



**SENIOR & LONG TERM CARE DIVISION  
COMMUNITY SERVICES BUREAU**

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| <b>HOME AND COMMUNITY BASED WAIVER<br/>Policy Manual</b> | <b>Section: CASE MANAGEMENT SYSTEM</b>  |
|  | <b>Subject: Service Plan Components</b> |
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**SERVICE PLAN  
COMPONENTS**

Each individual service plan (Form DPHHS-SLTC-135) shall include at least the following components:

1. Demographic information;
2. Advance Directive information;
3. Diagnosis, symptoms, complaints, and complications indicating the need for services.
4. A description of the member's functional level;
5. Assistive device information;
6. Specific short-term objectives and long-term goals, including discharge potential or plan;
7. Discharge plan.
8. Any orders for the following:
  - a) medication;
  - b) treatments;
  - c) restorative and rehabilitative services;
  - d) activities;
  - e) therapies;
  - f) social services;
  - g) diet; and
  - h) other special procedures recommended for the health and safety of the member to meet the objectives of the plan of care.
9. The specific services to be provided, the frequency of services and the type of provider;

10. Services other than HCBS which the member receives, both formal and informal.
11. A psychosocial summary describing the member's social, emotional, mental, and financial situation attached to the initial plan of care and when there is a significant change to the member's circumstances, (refer to Appendix 899-17).
12. A cost sheet which projects the annualized costs of HCBS, (refer to Appendix 899-10).
13. Signatures of all individuals who participated in development of the service plan including the member and/or legal representative and CMT, (refer to Appendix 899-11). If the member has a legal guardian, the latter **must** sign the plan of care. Case management teams may choose to have the primary care provider sign the plan of care, based on the acuity level of the member and the team's discretion.