

DEPT. OF MENTAL HEALTH
 DIV. OF MENTAL RETARDATION & DEVELOPMENTAL DISABILITIES
 PERSONAL CARE PLAN

CLIENT NAME: Calvin T. Hobbs
 MEDICAID NUMBER: 12345678
 INDIVIDUAL COMPLETING STUDY: Vera Miles
 FACILITY NAME: Joplin Regional Center
 PROVIDER: Rocky Ridge Home
 BEGINNING DATE: 9/08/1993
 ENDING DATE: 6/30/1994

Annual Nurse Supervision Provided by: Rocky Ridge Home

BASIC PERSONAL CARE SERVICE CATEGORIES/TASK	ASSIST CODE	ENCOUNTERS PER			EST TIME PER ENCOUNTER		TOTAL HRS/MONTH
		DAY	WEEK	MONTH	HRS	MIN	
Meals							
Plan Special Diet	1		1			30	2.166
Prepare Special Diet	1		1			30	2.166
Grooming							
Brushing Teeth/Dentures	1		2				2
2.027							
Shaving	1		3.5			10	2.527
Medications							
Self-administered	1	1				1	.506
TOTAL HOURS BASIC CARE							9.392

BASIC PERSONAL CARE SERVICE CATEGORIES/TASK	ASSIST CODE	ENCOUNTERS PER			EST TIME PER ENCOUNTER		TOTAL HRS/MONTH
		DAY	WEEK	MONTH	HRS	MIN	
Apply non-sterile dressings to superficial skin breaks							
	1		1				10
5.069							
TOTAL HOURS ADVANCED CARE							5.069

Assists code: 1:Performing or assisting; 2:Guiding or prompting

REIMBURSABLE RN/LPN VISITS

Required training/supervision for Advanced Personal Care Services	2
Other authorized RN/LPN services	0
Total RN/LPN visits/month to be provided by the provider	2
Total RN/LPN visits/month to be provided by DMH or POS provider	0
RESULTING FEE PER DAY FOR PERSONAL CARE.	6.62