

# POLICY and PROCEDURE

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Title: Member Access to the Case Management Agency (CMA)  
Policy Number: CMA 12  
Department/Owner(s) CMA- Heather Murphy, Sheila Worth  
Creator(s): Billie Bemis  
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Reviewer(s): Heather Murphy, Sheila Worth, Erica Anderson  
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Approval Date: 11/8/2024  
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Approval Date: 11/8/2024  
Signature: *Heather Murphy*

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## 1.0 Definitions

- 1.1 **Case Manager (CM):** A person who provides case management services and meets all regulatory requirements for CMs.
- 1.2 **Client:** A person enrolling into Medicaid.
- 1.3 **Designated Service Area (DSA):** A grouping of counties in which CMA services are provided.
- 1.4 **Individual:** A person who is a non-Medicaid recipient.
- 1.5 **Member:** A person who is a Medicaid recipient.
- 1.6 **Person-Centered Model of Case Management:** A delivery model of case management that puts Members first, is Member directed, and Member focused.

## 2.0 Purpose

- 2.1 To ensure RMHP's CMA complies with federally mandated requirements for access to services.

## 3.0 Applicability

### 3.1 RMHP CMA

### 3.2 Regulatory/Contractual Requirement(s):

- 3.2.1 RMHP CMA Contract C24-186985
- 3.2.2 10 CCR 2505-10 8.7201.K
- 3.2.3 Americans with Disabilities Act, 42 U.S.C. 12101 et seq.

## 4.0 Policy

- 4.1 The CMA will not have physical or programmatic barriers that prevent a Member's access to services or prohibits individual participation.
- 4.2 The CMA will not require Members to come to any CMA office to receive CMA services.
- 4.3 The CMA will comply with nondiscrimination requirements as defined by federal rule, Health Care Policy and Financing (the Department) rule, and in the CMA's contract with the Department.
- 4.4 CMA functions will be provided in a person-centered model of case management service delivery.
- 4.5 The CMA will complete a Level of Care Screen (LOC) when requested by a Member, Individual, or Client in accordance with Member Rights, even if CMA staff does not believe the person will be deemed eligible.
- 4.6 The CMA will maintain office locations and office hours in accordance with the CMA's contract with the Department and in accordance with the Americans with Disabilities Act.

## 5.0 Responsibilities

### 5.1 CMA Staff

#### 5.1.1 Physical and Programmatic Barriers

- 5.1.1.1 All CMA staff are responsible for identifying and notifying about any programmatic or physical barrier that would prevent a Member, Individual, or Client from accessing CMA services.
- 5.1.1.2 The VP of LTSS and the CMA Director are responsible for removing these barriers once notified.

#### 5.1.2 Offices

- 5.1.2.1 The CMA Director is responsible for overseeing the accessibility, staffing, and availability of CMA offices.
- 5.1.2.2 Supervisors in each DSA are responsible for ensuring that the local CMA office is open and available to Members, Individuals, and Clients each business day from 8:00 a.m. until 5:00 p.m.
- 5.1.2.3 Supervisors are responsible for ensuring that the local CMA office is staffed by CMs each open business day.
- 5.1.2.4 CMs are responsible for adhering to assigned office coverage schedules.

#### 5.1.3 Nondiscrimination

- 5.1.3.1 All CMA staff are responsible for ensuring that the nondiscrimination policy addendum is attached to all letters sent from the CMA.
- 5.1.3.2 All CMA staff are responsible for following the RMHP nondiscrimination policy as outlined:
  - 5.1.3.2.1 Rocky Mountain Health Plans (RMHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

5.1.3.2.2 RMHP takes reasonable steps to ensure meaningful access and effective communication is provided within 5 business days and free of charge:

5.1.3.2.2.1 Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

5.1.3.2.2.1.1 Qualified sign language interpreters (remote or on-site)

5.1.3.2.2.1.2 Written information in other formats (large print, audio, accessible electronic, other formats)

5.1.3.2.2.2 Provides free language assistance services to people whose primary language is not English, such as:

5.1.3.2.2.2.1 Qualified interpreters (remote or on-site)

5.1.3.2.2.2.2 Information written in other languages

5.1.3.2.3 Failure to comply with the nondiscrimination policy could result in corrective action up to and including termination of employment.

#### 5.1.4 **Person-Centered Case Management**

5.1.4.1 All CMA staff are responsible for providing case management delivery using the person-centered model as outlined in the Person-Centered Case Management Policy and Procedure.

