

Personal Choice Program Advisement Agency Certification Standards

Background

In October 2004, the Rhode Island Department of Human Services (DHS) was awarded a 3-year grant from the Robert Wood Johnson Foundation in the amount of \$250,000 to develop and implement a Cash and Counseling Program for eligible Medicaid Rhode Island beneficiaries. Rhode Island named their Cash and Counseling program Personal Choice. The DHS applied for a 1915c Waiver from the Centers for Medicare and Medicaid Services (CMS) to provide ongoing funding for the program. The 1915c Waiver for Personal Choice was approved effective January 2006. In January 2009, the Personal Choice program became part of the Rhode Island Global Consumer Choice Compact 1115 Waiver Demonstration.

The Personal Choice Program is a participant (service recipient) directed program designed to provide in-home services and supports to adults with disabilities and elders utilizing a Cash and Counseling model. The “Cash” portion of the model refers to the cash allowance each participant is offered to purchase and manage his/her personal assistance services. “Counseling” refers to services provided to participants to enable them to make informed decisions that work best for them, are consistent with their needs and reflect their individual circumstances.

The Cash and Counseling model allows people with disabilities and elders, the option and opportunity to manage a flexible budget and determine how that budget will be spent to best meet their personal care needs. The budget can be used exclusively for personal care needs or in combination with other goods and services that will assist an individual in living independently in the community.

The National Institute on Consumer-Directed Long-Term Services defines participant direction as:

“A philosophy and orientation to the delivery of home and community-based Services whereby informed consumers assess their own needs, determine how and by whom these needs should be met, and monitor the quality of services received. Consumer direction may exist in differing degrees and may span many types of services. It ranges from individuals independently making all decisions and managing services directly to individuals using an advocate or representative of their choice to manage needed services. The unifying force is that individuals have primary authority to make choices that work best for them, regardless of the nature or extent of their disability or the source of payment for services.”

In July 2012, the Personal Choice Program, along with Medicaid, moved from the DHS to the EOHHS. The Personal Choice Program is housed in the Office of Long Term Services and Supports.

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Section I. Organization and Administration

A. Organizational Philosophy

1. The Service Advisement Agency must demonstrate how key components of person-centered planning are incorporated into the agency's organizational philosophy, service program and operations in terms of:
 - a. The degree and character of consumer involvement in program development, implementation and evaluation;
 - b. the degree and character of consumer/family involvement in care/service planning;
 - c. the emphasis on person centered program outcomes;
 - d. the extent to which the personal choice program is flexible enough to meet special and individual needs;
 - e. approaches to assuring consumers/families are encouraged to voice concerns and provide input;
 - f. combination of formal programs and informal networks.
2. The Service Advisement Agency must demonstrate that it has an agency value of high quality, professional services.
3. The Service Advisement agency shall have a mission and philosophy statement that reflects the needs of the participant, the services and supports it is committed to provide, and a commitment to the philosophy of Consumer Direction and individual choice.

B. Operational Capacity

1. The Service Advisement Agency must demonstrate that it has the capacity to carry out various operational functions needed to oversee and support the program, including the ability to:
 - a. Manage on-going operations
 - b. Demonstrate an effective approach to program management
2. The Service Advisement Agency must adhere to the current Department Record Retention Schedule that applies to financial and consumer records and related documents.
3. The Service Advisement Agency must be an current, approved Medicaid Provider .
4. The Service Advisement Agency must demonstrate the capacity to communicate (orally and in writing) with non-English speakers within its service area.

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5. The Service Advisement Agency must demonstrate the ability to work effectively in multiple community and cultural settings with people of different races, ethnicities, languages and religions.
6. The Service Advisement Agency must guarantee freedom from unlawful discrimination on the basis of race, color, creed, national origin, religion, sex, sexual orientation, age, physical or mental disability or degree of disability.

