

# MAINECARE SERVICE DESCRIPTION

## *WORK / EMPLOYMENT SUPPORTS INSTRUCTIONS*

**Consumer Name:** Name of Focus Person **MaineCare #** **Plan Type:** Annual  Interim or  
**Recommended Waiver Service:** WORK/EMPLOYMENT SUPPORTS  Addendum/Change in Service  
 Plan Type: Check Box(es) that apply

**MaineCare Service Provider:** Name of Agency Providing Services

**Effective Plan Date:** Fixed Date for PCP Services to Begin **Date Submitted:** Date to Case Manager

**Contact Person:** Person to Contact with Questions **Agency Phone:** Self-Explanatory **Email:** Self-Explanatory

**Billing Department Contact:** Person to Contact with Authorization or Billing Questions **Email:** Self-Explanatory

*BELOW:* Service: Submitted by the agency proposing to provide the service. Check the box(es) describing the category of Waiver funding sought. Include the frequency of service and staffing pattern as indicated. Include Proposed Start Date for services and MIHMS Servicing Location.

<b>Service:</b>		
<input type="checkbox"/> <b>H2023 Work Support (Circle Sec. 21 or 29)</b>	<b>Proposed Start Date</b>	
<b>Name of Employer</b>	# support hours per week	# hours worked per week
Individual employment or self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No    Small group employment (less than 6 people)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> <b>T2019 Employment Specialist (Circle Sec. 21 or 29)</b>	<b>Proposed Start Date</b>	
<b>Name of Employer</b>	# hours per week	
Individual employment or self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No    Small group employment (less than 6 people)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Funding Type:</b> <input type="checkbox"/> Section 21 <input type="checkbox"/> Section 29 <input type="checkbox"/> State Contract		

*BELOW:* Select the ONE Level of Support needed and the ONE Purpose of Support the most closely reflects what the Person and Team agree is the need in that service area. If the answer is unclear, select the one that fits for most activities in the category. Explanations, if needed, can be included in the narrative.

Domain #	Description of Work Support Services	Support Needed Code A-E	Purpose of Support Code 1-3
W1	Adhering to Workplace Policies		
W2	Maintaining or Improving Productivity		
W3	Maintaining Employment		
W4	Support for Hygiene, Self-care, Dress Code, etc.		
W5	Building Co-worker (natural) Supports		
W6	Promoting Workplace Relationships		
W7	Adhering to Safety Practices		
W8	Career Advancement		
W9	Other:		
W10	Other:		
ES1	Periodic Interventions to Reduce Paid Supports		
ES2	Transferring to Another Similar Job		
ES3	Job Development (ONLY when BRS has denied services)		
ES4	Other:		

**Support Needed:** A=none, B=monitoring, C=prompting, D=some physical assistance, E=total assistance

**Purpose of Support:** 1=skill development, 2= skill maintenance, 3=completion of care

### Service Planning Narrative

Write summary of service planning that includes when service planning occurred, who talked with the focus person (and guardian, if applicable) to review previous plan and learn person's goals for upcoming year and how staff will support the person.

*Enter into EIS or submit to PCP Coordinator at least 30 days prior to annual plan meeting – Include Goal Descriptions*