



Community Choices Waiver: Service Plan Desk Reference

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Introduction

The case manager is responsible for the development of a comprehensive service plan which reasonably assures the health and welfare of the participant; acknowledges participant's strengths; promotes the participant's self-determined goals; addresses all of the participant's assessed needs; includes a plan to mitigate all identified risks, and accommodates participant preferences to the extent possible within the established service limitations and the availability of local resources.

As such, the service plan is not limited to the services available through the waiver. Case managers must consider additional services and supports available through the Medicaid State Plan; other federal, state, and local public programs; the participant's family/natural support system; and/or any other relevant community resources prior to offering waiver services.

The frequency and duration at which services are authorized on the service plan must correspond with the needs of the participant. All examples within this desk reference are based on a 52-week service plan; case managers will need to determine the number of weeks based on the service plan begin and end dates.

Service Plan: Personal Support Services

Example 1 Personal Support Services

Participant Information	Kathy Jones
Needs and/or Risks being Addressed	<input checked="" type="checkbox"/> Assistance with Bathing <input checked="" type="checkbox"/> Assistance with Dressing <input checked="" type="checkbox"/> Assistance with Grooming <input checked="" type="checkbox"/> Assistance with Meal Preparation
Service Description – Activities to be performed (e.g. hands on assistance in/out of tub, washing body, etc.), preferences, needs	<p>Kathy needs hands on assistance getting in and out of the shower and to wash her upper and lower bodies due to limited range of motion, weakness, and balance issues. Kathy does have a shower chair. Kathy also needs hands on assistance getting dressed every morning. Kathy needs stand by assistance to complete grooming (brushing her teeth) in the morning. Kathy needs weekly assistance from someone to complete her grocery shopping and prepare evening meals that can be reheated.</p> <p>Kathy prefers a female caregiver. She prefers someone to come Monday-Friday by 9 a.m. for bathing, dressing, and hygiene. Kathy prefers her shopping, meal preparation, and light housekeeping occur on Sundays, and she does not have a preference for time of day.</p>
Frequency/ Duration of Activity	<p>During Kathy's assessment she reported the following times for completion of activities:</p> <ul style="list-style-type: none"> • Bathing – Monday-Friday, approximately 15 minutes each day. • Dressing – Monday-Friday, approximately 10 minutes each day. • Hygiene – Monday-Friday, approximately 5 minutes each day. • Shopping/meal preparation – Weekly, approximately 2 hours each week. • Housekeeping/laundry – Weekly, approximately 2 hours each week, laundry is done while other housekeeping tasks are completed. <p>To determine how many units to authorize, the case manager uses the information provided during the assessment.</p> <ul style="list-style-type: none"> • Bathing, hygiene, and dressing – 30 minutes/day = 2.5 hours/week = 10 units/week = 520 units/year • Shopping, meal preparation, housekeeping, laundry – 4 hours/week = 16 units/week = 832 units/year • Total units authorized for one full year: 1,352

Service Plan: Adult Day Services (Health Model)

Example 2 Adult Day Services (Health Model)	
Participant Information	Bob Smith
Needs and/or Risks being Addressed	<input checked="" type="checkbox"/> Assistance with Eating <input checked="" type="checkbox"/> Assistance with Memory <input checked="" type="checkbox"/> Assistance with Toileting <input checked="" type="checkbox"/> Personal Safety <input checked="" type="checkbox"/> Social Isolation/Loneliness <input checked="" type="checkbox"/> Health and Wellness
Service Description: Activities to be performed (e.g. hands on assistance in/out of tub, washing body, etc.), preferences, needs	<p>Bob requires supervision while his family works. Bob is diagnosed with dementia and has increasing difficulty with his memory. Bob requires supervision during the day to make sure he eats lunch, uses the restroom, and doesn't wander. Bob is physically able to feed himself and use the restroom but needs reminders to do so and supervision/reminders while completing the tasks.</p> <p>Bob's family works Monday-Thursday, so they and Bob prefer to attend Adult Day 4 full days/week. The preference is for a location no more than 10 miles from home.</p>
Frequency/ Duration of Activity	<p>During Bob's assessment, Bob and his family reported the need is for 8 hours each day, Monday-Thursday. The family can provide support before and after, on Fridays and the weekends.</p> <p>To determine how many units to authorize, the case manager uses the information provided during the assessment.</p> <ul style="list-style-type: none"> • Supervision, to include for toileting and eating – 8 hours/day, 4 days/week = 32 hours/week = 128 units/week = 6,656 units/year • Total units authorized for one full year: 6,656

Service Plan: Adult Day Services (Social Model)

