

Plan of Service — Summary

Overview Information

Client Name: Eric Test	MA#: 12345678901
DOB: 06/01/1982	
Program Type: BI	POS Type: Initial
Created Date: 07/01/2014	POS Effective Date: 07/02/2014
POS End Date: 08/13/2014	
Current Address: Test Street 1, Baltimore, MD 20103	
Narrative:	
Address to Receive Services	
Address Type: Community	Full Address: 201 W Preston St, Baltimore, MD 21201
Home Type: Congregate	Home Setting: Assisted Living Facility
Lives with Family: N/A	Is setting chosen by the participant? N/A

Strengths

Date Created	Strength Detail
01/14/2014	Test Strength

Goals

Date Created	Goal Category	Desired Goal	Steps/Actions	Progress
01/17/2014	Education	CLient wants to go to school.		Not Begun
01/16/2014	Education	Phd		In Progress

Risks

Risk Factors	
<input checked="" type="checkbox"/> Choking	<input type="checkbox"/> Elopement
<input type="checkbox"/> Falls	<input type="checkbox"/> Physical Aggression
<input type="checkbox"/> Seizures	<input type="checkbox"/> Severe Cognitive Impairment
<input type="checkbox"/> Sexual Disinhibition	<input type="checkbox"/> Skin Integrity
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Wandering
<input type="checkbox"/> Other	

Risk Management

Risk Management Plan

- | | |
|---|--|
| <input checked="" type="checkbox"/> 24 Hour On-Call | <input type="checkbox"/> 24 Hour Supervision |
| <input type="checkbox"/> Behavior Support Plan | <input type="checkbox"/> Environmental Modifications |
| <input type="checkbox"/> Neuropsychiatry | <input type="checkbox"/> Nurse Monitoring |
| <input type="checkbox"/> One on One Staffing | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Specialty Medical | <input type="checkbox"/> Substance Abuse Treatment/Support |
| <input type="checkbox"/> Other | |

24 hour on-call access provided by?

Provider #1: Test

Services

POS Service	Service Type	Provider Name	Units	Frequency	Rate	Annual
Residential Habilitation Level 1	Waiver Service	Neuro Restorative (Default All Jurisdictions)	7 days per week	52 weeks	\$192.76	\$70,164.64

POS Costs

Annual Waiver Plan Services Total:	\$70,164.64
Annual State Plan Services Total:	\$0.00
Total POS Cost:	\$70,164.64
Annual Non-Medicaid Service Total:	\$0.00

*POS total costs does not include Annual Non-Medicaid Services

Review

Client Currently Enrolled? No	Chronic LOC Effective Date: Chronic LOC Effective Date not available.
Nursing Facility LOC Effective Date: NF LOC Effective Date not available.	Risk Management Plan Entered? Yes
Personal interest(s) and goal(s) entered? Yes	Provider names entered? Yes
Services within waiver cost cap? Yes	
Client was made aware of their service options?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Participant attended Annual POS meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the POS meet the participant's health and safety needs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Participant signature captured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information:

Decision

POS Status: Approved

Decision Staff Name: dhmhadministrator1 DHMH

Decision Date: 07/01/2014

Decision Comments: