



State Plan Personal Care Planning Schedule and Service Plan



Member last name First name Middle initial County Case number

Provider agency Date form completed Client identification number

Planning Schedule

Enter the number of units on the days of the week the tasks will be completed by the provider agency or individual provider, such as 1 unit = 15 minutes, 4 units = 60 minutes, 8 units = 120 minutes.

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Personal Care							
Meal preparation							
Housekeeping							
Laundry							
Shopping and errands							
Special tasks							
Daily unit totals							

Identified days are optional unless specified in care plan.

Service Plan

Name of provider agency Total unit(s) per week Total hour(s) per week

Refer to Form 02AG029E, Care Plan, for duties and tasks. *(Total unit(s) per week divided by 4)*

I accept the service plan: ☐ Yes ☐ No Member initials _____

Member last name First name Middle initial County Case number

Signature

Member or legal representative signature Date

When the member signs with a mark, two witnesses are required.

Witness Signature Date Witness Signature Date

Signature of nurse completing form Date

DHS use only

This area is used only when electronic authorization is not available.

- ☐ Plan authorized by DHS nurse Agency service plan period (364 days)
☐ Plan denied by DHS nurse

Service start date Service end date

Comments:

Signature of nurse reviewing plan Date

Tasks	Average Time to Complete	Comments
Bathing (shower, sponge, tub): Includes direct supervision, dressing, grooming, skin care, shaving, hair care, oral hygiene, and making bed. Linen change (if housekeeping is not included on plan of care and member receives bed bath).	60 minutes = 4 units	Baths three times a week for tub and shower. Five times a week for sponge and continually incontinent.
Grooming and dressing without a bath: Includes washing face and hands, shaving, oral hygiene, hair care, and making bed.	30 minutes = 2 units	
Hair care without a bath: Includes shampooing, combing, brushing, rolling hair, drying hair, and oiling scalp.	30 minutes = 2 units	
Transfer and walking assistance: Includes transferring to and from bed-to-chair, chair-to-chair, chair-to-toilet, transfer in/out of tub/shower, ambulating with gait belt, and standby assist in ambulation.	15 minutes = 1 unit	
Meal preparation: Includes planning, preparation of a meal with or without leftovers, and cleaning the kitchen area.	60 minutes = 4 units	Home delivered meals replace one meal preparation a day.
Housekeeping: Includes sweeping, vacuuming, mopping floors, removing trash, dusting, changing linens, cleaning living room, bedroom, and bathroom	60 minutes = 4 units	
Laundry in home: Includes washing, drying, folding and putting away.	60 minutes = 4 units	
Laundry outside the home: Includes washing, drying, folding and putting away upon return to home.	120 minutes = 8 units	Laundry done off site at apartment complex or laundromat.
Errands: Includes grocery shopping, picking up mail, medication, and medical supplies.	60 minutes = 4 units	Money receipts must be maintained.
Safety supervision (not direct supervision): Safety supervision only while PCA is in the home, but doing other tasks.	0 hours = 0 units	
Special tasks: Includes reading mail, nail care, foot care, spoon feeding, toileting, reminder to take medications, cleaning bedside commode and urinal.	15 minutes = 1 unit Total time will vary with task needed.	Nail care consists of cleaning and filing only.