

K-Plans of Care (POCs)

K-100 Overview

Support Coordinators (SCs) schedule Plan of Care (POC) meetings with the individuals and members of his/her support network.

The types of POCs are as follows:

- Initial POC
 - Individuals residing in the community
 - Individuals residing in the Nursing Facility (NF)
- Provisional POC
- Comprehensive POC
- Annual POC
- POC Revision
 - Routine
 - Emergency

K-110 Initial Plan of Care (POC) Development for Individuals Residing in the Community

SC will:

- Schedule a face to face Plan of Care (POC) meeting with the individual and their support network. The planning team may include anyone requested by the participant, but must include the individual, his/her legally responsible

representative (if applicable) and the Support Coordinator (SC). The initial interRAI Home Care (iHC) assessment and POC meeting must take place on separate days. The POC occurs *after* the iHC is completed.

NOTE: All initial POC meetings must be held face to face with the participant and care planning team.

- Identify any potential risk factors, make appropriate referrals and document the potential risks and mitigation steps.

NOTE: If the SC determines that a Provisional POC is needed, refer to Provisional POC Section.

- Develop a POC using Person Centered Planning (PCP) principles.
- Review and explain a waiver participant's rights and responsibilities (Refer to Rights and Responsibilities Form, OAAS-RF-10-005).
- Offer Freedom of Choice (FOC) of providers. Print current/appropriate list(s) from Medicaid's Provider Locator Tool (PLT).
 - Ensure the FOC includes all providers and the current print date.
 - Encourage the participant to contact and interview providers to make an informed choice.
- Complete the Emergency Plan.
 - Facilitate a comprehensive discussion of emergency needs and action steps.
 - Support emergency planning with supplemental documents, including those found on the [LDH Emergency Preparedness](#) website.
- Send the following information by email or fax to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual's needs: Draft POC including the Clinical Assessment Protocols (CAPS) and Flexible Schedule, Emergency Plan (if applicable), and Signed FOC.

- If the provider does not respond within 3 business days of the request, the SC will follow up with the provider. If the provider has not responded after 5 business days from the date of request, the SC will offer FOC for a new provider.

NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify the provider for a resolution prior to reporting to LDH Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Request the Back-Up Staffing Plan from the provider once the provider accepts the participant.
 - If the Back-Up Staffing Plan is not received from provider within 5 business days, the SC should offer FOC for a new provider on the 6th day.

The POC will:

- Identify the essential, necessary waiver services.
- Identify non-waiver services that are needed to assist the participant.
- Identify the funding source for the non-waiver services (with the assistance of the identified professional {e.g. OT, PT, etc.}).
- Address all triggered and any *relevant* CAPs.
For example: If the individual has a history of wandering, but wandering did not occur during the look back period and was not captured on the iHC, the CAP should be care planed for even though it was not triggered.
- Correlate with the InterRAI HC Home Care (iHC) Assessment.
- Be outcome-oriented, individualized and time limited.
- Be tailored to the participant's needs and preferences.

- Include Person Centered Planning (PCP) approaches and personal preferences that will achieve or maintain desired personal outcomes.
- Not be completed prior to the POC meeting.
- Be written in language that is understandable to all parties involved.
- Contain all required signatures.

SC will:

- Submit the completed entire POC packet (iHC, POC, CAPs, Flexible Schedule, Budget Worksheet, Back-Up Staffing Plan, FOC pages, Responsible Representative form {if applicable}, & Emergency Plan) to the SC supervisor for review and approval.
- Contact the participant or representative, if applicable, via phone within 10 calendar days from the date of POC approval to ensure the appropriateness and adequacy of the service delivery (all waiver and non-waiver services).
- Take action to resolve any identified service delivery issues for both waiver and non-waiver services.

If the SC supervisor determines the POC is not approvable, the entire packet will be returned to the SC to make appropriate corrections.

K-120 Initial Plan of Care (POC) Development for Individuals Residing in the Nursing Facility

SC will:

- Schedule a face to face POC meeting with the individual and members of his/her support network.
 - The planning team may include anyone requested by the individual, but must include the individual, responsible representative (if applicable) and

the SC. Other planning team members may include NF staff, My Choice or My Place (MFP) Transition Coordinator (TC) (if applicable), ombudsmen, and/or other appropriate professionals or providers.

- The initial interRAI Home Care (iHC) assessment and POC meeting must take place on separate days. The POC occurs *after* the iHC is completed.

NOTE: All initial POC meetings must be held face to face with the participant and care planning team.

- Identify any potential risk factors and make appropriate referrals and document the potential risks and mitigation steps.
- Review and explain a waiver participant's rights and responsibilities. Refer to Rights and Responsibilities Form, OAAS-RF-10-005.
- Assist the individual with locating housing (if needed) including gathering and obtaining all necessary documents needed for housing applications.
 - Document all actions taken.
 - Collaborate with the TC to complete a Permanent Supportive Housing (PSH) application.

NOTE: Only TCs are authorized to submit PSH applications.

- Develop the POC using PCP principles to identify the services needed/already receiving.

NOTE: If the SC determines that a Provisional POC is needed, refer to Provisional POC Section.

- Offer Freedom of Choice (FOC) of providers. (Print current/appropriate list(s) from Medicaid's Provider Locator Tool {PLT}).
 - Ensure the FOC includes all providers and the current print date is included on the document.

- Encourage the participant to contact and interview providers, in order to make an informed choice.
- Complete the Emergency Plan.
 - Facilitate a comprehensive discussion of emergency needs and action steps.
 - Support emergency planning with supplemental documents, including those found on the [LDH Emergency Preparedness](#) website.
- Send the following information by email or fax to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual's needs: Draft POC including the Clinical Assessment Protocols (CAPS) and Flexible Schedule, Emergency Plan (if applicable), and Signed FOC.
 - If the provider does not respond within 3 business days of the request, the SC will follow up with the provider. If the provider has not responded after 5 business days from the date of request SC will offer FOC for a new provider.

NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to LDH Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Request the Back-Up Staffing Plan from the provider once the provider accepts the participant.
 - If the Back-Up Staffing Plan is not received from provider within 5 business days, the SC should offer FOC for a new provider on the 6th day.

The POC will include:

- All needs/services (including transition services, if applicable) that allow the individual to transition out of the NF.

- This includes initial needs for the participant's first month in the community and any services needed to further assess the participant.
- The individual's community physician(s).
- A preliminary/projected move date.
- The funding source for the non-waiver services (with the assistance of the identified professional {e.g. OT, PT, etc.}).
- Unpaid natural supports that will assist the individual.
- A transition plan detailing what the individual has and needs for transitioning into the community, including housing.
- Transition Intensive Support Coordination (TISC) service in the Supports and Services and budget section of the POC reflecting the estimated cost.
- Strategies that will achieve or maintain desired personal outcomes.
- Address all triggered CAPs.
- Correlate with the interRAI HC (iHC) Assessment.
- Be outcome-oriented, individualized and time limited.
- Be tailored to the participant's needs and preferences.
- Not be completed prior to the POC meeting.
- Be written in language that is understandable to all parties involved.
- Contain all required signatures.

SC will:

- Visit the prospective residence prior to the individual transitioning from the nursing facility.
- Submit the completed POC packet (iHC, POC, CAPs, Flexible Schedule, Budget Worksheet, FOC pages, Back-Up Staffing Plan, Responsible Representative form, if applicable, & Emergency Plan) to the SC supervisor for review and approval.

NOTE: If the SC supervisor determines the POC is not approvable, the entire packet will be returned to the SC to make corrections.

- Contact the individual by phone at least once per week within the first month of transitioning from the NF.

Once certified, but still residing in the NF, the SC will:

- Contact the participant or representative (if applicable) via phone within 10 calendar days from the date of POC approval to ensure:
 - The appropriateness and adequacy of all waiver and non-waiver service delivery, and
 - That transition readiness activities are occurring as intended and scheduled.
- Take action to resolve any identified service delivery issues for both waiver and non-waiver services.
- Focus contacts during the TISC period on ensuring transition efforts are ongoing and that any barriers are properly addressed.

NOTE: The SC must speak directly with ONLY the participant or responsible representative for monthly contacts. Billable contacts cannot be completed with NF staff or paid providers.

At the end of the TISC period the support coordinator will submit a summary of progress and Support Coordination Contact Documentation (SCD) logs to the OAAS Transition Coordinator (TC). Upon acceptance from the TC, the TC will provide transition coordination support to the individual, ensuring successful transition. The SC will remain informed and involved with the case during the monthly transition meetings with the TC and RO.

After certification, annual Nursing Facility Level of Care (NF LOC) determinations and POCs must be completed by the SC as per the annual POC procedure and timelines.

Upon transition from the NF, a POC Revision must be completed the day of transition. The POC revision is required to add any services that will be necessary in the community. The date the participant transitioned into the community must be indicated on the Plan of Care Action Section of the POC.

K-130 Provisional Plans of Care (POCs)

An initial Provisional Plan of Care (POC) may be developed by the SC.

A Provisional POC:

- Can be used in place of an initial POC.
- Allows some services to begin quickly pending completion of a more in-depth assessment and/or a more comprehensive POC.
- Is optional but in some cases are beneficial to the participant.
- Can begin a service to facilitate the initial assessment and POC process itself.
- May be useful for expedited Community Choices Waiver (CCW) participants.

Examples: A participant with a history of falls may benefit from a nursing, Occupational Therapy (OT) or Physical Therapy (PT) assessment as part of the comprehensive POC process. A SC must submit a provisional POC authorizing a nursing or PT/OT assessment. Once the professional assessment is completed, the SC would use that assessment and its recommendations to complete the comprehensive POC and CAPs. Used in this way, provisional POCs allow SCs to take a more inter-disciplinary approach to planning.

Provisional POCs may be used when services need prior approval. For instance, under the CCW, Environmental Accessibility

Adaptations (EAA) require an EAA assessment to determine whether the EAA is appropriate and necessary and whether the individual's needs could better, or as effectively, be met through assistive devices. An SC should use the Provisional POC to authorize the EAA assessment prior to completing the comprehensive POC.

Provisional POCs may also be used in nursing facility transition cases where it is clear that an individual is in urgent need of one or more services but it is difficult to determine the best comprehensive approach and more time is needed for assessment and planning.

There are some special conditions that apply when using Provisional POCs that SCs should consider. On some cases, it may be more appropriate to complete an Initial POC and make revisions after the Initial POC is implemented.

Provisional POCs will:

- Be completed after the interRAI Home Care (iHC) is conducted with the applicant.
- Be completed on initial Community Choices Waiver (CCW) cases only.
- Identify the essential Medicaid services that will be provided in the participant's first 60 days of waiver eligibility.

SC will:

- Offer Freedom of Choice (FOC) of providers. (Print the current/appropriate list(s) from Medicaid's Provider Locator Tool {PLT}).
 - Ensure the FOC includes all providers and the current print date is included on the document.
 - Encourage the participant to contact and interview providers, in order to make an informed choice.

- Develop the Provisional POC using person-centered planning principles in identifying the services needed/already receiving.

NOTE: For NF transition cases, the Provision POC should only include services that will be provided before the person transitions out of the NF. Some services cannot be provided/authorized while the individual is in a NF. Refer to the appropriate Medicaid CCW or ADHC Provider Manual if service coverage verification is needed.

- Complete the Emergency Plan (if applicable).
 - Facilitate comprehensive discussion of the participant's needs and action steps.
 - Support the emergency planning with LDH [Emergency Preparedness Information](#).
- Send the following information by email or fax: Demographic POC page, emergency plan (if applicable), signed FOC & flexible schedule to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual's needs.
 - If the provider does not respond regarding acceptance of the participant within 3 business days of the request, the SC will follow up with the provider. If the provider has not responded after 5 business days from the date of request SC will offer FOC for a new provider.

NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Request the Back-Up Staffing Plan from the provider once the provider accepts the participant.

- If the Back-Up Staffing Plan is not received from provider within 5 business days, the SC should offer FOC for a new provider on the 6th day.

The provisional POC will:

- Identify essential waiver services needed prior to the completion of the comprehensive Plan of Care (POC).
- Identify services that are needed to further assess the participant.
- Identify the funding source for the services [with the assistance of the identified professional (e.g. OT, PT, etc.)].
- (For NF Transitions ONLY): Identify basic transitional services needed for a smooth transition into the community during the first 60 days such as living arrangement, essential furnishings for basic living, food, utilities, deposits, medications, a means for contacting emergency services, and physician referral to a home health agency for an immediate nursing assessment.
- Be time limited.
- Be tailored to the participant's needs based on the interRAI Home Care (iHC) assessment.
- Not be completed prior to the POC meeting.
- Be written in language that is understandable to all parties involved.
- Contain all required signatures.

NOTE: SCs DO NOT need to plan for EVERY CAP that is triggered on the iHC assessment. The provisional POC must include enough information to explain why the services being authorized are essential and /or necessary to complete the comprehensive POC.

SC will:

- Submit the completed applicable pages of the provisional POC packet (iHC, POC, CAPs, Flexible Schedule, Budget Worksheet, FOC pages, Back-Up

Staffing Plan, Responsible Representative form, & Emergency Plan to the SC supervisor for review and approval.

NOTE: If the SC supervisor determines it is not approvable, the entire packet will be returned to the SC to make appropriate corrections.

- Contact the participant or representative, if applicable, via phone within 10 calendar days from the date of provider service initiation to assure the appropriateness and adequacy of the service delivery.

K-140 Comprehensive Plans of Care (POCs)

Comprehensive Plans of Care (POCs) will be completed by the **SC ONLY if the SC initially completed a provisional POC** with the participant.

SC will:

- Offer FOC of providers. (Print current/appropriate list(s) from Medicaid's Provider Locator Tool {PLT}).
 - Ensure the FOC includes all providers and the current print date is included on the document.
 - Encourage the participant to contact and interview providers, in order to make an informed choice.
- Develop the Comprehensive POC using PCP principles to identify the services needed/already receiving.

NOTE: Provider(s) are not required to be at the POC meeting(s), UNLESS the participant requests the provider(s) to be present at the meeting.

- Complete the Emergency Plan (if applicable).
 - Facilitate comprehensive discussion of participant's needs and action steps.

- Support the emergency planning with LDH [Emergency Preparedness Information](#).
 - Send the following information by email or fax: Demographic POC page, Emergency Plan (if applicable), Signed FOC & Flexible Schedule, to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual's needs.
 - If the provider does not respond regarding acceptance of the participant within 3 business days of the request, the SC will follow up with the provider. If the provider has not responded after 5 business days from the date of request SC will offer FOC for a new provider.
- NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.**
- Request the Back-Up Staffing Plan from the provider once the provider accepts the participant.
 - If the Back-Up Staffing Plan is not received from provider within 5 business days, the SC should offer FOC for a new provider on the 6th day.

Comprehensive POC will:

- Identify essential waiver services.
- Address all necessary CAPs.
- Correlate with the iHC Assessment.
- Be outcome-oriented, individualized and time limited.
- Be tailored to the participant's needs based on the on-going use of participant-focused iHC assessment.

- Include strategies that will achieve or maintain desired personal outcomes.
- Be written in language that is understandable to all parties.
- Contain all required signatures.

If the participant is a NF Transition and **has NOT** transitioned from the NF yet, the Comprehensive POC will also:

- All needs/services (including Transition Services, if applicable) that allow the individual to transition out of the NF.
 - This includes initial needs for the participant's first 2 weeks in the community and any services needed to further assess the participant.
- Identify unpaid natural supports that assist the individual.
- Identify a preliminary/projected move date.
- Include a transition plan that details what the individual has/needs for transitioning into the community, including housing.
- Include TISC service in the Supports and Services section on the POC and on the budget reflecting the estimated cost.

SC will:

- Submit the completed applicable pages of the Comprehensive POC packet (iHC, POC, CAPs, Flexible Schedule, Budget, FOC pages, Back-Up Staffing Plan, Responsible Representative form (if applicable), & Emergency Plan to the SC supervisor for review and approval.

NOTE: If the SC supervisor determines it is not approvable, the entire Comprehensive POC packet will be returned to the SC to make appropriate corrections.

- Contact the participant or representative via phone within 10 calendar days from the date of provider service initiation to assure the appropriateness and adequacy of the service delivery.

K-150 Annual Plans of Care (POCs)

SC will:

- Schedule a face to face plan of care (POC) meeting with the participant and members of his/her support network. The planning team may include anyone requested by the participant, but at a minimum will include the individual, his/her responsible representative (if applicable) and the support coordinator. Waiver and non-waiver providers can participate in planning meetings to aid in the development of plans of care.

If the SC completes the iHC assessment electronically and can view the iHC results including the Participant Summary with CAPs during the visit, the annual iHC re-assessment and annual POC meeting can be held at the same time.

If the SC is unable to complete the iHC re-assessment electronically during the visit, the annual POC meeting must occur on a different day after the iHC is submitted into the OAAS Participant Tracking System (OPTS). The iHC assessment must be completed face-to-face with the participant, but the subsequent POC meeting can be completed face-to-face or virtually (not by telephone).

- Identify any potential risk factors and make appropriate referrals, documenting the risk factors identified and steps taken to mitigate the risk.
- Review and explain Rights and Responsibilities as a waiver participant. Refer to Rights and Responsibilities Form, OAAS-RF-10-005.
- Complete the Designation of Responsible Representative form, OAAS-RF-06-003, if applicable.

NOTE: If the participant has had no changes to their Responsible Representative, a new form is not necessary.

- Develop an annual POC using PCP principles to identify the services needed and services that will be continued.
- Review the iHC Assessment Notebook to determine whether there is an RO approved SHARe exception. If a SHARe Exception was approved previously, the SC will review to determine that the participant still meets the SHARe criteria and document in the NB. Refer to Section L-SHARe Exceptions of this Manual.
- Offer Freedom of Choice of providers. (Print current/appropriate list(s) from Medicaid's Provider Locator Tool {PLT}).
 - Ensure the FOC includes all providers and the current print date is included on the document.
 - Discuss the opportunity for the participant to change providers, if interested, in order to make an informed choice.
- Complete the Emergency Plan.
 - Facilitate comprehensive discussion of participant's needs and action steps.
 - Support the emergency planning with LDH [Emergency Preparedness Information](#).
- Send the following information by email or fax: Draft POC including the CAPS and Flexible Schedule, Emergency Plan (if applicable), and Signed FOC to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual's needs.
 - If the provider does not respond regarding acceptance of the participant within 3 business days of the request, the SC will follow up with the provider. If the provider has not responded after 5 business days from the date of request SC will offer FOC for a new provider.

NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Request the Back-Up Staffing Plan from the provider once the provider accepts the participant.
 - If the Back-Up Staffing Plan is not received from provider within 5 business days, the SC should offer FOC for a new provider on the 6th day.

POC will:

- Identify essential waiver services needed.
- Identify non-waiver services that are needed to assist the participant.
- Identify the funding source for the services [with the assistance of the identified professional (e.g. OT, PT, etc.)].
- Address all triggered and relevant CAPs.
- Correlate with the iHC Assessment.
- Be outcome-oriented, individualized and time limited.
- Be tailored to the participant's needs and preferences.
- Include PCP approaches and personal preferences that will achieve or maintain desired personal outcomes.
- Not be completed prior to the POC meeting.
- Be written in language that is understandable to all parties involved.

