**New Freedom Budget-Based Participant Directed Services**

*(Limited Areas: King and Pierce County)*

**Purpose**

The purpose of this chapter is to educate staff about New Freedom and the benefits it offers to participants as well as to provide instruction on how the program works.

**Section Summary**

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**Ask an Expert**

You can contact Mark Towers at (360) 725-2446 or mark.towers@dshs.wa.gov

**What are Participant Directed Services?**

Participant Directed Services is a philosophy and orientation to home and community-based services that gives participants the authority to make choices about services and supports that work best for them, regardless of the nature or extent of their disability.

Participant Direction empowers public program participants and their families by expanding their degree of choice and control over the long-term services and supports they need to live at home. Participants can share authority with or delegate authority to family members or others close to them. Designation of a representative enables adults with cognitive impairments or those who would rather not be fully responsible to be involved in participant direction.

Participant Direction represents a major paradigm shift in the delivery of publicly funded home and community-based services. In the traditional service delivery model, decision-making and managerial authority is vested in professionals who may either be state employees/contractors or service providers. Participant Direction transfers much (though not all) of this authority to participants and their families (when chosen or required to represent them).

**What is New Freedom?**

New Freedom is a voluntary budget-based program that provides participants who are eligible for home and community based services through the Medicaid Waiver the opportunity for increased choice and control over their services and supports.

The goal of New Freedom is to provide the opportunity for people to choose from a wide array of services to meet their needs within a set monthly budget. They can choose the amount and type of services (**within the definitions in this chapter**) that meet their needs as long as they have sufficient funds in their budget. This program provides flexibility to adjust services and allows participants to exercise more decision-making authority and to take primary responsibility for obtaining services.

Participants in New Freedom have the choice to decide:

* What services, goods and supports they need within their budget
* When, and how their services and supports are to be delivered
* Who will provide those services and supports

**New Freedom Roles**

New Freedom participants work with a Care Consultant and a Financial Management Service vendor to design and implement their participant spending plan. Each play an important role in working with participants to develop a budget that details approved authorizations and guides the participant’s purchasing of services/supports to meet their needs.

|  |  |
| --- | --- |
| **Role** | **Summary of Responsibilities** |
| Care Consultant | Assists the participant in development and management of their New Freedom budget. The Care Consultant is available to advise participants in how to gain access to needed services, assisting in the development of the spending plan, coaching the participant on how to monitor the services included in the budget, and updating the service plan as necessary. In addition, the Care Consultant provides ongoing functional eligibility determinations for participants enrolled in the program by conducting Annual and Significant Change assessments and associated eligibility functions for participants.  |
| Financial Management Services  | Handles all financial and contract matters for New Freedom participants outside of monthly personal care. All New Freedom expenses incurred by participants are billed through Financial Management Services. The only supports/services that will be allowed under New Freedom have been approved and are documented in a participant’s spending plan. ACES$ is the New Freedom Financial Management Services provider as of January 1, 2018.  |

**All purchases under New Freedom must first meet the following criteria:**

1. Be for the sole benefit of the participant;
2. Be of reasonable cost and meet a need identified in the participant’s CARE assessment;
3. Be documented on the participant’s spending plan; and
4. Address the health, safety, and welfare of the participant.

**What Types of Services are Not Covered Under New Freedom?**

Services and supports that cannot be purchased with New Freedom budgets include:

* Services/supports covered by the Medicaid State Plan, Medicare, or other programs or services;
* Fees incurred by the participant (participation, insurance co-pays);
* Home modifications that add any square footage;
* Vacation expenses;
* Rent/room and board, including ongoing utilities;
* Tobacco or alcohol products, lottery tickets;
* Entertainment items (TV, cable or DVD players);
* Vehicle purchases/maintenance/upgrades that do not include modification related to disability;
* Tickets and related costs to attend sporting or other recreational events;
* Standard household supplies, furnishings, equipment and maintenance, and major household appliances.
* Pets, therapy animals and their related costs (including food, veterinary services).
* Postage outside of shipping costs related to prior approved service plan items.
* Experimental treatments, procedures, devices or drugs.
* Gym or exercise equipment greater than $100.
* Monthly service fees for utilities.
* Warranties.
* Computers and electronics, non-adaptive in nature.
* Cosmetic services and treatments.
* Basic food, clothing, and footwear.

**What are the Eligibility Requirements for New Freedom?**

The financial and functional eligibility requirements for New Freedom are the same as the other Medicaid waiver programs. New Freedom is also available if a Community First Choice (CFC) client meets the waiver eligibility criteria, has a need that cannot be met by CFC and wants to enroll in New Freedom. New Freedom is currently an option available to Participants who live in King and Pierce County and choose to receive in-home services.

**Designated Representatives**

The New Freedom waiver supports participants to use a designated representative to assist them in managing and directing their budgets. Both the participant and the representative must sign the New Freedom Designated Representative Authorization Form giving the responsibility to the person of their choice. Representatives can ensure that participants’ preferences are known and respected and can manage tasks that they would carry out if they were able. These individuals are surrogate decision makers for those who choose or may need some or total assistance to direct their services and supports. In New Freedom a designated representative cannot also be a paid provider under the participant’s spending plan.

**How do Participants Enroll in New Freedom?**

***If the client is with Home and Community Services:***

1. Complete the CARE assessment to determine functional eligibility.
2. Obtain a financial eligibility determination;
3. Offer New Freedom as an option when the client is determined financially and functionally eligible.
4. If the client chooses New Freedom:
	1. Select New Freedom on the ‘Client is eligible’ screen in CARE and you will see the budget amount populated on the screen. Enter in the number of hours the client wishes to use for personal care and the remaining budget amount for goods and services will self-populate;
		1. Per WAC, participants must choose the number of hours they wish to use for the month before the beginning of that month. After the month starts, the only way to change hours in the current month is through a significant change assessment or an Exception to Rule.
		2. If a participant elects to use a certain number of hours, and does not use all those hours, they will not be able to convert those hours back to their budget funds.
	2. Add the PAID caregiver and any UNPAID informal supports to the Supports screen and assign tasks as appropriate.
	3. Add the Financial Management Services agency (ACES$ 208768001. DO NOT USE THE 02 LOCATION CODE FOR NEW FREEDOM) on the Supports screen and assign all applicable unassigned needs (ex: PERS, Environmental Modifications, Specialized Medical Equipment, etc.);
	4. For New Freedom the HCS worker must get approval of the participant regarding the information documented in the CARE assessment that determined their New Freedom budget amount. The participant agreement must be documented in SER. The participant needs to approve the plan of care and sign the service summary, as in all other programs. Note in SER the client’s choice of New Freedom;
	5. Complete and have the participant sign the Acknowledgement of Services Form (14-225): noting their choice of New Freedom Waiver Services;
	6. Complete the Planned Action Notice (PAN) for New Freedom. Assign the total budget amount under the service heading “Individual Directed Goods, Services and Supports”. Attach the CARE results and Service Summary to the PAN;
	7. Create New Freedom RAC 3040
	8. Authorize personal care services.
	9. HCS workers will not authorize any services other than personal care and SA334 U1 authorization in CARE. Once the case is transferred to the Area Agency on Aging (AAA) and accepted, the AAA Care Consultant will complete any necessary authorizations for other spending.
	10. Notify the financial worker of the begin date of New Freedom services using the DSHS 14-1443;
	11. Transfer CARE and the case file to the appropriate AAA for on-going Care Consultation Services.

FAQ about New Freedom Documents and DMS

Q. How will New Freedom documents be indexed?

A: All New Freedom documents will be indexed as a NF type document.  HCS staff must write “New Freedom” and the “ACES Client ID #” at the top of these documents so the HIU can identify them and index them as a NF document.

***HCS Financial Worker will:***

1. Determine financial eligibility for long-term care services;
2. Advise New Freedom Care Consultant as the authorized representative of any Medicaid eligibility or cost of care changes as they occur. (They will receive the notices of termination, participation changes, eligibility reviews due, etc.).

