SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual	Section: FORMS
	Subject: Agency Based Service Plan Form SLTC-170

PURPOSE: The Agency-Based (AB) Community First Choice/Personal Assistance Service (CFC/PAS) Service Plan is a multi-purpose form. It is used as follows:

- As the member's initial and annual Service Plan;
- To submit amendments to Mountain Pacific Quality health (MPQH); and
- To document a temporary authorization for short term changes and high risk cases.

INSTRUCTIONS:

1. Check the applicable box to indicate the type of Service Plan. A new Service Plan Form must be completed any time the following occurs: intake, high risk, annually, and within 10 working day of receiving an Amendment from MPQH.

   If the form is being used to submit an Amendment to MPQH or as a temporary authorization it does not need to be done in-person and the Temporary Authorization/Amendment section must be completed. Completion of the Temporary Authorization/Amendment section may be done on the member's current Service Plan.

2. Enter the current MPQH Services Profile date span.

3. Enter the current MPQH total bi-weekly profile units (bi-weekly total = two week total).

4. Enter the Member name and Medicaid Identification number.

5. Service Plan Schedule: This section is intended to reflect the member's preferences for receiving CFC/PAS services, as identified and documented on the Person Centered Plan (PCP) form (SLTC-210). The Service Plan Schedule is a summary document of the member's preference for their CFC/PAS schedule and plan to utilize services over a two-week time period.

The provider agency should use the CFC/PAS flexibility parameters, MPQH Service Profile, and PCP form to develop a schedule that meets and addresses the member's service needs and preferences.

6. Service Plan Schedule Section: This section must be completed if the Service Plan is being completed for an Intake, High Risk, or an Annual. It also must be completed within 10 working days of receiving an Amendment from MPQH.

   Note: The Service Plan Schedule should not be a copy of the MPQH Service Profile.

   a. ADL - Enter a summary of ADL tasks from the approved MPQH services profile as outlined below:

      i. The following primary ADL tasks are grouped into categories. If any of the tasks in a category are authorized on the MPQH Service Profile the category should be listed on the member's Service Plan.

         1. Bathing/showering, bathing, bed bath and/or sponge bath
         2. Personal Hygiene- grooming, toileting
         3. Meal Preparation and/or eating-meal preparation
         4. Exercise
         5. Medication reminder

      ii. Other tasks authorized by MPQH, (i.e. transferring, positioning, dressing, etc.) may be entered on the Service Plan. This is optional and should be based on decisions made by the PAS/CFC provider, Plan Facilitator and member during the person-centered planning meeting.

      iii. Indicate whether the member prefers the tasks be performed in the AM or PM (or both) and the members preference for frequency bi-weekly frequency.

      iv. Enter comments specific to task delivery that are relevant to the member.

   b. IADL - Enter a summary of IADL tasks from the approved MPQH services profile as outlined below:

      i. The following IADL tasks are grouped into categories. If

any of the tasks in a category are authorized on the MPQH Service Plan the category should be listed on the member's Service Plan.

1. Household Maintenance-housekeeping and/or laundry and/or yard hazard removal
2. Correspondence Assistance
3. Community Integration/Shopping-community integration and/or shopping

Note: The following IADLs are only available to CFC members: community integration, yard hazard removal, and correspondence assistance.

c. Skill Acquisition – Skill Acquisition tasks are only authorized through an amendment to MPQH.(Refer to AB-CFC/PAS 719.) To Enter the Skill Acquisition task(s) that were identified on the Skill Acquisition Endorsement on the skill acquisition amendment and indicate whether the member prefers the tasks be performed in the AM or PM and the bi-weekly frequency. Enter comments specific to task delivery and applicable comments from the MPQH profile. Skill Acquisition is only available to CFC members.

d. Total ADL Time/Units: Document total bi-weekly units authorized by MPQH for ADLs.

e. Total IADL Time/Units: Document total bi-weekly units authorized by MPQH for IADLs (must correspond to 1/3rd rule).

f. Total Skill Acquisition Time/Units: Document total bi-weekly units authorized on the Skill Acquisition amendment.

g. Two Week Total: Document total bi-weekly total units for ADL, IADLs and Skill Acquisition. The bi-weekly total may not exceed the MPQH authorization.

