

Addendum to Annual PCP

Date: _____

Participant: _____

I.S.C./C.C.M. _____

Agency: _____

Region: _____

Last annual plan date: _____

Mainecare# _____

Narrative:

_____ **Community Support** is Direct Support provided in order to increase or maintain a member's ability to successfully engage in inclusive social and community relationships and to maintain and develop skills that support health and well-being. This is a habilitative service with a focus on community inclusion, personal development, and limited support in areas of daily living skills if necessary.

_____ **Employment Specialist Services** include services necessary to support an individual in maintaining Employment. Services include: (1) periodic interventions on the job site to identify an individual's opportunities for improving productivity, minimizing the need for formal supports by promoting natural workplace relationships, adhering to expected safety practices, and promoting successful employment and workplace inclusion; (2) assistance in transitioning between employers when an individual's goal for type of employment is not substantially changed, including assistance identifying appropriate employment opportunities and assisting the individual in acclimating to a new job.

_____ **Work Support** is a therapeutic and supportive service provided to improve a member's ability to independently maintain productivity and employment. This service is commonly provided after a period of stabilization and encompasses adherence to workplace policies and productivity. It may also include training and assistance in areas such as hygiene, self-care, dress code, and related issues. Work Support is provided in a member's place of employment and may be provided in a member's home in preparation for work.

_____ **Home Accessibility Adaptations** are those physical adaptations to the home, required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to function with greater independence in the home.

_____ **Transportation service** offered in order to enable waiver participants to gain access to waiver and other community services, activities and resources, as specified by the service plan. This is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the State plan, defined at 42 CFR §440.170 (a) (if applicable), and does not replace them. Transportation services under the waiver are offered in accordance with the participant's service plan. Whenever possible, family, neighbors, friends, or community agencies, which can provide this service without charge, are utilized.

_____ **Respite Services** provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be provided in the participant's home, provider's home or other location as approved by a respite agency or DHHS. Expenditures for this service may not exceed \$1,000 per year.

Signature of Participant or Guardian: _____

Signature of I.S.C./C.C.M.: _____