

Key Message and Tips for Providers: Person-Centered Service Plans



Message

Medicaid will not cover home and community-based services (HCBS) without a person-centered service plan (service plan) that addresses the beneficiary's long-term care needs as an alternative to institutionalization.[1, 2, 3]

The beneficiary directs the planning process with input from a selected team of individuals who are aware of their strengths and capacities. The service plan is created using information gathered during this process and the results of medical assessments.[4]

Medicaid compliance requires that all services are documented in the plan.

TIPS

Knowing and following these tips helps ensure beneficiaries receive the services they need and providers are paid properly:

- Make sure the service plan includes the beneficiary's name, address, date of birth, Medicaid identification number, and diagnosis;[5, 6]
- Include beneficiary needs, expectations, goals, and services in setting options that support community access;[7, 8]
- Ensure the service plan is signed by all who are responsible for its implementation;
- Provide the beneficiary with a copy of the service plan;
- Monitor the beneficiary's progress toward meeting the service plan goals;
- Track due dates for reassessments, and service plan updates;
- Review and update the service plan following reassessment (at least every 12 months), when there is a change in the beneficiary's condition, or at the beneficiary's request;[9] and
- Check with your State Medicaid agency for information about services in your area since these programs vary from State to State.

For more information about Medicaid Program Integrity, visit <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the Centers for Medicare & Medicaid Services (CMS) Medicaid Program Integrity Education website.

Follow us on Twitter  [#MedicaidIntegrity](https://twitter.com/MedicaidIntegrity)



Disclaimer

This document was current at the time it was published or uploaded onto the web. Medicaid and Medicare policies change frequently so links to the source documents have been provided within the document for your reference.

This document was prepared as a service to the public and is not intended to grant rights or impose obligations. This document may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Use of this material is voluntary. Inclusion of a link does not constitute CMS endorsement of the material. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

August 2015

1 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (2014 January 14). Fact Sheet: Summary of Key Provisions of the 1915(c) Home and Community-Based Services (HCBS) Waivers Final Rule (CMS 2249-F/2296-F). Retrieved May 14, 2015, from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/1915c-Fact-Sheet.pdf>

2 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (1999). State Medicaid Manual: Chapter 4, Services, § 4442.6. Retrieved May 14, 2015, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>

3 Social Security Act § 1915(i)(1)(G)(iii)(III). Retrieved April 1, 2015, from http://www.ssa.gov/OP_Home/ssact/title19/1915.htm

4 Social Security Act § 1915(i)(1)(G)(iii)(III). Retrieved April 1, 2015, from http://www.ssa.gov/OP_Home/ssact/title19/1915.htm

5 Colorado Medical Assistance Program. (2014, December). Home and Community-Based Services Brain Injury (BI), Community Mental Health Supports (CMHS), Elderly, Blind and Disabled (EBD). Retrieved April 1, 2015, from https://www.colorado.gov/pacific/sites/default/files/CMS1500_HCBS_Adult.pdf

6 Nevada Department of Health and Human Services. Division of Health Care Financing and Policy Provider Portal. (2011, October). Home Health Agency Prior Authorization Request. Retrieved April 1, 2015, from <https://www.medicaid.nv.gov/Downloads/provider/FA-16.pdf>

7 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. Medicaid.gov website. Person-Centered Planning Grants. Retrieved May 14, 2014, from <http://medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/balancing/real-choice-systems-change-grant-program-rcsc/person-centered-planning-grants.html>

8 Executive Office of Health & Human Services. State of Rhode Island. (n.d.). Plans of Care. Retrieved May 14, 2015, from <http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/HomeHealth/CoveragePolicy.aspx>

9 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. Disabled and Elderly Health Programs Group. Center for Medicaid and CHIP Services. (2014, January 29). Final Rule Medicaid HCBS [presentation]. Retrieved May 14, 2014, from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Final-Rule-Slides-01292014.pdf>