



**State of Alaska • Department of Health • Division of 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 Support Plans**

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 Support Plan.**

**RECIPIENT NAME:**

**CARE COORDINATOR NAME:**

Renewal Support Plans Only:

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

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 Support Plan)

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 Support Plan 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 Support Plans:

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

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 Support Plan process:

3) Did you get to choose where and when your planning meeting for your current Support Plan 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 Support Plan process:

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

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 Support Plan process:

Recipient/Legal representative signature

Date

You must keep the original signed Person Centered Questionnaire in your client's files and complete an electronic version of the *Person Centered Questionnaire* in Harmony.