

General Instructions

In accordance with the HCBS final rule issued in January 2014, the service plan must be person-centered. The process:

1. Includes people chosen by the individual.
2. Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible.
3. Reflects cultural considerations of the individual and is understandable to the member and the individuals who support the member. The plan must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited in English proficiency.
4. Includes strategies for solving conflict or disagreement within the process, including clear conflict of interest guidelines for all planning participants.
5. Reflects the member's strengths and preferences.
6. Excludes unnecessary or inappropriate services and supports.

Section A. Authorization of My Support Services

1. The **Initial Service Plan Date** at the top of the page represents the date of the first service plan for the member. For the initial assessment, the **Initial Service Plan Date** is the same as the **Service Plan Date**. For each reassessment, the **Service Plan Date** is the date of the reassessment. The appropriate signature(s) must be obtained for each reassessment. A copy of the SP is sent to the Primary Care Provider and Support Providers (if any).
2. Signatures and dates will need to be obtained from the member/authorized representative (AR) and service coordinator to indicate that the member/AR directed this service plan meeting to the maximum extent possible; the member/AR was enabled to make informed choices and decisions in the meeting; and the member/AR reviewed and agree to the support services written in the plan.
3. Indicate who directed the meeting. If someone other than the member directed the service plan meeting, explain why.
4. A copy of the service plan will be sent to the PCP and the support provider(s)

Section B. My Goals, and Actions

- The SC will use numbers, such as 1, 2, 3, etc.

Start Date – The SC will enter the start date of the goal.

Modified Date: the SC will enter the date that a revision was made to the member's service plan for each need identified, if applicable. If no revision was made, enter "N/A".

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My Needs/Risks/Issues – the SC will enter what is important to and for the member to be happy, healthy and safe. Use the member’s own words when possible. Risk factors identified in the health and functional assessment and measures to minimize them should be reflected in the service plan as agreed to by the member. A risk factor is a condition or behavior that increases the possibility of disease or injury, e.g., inability to move presents a risk for bed sores.

My Goals – the SC will enter the desired result the member wants to achieve for each identified need. Use the member’s own words when possible.

My Outcomes – the SC will enter what the member describes, how and when the goal is met, with goals that are specific and measurable. Include timeframes to assess whether the outcomes were reached.

Past Efforts to Meet Goal – the SC will enter prior efforts the member has made to meet this goal previously. Both successful and unsuccessful efforts should be documented, as well as the approximate time frame these efforts were made.

Next Review Date – the SC will document the next time this goal will be reviewed with the member.

Resolved Date – the SC and member will identify the date when the goal was met.

If a concern has been resolved and reoccurs, the SC can reopen the concern with the same number. The number for the resolved concern shall not be reused for a new concern.

Priority – The SC and member will identify the priority of the Actions listed to help achieve the goal.

My Actions – The SC and member will identify specific interventions or actions that the member can act on to achieve their goal. Use the member’s own words when possible.

Barriers – Identify any barriers to the member completing the action.

Who Will Help Me – The SC and member will identify who, if anyone will assist the member in performing the action. The member may specify that they will complete this action alone.

Action Progress – Used to track progress to the specific action. The SC will mark whether the action has ‘Not Started’, is ‘In Progress’, or ‘Completed’. This will help the member track their progress towards meeting their goal.

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Progress Note – The SC and member can use this section to update notes specific to the action. It can be used to demonstrate why an action has not yet been started, or why an action has remained in progress.

For Example:

SECTION B. MY GOALS, AND ACTIONS								
#	Start Date	Modified Date	My Needs, Risks, Issues	My Goals	My Outcomes (include timeframe)	Past Efforts to Meet Goal (include successful & unsuccessful efforts)	Next Review Date	Resolved Date
1	01/01/2017	03/01/2017	I need help with moving so I don't get bed sores	I will not have bed sores	My skin will be checked for bed sores daily and I will be turned in bed every 2-3 hours for the next 3 months.	7/1/16 – My sister lived with me and helped me to keep my skin healthy but she moved to California. 10/1/16- I used to pay out-of-pocket for someone to help me daily but I couldn't afford it after a few months.	06/01/2017	__/__/__ -
Priority	My Actions			Barriers	Who Will Help Me	Action Progress	Progress Note	
1	My agency worker will check my skin with every bath and every time I get turned.			I need help with turning	I will talk to my doctor about getting a bar to hang over my bed to hold so I can turn more easily	<input type="checkbox"/> Not Started <input checked="" type="checkbox"/> In Progress <input type="checkbox"/> Completed	I called my doctor and my service coordinator faxed this request to my doctor's office. I will call again tomorrow to check on this.	

Section C. My Support Plan

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The SC will check all services and supports (paid and unpaid) that will assist the member to achieve identified goals. Also identify providers, including natural supports, for services and supports. ***Sections that do not apply to the member may be collapsed or hidden from view to provide a member specific service plan print out.***

Section D. My Support Plan Details

The SC will need to detail specific tasks that need to be completed by the health plan, paid caregiver or CDPA. Include frequency and any specific instructions. Specific instructions include member's personal preferences, member's abilities, instructions for agencies, and doctor's orders if applicable. Examples include:

- Special lotion
- Time of bath
- Member has right-sided weakness
- Member to comb own hair or brush own teeth
- Document observation of wound size, odor, drainage, etc. when performing wound care.
- Toileting hygiene: The ability to maintain perineal/feminine hygiene, adjust clothes before and after toileting. If managing an ostomy, include wiping the opening but not managing equipment.

Sections that do not apply to the member may be collapsed or hidden from view to provide a member specific service plan print out.

Section E. Disease Management/Education

This section is for members that need referrals for disease management/education.

Section F. Referrals

This section is for members that require referrals for service(s)/specialty(ies).

Section G. Support Provider Responsibilities

All LTSS Service Plans must identify the Consulting Service Coordinator. The SC will check all team member responsibilities that apply to member. Check "Other" for responsibilities that are not listed and describe.

Section H. Additional Comments

This section is for text entry for any additional comments that should be communicated to the member or the caregiver that is not otherwise captured in the Service Plan. Examples include: Safety concerns, pet information, gaps in care. If not applicable to the member, it is not required to be filled out.

Resources/Handouts for Infection Control in the Home

Hand Hygiene

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http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf

http://www.cdc.gov/handhygiene/PDF/CDC_HandHygiene_Brochure.pdf

Standard Precautions

http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf

APPENDICES	
Appendix A. Treatments and Therapies	
<ol style="list-style-type: none"> 1. BiPAP/CPAP 2. Catheter care 3. Chemotherapy 4. Chest physiotherapy 5. Cough Insufflator/Exsufflator* 6. Dialysis 7. Enteral Feeding* 8. Home Health 9. Hospice care 10. IV therapy* 11. Occupational therapy 12. Oxygen therapy 	<ol style="list-style-type: none"> 13. Palliative care 14. Personal Emergency Response System (PERS) 15. Physical therapy 16. Psychological therapy 17. Radiation 18. Respiratory therapy 19. Speech language therapy 20. Suctioning* 21. Tracheostomy care* 22. Transfusion 23. Ventilator care* 24. Wound care* 99. Other
Appendix B. Medical Equipment and Supplies	
<ol style="list-style-type: none"> 1. Bath chair/shower bench 2. BiPAP/CPAP 3. Cane 4. Catheter Supplies 5. Chest Vest 6. Commode 7. Cough Insufflator/Exsufflator* 8. Enteral Feeding Supplies* 9. Feeding Pump* 10. Grab bars 11. Hand held shower head 12. Hospital Bed 13. Incontinence supplies 14. Nebulizer* 15. Ostomy Supplies 	<ol style="list-style-type: none"> 16. Oxygen concentrator* 17. Oxygen tank* 18. Patient lift 19. Personal Emergency Response System (PERS) 20. Pulse oximeter* 21. Scooter 22. Specialty mattress 23. Stander 24. Suction machine* 25. Toilet Chair 26. Tracheostomy Supplies* 27. Transfer board 28. Walker 29. Wheelchair 99. Other

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Appendix C. HCBS Services	
<ol style="list-style-type: none"> 1. Adult Day Care (ADC) 2. Adult Day Health (ADH) 3. Assisted Living Facility (ALF) 4. Community Care Management Agency (CCMA) Services 5. Counseling and Training 6. Community Care Foster Family Home (CCFFH)/Expanded Adult Residential Care Home (E-ARCH) 7. Environmental Accessibility Adaptations (EAA) 8. Home Delivered Meals 	<ol style="list-style-type: none"> 9. Home Maintenance 10. Moving Assistance 11. Non-Medical Transportation 12. Personal Assistance Services – Level I (PA I) 13. Personal Assistance Services – Level II (PA II) 14. Personal Assistance- Level II (Delegated) (PA II- Delegated) 15. Personal Emergency Response Systems (PERS) 16. Respite Care 17. Skilled (or private duty) Nursing (SN) 18. Specialized Medical Equipment and Supplies 99. Other
Appendix D. Institutional Services	
<ol style="list-style-type: none"> 1. Acute Waitlisted ICF/SNF 2. Nursing Facility (NF), Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF) 	<ol style="list-style-type: none"> 3. Sub-Acute Facility 4. Rehabilitation Center
Appendix E. Diseases	
<ol style="list-style-type: none"> 1. Asthma 2. Cancer 3. Chronic Obstructive Pulmonary Disorder (COPD) 4. Diabetes 5. End Stage Renal Disease (ESRD) 6. Heart Disease 7. Hepatitis B/C 	<ol style="list-style-type: none"> 8. High Blood Pressure 9. HIV/AIDS 10. Seizures 11. Shortness of Breath 12. Transplant 99. Other
Appendix F. Acronyms	
<ol style="list-style-type: none"> 1. ADC Adult Day Care 2. ADH Adult Day Health 3. ADLs Activities of Daily Living 4. ALF Assisted Living Facility 5. AMHD Adult Mental Health Division 6. APS Adult Protective Services 7. ARCH Adult Residential Care Home 8. ASL American Sign Language 9. BMI Body Mass Index 10. CAMHD Child and Adolescent Mental Health Division 	<ol style="list-style-type: none"> 20. EPSDT Early and Periodic Screening, Diagnostic, Treatment 21. HCBS Home and Community Based Services 22. IADLs Instrumental Activities of Daily Living 23. ICF Intermediate Care Facility 24. LIHEAP Low Income Home Energy Assistance Program 25. LTSS Long-Term Services and Supports 26. MQD Med-QUEST Division 27. NF Nursing Facility 28. PA Personal Assistance

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11. CCFFH Community Care Foster Family Home	29. PERS Personal Emergency Response Systems
12. CCMA Community Care Management Agency	30. PCP Primary Care Provider
13. CWS Child Welfare Services	31. SC Service Coordinator
14. DDD Developmental Disabilities Division	32. SHCN Special Health Care Needs
15. DHS Department of Human Services	33. SN Skilled Nursing (Private Duty)
16. DOE Department of Education	34. SNAP Supplemental Nutrition Assistance Program
17. DOH Department of Health	35. SNF Skilled Nursing Facility
18. EAA Environmental Accessibility Adaptations	36. SP Service Plan
19. E-ARCH Expanded Adult Residential Care Home	37. VOC Rehab Vocational Rehabilitation Division, Department of Human Services