one (1) week schedule for twenty four (24) hours-a-day indicating the type of the service being provided (e.g. ILST, CIC, informal supports, etc) and the day(s), time(s) and frequency of each service in the Service Plan. The name of each provider agency must be documented in the Waiver Service and Cost Projection chart in the ISP. The name of Informal Supports and specific assistance

provided are documented in the Current Supports and Services section of the ISP. The schedule should be flexible to allow for preferences and limitations of the applicant such as a limited attention span or reduced stamina, balanced with the availability of formal and informal supports. It should be designed to meet the goals and needs of the applicant, support the waiver's philosophy of choice, and provide for the health and welfare of the participant.

Once the ISP is approved by the RRDS and the applicant becomes a participant, the established frequency and duration of waiver services must be adhered to unless prior approval is given by the SC following a request to increase or decrease services.

Negotiations for changes in time will include the waiver participant, SC, and impacted providers of waiver and non-waiver services.

The Service Plan must document any situations where two services will be provided at the same time to ensure consistent and effective service provision; situations must be clinically justified and time limited. Example: When an Independent Living Skills Training (ILST) provider is training Home and Community Support Services (HCSS) provider to assist a participant in a specific task or when the Director of the Positive Behavioral Interventions and Supports (PBIS) in the process of developing the PBIS Detailed Plan must observe a participant's behavior at the Structured Day Program (SDP). The overlap of services must be justified and documented in the Service Plan in order for both services to be reimbursed.

Services may be rescheduled if the participant is unable to participate or the provider is not available. When the participant requests that a service be suspended for a day or more, it is the responsibility of that participant and/or informal support to notify the SC who, in turn notifies the providers. If the participant notifies the provider(s), he/she must also notify the SC.

A provider should notify the SC when a participant repeatedly refuses a service. The SC should review the Service Plan with the participant and provider to determine if it needs to be revised to more accurately reflect the goals and abilities of the participant. Revisions to the schedule should allow enough time for the provider to make the necessary arrangements. When a participant refuses significant services, it may be necessary to discontinue the individual from the waiver.

### **G. Submission of the Application Packet and ISP**

Once the potential participant selects a SC who agrees to work with him/her, the SC has sixty (60) calendar days to submit a completed Application Packet, including the ISP, to the RRDS.

Once the ISP is completed, the SC must review it with the applicant and asks the applicant to sign the document.

The SC must have the SC supervisor review and sign the completed Service

Plan prior to submission to the RRDS for review. This provides another level of professional review identifying any inconsistencies or problems in the Service Plan which could impede the approval process. If the SC supervisor is the SC for the participant whose ISP is being submitted to the RRDS for review, the SC supervisor is not required to obtain an additional supervisory signature. In this situation, the SC supervisor must sign the Signature page of the ISP as both SC and SC Supervisor.

The SC submits the Application Packet with the ISP to the RRDS for review. In addition to the ISP, the Application Packet includes the following documents:

- Freedom of Choice form (refer to Appendix B – form B.4) (copy) – signed by the applicant during Intake with RRDS;
- Application for Participation form (refer to Appendix B – form B.6) (copy) – signed by the applicant during Intake with RRDS;
- Documentation of a disability (examples: Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) award letter, Railroad retirement letter for total permanent disability or a letter from the LDSS stating the individual has been determined to have a physical disability), if under 65 years old;
- Verification of age (examples: birth certificate, passport, drivers license);
- Written verification from the Medicaid Eligibility Verification System (MEVS) regarding Medicaid coverage that supports community based long term care services;
- Service Coordinator Selection form (refer to Appendix B – form B.5) (copy) – signed by the applicant and completed by RRDS;
- Provider Selection forms- signed by the Applicant and provider;
- A PRI and SCREEN (refer to Appendix F) completed by a certified assessor within ninety (90) days prior to the submission of the Application Packet and ISP to the RRDS;
- Plan for Protective Oversight (PPO) (refer to Appendix C – form C.4), completed by the SC and signed by applicant;
- Insurance, Resource and Funding Information Sheet completed by the SC and signed by the applicant;
- Waiver Participant's Rights and Responsibilities form (refer to Appendix C – form C.5) (copy), signed by applicant during Application process; and
- Any Description and Cost Projection form(s) (refer to Appendix C – forms C.7, C.8, C.9, and C.10) and HCSS assessment form, if applicable completed by the provider agency and submitted by the SC.

There may be instances when a delay is expected in submitting an Application Packet to the RRDS. The SC must maintain consistent and open communication with the RRDS if this is indicated. Depending on the circumstances of the delay, the RRDS may choose to grant an extension of the sixty (60) calendar day deadline. Some examples of this are: establishing a residence, unexpected hospitalization, nursing home admission, or indecisiveness on the part of the

participant regarding receipt of waiver services. In addition, length of time residing in a nursing home may require a longer period of time to establish a safe discharge and set up appropriate services.

If the SC does not meet the sixty (60) calendar day time frame for submission of the ISP packet or does not meet the conditions of the approved extension period, the SC and Service Coordination agency supervisor receives written notification from the RRDS indicating that the Application Packet is past due and must be submitted within the next thirty (30) calendar days. If the SC does not comply with the thirty (30) calendar day time line, the RRDS will send the SC agency supervisor written notification stating that due to non-compliance, the agency may no longer serve that applicant. The RRDS meets with the applicant to select another Service Coordination agency.

If late submission of Application Packets becomes a repeated problem for an agency, the RRDS will notify DOH of this problem. DOH will send a Letter of Vendor Hold via certified mail to the Service Coordination agency Executive Director indicating the intent to close referrals of new participants until a written plan of action is submitted and approved by DOH. If this problem is not corrected, DOH will begin the provider disenrollment process by sending the Service Coordination agency's Executive Director a Notice of Pending Disenrollment via certified mail (refer to Section III – Becoming A Waiver Provider).

#### **H. Review and Determination Process for the ISP**

Upon receipt of the Application Packet, and ISP, the RRDS has fourteen (14) calendar days to review the information and make a final determination.

The RRDS completes the RRDS Initial Service Plan Review form (refer to Appendix B - form B.10) while reviewing the ISP to determine that:

1. the individual is in need of waiver services;
2. Medicaid eligibility has been verified;
3. the individual meets the appropriate age requirement;
4. the individual has a disability determination, if under age 65;
5. the PRI/SCREEN is current, and identifies the applicant as needing a nursing home level of care;
6. the ISP is reasonable given the context of the participant's stated goals and needs;
7. all available informal supports and non-waiver services are utilized wherever appropriate;
8. waiver services will be used appropriately, and in a reasonable and effective manner;
9. the services described in the ISP will maintain the individual's health and welfare;
10. the overall plan and goals for each waiver service describes the activities that each service will provide towards the accomplishment of the participant's goals;

11. the PPO is completed, signed and reasonable;
12. the Insurance, Resource and Funding Information Sheet is completed and signed;
13. all other forms included in the Application Packet are completed and signed by the applicant;
14. the waiver applicant has signed the Initial Service Plan; and
15. projected costs for Medicaid services fit within the regional aggregate Medicaid cap established by DOH.

The RRDS will request review of an Application Packet, included in the ISP by the Nurse Evaluator if the needs of that applicant appear to be medically complex.

The RRDS must send all Service Plans over a projected \$300 per day to the QMS, with a copy of the RRDS Service Plan Review form attached for further review and recommendations. The QMS must return the Service Plan with recommendations to the RRDS within three (3) business days.

If there are any discrepancies/concerns regarding the Service Plan, the RRDS must return it to the SC for correction or additional information. This is documented on the RRDS Initial Service Plan Review form.

The SC has fourteen (14) calendar days to respond to the RRDS's request for additional information or corrections and resubmit the Service Plan to the RRDS for final review and determination. Prior to resubmission of the ISP, the SC must present the revised plan to the applicant for review and signature.

Total turn around time for waiver eligibility determination is expected to be less than ninety (90) days from the time of Service Coordination selection to final determination by the RRDS.

Upon final determination, the RRDS signs the RRDS Service Plan Review form, ISP and PPO.

If approved, the applicant is acknowledged as a 'participant'. The RRDS must complete the Notice of Decision (NOD) – Authorization and distributes it to the participant and all others listed on the NOD (refer to Section II - Becoming a Waiver Participant). The RRDS will return the Application Packet to the SC who must provide a copy of the ISP and PPO to the participant. The SC communicates the authorization and the effective date to the facility (e.g. nursing home, hospital, etc., if applicable) and all non-waiver providers involved in the ISP. The SC also sends a copy of the approved ISP and PPO to all NHTD waiver service providers responsible for delivery of the services and items identified in the ISP.

If the RRDS believes that the applicant will be denied for the NHTD waiver program, he/she must contact DOH Waiver Management Staff (WMS) to discuss the reasons for this decision. Following this discussion, if the applicant is denied, the RRDS completes and sends a NOD– Denial of Waiver Program to the applicant and SC. The SC in consultation with the RRDS will provide alternative

referral options (e.g. names and phone numbers of other LTC programs, etc) to the denied applicant. The SC will notify the nursing home, if applicable, and all waiver and non-waiver providers involved in the development of the ISP of the denial decision.

### **I. Waiver Contact List**

The SC will provide to each participant a Waiver Contact List (refer to Appendix C – form C.6), containing a current listing of his/her waiver service providers as listed in the ISP. This list includes the services provided, names of the provider agencies, names of the persons providing the services and their phone numbers, names of their supervisor, and the supervisor's phone number. Also included is contact information for the RRDS, QMS and NHTD Complaint Line.

Waiver Service Providers are responsible for contacting the SC when contact information pertinent to the participant changes. The SC provides a copy of the updated list of services and phone numbers to the participant and to all waiver service providers listed in the ISP.

