



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
Home and Community-based Services

Adults with Physical and Developmental Disabilities • Alaskans Living
Independently

Children with Complex Medical Conditions • Individuals with Intellectual and Developmental Disabilities

Questionnaire for Initial and Renewal Plans of Care

Instructions: A planning process to develop, amend and renew plans of care for waiver services is required per federal regulations on person-centered planning. Prior to submitting an initial or renewal plan of care, discuss the topics below with the person you are serving and his/her representative (if applicable), and record the recipient’s response. Provide an explanation if the recipient answers “No” to any of the questions. Initial plans of care can skip questions 1 and 2 and just address questions 3-5. **A completed Questionnaire must be submitted with each initial and renewal Plan of Care.**

RECIPIENT NAME:

CARE COORDINATOR NAME:

Renewal Plans of Care Only:

During the last year, did you receive the services identified in your current Plan of Care?

Yes

No; there was an issue with:

Type (I did not receive all of the services on my plan)

Scope (The services I received did not do what I needed them to do)

Amount (I did not get enough of the services identified in my Plan of Care)

Duration (Direct care workers did not stay with me as long as they were supposed to)

Frequency (Direct care workers did not provide services as many times as they were supposed to)

If the response is No:

Care coordinator, please explain how the team plans to address or has already addressed the issues with type, scope, amount, duration or frequency of services (can check multiple boxes):

Submit amendment to plan to redesign supports

Convene a planning meeting to discuss what is not working, why, and remediate

Offer a list of different provider(s) of the service

File a formal complaint through provider grievance process

File a formal complaint with Central Intake

No action is required, please describe why:

- 1) Did the waiver services you received during your current Plan of Care year help you work towards your goals?
Yes
No

If the response is No:

Care coordinator, please explain how the team plans to address or has already addressed the issues with services not being helpful in working towards goals (can check multiple boxes):

Submit amendment to plan to redesign supports

Convene a planning meeting to discuss what is not working, why, and remediate

Offer a list of different provider(s) of the service

File a formal complaint through provider grievance process

File a formal complaint with Central Intake

No action is required, please describe why:

Initial and Renewal Plans of Care:

- 2) Did you get to choose who should be present at your planning meeting for your current Plan of Care?

Yes

No

If the response is No:

Care coordinator, please explain how you plan to allow for this aspect of recipient choice as part of the renewal Plan of Care process:

- 3) Did you get to choose where and when your planning meeting for your current Plan of Care took place?

Yes

No

If the response is No:

Care coordinator, please explain how you plan to allow for this aspect of recipient choice as part of the renewal Plan of Care process:

- 4) Did you have the choice to lead your own planning meeting for your current Plan of Care?

Yes

No

If the response is No:

Care coordinator, please explain how you plan to allow for this aspect of recipient choice as part of the renewal Plan of Care process:

Recipient/Legal representative signature _____ Date _____