- Contain all required signatures.

SC will:

- Submit the completed Annual POC packet (iHC, POC, CAPs, Flexible Schedule, Budget Worksheet, Back-Up Staffing Plan, FOC pages (if applicable), Responsible Representative form (if applicable), & Emergency Plan) to the SC supervisor for review and approval.

NOTE: If the SC supervisor determines the POC is not approvable, the entire packet will be returned to the SC to make appropriate corrections.

- Contact the participant or representative (if applicable) via phone within 10 calendar days from the date of the POC approval to assure the appropriateness and adequacy of the service delivery (all waiver and non-waiver services).
- Take action to resolve any identified service delivery issues for both waiver and non-waiver services.

K-160 Plan of Care (POC) Revisions

K-160.3 Routine

Routine POC Revisions are must be approved and submitted to the Data Management Contractor (DMC) within 5 calendar days from the date of the reported change.

NOTE: Routine POC revisions resulting from a reassessment indicating a change in the participant's condition must be approved and submitted to the DMC 14 calendar days after the completion date of the reassessment.

The following are some examples of Routine POC Revisions:

- Provider Change for upcoming quarter.

- Service Change (e.g. hour increase/decrease, add PERS, add/referral for Skilled Maintenance Therapies (SMT), etc.).
- Environmental Accessibility Adaptation (EAA).
- Participant leaving a Nursing Facility. A POC Revision is required once an individual transitions into the community. The revision should be completed, approved and submitted to the DMC on the same day the transition occurs to ensure services are in place.

K-160.5 Emergency

Emergency POC Revisions are must be approved and submitted to the Data Management Contractor (DMC) within 1 business day from the date of the reported change.

The following are some examples for Emergency POC Revisions:

- Provider Change that needs to occur immediately with good cause.
- Conflict between participant and provider.
- Provider continuously not providing back-up staff, etc.

SC will:

- Compile all necessary paperwork for the POC Revision.
- Identify any potential factors and make appropriate referrals (if applicable).
- Offer Freedom of Choice of providers. Print the current/appropriate list(s) from Medicaid's Provider Locator Tool (PLT).
- Encourage the participant to contact and interview providers, in order to make informed choice, if applicable.
- Complete the POC Revision.

- Complete the Emergency Plan, if applicable.
 - Facilitate comprehensive discussion of participant's needs and action steps.
 - Support the emergency planning with LDH [Emergency Preparedness Information](#).
- Send the following information to the prospective provider by email or fax: Demographic POC page, Emergency Plan (if applicable), signed FOC (if applicable) and Flexible Schedule to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual's needs.

NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Obtain the Back-Up Staffing Plan from the provider within 5 business days of request.

NOTE: If the SC has not heard from provider regarding acceptance of participant within 3 business days of request, SC will call and follow up with provider.

- If Back-Up Staffing Plan is not received from provider within 5 business days, the SC should offer FOC for new provider on the 6th day.
- Complete the POC Revision and include the reason for the revision on Page 1 of the POC.

NOTE: For NF Transitions, POC Revisions need to indicate the date that the participant transitioned into the community on the Plan of Care Action Section of the POC.

- Send the entire POC Revision packet to SC supervisor for review.

K-170 Late Plans of Care (POCs)

If an Annual POC is submitted later than the required timeframe (14 calendar days from the current POC Expiration Date), the POC is considered late and payment is denied.

NOTE: The ONLY valid reason for late Plans of Care (POCs) are when participants are temporarily admitted to a hospital, nursing facility (NF) or acute care facility.

POC Expiration Date is the day after the POC End Date.

SC will:

- Compile all necessary paperwork for the POC Revision for extension. Refer to POC Revision Sections).

NOTE: The POC extension extends the POC to avoid interruption of service delivery but does not resolve the expiration of the POC, i.e., the POC needs to be completed to be up to date.

