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.