

**441—83.47(249A) Service plan.** A service plan will be prepared for AIDS/HIV waiver members in accordance with rule 441—130.7(234) except that service plans for both children and adults will be completed every 12 months or when there is significant change in the person's situation or condition.

**83.47(1)** The service plan will include the frequency of the AIDS/HIV waiver services and the types of providers who will deliver the services.

**83.47(2)** The service plan will indicate whether the member has elected the consumer choices option. If the member has elected the consumer choices option, the service plan will identify:

- a.* The independent support broker selected by the member; and
- b.* The financial management service selected by the member.

**83.47(3)** Service plans for members aged 20 or under must be developed to reflect use of all appropriate nonwaiver Medicaid services so as not to replace or duplicate those services.

**83.47(4)** The service plan will identify a plan for emergencies and the supports available to the member in an emergency.

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