

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Interim Service Plan

Purpose: To outline an immediate plan for services, resources and risk(s) for a new ADW recipient who is in need of immediate services. This person may not have had the formal Person-Centered Assessment due to the need for timeliness of the service implementation.

DEMOGRAPHICS:

- Complete entire section.
- This person may not have a Person-Centered Assessment at the time of the development of the Interim Service Plan due to the emergent need for services. The purpose is to initiate services quickly when needed. A Service Plan and Person-Centered Assessment must be completed following the Interim (within ADW policy guidelines).
- **Things you do/don't want worker to do:** "I want my worker to always fix breakfast before 9:00 a.m. because I'm diabetic"; "I don't want my worker to do my laundry"; "I don't want my worker to take me to the grocery store. My daughter does that".

RISK PLAN:

- **Describe the risk:** "Fall risk"; "Smokes with oxygen on"; "Wanders in the evening".
- **Describe how the risk will be addressed:** "Contact PCP regarding need for a new walker"; "Educated member about not smoking while oxygen is on or in the house"; "Person will not be left alone in the evening (family will be there when worker leaves the home)".

RISKS	RISK PLAN
O2 use in the home and member smokes	Educated about dangers of smoking with O2 in home. Member agrees to go outside to smoke with the grandson's assistance and not smoke when O2 is on.
Gets up without walker in the home	Daughter to remind member to use walker every time she gets up from the couch, bed or chair. Walker is placed next to her at all times.
Forgets to take medications	Worker reminds member to take meds and son calls to remind her in evening/on weekends.
Unsteady gait	Member needs hands-on assistance with mobility.
Cognitive impairment-can't be left alone	Worker leaves home when the daughter arrives home from work. If daughter is late, call son next door to come sit with him.
Alzheimer's- refuses shower/bath	Offer bath, if refuses, offer sponge bath. If refuses, wait 30 minutes. Offer again.

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SERVICE PLAN EXAMPLES

ADW SERVICES- EXPLANATION OF AMOUNT, FREQUENCY AND DURATION

- **Amount:** The amount refers to the number of times in a day it will be provided. Example: 4 hours per day.
- **Frequency:** The frequency refers to how often it is provided. Example: Monday-Friday, daily, etc.
- **Duration:** Duration of Interim Service Plan. Example: 1 week.

ADW Service	Amount (how much?)	Frequency (how often?)	Duration (length of Interim Service Plan)
Personal Assistant Services	5 hours per day	Monday through Friday (5 days per week)	1 week
Personal Assistant Services	4 hours per day	Daily (7 days per week)	1 week
Personal Assistant Services	3 hours per day	7 days per week	10 days

OTHER SERVICES EXAMPLES

Services Needed	Provider	Describe Service Amount, Frequency and Duration
Case Management	Best Case Manager Ever	Minimum monthly or more frequently as needed for 6 month plan period
Skilled Nursing <ul style="list-style-type: none"> • Monthly Review of POC • Skilled Nursing Assessment 	Love My Waiver Nurse	<ul style="list-style-type: none"> • 1x/month for 6 month plan period • 1x/6 month and annually
Transportation <ul style="list-style-type: none"> • Essential Errands • Community Activities 	Love My Waiver Nurse	<ul style="list-style-type: none"> • 1x/weekly for 6 months • 1x/weekly for 6 months
Home Health	Great Home Health Agency	RN weekly visits for 2 week plan period.
Home Health	Great Home Health Agency	PT 3 times per week for 2 weeks.

- Note: for unplanned and unexpected needs, document it. We do it because we want the needs of the ADW Participant met. However, clearly document on the RN Contact Form, Case Management Form or the Personal Attendant Log (PAL).

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RESOURCE PLAN EXAMPLES

RESOURCE NEEDS	PROVIDER/REFERRAL SOURCE
Rental Assistance	Kanawha County HUD
Food Stamps	DHHR- SNAP Program
Utility Assistance	DHHR- LIEAP Program
Food Pantry	Best Pantry in the Valley
Durable Medical Equipment	Best DME, Inc.

