



The Physician Notification of Care Plan (HCBS-11) is necessary to provide the participant's Primary Care Physician (PCP) an opportunity for input on the development of a Person-Centered Care Plan (PCCP) for their patient. The HCBS-11 shall be mailed within three (3) business days of approval of the PCCP for **all** recipients of Home and Community Based Services (HCBS) authorized by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS), or its designee.

NUMBER OF COPIES

One copy of the form shall be completed.

INSTRUCTIONS

TO: Enter the physician's name and mailing address.

RE: Enter the participant's name.

DCN: Enter the participant's Departmental Client Number (DCN).

DATE: Enter the date the form is completed.

ASSESSOR SIGNATURE: The individual completing the form shall sign the document.

ASSESSOR NAME: The individual completing the form shall print their name.

TELEPHONE: Enter the telephone number of the assessor.

MAILING ADDRESS: Enter the mailing address of the assessor.

FAX NUMBER: Enter the fax number of the assessor.

PHYSICIAN SECTION:

It is not required for this form and/or the PCCP to be returned by the PCP. However, the PCP may choose to enter comments in the Physician Comments section and return it to the assessor. If returned, staff shall review information provided and complete any necessary follow up action.

DISTRIBUTION

The original shall be sent to the PCP, along with a copy of the associated PCCP. The HCBS-11 shall be uploaded to the participant's electronic case record in the HCBS Web Tool.