

**SECTION  
CASE MANAGEMENT SYSTEM**

**SUBJECT**  
**Person-Centered Recovery Plan: Requirements**

**REVIEW PROCESS**

All plans of care are subject to review by the Department. The Department has delegated the review function to the Program Manager and Community Program Officer (CPO). The CPO is responsible for reviewing all portions of the plan utilizing the criteria outlined below.

**REVIEW CRITERIA**

Review of the individual Person-Centered Recovery Plan will be based on the following:

- Completeness of plan which includes all necessary services being listed in terms of amount, frequency and planned provider(s), keeping in mind there need to be more than two services;
- Consistency of the plan with screening information regarding the individual's needs and personal goals for recovery;
- Presence of appropriate signatures; and
- Cost-effectiveness of plan.

**ENROLLMENT DATE**

The initial enrollment date is the date the individual begins receiving HCBS. This date should be entered in the upper left corner of the Person-Centered Recovery Plan form and entered into the case notes.

**NOTIFICATION**

The Case Management Team must notify the Eligibility Staff whenever a Medicaid individual is being admitted in the Home and Community Based Services Program. Notification is made on Form DPHHS-DD/SLTC/AMDD-55. (Refer to Appendix 899-6.)

