SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual	Section: CASE MANAGEMENT SYSTEM
	Subject: Service Plan Updates

REQUIREMENTS

A new service plan and cost sheet must be developed at least every 12 months. The first annual update is due 12 months after the initial enrollment date. Subsequent annual updates are due 12 months from the last annual update.

PROCEDURE

During the service plan annual update, the CMT **must**

1. See the member to assess the current situation.
2. Check with the member's primary care provider for any new orders if appropriate.
3. Check with the service provider(s) to review the quality of services being provided.
4. Evaluate the member's discharge potential.
5. Document the results of the annual update in the progress notes.
6. Reevaluate the member's goals and objectives and revise if warranted.
7. Complete a new service plan cost sheet to cover the projected annual costs for the next annual period covered.

SIGNATURES

The service plan annual update must contain all signatures required on the initial plan of care. The Department recognizes and accepts electronic signatures, provided the signature mechanism and protocol meet generally accepted industry standards.

CARE CATEGORY 3 (CC3) MEMBERS

Copies of the annual cost sheet for CC3 members (supported living, group home/specialized adult residential, and ventilator dependent/heavy care) must be forwarded to the Community Service Bureau (CSB) by the Regional Program Officer (RPO) for prior authorization. The RPO must prior authorize any amendments that increase CC3 costs and a copy of the amendment and cost sheet is sent to the CSB by the RPO.