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**OFFICE OF AIDS
 Medi-Cal Waiver Program Section**

**ALL PROJECT DIRECTORS' LETTER
 Letter Number: MCWP 16-02**

DATE: July 18, 2016

SUBJECT: COMPREHENSIVE SERVICE PLAN – NEW FEDERAL REQUIREMENTS

The Centers for Medicare and Medicaid Services (CMS) announced a new rule, CMS 2249-F/2296-F, to ensure that individuals receiving services through Home and Community Based Services (HCBS) programs have a “person-centered” care plan which encourages participants’ independence and autonomy.

Beginning May 1, 2016, all Medi-Cal Waiver Program (MCWP) agencies will be required to obtain and document participant input and preferences in the development of the *Comprehensive Service Plan (CSP)*. MCWP agencies must immediately demonstrate through documentation that:

- 1) Participant needs, preferences, and goals have been solicited by the case manager(s); and
- 2) Participant verifies that their choice of services was considered in the development of the initial *CSP* and each time the *CSP* is updated. Verification must be evidenced by the participant’s and/or legal guardian’s signature and date on the *CSP* form.

For example, MCWP agencies may include the following acknowledgment on their *CSP* form:

“All services I may be eligible to receive have been reviewed and discussed with me and/or my representative, and my preferences have been included in the development of my care services plan.”

Participant and or legal guardian signature: _____ ***Date:*** _____

A check box indicating that the service plan was reviewed with the participant is not sufficient to meet the new requirement.

The overall purpose of this documentation is to ensure that *CSPs* comply with the CMS requirements by optimizing a person-centered approach to MCWP client services.

Feel free to contact the MCWP clinical social work consultant, Kim Gilgenberg-Castillo, LCSW at (916) 445-5692 or via e-mail at kim.gilgenberg-castillo@cdph.ca.gov for questions.

