Service Plan Compliance Review Worksheet

Introduction

This worksheet is intended for staff who review, update, audit, or oversee service plans.

Minnesota Statute 144G.70, Subdivision 4 (assisted living) and Minnesota Statute 144A.4791, Subdivison 9 (home care) require service plans to reflect the individual's assessed needs, preferences, and services and to be updated when changes occur.

Why Service Plans Matter

Service plan requirements help make sure individuals receive care that is:

- Based on their assessed needs.
- Consistent with their preferences and choices.
- Delivered consistently by staff.
- Updated when needs or conditions change.

Use this worksheet to review service plans for completeness, consistency, and compliance with Minnesota regulatory requirements. This worksheet can help you:

- Identify gaps or inconsistencies.
- Verify that required service plan elements are documented.
- Prepare for surveys, audits, and quality reviews.

Note: Most items apply to both assisted living and home care service plans. Regulatory requirements that apply only to one setting are identified throughout the worksheet.

Overall Review

Before reviewing individual sections, confirm:

Review Item	Yes (X)	No (X)	Where Documented
Information is consistent across the service plan, assessments, records, and other documentation.			
The service plan reflects the individual's current needs, preferences, goals, and services.			

Services to be Provided

Review whether services are clearly described, based on the current assessment, and reflect the individual's needs and preferences.

Review Item	Yes (X)	No (X)	Where Documented
All services the individual receives are included in the service plan.			
Services reflect the individual's assessed needs, preferences, and goals.			
The frequency of each service is documented.			
Service instructions provide enough detail for staff to deliver services consistently.			
Individual preferences, choices, routines, or goals are included when relevant to service delivery. *(e.g., personal preferences, cultural considerations, routines, lifestyle choices, care goals)*			
The service plan has been updated following changes in the individual's condition, needs, preferences, assessment, or services.			
If applicable, verify the service plan addresses:			
Personal care needs *(e.g., bathing, dressing, grooming, eating, toileting,*			

transferring, mobility assistance, medication assistance)			
Health care, clinical support, treatment, and therapy needs *(e.g., medication management, monitoring health conditions, coordination with health care providers, nursing services, treatments, therapy services, and therapy management plans)*			
Mental health, behavioral, or cognitive support needs *(e.g., mental health services, behavioral supports, dementia-related care, emotional support, coordination with mental health providers)*			
Daily routines, activities, and social engagement (assisted living, as applicable) *(e.g., meals, preferred routines, activities, community involvement, social interaction)*			
Safety, supervision, and risk management needs *(e.g., fall prevention, wandering risk, overnight monitoring, emergency response needs, special supervision requirements)*			
Visit schedules or service calendars are included, referenced, or consistent with the service plan. (home care, as applicable)			

Staffing

Review whether the service plan identifies the staff member or staff role responsible for each service.

Review Item	Yes (X)	No (X)	Where Documented
A staff member or staff role is identified as responsible for each service.			
Staffing information is consistent with how services are delivered.			
Changes to staff responsibilities are reflected in the service plan, when applicable.			
Home care: caregiver assignments or visit assignments are documented or referenced, when applicable.			

Individual and Representative Participation

Review whether individual and representative participation, agreement, and approval of the service plan are documented.

Review Item	Yes (X)	No (X)	Where Documented
Individual participation in developing, reviewing, or updating the service plan is documented.			
Individual and/or representative participation is documented, when applicable. *(e.g., meetings, phone calls, written communication, service*			

plan review, or approval)			
Agreement with the service plan and services to be provided is documented.			
Signatures or other documented approval are present.			
Date of agreement or approval is documented.			
Changes in representative status, authority, or decision-making responsibilities have been updated, when applicable.			

Contingency Plan (Backup Plan)

Review whether the service plan includes actions to be taken if a scheduled service cannot be provided.

Minnesota Statute 144G.70, Subd. 4(f)(5) (assisted living) and Minnesota Statute 144A.4791, Subd. 9 (home care) require service plans to address actions to be taken when scheduled services cannot be provided.

Review Item	Yes (X)	No (X)	Where Documented
Actions to be taken when a scheduled service cannot be provided are documented. *(e.g., staff unavailable, delay in care)*			
Instructions for contacting the provider when services cannot be provided are documented (home care).			
The plan identifies who is responsible for			

responding to the service disruption.			
Emergency contacts and decision-makers are documented. *Note: If an individual does not have family or an involved representative, organizations may document other appropriate contacts consistent with applicable requirements and organizational policies.*			
Communication procedures for service disruptions are documented.			
The plan describes how the individual's needs will continue to be met during a disruption.			
The contingency plan reflects the individual's current needs and services.			
The contingency plan has been updated when services, risks, or support needs changed.			
Emergency medical services preferences or directives are documented, when applicable.			