



Senior and Adult Services Division

Client Service Plan

Client Name:			
Client Address:	Case Number:		
	Date of Birth:		
Case Manager:	Case Manager Phone:		
Assessment Date:	Next Review Date (Mo/Yr):		

Long Term Goal: I want to remain in my home safely and independently

Service	Client Need	Goal/Desired Outcome	Waitlist	End Date
Case Management	Client requires ongoing coordination, authorization and monitoring of SAIL services to remain independent and safe in the home environment	Improve safety and independence in the home environment	N/A	
Home Delivered Meals Units: ___ Weekly	<input type="checkbox"/> Not always able to shop, prepare and/or cook a nutritious meal due to a physical and/or cognitive limitation <input type="checkbox"/> Risk of social isolation <input type="checkbox"/> <u>Other:</u>	<input type="checkbox"/> Improve overall nutritional status through home delivered meals, such as, but not limited to, maintaining or improving weight <input type="checkbox"/> Improve safety concerns in meal preparation <input type="checkbox"/> Increase opportunities for social interactions and wellness checks <input type="checkbox"/> <u>Other:</u>	<input type="checkbox"/>	

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<p>Bath Safety Check</p> <p>Units: Once</p> <p><i>*Signed permission required from landlords for rental properties</i></p>	<p><input type="checkbox"/> Not able to bathe safely without the support of durable medical equipment</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/> Improve safety and reduce risk of falls during bathing through the installation of durable medical equipment in the bathroom</p> <p><input type="checkbox"/> Improve personal hygiene through regular baths</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/></p>	
<p>Attendant Care</p> <p>Units: ___ Monthly</p>	<p><input type="checkbox"/> Not able to bathe, dress and/or groom safely and maintain a clean home due to a physical and/or cognitive limitation</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/> Improve safety and reduce risk of falls during bathing, dressing and/or grooming by having a caregiver available to assist or provide stand-by support</p> <p><input type="checkbox"/> Improve personal hygiene through regular baths, grooming and/or changing of clothes</p> <p><input type="checkbox"/> Maintain a clean home with healthy living conditions by having a caregiver provide light housekeeping services</p> <p><input type="checkbox"/> Reduce risk of falls by maintaining a safe living environment with clear walkways</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/></p>	
<p>Personal Care</p> <p>Units: ___ Weekly</p>	<p><input type="checkbox"/> Not able to bathe, dress and/or groom safely due to a physical and/or cognitive limitation</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/> Improve safety and reduce risk of falls during bathing, dressing and/or grooming by having a caregiver available to assist or provide stand-by support</p>	<p><input type="checkbox"/></p>	

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		<input type="checkbox"/> Improve personal hygiene through regular baths, grooming and/or changing of clothes <input type="checkbox"/> <u>Other:</u>		
Housekeeping Units: ___ Monthly	<input type="checkbox"/> Not able to maintain a clean home on an ongoing basis due to a physical and/or cognitive limitation <input type="checkbox"/> <u>Other:</u>	<input type="checkbox"/> Reduce risk of falls by maintaining a safe living environment with clear walkways <input type="checkbox"/> Maintain a clean home with healthy living conditions by having a caregiver provide light housekeeping services <input type="checkbox"/> <u>Other:</u>	<input type="checkbox"/>	
Bulk Housekeeping Units: Once	<input type="checkbox"/> Not able to maintain a clean home free of extensive clutter and/or other safety hazards due to a physical and/or cognitive limitation <input type="checkbox"/> Extensive clutter and/or safety hazards prevent authorization of ongoing services <input type="checkbox"/> <u>Other:</u>	<input type="checkbox"/> Improve safety and condition of living environment on a long-term basis <input type="checkbox"/> Reduce risk of falls by maintaining a safe living environment with clear walkways <input type="checkbox"/> Able to receive ongoing services to address daily living needs <input type="checkbox"/> <u>Other:</u>	<input type="checkbox"/>	

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<p>Adult Day Health Care Services</p> <p>Units: ___ Weekly</p>	<p><input type="checkbox"/> Not able to be alone in the home environment without ongoing supervision due to a physical and/or cognitive limitation</p> <p><input type="checkbox"/> Risk for social isolation</p> <p><input type="checkbox"/> Not able to bathe, dress and/or groom safely due to a physical and/or cognitive limitation</p> <p><input type="checkbox"/> Reduce risk of caregiver fatigue</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/> Improve overall safety through supervised care</p> <p><input type="checkbox"/> Increase opportunities for social interactions</p> <p><input type="checkbox"/> Improve personal hygiene through regular baths, grooming and/or changing of clothes</p> <p><input type="checkbox"/> Enrich caregiver's relationship with the client and ability to provide ongoing care in the home</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/></p>	
<p>Durable Medical Equipment (non-motorized)</p> <p>Units: ___</p> <p><i>*Mobility devices require documentation from a medical professional, occupational and physical therapist</i></p>	<p><input type="checkbox"/> Not able to complete activities of daily living and/or ambulate safely without the support of durable medical equipment.</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/> Improve safety and reduce risk of falls during bathing, dressing, grooming and/or when ambulating by using durable medical equipment</p> <p><input type="checkbox"/> Increase opportunities to be in the community by using supportive durable medical equipment while ambulating</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/></p>	
<p>Nursing</p> <p>Units: ___ Weekly</p>	<p><input type="checkbox"/> Not able to sort and/or take medications as prescribed without support</p> <p><input type="checkbox"/> <u>Other:</u></p>	<p><input type="checkbox"/> Reduce risk of medication errors through in-home nursing supports and education</p> <p><input type="checkbox"/> Improve independence in setting up and/or use of mediset</p> <p><input type="checkbox"/> Improve knowledge of medications prescribed</p>	<p><input type="checkbox"/></p>	

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		<input type="checkbox"/> Other:		
Other			N/A	

Client Strengths: _____

Rights and Responsibilities

Your Rights: *You have the right to:*

1. Be treated with respect, dignity, courtesy, and consideration.
2. A comprehensive assessment of your needs.
3. Receive services without discrimination based on race, color, gender, ethnicity, national origin, religion, spiritual belief, age, class, sexual orientation, physical ability, or disability.
4. Participate in decisions about services including the development of the service plan and a timely review of your service(s) delivery as appropriate.
5. Have regular and consistent monitoring of services, at a minimum of every 90-days, to include frequency and quality of service.
6. Consent to or refuse any services, including case management.
7. Have information, verbal and/or written, maintained in a confidential manner.
8. Have access to your records, within 30 days, by making a request in writing to the SAIL program.
9. Be given the reason(s) or explanation(s) for any reduction or closure of services.
10. File a complaint or appeal about services you are receiving or about the reduction or denial of services. The complaint or appeal procedure shall be processed in a timely manner in accordance with the SAIL program's complaint and appeal policy (instructions on back page).

Your Responsibilities: *You have the responsibility to:*

1. Actively participate in developing the service plan by providing full and accurate information.
2. Treat SAIL case managers, case aides, supervisors, and other service provider staff with respect, dignity, courtesy, and consideration.
3. Refrain from verbally or physically harassing, harming, or threatening SAIL case managers, case aides, supervisors, and other service provider staff.
4. Keep appointments with SAIL program staff and provide 24 hours advance notice, when possible, if unable to keep an appointment.
5. Notify assigned SAIL case manager of planned absences from home that may impact services.
6. Notify assigned SAIL case manager of any changes in address and/or telephone number.

Failure to fulfill these responsibilities may result in services being delayed, withdrawn, and/or SAIL declining to work with the client.

Acknowledgement of Limited Services:

The Maricopa County Senior and Adult Independent Living (SAIL) Program funding is authorized contingent upon funding allocation received by the Area Agency on Aging for these services. Client understands the following related to funding:

- Client eligibility is contingent on the assessment completed by the case manager every six months.
- The authorized services are temporary and will be made available on a short-term basis.
- Client understands that if their services are terminated due to funding, they will be placed back on the waiting list.

Voluntary Contribution to Services:

Clients have the opportunity to voluntarily contribute to the cost of services. The delivery of services will not be impacted by the inability to contribute to services.

Client Name:

Case Number:

By Signing below, I acknowledge that I have received a copy of this service plan and the complaint and appeal processes. I also understand the limited-service agreement and have been provided with the opportunity to contribute voluntarily to the cost of services.

Client or Representative Signature:		Date:	
<input type="checkbox"/> Check if you are signing for the client and please describe your authority to act for the client in this box:			
<input type="checkbox"/> Signature waived. Case Manager Comment:			
Case Manager Signature:		Date:	

Client Name:

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Client Complaint and Appeal Procedures

As a client of the Senior and Adult Services Division, you have the right to file a complaint or appeal if you have a concern about your **case management services**. We have a process in place to help with those concerns. Please follow the steps listed below. Upon request, and at any time during this process, you may be provided with assistance to complete the complaint or appeal process.

Step 1: Discuss your concerns with your case manager.

Examples may include, but are not limited to: Disagreement about the case manager's assessment, change in your medical condition, your home, environment, finances, support system, etc.

If your case was closed due to a loss of contact, please contact the assigned manager with your current address/phone number within 30 calendar days from the date of the notice of decision letter.

Step 2: If you are not satisfied with the case manager's decision, you can discuss your concerns with a supervisor in the case management program by calling 602-372-4879.

The supervisor will discuss the concern with you, document and address your concerns. You may request a copy of this documentation.

If your concern is about a reduction or closure of case management services, you may request a second assessment of your eligibility for case management services. This assessment will happen within 10 business days from the date you discussed your concerns with the supervisor.

Step 3: If you are not satisfied with the supervisor's decision, the supervisor will send you a "Client Complaint and Appeal Form". You may send this form to the Assistant Director for Senior and Adult Services (SASD). You will get a written response addressing your concerns within 10 business days of receiving your member complaint and appeal form.

Mailing address: Assistant Director of SASD
234 N. Central Ave, Suite 3000
Phoenix, AZ 85004

Or by FAX: 602-372-4880

Or by email: Jayson.Matthews@maricopa.gov

Step 4: If you are not satisfied with the Assistant Director's decision, you can send your appeal or complaint in writing and by mail to the Area Agency on Agency. You will get a written response addressing your concerns within 10 days of receiving your written complaint and appeal form.

Mailing Address: Director of Contract Administration
Area Agency on Aging, Region One
1366 E. Thomas Road, Suite 108
Phoenix, AZ 85014