



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
P.O. Box 700190
Kapolei, Hawaii 96709-0190

May 9, 2019

MEMORANDUM

MEMO NO.
QI-1902

TO: QUEST Integration (QI) Health Plans

FROM: Judy Mohr Peterson, PhD *JMP*
Med-QUEST Division Administrator

SUBJECT: SERVICE PLAN FOR MEMBERS RECEIVING LONG TERM SERVICES AND SUPPORTS (LTSS)

As described in Section 40.930 of the QUEST Integration RFP MQD-2014-005, a service plan shall be developed for each member receiving service coordination. **It is important to ensure that the member and/or authorized representative is informed of and signs the final version of the Long Term Services and Supports (LTSS) service plan containing the authorized services.** The health plan is to follow the procedure listed below:

- 1) The service coordinator shall complete the member's service plan following the initial face-to-face assessment and update the service plan after each future face-to face reassessment.
- 2) The member's service plan shall identify all authorized LTSS including:
 - Start Date – first date of the authorization period for the LTSS.
 - Provider(s) – the name of the provider(s) who will be or are already servicing the member (this may be left blank if the provider(s) are not known or not readily available at the time the service is authorized).
 - Frequency/amount – number of units authorized over a specified period of time, e.g., 10 hours/week for Personal Assistance.
 - End Date/Duration – the last date of the authorization period for the LTSS.

- 3) The service coordinator shall review and discuss the service plan with the member and/or authorized representative following each assessment.
- 4) **The final version of the service plan shall be signed and dated by the member and/or authorized representative and the member's service coordinator(s).**
- 5) A copy of the signed final service plan shall be given to the member or authorized representative and the member's primary care physician (PCP).
- 6) Documentation, e.g., in the case or progress notes, shall include the date the signed final service plan was reviewed and discussed, member's response, and the date the copy of the service plan was given to the member and/or authorized representative and member's PCP.
- 7) If the health plan authorizes the termination, suspension or reduction of the member's LTSS, the service coordinator shall:
 - Update the service plan with the authorized change(s) to the start date, provider, frequency/amount and duration of the LTSS;
 - Review and discuss the updated service plan with the member prior to the member receiving the Notice of Adverse Benefit Determination; and
 - Complete steps 4-6 described above.

If you have any questions or concerns regarding the content of this memo, please contact Jon Fujii via e-mail at jfujii@dhs.hawaii.gov or telephone at 808-692-8083.