

Provider Notice Manual (PNM) Title: Participant Directed and Managed Services and Financial Management Services	Number: PDMS/FMS 001
	Effective Date: 4/8/2022
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	Reviewed By: Kristina Ickes

Purpose: The purpose of this PNM is to clarify the process for developing comprehensive care plans that include Participant Directed and Managed Services and Financial Management Services

Definitions

(A) Financial Management Services (FMS) means the following:

- (1) Management and disbursement of funds contained in the participant-directed budget;
- (2) Performing fiscal accounting, and budget management;
- (3) Creating expenditure reports;
- (4) Facilitating the employment of staff, and furnishing orientation; and
- (5) Conducting skills training to participants who function as the co-employer of their direct support workers.

(B) Participant Directed and Managed Services (PDMS) means services that assist CFI waiver participants to avoid institutionalization by affording the option to exercise choice and control over a menu of CFI waiver services that the participant has the authority to manage in accordance with He-E 801.24. PDMS includes an individually tailored and personalized combination of services and supports that meet the need for transportation, opportunities and experiences in living, working, socializing, personal growth safety and health.

Procedure

Beginning Participant Directed and Managed Services (PDMS)

(A) As part of the comprehensive assessment, the case manager works with the participant to determine if the participant is interested in PDMS and FMS and what services the participant wants to direct. If the participant is interested in PDMS and FMS:

- (1) The case manager develops a comprehensive care plan that includes PDMS and FMS and what services will be delivered via PDMS and what services will be delivered via agency directed service;
- (2) The case manager makes a referral to a FMS provider;
- (3) The case manager will request a service authorization and the service will be authorized.
- (4) The FMS provider works with the participant to ensure they understand utilization of the service and their budget appropriately.
- (5) The FMS provider will provide the case manager and participant with a list of the maximum available rates without prior approval from BEAS for each available PDMS CFI service.¹
- (6) The case manager and participant will base the budget on current authorized services, services identified in the comprehensive care plan, and any unfilled/provider not available service gaps.¹

¹ During FMS Pilot, the BEAS LTC Administrator will be available to support this process

(I) Each participant has the flexibility to reallocate funding among the approved services in the participant’s comprehensive care plan to increase or decrease the hourly wage of providers to best meet the participant’s needs

(II) Participants whose needs exceed the level of service typically provided by a CFI service may request additional funding to pay a rate higher than that included in the list in (5) above. Requests for additional funding must be sent to the BEAS Bureau Chief or designee.

(III) BEAS will approve requests based on clinical need as documented in an approved assessment and on the requirements in RSA-E:11.

(B) Once the budget has been developed, the FMS provider will work with the participant, case manager, and any employee to schedule an enrollment visit and skills training for the participant.

(C) The FMS provider will notify the case manager of successful enrollment and the anticipated start date for FMS services.

(D) The case manager will notify the LTC unit of the anticipated start date and identify the agency directed services that will be transitioning to PDMS service

(E) LTC Medical Eligibility Unit will make a change in the participant’s special eligibility. The LTC Medical Eligibility Unit will end date any agency directed CFI service that will be transitioning to a PDMS service.

(F) Case manager will enter service authorizations for each PDMS service.

(G) BEAS LTC unit will approve service requests and PDMS will begin.

Ongoing Participant Directed and Managed Services

(A) Once an individual has opened for PDMS, the case management agency will enter service authorizations using the codes in the tables below for the individual’s PDMS services. The FMS provider will be entered as the provider for each PDMS service, not just the FMS authorization. Every PDMS participant will have an authorization for FMS and at least one other PDMS service.

Description	Proc Code	Mod 1	Mod 2	Unit Type	Rate as of 1/1/21
Financial management	T2040	HC		Month	\$93.74
PDMS Personal Care	T1019	HC	U3	Quarter Hour	Manually Priced
PDMS Home Health Aide	G0156	HC	U3	Quarter Hour	Manually Priced
PDMS Homemaker	S5130	HC	U1	Quarter Hour	Manually Priced
PDMS Respite Care	T1005	HC	U2	Quarter Hour	Manually Priced
PDMS Skilled Nursing	T1030	HC	U1	Visit	Manually Priced
Individual Directed Goods and Services	H2016	HC		Job	Manually Priced
Consultation	T2041	HC		Job	Manually Priced

(B) Once service authorizations are in place, the PDMS providers bill the FMS provider for services provided.

(C) FMS will pay the provider and bill the Department. The Department will reimburse the FMS provider.

Termination of Participant Directed and Managed Services

(A) Participant may voluntarily withdraw from PDMS. Case Managers must support participants seeking to transition from PDMS to agency directed services. Case managers should discuss transitional activities and document the discussions in the comprehensive care plan. As the participant transitions PDMS service authorizations will end and agency directed service authorizations will begin according to the transition plan.

(B) Participants may be terminated from managing and directing their services if:

(1) There are incidents of participant behavior that pose a risk to community safety with or without police or court involvement;

(2) The participant is determined unable to carry out their responsibilities under PDMS to assure their own health and welfare; or

(3) When there is evidence of misuse of public funds.

(C) When a participant is having PDMS involuntarily terminated pursuant to (B) above, case managers should discuss transitional activities and document the discussions in the comprehensive care plan. As the participant transitions PDMS service authorizations will end and agency directed service authorizations will begin according to the transition plan.

(D) PDMS services will also end if the participant's CFI waiver services end or if the participant transitions into a residential care facility.

<u>Responsibility:</u> Case Management Agencies, Financial Management Service Providers
<u>Resources:</u>
<u>Attachments:</u> PDMS and FMS FAQ