**Once the case has been accepted by the Area Agency on Aging (AAA):**

1. AAA supervisor will assign the case to a New Freedom Care Consultant.
2. The New Freedom Care Consultant will complete a 30-day visit at which time the creation of the spending plan will occur. The following information will guide the Care Consultant on the creation of the spending plan in accordance with participant directed services.
	1. *New Freedom Care Consultation:*

Care consultation is provided at the direction of the New Freedom participant and includes providing training and support to assist participants to develop and implement spending plans to obtain services within a fixed monthly budget.

The Care Consultant is responsible to assess and assist the participant to determine the services and supports that will address unmet needs identified in the CARE assessment and maintain or increase their ability to maximize independence. They help facilitate the participant’s control and selection of services to the greatest extent possible to access preferred services and supports available under the New Freedom waiver. This may include providing assistance to recruit and supervise individual providers of personal assistance services, identify costs, manage services within budget, assess risks and assist with problem solving related to spending plan implementation. Care Consultants are also responsible for authorizing personal care. AAAs are responsible for monitoring personal care providers to ensure they are in compliance with training and contracting requirements.

* 1. *Orientation to Budget-Based, Participant-Directed Services*:

The Care Consultant will meet with the participant, and others whom the participant may wish to be present, to explain what participant-direction involves. It is important that the participant understands the responsibilities involved in a participant directed budget-based program. During the first visit the Care Consultant will go over the New Freedom Participant Handbook, have the participant sign the Participant Responsibility/Enrollment Agreement and provide the Financial Management Services New Freedom Participant Handbook and document the conversation in SER.

* 1. *Creating the Participant Spending Plan:*

1. The participant spending plan documents how the participant will spend their service budget dollars to address the needs identified in CARE.

The New Freedom Participant Self-Assessment and CARE are the tools used to assist the participant to complete their spending plan.

Within the authorized budget, participants may choose services and supports not already covered by Medicaid State Plan or Medicare under the following categories:

Personal Assistance Services (PAS)

Supports involving the labor of another person to help participants carry out everyday activities they are unable to perform independently. Services may be provided in the person’s home or in the community. The following are included in PAS:

* Direct personal care services defined as assistance with activities of daily living (ambulation, bathing, body care, dressing, eating, personal hygiene, positioning, self-medication, toileting, and transfer as defined in [WAC 388-106-0010);](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-0010http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1410)
* Delegated health-related tasks per [WAC 246-841-405.](http://app.leg.wa.gov/wac/default.aspx?cite=246-841-405)  (Providers of direct personal care services may be asked to do nurse delegation under the supervision of a nurse);
* Homemaking or assistance with instrumental activities of daily living (essential shopping, housework, meal preparation);
* Personal assistance with transportation;
* Other tasks or assistance with activities that support independent functioning, *and are necessary* due to the functional disability.

Treatment and Health Maintenance Supports

Supports and services categorized here include those typically performed or provided by people with specialized skill, certification or licenses. Some examples of these services are:

* + Specialized health care, extended therapeutic treatment;
	+ Dental, vision, audiology;
	+ Culturally appropriate health services (culturally and linguistically sensitive health care in the areas of primary care, prevention & wellness, e.g. acupuncture, naturopathic medicine);
	+ Physical therapy;
	+ Therapeutic massage complementary to physical therapy or provided as a less intrusive alternative.

Individual Directed Goods, Services and Supports

Services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address and support the participant to function more independently, increase safety and welfare, or help the participant to perceive, control or communicate with their environment. Some examples of services are:

* + Environmental supports (e.g., snow removal, heavy cleaning); Assistive technology, supplies and equipment;
	+ Adaptive, specialized clothing;
	+ Specialized diets; home delivered meals;
	+ Repairs and maintenance of care-related equipment;
	+ Equipment and services that reduce the need for on-site supervision in an emergency;
	+ Transportation not provided by a personal assistant.
	+ Assist you to transition from a hospital or nursing facility to your home.

Environmental and Vehicle Modifications

Modifications to a participant’s residence or vehicle necessary to accommodate their disability and promote functional independence, health, safety and welfare. Some examples of services are:

* + Installation of ramps and grab-bars;
	+ Widening of doorways;
	+ Minor household repairs;
	+ Modification of bathroom facilities;
	+ Specialized equipment;
	+ Vehicle modifications include adaptive vehicle controls related to steering, braking, shifting, signaling and acceleration, lift devices, seat adaptations, handrails, and door widening.

Training and Educational Supports

This service category includes training or education on a client’s health issues or personal skill development. It can also include training to paid or unpaid caregivers related to the needs of the client. Some examples of supports are:

* + Enrollment in a course addressing self-management of diabetes; Drug and alcohol treatment;
	+ Mental health services.

2. The participant, with the assistance of the Care Consultant, will authorize all purchases from the budget. The development of the spending plan is meant to be a careful process that requires the participant, with the help of their Care Consultant, and representative (if the client has chosen someone to act in this role) to make a very intentional plan that balances immediate needs for services like personal care or other goods and services referenced above that are not covered by some other funding source with goals to save funds for a one-time purchase, like a vehicle modification, related to needs identified in the spending plan.

* A ‘planned purchase’ is any one item (e.g. a service, an assistive device, or piece of equipment) that is described in a spending plan for which the participant is saving. .
* A participant is allowed to accumulate up to $3,500 in their account to pay for such a purchase without getting additional approval.
* A participant, with the support of their Care Consultant, may request approval to exceed the $3,500 cap for exceptional, planned purchases with preapproval from the New Freedom Program Manager.
* If a single purchase exceeds $3,500, the Care Consultant must notify the New Freedom Program Manager via email. If the purchase is allowable under WAC, no further action is necessary. If the purchase requires an Exception to Rule because it is excluded by WAC or the participant needs additional funds, follow the process outlined below to complete the Exception to Rule.

Process:

1. Create an Exception to Rule in CARE and submit to New Freedom Program Manager as discussed in Exceptions to Rule section.
* Personal Care Exception to Rule’s must still be submitted to the Long-Term Care Committee. (See [Chapter 3](http://intra.altsa.dshs.wa.gov/docufind/LTCManual/) for more information on Personal Care Exception to Rules)

The New Freedom Program Manager will:

1. Review the Exception to Rule with the committee within 7 days of receipt.

3. The planned purchase list allows participants to identify specific planned purchases and the costs associated with the potential purchase. The list is for reference only and is not functionally associated with the budget. Once there is enough funding saved for a specific planned purchase the participant will ask the Care Consultant to create an approved allocation line in the portal so the item can be purchased once the participant submits a completed Participant Purchase/Reimbursement Request Form (PRF) authorizing the Financial Management Services provider to make the purchase.

4. Once the participant has determined what their spending plan will be the Care Consultant will enter it into the Financial Management Services portal.

5. The participant’s approval of the spending plan verifies his/her involvement in the development of the plan and gives consent to the services and supports outlined in the plan. Obtaining approval of the spending plan is the same process as in other waiver services.

**Procuring Providers and Vendors**

The Care Consultant will be available to assist the participant in selecting providers and vendors. HCS/AAA, will facilitate the contracting of the individual provider. For non-personal care services, the Care Consultant will follow the process outlined in the [Contracting Non-Personal Care Providers and Vendors](#_Contracting_Non-Personal_Care) section.

**Individual Provider (IP) or Home Care Agency Personal Care (HCA)**

The New Freedom budget is calculated based on the assumption that a participant will be hiring an IP for personal care services. If the participant wants to be served by an HCA, there will be no additional charge to their budget, nor will there be additional funds provided to the budget. Depending on the participant’s choice of personal care provider the Care Consultant will authorize services as described in the enrollment section of this chapter.