5.1.4.1.1 CMA staff will honor the Member, Individual, or Client's desires of meeting locations. CMA staff will not require Members, Individuals, or Clients to come to a CMA office for the delivery of services or any other reason unless it is the most convenient option for the Member, Individual, or Client.

5.1.4.1.2 CMA staff will complete a LOC when requested regardless of if it is known or suspected that the person may not meet eligibility requirements.

## 5.2 **Routine Policy Review, Maintenance, and Communication**

5.2.1 This policy will be reviewed (and revised where necessary) at least annually or when there is a regulatory or contract change.

### 5.2.2 **The policy owner(s) are responsible to:**

5.2.2.1 Perform due diligence to confirm that the information is accurate and compliant with any applicable regulations, contracts, and laws.

5.2.2.2 Ensure the final policy is updated in other locations including training manuals, provider manuals, websites, portals, intranets, and any other locations.

5.2.2.3 Communicate revised policies to appropriate health plan staff and external stakeholders, as applicable. Communication must be documented and retained with the policy. Documentation could include inclusion in meeting minutes, email communication, and/or training attendance logs.

### 5.2.3 **The CMA Director is responsible to:**

5.2.3.1 Obtain all required reviews prior to finalizing the policy.

5.2.3.2 Update the final version of the policy in the RMHP Policy and Procedure Library.

## 6.0 Procedure

### 6.1 Member Access to the CMA

#### 6.1.1 Programmatic and Physical Barriers

6.1.1.1 If a CMA staff member notices a programmatic or physical barrier that would prevent a Member, Client, or Individual from fully participating in the services offered by the CMA, the CMA staff will notify the CMA Director and the VP of LTSS by email.

6.1.1.1.1 The notification email should include the building or program that has the barrier, the specifics of the actual barrier, and a brief explanation of why it is a barrier if it is not clear.

6.1.1.2 The CMA Director and VP of LTSS will work to remove the barrier. This work is dependent on the barrier but may include working with CMA staff, the Department, the Real Estate Department at United Healthcare (UHC), or other parties that have impact on the barrier noted.

6.1.1.3 The CMA Director will notify the individual that brought the issue forth and all CMA staff that have Members impacted by the barrier.

6.1.1.4 If warranted, case managers will notify Members that the barrier has been cleared.

#### 6.1.2 Offices

6.1.2.1 The VP of LTSS and the CMA Director work with the UHC Real Estate Department to secure office space for each designated service area (DSA).

6.1.2.1.1 Offices secured meet ADA regulations and do not create physical barriers for Members accessing the CMA.

6.1.2.2 All CMA offices are open Monday through Friday from 8:00 a.m. to 5:00 p.m.

6.1.2.2.1 Exceptions to normal business hours include:

6.1.2.2.1.1 Inclement weather that creates safety issues for travel for staff and Members, Clients, and Individuals.

6.1.2.2.1.1.1 In this case, a notice will be put on the RMHP.org website noting the office closure.

6.1.2.2.1.1.2 CMA staff will be notified by their Manager, Supervisor, or the CMA Director.

6.1.2.2.1.1.3 These closures must be approved by the CMA Director and the VP of LTSS.

6.1.2.2.1.2 UHC authorized holidays, which include:

6.1.2.2.1.2.1 New Year's Day

6.1.2.2.1.2.2 Martin Luther King Jr. Day

6.1.2.2.1.2.3 Memorial Day

6.1.2.2.1.2.4 Independence Day

- 6.1.2.2.1.2.5 Labor Day
- 6.1.2.2.1.2.6 Thanksgiving Day
- 6.1.2.2.1.2.7 Day after Thanksgiving Day
- 6.1.2.2.1.2.8 Christmas Day

6.1.2.3 The CMA Director works with CMA Managers and Supervisors to ensure that all CMA offices are accessible, open during normal business hours, and are appropriately staffed with case managers each day.

6.1.2.3.1 Managers and Supervisors create staffing schedules with assigned office hours for their staff.

6.1.2.3.1.1 These schedules are communicated to staff verbally and on the team’s SharePoint category.

6.1.2.3.2 The CMA Director provides oversight and monitoring to ensure adherence to office staffing schedules and ensures offices are open and appropriately staffed.

6.1.2.4 No CMA staff will require a Member, Client, or Individual to come to a CMA office to obtain services unless it is that Member, Client, or Individual’s preference to come to the office.

