

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 member who is in need of immediate services. The Interim Service Plan can be in effect up to 21 calendar days from the date of the ADW enrollment to allow time for an assessment to be completed, the Service Plan meeting to be scheduled, and the Service Plan to be developed. This person may not have had the formal Person-Centered Assessment due to the need for timeliness of the service implementation.

DEMOGRAPHICS:

- Enter Date of program enrollment and Date that Interim Service Plan was developed.
- Complete member name, Medicaid #, Case Manager name, agency and phone number and Personal Attendant name, agency and phone number.
- 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".

INTERIM 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.

INTERIM SERVICE PLAN

- **DAY:** List the activities on the day that the service will be provided.
- **ACTIVITY:** List the activities that will be performed on each day. For example, the member would like to go to the grocery store on Tuesdays, or they would like for their laundry to be done on Fridays.
- **STRATEGIES/INTERVENTIONS NEEDED DURING THE ACTIVITY:** This section should include a brief explanation of all needs and/or risks identified in the PAS and discussion with the member. The plan for any risks, or the type of assistance needed for each activity should be explained here. For example, member has trouble swallowing so when doing meal preparation, all food

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should be cut up into very small pieces or member has paralysis of left arm, so they need assistance washing their back while taking a shower.

- **TIME:** IF the member has a preference of when services are provided, enter appropriate time. For example, the member would prefer to have breakfast every morning before 9:00 a.m.
- **FORMAL:** Note any formal supports that will provide activities for the member, ie: “Best Care Personal Attendant Agency”, or VA.
- **INFORMAL:** Note which services, if any, will be provided by the member’s informal supports.

SERVICES AND RESOURCES

- List any needs or resources the member will need and who provides them. For example, Food Stamps, Durable Medical Equipment, Dentures. Be sure to document the member’s current services or resources or if they need the service or resource so that referrals can be made to obtain them.

ADDITIONAL INFORMATION / SIGNATURES

- Document any current identified risk to health and safety.
- Enter the date that Personal Attendant services are scheduled to begin. (Must initiate services within three business days of the Case Management agency developing the Interim Service Plan.)
- Member/Legal Representative signature and date.
- Case Manager signature and date. Also enter the start and stop time for the visit.
- Enter date a copy of the Interim Service Plan was sent to the Personal Attendant agency.
- Enter the date a copy of the Interim Service Plan was sent to the member/Legal Representative.