C. Customer Service

1. The Service Advisement Agency must meet the following minimum requirements in the areas of customer service and participant access.
 - a. A toll-free telephone number, or make other reasonable accommodations for participants outside the agency's local calling area.
 - b. A TTY line.
 - c. Secure internet and email communication.
 - d. Foreign language and American Sign Language interpreter availability.
 - e. Materials available in alternative formats as needed by participants such as, but not limited to, large print.
 - f. A method for receiving, responding to, and tracking complaints from participants and/or representatives within 48 hours of receipt of complaint.
 - g. A 24 hour fax line.
2. A representative of the agency must be available between the hours of 9:00 AM and 4:30 PM Monday through Friday. When a representative is unavailable the agency should maintain a voice mail or other messaging system capable of recording after hours contact and the capacity to respond to those contacts within one working day from the time received.
3. Written policy and procedure ensuring that communications be directed and centered with the participant receiving services at all times regardless of the participant's disability. When the participant has designated a representative to assist them in managing their program the agency should only communicate with that representative in the areas that the participant is requesting assistance. The advisement agency shall not disclose or otherwise inform family members, friends, or other members of the participant's support system without prior written notification and approval from the participant/representative. Exceptions to this shall only be allowed in circumstances where the participant's immediate health and safety are at risk.
4. Have written policy and procedure detailing how the agency will monitor its customer service activities.

D. Physical Plant

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1. The Service Advisement Agency must provide care and services in the most convenient and accessible location for the consumer that also assures confidentiality of service/care delivery.
2. The Service Advisement Agency must comply with all current local, state and federal codes, rules and regulations related to the physical plant, including, but not limited to, current requirements of the Americans with Disabilities Act(ADA).

Section II. Service Advisement Agency Services

A. Scope of Services

1. The Service Advisement agency shall provide, at a minimum, the services specified below to all participants enrolled in the Personal Choice program:
 - a. Assess the participant for appropriateness for program.
 - b. Assist the participant with the completion of DHS Long Term Care application and the collection of documents required for eligibility determination and provide assistance with yearly recertification if the participant is unable to complete independently.
 - c. Complete an in-depth assessment to determine participant needs and budget amount.
 - d. Complete necessary forms and submit with PM1 (medical provider form) to the Office of Medical Review (OMR) on an annual basis for current level of care (LOC) determination.
 - e. Facilitate participant directed services by assisting the participant in developing and implementing their individual service and spending plan (ISSP).
 - f. Monitor program implementation, ongoing service delivery, and participant's health and safety.
 - g. Provide initial and ongoing training to the participant and/or designated representative in order to ensure that all program requirements are met.
 - h. Assess the participant's community integration needs and assist in accessing services as needed.
2. Provide Mobility and Environmental Accessibility services, which are designed to assist the participant to become more independent in their home and in the community. Services are inclusive of:
 - a. Assisting the participant by assessing the need for Adaptive Equipment, Home Modifications and/or Assistive Technology, both high and low tech that will improve the participant's independence and safety in their home environment and in accessing the community.
 - b. Assisting in identifying, and applying for, funding to purchase identified equipment or modifications, separate from participant's monthly budget funds, if possible.

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- c. Training and education in the use of adaptive equipment that will increase participant independence or increase the safety and efficiency of caregivers.
 - d. Complete a Mobility and Environmental Assessment on an annual basis.
- 3.** Health Management and Education services, which are designed to provide information and guidance to the participant in managing their disability and/or chronic medical condition(s) with a focus on optimizing personal health and wellness and preventing the development of secondary conditions. Services are inclusive of:
- a. Assessing the participant's current medical condition and how it relates to and interacts with their disability and/or chronic condition(s).
 - b. Provide to the participant educational and training opportunities that will help the participant better manage the effects of their disability and/or chronic medical condition(s) and prevent development of additional medical conditions, either personally or through existing community resources.
 - c. Assist participants in identifying, applying for and accessing available community resources in the areas of wellness and health promotion or maintenance.
 - d. Complete a Health Management and Education Assessment on an annual basis.

Peer Support opportunities for Personal Choice participants, representatives and their families. Peer support will be provided through the Integrated Care Initiative and 1115 Waiver.

Section III. Service Delivery

A. Intake and Consumer Assessment

- 1.** The Service Advisement Agency shall define the population it intends to service under Personal Choice as follows:
 - a. A long term care service for people with disabilities over the age of (18) eighteen or elders aged (65) or older who meet either a high or highest level of care. Personal Choice is available to individuals who want to either return home or remain at home; for individuals who want to purchase their own care and services from a budget based on their individual functional needs; and for individuals who have the ability to self-direct care or who have a representative who is able to direct care for the participant.
- 2.** The Service Advisement agency shall have a written policy as to criteria regarding appropriateness and inappropriateness of a participant for enrollment in the Personal Choice program. These eligibility criteria shall include, but not be limited to, the following:

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- a. Each participant shall have a disability that affects their cognitive or physical capacity to complete ADLs in a safe or timely manner.
 - b. Each participant must be eligible for MA through the DHS Long Term Care eligibility rules.
 - i. If the participant is not currently enrolled in MA, the advisement agency shall assist the participant in applying for, and maintaining Long Term Care MA eligibility.
 - c. Each participant shall have either a high or highest level of care, which must be reviewed and determined annually by the Executive Office of Health and Human Service (EOHHS) Office of Medical Review (OMR).
 - d. Each participant must possess the ability to self-direct and manage all aspects of their personal care and community living needs. If the participant is either unable or unwilling to self-direct and self-manage care, a representative must be available and willing to direct and manage the participant's care and living needs.
- 3.** The Service Advisement Agency shall conduct an initial screening, within 45 days of a referral/inquiry, of each potential participant in order to determine if the participant meets the enrollment criteria for Personal Choice, and if the program will meet the individual participant's needs. The Service Advisement Agency cannot close the referral process or maintain a waiting list without the consent and approval of the EOHHS Personal Choice Program Administrator,
- 4.** The Service Advisement agency shall provide information to the participant about the Personal Choice Program and inform prospective participants about other available options for Home and Community based care. A referral to the Point for Options Counseling will be part of the intake process and will set best practice standards in order for the participant to have the tools required to make an informed choice.
- 5.** A member of the Service Advisement Agency staff skilled in case management, independent living counseling, or social work will conduct the initial assessment. If it is determined the participant is appropriate for placement in the Personal Choice Program, then further assessments will be conducted for environmental accessibility and health and medical needs.
- 6.** The environmental accessibility and health/medical assessments shall be conducted as part of the intake process and may be conducted either subsequent to the initial assessment or within 45 days of acceptance to the Personal Choice Program. Both the environmental accessibility and health/medical assessments will be conducted by individuals with the appropriate skills and certifications in each area of expertise.
- a. The participant or their designated representative shall be the primary source of information needed for the assessment, although information may be gathered from other sources if requested or agreed upon by the participant. Any medical diagnosis cited as reason for assistance, must be

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documented in the PM-1 provider medical statement. For example, if dementia is cited as reason for assistance, the participant must have a medical diagnosis of dementia.

7. The minimum assessment components shall be specified by the State Medicaid agency.
8. The Service Advisor shall provide the participant/representative with either a copy of the Participant/Representative Manual or if the participant/representative prefers the Service Advisor may provide a link to the website where the participant/representative can view the manual online.
9. Written documentation of the assessment shall be:
 - a. Maintained by the Service Advisement Agency. The most recent copy of the Social, Mobility and Medical Assessments must be maintained in the Service Advisement case record.
10. Functional Assessments will be transmitted to the State Medicaid agency via the Consumer Directed Module (CDM) within one week of completion of the assessment for review and budget determination.

B. Development of Individual Service and Spending Plans(ISSP)

1. Advisement agencies shall conduct the minimum assessment elements specified by the State Medicaid agency during the Intake and Assessment Process and utilize the results of that assessment and the monthly budget amount approved by the State Medicaid agency to develop a written spending plan (ISSP) prior to the participant starting service in the Personal Choice program. All spending plans must be developed within 45days of the budget approval date and submitted to the EOHHS Personal Choice Program Administrator for approval.
2. The participant, in consultation with service advisement staff, and any other individuals the participant may wish to include, shall develop each plan.
3. Recommendations generated from the Team assessment may be incorporated into the spending plan (ISSP) at the discretion of the participant.
4. The spending plan (ISSP) shall be in a format to be determined by the State Medicaid agency and shall include at a minimum:
 - a. How the participant's identified needs will be addressed through the provision of personal care assistance.
 - b. The number of hired personal care assistants, the number of hours each will work per week, and the rate of pay.
 - c. Any ongoing purchases of goods and other services, type, cost and frequency.

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5. Any large purchases that will require monthly savings and amount dedicated to the purchase. Large purchases requiring monthly savings will need to be documented and approved by Medicaid prior to purchase. A request for Goods and Services Form will need to be completed. An invoice with cost of goods, along with a physician's note (if required) will need to be attached to the request form. All other funding options must be exhausted prior to submission of request. A back-up plan detailing how the participant's personal care needs shall be met when hired assistants are temporarily unavailable and what will be the cost of the back-up plan.
6. Participant identified goals shall be addressed and entered on the spending plan. Goals will be reviewed to determine continued appropriateness and whether the goals have been met. New goals shall be continually explored, identified and addressed.
7. Each advisement agency shall review each participant developed Personal Choice spending plan (ISSP) to ensure it addresses the following issues:
 - a. That the participant's health and safety needs are reasonably expected to be met given the spending plan (ISSP).
 - b. That the spending plan (ISSP) is appropriate, including whether the goods and services purchased meet the service criteria and spending guidelines, PCA payment rates appear to be appropriate, back-up plan is in place, etc.
8. Each advisement agency shall provide Personal Choice participants with resources and training materials to assist them in developing their spending plan (ISSP) and in managing a self-directed personal assistance program.
9. Each advisement agency shall submit the spending plan (ISSP) to the State Medicaid agency via the Consumer Directed Module (CDM) within 45 day of budget approval. The service advisor will ensure the Medical Assistance recertification is current prior to submission of spending plan (ISSP).
10. A copy of the approved plan shall be given to the participant if they are unable to access the Consumer Directed Module (CDM).

C. Program Monitoring, Review and Reassessments

1. Each advisement agency shall monitor participant participation in the Personal Choice program to ensure health and safety satisfaction, adequacy of the current spending plan, and progress made toward participant identified goals.
2. During the initial (12) twelve months of enrollment in Personal Choice, the following minimum monitoring guidelines shall be met:

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- a. Home visits during the 3rd, 6th, and 9th month of program participation; and as requested by the State Medicaid agency. Visits must be documented in the case record.
 - b. Phone contact with the participant during months in which no home visit is made. All phone contact must be documented in the case record.
- 3.** A full team reassessment after the 12th month of enrollment which will include case management functional and social assessment, environmental accessibility assessment, and health and medical assessment.
- 4.** After the initial (12) twelve months of enrollment in Personal Choice, the following minimum monitoring guidelines shall be met:
- a. Home visits quarterly, of which at least one visit must be unannounced. Additional visits may be requested by the State Medicaid agency.
 - b. Phone contact in months in which no home visit is made.

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5. A complete team reassessment must be completed annually and will include the following components:
 - a. functional and social evaluation, home modification and environmental accessibility, and health and medical assessment.

6. As part of program monitoring each advisement agency shall provide technical assistance of the participants enrolled in Personal Choice as needed in the areas of service implementation, budget and fiscal records management.

7. Each Service Advisement agency shall take corrective action, if needed, to ensure the participant's health and safety is met in the spending plan (ISSP) implementation prior to initiating any adverse action or discharge from the Personal Choice program.

8. Each Service Advisement agency shall review program policy and provide examples of what constitutes Medicaid fraud and abuse. Specific instances to be reviewed are out-of-home stays and services such as residential rehab care facilities, nursing facilities, and hospital stays. This also includes persons receiving adult day and meals on wheels. Participants must be aware and acknowledge by signed form that Medicaid cannot pay PCA's for provision of services during the above instances.

9. Report all allegations or suspicion of misuse of Medicaid funds using the PC-MFR RI Attorney General Medicaid Fraud Unit, Personal Choice Program Referral form. The completed form is to be faxed to the EOHHS Office of Long Term Services and Supports, attention: Personal Choice Administrator.

10. Report all instances of the abuse, neglect or exploitation of the participant.
 - a. For persons 60 years of age or older, as per Rhode Island General Laws 42-66-8. Abuse, Neglect, Exploitation and Self-Neglect of Elderly Persons – Duty to Report which states: Any person who has reasonable cause to believe that any person sixty (60) years of age or older has been abused, neglected, or exploited, or is self-neglecting, shall make an immediate report to the director of the department of elderly affairs or his or her designee. In cases of abuse, neglect or exploitation, any person who fails to make the report shall be punished by a fine of not more than one thousand dollars (\$1,000). Nothing in this section shall require an elder who is a victim of abuse, neglect, exploitation or who is self-neglecting to make a report regarding such abuse, neglect, exploitation or self-neglect to the director or his or her designee.
 - b. For disabled adults eighteen (18) – sixty-four (64) years of age, as per Rhode Island General Laws 40.1-27-2 any person within the scope of their employment at a program or in their professional capacity who has knowledge of or reasonable cause to believe that a participant in a program has been abused, mistreated or neglected shall make, within twenty-four (24) hours or by the end of the next business day, a written report to the director of the department of behavioral healthcare,

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developmental disabilities and hospitals or his or her designee. In addition to those persons required to report pursuant to this section, any other person may make a report if that person has reasonable cause to believe that a participant has been abused, mistreated, or neglected.

