

K-Plans of Care (POCs)

K-100 Overview

Support coordinators schedule Plan of Care (POC) meetings with the individuals and members of his/her support network.

The types of POCs are as follows:

- Initial POC
 - Individuals in the community
 - Individuals in the nursing facility (NF)
- Provisional POC
- Comprehensive POC
- POC Revision
 - Routine
 - Emergency
- Annual POC

K-110 Initial Plan of Care (POC) Development for Individuals Residing in the Community

SC will:

- Schedule a face-to-face Plan of Care (POC) meeting with the individual and members of his/her support network. The planning team may include anyone requested by the participant, but at a minimum will include the individual,

his/her legally responsible representative (e.g. medical power of attorney, interdiction, if applicable and the support coordinator.

- Identify any potential risk factors and make appropriate referrals.
- Develop the POC using PCP principles in identifying the preferred services/already receiving.

NOTE: If the SC determines that a Provisional POC is needed, refer to Provisional POC Section.

- Offer Freedom of Choice of providers. (Print current/appropriate list(s) from Provider Locator Tool (PLT)).
- Encourage the participant to contact and interview providers, in order to make informed choice.
- Complete the Emergency Plan.
- Review the “Find a Safe Place Campaign” Emergency Preparedness Guide and leave a copy in the home.
- Fax copies of the following information (Demographic POC page, Emergency Plan, Signed FOC & Flexible Schedule) to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual’s needs.
- If SC has not heard from provider regarding acceptance of participant within three (3) business days of request, SC will call and follow up with provider. If after five (5) business days from date of request provider has not responded, SC will offer FOC for a new provider.

NOTE: If the provider cannot meet the individual’s needs, the provider must submit in writing to the SCA “good cause” reasons. If the SC determines that the provider does NOT have justifiable “good cause”, the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable “good cause”, the SC must re-offer FOC of providers.

- Obtain the Back-Up Staffing Plan from the provider within 5 days of request.

- If Back-Up Staffing Plan is not received from provider within 5 days, on the sixth (6th) day the SC should offer FOC for new provider.

POC will:

- Identify essential waiver services needed.
- Identify non-waiver services that are needed to further assess the participant.
- Identify the funding source for the services [with the assistance of the identified professional (e.g. OT, PT, etc.)].
- Address all necessary CAPs.
- Correlate with the MDS-HC Assessment.
- Be outcome-oriented, individualized and time limited.
- Be tailored to the participant's needs based on the on-going use of participant-focused assessment utilizing the Minimum Data Set – Home Care (MDS-HC).
- Include Person Centered planning approaches and personal preferences that will achieve or maintain desired personal outcomes.
- Not be completed prior to the POC meeting.
- Be written in language that is understandable to all parties involved.
- Contain all required signatures.

SC will:

- Submit the completed entire POC packet (MDS-HC, POC, CAPs, Flexible Schedule, Budget Worksheet, Back-Up Staffing Plan, FOC pages, Responsible Representative form (if applicable), P (if

applicable), e148-W, & Emergency Plan) to the SC supervisor for review and approval.

If the SC supervisor determines it is not approvable, the entire packet will be returned to the SC to make appropriate corrections.

K-120 Initial Plan of Care (POC) Development for Individuals Residing in the Nursing Facility

SC will:

- Schedule a face-to-face plan of care (POC) meeting with the individual and members of his/her support network. The planning team may include anyone requested by the individual, but at a minimum will include the individual, his/her responsible representative (if applicable) and the support coordinator. Other planning team members may include NF staff, Transition Coordinator (if individual selected My Place LA), ombudsmen, and/or other appropriate professionals.
- Identify any potential risk factors and make appropriate referrals (Refer to CCW Referral Form).
- Assist the individual with locating housing (if applicable), including assisting with gathering, locating, and obtaining all necessary documents needed for the housing application.
- Identify the individual's community physician(s).
- Determine if transition services are needed (what is needed to get out of the NF) (If applicable). Refer to Transition Services Procedure.
- Determine a preliminary/projected move date.
- Develop the Plan of Care (POC) using PCP principles in identifying the services needed/already receiving.

NOTE: If the SC determines that a Provisional POC is needed, refer to Provisional POC Section.

- Offer Freedom of Choice of providers. (Print current/appropriate list(s) from Provider Locator Tool (PLT)).
- Encourage the participant to contact and interview providers, in order to make informed choice.
- Complete the Emergency Plan.
- Review the “Find a Safe Place Campaign” Emergency Preparedness Guide and leave a copy in the home.
- Fax copies of the following information (Demographic POC page Emergency Plan Signed FOC & Flexible Schedule) to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual’s needs.
- If SC has not heard from provider regarding acceptance of participant within 3 working days of request, SC will call and follow up with provider. If after 5 working days from date of request provider has not responded, SC will offer FOC for a new provider.

NOTE: If the provider cannot meet the individual’s needs, the provider must submit in writing to the SCA “good cause” reasons. If the SC determines that the provider does NOT have justifiable “good cause”, the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable “good cause”, the SC must re-offer FOC of providers.

- Obtain the Back-Up Staffing Plan from the provider within 5 days of request.
- If Back-Up Staffing Plan is not received from provider within 5 days, on the sixth (6th) day the SC should offer FOC for new provider.

POC will:

- Identify all needs/services (including Transition Services, if applicable) that allow the individual to transition out of the NF and also what the individual needs within the 1st two weeks in the community (including services that are needed to further assess the participant).
- Identify the funding source for the services [with the assistance of the identified professional (e.g. OT, PT, etc.)].
- Identify unpaid natural supports that assist the individual.
- Identify a preliminary/projected move date.
- Include a transition plan that details what the individual has/needs as he/she transitions into the community, including housing.
- Include TISC service in the Supports and Services section and on the budget sheet reflecting the estimated cost.
- Address all necessary CAPs.
- Correlate with the MDS-HC Assessment.
- Be outcome-oriented, individualized and time limited.
- Be tailored to the participant's needs based on the on-going use of participant-focused assessment utilizing the Minimum Data Set – Home Care (MDS-HC).
- Include strategies that will achieve or maintain desired personal outcomes.
- Not be completed prior to the POC meeting.
- Be written in language that is understandable to all parties involved.
- Contain all required signatures.

SC will:

- Conduct at least a monthly contact (face-to-face visit with the individual at the NF **or** telephone call) to ensure that transition efforts are ongoing and that any barriers are properly addressed.

NOTE: The SC must speak directly with the individual or legal representative for these monthly contacts.

- Visit the prospective residence prior to the individual transitioning from the nursing facility.
- Submit the completed POC packet (MDS-HC, POC, CAPs, Flexible Schedule, Budget Worksheet, FOC pages, Back-Up Staffing Plan, Responsible Representative form (if applicable), e148-W, & Emergency Plan) to the SC supervisor for review and approval.

If the SC supervisor determines it is not approvable, the entire packet will be returned to the SC to make appropriate corrections.

- Touch base with the individual once per week at least by phone within the first month of transitioning from the NF.

K-130 Provisional Plans of Care (POCs)

An initial Provisional Plan of Care (POC) may be developed by the SC.

Provisional POC:

- Used in place of an initial POC when it makes sense to do so.
- Will allow some services to get started quickly pending completion of a more in-depth assessment and/or a more comprehensive POC.
- Are optional but in some cases are beneficial to the participant.

- May be helpful when a service needs to be started to facilitate the initial assessment and POC process itself.
- May be useful for Expedited Community Choices Waiver participants.

Examples: A participant with a history of falls may benefit from a nursing, occupational therapy (OT) or physical therapy (PT) assessment as part of the comprehensive POC process. In order for a participant to receive such an assessment, a SC must submit a Provisional POC authorizing a nursing or PT/OT assessment. Once that professional assessment is completed, the SC would use that assessment and its recommendations in completing the Comprehensive POC and CAPs. Used in this way, Provisional POCs allow SCs to take a more inter-disciplinary approach to planning.

Provisional POC may be used when services need prior approval. For instance, under the Community Choices Waiver, Environmental Accessibility Adaptations (EAA) require an EAA assessment to determine whether the EAA is appropriate and necessary and whether the individual's needs could better, or as effectively, be met through assistive devices. A SC should use the Provisional POC to authorize the EAA assessment prior to completing the comprehensive POC.

Provisional POC may also be used in nursing facility transition cases where it is clear that an individual is in urgent need of one or more services but it is difficult to determine the best comprehensive approach and more time is needed for assessment and planning.

There are some special conditions that apply when using Provisional POCs, and SCs should bear these in mind before choosing to do a Provisional POC. In many instances, it may be more appropriate to complete an Initial POC on these cases and make revisions after the Initial POC is implemented.

Provisional POCs will:

- Be completed after the Minimum Data Set-Home Care (MDS-HC) is conducted with the applicant.
- Be completed on initial Community Choices Waiver (CCW) cases only.
- Identify the essential Medicaid services that shall be provided in the participant's first sixty (60) days of waiver eligibility.

SC will:

- Offer Freedom of Choice of providers. (Print current/appropriate list(s) from Provider Locator Tool (PLT)).
- Encourage the participant to contact and interview providers, in order to make informed choice.
- Develop the Provisional POC using person-centered planning principles in identifying the services needed/already receiving.

NOTE: If NF Transition case, the Provisional POC should only include the services that will be provided before the person transitions out of the NF.

- Complete the Emergency Plan (if applicable).
- Fax copies of the following information (Demographic POC page Emergency Plan (if applicable) Signed FOC & Flexible Schedule) to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual's needs.
- Fax CCW Referral form to the chosen provider(s) for assessment/recommendation (if applicable).
- If SC has not heard from provider regarding acceptance of participant within 3 working days of request, SC will call and follow up with provider. If after 5 working days from date of request provider has not responded, SC will offer FOC for a new provider.

NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Obtain the Back-Up Staffing Plan from the provider within 5 days of request.

Provisional POC will:

- Identify essential waiver services needed prior to the completion of the Comprehensive Plan of Care (POC).
- Identify services that are needed to further assess the participant.
- Identify the funding source for the services [with the assistance of the identified professional (e.g. OT, PT, etc.)].
- (For NF Transitions ONLY): Identify basic transitional services needed for a smooth transition into the community during the first 60 days such as living arrangement, essential furnishings for basic living, food, utilities, deposits, medications, a means for contacting emergency services, and physician referral to a home health agency for an immediate nursing assessment.
- Be time limited.
- Be tailored to the participant's needs based on the Minimum Data Set – Home Care (MDS-HC).
- Not be completed prior to the POC meeting.
- Be written in language that is understandable to all parties involved.
- Contain all required signatures.

NOTE: SCs DO NOT need to plan for EVERY CAP that is triggered on the MDS-HC assessment. The provisional POC needs to make sure that enough information is included to explain why the services being

authorized are essential and /or necessary to complete the comprehensive POC.

SC will:

- Submit the completed applicable pages of the Provisional POC packet (MDS-HC, POC, CAPs, Flexible Schedule, Budget Worksheet, FOC pages, Back-Up Staffing Plan Responsible Representative form (if applicable), & Emergency Plan) to the SC supervisor for review and approval.

If the SC supervisor determines it is not approvable, the entire packet will be returned to the SC to make appropriate corrections.

K-140 Comprehensive Plans of Care (POCs)

Comprehensive Plans of Care (POCs) will be completed by the **SC ONLY if the SC initially completed a Provisional POC** with the participant.

SC will:

- Offer Freedom of Choice of providers. (Print current/appropriate list(s) from Provider Locator Tool (PLT)).
- Encourage the participant to contact and interview providers, in order to make informed choice.
- Develop the Comprehensive POC using PCP principles in identifying the services needed/already receiving.

NOTE: Provider(s) are not required to be at the POC meeting(s), UNLESS the participant requests the provider(s) to be present at the meeting.

- Complete the Emergency Plan (if applicable).
- Fax copies of the following information (Demographic POC page Emergency Plan (if applicable) Signed FOC & Flexible Schedule) to the chosen provider(s)

for determination of whether or not the provider(s) can meet the individual's needs.

- If SC has not heard from provider regarding acceptance of participant within 3 working days of request, SC will call and follow up with provider. If after 5 working days from date of request provider has not responded, SC will offer FOC for a new provider.

NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Obtain the Back-Up Staffing Plan from the provider within 5 days of request.
- If Back-Up Staffing Plan is not received from provider within 5 days, on the sixth (6th) day the SC should offer FOC for new provider.

Comprehensive POC will:

- Identify essential waiver services.
- Address all necessary CAPs.
- Correlate with the MDS-HC Assessment.
- Be outcome-oriented, individualized and time limited.
- Be tailored to the participant's needs based on the on-going use of participant-focused assessment utilizing the Minimum Data Set – Home Care (MDS-HC).
- Include strategies that will achieve or maintain desired personal outcomes.
- Be written in language that is understandable to all parties involved.

- Contain all required signatures.

If NF Transition and the participant **has NOT** transitioned from the NF yet, the Comprehensive POC will also:

- Identify all needs/services (including Transition Services, if applicable) that allow the individual to transition out of the NF and also what the individual needs within the 1st two weeks in the community (including services that are needed to further assess the participant).
- Identify unpaid natural supports that assist the individual.
- Identify a preliminary/projected move date.
- Include a transition plan that details what the individual has/needs as he/she transitions into the community, including housing AND
- Include TISC service in the Supports and Services section on the POC and on the budget worksheet reflecting the estimated cost.

SC will:

- Submit the completed applicable pages of the Comprehensive POC packet (MDS-HC, POC, CAPs, Flexible Schedule, Budget Worksheet, FOC pages, Back-Up Staffing Plan, Responsible Representative form (if applicable), e148-W (if applicable), & Emergency Plan) to the SC supervisor for review and approval.

If the SC supervisor determines it is not approvable, the entire Comprehensive POC packet will be returned to the SC to make appropriate corrections.

K-150 Plan of Care (POC) Revisions

K-150.3 Routine

Routine POC Revisions are due within five (5) calendar days from the date of the reported change.

NOTE: Unless a re-assessment was conducted and indicates a change in the participant's condition, then the Routine POC is due fourteen (14) calendar days after the completion date of the re-assessment.

The following are some examples for Routine POC Revisions:

- Provider Change for upcoming quarter.
- Service Change (e.g. hour increase/decrease, add PERS, add/referral for Skilled Maintenance Therapies (SMT), etc.).
- Environmental Accessibility Adaptation (EAA).

Participant leaving a Nursing Facility (A POC Revision is necessary once the individual transitions into the community).

K-150.5 Emergency

Emergency POC Revisions are due within twenty-four (24) hours from the date of the reported change.

The following are some examples for Emergency POC Revisions:

- Provider Change that needs to occur immediately with good cause.
- Conflict between participant and provider.
- Provider continuously not providing back-up staff, etc.

SC will:

- Compile all necessary paperwork for the POC Revision.
- Identify any potential factors and make appropriate referrals (if applicable).

- Offer Freedom of Choice of providers. (Print current/appropriate list(s) from Provider Locator Tool (PLT)) (if applicable).
- Encourage the participant to contact and interview providers, in order to make informed choice. (if applicable).
- Complete the POC Revision.

NOTE: Provider(s) are not required to be at the POC Revision meeting(s), UNLESS the participant requests the provider(s) to be present at the meeting.

- Complete the Emergency Plan (if applicable).
- Fax copies of the following information (Demographic POC page Emergency Plan (if applicable) Signed FOC (if applicable) & Flexible Schedule) to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual's needs.

NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Obtain the Back-Up Staffing Plan from the provider within 5 days of request.

NOTE: If SC has not heard from provider regarding acceptance of participant within 3 working days of request, SC will call and follow up with provider. If after 5 working days from date of request provider has not responded, SC will offer FOC for a new provider.

- If Back-Up Staffing Plan is not received from provider within 5 days, on the sixth (6th) day the SC should offer FOC for new provider.

- Complete the POC Revision and include reason for the revision on Page 1 of the POC.

NOTE: For NF Transition, POC Revisions need to indicate the date that the participant transitioned into the community on Plan of Care Action Section of the POC.

- Send the entire POC Revision packet to SC supervisor.

K-160 Annual Plans of Care (POCs)

SC will:

- Schedule a face-to-face plan of care (POC) meeting with the participant and members of his/her support network. The planning team may include anyone requested by the participant, but at a minimum will include the individual, his/her responsible representative (if applicable) and the support coordinator.
- Identify any potential risk factors and make appropriate referrals (Refer to CCW Referral Form).
- Review and explain Rights and Responsibilities as a waiver participant (Refer to Rights and Responsibilities Form).
- Develop the Annual Plan of Care (POC) using person-centered planning principles in identifying the services needed/already receiving.

NOTE: The SC will look in the MDS-HC Assessment Factsheet Notebook Section to see if RO approved SHARe exception last year. If SHARe Exception was approved previously, and the current reassessment does NOT indicate that the participant's functioning level has significantly improved or the participant has requested fewer services or the participant's level of informal, natural, or other community supports has significantly increased.

- Offer Freedom of Choice of providers. (Print current/appropriate list(s) from Provider Locator Tool (PLT)).

NOTE: Provider(s) are not required to be at the POC meeting(s), UNLESS the participant requests the provider(s) to be present at the meeting.

- Encourage the participant to contact and interview providers, in order to make informed choice.
- Complete the Emergency Plan.
- Fax copies of the following information (Demographic POC page Emergency Plan Signed FOC form(s) & Flexible Schedule) to the chosen provider(s) for determination of whether or not the provider(s) can meet the individual's needs.
- If SC has not heard from provider regarding acceptance of participant within 3 working days of request, SC will call and follow up with provider. If after 5 working days from date of request provider has not responded, SC will offer FOC for a new provider.

NOTE: If the provider cannot meet the individual's needs, the provider must submit in writing to the SCA "good cause" reasons. If the SC determines that the provider does NOT have justifiable "good cause", the SC will notify provider for resolution prior to reporting to Health Standards Section. If it is determined the provider has justifiable "good cause", the SC must re-offer FOC of providers.

- Obtain the Back-Up Staffing Plan from the provider within 5 days of request.
- If Back-Up Staffing Plan is not received from provider within 5 days, on the sixth (6th) day the SC should offer FOC for new provider.

Annual POC will:

- Address all necessary CAPs.
- Correlate with the MDS-HC Assessment.
- Be outcome-oriented, individualized and time limited.

- Be tailored to the participant's needs based on the on-going use of participant-focused assessment utilizing the Minimum Data Set – Home Care (MDS-HC).
- Include strategies that will achieve or maintain desired personal outcomes.
- Not be completed prior to the POC development meeting.
- Be written in language that is understandable to all parties involved.
- Contain all required signatures.

SC will:

- Submit the completed Annual POC packet (MDS-HC, POC, CAPs, Flexible Schedule, Budget Worksheet, Back-Up Staffing Plan, FOC pages (if applicable), Responsible Representative form (if applicable), & Emergency Plan) to the SC supervisor for review and approval.

If the SC supervisor determines it is not approvable, the entire packet will be returned to the SC to make appropriate corrections.

K-170 Late Plans of Care (POCs)

If an Annual POC is submitted later than the required timeframe (14 calendar days from the current POC Expiration Date), the POC is considered late.

NOTE: The ONLY valid reason for late Plans of Care (POCs) are when participants are temporarily admitted to a hospital, nursing facility (NF) or acute care facility.

POC Expiration Date is the day after the POC End Date.

SC will:

- Compile all necessary paperwork for the POC Revision (Refer to POC Revision Sections).
- Complete a POC Revision (Refer to POC Revision Sections) and include reason for the revision on Page 1 of the POC.

- Send the entire POC Revision packet to SC supervisor.

K-180 Support Coordinator Supervisor Review Process

SC supervisor will:

- Review entire POC packet to be sure all documentation is included:

For Initial and Provisional POCs:

- e148-W (Refer to e148-W Instructions)
- Responsible Representative form (if applicable)
- FOCs for all services
- All POC pages
- CAPs
- Budget Worksheet
- Flexible Schedule (with Provider agreement signed and dated at the bottom of schedule)
- Emergency Plan
- Back-Up Staffing Plan (for PAS only)

For Comprehensive POCs and POC Revisions:

- Responsible Representative form (if applicable)
- FOC forms (if applicable)
- All POC/POC Revision pages
- CAPs (if applicable)

- Budget Worksheet
- Flexible Schedule (with Provider agreement signed and dated at the bottom of schedule)
- Emergency Plan (if applicable)
- Back-Up Staffing Plan (for PAS only – if applicable)

For Annual POCs:

- Responsible Representative form (if applicable)
 - FOC forms (if applicable)
 - All POC pages
 - CAPs
 - Budget Worksheet
 - Flexible Schedule (with Provider agreement signed and dated at the bottom of schedule)
 - Emergency Plan
 - Back-Up Staffing Plan (for PAS only)
- Review all POC/POC Revision Packet pages to ensure they contain the necessary signatures and dates from individual, responsible representative, and/or provider(s) (Refer to POC Quality Review Tool).
 - Review MDS-HC assessment for accuracy (Refer to LOC/POC Review Checklist).