7. Comments and Special Instructions: List specific member preferences for delivery of services and other relevant information to their care.

8. Action Plan: When member preferences (as identified on the PCP form and during the PCP meeting) cannot be met, indicate the member/agency plan and associated time line to address the situation.

9. Temporary Authorization/Amendment: The temporary

authorization/amendment section of the Service Plan is required for changes to the Service Plan Schedule that will exceed seven days.

a. The following sections must be completed to initiate a temporary authorization and/or amendment:

- Fill in appropriate box indicating type of change;
- Describe ADL/IADL change; and
- Temporary Authorization time frame

b. The following additional section must be completed to initiate an amendment:

- AB provider agency nurse supervisor

c. Fill in appropriate box indicating type of change: Check the appropriate box next to the criteria that explains the reason for the temporary authorization or amendment.

i. If the “change in condition” box is marked and the change requires additional time to complete ADL and/or IADL tasks and the change will last longer than 28 days the amendment box on the top of the form must be marked and the Service Plan must be faxed to MPQH.

ii. If the “change in task” box is marked and the change will last longer than 28 days the amendment box on the top of the form must be marked and the Service Plan must be faxed to MPQH.

iii. If the “change in task frequency” box is marked, the change in frequency is outside the flexibility parameters, and the change will last longer than 28 days, the amendment box on the top of the form must be marked and the Service Plan must be faxed to MPQH.

iv. If the “high risk” box is checked the referral form must be sent to MPQH and the agency must complete the section for high risk information.

v. If the “addition of skills acquisition” box is checked the amendment box on the top of the form must be marked and the Service Plan and Skill Acquisition Endorsement form must be faxed to MPQH.

Note: An agency may not implement a temporary service plan to add the following services to the service plan without MPQH authorization:

- Skill acquisition service; and
- Community Integration.

d. Describe ADL/IADL Change: Explain the need for the change. Document the specific change including tasks, frequency, and schedule. Ensure the change falls within AB-CFC/ABPAS program parameters prior to implementation.

e. Temporary Authorization time frame: Indicate the start and end date of the temporary authorization and the total time authorized (current MPQH authorization + the temporary units = total units).

i. If the need exceeds 28 days the amendment box on the top of the form must be marked and the Service Plan must be faxed to MPQH. Enter the date the form was faxed to MPQH on the Service Plan.

ii. AB Provider Agency Signature: The provider agency nurse supervisor must sign and date the form and mark the “I agree with the amendment request” prior to faxing the form to MPQH. If the agency nurse supervisor does not mark the box the provider agency should document the reason in the comments section of the form.

10. Member Signature: Member signatures on the Service Plan are required for intake, high risk intake and annual service plans.

a. When the Service Plan is complete, have the member sign and date and indicate whether they concur with the plan.

b. If the member does not concur with the plan, a risk negotiation tool must be completed and submitted to the Regional Program Officer.

c. Member signatures are not required for amendments and temporary authorizations; as long as there is supporting documentation in the case record indicating the member supports the change.

11. AB Provider Signatures: The provider agency nurse supervisor must sign, date and indicate their agreement with the plan.

a. If the provider agency nurse supervisor does not agree that the plan addresses health and welfare, the do not concur box should be

checked and a risk assessment tool completed and sent to the Regional Program Officer.

12. Plan Facilitator Signature: For the intake, high risk intake and annual the Plan Facilitator must sign, date and indicate their agreement with the plan. The provider agency must obtain the Plan Facilitator signature within 10 working days of completing the Service Plan and provide a final distribution to the member and Plan Facilitator within 30 days.

    a. If the Plan Facilitator does not agree that the plan addresses health and welfare, the do not concur box should be checked and a risk assessment tool completed and sent to the Regional Program Officer.

DISTRIBUTION: The AB provider agency is responsible for distributing the form to the required parties. The form must be distributed for the following: intake, annual, amendment, and high risk.

White copy – Provider
Yellow copy – Member
Pink copy - Plan Facilitator