D. Documentation and Case Records

1. The Service Advisement Agency shall maintain individual participant records arranged in a systematic manner which will provide easy access for use by staff and ease in review by the State Medicaid agency.
2. Documentation of Program Monitoring activities shall be recorded in the participant case record and should contain results of all interactions with the participant and/or representative or others as it pertains to the participant's management of the Personal Choice program.
3. Each individual case record, at a minimum, shall include:
 - a. Quarterly home visit log, documenting date and outcome of home visit, must document if visit was announced or unannounced.
 - b. Telephone log, documenting date and outcome of phone call. Voice mail message to the individual is not considered contact.
 - i. Visitation and phone logs should be standardized within the agency and maintained within each case record in the same format.
 - c. A copy of the completed and approved spending plan (ISSP)
 - d. Office of Medical Review (OMR) Level of Care determination and PM-1 Provider Medical form reviewed and updated on an annual basis.
 - e. Signed Personal Choice Designation of Agency Form which is completed when the participant/representative chooses to receive services from the service advisement agency.
 - f. CP-12 (Notification of Recipient Choice), to be signed and dated. Must be completed initially, annually and after any out of home stay.
 - g. CP-40 Referral form is the mode of communication between the Long Term Care field office and the service advisement agency. This form must be completed any time there is a change in program or in the event of an institutional placement.
 - h. Progress notes detailing both scheduled and non-scheduled interactions.
 - i. Participant demographics and contact information, including emergency contact information.
 - j. Participant selected goals and documentation of review of those goals and participant achievement of goals.
 - k. Approved authorization for purchase of goods and services
 - l. Initial and subsequent assessment(s)
 - i. Case Manager/Functional Needs Assessment
 - ii. Environmental Accessibility Assessment
 - iii. Health and Medical Assessment

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4. Individual participant records and all documents associated with identifiable individual participants shall be maintained as confidential materials in accordance with current state and federal laws, rules and regulations; and in compliance with current policies and procedures of the Executive Office of Health and Human Services (EOHHS). Storage of all participant records and documents shall be compliant with HIPPA standards and assure their safety from inappropriate use and from fire and other unplanned destruction.
5. The advisement agency shall develop and follow written policies establishing guidelines for storage and retention of participant's records, including:
 - a. Retention of records for period of time specified in EOHHS's current Record Retention Schedule; and
 - b. Guidelines for the removal of participant records from files.
6. During the course of this Agreement, the User may use or access, as more specifically defined in the below statutes and/or regulations, Protected Health Information in order to perform functions, activities or services, as specified herein, provided such use, access, or disclosure does not violate the Health Insurance Portability and Accountability Act (HIPAA), 42 USC 1320d et seq., and its implementing regulations including, but not limited to, 45 CFR, parts 160, 162 and 164, hereinafter referred to as the Privacy and Security Rules and patient confidentiality regulations, and the requirements of the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009, Public Law 111-5 (HITECH Act) and any regulations adopted or to be adopted pursuant to the HITECH Act that relate to the obligations of business associates and Confidentiality of Health Care Communications and Information Act, R.I. General Laws Chapter 5-37.3-1 et seq. The User shall recognize and agree that it is obligated by law to meet and comply with the applicable provisions of the above statutes, rules, regulations and Acts, as may be amended from time to time. The User further agrees that EOHHS retains all ownership rights to the data used or accessed for the specific purpose of this Service Agreement.

E. Discharge/Transition Planning

1. The advisement agency shall develop written policies and procedures in regard to voluntary and involuntary discharge from Personal Choice. These procedures will contain the following:
 - a. Voluntary discharge: a participant or a participant's representative may request discharge with a 30 day notice to the advisement agency.
 - b. Involuntary discharge: occurs when a participant proves to be unable to self-direct purchase and payment of long-term care, when a representative proves incapable of acting in the best interest of the

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participant, or when the participant invalidates the terms of their Participation Agreement.

