



**Aging Division
Community Living Section
Wyoming Home Services (WyHS)
Service Plan**

Additional Programs the client is on: (Please check ALL that apply)

Long Term Care Waiver (Medicaid)

National Family Caregiver Support Program

Home Health

Other: _____

Start Date: _____ End Date: _____

Name: _____

Address: _____

City: _____, WY Zip Code: _____

Phone Number: _____ Emergency Phone: _____

Emergency Contact: _____ Address: _____

Refer to the **AGNES** form for the following scores

Activities of Daily Living (ADLs)	Instrumental Activities of Daily Living (IADLs)
Initial Number: _____ Score: _____	Initial Number: _____ Score: _____
(2 nd) Number: _____ Score: _____	(2 nd) Number: _____ Score: _____
(3 rd) Number: _____ Score: _____	(3 rd) Number: _____ Score: _____
(4 th) Number: _____ Score: _____	(4 th) Number: _____ Score: _____

LONG TERM GOAL(s): (Please check ALL goals that apply)

To prevent inappropriate or premature institutionalization;

To maintain or increase self-sufficiency;

To assist and enhance family and other support;

Other: _____

By signing this SERVICE PLAN, I agree with the above plan of services; will participate in my services; and understand the consumer's rights and responsibilities. I will notify my Access Care Coordinator of any changes, needs, problems or complaints related to the provision of services. I understand that should I not receive services for 30 continuous days; that I may be discharged from the program. This information will not be shared with family/ friends unless written permission is given. This information will be shared with the State of Wyoming.

SERVICE	SUB-SERVICE	FREQUENCY
Care Coordination	<input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Follow-Up <input type="checkbox"/> Quarterly Evaluation <input type="checkbox"/> Re-Evaluation Renewal	<u>Initial Evaluation & Re-Evaluation:</u> YEARLY or CHANGE OF STATUS <u>Quarterly Evaluation:</u> Every 90 days
Nursing Services: If personal care is indicated	<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Re-Assessment <input type="checkbox"/> Delegation <input type="checkbox"/> Medication Setup	YEARLY or CHANGE OF STATUS
Personal Care	<input type="checkbox"/> Dressing <input type="checkbox"/> Skin Care <input type="checkbox"/> Bathing/Showering <input type="checkbox"/> Transferring <input type="checkbox"/> Personal Care - Other	_____ Days per week _____ Hours per day Other: _____
Homemaking	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Laundry/Linen Change <input type="checkbox"/> Shopping <input type="checkbox"/> Homemaker - Other	_____ Days per week _____ Hours per day Other: _____
Chore	<input type="checkbox"/> Snow Removal <input type="checkbox"/> Yard Maintenance <input type="checkbox"/> Handyman	_____ Days per week _____ Hours per day Other: _____
Respite	<input type="checkbox"/> In-Home <input type="checkbox"/> Adult Day Care	_____ Days per week _____ Hours per day Other: _____
Personal Emergency Response System	<input type="checkbox"/> Installation <input type="checkbox"/> Monthly Service	
Other services that are approved under the WyHS rules	_____ _____ _____	_____ _____ _____

Consumer Signature: _____

Date: _____

ACC Signature: _____

Date: _____

Original copy: To be placed in EP's file
Copy: To A&D Coordinator and the EP.

Rev: 07/2022
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CLIENT RIGHTS

- ✚ The client has a right to be informed, in advance, about the services to be provided, and of any changes to the services to be provided.
- ✚ The client has the right to participate in the planning of the services changes to the services.
- ✚ The client has the right to refuse services, and to be informed of the consequences of their decision.
- ✚ The client has the right to be fully informed of the agency's policies and charges for the services, prior to receiving services.
- ✚ The client has the right to be treated with respect and dignity.
- ✚ The client has the right to have their property treated with respect.
- ✚ The client has the right to expect their personal information and records to be maintained with confidentiality.
- ✚ The client has the right to voice their grievances regarding services that are provided or fails to be provided, or regarding the lack of respect for property by anyone who is providing services, without fear of termination or retaliation.
- ✚ The client has the right to be advised of the availability of the Aging Division, Community Living Section's toll-free number (1-800-442-2766).
- ✚ The client shall be given written notice of their rights prior to the start of services.
- ✚ The client has the right to call the Ombudsman at 1-800-856-4398.

CLIENT RESPONSIBILITIES

- ✚ The client has the responsibility to keep providers aware of any change in their living situation.
- ✚ The client has the responsibility to provide accurate information to the Access Care Coordinator when he/she visits.
- ✚ The client has the responsibility to be cooperative, actively participate in the development of, and follow, their service plan, and the agreed upon fee.
- ✚ The client has the responsibility to keep appointments, or notify the providers when they are unable to keep appointments.
- ✚ The consumer has the responsibility to ask questions if the program services are unclear.