

# AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

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**NAME:** Service Plan Addendum

**PURPOSE:** To detail a change in member needs. These would include a change in needs/services, service level change, dual services request, transfer, etc. A Service Plan Addendum does not take the place of a six month or annual Service Plan. This form is intended to replace the service plan update process.

1. Once the Service Plan is in place and a member has **a change in needs or services, service level change, dual services request, transfer or other**, a **Service Plan Addendum** form is used to document any changes/updates to the member's plan. 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 appropriate reason for Service Plan Addendum..
  - 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 the reasons for the addendum:
    - Medical changes requiring additional services
    - Service level change
    - Dual Services eligibility
    - Transfer to a new agency
    - Other
  - 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 Agency or PPL if applicable, and date at the bottom of the Service Plan Addendum.

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.