State Plan Personal Care – Service Plan and Task List

DHS Oregon Department of Human Services

AGING AND PEOPLE WITH DISABILITIES

Consumer/Employer

Name: Prime #:
Address: City:
State: Zip code: Phone:

Homecare Worker/Employee or Contract In-Home Agency

☐ Homecare Worker/Employee
☐ Contract In-Home Agency

Name: Provider #:
Address: City:
State: Zip code: Phone:

Authorization

Start Date: End Date:

*Personal Assistance	Hours:	@	/hr =	$ 0.00
*Supportive Services	Hours:	@	/hr =	$ 0.00
*Exception Hours	Hours:	@	/hr =	$ 0.00

Total Hours: 0.00 Total Wage: $ $ 0.00

☐ Paid one time monthly ☐ Paid two times monthly

*For voucher purposes, input:

- Personal Assistance and Exception hours as ADL Full Assist.
- Supportive Services hours as Self Management.

Note:

- Can not assign Supportive Service hours unless Personal Assistance hour(s) have been assigned.
- Maximum hours cannot exceed 20 hours per client plan unless Exception hours have been approved by APD Central Office.
- Shopping, transportation, mileage and home delivered meals are not allowed for this plan/program type.

The Consumer/Employer has been assessed for Personal Assistance services and is qualified to receive assistance for the Personal Assistance and Supportive Services tasks checked on page two (2) of this form.

SDS 0546PC
Consumer

Date sent

Case number

Prime number

Date of birth

Social Security # *(Last 4 digits only)* XXX-XX-

Branch code

Worker

Phone #

Personal Assistance Tasks Authorized (Check all that apply)

- ☐ **Basic personal hygiene** – includes tasks such as bathing, washing hair, grooming, shaving, nail care, foot care, dressing, skin care, mouth care and oral hygiene.
- ☐ **Toileting, bowel and bladder** – includes tasks such as assisting to and from bathroom, on and off toilet, commode, bedpan; changing incontinence supplies, following toileting schedule, cleansing the individual or adjusting clothing; emptying catheter bag or assistive device, ostomy care, or bowel care.
- ☐ **Mobility, transfers, repositioning** – includes tasks such as assisting with ambulation or transfers with or without assistive devices, turning the individual or adjusting padding; encouraging or assisting with range-of-motion (ROM) exercises.
- ☐ **Nutrition** – includes preparing meals and special diets, assisting with adequate fluid intake or nutrition, feeding, monitoring to prevent choking or aspiration, assisting with special utensils, cutting food, and placing food, dishes & utensils within reach for eating.
- ☐ **Medication and Oxygen Management** – includes tasks such as assisting with ordering, organizing, administering and monitoring oxygen or prescribed medications.
- ☐ **Delegated Nursing Tasks**

Supportive Service Tasks Authorized (Check all that apply)

- ☐ **Housekeeping/Laundry** – includes tasks such as cleaning surfaces and floors, making the individual's bed, cleaning dishes, taking out the garbage, dusting, and gathering and washing soiled clothing and linens.
- ☐ **Arranging and assisting with medical appointments** – includes tasks such as scheduling and arranging medical appointments and transportation; assistance with mobility, transfers or cognition in getting to and from appointments.
- ☐ **Observing and reporting on health status** - includes reporting any significant changes to physicians, health care professionals or other appropriate persons.
- ☐ **First Aid and handling emergencies** – includes tasks such as responding to medical incidents related to individual's condition or responding to an individual's call for help during an emergent situation or for unscheduled needs requiring immediate response.
- ☐ **Cognitive assistance or emotional support** – includes tasks such as assistance with confusion, dementia, behavioral symptoms or mental or emotional disorders; coping with change, decision-making reassurance, orientation, memory or other cognitive symptoms.

Authorizing Signature (Case Manager/Unit Manager)	Date
Signature Homecare worker	Date
Signature Consumer/Employer	Date

Save as ***PRINT FORM*** ***RESET FORM***