



## **HCBS PRTF Waiver Flowcharting Steps** *Access & Continuation of Services*

- Step 1.** Does the Member have a KHS qualifying mental health diagnosis and meet SED criteria? Are there qualifying CAFAS scores? Is there a completed CBCL?
- Yes.** The Member is eligible to receive community based services. Go to Step 2.
- No.** The Member is not eligible.
- Step 2.** Does the Member meet the age criteria?
- Yes.** Go to Step 3.
- No.** Complete a Request for Age Exception and submit to SRS.  
If the exception is approved, go to Step 3.  
If the Request for Age Exception is **not** approved, then the Member is **not** eligible.
- Step 3.** Has the HCBS PRTF screen been requested? Has the Access Form been submitted to verify availability and bookmark a slot?
- Yes.** Go to Step 4.
- No.** Submit HCBS PRTF screen request. Submit Access Form
- Step 4.** Has CBST been completed? Has the HCBS PRTF screen been completed? Is criteria met for PRTF treatment?
- Yes.** Go to Step 5.
- No.** The Member is not eligible.
- Step 5.** Has the family chosen the HCBS PRTF Waiver over PRTF treatment?
- Yes.** Has the parent/guardian signed the Family Choice Assurance Document? The family completes financial eligibility paperwork. The Wrap Around Facilitator completes the 3160. All documents are submitted to local SRS office Economic Employment Support staff. The Wrap Around Facilitator develops the interim budget from CBSP. Send Notice of Action. Go to Step 6.
- No.** The family declines HCBS PRTF Waiver services, PRTF approved or alternative services offered.

## **HCBS PRTF Waiver Flowcharting Steps** ***Access & Continuation of Services*** **Continued**

- Step 6.** The Wrap Around Facilitator from the CMHC meets with the family and the treatment team to develop the Individualized Plan of Care (POC). WAF will ensure that all PRTF Specialized Waiver services are in place and available. The Wrap Around Team will meet as needed to amend the POC. The Wrap Around Team will review the POC a minimum of every 90 days and as needed. Go to Step 7.
- Step 7.** The Wrap Around Facilitator will submit the Electronic Plan of Care (ePOC) to KHS within 60 days of the family signing the Family Choice Assurance Document (also known as the Family Choice Date). Go to Step 8.
- Step 8.** The WAF will complete the quarterly reviews of the POC every 90 days. The WAF will make any amendments/changes to the POC if applicable. A new budget must be submitted on the ePOC to reflect such changes. Go to Step 9.
- Step 9.** The Wrap Around Team meets for the Annual Evaluation. The evaluation will be completed to determine if the Member continues to meet clinical eligibility requirements. The clinician completes the Annual Evaluation of Level of Care form to determine continued eligibility. Go to Step 10.
- Step 10.** Does the Member continue to meet clinical eligibility? Complete the Annual Review form.
- Yes.** The family completes the financials and the WAF completes the 3161. All documents are submitted to SRS. The WAF submits a new ePOC to KHS. Notice of Action is sent.
- No.** The WAF submits in the 3161 to SRS with the results of the Annual Review. Notice of Action is sent.

