

NAME: Service Plan Addendum (Policy 501.8 & 501.8.1)

PURPOSE:

To detail a change in member needs. These changes would include such things as an additional service needed after release from a hospital, member wants to change days of week or times they receive services, or an informal support is going to provide the service for the member as opposed to the PA/HM. A Service Plan Addendum does not take the place of a six month or annual Service Plan. If a member has a service level change a new Service Plan must be done.

1. Once the Service Plan is in place and a member has ***a change in need only*** a **Service Plan Addendum** form is used to document any changes to the member's plan. (***Example: A member decides to change their hours of service from 8am-2pm to 10am-4pm***). The Case Manager will complete a Service Plan Addendum by entering the Member's:
 - Last and First name.
 - The current service level (A, B, C, or D)
 - The Range of Hours.
 - Member's 11 digit Medicaid Number.
 - Mark the Change in Need for Service Plan.
 - Document the current Service Plan period noted on the current service plan in which the addendum is being written.
 - Enter the date of the Addendum.
 - Describe how the members needs have changed in the box provided.
 - Describe any changes in service in the box provided. Document any other information you may need to share regarding the Addendum.
2. The Case Manager ***must sign and date*** the Service Plan Addendum.
3. The Member/Legal Representative ***must*** sign and date the Service Plan Addendum.
4. The Case Manager will send a copy of the Addendum to the PA/Homemaker agency and date at the bottom of the Service Plan Addendum.

5. The Case Manager will send a copy of the Addendum to the Member/Legal Representative and date at the bottom of the Service Plan Addendum.