

Healthfirst requires a complete POC to be resubmitted for all HARP/PWP members at least once a year. It should also be updated when there's a significant change to member condition, needs, and/or services.

Care Manager/Recovery Coordinator Contact Information

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| <ol style="list-style-type: none"> 1. First and Last Name 2. Phone Number 3. Email Address 4. Secure Fax Number for Receipt of LOSD Approval Letter | <ol style="list-style-type: none"> 5. Care Management Agency (CMA) or Recovery Coordination Agency (RCA) 6. Lead Health Home (if enrolled) 7. POC Development Date |
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PART 1: Member Demographic Information

- A. First and Last Name
- B. Medicaid CIN
- C. Date of Birth
- D. BH HCBS Eligibility Tier
- E. Address
 - May provide address of shelter or temporary housing (if no permanent address, indicate "homeless").
 - Must include name of residence if it is not a private residence.
- F. Phone Number

PART 2: Individual Narrative and Goals

- A. Individual Narrative
 - Behavioral Health (BH) and Physical Health (PH) Diagnosis
 - Skills (abilities and knowledge)
 - Strengths (talents, responsiveness to relapse/stress, passions, etc.)
 - Preferences (housing, occupation, language, time of contact, lifestyle, etc.)
 - BH and PH Needs
- B. Goals
 - May improve quality of life or target specific health outcomes.

PART 3: Individualized Service Environment

- A. Supports and Resources (community groups, family support, and caregivers)
- B. BH and PH Providers
- C. Other Services and Supports (adult daycare, self-help, etc.)
- D. Health Home Care Management
- E. BH HCBS Requested Services (must support member goals)

PART 4: Safeguards and Modifications

- A. Confirm that member does not live in HCBS contraindicated setting.

PART 5: Attestations, Signatures, and Attachments

- A. Attestation
- B. Signatures from Member and Care Manager/Recovery Coordinator
- C. Consent to Distribute
- D. Crisis Prevention Plan (contact in case of individual crisis)
- E. Back-Up Plan (shelter and organizations in case of emergency)
- F. Individualized Service Plan (ISP)
 - The Care Manager/Recovery Coordinator should request the ISP from the BH HCBS provider following the initial BH HCBS authorization. The initial authorization occurs after the first BH HCBS appointment to determine scope, frequency, and duration of services.

POC File-Naming Convention

- POC files uploaded to SFTP must be named accordingly
- "POC_RCA_MedicaidCIN" (Example: POC_NewHorizons_AB12345Z)