

NAME: Personal Care (PC) Plan of Care (POC) (Policy Section 517.8.2)

PURPOSE: To develop a POC for Initial member service, at six months and annually detailing how personal care direct care services will be used to meet the direct care needs of the member. The POC is developed by using the Member Assessment and PAS, based on the member's identified needs and preferences. A copy of the POC must be provided to the member (or legal representative). The Personal Care agency will maintain the original document in the member's file.

1. The PC RN will;

- Enter members Last, First, and Middle name.
- Members Date of Birth.
- Current service level (1or 2) and hours per month.
The PC RN must sign and date the POC on the front page on *the day the POC was developed*. (*This signature and date will not change until the POC changes*)
- Plan period including the month and the year. (*Example: 5/2016-10/2016 or May 2016-Oct 2016*) The POC will be valid until the end of the sixth month.
- Enter the day of week personal care direct care services are to be provided. (*See example below*)
- The time the personal care direct care worker is to arrive. (*See example below*)
- The time the personal care direct care worker is to leave. (*See example below*)
- The total amount of service hours per day. (*See example below*)

EXAMPLE:

Date: circle correct day (Any change in schedule must be pre-approved and documented on back.)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Day of week: M/W/F or M through F.																
Time Arrived: 8 a.m.																
Time left: 12 p.m.																
Total hours: 4																
Member's initials:																

- Enter the personal care tasks down the left side of the page. The services provided are based on the members identified needs and preferences as documented on the Member Assessment and face-to-face meeting with the member. (**MUST BE SPECIFIC WHEN USING PRN OR AS NEEDED :example vacuum Monday and as needed**)
- Enter transportation limitations and any special directions.(*Example: use transfer*)

board).

- Enter what essential Errands are planned.
- Enter what Community Activities are planned not to exceed 20 hours per month. (Example: Bingo/every Thur. 1-2)
- Enter any Specialized Treatments to be provided by the personal care direct care worker. (Example; Range of motion if complete order provided by MD)
- Document time to spend for each planned environmental task. Note total environmental tasks must not exceed 1/3 of the total plan of care. (Example: Making/Changing Bed: 15 minutes)

2. Once the POC is developed and signed/dated by the PC RN a copy is provided to the personal care direct care worker to use to provide services as planned. Any change in schedule must be pre-approved and documented in the Comments section at the bottom of page 2.

3. The personal care direct care worker will:

- Enter the Month and Year the service is provided in the top right corner prior to personal care direct care worker providing service. This date signifies **the month and year the service was provided.**
- Document services provided by:
 - Circling the day (1-31) of the month services are provided. (Example if services are provided May 12th, 2016, the personal care, direct care worker would circle the number 12 at the top of page 1).
 - Document the day of the week in the box under the day of the month circled.
 - Document the time he/she arrived at the member's home.
 - Initial in each block out from the service to signify the service was provided that day.
 - Document the time he/she left the member's home.
 - Document the total hours spent providing services.
 - When it is time to leave the member's home request the member (or legal representative if member unable to sign) **to initial in the block under total hours (on the first page) to verify that services were provided.**
 - Document any change in the plan (**must be pre-approved**) in the comments section at the bottom of the second page.
 - Document any transportation provided for Essential Errands **and/or** Community Activities in the travel section of the POC on the second page.
 1. Note date;
 2. Destination/Purpose of Travel;
 3. Was member with you? Note yes or no;

5. How much time was spent;

6. The **member must initial** to verify documentation of travel correct; *Example:*

Date	Destination and/or Purpose of Travel	Was member with you? Yes/No	Time Spent	Member Initials
5/6/2012	Food Land/ Groceries	No	1 hour	BW
5/11/2012	Dinner with friends (<i>Only time spent providing <u>the direct care service</u> is counted as time spent for community activities</i>)	Yes	12 minutes	BW
5/20/2012	Pharmacy	Yes	20 minutes	BW

- Document the day of week the personal care direct care services are to be provided down the left column. (*See example below*)
- Document the total time planned.
- Document total time spent.

EXAMPLE: *Services as scheduled and were provided by Jane Doe personal care services direct care worker.*

Date: circle correct day (Any change in schedule must be pre-approved and documented on back.)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Making/Changing Bed: 15 minutes (M/W/F)	JD		JD		JD			JD		JD		JD			JD	
Laundry: 1 hour weekly			JD							JD						
Vacuum/Sweep: 15 minutes weekly.	JD							JD							JD	
Mop: 10 minutes weekly	JD							JD							JD	
Dust: 5 minutes					JD							JD				
Straighten: 10 minutes					JD							JD				
TOTAL TIME SPENT: 5.5 HRS	40		75		30			40		75		30			40	

4. Once the personal care direct care worker is finished using the form and the form is complete:
 - The Member must sign and date (or Legal Representative if the member is unable to sign) certifying that the reported information is complete and accurate.
 - The personal care direct care worker must print their name in the Printed Name section; and
 - Sign and date the document certifying that the reported information is complete and accurate.

5. The Comment Section is for any documentation by PC RN or personal care direct care worker to explain any variance from the POC. Example; Extra hour of service provided on 7/15 due to extended MD visit or a change in day due to member request because her daughter is visiting and will provide support. (**Do Not** document personal care direct care worker related issues such as the "personal care direct care worker called in sick")

6. Once the personal care direct care worker submits the completed POC the PC RN must review to ensure that all services were provided as directed and document the review by:
 - Documenting date;
 - R.N. to print name;
 - R.N. must sign and note any comments;