The SC retains a copy of the most updated contact list in the participant's file.

This process must be repeated each time a new waiver service is started and when there is a permanent change in the person providing the service or provider agency; with the submission of a Revised Service Plan; or at the time of submission of an Addendum. The SC must review the Contact List to assure it is correct and up-to-date. If changes are warranted, the SC will make needed updates and redistribute the contact list.

### **J. Implementation of the Approved Service Plan**

In consultation with the SC, the RRDS must establish the effective date for services to begin and notify the SC. The SC must then contact the participant, waiver service providers, non-waiver providers, and other necessary parties as appropriate and arrange for services to begin.

Each approved waiver service provider must meet with the participant and anyone else selected by the participant to complete a Detailed Plan (refer to Section VII – Record Keeping).

The Detailed Plan includes:

- all assessment(s) conducted by the waiver service provider;
- participant's goals as it relates to the waiver service that is the subject of the Detailed Plan;
- milestones needed to meet the goals of the Detailed Plan;
- interventions needed by the waiver service provider to assist the participant in meeting his/her goals; and
- timeframes in obtaining the participant's individualized goals.

Waiver service providers must communicate with each other, informal supports

and non-waiver providers at all times, especially when there is an overlap in the provision of services to the participant in achieving his/her milestone and/or goal. An example of this is the provider of Positive Behavioral Interventions and Supports (PBIS) communicating with other waiver service providers on methods of working with a participant with behavioral issues.

If at anytime a waiver participant or waiver service provider determines the need to change the amount, frequency or duration of services approved in the ISP, the SC must be notified. No changes may be made by the waiver service provider until receiving notification from the SC following approval of an Addendum or RSP by the RRDS, as appropriate.

Waiver service providers must recognize that Detailed Plans are ever-changing as the needs of the participant change. Therefore, re-assessments are a critical element of the Detailed Plan.

### **K. Ongoing Review of the Service Plan**

The SC should regularly review the Service Plan with the participant. This review is a natural component of the meetings between the participant and SC. For new participants to the waiver, the SC must meet with him/her face-to-face at a minimum once a month for the first six (6) months. The frequency of visits thereafter will be determined by the participant and SC and described in subsequent Service Plans. It is expected that at least one face-to-face visit per six (6) months is made in the participant's home.

These reviews should focus on all aspects of the participant's life, including:

- Satisfaction with the performance of providers and informal supports;
- Satisfaction with living situation;
- Adequacy of supports and services;
- Provision of the waiver services per the Approved Service Plan ensuring that at a minimum one waiver service is provided per month;
- Sufficient opportunities to participant in community activities;
- Achievement of goals related to waiver services;
- Changes in function and behavior; and
- Changes in priorities or goals.

Any issues identified must be addressed by the SC with the provider, other necessary parties and/or RRDS, as appropriate.

Other events that may trigger a Service Plan review include:

- The participant requests a change in services or service providers;
- There are significant changes (improvement or decline) in the participant's physical, cognitive, or behavioral status;
- A new provider is approved for the NHTD waiver and the participant is interested in either changing to that provider or adding a newly available service;
- The expected outcomes of the services are either realized or need to be

- altered; or
- Notification from a non-waiver provider of the need to change amount, frequency and/or duration of services.

In addition, review of the Service Plan is conducted through Team Meetings held with the participant and others involved in the Service Plan (refer to Submission of Revised Service Plans/Team Meeting below).

For plans that include one or more non-waiver services, the review of the plan must include timely outreach to and coordination with all involved parties (e.g. review of plans including personal care, certified home health agency, or private duty nursing must be considered with those providers and the agencies responsible for approving/authorizing services).

#### **L. Development of the Addendum**

Requests for changes to the Service Plan may come from the participant, the SC, other waiver service providers or other involved parties. The SC is responsible for working with the participant and anyone chosen by the participant to participate in the development of the Addendum (refer to Appendix C – form C.15).

In the case of an emergency, the SC must contact the RRDS for immediate approval to increase or add a waiver service. In these emergency cases the RRDS may give verbal approval to the SC. All communication between the RRDS and the SC must be documented. The SC then has two (2) business days to develop the Addendum and submit it to the RRDS.

Once the Addendum has been written by the SC, it must be reviewed and signed by the participant for submission to the RRDS for review and determination.

#### **M. Submission of the Addendum**

The SC will submit to the RRDS the completed and signed Addendum and a copy of each of the following documents:

- Waiver Contact List, if revision were necessary;
- A new PPO, if revisions were made which impact the PPO;
- ISR, only if a waiver service is stopped;
- Insurance, Resources and Funding Information Sheet (if any information has changed); and
- Functional assessment if it is the basis of the Addendum (e.g. ILST, PBIS, etc);

#### **N. Review and Approval Process for the Addendum**

The RRDS must review the Addendum to determine the need for changes in the service(s). If the Addendum increases the daily rate of the Service Plan to exceed \$300/day, the Addendum must be reviewed by the QMS. The QMS sends recommendations back to the RRDS within three (3) business days.

