AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Service Plan
Purpose: To identify the person's goals, preferences through person-centered planning. To outline the specific services and resources as identified on the person's Person-Centered Assessment. To plan to reduce the person's risks.

DEMOGRAPHICS:

- Complete entire section. It is only necessary to complete sections that are program specific. Example: Only Personal Options enters a PPL number and a budget. Only Traditional Services enters the Personal Attendant Agency.
- Check box if the person is a Take Me Home WV participant.
- Enter either service level or hours as appropriate.

GOALS AND PREFERENCES:

- Complete entire section.
- **Goals:** "I want to be able to stay in my apartment"; "I need help with taking a bath and getting my meals". Do not list "Help with ADL's".
- **How can my program support my goals?** "Need a worker in the mornings and evenings to help get me up and back to bed"; "I want a worker that knows how to get my wheelchair in and out of the house"; "My worker needs to be here on time because there is no one here with me after my son leaves for work".
- **Personal Strengths:** "I never give up"; "I am strong willed"; "People tell me I'm always positive"; "I am a quick learner".
- **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:

- Locate the risks from the Person-Centered Assessment. Any risk that is marked yes and not marked as "no plan needed", must be listed on the Service Plan and have a risk plan to address the issue.
- **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 participant 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 participant smokes	Educated about dangers of smoking with O2 in home. Participant 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 participant 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 participant to take meds and son calls to remind her in the evening/on weekends.
Unsteady gait	Participant 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.

SERVICE PLAN:

SERVICE PLAN EXAMPLES

ADW SERVICES- EXPLANATION OF AMOUNT, FREQUENCY AND DURATION

- **Amount:** The amount refers to the number of hours 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:** The duration of the plan. Example: 6 months, 3 months, 1 month.

NOTE: The services reflected in this section should be the same as what is entered on the Personal Attendant Log (PAL).

ADW Service	Amount (how much?)	Frequency (how often?)	Duration (length of service plan?)
Personal Attendant Services	5 hours per day	Monday through Friday (5 days per week)	6 months
Personal Attendant Services	4 hours per day	Daily (7 days per week)	3 months
Personal Attendant Services	3 hours per day	7 days per week	1 month

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 ● Monthly Review of PAL ● Skilled Nursing Assessment	Love My Waiver Nurse	● 1x/month for 6 month plan period ● 1x/6 month and annually
Non-medical Transportation ● Essential Errands ● Community Activities	Love My Waiver Nurse	● 1x/weekly for 6 months ● 1x/weekly for 6 months
Home Health	Great Home Health Agency	RN weekly visits for 3-month plan period.
Home Health	Great Home Health Agency	PT 3 times per week for 4 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).

RESOURCE PLAN:

- Identify from the Person-Centered Assessment, the resources that the person needs in the left column. Example: Food Stamps, Food Pantry, Housing, etc.
- On the right column, describe where you are referring the person. Example: Charleston Housing for Senior High Rise application, DHHR for food stamp application, Meals for All Food Pantry, etc.

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 members regarding their residence (HCBS setting). The Centers for Medicare and Medicaid Services (CMS) made the Integrated Settings Rule to make sure that the Medicaid member's experience is considered when deciding if the place where they receive waiver services is a home or community-based setting. They also want to make sure that members are in home and community-based settings and not more formal places, like hospitals. CMS wants to make sure the member gets the services they need in a setting that allows the member to participate in community activities. They also want to ensure

that the member has the right to make key choices in their life and have control over their Person-Centered Plan. For example: Freedom from restraint, privacy, like bedroom and bathroom doors that lock, having or looking for a job if they want to do so, controlling their own finances or deciding the member's day-to-day activities.
It cannot be an institution or "institutional-like" (such as a personal care home, etc.).

- Indicate whether or not a Member-Controlled or Provider-Controlled survey was done, Yes or No.
- If a Provider-Controlled survey is needed, you must notify the BMS Program Manager Indicate whether or not this was done.
- Indicate whether or not survey results were incorporated into the Service Plan.
- If a transition plan is required, see below.
- Case Manager should enter the date the survey was completed and the name and title of who completed it.

Transition Plan for HCBS Setting: If the member answers No to any question on the Member-Controlled or Provider-Controlled survey, then the Case Manager must work with the member to update their service plan to correct the issue(s) within 30 days. Then, the Case Manager will work with the member and then have 30 more days to implement the plan. If someone answers no, 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).

MY EMERGENCY BACK UP PLAN:

- Complete entire section.
- **Informal Support:** Describe the activities that the informal support will be performing for the person and the specific times/days and who provides it.
- This area is specific to health and safety and ensures that the person has someone to provide those necessary supports when no formal support is available.
- Example of activities: Daughter does bathing on the weekends; Niece provides evening meals; all supports provided by grandson when the worker is not in the home, etc.

SERVICE PLAN SIGNATURES AND PLAN DISAGREEMENT:

- Required signatures/dates: Traditional: Member or Legal Representative; Case Manager and Nurse; Personal Options: Member or Legal Representative, Resource Consultant, Case Manager; and anyone else the member requests to attend the planning meeting.
- **CMS Requirement - Plan Disagreement:** A member may disagree with the plan.
  - They cannot disagree with a policy (see Transportation Services example on the Service Plan).
  - The Case Manager documents the reason for the disagreement and assists the member in facilitating discussion in the meeting to find solutions. Once a solution is found, the CM documents the solution on the Service Plan.

- If the member does not agree, they may file a grievance. The CM must educate the member about the grievance process when this occurs.
- **Example of a disagreement:** "I want services on the weekends and the nurse says they can't do it".
- **Example that is NOT a disagreement:** "I want to go 400 miles a month on my transportation" is not a disagreement. Policy stipulates a limit of 300 miles per month and the Service Plan does not override ADW policy).
- **Examples of Potential Solutions:** Personal Attendant agency will use a secondary PA agency to provide weekend hours; Member wants to transfer to a new agency. CM will assist.

Enter the date the Service Plan was provided to the member, Resource Consultant and the Personal Attendant Agency.