

A.4.9 Free Choice of Provider and Free Choice Provider Complaint/Grievance Process

Responsible Office: Support Coordination

Reference: Administrative Code 580-5-30-.15, OG A.5.13. New Settings HCBS Compliance

Effective: Historical Practice

Revised: July 1, 2024

Statement: The Alabama Department of Mental Health - Developmental Disabilities Division (DMH- DD) requires the use of a Free Choice of Provider (FCOP) as well as the FCOP Complaint/Grievance process.

Purpose/Intent: The Free Choice of Provider process ensures that the individual supported has the right to choose their provider or each of their services without coercion. In addition, the FCOP Complaint/Grievance process allows the individual the opportunity to report concerns or issues with the selected provider.

HCBS Waivers: ID/LAH

Definitions: FCOP (Free Choice of Provider), SC (Support Coordination), Community Waiver Program (CWP), Living at Home (LAH), Intellectual Disabilities (ID)

Procedures:

Free Choice of Provider

Free Choice of Provider is a requirement that must be ensured throughout the delivery of HCBS Waiver Services. Individuals receiving services must have the opportunity to choose their direct support provider and where there are multiple support coordination providers, individuals must receive choice among them.

The Support Coordinator must:

1. Ensure the FCOP is completed at the time of new admission and signed by all parties including the SC.
 - a. For ID and LAH waiver participants, the FCOP must also be completed annually and every time the person supported changes provider.
 - b. For CWP waiver participants, the FCOP is completed only at the time of new admission into waiver services.
2. Ensure the choice is as informed as possible by the offer to the person supported to arrange a visit with any provider at any time the person desires.
3. Must be impartial as to choice made by the person supported and may never steer or otherwise influence the person's decision.
4. Ensure signatures are obtained from both the Support Coordinator (SC) and the provider. Provide a copy of the signed document to anyone who signs the document.
5. Scan the signed form into the notes of the information and management system at enrollment.
6. It is also required to be scanned into notes as a part of the redetermination packet and at the point that there is a provider change for ID and LAH waiver participants.
7. Maintain the original in a secure location as this completed form is subject to review by Alabama Medicaid and Alabama Department of Mental Health auditors.

HCBS Noncompliance of Provider

If a provider is determined to not meet 100% compliance with the HCBS Settings Rule, then the Support Coordinator will be notified and must begin the process to facilitate choice for the individual.

Free Choice of Provider Complaint/Grievance Process

The Support Coordinator must:

1. Review with the person supported and the legally authorized representative the FCOP complaint/grievance process. In the absence of a legally authorized representative and when the person permits, it should be reviewed with the responsible family member.
2. Point out that although they can call any of the phone numbers listed their call will likely be rerouted to the Region for their county of residence.
3. Provide the person a copy of the form so they will have the phone numbers readily available.