empower HEALTHCARE SOLUTIONS

Initial/Annual Review Process for Person Centered Service Plans (PCSP's)

CC will contact member/providers to schedule initial/annual PCSP meeting

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CC will coordinate and develop PCSP with member and providers including the following in compliance with CMS requirements:

- **Strengths and Preferences**
- **Clinical and Support Needs**
- **Goals and Desired Outcomes**
- **Providers of Services/Supports, including Unpaid Supports**
- **Risk Factors and Measures in Place to Mitigate Risk**
- **Backup Plans and Strategies When Needed**
- **Individuals Important in Supporting the Member**
- **Individuals Responsible for Continuous Monitoring**

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CC will submit PCSP to Supervisor for Review.

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Once Supervisor has signed off, CC will send PCSP to member based on preference and providers will receive via email. If any edits are needed member and provider can contact the CC to make additions/edits as needed.

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Simultaneously, providers can submit for Prior Authorization (if required)

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If DD: Provider submits budget & any supporting documentation. Addendum form created for PA and reviewed by Empower MD. Waitlist members will need extensions after limits are met.

If BH: Starting 09/01/19, Provider submits requested services via prior authorization request or extension of benefits

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UM team will review documentation and will notify provider of determination of services.

*This process flow is subject to change