SUBPART A: GENERAL PROGRAM PROVISIONS

Section

240.100 Community Care Program

240.110 Department Prerogative

240.120 Services Provided

240.130 Maintenance of Effort

240.140 Program Limitations

240.150 Department Headquarters Location

240.160 Definitions

240.170 Variance

SUBPART B: SERVICE DEFINITIONS

Section

240.210 In-home Service

240.230 Adult Day Service (ADS)

240.235 Emergency Home Response Service

240.237 Automated Medication Dispenser Service

240.240 Information and Referral

240.250 Demonstration/Research Projects

240.260 Care Coordination Service

240.270 Alternative Provider

240.280 Individual Provider (Repealed)

SUBPART C: RIGHTS AND RESPONSIBILITIES

Section

240.300 Participant Rights and Responsibilities

240.310 Right to Request Services

240.320 Nondiscrimination

240.330 Freedom of Choice

240.340 Confidentiality/Safeguarding of Case Information

240.350 Participant /Authorized Representative Cooperation

240.355 Violence by Participant/Authorized Representative

240.360 Reporting Changes

240.370 Voluntary Repayment

SUBPART D: APPEALS

Section

240.400 Appeals and Fair Hearings

240.405 Representation

240.410 When the Appeal May Be Filed

240.415 What May Be Appealed

240.420 Consolidation of Appeals

240.425 Informal Review

240.430 Informal Review Findings

240.435 Withdrawing an Appeal

240.436 Dismissing an Appeal

240.440 Exchanging Records and Pre-hearing Conferences

240.445 Hearing Officer

240.450 The Hearing

240.451 Conduct of Hearing

240.455 Continuance of the Hearing (Repealed)

240.460 Continuance or Postponement

240.465 Dismissal Due to Non-Appearance

240.470 Rescheduling the Appeal Hearing

240.475 Recommendations of Hearing Officer

240.480 The Appeal Decision

240.485 Reviewing the Official Report of the Hearing

SUBPART E: REQUEST FOR SERVICES

Section

240.510 Participant Agreement for Community Care Program

240.520 Who May Make Application (Repealed)

240.530 Date of Application (Repealed)

240.540 Participant Agreement and Consent Form

240.550 Person-Centered Planning Process

SUBPART F: ELIGIBILITY FOR COMMUNITY CARE PROGRAM SERVICES

Section

240.600 Eligibility Requirements

240.610 Establishing Initial Eligibility

240.620 Home Visit

240.630 Determination of Eligibility

240.640 Eligibility Decision

240.650 Continuous Eligibility

240.655 Redeterminations Process

240.660 Extension of Time Limit

SUBPART G: NON-FINANCIAL REQUIREMENTS

Section

240.710 Age

240.715 Determination of Need

240.727 Minimum Score Requirements

240.728 Maximum Payment Levels for Person-Centered Plans of Care Including In-home Service

240.729 Maximum Payment Levels for Person-Centered Plans of Care Including Adult Day Service

240.730 Person-Centered Plan of Care

240.735 Supplemental Information

240.740 Assessment of Need

240.741 Prerequisites for Automated Medication Dispenser Service

240.750 Citizenship

240.755 Residence

240.760 Social Security Number

SUBPART H: FINANCIAL REQUIREMENTS

Section

240.800 Financial Factors

240.810 Assets

240.815 Exempt Assets

240.820 Asset Transfers

240.825 Income

240.830 Unearned Income Exemptions

240.835 Earned Income

240.840 Potential Retirement, Disability and Other Benefits

240.845 Family

240.850 Monthly Average Income

240.855 Applicant/Client Expense for Care (Repealed)

240.860 Change in Income

240.865 Application For Medical Assistance (Medicaid)

240.870 Determination of Applicant/Client Monthly Expense for Care (Repealed)

240.875 Participant Responsibility

SUBPART I: DISPOSITION OF DETERMINATION

Section

240.905 Prohibition of Institutionalized Individuals From Receiving Community Care Program Services

240.910 Written Notification

240.915 Service Provision

240.920 Reasons for Denial

240.925 Frequency of Redeterminations (Renumbered)

240.930 Memorandum of Understanding

240.935 Discontinuance of Services to Clients (Repealed)

240.940 Penalty Payments (Repealed)

240.945 Notification of a Change in Service

240.950 Reasons for Termination

240.955 Reasons for Reduction or Change

SUBPART J: SPECIAL SERVICES

Section

240.1010 Choices for Care Pre and Post Screening and Informed Choice

240.1020 Interim Services

240.1040 Intense Service Provision

240.1050 Temporary Service Increase

SUBPART K: TRANSFERS

Section

