



State of Louisiana

Department of Health and Hospitals
Office of Aging and Adult Services

May 26, 2010

MEMORANDUM

OAAS-PF-10-008

TO: Support Coordination Agencies for the Elderly and Disabled Adults

FROM: Susan L. Jackson, Program Manager
OAAS Support Coordination Program

RE: Revised Plan of Care (POC) Packet, which includes:

- Document Checklist - OAAS-PF-10-004;
- Plan of Care (POC) - OAAS-PF-10-003;
- Budget Sheet & Flexible Schedule - OAAS-PF-10-007;
- Client Assessment Protocols (CAPs) - OAAS-PF-10-005;
- Planning the Client Assessment Protocols (CAPs) Some Sample Approaches – OAAS-PF-10-006; and

Revised Rights & Responsibilities Form - OAAS-RF-08-003

Attached for your **immediate** use is the revised Plan of Care (POC) packet. If a POC has already been completed on the old form, the OAAS regional offices will accept it. However, any linkages received after May 28, 2010, should be completed on the revised POC.

1. Document Checklist - OAAS-PF-10-004 – This form must be completed by support coordinators and submitted to OAAS regional office along with the POC packet. This checklist indicates the documents that must be submitted to OAAS Regional Office along with the POC.

- **Rights and Responsibilities Form - OAAS-RF-08-003** (reissued 5/25/10) – It is no longer necessary to have the participants sign this form. It is also no longer a requirement to send it to OAAS regional office.

2. Plan Of Care (POC) - OAAS-PF-10-003 – This is the new revised nine (9) page POC. It is self explanatory. A few items to note are:

Page 1:

- **MY Place LA Participant** - Complete this section, indicating if the individual is a MY Place participant.
- **POC Approved without RO review** - Do not complete at this time. Further instructions will be provided prior to implementation.
- The individual's first name, last name and Medicaid number will automatically populate in the footer section of each page.

Non Household members who provide support - This information can be captured in Section F.-2. Current Living Situation and/or Section G: Assistance Currently Provided/Available.

Pages 5 – 8:

- **Section M: ADL/IADL/OTHER TASKS** – Level of Support Required – Levels listed here are different from levels listed on the MDS-HC. Levels listed here are based on assistance needed, not on assistance received in last seven (7) days as indicated on MDS-HC.

Page 8:

- **Section N: See Flexible Schedule** – This is a separate document (Budget Sheet & Flexible Schedule - OAAS-PF-10-007).
- **Section O: See Excel Budget Worksheet** – This is a separate document (Budget Sheet & Flexible Schedule - OAAS-PF-10-007).

3. Budget Sheet & Flexible Schedule - OAAS-PF-10-007 – This is Section N: See Flexible Schedule and Section O: See Excel Budget Worksheet of the Plan of Care.

- **Flexible Schedule** – Complete the Daily Total LT-PCS and CS hours. The Daily Total LT-PCS & CS Units and the Weekly Yearly/Share Allocation section will automatically calculate. The yearly units for LT-PCS and CS automatically populates the # of Units/Yr and the Total Cost on the Budget Sheet.

For ADHC services – Complete the ADHC Days/week total. The ADHC Days/Year total will automatically populate. These calculations will not automatically populate to the Budget Sheet.

Verbal agreement from direct service providers is acceptable. Indicate the person spoken with and date the verbal agreement was obtained.

Budget Sheet – Complete the RUG Score, ADL Index Score, POC Start and End date, Provider Name and Provider Number. LT-PCS and CS, Shared CS for 2 and Shared CS for 3 will automatically populate from the Flexible Schedule. All other sections must be completed. When completing # of units/Yr, the Total Cost will automatically populate. Total Costs Section will automatically populate.

4. Client Assessment Protocols (CAPs) - OAAS-PF-10-005 - This document contains the thirty (30) CAPs that are identified on the MDS-HC. Support coordinators are to complete and submit to OAAS regional office only those CAPs that triggered on the MDS-HC.

5. Planning the Client Assessment Protocols (CAPs) Some Sample Approaches – OAAS-PF-10-006 - Support coordinators may use this as a guide when completing the Client Assessment Protocols (CAPs) - OAAS-PF-10-005 as well as referencing the RAI-Home Care (RAI-HC) Assessment manual.

If you have any questions regarding the following documents, you may contact me at 225/219-0218 or your local OAAS regional manager.

SLJ