

PERSONAL CARE SERVICES PROGRAM STANDARDS OF CARE

Any permanent change in the POC must be addressed by the RN with the development of a new POC within 2wks of the change.

| PERSONAL CARE ACTIVITIES | PARTIAL ASSISTANCE ** | TOTAL ASSISTANCE ** | MAXIMUM MINUTES ALLOWED/ONLY WITH SUPPORTING DOCUMENTATION |
|---|--|-------------------------------|--|
| PERSONAL HYGIENE/GROOMING | | | |
| Grooming/Routine skincare: Includes hair, skin, nails, mouth care, lotion and shaving | Up to 15 minutes per day | Up to 30 minutes per day | Up to 30 minutes per day |
| Bathing: in bed, tub or shower | Up to 20 minutes per day | Up to 40 minutes per day | Up to 60 minutes per day |
| Toileting: incontinent hygiene for | Up to 5 minutes per incident | Up to 15 minutes per incident | Up to 60 minutes per day |
| Dressing | Up to 15 minutes per day | Up to 30 minutes per day | Up to 45 minutes per day |
| Incontinent Laundry | Up to 30 minutes per day | Up to 30 minutes per day | Up to 30 minutes per day |
| NON-TECHNICAL PHYSICAL ASSISTANCE | | | |
| Repositioning/Transfer, i.e. in and out of bed, on or off seats, use of Hoyer lift | Up to 5 minutes per incident | Up to 5 minutes per incident | Up to 30 minutes per day |
| Walking: with or without assistance of medical equipment in the home | Up to 5 minutes per day | Up to 30 minutes per day | Up to 30 minutes per day |
| Wheelchair: assistance pushing, loading and unloading in vehicle. | Up to 30 minutes per day | Up to 30 minutes per day | N/A |
| Specialized Tasks: assist with active or passive ROM per physician's order, assist with prescribed OT/PT exercise, care of medical equipment. | Up to 15 minutes per day (does not apply to passive ROM) | Up to 15 minutes per day | Up to 15 minutes per day |

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| Assist with Medication: | 5 minutes per incident | N/A | Based on the number of times |
|---|---------------------------|---------------------------|----------------------------------|
| prompting at right time, provide | | | medications are ordered during |
| liquid for self-administration. | | | the service hours. |
| Must document who prepares | | | |
| medication. | | | |
| NUTRITIONAL SUPPORT: see note | | | |
| re: room and board | | | |
| Meal Preparation: includes special | Up to 30 minutes per meal | Up to 30 minutes per meal | N/A |
| dietary needs (pureed food) | | | |
| Feeding: by mouth | Up to 30 minutes per day | Up to 45 minutes per day | Up to 90 minutes per day |
| ENVIRONMENTAL SUPPORT: Can | | | |
| NOT bill more than 1/3 of the total POC | | | |
| time. Activity conducted for the person receiving services ONLY | | | |
| Light housekeeping: i.e. dust, | Up to 10 minutes per day | Up to 10 minutes per day | N/A |
| vacuum person's area, mop | op to 10 minutes per day | op to 10 milates per day | |
| person's area, straighten area | | | |
| Making and Changing the bed | Up to 5 minutes per day | Up to 5 minutes per day | Up to 15 minutes per day |
| Dishwashing: time based on | Up to 10 minutes per meal | Up to 10 minutes per meal | N/A |
| washing person's dishes ONLY | i i | ' | , |
| Laundry | 60 minutes per week | 90 minutes per week | Up to 120 minutes per week if |
| , | · | · | taking laundry to laundromat and |
| | | | appropriately documented. |
| Other | | | |
| Essential Errands | 60 minutes per week | 60 minutes per week | N/A |
| Community Activities | 60 minutes per week | 60 minutes per week | N/A |
| Other tasks: i.e. taking out trash, | Up to 30 minutes per week | Up to 30 minutes per week | N/A |
| getting the mail | | | |
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^{*}Note: Self/prompting (aka supervision and/or cueing) equals 5 minutes for each task listed.

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^{**}Note: Refer to completed PAS on the member to determine if person needs partial assistance or total assistance with an item. Total monthly time must not exceed 210 hours.