





Memorandum

TO: Care Coordination Organizations (CCOs)
Developmental Disabilities Regional Offices (DDRO) Directors

FROM: Abiba Kindo, Deputy Commissioner, Regional Offices 
Allison McCarthy, Director, Office of Strategic Initiatives 

DATE: March 15, 2022

SUBJECT: Life Plans and Service Authorization

PURPOSE

The purpose of this memorandum is to describe the requirements for submitting a Life Plan or an In-Process Life Plan to support the justification for all new requests for service authorizations. This requirement, which was suspended during the Public Health Emergency (PHE), will resume six months from the end of the federal PHE.

The Office for People With Developmental Disabilities (OPWDD) is issuing this guidance now to encourage CCOs to begin adopting the practice of submitting a Life Plan or In-Process Life Plan with all new service authorization requests.

BACKGROUND

Individuals going through the Front Door process, as well as individuals who are seeking a change in their existing OPWDD supports, must provide the OPWDD Regional Office with an explanation of why such services are being requested. A finalized Life Plan or an In-Process Life Plan satisfies this requirement.

DISCUSSION

Life Plans

As described in the Care Coordination Organization/Health Home (CCO/HH) Provider Policy Guidance and Manual Updates, a finalized Life Plan is one that is signed by the Care Manager and the individual receiving services and/or his/her representative. Providers responsible for delivering services documented in Sections II, III and IV of the Life Plan must acknowledge and agree to provide the provider-assigned goals, supports, and safeguards associated with those services, per the finalized plan.

In-Process Life Plans

An In-Process Life Plan is a Life Plan that is under development and has not yet been

finalized but contains adequate information to support the need for the requested service(s). An In-Process Life Plan must be signed by a person who meets the qualifications of a Care Manager employed by the CCO. An In-Process Life Plan does not have to be signed by the individual/representative, nor does it have to identify service providers.

Requirements

The Life Plan or In-Process Life Plan (“Plan”), submitted for the purposes of a new service authorization or a service amendment request, must be submitted with the completed Request for Service Authorization (RSA) or Service Amendment Request Form (SARF) and contain detailed person-centered information describing the individual’s skills, abilities, reasonable accommodations, cultural considerations, meaningful activities and challenges as they relate to their home, work, relationships, health and (as applicable) educational profile. The Life Plan or In-Process Life Plan must be completed by an individual who meets the qualifications of a Care Manager and contain enough detail to support the need for the requested service(s). In addition, the RSA or SARF must contain a brief description justifying the need for each service listed and/or identify specifically where the justification is found within the submitted supporting documents.

Additionally, the Plan must include at least one valued outcome/goal for each Home and Community Based Services (HCBS) Waiver service associated with the requested service(s) and the anticipated provider supports. The Plan must include, if known, safeguards and/or supports needed to support the individual’s health, needs and interests while receiving the requested service(s). If the HCBS Waiver provider(s) and/or State Plan service(s) provider(s) are known they should be listed, however it is not required if they are unknown.

To be enrolled in the OPWDD HCBS Waiver, an individual must have a demonstrated reasonable indication of need for Waiver services. This need is demonstrated by an In-Process Life Plan (developed by the CCO). A RSA is not enough to satisfy this requirement. Service Authorization and enrollment in the Waiver must be based on an in-process Life Plan for services.

The OPWDD Regional Office may also request additional information and/or documentation if it is determined that the Life Plan or In-Process Life Plan does not contain enough information or if there are elements missing from the Plan to support the need for the requested service(s). Additional documentation requested may include, but is not limited to:

- Documents related to eligibility, the Waiver application and/or the Level of Care Eligibility Determination (LCED), including psychological or psycho-social reports;
- Individualized Education Plans (IEP) and 504 plans;
- Discharge plans developed by hospitals, nursing homes, correctional facilities;
- Assessments (e.g., clinical assessment(s), Coordinated Assessment System (CAS) summary);

- Service planning packets developed during Intermediate Care Facility (ICF) to Individualized Residential Alternative (IRA) conversions;
- Preliminary Adult Service Plans (PASPs) developed by a provider planning for an individual leaving a residential school;
- CCO comprehensive assessment; and
- Other information requested by OPWDD.

A properly written In-Process Life Plan may qualify as a Social Evaluation for purposes of the Initial Level of Care Eligibility Determination (LCED) if it contains all the required elements of a Social Evaluation as described in [Administrative Directive 20-ADM-04](#).

Emergency Situations

The requirement of a Life Plan or In-Process Life Plan may be waived by OPWDD in emergency situations where the OPWDD Regional Office Director or Designee determines an individual has an urgent need for immediate services and requiring a Life Plan would cause undue delay of access to services and supports required to ensure the individual's health and safety. If the need for a Life Plan or In-Process Life Plan is waived by OPWDD, the CCO must still submit supporting documents, as outlined above, that supports the service request.

Billing for Services

When HCBS Waiver services are needed prior to the finalization of a Life Plan, an RSA and SARF approved by an OPWDD Regional Office, along with the acceptable documentation, as outlined above, justifying the need for such services is sufficient documentation to support service authorization for service billing purposes. HCBS Waiver providers must continue to follow all HCBS Waiver service documentation and billing standards and requirements.