

Topic: Home and Community-Based Services (HCBS)

Problem:

Active	Need	Home and Community-Based Services (HCBS)			
		Psychosocial Rehabilitation (PSR)			
		Community Psychiatric Support & Treatment (CPST)			
		Habilitation/Residential Support Services			
		Family Support and Training			
		Crisis Respite	Short-Term	Long-Term	
		Empowerment Services – Peer Support			
		Education Support Services			
		Employment	Pre-Vocational	Transitional	Intensive Ongoing

<input type="checkbox"/> To Complete HARP Eligibility Assessment in Next _____ Days.					
Tasks	Responsibility			Target Date	
Meet with Client and Complete HARP Eligibility Assessment.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Upload Assessment Data to UAS and Determine Eligibility for Services.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Review Eligibility Determination and HCBS Referral Process.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Discuss Applicable HCBS and Determine Interest in Referral for HCBS.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
<input type="checkbox"/> To Link to HCBS: _____ in Next _____ Days.					
Tasks	Responsibility			Target Date	
Develop and Submit LOSD Authorization Request to MCO. <i>(If in the Form of an Initial POC, Request Must Include at Minimum: Section 1, 2, 3, 4, 6).</i>	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Review LOSD Determination and Discuss Available HCBS Providers.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Submit Referral/Supporting Documentation to HCBS Provider.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Schedule Initial Appointment/Assessment with HCBS Provider.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Conduct Case Conference with HCBS Provider to Discuss Services/Needs.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Determine Frequency, Scope and Duration of HCBS.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Attend Scheduled Sessions/Appointments with HCBS Provider.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
<input type="checkbox"/> To Complete and Submit HARP POC within Next _____ Days.					
Tasks	Responsibility			Target Date	
Develop Initial HARP POC (LOSD Request) and Review with Client.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Review Supporting Documentation and Complete Risk Assessment (Section 7).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Obtain HCBS Frequency, Scope and Duration and Add to HARP POC.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Complete and Review Final HARP POC with Client (Signature Required*).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		
Submit Completed and Signed HARP POC to MCO.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:		