**Exceptions to Rule**

* An [Exception to Rule, referenced in chapter 3,](http://intra.altsa.dshs.wa.gov/docufind/LTCManual/) ([WAC 388-440-0001](http://apps.leg.wa.gov/wac/default.aspx?cite=388-440-0001)) is required to authorize a higher budget amount than indicated in CARE. The standard Exception to Rule process will be followed by creating a request in CARE and submitting the request to the New Freedom Program Manager.
* A one-time Exception to Rule budget amount may be approved if the participant needs a specific support and they do not have savings funds accumulated to purchase the item needed for health or safety concerns. The standard Exception to Rule process will be followed by creating a request in CARE and submitted to the New Freedom Program Manager.
* A one-time Exception to Rule may be approved to use participant’s existing funds for a service/item which is not usually covered by New Freedom, but is needed to address his or her unique health or safety concerns. The standard Exception to Rule process will be followed by creating a request in CARE and submitted to the New Freedom Program Manager.
* Participants receiving in-home, personal care services may ask for more hours following the standard Personal Care Exception to Rule process and submitting to the Long-Term Care Exception to Rule Committee.

***Note:*** If an Exception to Rule is approved the additional funds must be authorized for the service/support that it was requested for.

**Quarterly Contacts**

Participants in New Freedom may have little or no experience in assuming responsibility for their own service plan and budget. The Care Consultant might need to spend considerable time helping a participant understand, learn and embrace his/her role in determining what services will best address their individual care needs in addition to hiring and supervising a personal care provider.

The Care Consultant must make quarterly contacts with the participant to:

* Review budget authorizations;
* Review elections for personal care hours;
* Review planned purchase list and remove those items/services that are no longer needed/wanted and add additional items if appropriate. Check the priority of the items/services on the list to ensure payments can be made timely once funds have been accumulated.
* Confirm that purchases in the past quarter were received.; and

Contacts must be made quarterly from the date of assessment. For example, an assessment is conducted on January 9th and moved to current on January 15th. The next contact must be completed by the end of April with the subsequent contacts required by July and October and face-to-face assessments (annual or significant change) may be substituted for one of the quarterly contacts as long as the spending plan information was discussed as above.

* To help the Care Consultant track if they may be overdue for a quarterly contact, document all contacts considered as quarterly contacts in **SER** using **Purpose Code “Monitor Plan”.** This will enable an automated Tickler to notify the Care Consultant if more than 4 months have passed since the last Monitor Plan SER entry.

**Institutional Stays**

A participant who has been institutionalized for 45 days or less with the intent to return to New Freedom upon discharge may stay enrolled in the program with their budget being temporarily suspended. The service budget dollars cannot be used while the participant is institutionalized. Participant funds will not accrue while institutionalized. Upon return home the budget will be reinstated to the amount that was in place when initially institutionalized.

The Care Consultant will notify the New Freedom Program Manager that the participant’s budget must be suspended. The New Freedom Program Manager will notify the Financial Management Services provider not to allow any spending against the budget.

If a participant requires funds to be used during a short institutional stay to prevent additional costs (payment for PERS monthly service vs. payment for reinstallation of PERS unit) or to pay for services already received at the time of institutionalization (Home Delivered Meals), the Care Consultant will need to contact the New Freedom Program Manger to have these expenditures approved.

**Challenging Cases Protocol**

The Care Consultant should follow the Challenging Cases Protocol for any situation when the spending plan cannot assure the health and welfare of the participant due to participant, environmental, or resource issues [(Chapter 5)](http://intra.altsa.dshs.wa.gov/docufind/LTCManual/).

**Skin Observation Protocol**

If a participant chooses New Freedom at the time of their CARE assessment (intake/annual/significant change) and the assessment triggers a skin issue, the worker’s agency (HCS/AAA) must proceed with the standard skin observation protocol [(Chapter 24)](http://intra.altsa.dshs.wa.gov/docufind/LTCManual/).

