

**Medicaid Home and Community-Based Services Waiver Programs  
Caregiver Service Plan (use only for people at home)**

**Participant:**

**Date of Plan:**

**Nurse Monitor:**

**Signature:**

The Nurse Monitor - Develop a Caregiver Service Plan (CSP) that documents services or tasks the caregivers are required to perform for the participant. The nurse monitor must: ask the case manager for a copy of the Plan of Care/Plan of Service (POC/POS), use the POC/POS with appropriate input from the participant and caregivers to help develop the CSP, ensure that caregivers understand all CSP tasks and expectations, complete a new CSP when adding services or tasks, add additional pages as needed and give a CSP copy to both case manager and caregivers. Immediately contact the case manager and other appropriate professionals to report suspected health and safety concerns. (Adult Protective Services at 1-800-917-7383, emergency Personnel, Police, etc.)

Task	Frequency	Please note all special instructions and precautions	Note and Comments
Personal Hygiene (i.e. bathing, hair, oral, nail, and skin care)			
Toileting (i.e. bladder, bowel, and bed pan routines; movement to/from bathroom)			

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Participant Name:		Tasks:		Date of Plan:
Task	Frequency	Please note all special instructions and precautions	Note and Comments	
Dressing & Changing Clothes				
Mobility & Transfers				
Eating & Drinking				
Medications		(Place a check next to each required item) Medication reminder ___ Assist to self-medicate ___ CMA ___ MAR ___ (Medication Admin. Record)		
Light Housekeeping				
Errands				
Other				