HOME AND COMMUNITY BASED SETTING:

- This is a new CMS requirement for ADW recipients regarding their residence (HCBS setting). It cannot be an institution or “institutional-like” (such as a personal care home, etc.).
- There is a specific criterion that is necessary for the home setting and for the person to receive the service in that setting. This is a brief descriptor of what an HCBS setting looks like, so the Case Manager is knowledgeable about the setting requirements and the person can begin to understand it.
- **Transition Plan for HCBS Setting:** This question is mandatory because the HCBS setting is a CMS requirement. If someone answers yes, discuss a plan for transition to an HCBS setting (example: Person is in a personal care home or a nursing home. Document the date of the discussion in a Case Note, plans for transition and date of transition).

REQUIRED INTERIM SERVICE PLAN SIGNATURES AND PLAN DISAGREEMENT:

- Required signatures/dates: Person or Legal Representative; Case Manager and Nurse for Traditional; Resource Consultant for Personal Options; Case Manager or Nurse if a person on the Personal Options Program chooses CM or Skilled Nursing services; and anyone else the person requests to attend the planning meeting.

PERSONAL ATTENDANT LOG (PAL) (page 2 and 3 of the Interim Service Plan):

- The PAL replaces the old “Plan of Care” and is now a part of the Service Plan. This allows for updates more easily.
- The nurse is now a required attendee at the initial Service Planning meeting as well as the annual and the six month planning meeting.
- The Service Plan Update Form has been deleted. However, there is a new process for Service Plan Updates.
- **RN Development of the PAL:**

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- The nurse completes the PAL during the planning meeting with input from the person and the Case Manager.
- Not only is the PAL a plan for the direct care services, but it is a stand-alone document for the worker to document the daily services/activities. By having one document, this reduces the errors.
- **Planned Hours/Days:** The nurse or Resource Consultant (on behalf of the person) documents the planned hours per day and days per week.
- **Describe Activities:** Indicate how the activity is to be performed (supervise, partial or total). The key is to give directions to the worker. This here to reduce risk. When you tell the worker to do a partial assist, describe it. Example: Circle P for partial. "Right side paralysis. Hand shower items in left hand".
- **RN In/Out:** At the top, nurse documents time in/out (time it took RN to write PAL for Interim Service Plan) as it is a requirement for billing Skilled Nursing Services.
- **Service Level/Hours:** Either Service Level or Number of Hours is acceptable here. Please explain to the recipient of services that this is the maximum amount and it is not expected that the Service Plan or PAL will maximize these hours. It is based upon the person's needs, not the number of hours that can be maximized in a month's time.
- **Service Hours- Time in/time out:** Indicate the time services are to begin and time the services are to end.
- **Essential Errands:** This is a plan and errands must be discussed at the planning meeting and addressed in detail here. This area must include the purpose of the errand, the destination, frequency and the day of the week. **Example:**
- **Community Activities:** This is a plan and community activities must be discussed at the time of the planning meeting and addressed in detail here. This area must include the purpose of the errand, the destination, frequency and the day of the week. **Example:**
- **Other:** This section is to describe other areas that are not listed on the PAL. **Example:** "Remind member to use hearing aid daily".
- Special Instructions for Transportation: **Examples:** "Assist person in/out of the car".

RN Review of the PAL:

- Following the worker's completion of the daily documentation on the PAL, the RN will review and approve the PAL.
- The RN will monitor the service, verify services were provided, ensure dates/signatures, ensure accuracy of the service and ensure form is correctly completed.
- The RN must sign the back of the PAL and date it to verify that the RN review was conducted.
- Comment area is for documenting any issues with the service/member or minor changes in the PAL. **Example:** Worker came 1 hour later on Tuesday because he was just discharged from the hospital. Minor changes are acceptable (if it is a continuous change, the RN must do a PAL Update). The worker must also document in the comments section at the bottom when there is

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a change in day/time or activity for the day. Please note that this section will also be used for a PAL Update.