**Reassessing Participants for New Freedom**

The Care Consultant *will:*

1. Complete the annual and significant change assessment when applicable in CARE to determine ongoing functional eligibility;
2. Obtain a financial eligibility determination;
3. Offer New Freedom as well as other waiver/state plan options, settings, and providers when the client is determined financially and functionally eligible;
4. If the participant chooses to remain in New Freedom, the Care Consultant will follow the applicable steps under the enrollment section on pages 5 and 6. *(Note: 14-225 does not need to be resigned at annual/significant change assessments unless; there was a break in services or an updated version of the 14-225 form and an MB states the new version would need to be signed at participants next annual/significant change assessment)*
5. The Care Consultant will review the assessment with the participant and make any applicable updates to his/her spending plan taking into consideration the information in CARE including triggered referrals.

1. If the participant chooses **not** to remain in New Freedom:
	1. Coordinate the transfer to another ALTSA program of choice that the participant is eligible to receive.

**What are Financial Management Services?**

The Financial Management Services provider, ACES$, is the agency that handles payment and contracting matters on behalf of the participants enrolled in New Freedom. Their responsibilities include accessing the monthly goods and services budget from the Department of Social and Health Services (DSHS); setting up individual accounts for each participant; setting up procedures for verifying qualifications and credentials of providers/vendors of service; implementing efficient and timely participant directed purchasing systems; facilitating payment for labor services and other items needed by participants as identified in the spending plan; and developing contracts with non-personal care providers and vendors.

**Contracting Non-Personal *Care* Providers & Vendors**

 If the participant needs assistance in identifying appropriate services and supports the Care Consultant will be available to help. This could include assisting the participant to find the service/support at the best possible cost to meet the needs of the participant in terms of quality, quantity, and location.

Once the participant identifies a provider, the participant or the Care Consultant will contact Financial Management Services Customer Service to initiate the ‘new vendor’ process. The Financial Management Services provider will ensure the chosen vendor is qualified to provide the service to the participant, including verifying provider credentials and contracting with vendors (if necessary). If a vendor chooses not to contract with the Financial Management Services provider, or is not eligible to contract with the Financial Management Services provider, the participant will need to choose another vendor.

When the contracting and credentialing is complete, the Financial Management Services provider will notify the Care Consultant, the participant and the vendor. The participant will then be responsible to send in the Participant Purchase/Reimbursement Request Form and any other required documentation (receipt, invoice, etc.) to the Financial Management Services provider to allow purchase and/or payment.

***Payments for Goods & Services***

There are three ways in which a New Freedom participant’s services and supports can be paid through the Financial Management Services provider.

1. Check payable directly to the vendor
2. Online purchases
3. Client reimbursement for approved services that the participant paid for

Participants themselves authorize all services and supports, other than personal care. This is done by completing a Payment Request Form and submitting the form to the Financial Management Services provider. Payment requests can be completed without the Payment Request Form by using the Financial Management Services online portal and uploading any necessary documentation.

**Managing & Reporting of Accounts**

The Financial Management Services provider will document and track all participant payments, excluding monthly personal care, related to individual spending plans. On a quarterly basis the Financial Management Services provider will send participants a budget report that contain expenditures and the budget balance. The Web portal is available to all participants who want to view their account on-line. Participants can register for the portal by visiting the ACES$ website: [note.mycil.org.](https://note.mycil.org/Account/Login?ReturnUrl=%2F)

**Mandatory Reporting**

New Freedom Care Consultants and the Financial Management Services provider are mandatory reporters and must follow all of the mandatory reporting laws.

\*For additional APS information, refer to Long-Term Care Manual [Chapter 6](http://intra.altsa.dshs.wa.gov/docufind/LTCManual/).

**Administrative Hearings**

When a participant disagrees or files for an administrative hearing based on a decision made by a Care Consultant or the Financial Management Services provider, the following processes will be used based on the situations outlined below:

* If the participant is not satisfied with the outcome of their New Freedom functional eligibility determination (CARE assessment):
* The Care Consultant will follow the Administrative Hearing Process outlined in the ALTSA Long-term Care Manual [Chapter 1](http://intra.altsa.dshs.wa.gov/docufind/LTCManual/).
* If the participant is not satisfied with the denial of a provider and they contact the Care Consultant or the Financial Management Services provider regarding the issue:
* The Financial Management Services provider will:
* Offer to mail the participant an administrative hearing request form.
* If the participant files for an administrative hearing:
	+ The Financial Management Services provider will contact the participant to see if they would like to schedule a pre-hearing meeting regarding the denial; and
	+ If the pre-hearing meeting does not resolve the issue, Financial Management Services will prepare a summary statement of the pre-hearing meeting and send the summary statement, notes and any other applicable information to the New Freedom Program Manager as soon as possible and no later than two weeks prior to the hearing unless the pre-hearing is scheduled within a week of the hearing.
	+ Care Consultant will:
* If the provider is not an IP:
	+ Refer the participant to the Financial Management Services Representative regarding the provider denial who will follow the steps above.
	+ Document the conversation in SER, and notify the Financial Management Services Representative of the issue.
* If the provider is an IP:
	+ Follow the Administrative Hearing Process outlined in the ALTSA Long-term Care Manual [Chapter 1](http://intra.altsa.dshs.wa.gov/docufind/LTCManual/).
* If the participant is not satisfied with the denial of a spending plan service or support:
* The Care Consultant will follow the Administrative Hearing Process outlined in the ALTSA Long-term Care Manual [Chapter 1](http://intra.altsa.dshs.wa.gov/docufind/LTCManual/).

**How Do Participants Disenroll from New Freedom?**

***Voluntary Disenrollment***

New Freedom is a voluntary program and a participant may choose to disenroll and move to another Core Long-Term Care program. If a participant wants to disenroll the Care Consultant will work with them to switch to another program as seamlessly as possible. As a general rule if the participant asks to disenroll before the 15th of the month the disenrollment will be effective the first of the following month; if they ask to disenroll the 15th of the month or later, the disenrollment will be effective the first of the second following month (e.g. the participant calls on September 18th; the disenrollment will occur November 1st). On a case-by-case basis the transition can be expedited in order to support the participant’s needs. When a New Freedom participant disenrolls the Care Consultant will contact the Financial Management Services provider to notify them of the disenrollment date.

***Involuntary Disenrollment***

**Participant enrollment in New Freedom may also end involuntarily if:**

1. The participant moves out of the designated service area or is out of the service area for more than thirty consecutive days, unless the purpose of the longer absence is documented in the SER; or
2. The participant does not meet the terms for participant direction services outlined in the New Freedom enrollment agreement. The terms are as follows:
	1. Even with help from a representative, the client is unable to develop a spending plan, direct services or manage his/her individual budget or spending plan.
	2. Any one factor or several factors of such a magnitude jeopardize the health, welfare, and safety of the New Freedom participant or others, requiring termination of services under WAC [388-106-0047](http://apps.leg.wa.gov/wac/default.aspx?cite=388-106-0047).
	3. Misuse of program funds and services.

***Additional Process for Involuntary Disenrollment***

1. The Care Consultant must compose a written notice to the participant that fully documents that one or more of the conditions exist to justify involuntary disenrollment and forward the notice to the ALTSA New Freedom Program Manager.
2. The ALTSA New Freedom Program Manager will notify the Care Consultant of the approval/denial of the request for disenrollment within 15 days of receipt.
3. The Care Consultant will follow the Challenging Cases Protocol as applicable.
4. If the involuntary disenrollment is approved by the ALTSA New Freedom Program Manager, the Care Consultant will follow the disenrollment process noted above for voluntary disenrollment.

***Loss of Eligibility***

1. Participants must meet the functional and financial eligibility to remain in New Freedom. If a participant is determined to no longer meet program eligibility, the Care Consultant will work with the client on a termination plan.
2. New Freedom is available only to participants who live in their own homes. If a participant wants/needs to move to a residential or long-term placement in a nursing facility, they are no longer eligible for the New Freedom waiver.
3. New Freedom participants who are institutionalized for more than 45 days lose eligibility for the program and must be disenrolled.

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**Resources**

***Rules and Policy***

[Chapter 388-106 WAC](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106)Long-Term Care Services

Reference WACS [388-106-1400 through 388-106-1480](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1400) for New Freedom Budget-Based, Participant-Directed Services.