- Complete a POC Revision and include reason for the revision on Page 1 of the POC. Refer to K-150 POC Revision Subsection.
- Send the entire POC Revision packet to SC supervisor for review and approval.

The SC Supervisor will approve the POC revision, submitting to the Data Management Contractor (DMC) and Regional Office.

K-180 Support Coordinator Supervisor Review Process

Support Coordinators (SCs) and Support Coordinator Supervisors (SCSs) will ensure Plans of Care (POCs) are submitted timely, per the following timelines:

- Initial community (not Nursing Facility transition) POCs must be approvable and the BHSF Form 142 completed and submitted to Medicaid 35 days from linkage to the Support Coordination Agency (SCA).

NOTE: “Approvable” is defined as having a POC complete and ready for final approval signatures, pending the Medicaid decision notice.

- Initial Nursing Facility transition POCs must be approvable and the BHSF Form 142 completed and submitted to Medicaid 45 days from linkage to the Support Coordination Agency (SCA).
- Annual POCs must be approved and submitted to the DMC at least 14 days before the prior POC’s expiration date.
 - iHC reassessments cannot be completed more than 90 days before the POC’s expiration date.

For Initial and Provisional POCs:

The Medicaid Notice of Medical Certification (BHSF Form 142) notifies Medicaid whether an individual is medically, functionally eligible therefore approved or denied for OAAS administered services and programs. Medicaid cannot complete the eligibility determination process until the Form 142 is received. The Form 142 can be submitted to Medicaid prior to the approved Plan of Care (POC) submission to the Data Management Contractor (DMC).

In order to issue a Form 142, the support coordinator supervisor will:

- Verify NF LOC requirements are met;
- Justify that CCW services are appropriate, cost effective and represent the least restrictive environment for the individual; and
- Ensure a written POC is developed and sufficient to:
 - Reasonably assure that the health and welfare of the waiver applicant can be maintained in the community with the provision of waiver services; and

- Contains support coordination and at least one other waiver service (PERS, PAS, Home Delivered Meals, etc.).

NOTE: If the participant's health and safety can be assured with the provision of support coordination and any one waiver service, the submission of the Form 142 should not be delayed.

SC supervisor will review the entire POC packet to ensure all documentation is included:

- 148W for SCA linkage (Refer to Notification of Admission, Status Change, or Discharge for HCBS Waiver (148W) Instructions, OAAS-ADM-13-016.)
- Responsible Representative form (if applicable)
- Freedom of Choice (FOC) for all waiver services included within the POC and budget
- POC
- CAPs
- Budget
- Flexible Schedule (with Provider agreement signed and dated at the bottom of schedule)
- Emergency Plan
- Back-Up Staffing Plan (for PAS only)

For Comprehensive POCs and POC Revisions:

- Responsible Representative form (if applicable)
- FOC forms (if applicable)
- All POC/POC Revision pages
- CAPs (if applicable)
- Budget

- Flexible Schedule (with Provider agreement signed and dated at the bottom of schedule)
- Emergency Plan (if applicable)
- Back-Up Staffing Plan (for PAS only – if applicable)

For Annual POCs:

- Responsible Representative form (if applicable)
- FOC forms
- All POC pages
- CAPs
- Budget Worksheet
- Flexible Schedule (with Provider agreement signed and dated at the bottom of schedule)
- Emergency Plan
- Back-Up Staffing Plan (for PAS only)

The SC supervisor will:

- Review all POC/POC Revision Packet pages to ensure they contain the necessary signatures and dates from individual, responsible representative, and/or provider(s). Refer to LOC/POC Review Checklist, OAAS-PF-12-008.
- Review iHC assessment for accuracy. Refer to LOC/POC Review Checklist, OAAS-PF-12-008.

For CCW Only:

- Review the budget worksheet and flexible schedule to ensure the budgeted amount is within the allotment given for the individual's RUG score for the CCW program.

NOTE: If the SC supervisor thinks that the individual is at risk of entering a NF and MAY need more supports, refer to Section L-SHARe Exceptions of this Manual.