2. Involuntary disenrollment from Personal Choice may result from any of the following criteria:
 - a. The loss of eligibility, either Medicaid financial eligibility, or level of care eligibility will result in disenrollment.
 - b. A participant proves to be unable to self-direct purchase and payment of long-term care.
 - c. A representative proves incapable of acting in the best interest of the participant.
 - d. A participant fails to comply with legal/financial obligations as an employer of domestic workers and/or is unwilling to participate in advisement training or training to remedy lack of compliance.
 - e. A participant or representative is unable to manage the monthly spending as evidenced by repeatedly submitting time sheets for unauthorized budgeted amount of care, underutilization of the monthly budget, which results in going without personal care assistance, and continual attempts to spend budget funds on non-allowable items and services.
 - f. Failure to maintain a participant's health and well-being through the actions and/or inaction of the participant or representative.
 - g. Failure to maintain a safe working environment for personal care assistants.
 - h. The receipt of substantiated complaints of participant self-neglect, neglect or other abuse on the part of the participant or representative.
 - i. Refusal by the participant or representative to cooperate with minimum program oversight activities, even when staff has made efforts to accommodate the participant and/or representative.
 - j. The participant's representative can no longer assist the participant, and no replacement representative is available.
 - k. Failure by the participant or representative to pay the amount determined in the post eligibility treatment of income as described in DHS rules (which is commonly referred to as the client share) to the fiscal agency.
 - l. Evidence that Medicaid funds were used inappropriately or illegally in accordance with local, state or federal regulations.
 - m. Evidence that Medicaid funds were used improperly/illegally in accordance with local, state or federal regulations.
 - n. A participant moves from their current living arrangement to a more skilled setting (i.e. Assisted Living, Group Home, or Skilled Nursing Facility).
3. A participant or their representative must notify both the service advisement agency and fiscal intermediary of any change of address and/or telephone number within 10 days of change occurring.

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- 4.** Right to appeal involuntary discharge from Personal Choice.
 - a. The participant or representative will use the DHS standard appeal process.

A participant must be referred to an alternative home and community based program or most appropriate care facility prior to discharge date for either voluntary or involuntary discharge. The alternate services must be put in place prior to discharge.

Section IV. Participant Rights and Responsibilities

A. Service Advisement Agencies participating in the Personal Choice Program shall assure that all participants are afforded the following rights, as well as others deemed appropriate by the agency, and be informed of said rights.

- 1.** The right to be treated as an adult, with dignity and respect.
- 2.** The right to privacy in all interactions with the agency and others as necessary and be free from unnecessary intrusion.
- 3.** The right to make informed choices based upon appropriate information provided to the participant, and to have those choices respected, while respecting the rights of others to disagree with those choices.
- 4.** The right to freely choose between providers for both advisement and fiscal intermediary services.
- 5.** The right to feel safe and secure in all aspects of life, including health and wellbeing; to be free from exploitation and abuse; but not be overprotected.
- 6.** The right to realize the full opportunity that life provides by not being limited by others, making full use of the resources the program provides, and being free from judgments and negativity.
- 7.** The right to live as independently a life as one chooses.
- 8.** The right to have individual ethnic background, language, culture and faith valued and respected.
- 9.** The right to be treated equally and live in an environment that is free from bullying, harassment and discrimination.
- 10.** The right to voice grievances about care or treatment without fear of discrimination or reprisal.
- 11.** The right to voluntarily withdraw from the program at any time.

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- 12.** The right to manage personal care assistants.
 - a. The right to hire who the participant wants to assist them.
 - b. The right to decide what special knowledge or skills the assistant must possess.
 - c. The right to train each assistant to meet the participant's individual needs.
 - d. The right to replace assistants who do not meet the participant's needs.

- 13.** The right to request a new assessment if participant needs change.

- 14.** The right to change the spending plan as needs or goals change.

- 15.** The right to appeal any decision made by the advisement agency or State Medicaid agency with regard to any adverse action.

- 16.** The participant enrolled in the Personal Choice program and/or their appointed representative have the following responsibilities:
 - a. The responsibility to manage and maintain his/her health and to access medical help as needed or to seek assistance in order to do so.
 - b. The responsibility to demonstrate the required skills and abilities needed to self-direct personal assistants without jeopardizing health and safety, or designate a representative to assist them.
 - c. Act as a supervising employer by:
 - i. Deciding wages and schedules for their personal care assistants.
 - ii. Completing hiring agreements with each personal care assistant.
 - iii. Follow all employment laws and regulations.
 - iv. Follow all requirements of the Fiscal Intermediary/IRS regarding the hiring and paying of all personal care assistants including: completing all necessary forms, reviewing time sheets for accuracy, submitting them in a timely manner, and paying personal care assistants promptly.
 - v. Treat all employees with respect and dignity.
 - d. Manage personal care assistant services by:
 - i. Meeting and cooperating with advisement agency staff as required, and completing all needed assessments and monitoring requirements.
 - ii. Developing and monitoring a spending plan (ISSP) to address personal care assistance needs within the requirements of the Personal Choice program.
 - iii. Hiring and supervising personal care assistants (PCAs) and ensuring they are performing their duties as specified in the spending plan (ISSP).
 - iv. Tracking expenses to ensure monthly spending plan (ISSP) is not exceeded.
 - v. Notifying advisement agency of any changes in medical status, admissions to hospitals or any other medical facilities.
 - vi. Ensuring a safe working environment for personal care assistants.

