

Policies and Procedures Manual Topics for a Self-Direction Program

In Medicaid self-direction programs, individuals direct many or all of their home- and community-based services, including selecting and managing direct service workers and/or managing a budget (which may also be referred to as a service cost maximum) for needed services. In states with self-direction programs, health plans should consider developing a policies and procedures manual for case management and other staff who work with individuals choosing this option. The following topics could be included in a manual that describes the policies, practices, and operational components of the Medicaid self-direction program and health plan staff roles and responsibilities:

- I. Program Introduction
 - A. Program Background
 - B. Philosophy Self-Direction and Person-Centered Planning
- II. General Administrative Information
 - A. Organization Chart
 - B. Description of Involvement of all Parties and Responsibilities
 - C. Medicaid Authority Description
- III. Applicant
 - A. The Application Process
 - B. Describe Self-Direction
 - C. Eligibility Requirements
 - D. Techniques for Assessing an Individual's Ability to Self-Direct
 - E. Screening for a Representative
 - F. Tracking Referrals
- IV. Initial Planning
 - A. Conduct Assessment using a Person-Centered Planning Process
 - B. Develop the Service Plan using a Person-Centered Planning Process

V. Enrollment

- A. Process Enrollment Paperwork
- B. Establish Back-up Plan
- C. Explanation of Enrollment Forms
- D. Determine Service Start Date
- E. Explain Role of the Financial Management Services Provider
- F. Explain Role of the Provider of Information and Assistance
- G. Develop Individual Budget (Spending Plan)
- H. Describe Permissible Budget Items
- I. Explain Program Rules and Responsibilities
- J. Database Updates
- VI. Information and Assistance
 - A. General Duties
 - B. Documentation Requirements
 - C. Communication Requirements
 - D. Data Entry
- VII. Financial Management Services
 - A. General Duties
 - B. Documentation Requirements
 - C. Communication Requirements
 - D. Data Entry
- VIII. Monitoring and Management
 - A. Monitoring Requirements
 - B. Case Manager Reports and Required Documentation
 - C. Compliance Reports
- IX. Change of Information or Status
 - A. Self-Directing Individual
 - B. Direct Service Workers
 - C. Decision-Making Partner/Representative

- X. Time Management and Visit Scheduling
 - A. Scheduling Visits
 - B. Missed or Late Visit Report
 - C. Contacting the Self-Directing Individual
 - D. Purpose of the Visit Health Visit, Reassessment, or Other
 - E. Reports and Documentation of Visit
- XI. Termination or Reduction in Benefits
 - A. Voluntary Termination
 - B. Involuntary Termination
 - C. Appeal Process
 - D. Mediation Process

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the *Integrated Care Resource Center* are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.