

CHECKLIST:

Getting Started with Home and Community-Based Services



Home and Community-Based Services (HCBS) are types of person-centered care delivered in the home and community. HCBS include a variety of medical and social services provided to individuals with disabilities, chronic illnesses, or older adults in need of extra support. People who receive HCBS are able to continue living in the community instead of entering a nursing home or other institutional setting.

To be eligible, you must complete a MnCHOICES assessment through your county agency or tribe, and qualify for disability-based Medical Assistance (MA) or Medical Assistance for Employed Persons with Disabilities (MA-EPD).

For waiver services, such as Brain Injury (BI), Community Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD) waiver, you must also be certified disabled by the Social Security Administration or the State Medical Review Team (SMRT).

If you are interested in receiving HCBS services, use this checklist to get started!

Contact your county human services agency or tribe and ask for a MnCHOICES assessment.

The agency can provide you with information about the available programs, eligibility requirements and how to apply. The MnCHOICES assessment is a free, in-person assessment that will determine your needs and identify what programs, services and supports you may be eligible for. The assessor will ask you questions about your activities of daily living, where you want to live, how you want to participate in the community, your medical history, and any other needs you have.

Receive your MnCHOICES Assessment results.

The programs or services you are eligible for will be included.

Choose your providers.

The county human services agency will provide you with information on approved HCBS providers. You can choose a provider that best fits your needs and preferences.

Develop your care plan.

After you have chosen a program or service, work with your county representative, support planner or care coordinator to develop a care plan that outlines the services you need, how often you need them, and who will provide them. You will be involved in creating the care plan and can give input on the services you prefer.



It's important to note that the specific steps and requirements may vary depending on the program you are eligible for.

If you have any questions, please contact your local human services agency or give PICS a call at **651.967.5060**. We'd be happy to walk you through the steps to determine eligibility and start receiving services!

**Your Choices.
Our Support.**

- ❑ **Complete your provider agreement and enrollment paperwork.**
Once you have chosen a provider, you will need to sign an agreement that outlines the services, payment terms or funding source, and other details. Make sure you read and understand the agreement before signing.
- ❑ Your county or tribal agency approves the Community Services and Support Plan (CSSP) and sends it to your chosen provider.
- ❑ If you have chosen self-directed services, your Financial Management Services (FMS) provider will create a budget based on your approved support plan.
- ❑ **Services begin.**
Your county or tribal agency will issue a Service Authorization to your provider, which allows your services to begin.
- ❑ **Review and adjust your care plan.**
As your needs change, you may need to adjust your care plan. You can work with your provider and the county human services agency, tribe or other lead agency to make changes to your care plan as needed.
- ❑ **Annual renewal.**
This process involves an annual reassessment of your needs and a review of any changes to your circumstances. Based on the results, your eligibility for continued HCBS will be confirmed or modified.

CONTACT US TODAY!

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