SERVICE PLAN (PERSONAL ATTENDNANT LOG) FACT SHEET

Purpose of the Service Plan: By utilizing **a** person-centered planning approach, the plan begins with the person's strengths, goals and preferences. It is intended to mitigate risk, outline specified services, resources and activities that meet the individual needs of the participant.

Service Plan	Key Points to Remember	Who
Demographics	✓ **Info:** Enter the date, Participant's name, Medicaid number Service level, anchor date; plan begin and end date; name of legal representative. ✓ **Choose a type of plan** (initial six months, annual, changes, dual services). ✓ **Enter provider**: Name of Case Management agency, Personal Options, Take Me Home WV and Personal Options budget. ✓ Do not complete a change in need/service level unless it is a change in needs, PAL Update, Service Plan Update or a change in level of service.	**CM/RC**
Goals and Preferences	✓ **Goals:** Describe participant's goals in own words. "I need help with taking bath and getting my meals." ✓ **Personal Strengths: "**I never give up"; "I am always positive." ✓ **Program Supports Goals:** "I need a worker in mornings to help get me out of bed." ✓ **Activities you do/don't want PA to do:** "I don't want PA to take me to the store"; "I want PA here early to fix breakfast".	**CM/RC**
Risk Plan	✓ **Risk-No Plan Needed:** Identify the risks from the assessment (unless the risk is marked "no plan needed"). Example: Smoking. Person is not interested in smoking cessation. Document on the assessment. No need to carry it over to the Service Plan. ✓ **Risk-Plan Needed:** Describe the risk on the Service Plan. ✓ **Risk Plans:** Describe how the risk will be addressed or prevented.	**CM/RC**
Service Plan	✓ **Service Type:** Choose the ADW services first. Example: PA, Skilled Nursing, etc. Enter other services such as Personal Care, etc**.** ✓ **Amount, Frequency and duration:** ✓ **Service, Provider and Service Amount/Frequency/Duration:**	**CM/RC**
Resource Plan	✓ **Resource Plan:** Identify the resources needed such as housing assistance, food stamps, etc. ✓ **Provider/Referral Source/Physicians: Describe where you will refer this person. Example:** Refer DHHR for food stamps; cardiologist, Dr. Green; Best DME Company, etc.	**CM/RC**
Home and Community Based Setting	✓ **New CMS requirement.** First, make sure the participant understands the description of the setting. ✓ **Answers to the question:** If "yes" is marked, nothing further is required. If "no" is marked, document the plan to transition to an HCBS setting (Example: move to a setting with more control over their setting). ADW services cannot be provided in a setting	**CM/RC**

	that does not meet HCBS setting requirements (personal care home).	
Emergency Back Up Plan	✓ **Informal Support:** Describe activities to be completed by informal, days of week and times; Name of informal. ✓ **Personal Attendant Availability:** describe plan when worker is not available and whether a substitute worker is accepted; enter who the person wants to contact in an emergency; describe the emergency plan when no one is available. Describe the critical areas that need covered and who can do it when the worker is not there. ✓ **Access to Emergency Assistance:** Enter names/phones of those to call in an emergency; ✓ **Disaster Emergency Plan:** Describe the actions that need to occur prior to the disaster for preparation, what to do and who to contact before, during or after the disaster. ✓ **Other**: Document availability of other resources. You may also document any other pertinent information. ✓ **Directions to My Home:** Describe how to get to the home. ✓ **Questions:** ✓ **Service Plan Signatures and Plan Disagreement:**	**CM/RC**
How to Report Abuse, Neglect and Exploitation	✓ Mark yes or no as to whether the person understands what to do. Please explain what to do prior to asking this question.	**CM/RC**
Choice	✓ Please explain about the person's right to choose and mark yes or no to the question.	**CM/RC**
Plan Disagreement	✓ Participant marks yes/no as to whether they disagree with the plan. CM will discuss options for resolution with them. The next step would be the grievance process if they cannot resolve the disagreement.	Participant

PERSONAL ATTENDNANT LOG

Personal Attendant Log	Key Points to Remember	Who
PAL Heading	✓ Enter first and last name; PA agency or Personal Options. ✓ RN/RC signatures and dates; RN time in/out (for billing purposes); Plan period and Service Level/Hours; ✓ Hours per day (Example: 5 hours/day) ✓ Enter the hours per day and the days per week services are to be provided (note can add more detail below). Example: (5 days per week; M-F, 4 hours per day, 3 hours per day, etc.) ✓ Was it a change? Not what type of change- day, hours, task, etc? ✓ Service time: Enter the time the worker is to arrive/leave (in/out). Example: 8:00 to 1:00. ✓ **DO NOT COMPLETE THE PAL UPDATE FOR A PAL UNLESS IT IS A PAL UPDATE.**	RN/RC
Service Times	✓ This section is for the worker to enter the time that they arrived and left each day in the boxes to the right. There is enough room if you want to enter the times here as well. ✓ Check: Worker marked 1:1 staff per participant.	RN/RC
Activities/Assistance/Days	✓ Enter type of assistance (partial, total, etc.); and specific directions for the worker to assist with the activity. ✓ Enter the days the activity is to be completed. Example: for the bathing section – daily; for the laundry section- Wednesdays.	RN/RC
Daily Documentation	✓ Check: For each day worked, the PA enters initials in each box beside each activity completed for the day. For each day that differs, PA must add in comment section why. Example: Participant had a virus that day and needed extra bathing.	RN/RC
Essential Errands	✓ Enter the activity, day of week, location for each activity. ✓ Check: Check the transportation destinations, frequency, and miles, whether participant was with the worker and that it is an activity/day on the plan.	RN/RC
Community Activities	✓ Enter the activity, day of week, location for each activity. ✓ Check: Check to see if it is an activity/day on the plan.	RN/RC
Transportation	✓ Enter special instructions for PA. Example: Assist in/out car; etc. ✓ Check: Check the transportation destinations, frequency, and miles, whether participant was with the worker and that it is an activity/day on the plan.	RN/RC
Service Verification- Signatures and Initials	✓ Check: Verification signatures/dates by the participant and the PA. ✓ Check: Participant's daily initials verifying services (Below each day, at the top of the form).	RN/RC
Wellness Scale	✓ Check: For each day a service is provided, a worker asked "On a scale from 1-10, how are you doing today?" Note any action taken in the comments section.	RN/RC
Comments	✓ Enter any information that was not covered in the PAL.	RN/RC
RN Review of the PAL	✓ Check: Daily documentation from the PA and participant match	RN/RC

	the PAL, minor variances had comment/approval, meets policy requirements, etc. ✓ Once RN has verified daily worksheet documentation, print/sign name and date in RN Review Section.	
PAL Update	✓ Do not complete a PAL Update section unless it is a PAL Update.	RN/RC