SUPPORT BLOCK (SLS - CES - FSSP - EI) INDIVIDUALIZED PLAN COVER SHEET

CONFIDENTIAL INFORMATION   RptNo: rptIND_004

CCB/RC Name: Developmental Disabilities Res.Ctr.   Date Printed: 01/14/2003

Legal Name:
SSN: - -   MedID: DOB: / /
Case Mgr:
Court Appt Guardian?: __ Yes __ No

STAFFING DATE:*   ☐ Interm
EFF DATE OF ANNUAL IP: ☐ Annual
END DATE OF ANNUAL IP: ☐ Amended**

* Enter the actual date the interm, annual or amended IP staffing was held
** Required for changes in gray shaded areas occurring prior to the annual IP

SUPPORT SERVICES

CURRENT CCMS DATA: 1ST PROGRAM   2ND PROGRAM

	1ST PROGRAM	2ND PROGRAM
Supt./Prog:		
Funding:		
Provider/Loc:		
Level:		
Eff Date:	/ /	/ /

EFF.DATE OF CHANGE______   NO CHANGE ☐

NEW SERVICE
- ___ EI Early Intervention Services
- ___ FE Family Support Services Extended
- ___ FO Family Support Services Other
- ___ SL Supported Living Services
- ___ CS Children's Extensive Support Waiver
- ___ OT Other?______

NEW FUNDING
- ___ S State General Fund
- ___ SL SLS Waiver
- ___ CS CES Waiver
- ___ PP Private Pay
- ___ ON OBRA Nurs Hm State
- ___ N None

LIVING ARRANGEMENT / OTHER DDS FUNDING

CURRENT CCMS DATA: LIVING ARRANGEMENT

Living Arrg:
Eff Date: / /   CM Funding:

EFF.DATE OF CHANGE______   NO CHANGE ☐

NEW LIVING ARRANGEMENT
- ___ PR Parent/Relative/Guardian Home
- ___ IH Independent Home
- ___ BH Boarding Home
- ___ IC ICF/MR>15 (State funded only)
- ___ NH Nursing Home (State funded only)
- ___ OT Other?______

300 % ELIGIBILITY

☐ Check if Medicaid eligible by 300% rule

COMMENTS / ADDITIONAL INFORMATION

SUPPORT NEEDS

SLS SERVICE NEEDS
Based on information in the IP, check all that apply:
- __ Personal Assistance Services
  - . Personal Care
  - . Household Activities
  - . Mentorship Activities
  - . Supported Living Consultation
- __ Day Habilitation Services
  - . Non-Integrated Work
  - . Integrated Activities
  - . Non-Integrated Activities
- __ Supported Employment Services
- __ Transportation Services
- __ Behavioral Services
- __ Professional Services
  - . Occupational Therapy
  - . Physical Therapy
  - . Communication Services
  - . PC Licensed Medical Care
- __ Dental/Vision/Hearing Services
- __ Home Modification
- __ Assistive Technology

CES SERVICE NEEDS
Based on information in the IP, check all that apply:
- __ Personal Assistance Services
- __ Community Connections
- __ Professional Services
- __ Behavioral Services
- __ Home Modification
- __ Assistive Technology
- __ Specialized Medical Equipment and Supplies

FSSP SERVICE NEEDS
Based on information in the IP, check all that apply:
- __ Respite Care
- __ Parent/Sibling Support
- __ Transportation
- __ Medical/Dental
- __ Professional Services
- __ Home Modification
- __ Assistive Technology

OTHER SERVICE NEEDS
(Based on information in the IP, describe below)

***** Note *****
For persons in the SLS or CES Waiver, it must be determined that the needs described above can NOT be met through Medicaid State Plan Benefits, EPSDT or Third Party Payers before accessing DDS funding.

The Individualized Plan cover sheet does NOT replace the Individualized Plan. The information contained on this cover sheet is intended to identify enrollment in DDS funded programs and to identify the needs which justify enrollment in those programs.

I certify that all necessary signatures, including the signature of the person and his/her legal guardian, if appropriate, have been obtained on the person's Individualized Plan, indicating participation in its development and agreement with the needs and services described above.

Case Manager's Signature   Date

Version 9/20/2000