

ADULT DAY HEALTH CARE INTERDISCIPLINARY PLAN OF CARE

Recipient: _____ Medicaid #: _____

ADHC Name: _____ Provider #: _____

Start of Care Date: _____ Days & Hours of Attendance: _____

SERVICE PROVISION

1. **ADLS** – (For Each Category Specify Type of Assistance and Frequency)
 Toileting _____ Eating/Feeding: _____
 Transferring _____ Bathing: _____
 Ambulating _____ Supervision: _____

2. **NUTRITION**
 Meals/Snacks (Specify frequency, type, special diet, allergy, etc.): _____
 Nutritional Counseling: _____

3. **NURSING**

Medication	Frequency	Route	Medication	Frequency	Route

Health Monitoring (weight, vital signs, fluids, etc.): _____
 Skilled Services: _____

4. **SOCIALIZATION / RECREATION**
 Counseling with recipient / family (Specify subject, participants, etc.): _____
 Recreational Restrictions: _____
 Socialization Needs: _____

5. **REHABILITATION**
 Therapies (Specify type, frequency, & provider): _____

6. **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)**
 Is the recipient receiving supervision?: ___ Yes ___ No If yes, has he/she been informed of PERS?: ___ Yes ___ No
 Is the recipient receiving PERS?: ___ Yes ___ No **If the recipient has PERS, answer the following questions:**
 Is the recipient 14 years of age or older?: ___ Yes ___ No
 Is the recipient pleased with the service from PERS provider? ___ Yes ___ No

7. **CARE COORDINATOR / CASE MANAGEMENT**
 Recipient's primary caregiver: _____ Phone: _____
 Other non Waiver service providers: _____

Waiver services the recipient is receiving, and the provider agency at the time of assesment (check all that apply):
 Agency Personal Care: _____ CD Personal Care _____
 Agency Respite _____ CD Respite _____
 ADHC _____ PERS _____

What Waiver service is the patient pay to be deducted? _____

Staff Signature: _____ Date: _____

Plan of Care Updating / Interdisciplinary Staff Meetings (All staff initial their Entries)

Date: _____	Evaluation/Comments: _____
Date: _____	Evaluation/Comments: _____
Date: _____	Evaluation/Comments: _____

Initial	Identifies	/ Initial	Identifies	/ Initial	Identifies
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