6.1.3 Nondiscrimination

6.1.3.1 All CMA staff that are responsible for mailing letters to Members, Clients, and Individuals will verify that the Nondiscrimination addendum is included in the mailing.

6.1.4 Person-Centered Case Management

6.1.4.1 Person-Centered Planning Process

6.1.4.1.1 The planning process, where possible, is led by the Member, Client, or Individual.

6.1.4.1.2 If the Member would like others to participate in the planning process, they are able to choose the participants.

6.1.4.1.2.1 The exception to this would be if a party has legal decision-making authority over the Member, Client, or Individual- that party has to be included regardless of the Member, Client, or Individual’s preference.

6.1.4.1.3 The person-centered planning process provides the necessary information and support to ensure the individual:

6.1.4.1.3.1 Directs the process to the maximum extent possible.

6.1.4.1.3.2 Is able to make informed choices and decisions.

6.1.4.1.4 The person-centered planning process:

6.1.4.1.4.1 Occurs at times and locations at the convenience of the Member, Client, or Individual.

6.1.4.1.4.2 Reflects cultural considerations of the Member, Client, or Individual.

- 6.1.4.1.4.3 Includes information provided in plain language and in a manner that is accessible to:
  - 6.1.4.1.4.3.1 People with disabilities
  - 6.1.4.1.4.3.2 People who have limited English proficiency
- 6.1.4.1.4.4 Offers informed choices regarding services and supports received and from whom.
- 6.1.4.1.4.5 Includes method for requesting updates to the plan as needed.
- 6.1.4.1.4.6 Records alternative home and community-based settings considered by the person.
- 6.1.4.1.4.7 Includes strategies for solving conflict or disagreement with the process, including clear conflict of interest guidelines for all planning participants.

#### 6.1.4.2 Person-Centered Service Plans

- 6.1.4.2.1 The person-centered service plan must reflect the person's:
  - 6.1.4.2.1.1 Strengths
  - 6.1.4.2.1.2 Preferences
  - 6.1.4.2.1.3 Individually identified goals
  - 6.1.4.2.1.4 Desired outcomes
  - 6.1.4.2.1.5 Clinical needs (identified through LOC determination)
  - 6.1.4.2.1.6 Support needs (identified through LOC determination)
- 6.1.4.2.2 The person-centered service plan must also reflect:
  - 6.1.4.2.2.1 The services and supports important for the person to meet identified needs.
  - 6.1.4.2.2.2 Delivery preferences, as specified by the person.
  - 6.1.4.2.2.3 How the services and supports (both paid and unpaid) achieve identified goals.
  - 6.1.4.2.2.4 The providers of the services and supports including natural supports.
  - 6.1.4.2.2.5 Risk factors
  - 6.1.4.2.2.6 Measures that are in place to minimize risk factors, including:
    - 6.1.4.2.2.6.1 Individualized back-up plans.
    - 6.1.4.2.2.6.2 Strategies, when needed.
- 6.1.4.2.3 The plan must be understandable to the person receiving services and supports and people that are important in supporting that person.

- 6.1.4.2.4 The person-centered service plan must be written in plain language and in a manner that is accessible to people with disabilities and people who are limited English proficient.
- 6.1.4.2.5 The person-centered service plan must identify the person or entity that is responsible for monitoring the plan.
- 6.1.4.2.6 The person-centered service plan must be finalized and agreed to with the informed consent of the person in writing and signed by all parties and providers responsible for its implementation.
- 6.1.4.2.7 The person-centered service plan must be distributed to the Member, Client, or Individual and all other people that are involved in the plan.

6.1.4.3 Person-Centered Services and Supports

- 6.1.4.3.1 Person-Centered Services and Supports must be commensurate with the individual’s level of need.
  - 6.1.4.3.1.1 Unnecessary or inappropriate services and supports should not be provisioned.
- 6.1.4.3.2 The services and supports must be within the scope of the HCBS waiver or program.
- 6.1.4.3.3 The services and supports should indicate the purpose or control of which the person elects to self-direct.

6.1.5 Level of Care Screens

- 6.1.5.1 If a person is referred to the CMA for a Level of Care screen to determine eligibility for waivers or programs, CMA staff will conduct the Level of Care Screen regardless if it is known or assumed that the person will not qualify for a CMA-offered waiver or program.

**7.0 Revision History**

| VERSION | DATE       | REVISED BY   | DESCRIPTION OF CHANGES |
|---------|------------|--------------|------------------------|
| 0       | 10/28/2024 | Billie Bemis | Initial Policy         |