

NAME: Service Plan (Policy 501.8 & 501.8.1)

PURPOSE: To detail all services (service type, provider of service, frequency) the member is receiving, including any informal supports that provide assistance (family, friends, etc.) and address all needs identified in the PAS, the Member Assessment (sections I CM and II PA/HM) and address the member's preferences and goals.

Note: The member's Service Plan must contain reference to any other service(s) received by the member, regardless of the source of payment. An ADW agency that provides private-pay services to a member must ensure that documentation is maintained separately.

1. The Case Manager is responsible for development of the person-centered Service Plan (SP), in collaboration with the member (or legal representative), Personal Assistance/Homemaker (PA/HM) RN and anyone the member may wish to participate in the process.
2. It is mandatory for the Case Manager and member (or legal representative) to attend the ***Initial Service Plan Meeting***. The HM/RN only attends the initial SP meeting if the member requests.
3. It is mandatory for the member (or legal representative) Case Manager and) HM/RN to attend the 6 month and annual Service Plan meeting.
4. The SP must be scheduled within 7 calendar days of the Case Management Member Assessment.
5. Enter the member's Name and the Date in the upper right corner **of each page.**
6. Mark the type of Service Plan: initial, six month or annual.
7. Note the Begin Date and the End Date for the Service Plan.
8. Enter the members last and first name.
9. Enter the member's **11digit** Medicaid number.
10. Enter the member's Service Level and the range of hours per month (***example: Service level D, Range of HRs 125-155 policy section 501.1.1(b)***)
11. Enter the name of the Case Manager Provider and Phone Number
12. Enter the Primary PA/Homemaker Provider and Phone Number.
13. Enter up to two names of Informal Support and Phone Number. ***If needed you may add another sheet with additional informal support information. If there are no informal supports that should be noted.***
14. Document the ***member's response*** to the question "What do you expect from this program?)

15. **Personal Preferences** document the member’s response to the following questions:

- What would you like your personal assistant/homemaker to do for you?
- Are there any things you prefer the personal assistant/homemaker not do for you?
- Do you need assistance with scheduling appointments?

16. **Activity** document the activity’s for the member.

- For each activity listed down the left side of the form indicate if the activity is planned for the member
- Indicate which days the activity will be provided (Sun thru Sat) by placing an “I” indicating the activity will be provided by Informal Support or “F” for Formal Support such as PA/HM or “B” for Both Informal and Formal Support.
- In the last column note the time the activity is to be provided by using **AM or PM**.

Example:

Activity	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Time AM/PM
Special Directions: None								
Bath:	I	F	F	F	F	F	I	AM
Skin Care: Apply lotion daily	I	F	F	F	F	F	I	AM

17. **Risk Mitigation**

- In the first column list any risks that were noted in the member assessment (**refer to question # 8 Risk Assessment.**)
- Document the services to address the problems/risk identified in the second column.
- Enter the name of the Provider and Provider’s phone number.
- Once the Identified Problem or/Risk is resolved or completed note the date in the column provided.

18. Other issues to address (**refer to member assessment #9 Member Needs**)

- Enter the identified member need.
- The Service(s) to address the need(s).
- The name of the provider.
- The provider’s phone number.
- Once the Identified member need is resolved or completed note the date in the column provided.
- Enter any comments in regarding the member needs.

19. Document any additional comments in the section provided on the lower half of the sheet.
20. "My Emergency Back Up Plan" is the members back plan and must be completed for the following:
 - Personal Assistance/Homemaker Availability
 - Access to emergency assistance
 - Disaster Emergency Plan
21. In order for the Service Plan to be considered as valid all involved persons are required to sign and date the signature page certifying that the information is complete and accurate.
22. A copy of the Service plan must be provided to the member noting the date on the Service Plan signature page.
23. A copy of the Service Plan must be provided to the Personal Assistance/Homemaker Agency noting the date documented on the signature page.