Example 3 Adult Day Services (Social Model)	
Participant Information	Arthur Lewis
Needs and/or Risks being Addressed	<input checked="" type="checkbox"/> Social Isolation/Loneliness
Service Description: Activities to be performed (e.g. hands on assistance in/out of tub, washing body, etc.), preferences, needs	<p>Arthur is at risk of social isolation. Arthur needs socialization and companionship during the week. Arthur's wife passed away 4 months ago, and since Arthur has been isolated as his family isn't able to visit him often. Arthur is not able to drive far or at night, so does not have the opportunity to attend many social events.</p> <p>Arthur stated he only wants to go to the senior center 2 half-days each week for 4 hours each time, to determine if he likes the service. Arthur would prefer to attend one day in the morning and one day in the afternoon.</p>
Frequency/ Duration of Activity	<p>During the assessment, Arthur stated he would like to try morning and afternoon activities, but not on the same day.</p> <p>To determine how many units to authorize, the case manager uses the information provided during the assessment.</p> <ul style="list-style-type: none"> • Social Interaction – 2 half-days/week = 8 hours/week = 32 units/week = 1,664 units/year • Total units authorized for one full year: 1,664

Service Plan: Home Delivered Meals

Example 4 Home Delivered Meals	
Participant Information	Leanne Thompson
Needs and/or Risks being Addressed	<input checked="" type="checkbox"/> Assistance with Meal Preparation <input checked="" type="checkbox"/> Nutrition/Food Insecurity
Service Description: Activities to be performed (e.g. hands on assistance in/out of tub, washing body, etc.), preferences, needs	<p>Leanne requires assistance with meal preparation as she is unable to prepare meals for herself. Leanne needs lunches prepared while her husband is at work and unable to prepare lunch for her. Leanne's husband will prepare dinners and breakfasts for Leanne Monday-Friday and manages all meals on the weekends. Leanne is unable to stand for more than 30 seconds without falling and her kitchen is not designed to allow Leanne to reach the necessary appliances/tools cook while in her wheelchair or reheat in the microwave.</p> <p>Leanne stated she is not a picky eater and enjoys all foods, so she does not have any preferences for the type of meals she receives. However, given that Leanne is unable to reheat items, the lunch either needs to be a cold lunch or delivered hot.</p>
Frequency/ Duration of Activity	<p>Leanne and her husband reported during the assessment that Leanne needs lunches Monday-Friday.</p> <p>To determine how many units to authorize, the case manager uses the information provided during the assessment.</p> <ul style="list-style-type: none"> • Lunch – 1 meal/day, 5 days/week = 5 meals/week = 260 meals/year • Total Authorized units for one full year: 260

Service Plan: Non-Medical Transportation

Example 5 Non-Medical Transportation	
Participant Information	Francine Woods
Need and/or Risks being Addressed	<input checked="" type="checkbox"/> Assistance with Non-Medical Transportation <input checked="" type="checkbox"/> Personal Safety
Service Description: Activities to be performed (e.g. hands on assistance in/out of tub, washing body, etc.), preferences, needs	<p>Francine is unable to drive and requires transportation to attend her Adult Day program. Francine is diagnosed with dementia and gets easily confused and struggles with both short-term and long-term memory. Francine's daughter helps arrange services for Francine.</p> <p>Francine and her daughter would prefer the same driver every time, to help with Francine's confusion and memory. Francine and her daughter would like to schedule the trips one week at a time if possible.</p>
Frequency/ Duration of Activity	<p>During the assessment, Francine and her daughter reported Francine needs transportation Monday-Friday to get Francine to and from home and her Adult Day program.</p> <p>To determine how many units to authorize, the case manager uses the information provided during the assessment.</p> <ul style="list-style-type: none"> • Transportation – 2 rides/day, 5 days/week = 10 rides/week = 520 rides/year • Total rides authorized for one full year: 520

Service Plan: Natural Support

Example 6 Natural Support	
Participant Information	Joel Ivory
Needs and/or Risks being Addressed	<input checked="" type="checkbox"/> Assistance with Budgeting/Money Management <input checked="" type="checkbox"/> Personal Safety
Service Description: Activities to be performed (e.g. hands on assistance in/out of tub, washing body, etc.), preferences, needs	Joel reported, and his mother, Sarah, confirmed that he does not manage his money well and without support does not pay bills at all or on time when he does pay them. Sarah reported Joel has paid hundreds of dollars in overdraft fees due to his poor money management. Sarah stated Joel requires assistance managing his bank account, paying bills, and that Joel is given a specific debit card with only a certain amount of money on it each week for spending. Sarah stated she manages Joel's money and bill paying. Sarah stated she does this with Joel watching/paying attention, so that he can learn. Case manager discussed the potential need for a POA. Joel and Sarah agreed, and case manager will make a referral to Legal Aid of Wyoming.

Service Plan: Community Resources

Example 7 Community Resources	
Participant Information	Heather Anderson
Needs and/or Risk being Addressed	<input checked="" type="checkbox"/> Employment/Vocational Support
Service Description: Activities to be performed (e.g. hands on assistance in/out of tub, washing body, etc.), preferences, needs	Heather reported she would like a job doing data entry but does not have good typing/keyboarding or computer skills. Heather reported she would like to improve her skills because there is a job posting she saw that would allow her to work from home and for her to choose her own hours. Heather reported she is willing to take classes as often as possible to improve her skills quickly. Case manager will make a referral to Vocational Rehabilitation.

Service Plan: Medicaid State Plan

Example 8 Medicaid State Plan	
Participant Information	Ray Dakan
Needs and/or Risks being Addressed	<input checked="" type="checkbox"/> Mental/Behavioral Health
Service Description: Activities to be performed (e.g. hands on assistance in/out of tub, washing body, etc.), preferences, needs	Ray and his father Daryl reported that Ray has been diagnosed with post-traumatic stress disorder (PTSD). Daryl stated Ray is impacted several times each week and that he would benefit from seeing a therapist/counselor and psychiatrist. Ray stated he agrees with his father and would like to receive help so he can feel better and enjoy time with his family and friends. Ray and Daryl would prefer the services be no more than 30 minutes from Ray's home. Case manager will make a referral to the Community Mental Health Center.

Risk Mitigation Plan

Risks will be identified during the assessment process and the case management information system will automatically populate the identified risks. It's possible that the case manager may identify additional risks that were not part of the assessment process and can add those within the case management information system. In addition, assessed needs not addressed by a service will be identified as risks and must be addressed by a risk mitigation plan.

The risk mitigation plan describes each of the identified risks and lays out the strategies, services, and supports to minimize the potential for harm to the participant from those risks.

Risk Mitigation Plan	
Risk	<input checked="" type="checkbox"/> Social Isolation/Loneliness
Contributing Factor(s)	<input checked="" type="checkbox"/> Waiver service not available <input checked="" type="checkbox"/> No available provider <input checked="" type="checkbox"/> Lack/instability of natural supports
Risk Mitigation Plan:	<p>Arthur stated he often feels that he lacks companionship, especially since his wife's death. Arthur stated his family comes to see him when they can, but they are busy with work and their own families. Arthur stated it's difficult for him to leave the house on his own as he can't drive far or at night due to his eyesight.</p> <p>The community Arthur lives in does not have a day center or local events for Arthur to attend. Case manager and Arthur discussed calling his friends more often and learning to use video chat options. Arthur stated his children are coming to visit him this week and he will ask them to teach him video chats. Arthur will also use this option to talk/see his family more frequently, since it doesn't require them having to drive anywhere.</p>
Risk	<input checked="" type="checkbox"/> Nutrition/Food Insecurity
Contributing Factor(s)	<input checked="" type="checkbox"/> Participant chooses not to accept services/supports

<p>Risk Mitigation Plan:</p>	<p>Beth stated she does not always follow her prescribed diabetic diet and she is not confident in making healthy choices, but her doctor hasn't been concerned when she has a physical and blood tests. Beth stated she knows she should do better and knows the consequences of not being stricter but, chooses to eat carbs more than she should.</p> <p>Beth stated she is aware that her food choices could eventually harm her health. Case manager explained the WYhealth program and resources for managing her diabetes. Beth declined the WYhealth referral and stated she will get regular testing from her doctor. If results come back negative, she says that she will make changes to her diet. Beth stated she will also work to decrease poor food choices.</p>
<p>Risk</p>	<p><input checked="" type="checkbox"/> Environmental/Home Safety</p>
<p>Contributing Factor(s)</p>	<p><input checked="" type="checkbox"/> Limited financial resources <input checked="" type="checkbox"/> Living conditions</p>
<p>Risk Mitigation Plan:</p>	<p>Harold's home is currently unsafe, and he is experiencing poor living conditions. Harold has limited funds for any upkeep or maintenance, causing concerns with maintaining heating/cooling of the home. Case manager discussed with Harold the Low-Income Energy Assistance Program (LIEAP), which has the Weatherization Assistance Program (WAP). Case manager explained that the WAP can conduct an energy audit to determine which weatherization measures will have the biggest impact. Harold agreed to case manager making a referral to this program. Case manager will follow-up with Harold and WAP to determine next steps.</p>