For ADHC Waiver with LT-PCS Only:

- Review the budget worksheet to ensure LT-PCS hours are within the individual's ADL Index Score.
- Review the budget worksheet to ensure all provider names and numbers are entered correctly, as well as # of units and total cost.
- Review the flexible schedule to ensure it reflects the appropriate number of hours for the participant, and the weekly total/units are correct.
 - If any inconsistencies/concerns are found, the SC supervisor will address send the POC/POC Revision packet back to the SC for corrections. Once all corrections are made, the SC supervisor will proceed with approving the POC/POC Revision packet.
- Complete the Plan of Care Action Section with the following:
 - "Date POC Approved": Enter the actual date that the SC supervisor approves the POC.
 - "iHC Assessment Date": Enter the actual date of the iHC Assessment (if applicable).
- Sign & date the budget worksheet and flexible schedule.

For Initial and Provisional POCs:

Once the Medicaid Decision Notice (Approval) is received from Medicaid, SC or SC supervisor will:

- Complete Section C (Vendor Payment May Begin Date) of Form 142 & submit it to Data Management Contractor (DMC) and RO.

For all POC/POC Revisions:

- Complete Plan of Care Action Section with the following: (if applicable)

- "Date POC Approved": Enter the actual date that the POC was approved
 - "Currently in NF": Check appropriate box – Yes or No (if applicable)
 - "Date Transitioned from NF to Community": Enter the actual date that the individual transitioned from the NF to his/her home (if applicable)
 - "iHC Assessment Date": Enter the actual date that the i-HC assessment was conducted (if applicable)
 - "POC Begin Date": Enter the same date as the "Effective Date" on 142" (if applicable)
 - "POC End Date": Enter the actual day before the POC Begin Date for the following year. (Example: POC Begin Date: 8/25/21 & POC End Date: 8/24/22)
 - "POC Revision Begin Date": Enter the new date that the POC will now begin on (if applicable)
 - "POC Revision End Date": Enter the new date that the POC will now end on (if applicable)
 - "Date POC Packet Mailed/Faxed to Individual/DSP": Enter the date that the SC will mail/fax the POC to the individual/DSP.
- Complete remaining boxes on "Notice of Approval" Section on the POC.

Once all pages are completed, the SC supervisor will:

- Sign the POC - "OAAS or Designee Authorized Representative 's Signature"
- Submit the following applicable documents to the DMC:
 - Decision Notice
 - Form 142
 - POC Demographic Page
 - POC Signature Page

- Budget Worksheet
- Flexible Schedule
- iHC notebook entry (if applicable)

If issues with the POC are identified by the DMC, an alert describing the issue will be sent to the SC. The SC must address the issue within 3 business days.

The POC database will alert RO once the POC is approved.

SC Supervisor will email RO the POC revision the same day the POC revision is approved.

On the same day that the SC supervisor approves and/or signs the POC, the SC will:

- Mail the participant copies of the following applicable documents:
 - Entire POC/POC Revision
 - iHC assessment
 - Back-Up Staffing Plan and
 - Emergency Plan
- Fax and/or email the PAS, LT-PCS, ADHC , MIHC & CTSS provider(s) copies of the following applicable documents:
 - Entire POC/POC Revision (Including the flexible schedule, but not including the budget worksheet)
 - 142
 - Emergency Plan and
 - Back-Up Staffing Plan

- Fax and/or email the PERS and Meal provider(s) copies of the following applicable documents:
 - Page 1 of the POC/POC Revision
 - Budget Worksheet and
 - 142
- Contact the participant and the provider(s) via phone to notify the participant of the POC/POC Revision approval.

SC will contact the participant or representative, if applicable, via phone within 10 calendar days from the date of POC approval to assure the appropriateness and adequacy of the service delivery (any/all waiver/non-waiver services).

SC will take action to resolve any issue(s) identified regarding service delivery for both waiver and non-waiver services.