The RRDS will complete the RRDS Addendum Review form (refer to Appendix B – form B.12). Upon determination on the Addendum, the RRDS will distribute the appropriate NOD (refer to Appendix B – forms NOD.1 to NOD.9) to the participant and other entities listed on the NOD form. The six (6) month approval period of the Service Plan remains in effect.

If an Addendum to the Service Plan is denied by the RRDS, the SC must work with the participant to find an alternative solution, if possible. Technical assistance from the RRDS may be requested at any time.

A copy of the Addendum is provided to the participant and waiver service providers involved in the change.

#### **O. Development of the RSP**

The SC works with the participant and anyone he/she selects to participate and other necessary parties in the development of the RSP. It is a time when the activities of the current service plan period are reviewed to assess the participant's current status and to determine whether goals have been met successfully. The continued need for participation in the waiver program to avoid nursing home placement is also determined by the SC.

At least eight (8) weeks prior to last day of current Service Plan period, the SC establishes a date, time and location for the Team Meeting with the participant. The SC completes and distributes a written notice to the participant, all required waiver service providers, and other necessary parties with Team Meeting information. Included in this notice is a reminder regarding the submission of timely Individual Service Reports (ISR) (refer to Appendix C – form C.16). A copy of this notice is maintained in the participant's record by the Service Coordinator.

It is essential that all proposed RSPs be submitted to the RRDS by the SC at least thirty (30) calendar days prior to the end of the current Service Plan period for review and final decision. This is necessary to prevent delays in service which would adversely affect the health and welfare of the participant.

To ensure this is done, the SC must:

1. work with the participant to arrange for and facilitate a Team Meeting that must be held approximately six (6) weeks prior to the end of the current Service Plan period to develop the proposed RSP. Attendees include the participant, legal guardian and anyone invited by the participant, waiver service providers and other non-waiver providers involved in the Service Plan. The Team Meeting provides an opportunity to discuss issues that cut across services and discuss/resolve concerns regarding health and welfare; and
2. receive all current required waiver service provider's ISR prior to or at the time of the Team Meeting. For the SC to appropriately develop the RSP, it

is imperative that all current required waiver service provider ISRs are complete and submitted timely.

Information is gathered from ISRs submitted by each current required waiver service provider (refer to Section VII – Record Keeping). Each ISR contains the information:

- Identifying each of the participant's goal(s) for this service which have been addressed during the current Service Plan;
- Identifying the interventions used to address each goal as described in the Detailed Plan;
- Identifying any progress made for each goal;
- Identifying any barriers to progress for each goal;
- Identifying the participant's goal(s), expected interventions and outcomes for this service in the next Service Plan;
- Providing recommendations for amount, frequency and duration of this service in the next Service Plan; and
- Explaining why this service is necessary to assure health and welfare in the next Service Plan.

The SC also uses information from the current Service Plan, including Addenda submitted during the Service Plan period. For new services, the SC must collaborate with the provider(s) selected by the participant to assure appropriate documentation of information into the RSP, including the justification for the new service.

For plans that include non-waiver service providers, the review of the plan must include timely outreach to and coordination with all non-waiver providers identified in the Service Plan (e.g. review of plans including personal care, certified home health agency, or private duty nursing must be considered with those providers and the agencies responsible for approving/authorizing services).

The SC must discuss any proposed changes to the Service Plan with the participant and the individual(s) who participated in the development of the Revised Service Plan.

Once the RSP is completed, the SC must review it with the participant. The RSP must be signed by the participant or participant's legal guardian to indicate that the participant understands its contents and purpose as written.

The SC must have the SC supervisor review and sign the completed Service Plan prior to submission to the RRDS for review. This provides a level of professional review identifying any inconsistencies or problems in the Service Plan which could impede the approval process. If the SC supervisor is the SC for the participant whose RSP is being submitted to the RRDS for review, the SC supervisor is not required to obtain an additional supervisory signature. In this instance, the SC supervisor must sign the Signature page of the RSP as both SC and SC Supervisor.

As previously stated, the SC submits the completed and signed RSP and any required documentation to the RRDS for review at least thirty (30) calendar days prior to the end of the current Service Plan period.

#### **P. Delinquent Individual Service Reports (ISR) From Waiver Service Providers**

Waiver service providers are responsible to submit their ISR at least six (6) weeks prior to the end of the current Service Plan or at the Team Meeting to the SC to avoid interruption of service to the participant (with exceptions as noted in Section VII – Record Keeping). The SC is also required to submit a complete and timely ISR as part of the development of the RSP.

At the Team Meeting, if a waiver service provider determines that changes need to be made to the ISR to better reflect the participant's needs, that waiver service provider may request one (1) additional business day to revise and resubmit the ISR to the SC. In some situations an ISR can only be completed after decisions are reached during the Team Meeting.

