



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

Additional Programs the Eligible Participant is on (Check All that apply):  
 Community Choices Waiver – Medicaid (Long Term Care Waiver)  
 National Family Caregiver Support Program  
 Home Health  
 Other

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_

LONG TERM GOAL(s) (Check all 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 service; I will notify my Access Care Coordinator (ACC) of any changes, needs, problems or complaints related to Provisions 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 is 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)	Initial Evaluation & Re-Evaluation Yearly or Change of Status Quarterly Evaluation 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	____ Days per Week ____ Hours per Day ____ Other
Homemaking	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Laundry/Line Change <input type="checkbox"/> Shopping	____ 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	Not Hourly
Other Services Approved under the WyHS rules		

Eligible Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_ ACC Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

## **ELIGIBLE PARTICIPANT'S 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 voluntary contributions 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 grievance regarding services that are provided or fail 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.

## **ELIGIBLE PARTICIPANT'S 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 client has the responsibility to ask questions if the program services are unclear.
- ✓ Wyoming is a mandatory reporting state regarding Elder Abuse. Call your local Department of Family Services or law enforcement.