MAINECARE SERVICE DESCRIPTION

COMMUNITY SUPPORTS INSTRUCTIONS

Consumer Name: Name of Focus Person **MaineCare #**
Recommended Waiver Service: COMMUNITY SUPPORTS

Plan Type: ☐ **Annual** ☐ **Interim or** ☐ **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.

Service:

☐ **T2021 Community Support Services (Circle: Sec. 21 or 29)** **Proposed Start Date**

hours per week,

MIHMS Servicing Location (town/street address):

Funding Type: ☐ **Section 21** ☐ **Section 29** ☐ **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 Community Support Services	Support Needed Code A-E	Purpose of Support Code 1-3
C1	Self-Care/ADLs		
C2	Mobility		
C3	Medication Administration		
C4	Independent Living Skills		
C5	Accessing Community Events & Activities		
C6	Accessing Community Resources		
C7	Job Preparedness		
C8	Interpersonal Skills		
C9	Safety Skills		
C10	Activity & Physical Exercise		
C11	Communication		
C12	Spiritual / Religious Activities		
C13	Personal Development & Learning		
C14	Building Unpaid Relationships		
C15	Other:		
C16	Other:		
C17	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 in EIS or submit to PCP Coordinator at least 30 days prior to annual plan meeting – Include Goal Descriptions