Each waiver service provider is responsible to develop and submit ISRs in accordance with timelines established in this Section of the Program Manual. Therefore, when a waiver service provider does not submit a timely ISR or does not communicate with the SC the need for additional time to submit an ISR, the SC must notify the RRDS within one (1) business day after the Team Meeting for technical assistance. The RRDS will send a Late Notice (refer to Appendix B – form B.14) to the waiver service provider agency supervisor informing him/her that the ISR is delinquent, giving the provider agency seven (7) calendar days to complete and submit the ISR to the SC.

If at the end of the seven (7) calendar days the waiver service provider agency has not complied with the submission of the ISR, the SC must contact the RRDS for further technical assistance. The RRDS notifies DOH WMS of the continued delinquency. DOH WMS sends a Letter of Vendor Hold via certified mail to the waiver service provider agency's Executive Director and SC Supervisor giving him/her seven (7) calendar days to submit the ISR. The letter includes notification that continued failure to submit the ISR will initiate the sixty (60) day Provider disenrollment process. Upon receipt of the ISR, the SC notifies the RRDS. Upon review and approval of the ISR by the RRDS, the RRDS notifies DOH WMS who may send the provider agency Executive Director a Letter of Vendor Hold termination.

If the waiver service provider agency fails to comply within the seven (7) calendar days the SC notifies the RRDS that no ISR has been received. The RRDS contacts DOH WMS. DOH WMS will issue the sixty (60) calendar day Notice of Pending Provider Disenrollment indicating the effective date of disenrollment.

Upon receipt of the ISR, DOH will determine whether a notice will be issued by DOH terminating the disenrollment process. However, if there is an ongoing pattern of late Service Plan submission, DOH WMS has the right to continue the

disenrollment process.

In circumstances where the waiver service provider may not be able to submit the ISR on time, it is imperative that the waiver service provider maintains open communication with the SC regarding the reasons for late submission. The SC must contact the RRDS and communicate this delay. The RRDS makes a determination regarding a reasonable plan of action for submission of the ISR by the waiver service provider. The RRDS will send a Late Notice via certified mail to the waiver service provider agency supervisor including documentation of the expected action plan for submission of the ISR.

The SC should proceed with the development of the Service Plan to maintain the timeline for submission to the RRDS for review.

If the delinquent waiver service provider agency fails to comply with the action plan for submission of the ISR to the SC, the SC contacts the RRDS. The RRDS notifies DOH WMS of the waiver service provider's continued delinquency. DOH WMS will proceed with sending a Letter of Vendor Hold to the waiver service provider agency's Executive Director. If the agency fails to comply further, the RRDS will contact DOH WMS to begin Provider disenrollment procedures of the delinquent waiver service provider agency.

#### **Q. Submission of the RSP**

The SC must submit the completed RSP packet to the RRDS for review. The RSP packet includes the RSP and the following:

- Written verification from the Medicaid Eligibility Verification System (MEVS) regarding the participant's Medicaid status;
- PRI/SCREEN (a copy), if due;
- ISRs from all appropriate waiver service providers;
- Provider Selection forms (if applicable);
- Documentation of reauthorizations/re-approvals of pertinent non-waiver services;
- Plan of Protective Oversight (PPO) – newly written and signed;
- Insurance, Resources and Funding Information Sheet completed and signed;
- Waiver Participant Rights and Responsibilities form, completed annually; and
- Description and Cost Projection forms and HCSS Assessment (if applicable).

#### **R. Delinquent Submission of the RSP by the SC**

Late submission of a RSP by the SC can result in the interruption of services to a participant and potentially lead to Vendor Hold or Disenrollment of the Service Coordination provider agency. A complete, acceptable RSP Packet must be submitted to the RRDS for approval at least thirty (30) calendar days prior to the end date of the current Service Plan.

When the SC is facing unforeseen circumstances that affect the submission of the Service Plan within the required timeframe, the SC makes immediate contact with the RRDS for technical assistance. A plan must be established that will prevent disruption of services to the participant, potential penalties to the Service Coordination agency, and billing concerns for all waiver service providers.

When a RSP Packet is not submitted to the RRDS by the SC at least thirty (30) calendar days prior to the end date of the current Service Plan, the following protocol must be followed:

### **1. Late Letter**

A Late Letter will be sent to the Service Coordination agency supervisor by the RRDS via certified mail any time a RSP packet is not submitted by the required timeframe (thirty (30) calendar days prior to the end of the current Service Plan period). It informs the Service Coordination agency supervisor that communication with the RRDS is necessary and a plan to submit the RSP packet within seven (7) calendar days is expected. It further informs the supervisor that failure to comply will lead to the initiation of Vendor Hold process.