240.1110 Participant Transfer Request – Provider to Provider – No Change in Service

240.1120 Participant Transfer Request – Provider to Provider – With Change in Service

240.1130 Participant Transfers – Care Coordination Unit to Care Coordination Unit

240.1140 Transfers of Pending Requests for Services

240.1150 Interagency Transfers

240.1160 Temporary Transfers – Care Coordination Unit to Care Coordination Unit

240.1170 Caseload Transfer – Provider to Provider

240.1180 Caseload Transfer – Care Coordination Unit to Care Coordination Unit

SUBPART L: ADMINISTRATIVE SERVICE CONTRACT

Section

240.1210 Administrative Service Contract

SUBPART M: CARE COORDINATION UNITS AND PROVIDERS

Section

240.1310 Standard Contractual Requirements for Care Coordination Units and Providers

240.1320 Provider or Care Coordination Unit Fraud/Illegal or Criminal Acts

240.1399 Termination of a Provider or Care Coordination Unit (CCU)

SUBPART N: CARE COORDINATION UNITS

Section

240.1400 Community Care Program Care Coordination

240.1410 Care Coordination Unit Administrative Minimum Standards

240.1420 Care Coordination Unit Responsibilities

240.1430 Care Coordination Staff Positions, Qualifications and Responsibilities

240.1440 Training Requirements For Care Coordination Supervisors and Care Coordinators

SUBPART O: PROVIDERS

Section

240.1505 Administrative Requirements for Certification

240.1510 Provider Administrative Minimum Standards

240.1520 Provider Responsibilities

240.1525 Standard Requirements for In-home Service Providers

240.1530 General In-home Service Staffing Requirements

240.1531 Electronic Visit Verification (EVV) Requirements for In-home Service Providers

240.1535 In-home Service Staff Positions, Qualifications, Training and Responsibilities

240.1541 Minimum Equipment Specifications for Emergency Home Response Service

240.1542 Administrative Requirements for Emergency Home Response Service Providers

240.1543 Minimum Equipment Specifications for Automated Medication Dispenser Service

240.1544 Administrative Requirements for Automated Medication Dispenser Service Providers

240.1550 Standard Requirements for Adult Day Service Providers

240.1555 General Adult Day Service Staffing Requirements

240.1560 Adult Day Service Staff

240.1565 Adult Day Service Satellite Sites

240.1570 Service Availability Expansion

240.1575 Adult Day Service Site Relocation

240.1580 Standards for Alternative Providers

240.1590 Standard Requirements for Individual Provider Services (Repealed)

SUBPART P: PROVIDER PROCUREMENT

Section

240.1600 Provider Agency Certification

240.1605 Emergency Certification

240.1607 Standard CCP Provider Agreement

240.1615 Provider Initiated Service Area Modifications

240.1645 Objection to Certification Decision

240.1650 Classification, Identification and Receipt of Provider Service Violations

240.1660 Provider Performance Reviews

240.1661 Provider and Care Coordination Unit Right to Appeal

240.1665 Contract Actions for Failure to Comply with Community Care Program Requirements

240.1666 Termination of Provider Agreement

SUBPART Q: CARE COORDINATION UNIT PROCUREMENT

Section

240.1710 Procurement Cycle for Care Coordination Services

240.1720 Care Coordination Unit Performance Review

SUBPART R: ADVISORY COMMITTEE

Section

240.1800 Community Care Program Advisory Committee

SUBPART S: PROVIDER RATES

Section

240.1910 Establishment of Fixed Unit Rates

240.1920 Contract Specific Variations

240.1930 Fixed Unit Rate of Reimbursement for In-home Service

240.1940 Fixed Unit Rates of Reimbursement for Adult Day Service and Transportation

240.1950 Adult Day Service Fixed Unit Reimbursement Rates

240.1955 Fixed Unit Rates of Reimbursement for Emergency Home Response Service

240.1957 Fixed Unit Rates of Reimbursement for Automated Medication Dispenser Service

240.1960 Care Coordination Fixed Unit Reimbursement Rates

240.1970 Enhanced Rate for Health Insurance Costs

SUBPART T: FINANCIAL REPORTING

Section

240.2020 Financial Reporting of In-home Service

240.2023 Financial Reporting of Rate-Based Wage Increases for Direct Service Workers

240.2030 Unallowable Costs for In-home Service

240.2040 Minimum Direct Service Worker Costs for In-home Service

240.2050 Cost Categories for In-home Service