

Instructions for the Completion of the Plan of Care Summary Form (DMAS-438)

The Plan of Care Summary must be updated annually and submitted to DBHDS at the annual review.

Check the box beside the type of Waiver.

1. Identifying information

- **Individual's Name:** in the appropriate boxes enter last name, first name and middle initial
- **ISP Start Date:** enter the start date (month-day-year) of the person-centered Individual Support Plan for this year. This may be earlier than the actual start date of **Waiver** services, but must be used to determine the quarterly review dates and annual reassessment date for the individual's ISP. All Waiver services that begin during the ISP year will follow this review/assessment cycle.
- **Medicaid Number:** enter the individual's **12 digit** number
- **Date of Last Medical Exam:** Enter the date the individual last had a comprehensive physical exam, in the order "month-day-year." A medical exam must be completed no earlier than one year prior to the actual start of Waiver services. The individual may be approved for enrollment without a current medical, but actual services will not be authorized if it has been more than one year since a physical exam was conducted.
- **ISP End Date:** enter the end date (month-day-year) for the ISP (no more than 365 days [366 in leap years] from the ISP start date). This should be the annual end date of the plan for case management/support coordination services.
- **CSB:** enter the name of the CSB/BHA providing (or contracting for) case management/support coordination services
- **Case Manager/Support Coordinator:** enter the name of the individual's case manager/support coordinator.
- **Phone:** enter the phone number of the individual's case manager/support coordinator, including the area code.

NOTE: The individual's name and Medicaid number must be entered on the top of page 2 as well.

2. Primary desired outcomes of the individual

Enter the desired outcomes set by the individual and his/her support team at the person-centered planning meeting for this ISP year. These are **not** the support activities stated in

Plans for Support, but the individual's desired long-term outcomes, which are to be accomplished through the completion of all PFS support activities.

3. *Living Arrangements*

Check what the individual's living situation will be while receiving Waiver services. Please be careful with the response. Critical pre-authorization decisions will be made based on this information.

4. *ICF/MR Level of Functioning*

- Enter the most recent date of completion of the LOF. It must be completed no earlier than 6 months prior to the start of Waiver services and annually thereafter.
- Check the LOF categories met by the consumer. The individual must meet at least 2 in order to qualify and remain eligible for Waiver services.

5. *Personal Profile*

- Enter the date that the Personal Profile was completed for the individual.

6. *Supports Intensity Scale*

- If the Supports Intensity Scale was completed, enter the Support Needs Index.

7. *Range of services/supports that this individual receives or will receive*

- For each service requested by the individual and family for Waiver funding, as well as each regularly provided or other necessary non-Waiver service or support received by the individual through other funding mechanisms, enter the ***provider name, amount/frequency*** to be provided and requested ***start date*** on the appropriate line.
- For Residential and Personal Assistance, a separate line has been provided for the entry of the amount of Periodic Support hours (if any) allotted per month. For Skilled Nursing, Day Support or Prevocational services, if Periodic Supports are included in the Individual Support Plan, please list the regularly scheduled hours/blocks on one side of the divided "Amt./Frequency" box and the Periodic Support Hours/Blocks on the other. Periodic Supports are only available to individuals participating in Day Support or Prevocational services minimally (such as after school) during the school year who desire to participate for a full day during school closures and breaks

NOTE: Most Waiver services include an extra line in the event of two providers of the same service. In the unusual event of more than 2 providers (or two providers of a service that does not include an extra line), attach additional pages.

8. *Signatures*

- The case manager/support coordinator must sign and date the form. The individual or guardian must sign and date the form. If the individual has an authorized representative, that person should sign the form. The individual/guardian/authorized representative should receive a copy of the form.