Quality Review: Person-Centered Plans for Home and Community-Based Services

The Centers for Medicare & Medicaid Services (CMS) continues to implement activities focused on reducing payment errors and fraud, waste, and abuse in the Medicaid program. Through analysis of data produced by the Payment Error Rate Measurement (PERM) program, CMS identified payment errors for home and community-based services (HCBS). CMS has developed educational materials for beneficiaries and providers to address the major causes of error.

Federal regulations require a person-centered plan for HCBS, whether provided through the State Medicaid Plan or a waiver process.[1, 2] Use of Federal funds is not approved for HCBS waiver services that are provided without a written person-centered plan.[3] The beneficiary's treating physician or the case manager must assess and reassess the beneficiary to verify eligibility. The case manager or treating physician, and the beneficiary monitor the plan and make updates as appropriate.

Elements and Review Frequency for Person-Centered Plans

Improper payments may occur when person-centered plans are outdated, incomplete, or when services provided are not included. Tables 1 through 3 may be used as checklists for the review of elements that should be in person-centered plans for home health, personal support and waiver services, and self-directed care. The frequency of review is in the introductions to the tables.

Home Health

A home health services person-centered plan must contain at least the elements in Table 1 and must be reviewed at least every 60 days or when there is a change in beneficiary circumstances.[4] Check your State Medicaid agency (SMA) website for additional requirements.

Table 1. Home Health Services

Person-Centered Plan Elements	Yes or No ☑
Beneficiary's information (for example, name, contact information, date of birth, Medicaid identification number, other insurance, and social situation, including living arrangements and support available from family or friends)	☐ Yes ☐ No
Guardian or responsible party information	☐ Yes ☐ No
Provider information (both ordering and service provider)	☐ Yes ☐ No
Support caregiver(s) information and availability	☐ Yes ☐ No
School services (children under age 18 or 21 depending on Federal program and State criteria)	☐ Yes ☐ No
Beneficiary's diagnosis	☐ Yes ☐ No
Beneficiary's service needs related to their diagnosis	☐ Yes ☐ No

Table 1. Home Health Services (cont.)

Person-Centered Plan Elements	Yes or No ☑
Type and frequency of the services needed (for example, skilled care 30 minutes per day, 3 days per week for wound care; parenteral nutrition 45 minutes per day/15 minutes per meal; medical supplies for wound care and nutrition)	☐ Yes ☐ No
Measurable treatment goals and anticipated outcome	☐ Yes ☐ No
Signatures from the physician and State-agency-specified professional when changes are made to authorize the person-centered plan	☐ Yes ☐ No

Personal Support and Waiver Program Services

Person-centered plans for individuals receiving HCBS personal support services provided through a State Medicaid Plan and HCBS provided through waiver programs must contain at least the elements in Table 2. They must be reviewed at least annually or when there is a change in beneficiary circumstances. Check your SMA or State sister agency website for additional requirements.

Table 2. Personal Support Services and Waiver Program Services

Person-Centered Plan Elements	Yes or No ☑
Beneficiary's information (for example, name, contact information, date of birth, Medicaid identification number, other insurance, and social situation)	☐ Yes ☐ No
Guardian or responsible party information	☐ Yes ☐ No
Provider information (ordering physician, case manager, and service providers)	☐ Yes ☐ No
Support caregiver(s) information and availability	☐ Yes ☐ No
School services (children under age 18 or 21 depending on Federal program and State criteria)	☐ Yes ☐ No
Beneficiary's diagnosis	☐ Yes ☐ No
Beneficiary's service needs related to their diagnosis	☐ Yes ☐ No
Beneficiary's expectations, needs, and goals	☐ Yes ☐ No
Type and frequency of the services needed (for example, bathing assistance 30 minutes per day, 3 days per week)	☐ Yes ☐ No
Level of assistance the beneficiary needs (for example, hands-on assistance, cueing, or supervision)	☐ Yes ☐ No
Signatures from the beneficiary and physician or case manager, as appropriate when changes are made to authorize the person-centered plan	☐ Yes ☐ No

Self-Directed Care Option

A person-centered plan for State Medicaid Plan personal support services or waiver program services must include at least the elements in Table 2 and the elements in Table 3 if the beneficiary has selected the self-directed care option. The person-centered plan must be reviewed at least annually or when there is a change in beneficiary circumstances. Check your SMA website for additional requirements.

Table 3. Service Plan Requirements for the Self-Directed Care Option (in addition to the requirements in Table 2)

Additional Person-Centered Plan Elements	Yes or No ☑
Specify the services that the beneficiary or responsible party would be directing	☐ Yes ☐ No
Identify methods the beneficiary or responsible party will use to select and dismiss the service providers	☐ Yes ☐ No
Specify the role of family members and others who may assist the beneficiary in self-directed services if applicable	☐ Yes ☐ No
Describe how the service plan is developed through a person-centered process directed by the beneficiary or their responsible party	☐ Yes ☐ No
Include risk management techniques that recognize the roles and sharing of responsibilities	☐ Yes ☐ No
Assure the resources and training needed by the individual, or their responsible party, to direct services are provided.	☐ Yes ☐ No
May include the individualized budget for the consumer-directed services	☐ Yes ☐ No

As a provider, you can play a significant role in the fight against Medicaid fraud, waste and abuse. Your participation is important. For further information about how you can strengthen the integrity of the Medicaid program and reduce improper payments made for HCBS, review the toolkits available at https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website.

To see the electronic version of this job aid and the other products included in the "Home and Community-Based Services" Toolkit, visit the Medicaid Program Integrity Education page at https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website.

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References

1 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (1999). State Medicaid Manual: Chapter 4, Services, § 4480.A Retrieved September 11, 2015, from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html

2 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (1999). State Medicaid Manual: Chapter 4, Services, § 4442.6 Retrieved September 11, 2015, from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html

3 U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Services. (1999). State Medicaid Manual: Chapter 4, Services, § 4442.6 Retrieved September 11, 2015, from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html

4 U.S. Government Publishing Office. Electronic Code of Federal Regulations. Title 42-Public Health § 440.70. Home Health Services. Retrieved September 11, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42cfr440_main_02.tpl

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