PROVIDER SELECTION

Background:

Service provider rates for all funding sources (CHOICE, SSBG, Title III, and Medicaid Waiver) are set by the Indiana Family and Social Services Administration (FSSA). Providers must provide services through both the CHOICE and Medicaid Waiver programs in order to contract with Area Agencies on Aging. Service providers may submit contracts that list service rates below the FSSA mandate and/or list specific service conditions.

Generations reserves the right to identify contracts that have specific service conditions. Specific service conditions may include:

- Services are exclusive to a defined population.
- Provider has special conditions that will restrict referral acceptance.
- Provider has unique and/or uncommon services.
- Provider submits rates that are below the current service rate.

Policy:

- All clients are informed of available Generations' service providers in their area from which to choose. This is verified on the signed statement of assurances.
- The client always has freedom of choice and is able to change providers at any given time. A limit of two HDM provider changes in allowed in a 12 month period.

Procedure(s):

- Community Resource Coordinator/Vendor Liaison manages service provider contracts and updates the vendor list on an as needed basis.
- Service provider lists are made available to Case Managers and Options Counselors by the Community Resource Coordinator/Vendor Liaison.
- Medicaid Waiver provider lists are obtained through INsite by clicking the following:

The "M" button – Medicaid Waiver Provider Database

- A brochure listing all the different HDM providers and their differences is also available for clients to aid in their selection.
- Once the client selects a provider, the case manager must submit the proposed care plan to the case management team for review and approval. Authorization for the services requested is based on available funding and provider availability.

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