

# State Plan Personal Care (SPPC) — Service Plan and Task List



SDS 0546PC

## Consumer/employer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Prime number: \_\_\_\_\_ Branch: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

## Homecare worker(HCW)/employee or in-home care agency (IHCA)

Homecare worker (HCW):

In-home care agency (IHCA):

Provider name: \_\_\_\_\_ Provider number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone number: \_\_\_\_\_

## Authorization per pay period

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Mileage:

Remarks:

ADL hours: \_\_\_\_\_ @ \_\_\_\_\_

IADL hours: \_\_\_\_\_ @ \_\_\_\_\_

Exception hours: \_\_\_\_\_ @ \_\_\_\_\_

Total Hours: \_\_\_\_\_

Yearly Service planning chosen

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Home Delivered Meals (HDM) per month:

Money Management Services

Delegated Nursing Tasks

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Note:

- Instrumental Activities of Daily Living (IADL) cannot be assigned unless Activities of Daily Living (ADL) personal care hour(s) have been assigned.
- Maximum hours can exceed 10 hours per 2 week pay period with local office approval, using this form to create a yearly service plan. Hours are not to exceed 270 yearly hours.
- Exceptional hours exceeding 270 yearly hours, must be approved through APD central office, using the 514pc form.

The consumer/employer has been assessed for personal care services and is qualified to receive assistance for the ADL and IADL **tasks checked on the following pages.**

# Tasks to be Completed

## ADL tasks authorized (*check all that apply*)

**Personal Hygiene** means performing or assisting with activities required to keep an individual healthy, appearance neat, combing/brushing hair, foot care, skin care, mouth care and oral hygiene, and includes bathing and dressing.

**Toileting** means assisting the individual in getting to and from, on and off, the toilet, commode or bedpan for elimination of feces and urine. This includes cleansing after elimination and removing and adjusting clothing as necessary. It also includes Maintaining Continence as defined as: Catheter care including external cleansing of a catheter, emptying catheter drainage bag, changing external catheter supplies, Maintenance bowel care, Changing and replacing incontinence products, Colostomy or ileostomy are included, emptying bags, cleaning the stoma and other activities necessary for the safe maintenance and disposal of supplies; or Cueing to prevent incontinence. It also includes the assistance with Ostomy care, digital stimulation, suppository insertion, enemas, and changing soiled incontinence supplies or clothing.

**Mobility** means assisting the individual with mobility, transfers and repositioning including turning or adjusting padding for physical comfort or pressure relief and encouraging or assisting with range of motion exercises and the use of devices that assist with mobility.

**Medication or Oxygen Management** means assistance with medications which are ordinarily self-administered. This includes setting up pill dispensing systems, administering medication, observation to ensure individual is taking medication as ordered, documenting and monitoring any notable side effects, and refilling prescriptions in a timely manner. This also include assisting with use, maintenance, and cleaning of in-home oxygen equipment, monitoring individual's condition, ordering and maintaining necessary oxygen supplies.

**Nutrition** includes eating and meal preparation. Eating means assisting the individual in feeding or fluid intake by any means from a receptacle into the body. This includes monitoring to prevent choking or aspiration. Meal preparation means performing or assisting with healthy meal planning and preparation, ensuring special diets are followed, if needed.

**Cognitive Impairments** includes assisting an individual by cueing along with supervision to ensure the individual performs an ADL/IADL task properly.

## IADL tasks authorized (*check all that apply*)

**Housework** means to perform or assist with housekeeping tasks necessary to maintain the individual in a healthy and safe living environment.

**Laundry** means to perform or assist with laundering or cleaning of clothing, bedding and other items used by the individual or on behalf of the individual

**Transportation** includes assisting an individual in getting to and from necessary appointments and community activities through available means of transportation. This includes mileage reimbursement when community transportation is a required care need. Reasonable mileage reimbursement may only be authorized if the HCW is using their own vehicle.

**Grocery Shopping** means to perform or assist individual in planning for and purchasing basic needs and household items.

**Using the Telephone** includes arranging necessary appointments and making desired phone calls or the use of other communication devices.

## Service Plan Authorize and Agreement

_____	_____
Authorizing signature (case manager/unit manager)	Date
_____	_____
Provider signature	Date
_____	_____
Consumer/employer signature	Date