

APPENDIX E - PLAN OF CARE

APPENDIX E-1

a. PLAN OF CARE DEVELOPMENT

1. Identify the individuals responsible for the preparation of the plans of care.

Registered nurse, licensed to practice in the State.

Licensed practical or Vocational nurse, acting within the scope of practice under State law.

Physician (M.D. or D.O.) licensed to practice in the State.

Social Worker (qualifications attached to this Appendix.)

Service Manager.

Other (specify):

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained.

At the Medicaid agency central office.

At the Medicaid agency county/regional offices>

By case managers.

By the agency specified in Appendix A.

Other (specify): County MH/MR Program or designee.

APPROVED: _____

DATE:

STATE: PENNSYLVANIA

APPENDIX E-2

a. MEDICAID AGENCY APPROVAL

The following is a description of the process by which the individual program plan is made subject to the approval of the Medicaid agency:

The County MH/MR Program, as the agent of the Department, is responsible for approval of the individual program plan by its authorization of home and community services. The Regional Office of Mental Retardation also conducts periodic reviews of County MH/MR Programs which include reviews of individual program plans.

b. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE

1. The individual program plan will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.
2. There is no prescribed individual program plan format. County MH/MR Programs are responsible to ensure that the individual program plan meets Federal and State requirements in accordance with the conditions of its Annual Supplemental Grant Agreement with Department policy which is currently MR Bulletin 00-92-23 titled: County Responsibilities for Waiver Case Management.

APPROVED: _____

DATE: