

#### INTRODUCTION

The Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS), has the oversight responsibility for the provision of Home and Community Based Services (HCBS), (i.e., (re)assessment, person-centered care planning, and care plan maintenance). HCBS is designed to support and meet the unmet needs of seniors and individuals with disabilities who meet Nursing Facility Level of Care (NFLOC), by providing necessary assistance to remain in their homes.

#### PURPOSE

The primary goal of HCBS is to enable a current or potential participant to remain in the least restrictive environment.

#### PROCESS

DSDS staff, or its designee, shall create, through the HCBS process, a person-centered care plan (PCCP) that is designed around the participant’s current level of supports and unmet needs, taking into consideration the participant’s health and safety needs. Unmet needs are those routine tasks which are allowable by the HCBS program but cannot be reasonably met by the members of the participant’s household or other support systems. The participant’s right to self-determination and state/ federal regulation shall guide the PCCP process.

The management of HCBS processes is controlled through an electronic case system. The intake, (re)assessment, PCCP authorization, and care plan maintenance activities are all completed in the participant's electronic case record. The electronic case system provides HCBS partners ‘real-time’ access to the participant’s PCCP information, which facilitates improved communication among agencies involved in service delivery.

The following policies shall guide DSDS or its designee through the HCBS process.

Policy	Policy Number
Intake Process	<a href="#">4.05</a>
Explanation of Level of Care Determination Process	<a href="#">4.10</a>
Assessment Process	<a href="#">4.15</a>
Person Centered Care Planning and Maintenance Process	<a href="#">4.20</a>
Provider Reassessment Process	<a href="#">4.25</a>
Case Notes Documentation	<a href="#">4.30</a>

Service Coordination	<a href="#">4.35</a>
Department of Mental Health (DMH) Service Coordination	<a href="#">4.35.1</a>
Healthy Children and Youth (HCY) Service Coordination	<a href="#">4.35.2</a>
HCBS and PACE Coordination	<a href="#">4.35.3</a>
Brain Injury Waiver Coordination	<a href="#">4.35.4</a>
Case Closure.	<a href="#">4.40</a>
Person Centered Care Planning Collateral Contacts	<a href="#">4.00 Appendix 1</a>
Participant Choice Statement and Instructions	4.00 Appendix 2 <a href="#">Form</a> and <a href="#">Instructions</a>
Adult Day Care Participant Rights and Responsibilities	4.00 <a href="#">Appendix 2c</a>
Agency Model Participant Rights and Responsibilities	4.00 <a href="#">Appendix 2d</a>
CDS Participant Rights and Responsibilities	4.00 <a href="#">Appendix 2e</a>
RCF/ALF Personal Care Participant Rights and Responsibilities	4.00 <a href="#">Appendix 2f</a>
Structured Family Caregiver Waiver Rights and Responsibilities.	4.00 <a href="#">Appendix 2g</a>
In-Home Services Worksheet (HCBS-3a) and Instructions	4.00 Appendix 3 <a href="#">Form</a> and <a href="#">Instructions</a>
CDS Worksheet (HCBS-3c) and Instructions	4.00 Appendix 4 <a href="#">Form</a> and <a href="#">Instructions</a>
Physician Notification of Care Plan (HCBS-11) and Instructions	4.00 Appendix 5 <a href="#">Form</a> and <a href="#">Instructions</a>
Department of Mental Health Customer Information Management, Outcomes and Reporting (CIMOR)	4.00 <a href="#">Appendix 6</a>
Department of Mental Health Division of Developmental Disabilities Contact Information	4.00 <a href="#">Appendix 7</a>
SLUMS Examination and Instructions	4.00 Appendix 8 <a href="#">Form</a> and <a href="#">Instructions</a>
HCBS Community Options Information	4.00 <a href="#">Appendix 9</a>
Self-Direction Assessment Questions	4.00 Appendix 10 <a href="#">Form</a> and <a href="#">Instructions</a>
Participant Contact Letter	4.00 Appendix 11 <a href="#">Form</a> and <a href="#">Instructions</a>
Participant Communication – Reason for Contact	4.00 <a href="#">Appendix 12</a>
Healthcare Professional Inquiry	4.00 Appendix 13 <a href="#">Form</a> and <a href="#">Instructions</a>
Healthcare Information Request	4.00 Appendix 15 <a href="#">Form</a> and <a href="#">Instruction</a>
Structured Family Caregiving Waiver Diagnosis Verification Form	4.00 Appendix 16 <a href="#">Form</a> and <a href="#">Instruction</a>