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vii. Notifying the advisement agency of any move and change in address within 10 days of move.

Section V. Personnel

A. Staffing Requirements

1. Each advisement agency shall employ sufficient staff to meet the above Personal Choice Program requirements. The agency may directly employ staff or enter into agreements with consultants or other agencies, as needed, contingent on assurances that all contracted providers meet the minimum qualifications and adhere to the philosophy of Participant Direction.
2. The agency shall designate one staff member to act as Program Director for purposes of overseeing all agency operations as they pertain to the Personal Choice program.
3. The agency shall make use of the services of a nurse who will devote time sufficient to conduct Health Assessments annually for all Personal Choice program participants as detailed above, as well as Medical Management and Education services as needed. The nurse assigned to Personal Choice may also need to act as a liaison with the participant's Primary Care Physician (PCP) if medical/safety concerns arise.
4. The agency shall make use of the services provided by a person trained in conducting community based assessments for accessibility and adapted equipment needs for people with disabilities and elders as it pertains to improving their independence and safety. This person will conduct Equipment/Accessibility assessments annually for all Personal Choice program participants as detailed above and other Accessibility/Equipment services as needed.
5. The agency shall designate staff to act in the role of Advisor, which is the terminology used to describe the Counseling function in the Personal Choice program. This person will have the most frequent contact with the participant and will serve as the point of contact between the participant/representative and the advisement agency. This person should have sufficient time allotted for all program assessments, training and monitoring to be accomplished within the required time frames.
6. The advisement agency shall have a written agreement with any other agency, program or other service provider that will be providing any service under the Personal Choice program as detailed above. This agreement shall be updated annually. The nature and extent of services provided shall be documented. Responsibility for the performance of all subcontractors remains with the advisement agency.

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B. Staff Qualifications and Responsibilities

The advisement agency shall maintain current, functional job specifications for all staff positions involved in providing services to Personal Choice participants, consistent with the following requirements:

1. The Program Director shall have at least a bachelor's degree and at least (3) three years' experience in health, human services, geriatrics, rehabilitation, independent living or a related field. The Program Director shall be able to perform the following tasks:

- a. Direct and supervise all aspects of the program.
- b. Supervise all staff members.
- c. Perform program and staff evaluations.
- d. Respond to all reporting requirements of the State Medicaid agency.
- e. Direct the coordination of program services.
- f. Identify and work with the State Medicaid agency to resolve any problematic issues that may develop from time to time.
- g. Audit Service Advisor case records on a monthly basis per specifications of the State Medicaid agency and report findings to the State Medicaid agency on a monthly basis in a format to be determined by the State.

2. The nurse shall hold a current Rhode Island RN or LPN license and have 2-3 years of experience in Home and Community Based nursing and/or rehabilitation nursing and possess a strong commitment to the principles of Participant Choice and Participation Direction,. The nurse shall perform the following duties

- a. Evaluate, on an annual basis, the participant's medical condition and its effect on the participant's daily functioning utilizing an agreed upon assessment.
- b. Provide educational opportunities to address issues raised during the medical assessment designed to assist the participant to manage the effects of their disability or chronic condition and prevent development of secondary medical conditions. This may be done individually, on a group level, or utilizing existing community resources.
- c. Assist participants in identifying and accessing available community resources in the areas of wellness and health promotion and/or maintenance.
- d. Report any health and safety concerns to the State Medicaid office and either the Division of Elderly Affairs (DEA) Protective Services or the Department of Behavioral Health, Hospitals and Developmental Disabilities Office of Quality Assurance (BHDDH) if exploitation, abuse, or neglect criteria are evident.

3. The person providing Accessibility/Mobility assessments and training shall possess previous experience in conducting these types of assessments on a community level. This person may be a licensed Physical or Occupational

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Therapist and/or a certified Assistive Technology Practitioner as certified by RESNA (Rehabilitation Engineering and Assistive Technology Society of North America). Optimally this person shall have experience gained through employment at an Independent Living Center, and possess a strong commitment to the principles of Participant Choice and Participant Direction. This person shall perform the following duties:

- a. Evaluate on an annual basis, the participant's ability to function within their home and in the community and make recommendations on any home modifications, adapted equipment or assistive technology that would increase the participant's independence or safety utilizing an agreed upon assessment.
- b. Assist the participant in identifying, and applying for, funding to acquire any modifications or equipment recommended in the assessment.
- c. Provide training and education in the safe use of any equipment or modifications for both the participant and any caregivers the participant identifies.