### **2. Vendor Hold**

Vendor Hold restricts the Service Coordination agency from accepting any new NHTD referrals. If the SC does not submit the RSP packet to the RRDS within seven (7) calendar days, the RRDS notifies DOH WMS. DOH will send a certified Letter of Vendor Hold to the Service Coordination agency supervisor and Executive Director informing him/her of continued non-submission of the RSP packet. The letter informs the agency that a completed and signed RSP packet must be submitted within seven (7) calendar days along with a plan of action to prevent further submission of late service plans. Failure to submit an acceptable RSP packet within this time frame constitutes breach of the Provider Agreement, leading to provider disenrollment.

It is the responsibility of the SC to contact all waiver service providers involved in the RSP that billing for waiver services is now prohibited until the RRDS receives and approves the RSP packet.

If the Service Coordination agency submits an acceptable RSP packet to the RRDS within the seven (7) calendar day period, DOH may terminate the Vendor Hold process with a written notification to the agency.

### **3. Pending Provider Disenrollment**

If the Service Coordination agency fails to comply with the terms of the Vendor Hold notification, the RRDS notifies DOH WMS. DOH WMS sends the Service Coordination agency Executive Director, Service Coordination Supervisor and SC a Notice of Pending Disenrollment via certified mail.

This notice informs the agency that due to continued non-compliance with the request for submission of the RSP packet, the agency will be disenrolled from the NHTD waiver sixty (60) calendar days from the notice date. During this time Vendor Hold status remains in effect.

If at any time during this process the Service Coordination agency complies with the submission of the RSP packet and establishes a satisfactory plan of action to prevent delinquencies, DOH WMS may stop the disenrollment process.

Repeated late submissions of RSP packets will result in the initiation of the Provider disenrollment process whereby the Service Coordination agency will no longer be able to serve NHTD waiver participants.

#### **4. Provider Disenrollment**

A Notice of Disenrollment is sent via certified mail by DOH WMS to the Service Coordination agency's Executive Director when the agency has failed to provide the requested information (e.g. RSP or ISR) and/or has not provided an acceptable plan of action. The letter specifies the final date of disenrollment. It informs the agency of the requirements for transitioning all waiver participants to new waiver service provider agency(s).

#### **S. Review and Approval Process for RSP**

The RSP review process must be completed by the RRDS within four (4) weeks. This includes RRDS review, Nurse Evaluator and/or QMS review, if indicated, return of the RSP to the SC for corrections and then resubmission to the RRDS for final review, issuance of the appropriate Notice of Decision, if applicable, and sufficient time for implementation of RSP.

Upon receipt of the RSP packet, the RRDS uses the RRDS Revised Service Plan Review form (refer to Appendix B – form B.11) while reviewing the RSP to determine if:

1. the individuals' health and welfare were maintained in the previous Service Plan and , if not what changes need to occur;
2. the participant continues to need waiver services;
3. Written verification from the Medicaid Eligibility Verification System (MEVS) regarding Medicaid coverage that supports community based long term care services is attached;
4. the PRI/SCREEN is current, and reflects a nursing home level of care;
5. the RSP is reasonable given the context of the participant's stated goals;
6. all available informal supports and non-waiver services have been appropriately arranged and are utilized;
7. waiver services are being used in a reasonable and effective manner;
8. the services described in the RSP will maintain the participant's health and welfare;
9. the goals and preferences described in previous Service Plans have been the focus of the activities in the last six months;
10. the PPO is complete, signed and reasonable;
11. the Insurance, resources and Funding Information Sheet is completed and signed;
12. all other required forms (e.g. Cost Description and Projection forms,

- HCSS assessment form etc if applicable) are completed, signed by the participant, and attached to the Revised Service Plan; and
13. the participant has signed the Revised Service Plan.

If the needs of the participant appear to be medically complex in nature, the RRDS will request additional review of the RSP by the Nurse Evaluator.

In addition, if the RSP exceeds \$300/day, the RRDS must provide the RSP along with a copy of the RRDS RSP Review form to the QMS for review and recommendations. The QMS will send the recommendations to the RRDS within three (3) business days.

If there are any discrepancies in the information provided in the RSP, or if it appears that that RSP may not be approved, the RRDS discusses this with the SC. This is documented on the RRDS Revised Service Plan Review form which is sent with the RSP packet to the SC for correction. The SC discusses the issues and/or any alternative options with the participant.

**Note:** If at any time the RRDS feels the information provided in the ISR from any waiver service provider requires further explanation, they may request that the SC obtain and submit a copy of the Detailed Plan for that service.

The SC returns the corrected/amended RSP packet to the RRDS for re-review.

Upon approval, the RRDS signs the RSP and PPO and returns them to the SC. The SC provides a copy of the RSP and PPO to the participant, all waiver service providers included in the RSP and others as appropriate. The SC may also need to notify other key parties who may not necessarily receive a copy of the RSP.

The RRDS completes and issues the NOD– Authorization to the participant and others listed on the form. The SC distributes a copy of the NOD form to the approved waiver service providers. The NOD informs the participant of his/her rights regarding the decision, including Informal Conference and Fair Hearings (refer to Section II – Becoming a Waiver Participant).

