



## HEALTH SERVICE COORDINATION AND CARE & HEALTH NEEDS CHANGE NOTICE

### Purpose

It is the policy of R&M Welty, Inc. to meet the health needs of each person being served as defined and assigned in each person's Coordinated Service and Support Plan (CSSP) or their CSSP addendum.

### Procedure

- A. The Program will consistently monitor the physical and mental health of all persons served. The program will note any changes that may affect the person's health service needs. The program will then promptly notify the person's legal representative, if any, and the case manager of these changes in a person's physical and mental health service needs by filling out the *"Health Needs Change Notice Form"* (example shown below).
- B. If the program has reason to believe that the change has already been reported, it is not necessary to report.
- C. The program must document all health changes, including when the notification of the health change was given to the legal representative and case manager.
- D. When assigned the responsibility for meeting the person's health service needs in the person's CSSP or the CSSP addendum, the program will maintain documentation regarding how the person's health needs will be met, including a description of the procedures to follow in order to:
  - a. Provide medication assistance or medication administration according to the Safe Medication Assistance and Administration Policy.
  - b. Monitor health conditions according to written instructions from a licensed health professional.
  - c. Assist with or coordinate medical, dental, and other health service appointments.
  - d. Use medical equipment, devices, or adaptive aides or technology safely and correctly according to written instructions from a licensed health professional.

### Health Need Change Notice Form

Below is an example of the Health Needs Change Notice Form. When it is necessary to report a health needs change, the supervisor of the home must fill out an official Health Needs Change Notice form.



**Health Needs Change Notice**

R&M Welty, Inc. must report any change in a person’s physical and mental health needs when assigned in the Coordinated Service and Support Plan (CSSP) or CSSP addendum.

Person’s Name:

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Program Name:

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Date a change in physical and/or mental health needs was discovered:

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Date of this form’s completion:

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Form completed by (Name/Title):

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Date of notification to:

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Legal Representative: \_\_\_\_\_ Case manager: \_\_\_\_\_

Describe, in detail, the change in the person’s physical and/or mental health needs:

Was the Health Needs Record form updated as a result of this notice? Yes No

If you have any questions, please contact:

House Manager (Name/Contact Info):

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Site Supervisor (Name/Contact Info):

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Program Director (Name/Contact Info):

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