

QUEST Integration
Service Plan Instructions

Section A. Authorized Signatures

Signatures will need to be obtained from the member/authorized representative, service coordinator, and any non-agency caregiver to acknowledge the service plan. Enter the date the service plan was signed. Each time the service plan is updated the appropriate signatures need to be obtained.

Section B. Special Information

The SC will check box if the member has an Advance Directive or Physician Orders for Life-Sustaining Treatment (POLST) and copies are attached to service plan. SC will need to document the location of the POLST. The SC will check box if member chooses to call 911 in the event of an emergency and check the appropriate box to indicate any resuscitation orders. The SC will check box if the member has reviewed the Infection Control Guidelines, completed the Disaster Preparedness Form, and Individualized Emergency Back Up Plan Form and copies are attached to service plan. Use "Other" section to document, at a minimum:

- Member's cultural needs, preferences or limitations;
- Health care treatments or procedures that are religiously or spiritually discouraged or not allowed;
- Family traditions related to illness, death and dying; and
- Protocols for member preferences i.e., end of life, allergies etc.

Section C. Disease Diagnosis(es)

This section will be populated from the information obtained from the most recent assessment.

Section D. Physician(s)/Provider(s)

This section will be populated from the information obtained from the most recent assessment. List the primary physician/provider first.

Section E. Medications

This section will be populated from the information obtained from the most recent assessment.

Section F. Medical Equipment and Supplies

This section will be populated from the information obtained from the most recent assessment. For management of supply orders, include the vendor information, vendor telephone number, amount and frequency. Enter comments or special instructions as needed, e.g., rental expires end of month.

Section G. Problems and Goals

The SC will identify the problems and develop the goals. For each problem identified, the SC will enter the problem number, the title of the problem, and the date identified. The SC will describe the problem and identify the goal for problem resolution. The SC will need to prioritize the interventions by numbering each one and identifying any barriers. For each intervention, the SC shall identify the person(s) responsible. The member/authorized representative and SC will need to set a target date (date when the goal will be met). The SC will need to enter a review date for each intervention. Upon review of the service plan, the SC will review each intervention to assess progress. When the intervention is met, the SC will enter the date resolved. If the intervention is not met by the target date, the SC will update the target date, intervention(s) and schedule the next review.

If a problem has been resolved and reoccurs, the SC can reopen the problem with the same number. The number for the resolved problem shall not be reused for a new problem.

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For Example:

Problem #1: Asthma

Problem Statement: Member goes to ER twice a week due to the asthma exacerbation.

Goal: Reduce ER visits to once a week

Section H. Interventions

The SC will check all services that will be provided to assist the member to meet their goals. Also include any additional services that member is receiving. If a DHS 1147/1147e was completed, include the level for approved services and expiration date.

For each service, the SC shall include the start date. If a service changes frequency then that service will be ended, i.e., end date included and new start date provided. For example, someone starts adult day health 3 days a week on July 01, 2015. The caregiver had a stroke on November 15, 2015. The SC will increase adult day health to 5 times a week starting on November 17, 2015. The service plan for adult day health will be:

Services	Start date	Provider(s)	Frequency	End Date
Adult Day Health	07/01/2015	Maluhia	3 days/week	11/15/2015
	11/17/2015	Maluhia	5 days/week	

The SC shall describe the frequency of services based upon assessed needs. For example, if member is assessed to need skilled nursing 10 hours a week, the SC can document in the following way:

- 10 hours/week
- 2 hours/day on Sun, Tues, Wed, Fri, Sat
- 2 hours/day x 5 days/week
- 10 hours/day on Sunday

Section I. Personal Assistance/Nursing Tasks

The SC will need to detail specific tasks that need to be completed by the health plan, paid caregiver or CDPA. Include frequency and any specific instructions. Specific instructions include member’s personal preferences, member’s abilities, instructions for agencies, and doctor’s orders if applicable. Examples include:

- Special lotion
- Time of bath
- Member has right-sided weakness
- Member to comb own hair or brush own teeth
- Document observation of wound size, odor, drainage, etc. when performing wound care.

Section J. Disease Management/Education

This section is for members that need referrals for disease management/education.

Section K. Referrals

This section is for members that require referrals for service(s)/specialty(ies).

Section L. Team Member Responsibilities to Accomplish Goals

The SC will check all team member responsibilities that apply to member. Check “Other” for responsibilities that are not listed and describe.

Section M. Additional Comments

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Enter additional comments as needed.

Resources/Handouts for Infection Control in the Home

Hand Hygiene

http://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf

http://www.cdc.gov/handhygiene/PDF/CDC_HandHygiene_Brochure.pdf

Standard Precautions

http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf