MAINECARE SERVICE DESCRIPTION

HOME SUPPORTS INSTRUCTIONS

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

☐ **T2016 Home Support Services* (Section 21 only)** **Proposed Change/Start Date**

Agency Per Diem—attach uniform staffing pattern (DSP hours) form

Shared Living—attach packet, if requesting additional staffing

Family Centered Support—attach packet, if requesting additional staffing

MIHMS Servicing Location (town/street address):

☐ **T2017 "Hourly" (intermittent) staffing** # hrs per week **Proposed Start Date**

Funding Type: ☐ **Section 21** ☐ **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 Home Support Services	Support Needed (Code A-F)	Purpose of Support (Code 1-3)
H1	Self-Care/ADLs		
H2	Mobility		
H3	Meal Planning & Preparation		
H4	Independent Living Skills		
H5	Medication Administration		
H6	Interpersonal Skills		
H7	Safety Skills		
H8	Activity & Physical Exercise		
H9	Communication		
H10	Spiritual / Religious Activities		
H11	Personal Development & Learning		
H12	Accessing Community Events & Activities		
H13	Accessing Community Resources		
H14	Other:		
H15	Other:		
H16	Other:		
H17	Other:		

Support Needed: A=none, B=monitoring, C=prompting, D=some physical assistance, E=total assistance, F=not applicable
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