



Pennsylvania Department of Public Welfare
Office of Developmental Programs

REQUEST for DIRECT CARE STAFFING

ICF/MR Program

Check the correct box for the submission of this current request.

Request for increased services from existing services Requested Change in service

Information—Please Print			
Provider Name ABC Home	Date of Request 2/02/2010	Consumer initials A, B, C, D, E, F	Service Location # Abraham County
How many people live at this site? 6	MPI # (9 digits)	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/>	
List current staffing pattern. (By day list the number and types of worker per shift. (e.g. Monday 7am-7pm, 5 DCW and 3 LPNs.)			
Monday 1 staff 7-3, and 1 7am-9am, 1staff 3-11 and 1 6-9pm, 1staff 11-7, and 1 6-7	Saturday 1 staff 7-3, and 1 7am-9am, 1staff 3-11 and 1 6-9pm, 1staff 11-7, and 1 6-7		
Tuesday 1 staff 7-3, and 1 7am-9am, 1staff 3-11 and 1 6-9pm, 1staff 11-7, and 1 6-7			
Wednesday 1 staff 7-3, and 1 7am-9am, 1staff 3-11 and 1 6-9pm, 1staff 11-7, and 1 6-7	Sunday 1 staff 7-3, and 1 7am-9am, 1staff 3-11 and 1 6-9pm, 1staff 11-7, and 1 6-7		
Thursday 1 staff 7-3, and 1 7am-9am, 1staff 3-11 and 1 6-9pm, 1staff 11-7, and 1 6-7			
Friday 1 staff 7-3, and 1 7am-9am, 1staff 3-11 and 1 6-9pm, 1staff 11-7, and 1 6-7			
If you have 8 or less people living at this site, has the unlicensed staff been trained to give medication?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Briefly describe all health conditions and current services and supports for the consumer prior to the new service request. NOTE: This can be included as attachment if space is limited.			
<p>Person A: <u>Date of Birth:</u> 6/20/1938 <u>Level of MR:</u> moderate <u>Health Conditions:</u> diabetes, high blood pressure, mild renal failure, mild cerebral palsy, ambulatory with a cane, dysphagia, GERD, continent, history of depression <u>Services:</u> PT in home 1 afternoon every other week, day program 5 days per week, feeding therapy once a month <u>Medical appointments:</u> PCP every other month, podiatrist monthly, GYN yearly, Orthopedist yearly, Dentist twice a year, Nephrology 2 times a year</p> <p>Person B: <u>Date of Birth:</u> 4/9/1960 <u>Level of MR:</u> Severe <u>Health Conditions:</u> Down's syndrome, congenital heart disease (ASD), congestive heart failure, high blood pressure, strabismus, early dementia <u>Services:</u> day program 5 days per week, weights daily <u>Medical appointments:</u> PCP three times a year, Cardiology 2 times a year, Ophthalmologist 1 time a year, podiatrist monthly, GYN yearly, Dentist twice a year</p>			

Provider's Name: ABC Home _____

MPI#

Consumers' initials: A, B, C, D, E, and F

(9 digits):

1	2	3	4	5	6	7	8	9
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What has changed in the person's or person's health conditions or supports that require a change in staffing? (Please include specific information for each individual and their birth date and attach additional information justification information to this form.)

Person B's dementia has deteriorated and they are wandering and falling requiring additional supervision. There have been 5 reported incidents in HCSIS in the last 3 months related to this issue for this person. They are also not tolerating attending day program for all 5 days in a week. Additional staff needed while awake to supervise.

Person E has new on-set fainting spells as well as rapidly progressing dementia. They are now in a wheel chair and day programming has been cut from 5 days a week to 2 days a week. Additional staffing needed for supervision and for management due to increased needs.

Person F has become non-ambulatory because of their COPD and CHF. They are no longer able to tolerate walking or exertion and have become not only wheel chair dependent, but also intermittently oxygen dependent. Their day program has been decreased from daily to 2 times a week. However, they are typically only going on average 1 time a week because of the need for oxygen and monitoring.

Time Requested			
Day of the Week	Time Support Services Requested (e.g. 7:00 am to 10:00 am)	Requested Start Date (mm/dd/yyyy)	Anticipated Length of Need (months)
Monday-Sunday	Change from current staffing patterns to 2 worker 7-3 2 worker 3-11 1 worker 11-7	March 1, 2010	Ongoing

Please return the completed form (pages 1, 2 and any attached sheets) to the Office of Development Programs, ATTN: Kathy Deans Health & Welfare Building, Room 411, PO Box 2675, Harrisburg, PA. 17105

For Office use only:

Date received by ODP: _____ Date action completed by ODP: _____

Comments:

Page 1, Continued description of all health conditions and current services and supports for the consumer prior to the new service request. NOTE: This can be included as attachment if space is limited.

Person C:

Date of Birth: 8/29/1955

Level of MR: Mild

Health Conditions: Schizoaffective disorder, GERD, obesity, high blood pressure, skin breakdown, Prader Willi syndrome, tardive dyskinesia

Services: home program for cooking and homemaking skills, employment services 3 half days per week

Medical appointments: PCP three times a year, Psychiatry every other month, Cognitive therapy monthly, Dental 2 times a year, GYN once a year.

Person D:

Date of Birth: 5/6/1973

Level of MR: Profound

Health Conditions: seizure disorder, blindness, hypothalamic dysfunction with hypothermia, cerebral palsy (quadriplegia), GERD, gtube, non-ambulatory, incontinent

Services: PT once a week, feeding therapy once a month, visual therapy once a week, does not go out to programming

Medical appointments: PCP once a year, GYN yearly, Orthopedist yearly, Dentist twice a year, Ophthalmologist 1 time a year, Neurology 2 times a year.

Person E:

Date of Birth: 7/23/1963

Level of MR: Moderate

Health Conditions: Down's syndrome, moderate dementia, obesity, fainting spells

Services: day programming 2 times a week

Medical appointments: PCP once a year, GYN yearly, Dentist twice a year, Ophthalmologist 1 time a year, Neurology 2 times a year.

Person F:

Date of Birth: 1/24/ 1940

Level of MR: moderate

Health Conditions: smoker, COPD, on nebulizers, oxygen as needed, congestive heart failure, hearing impairment, non-ambulatory because of CHF and COPD

Services: day program 2 times a week, PT every other week with a home program, weights daily

Medical appointments: PCP once a year, GYN yearly, Dentist twice a year, Pulmonology four times a year, Cardiology 2 times a year