

## Federal Adult Behavioral Health HCBS Plan of Care (POC) Documentation Requirements

Adult BH HCBS POC documentation requirements (If HCBS POC template <u>not</u> used these items should be incorporated into HCBS POC per federal rules and regulations). The person-centered service plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports. Commensurate with the level of need of the individual, and the scope of services and supports available under the State's HCBS waiver, the written plan must:	Y/N
Reflect that the setting in which the individual resides is chosen by the individual. Example (I want to Live at: _____ If I want to move, the following actions steps were identified: _____)	
Reflect the individual's strengths and preferences	
Reflect clinical and support needs as identified through an assessment of functional need	
Include individually identified goals and desired outcomes	
Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports, including natural supports. Natural supports are unpaid supports that are provided voluntarily to the individual in lieu of HCBS waiver services and supports	
*** Reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed	
Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient	
Identify and list the individual(s) and/or entity(ies) responsible for monitoring the plan of care	
Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and HCBS providers responsible for its implementation	
Be distributed to the individual and other people involved in the plan	
Include those services, the purpose or control of which the individual elects to self-direct (the State currently does not have approval by CMS to have Medicaid participants' self-direct expenditures for HCBS. It is expected that this will be approved at some point in the future. At that time we would have this requirement in the HCBS POC)	
Prevent the provision of unnecessary or inappropriate services and supports (we expect this to be done through the MCO utilization management process)	
*** Documentation of modifications based on risk assessment as identified above (item 6)	
A. Identify specific and individualized assessed need	
B. Document the positive supports/interventions previously used that were unsuccessful to address the need	
C. Document less intrusive methods that have been previously used that were unsuccessful	
D. Clear description of the condition that is connected to the specific need or risk	
E. Collect ongoing data to monitor effectiveness of new modification	
F. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated	
G. Include informed consent of the individual	
H. Include an assurance that interventions and supports will cause no harm to the individual	