

POLICY AND PROCEDURE EXAMPLE ONLY



Attached is an example of an acceptable policy and procedure for review.

DRAFT COPY

Service Plan Policy

Example Only

POLICY:

The manager or designee shall prepare a service plan for a client before providing personal services for the client. The manager or designee will meet with the client or client's representative to assess the needs of the client prior to the development of the service plan. The manager or designee agency will ensure the service plan meets the expectations of the client. The manager or designee will develop the service plan to ensure compliance with state statute IC 16-27-4.

PROCEDURE:

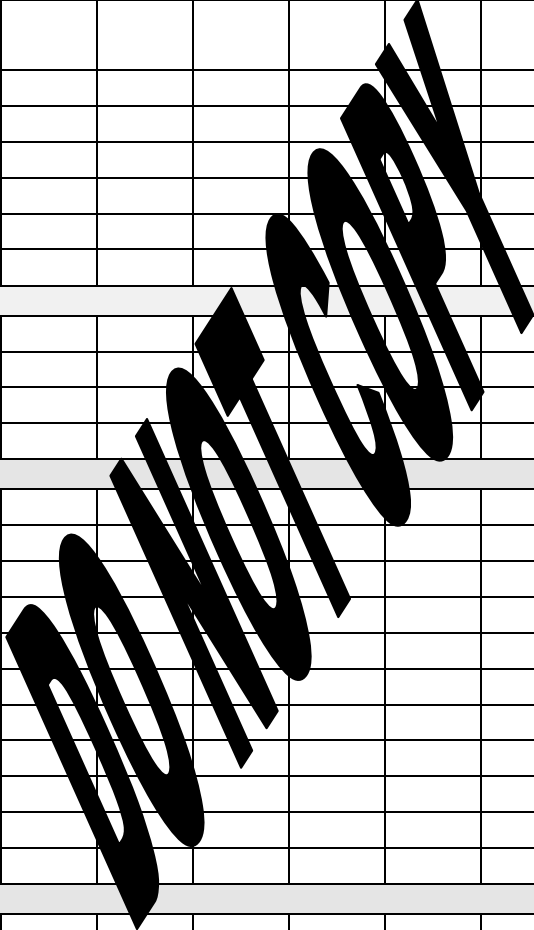
1. The manager or designee will conduct an interview with the client or client's representative to gather information. The manager or designee will determine if the agency is able to meet the client's need prior to formulating a service plan.
2. The manager or designee will be responsible for developing an individualized service plan for each client upon completion of the initial assessment interview with the client and/or the client's personal representative. The service plan will be dated and signed by the individual that prepared the service plan and the client and/or client's representative.
3. The services offered and planned for each client will be appropriate to the scope, frequency, need, and preference of each client.
4. The written service plan will reflect the amount of assistance the client requires in activities for daily living. The agency will provide attendant care services, homemaker services and/or companion care services to the client.
5. All services provided to the client will be non-medical services.
6. The written service plan will contain information regarding the frequency of services, personal references, and any safety concerns requiring interventions for each client as identified during interview and information-gathering.
7. The written service plan will be utilized as a care guide by the employees/caregivers.
8. The client or the client's personal representative will be informed of the right to temporarily suspend, permanently terminate, temporarily add, or permanently add the provision of services. The manager or designee will be responsible for maintaining documentation that the client or client's personal representative was informed of this right through the agreement for services process.
9. The service plan will be signed and dated by the client or client's personal representative and the individual who prepared the service plan not later than fourteen (14) days after the services begin or after any permanent changes are made to the service plan.
10. The manager or designee will ensure that each client's written service plan is revised in a timely manner as indicated by client's needs, or as client desires change.

Service Plan Example Only

Client Name _____ Client's Representative _____

Consultation Date _____ Service Start Date _____ Agency Manager/Designee _____

Days of Services	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Directives
Attendant Care Services								
Bathing Assistance <i>(Bath, Shower, Sponge Bath or Bed Bath)</i>								
Dressing/Assistance								
Grooming Assistance								
Medication Assistance <i>(Med Reminders Only)</i>								
Toileting Assistance								
Transfer Assistance								
Other								
Meals								
Breakfast								
Lunch								
Dinner								
Snacks								
Homemaking Services								
Change Bed Linen								
Clean Bathroom								
Clean Kitchen								
Clean Fridge								
Clean Oven								
Clean Windows								
Dust								
Laundry								
Mop								
Vacuum								
Other								
Companion Services								
Recreational Activities								
Shopping								
Other								
Transportation								
Appointments								
Errands								
Other								



Comments/Instructions

The services to be provided to the client are subject to the client's right to temporarily suspend, permanently terminate, temporarily add, or permanently add services to the provision of any service.

Client or Client Representative Authorized Signature

Date

Agency Representative Signature

Date

Visit Record Example Only

Client Name _____ Employee _____ Week Ending Date _____ Year _____

Days of Service	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Notes
Date of Service								
Time In								
Attendant Care Services								
Bathing Assistance <i>(Bath, Shower, Sponge Bath or Bed Bath)</i>								
Dressing/Assistance								
Grooming Assistance								
Medication Assistance <i>(Med Reminders Only)</i>								
Toileting Assistance								
Transfer Assistance								
Meals								
Breakfast								
Lunch								
Dinner								
Snacks								
Homemaking Services								
Change Bed Linen								
Clean Bathroom								
Clean Kitchen								
Clean <input type="checkbox"/> Fridge <input type="checkbox"/> Oven								
Clean Windows								
Dust								
Laundry								
Mop								
Vacuum								
Companion Services								
Recreational Activities								
Shopping								
Transportation								
Appointments								
Errands								
Time Out/Signatures								Other Instructions
Time Out								
Employee Signature								
Client Initial								

By initialing above I agree that these services have been provided to me on that day. By signing below I agree that these services have been provided to me during the week as initialed above.

Client or Authorized Signature

Date

Employee Signature

Date

Agency's Representative Signature

Date