- **Wellness Scale:** The RN will monitor the Wellness Scale. The scale can be an indicator for the nurse to determine how the person is doing. Changes up or down in the scale may indicate a change in the person's needs, medical condition or environment.

PAL UPDATE:

- The RN/RC may update the PAL when there is a need to change the hours, days of the week or the activities on the PAL.
- The RN/RC must speak with the participant either by phone or in person. Document on page 4 how the changes were verified with the ADW participant, initial it and date it.
- A copy of the PAL Update must be forwarded to the Case Manager.
- The Case Manager or Resource Consultant must initial and date the new PAL Update under "PAL Update" on page 2 of the Interim Service Plan and attach it to the Service Plan.
- The new PAL Update becomes a part of the Service Plan. The Case Manager/RC will document a new date on page 1 under "Change in Need/Service Level" indicating that there has been a change to the Service Plan. The new PAL update is attached to the Service Plan.

PAL –WORKER DAILY DOCUMENTATION:

- The PAL, pages 2 and 3 of the Interim Service Plan, will be the worker's daily documentation and will be a stand-alone document. Once the PAL is completed, a copy of the page may be provided to the worker to use as his/her documentation for the service provided. By having a copy of pages 2 and 3 of the Interim Service Plan as the actual worksheet, it will reduce any errors created when the information is transferred over to a new document.
- The worker must circle the day service was provided; enter time in/out, total hours and check the box if they provided service to 1 person during the service time (1 staff to 1 ADW participant at a time).
- Initial each box on the correct day for each activity that was performed on that day.
- Page 3 of the Interim Service Plan, the worker will document start and stop time for travel, total number of miles driven and how much time was spent driving.
- **For medical appointments:** The worker must NOT bill ADW Non-medical Transportation Services for medical appointments but may accompany the recipient who needs assistance. All mileage for all medical appointments is to be billed to Non-Emergency Medical Transportation (NEMT) by the Personal Attendant (who has signed up with MTM as a Friends and Family volunteer).
- **** indicates the following:** complete these sections if the worker accompanies a recipient to a medical appointment. Any section on the grid that has ** including the middle section that says (** complete these sections for medical appointments only) will be completed by the PA when the PA either takes the person to the medical appointment or accompanies the person to the medical appointment. The worker only completes those sections with asterisks assigned. The worker must not bill ADW non-medical transportation for or document the mileage for transportation to medical appointments.

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- Enter the destination (where they went) and the purpose for the travel; whether it was an essential errand or community activity; was the person with them during the travel and activity. The ADW participant is to initial each entry to verify it was completed. The documentation must include where the worker went, including the name of the store and town (some towns have more than one grocery store), the purpose of the travel (Traveled to Nitro Walmart for grocery shopping).
- **Wellness Scale:** The worker is to ask the participant the following question each day and write the date and Wellness Scale number at the bottom of page 4. This was a Medicaid fraud request for this form so it is important that the worker complete this Wellness Scale.
 - **WELLNESS SCALE**
 - **“Using a scale from 1 to 10 (1 is poor and 10 is great) How are you today?”**
- At the end of the PAL time frame, the worker must sign, date and print his/her name on page 4 of the PAL.
- **Comments Section:** (is part of the Wellness scale section)
 - The worker will use this section to document occasional variations in the activities.
Example: Arrived at 7:00 for meals as informal support was in the hospital today.
 - In the Comments Section, the worker may document any additional information on the wellness status.

PAL – ADW PARTICIPANT’S PAL DOCUMENTATION

- The ADW recipient must initial each day that services were provided. By initialing, the person is verifying that the worker came during the times documented, provided the activities documented and provided the transportation documented.
- The ADW recipient (or legal representative) must sign on page 4 verifying services documented on the PAL were provided. Please ensure that the ADW participant knows and understands the fraud statement above the signature.