

PERSONAL CARE SERVICES PROGRAM RN MEMBER HOME VISIT FORM

NAME: PC RN Member Home Visit Form (Policy Section 517.16) PURPOSE: To document the PC RN Member home visits with, or on behalf of, a member, *which are not the required 6 month or annual home visits*. Must be maintained within the member's record. The RN Assessment and Plan of Care must be complete. The procedure code is T1002, Service Unit 15 minutes, and the Service Limit is 6 units per month.

1. Document Member's:
 - Last and First Name;
 - Medicaid number;
 - Date of home visit;
 - Start time of the home visit;
 - Stop time of the home visit;
 - Total time of the home visit (in minutes).

2. The reason for the home visit must be marked. Billable reasons for the home visit could be one or more of the following:
 - For any needs and/or condition changes of the member resulting in POC change.
 - Evaluation due to a change in the POC.
 - Post-Hospital Visit with a significant change in member functioning resulting in change to POC.
 - Service Plan meeting. For dual services cases, all professional team members providing services to the member must attend the Service Plan meeting and develop a sufficient POC without duplication of services between the programs. The due dates for the Service Plan will be reconfigured to sync with the initiation of the Service Plan developed between the PCRN, PARN, CM or SC and/or Resource Consultant.
 - Home visit for follow-up on an incident resulting in POC change.
 - In home training for the personal care services direct care worker that *is specific* to the member.
 - Attendance of IDT meeting when providing PC to someone on IDDW.
 - Pre-fill med boxes with order from doctor, physician's assistant or nurse practitioner.

3. Enter the required supportive documentation for the home visit such as:
 - The result of the home visit related to the reason (s) marked.
 - The outcome.
 - Any changes made to the POC.
 - The names of those present and their relationship to member.

4. Member or Legal representative (if applicable) must sign and date certifying that the reported information is complete and accurate.

5. RN must sign and date certifying that the reported information is complete and accurate.