













active participants to the individual's comprehensive, integrated POC. However, inability to obtain these provider signatures will not impact the MCO Level of Service Determination, authorization, or provision of BH HCBS. If providers are refusing to sign the POC, or if the individual chooses not to share their POC with certain providers, the care manager should document this. The MCO and/or Lead Health Home may be able to assist the care manager in engaging providers that are not actively participating in the individual's coordinated care plan.

**After all required elements are added to the Plan of Care, the HHCM will submit the POC to the MCO.** The MCO will monitor for timely completion of the BH HCBS NYS Eligibility Assessment and POC, and may work with Health Homes to improve any quality issues, such as unnecessarily delayed assessments or incomplete POCs. The MCO will work with the HHCM as needed to ensure POCs are comprehensive, integrated, person-centered, and that the BH HCBS listed in the POC are appropriate for helping the member attain their recovery goals. The State will issue further guidance on resolving scenarios where there are protracted delays in the completion of Plans of Care and/or other documentation required. If the Plan of Care is updated to reflect changes in BH HCBS, the revised Plan of Care should be shared with the MCO.

At this time, there is no requirement for MCOs to approve POCs prepared by HHCMs that are not inclusive of BH HCBS. However, MCOs may request the POC for any of their members as deemed clinically necessary.

- **Ongoing Monitoring of the POC**  
HHCMs will work to engage all providers included in the individual's POC to support a truly integrated, coordinated plan. The POC may be updated as new needs are discovered or as the individual's goal(s) change over time.

The NYS Eligibility Assessment is valid for the period of one year from the date of completion. Therefore, annual re-assessment for BH HCBS eligibility is required for all HARP members and HARP-eligible HIV SNP members to determine functional impairment and continued need for BH HCBS, including for those previously deemed not eligible for BH HCBS at their last assessment.

The HHCM will use the NYS Eligibility Assessment to reassess the individual at least annually, and/or after a significant change in the individual's condition *warrants a change be made to the individual's Plan of Care*. The POC shall be updated to reflect changes in the individual's needs, goals, BH HCBS eligibility, and/or services needed.

If you have any questions on the process, please contact Nicole Haggerty at NYS OMH [Nicole.haggerty@omh.ny.gov](mailto:Nicole.haggerty@omh.ny.gov) or Peggy Elmer at NYS DOH [peggy.elmer@health.ny.gov](mailto:peggy.elmer@health.ny.gov).