

Service Plan: Mapping of Paper Form and WellSky System

Key:		Service Plan Supplement	Service Plan Sub-Pages	Other Pages
0.	<u>Header</u>			
		Clinical Documents		Date, Type (Initial, 6 Mo., Annual, As Needed)
		Program		Dual Services (for Level of Service = D)
I.	<u>Demographics</u>			
		1. Basic Information		
		Demographics		Medicaid ID
		Program		Service Level, Anchor Date (also in document)
		Plan Info and Dates		Start Date, End Date
		Assignments		Take Me Home, West Virginia Participant
II.	<u>Goal(s) and Preferences</u>			
		2. Goals and Preferences		
III.	<u>Risk Plan</u>			
		Risks and Interventions		
IV.	<u>Service Plan</u>			
		Services		
V.	<u>Resource Plan</u>			
		3. Services/Resource Providers		
VI.	<u>Home and Community Based Setting</u>			
		5. Additional Info		
VII.	<u>Personal Attendant Log</u>			
		Word Merge document linked to Person-Centered Assessment - Section 2 (RN)		
VIII.	<u>My Emergency Backup Plan</u>			
		4. Emergency Backup Plan		
		Case Relations		
		Demographics		Directions to Home (also in document)
X.	<u>Bottom</u>			
		5. Additional Info		
		6. ADW Service Plan Agreement		
		Service Plan Update		