

**441—83.7(249A) Service plan.** A service plan shall be prepared for ill and handicapped waiver consumers in accordance with rule 441—130.7(234) except that service plans for both children and adults shall be completed every 12 months or when there is significant change in the person's situation or condition.

**83.7(1)** The service plan shall include the frequency of the ill and handicapped waiver services and the types of providers who will deliver the services.

**83.7(2)** The service plan shall indicate whether the consumer has elected the consumer choices option. If the consumer has elected the consumer choices option, the service plan shall identify:

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

**83.7(3)** The service plan shall also list all nonwaiver Medicaid services.

**83.7(4)** The service plan shall identify a plan for emergencies and the supports available to the consumer in an emergency.