



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

**OLTL Service Authorization Form
HCBS Waiver Programs**

Box Checked based on whether 'N', 'C', 'T', 'R' or 'E' was entered as a parameter

DATE: 12/1/2013 New Annual Renewal Temporary change Revision (change in need) Termination

CONSUMER'S NAME: Boyle, Mary SAMSID: 1300567890 DOB: 9/13/1932

ADDRESS: 1399 Station Road, West Chester 19380 PHONE/EMAIL: (610) 969-9999

PRIMARY CONTACT (RELATIONSHIP TO CONSUMER): Donna Stanton Niece/POA PHONE/EMAIL: (701) 888-5445 Mobile

PRIMARY CARE PHYSICIAN: Dr. Harry Callahan PHONE: Office: (610) 969-4444 FAX: Office Fax:

ICD-9 DIAGNOSIS CODE: 438.9 LATE EFFECT CV DIS NOS MEDICAL ASSISTANCE NUMBER (10 DIGITS): 9252512345

PROVIDER NAME: Comfort Keepers-0001 PROVIDER MA#: 001949696-0001

PROGRAM NAME: OBRA Waiver Independence Waiver CommCare Waiver Attendant Care Waiver/Act 150 Aging Waiver AIDS Waiver

SERVICE AUTHORIZED: W1793-PAS (Agency)
Details of activities for this service are listed below.
Shows only the most current 'Weekly' allocation, blank for all others

TOTAL NUMBER OF APPROVED UNITS PER WEEK: 148.00 SERVICE PROVISION DATES (SERVICE BEGIN AND END DATES): 12/01/2013 - 11/30/2014

PREFERRED SCHEDULE (DURATION AND FREQUENCY): **Lists allocations from date of the report forward (does not list allocations ended prior to report date)**

Start Date	End Date	Frequency	Units	Allocation Type	SU	MO	TU	WE	TH	FR	SA
12/01/2013	11/30/2014	1	148.00	Weekly	28	16	16	28	16	16	28
12/24/2013	12/24/2013	1	12.00	Duration Specified							

DESIRED OUTCOME: **Source: Desired Outcome field of the Service Plan Details**
Goal is to assist consumer with ADL's and IADL's. **From the 'Enter Service Coordinator Phone/Email' parameter**

SERVICE COORDINATOR (SC): Edna Smith SERVICE COORDINATOR AGENCY: Chester County Department of Aging Services SC PHONE/EMAIL: 610-344-5234/esmith@aaa.gov

SPECIAL CONDITIONS/INSTRUCTIONS: **Source: Special Instructions field of the Service Plan Details**
ONE TIME ONLY ADDITIONAL TIME
12/24
Additional time needed is 11a-1p and 3p-4p (regular schedule 6a-8a and 6p-8p to be provided)
Total: 3 hours

PAS (agency)
Sundays, Wednesdays, Saturdays 6:00-8:00am, 11:00am-1:00pm, 3:00- 4:00 and 6:00-8:00pm
Mondays, Tuesdays, Thursdays, Fridays 6:00-8:00am, 6:00-8:00pm
Total: 37 hours per week
Aide will assist in bathing, dressing, grooming, meal prep and supervision of eating, assistance with toileting and managing incontinence products, supervision, cleaning dishes, taking out trash, light housekeeping, and with laundry.
Sundays, Wednesdays and Saturdays at 3:00 aide will assist consumer with toileting and changing incontinent products.

INDIVIDUALIZED BACKUP PLAN:

Source: Care Plan Worksheet/Backup Plan(s)

a. Primary Support Plan

Need Description: Will provide support in the event of disruption of services.
 Provided By: Consumer's sister-in-law, Ruth Boyle (610) 896-9696
 Activity Description: To provide ADL and IADL assistance to consumer if attendant is unable to care for consumer
 Objective: Consumer to have care needs in event of service disruption.

b. Secondary Support Plan

Need Description: Will provide support in the event of disruption of services.
 Provided By: Consumer's sister-in-law Susan Boyle (610) 952-5252 or (610) 268-6868
 Activity Description: To provide ADL and IADL assistance to consumer if attendant is unable to care for consumer
 Objective: Consumer to have care needs in event of service disruption.

c. Tertiary Support Plan

Need Description: In the event of a natural disaster, consumer will need assistance with ADL's and IADL's
 Provided By: Chester County Emergency Services
 Activity Description: Consumer would require assistance in evacuation, accessible temporary housing and personal care assistance in the absence of family/friends. Aide Dee would call 911.
 Objective: Consumer to receive care and to be safe in the aftermath of a natural disaster

UNIQUE CIRCUMSTANCES (ALLERGIES, SMOKING/PETS, CHILDREN UNDER 18, ETC):

See special conditions/instructions

*DETAILS OF CURRENT NEEDS: THE CONSUMER WILL NEED ASSISTANCE WITH THE FOLLOWING ADL/IADLS (SCOPE)

<input checked="" type="checkbox"/> Bathing	Source: Checked items from the 'Choose ADL/IADLS from list' parameter	Reading/writing	Range of motion
<input checked="" type="checkbox"/> Hair Care		Managing finances	Supervised walks
<input checked="" type="checkbox"/> Dressing		Social/leisure activities	Supervision/coaching/cueing
Lotion/ointment		Telephone/communication devices	<input checked="" type="checkbox"/> Toileting
<input checked="" type="checkbox"/> Meal preparation		Securing transportation	Bowel/bladder management
Eating/drinking		Appointment scheduling	Transfers
Laundry		Caring for personal possessions	Incontinence care
Light housekeeping		Obtaining seasonal clothing	Catheter care
Shopping		Using a prosthetic device	Wound Care
Medication management		Ambulating	G-tube feedings
<input checked="" type="checkbox"/> Other: Assist climbing stairs	Source: 'Other ADL/IADL Not Listed Above' parameter field (text)		
Specific ADL/IADL Requirements:			
Diet restrictions posted on refrigerator	Source: 'Enter any specific instructions' parameter field (text)		