4. The Service Advisor shall possess a bachelor's degree in Human Services or any health related field or an Associate's degree in Human Services or any health related field and the skills and experience gained through providing case management, independent living counseling or other community living services to people with disabilities or elders. The Advisor shall perform the following duties:

- a. Assess each participant initially for eligibility for the program and re-assess his/her ongoing eligibility on an annual basis utilizing the Personal Choice Functional Assessment.
- b. Assist the participant in identifying and removing barriers to improve independence in community living.
- c. Set realistic goals related to improving independence.
- d. Assist the participant in developing, implementing, and monitoring Personal Choice services through an individual spending plan.
- e. Inform participants/representatives of allowable and unallowable services.
- f. Educate the participant/representative on what would constitute Medicaid fraud, and the obligation to report.
- g. Have participant/representative sign form stating that Medicaid fraud was explained by Service Advisor, and understood by participant/representative.
- h. Provide training and assistance to the participant and/or designated representative to operate and manage a participant-directed care program.
- i. Maintain all contact with participant/representative as described above; either by telephone contact or face-to-face meetings.

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Section VI. Data Management and Continuous Quality Improvement

A. Program Monitoring and Improvement

1. The advisement agency shall have a system in place to monitor the services it provides to Personal Choice participants in the following domains:
 - a. Participant access to services
 - b. Participant-centered service planning and delivery
 - c. Agency capacity and capabilities
 - d. Participant safeguards
 - e. Participant rights and responsibilities
 - f. Participant outcomes and satisfaction
 - g. Overall system performance
2. As part of the above system, the advisement agency shall conduct a participant satisfaction survey, in an agreed upon format, on an annual basis. The findings of the survey will be reviewed and reported to the Medicaid agency for review within 90 days of agency participant survey completion.
3. The advisement agency shall complete a Personal Choice Critical Incident Reporting form for any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a Personal Choice Participant. A corrective action plan must be identified on the form.
4. The advisement agency shall take part in quality assurance/improvement activities as determined by the State Medicaid Agency.

B. Reporting

REPORTING REQUIREMENTS

1. The advisement agency is required to gather, maintain and make available to the State Medicaid agency data regarding services it provides to Personal Choice participants to fulfill the requirements as previously stated. This data shall include but not be limited to:
 2. Participant demographic information.
 3. Type, purpose and duration of any and all interactions as it relates to the Personal Choice program.
 4. Participant incident reporting and resolutions.
5. This data shall be in a format agreed upon by the State Medicaid agency and shall be transmitted on an agreed upon schedule.

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Section VII. Administrative Sanctions

A. Severability

If any provision of the rules, regulations and standards herein or the application thereof to any program, agency or circumstances shall be held invalid, such invalidity shall not affect the provision or application of the rules, regulations and standards which can be give effect, and to this end the provisions of the rules, regulations and standards are declared to be severable.

B. Deficiencies and Plans of Correction

The Department is authorized to deny, suspend or revoke the Service Advisement Agency participation in the Personal Choice Program that has failed to comply with the EOHHS Medicaid Personal Choice Program Promulgated Rules and Certification Standards set herein.

In addition the Department may take any action pursuant to RIGL 40-8.2 and OHHS Regulations Section 0300.40-0300.40.55

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Section VIII. Payment

1. Service Advisement Agency must be a current RI Medicaid Provider enrolled as a Provider Type 69.
2. Billing for the initial assessment will be reimbursed at \$125.00 for two occurrences for a maximum of \$250.00.
3. Service Advisement services will be reimbursed at \$125.00 per month on those cases where service advisement services were performed as noted herein.
4. Annual assessments will be reimbursed at \$125.00 per member. Annual assessments include: Functional and Social Evaluation, Home Modification and Environmental Accessibility and Health and Medical Assessment.
5. Service Advisement Services will be billed, as stated above, to HP using Procedure Code T2022.

The Service Advisement Agency agrees to administer the Personal Choice Program as outlined herein and as stated in the promulgated EOHHS Medicaid Personal Choice Program Rules.

Signed: _____

Title: _____

Agency: _____

Date: _____

Signature: _____

Ellen Mauro, RN MPH
Administrator, Office of Long Term Services and Supports

Date: _____