SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

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

REVIEW PROCESS

All service plans are subject to review by the Department. The Department has delegated the review function to the Regional Program Officer (RPO). The RPO is responsible for reviewing all portions of the plan utilizing the criteria outlined below.

REVIEW CRITERIA

Review of the individual service 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).
- Consistency of the plan with screening information regarding the member needs.
- Presence of appropriate signatures; and
- Cost-effectiveness of plan.

ENROLLMENT DATE

The initial enrollment date is the date the member begins receiving HCBS services. This date should be documented on the service plan and entered into the case notes.

ENTRANCE INTO MEDICAID

The Case Management Team must submit the DPHHS-DD/SLTC-55 form to the Office of Public Assistance (OPA), whenever a Medicaid member is being admitted to the Home and Community Based Services Program. The CMT enrollment date cannot be prior to the date that OPA documents waiver eligibility on the DD/SLTC-55, (refer to Appendix 899-6).