For CCW Only:

- Review the budget worksheet and flexible schedule to be sure budgeted amount is within the allotment given for the individual's RUG score for the CCW program.

NOTE: If the SC supervisor thinks that the individual is at risk of entering a NF and MAY need more supports, refer to SHARE Exceptions Procedures.

For ADHC Waiver w/LT-PCS:

- Review the budget worksheet to be sure LT-PCS hours are within his/her ADL Index Score.
- Review budget worksheet to ensure all provider names and numbers are entered correctly, as well as # of units and total cost.
- Review flexible schedule to ensure it reflects the appropriate number of hours for the participant, and the weekly total/units are correct.

If any inconsistencies or concerns are found, SC supervisor will address with the SC, and sends POC/POC Revision packet back to SC for corrections. Once all corrections are made, the SC supervisor will proceed with approving the POC/POC Revision packet.

- Complete the Plan of Care Action Section with the following:
 - “Date POC Approved”: Enter the actual date that the SC supervisor approves the POC.
 - “MDS-HC Assessment Date”: Enter the actual date of the MDS-HC Assessment (if applicable).
- Sign & date the budget worksheet and flexible schedule.

For Initial and Provisional POCs:

- Complete the 142 (Refer to 142 Instructions).
- Send the 142 to Medicaid office.

Once the Decision Notice (Approval) is received from Medicaid, SC or SC supervisor will:

- Complete Section C (Vendor Payment May Begin Date) of 142 & submit it to DMC and RO.

For all POC/POC Revisions:

- Complete Plan of Care Action Section with the following: (if applicable)

- "Date POC Approved": Enter the actual date that the POC was approved
 - "Currently in NF": Check appropriate box – Yes or No (if applicable)
 - "Date Transitioned from NF to Community": Enter the actual date that the individual transitioned from the NF to his/her home (if applicable)
 - "MDS-HC Assessment Date": Enter the actual date that the MDS-HC assessment was conducted (if applicable)
 - "POC Begin Date": Enter the same date as the "Effective Date" on 142" (if applicable)
 - "POC End Date": Enter the actual day before the POC Begin Date for the following year. (Example: POC Begin Date: 8/25/11 & POC End Date: 8/24/12)
 - "POC Revision Begin Date": Enter the new date that the POC will now begin on (if applicable)
 - "POC Revision End Date": Enter the new date that the POC will now end on (if applicable)
 - "Date POC Packet Mailed/Faxed to Individual/DSP": Enter the date that the SC will mail/fax the POC to the individual/DSP.
- Complete remaining boxes on "Notice of Approval" Section on the POC.

Once all pages are completed, the SC supervisor will:

- Sign the POC - "OAAS or Designee Authorized Representative 's Signature"
- Email the following applicable documents to the DMC:
 - Decision Notice
 - 142
 - POC Demographic Page

- POC Signature Page
- Budget Worksheet
- Flexible Schedule
- MDS-HC notebook entry (if applicable)

If problems are identified by the DMC, a problem sheet will be sent directly to the SC Agency with a copy to RO. (Refer to DMC Problem Sheet Procedures.)

- Email a copy of entire POC Packet to RO.

On the same day that the SC supervisor approves and/or signs the POC, the SC will:

- Mail the participant copies of the following applicable documents:
 - Entire POC/POC Revision
 - MDS-HC assessment and
 - Emergency Plan
- Fax and/or email the PAS, LT-PCS, ADHC & CTSS provider(s) copies of the following applicable documents:
 - Entire POC/POC Revision (Not including the Budget Worksheet)
 - 142
 - Emergency Plan and
 - Back-Up Staffing Plan
- Fax and/or email the PERS and Meal provider(s) copies of the following applicable documents:
 - Page 1 of the POC/POC Revision

- Budget Worksheet and
- 142
- Contact the participant and the provider(s) via phone to notify him/her of POC/POC Revision approval and ensure receipt of the POC/POC Revision approval documents.

SC will contact the participant via phone within ten (10) calendar days from the date of provider service initiation to assure the appropriateness and adequacy of the service delivery.