Upon denial of the RSP the RRDS must relay this to the SC and issue the NOD– Denial of Waiver Program to the applicant and others listed on the NOD form.

The SC discusses the concerns with the participant to determine if any alternative options are available for consideration. If appropriate alternatives are not found to meet the participant's health and welfare needs, the SC communicates this to the RRDS.

If the RRDS's determination results in a denial of continued participation in the waiver, the RRDS sends the NOD – Discontinuation of Waiver Program to the participant and others designated on the form. The SC will work with the participant to establish an appropriate discharge plan.

## **T. Process for Changing a Provider**

The participant's ability to change a waiver service provider is an essential

component of assuring participant choice. It also allows a waiver service provider the opportunity to recognize that it can no longer meet the participant's service needs.

#### **a. Participant Request**

If the participant chooses to change their waiver service provider, the SC must comply utilizing the following procedure:

1. The participant or his/her current SC informs the current waiver service provider of the participant's intention to change providers;
2. The SC will provide the participant with a list of approved and available waiver service providers for the participant to interview and choose from;
3. Upon selection of a new waiver service provider, the participant will inform the SC of his/her preference. The Service Coordinator will complete the Change of Provider Request form (refer to Appendix C – form C.18) with the participant and send the completed and signed form to the selected waiver service provider agency;
4. The requested waiver service provider must review the form and complete the statement of Requested Provider indicating the approval of the participant's request or the denial of the participant's request with reason. The form must then be returned to the Service Coordinator;
5. When the requested waiver service provider declines the participant's request for services, the SC must inform the participant and ask him/her to select another waiver service provider agency from the list. The selection process proceeds. The Service Coordinator maintains all completed Change of Provider forms in the participant's record;
6. When the requested provider accepts the participant's request, the SC submits the Change of Provider Request form to the RRDS for review and determination. The RRDS's decision is documented on the Change of Provider Request form and sent back to the SC;
7. If the RRDS approves, the SC will establish a date and time for the Transition Meeting and documents this on the Change of Provider Request form.

**Note:** The Transition Meeting provides an opportunity for current provider(s) to meet with newly selected providers to exchange information ensuring the success of the new provider(s) with the least amount of disruption to the participant. The SC documents this information on the Change of Provider Request form;

8. The RRDS reviews the request and upon approval, sets an effective date for the change. The RRDS will send the approved Change of

Provider form to the participant, SC, and all current and new waiver service providers;

9. If the RRDS can not approve the request for change in waiver service provider, the RRDS will indicate the reason why (e.g. Vendor Hold status or the waiver service agency is no longer an approved provider of NHTD services) on the Change of Provider Request form and immediately notify the SC, sending the form back to the SC to be maintained in the participant's record. No NOD is issued by the RRDS in this case. However, for all other instances where the RRDS can not approve a request for change in waiver service provider, the RRDS will complete and send the NOD– Denial of Waiver Provider/Waiver Service form to the participant and others designated on the form;
10. The SC must work with the participant to select another waiver service provider restarting the Change of Provider process;
11. When the request for Change in Provider is approved by the waiver service provider agency and the RRDS, the SC must facilitate the Transition Meeting where participant information is reviewed and transferred to the new provider, assuring a smooth transition occurs;
12. Once this process is completed, the SC must update the Waiver Contact List and provide a copy to the participant and other current waiver service providers as appropriate;
13. If the participant chooses to change the Service Coordination agency, the RRDS must work directly with the participant through the above process (refer to Appendix B – form B.15); and
14. The participant, SC or any provider should contact the RRDS if this procedure is not followed.

#### **b. Provider Request**

When a waiver service provider is unable to or wishes to no longer provide services to a participant, the following procedures must be followed:

1. The waiver service provider agency must inform the participant of its intent to terminate service provision. This must be done at a minimum of ten (10) calendar days prior to stopping the provision of service(s);
2. Notification must be sent via certified letter or directly delivered to the participant. A copy of the letter must also be sent to the Service Coordinator and the RRDS;
3. Reasons for the termination must be included in the letter;
4. The SC must provide the participant with a list of available waiver service providers from which to interview and select;

5. If it is the SC agency requesting termination, then the RRDS is responsible for providing the participant with a list of available SCs/agencies from which to select;
6. Upon selection of the new waiver service provider, the participant must inform the SC (or RRDS as appropriate) who will assist the participant through the completion of the Change of Provider Request form;
7. The current provider agency must work closely with the newly requested provider agency and the SC (or RRDS, as appropriate) to assure a smooth transition occurs and that all appropriate documentation is provided to the new agency; and
8. The SC must amend the Service Plan to reflect the change in waiver service provider.

**Note:** The above procedures do not replace any professional requirements which a provider must follow in accordance with professional credentialing or licensing rules.

#### **c. As a Result of Staff Leaving**

When a staff member of a waiver service provider agency will no longer be providing services to a participant, the following procedures must be followed:

1. The staff member or agency supervisor must notify the participant of the employee's intent to leave his/her current agency and directs the participant to discuss the impact of their leaving with his/her SC. The participant can remain with the agency or choose to change providers. If it is the SC who is leaving the agency, the participant will be directed to the RRDS to select a new SC.
2. The staff member or the agency supervisor notifies the SC of the staff member leaving the agency.
3. The SC meets with the participant to determine if a new provider agency is desired. If the participant desires a new waiver service provider agency, the SC will assist him/her through the Change of Provider process (refer to Changing Waiver Provider section above).
4. If the participant chooses to remain with the current waiver provider agency, the SC must work with the participant and agency supervisor to assure no lapse in staff coverage occurs.
5. The SC will amend the current Service Plan to reflect the change, if needed.
6. When it is the SC leaving the agency, the RRDS will talk with the participant about his/her continued interest in remaining with this Service Coordination agency. If the participant desires to change Service Coordination agencies, the RRDS will assist him/her through

the change of Service Coordination process.

7. If the participant chooses to remain with the current Service Coordination agency, the agency will work with the participant and agency supervisor to assure no lapse in staff coverage occurs.

#### **d. Establishing the Date of Termination**

As a final step in the process of changing waiver service providers, the RRDS will establish the date of termination to assure no lapse in service provision occurs to the participant. In doing so, the following must occur:

- Service Coordination must change on the first of the month (refer to Section VI – Waiver Services); and
- Other waiver services may be changed within ten (10) business days from the RRDS receipt of the signed Change of Provider form. The RRDS may make the change of providers effective upon receipt of the Change of Provider Request form if it is determined that the health and welfare of the participant is at risk. This may be accomplished verbally or in writing.

During the transition period, the SC will arrange for a Transition Meeting between the current and new providers and the participant to exchange information. In the event the SC is the staff member leaving, the RRDS will arrange for a Transition Meeting between current and new provider to exchange information. The current provider is responsible for providing the new provider with copies of all evaluations, Individual Service Reports, and an update of what has been accomplished since the last Service Plan. This process must comply with all laws, such as the Health Insurance Portability and Accountability Act (HIPAA), regarding confidentiality and the release of medical and NHTD waiver services material.

#### **U. Transferring Regions**

The participant may choose or need to relocate to a different region of NYS. To preserve continuity of services, meaningful exchange of information between the RRDS and waiver service providers is imperative. The following must occur to support the participant's relocation:

1. The participant must inform the SC of his/her desire/need to relocate;
2. The SC will meet with the participant to obtain information regarding the new residence, needed services in the new location, and anticipated date of transfer;
3. The SC must notify the current RRDS and provides details of the participant's request to relocate;
4. The current SC must assure a Release of Information is in place to assist in the transfer of information process;
5. The current RRDS must contact the RRDS in the new region to initiate transfer of services and provide a copy of the Initial Service

- Plan, and the current Service Plan and PPO;
6. The new RRDS must make a face-to-face visit with the participant to discuss service options and providers in the new area and make a preliminary determination as to whether the participant can be appropriately served in the new region;
  7. Upon preliminary approval by the new RRDS, the participant will select a new SC from the list of approved and available SCs provided by the new RRDS;
  8. The participant maintains his/her right to interview SCs or designate someone on their behalf to do so, whenever possible.

**Note:** It is always suggested that a face-to-face visit between the SC and participant is made whenever possible. In the event this can not be accomplished, it is imperative that the new SC work closely with the participant and current SC);

9. The participant works with the new RRDS to complete the Service Coordination Selection form indicating his/her selection;
10. The new SC acquires needed additional documentation (e.g. PRI/SCREEN, original Application Packet, PPO, etc). for the development of the RSP;
11. The new SC assists the participant through the Provider Selection process;
12. The participant maintains his/her right to interview waiver service providers or designate someone on their behalf to do so whenever possible;
13. The new SC develops the RSP with the participant and submits it to the new RRDS for review and approval;
14. Upon approval of the RSP by the new RRDS, the current SC must inform the participant of his/her responsibility to contact the current LDSS and inform them of his/her intent to transfer to a new county as a continued participant of the NHTD waiver and with the anticipated date of transfer. If requested by the participant, the SC can assist in the contact to LDSS; and
15. The new SC must contact the LDSS in the new county to assure information regarding transferring the participant's Medicaid eligibility status to the new region has occurred.

**Note:** If there is indication that the participant can not be appropriately served in the new RRDS region, this is communicated to the current RRDS for discussion with the participant. If the participant still desires to relocate to the new region but can not be served by the waiver in that region, the current RRDS sends a completed NOD – Discontinuation of Waiver Program. The current SC discusses the NOD and Fair Hearing rights with the Participant. The current SC works with the participant to develop a discharge plan.