

**481—70.26(231D) Service plans.**

**70.26(1)** A service plan shall be developed for each participant based on the evaluations conducted in accordance with rule 481—70.22(231D) and designed to meet the specific service needs of the individual participant.

**70.26(2)** Prior to the participant's signing the contractual agreement and participating in the program, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the participant and, at the participant's request, with other individuals identified by the participant, and, if applicable, with the participant's legal representative. All persons who develop the plan and the participant or the participant's legal representative shall sign the plan.

**70.26(3)** When a participant needs personal care or health-related care, the service plan shall be updated within 30 days of the participant's participation and as needed with significant change, but not less than annually. The updated service plan shall be signed and dated by all parties.

*a.* If a significant change does not exist, the program may, after nurse review, add minor discretionary changes to the service plan without a comprehensive evaluation and without obtaining signatures on the service plan.

*b.* If a significant change relates to a recurring or chronic condition, a previous evaluation and service plan of the recurring condition may be utilized without new signatures being obtained.

**70.26(4)** The service plan shall be individualized and indicate:

*a.* The participant's identified needs and preferences for assistance;

*b.* Any services and care to be provided pursuant to the contractual agreement;

*c.* The service provider(s), if other than the program;

*d.* For participants who are unable to plan their own activities, including participants with dementia, planned and spontaneous activities based on the participant's abilities and personal interests.

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