DAUPHIN COUNTY MH/MR PROGRAM
POLICY AND PROCEDURE

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<th>Department</th>
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<th>Policy No. 08-01</th>
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**Title:** Choice of Services and Support, Choice among Willing and Qualified Providers

**Policy:** Individuals and their representative will be afforded choice between and among services to meet their needs. Individuals and their representatives are afforded choice between willing and qualified service providers.

**Definitions:**

*County* – the County refers to the Dauphin County Mental Health and Mental Retardation Program. The County program has signed the Administrative Entity Operating Agreement with the Department of Public Welfare to perform operational and administrative functions delegated by the Department, related to the Department’s approved Consolidated and Person/Family Directed Support (P/FDS) waivers, in addition to other mental retardation services.

*Individual Support Plan* – The Individual Support Plan (ISP) is a plan for each participating individual eligible for mental retardation services, including waiver services. It is developed with the participant and the people they choose. The ISP must include, at a minimum, the duration, and frequency of each service, the type of provider to provide each service necessary to meet the needs of the participant.

**Procedures:**

I. Individuals eligible to receive mental retardation services and their representative will be offered the choice of Supports Coordinators, services and supports, and among willing and qualified providers of mental retardation services. All services and supports must be on the individual’s Individual Service Plan and authorized before services can be received.

1. Upon intake to mental retardation services, the Service Access Coordinator at the CMU will inform the individual and their representative of choice among services and supports and among willing and qualified providers.
2. The individual will be offered the opportunity to select a Supports Coordinator or have one selected for them.
3. The Supports Coordinator will arrange for an ISP meeting, during which the individual’s needs are identified and a plan to meet those needs is developed.
II. Upon intake to mental retardation services, the Service Access Coordinator at the CMU will inform the individual or legal guardian of the choice (in adherence to the MR Bulletin, “Service Preference in Medicaid Waiver for Individuals with Mental Retardation Bulletin”, bulletin number 00-00-09) of either ICF/MR services or home and community-based services funded under the waiver. This will include the following:

1. The individual is likely to require the level of care provided in an intermediate care facility for people with mental retardation, or ICF/MR.
2. About feasible home and community-based service alternatives to services provided in an ICF/MR.
3. The right to indicate preference for home and community-based services funded under the waiver as an alternative to services provided in an ICF/MR.
4. The legal guardian will indicate service preference using Service Preference Form (MR 457) for individuals 18 years of age and younger. When an individual reaches their 19th birthday, the individual must then be afforded the right to service preference.
5. A copy of the signed Service Preference Form (MR-457) will be maintained in the individual’s files at the CMU.
6. Service preference information will be documented in HCSIS.

III. Choice of willing and qualified providers will be offered:

1. When the person’s ISP has been developed and service needs have been identified.
2. When an individual communicates a desire to change their service preference.

Applicable Requirements:

- MR Bulletin 00-00-09: Service Preference in Medicaid Waiver for Individuals with Mental Retardation Bulletin
- Administrative Entity Operating Agreement