

## **DRAFT**

### **CARE PLAN REVIEW PROTOCOL**

- I. The purpose of the Care Plan Review Protocol is to ensure that quality services are provided in the most cost effective and efficient manner possible while assisting clients to age in place in their communities for a lifetime.
- II. The Department has established monthly budget authorities for clients enrolled in the Aged and Disabled Adult (ADA) Home and Community-Based Medicaid Waiver program. The monthly budget authority is based on the average care plan cost for clients within priority levels 1 through 3, 4 and 5 in each planning and service area (refer to the Care Plan Monthly Budget Authority Chart). The monthly budget authority sets the maximum amount of funds that lead agencies can obligate for ADA client services without prior review and approval as outlined below.
- III. At least one Care Plan Review Team will be established in each planning and service area to review and validate the need for proposed care plan services that exceed the established monthly budget authority for the client's priority level.
- IV. The Area Agency on Aging will:
  - A. Establish and maintain at least one Care Plan Review Team in the planning and service area. The team will be comprised of area agency on aging, CARES and lead agency staff.
  - B. Establish local written procedures to govern the care plan review process, utilizing the following parameters:
    1. Care plans will be developed based upon the assessed needs of the client. The cost of a client's care plan will be determined.
    2. Care plan services exceeding the monthly budget authority for the client's priority level must be referred to the area agency on aging for Care Plan Review Team staffing.
- V. The Care Plan Review Team will:
  - A. Meet monthly or more frequently as necessary to review the individual care plan, assessment and other relevant information for each client whose case is referred for review.
  - B. Be responsible for working with the case manager to explore cost effective alternatives prior to approval of services that exceed established care plan target amounts for the priority level.