



The Worksheet for In-Home Services ([HCBS-3a](#)) shall be used to temporarily develop the Person Centered Care Plan (PCCP), when the Division of Senior and Disability Services (DSDS) or its designee, cannot gain access to the Home and Community Based Services (HCBS) Web Tool. The HCBS-3a is designed to provide information identifying the services to be completed on a regular basis by the provider(s), and to ensure the participant is aware of the service authorization and suggested tasks to be completed. In addition, it is part of service planning, and is designed to assist in the development of a more uniform and consistent approach when determining the appropriate amount of services necessary to meet a participant's unmet needs.

- ◆ Suggested times and frequencies have been developed with the care needs of an average or typical participant in mind. In the development of the PCCP, consideration shall be given regarding the size of the home, geographic location, specific participant limitations, formal and informal supports, and other factors that might affect the amount of time necessary to complete required tasks.

The HCBS-3a is an Excel document. When filling out the form electronically, there are auto-calculations built within the body of the document. In addition, there are certain restricted fields which do not allow data entry. Those fields can be identified by the shaded cells. In order to navigate the form efficiently, it is suggested to use the **tab key** to go from field to field.

### NUMBER OF COPIES

When necessary, one copy of the HCBS-3a shall be made.

### INSTRUCTIONS

The HCBS-3a shall be completed for all other Home and Community Based Services authorizations, when DSDS or its designee cannot gain access to the HCBS Web Tool.

**PARTICIPANT NAME:** Enter the participant's name.

**DCN:** Enter the participant's Departmental Client Number (DCN).

**CDS:** Check if the participant currently receives, or is being authorized for, Personal Care Assistance (Consumer-Directed Model) (CDS) in addition to other HCBS.

**PROVIDER NAME:** Enter the name of the participant's chosen provider.

**PROVIDER PHONE:** Enter the chosen provider's phone number.

**SERVICES:** Each of the services included are task oriented and generally authorized on an on-going basis.

#MIN/DAY: Enter the estimated amount of minutes required to complete the task per day, specific to the participant's individual needs.

#DAY/WK: Enter the number of days per week required to meet the participant's needs.

#MIN/WK: **No entry.** When tabulating by hand: multiply the #MIN/DAY by the #DAYS/WK to determine the total number of minutes per week.

#DAY/MO: To be used **only** for the following service categories: Authorized Nurse visits, Respite Care, and Chore services. Enter the number of days per month the service will be delivered.

NOTE: #DAY/MO is shaded in areas where no entry is allowed.

TOTAL UNITS calculation: When entering the #MIN/DAY and #DAY/WK into the Excel document, the total units will automatically be calculated. When tabulating by hand use the following formula:

- $\#MIN/WK \div 15 = UNIT/WK \div DAY/WK = UNIT/DAY \times MAX\ DAYS/MO = TOTAL\ UNITS$  (Round up on each calculation).

This calculation reflects the highest possible delivery of service units within an authorization period.

NOTE: Providers of Personal Care (PC) in an RCF/ALF should be aware that the monthly authorization in the HCBS Web Tool will be displayed as a pop-up feature listing total authorized units for each month within the authorization period. The calculation will consider the number of days in the month of authorization for daily tasks.

TOTAL COST: **No Entry.** When tabulating by hand, multiply the TOTAL UNITS by the current cost per unit.

DESCRIPTION OF NEEDS: Enter any comments regarding care planning needs to be used as a reference upon return to the office. Completion of this column is only mandatory for Independent Living Waiver (ILW) requests and the information should provide clear explanation of why each task is being requested and why the amount of time requested is appropriate.

For the following services, enter the number of minutes per day and the number of days per week:

- Personal Care: Check the RCF/ALF box when the participant is a resident of either entity. Check the boxes for the tasks that are *suggested* to be completed. The number of tasks identified needs to be reasonable for the amount of units authorized. When Medically Related Household Tasks is checked, indicate which tasks are to be completed in the Homemaker section.
  - Dietary includes the following activities: Plan and meal preparation including cleanup, and assistance with eating and/or feeding.
    - For PC in an RCF/ALF authorizations – Dietary should only be authorized for participants who have a **physician ordered specialized diet**; (e.g., renal, mechanical soft, puree, measuring and weighing to determine portion size, etc.); or requires direct assistance with eating/feeding.
  - Dressing/Grooming includes the following activities: dressing and undressing, combing hair, nail care, oral hygiene, and shaving.
  - Bathing includes the following activities: transfer to the bath, bathing, and hair care (washing).

- Homemaker: Check the boxes for the tasks that are *suggested* to be completed. The number of tasks identified needs to be reasonable for the amount of units authorized. Check the Medically Related Household Tasks box when the Homemaker tasks are to be provided under the Personal Care authorization.
  - Meals/Dishes include the following activities: Meal planning, preparation, and cleanup.
  - Cleaning the living area includes the following tasks: clean floors, tidying, and dusting.
    - For Personal Care in an RCF/ALF authorization – cleaning of a resident’s room and changing bed linens should only be authorized when facility staff cleans above and beyond what is normally provided for other residents. For example, when there are extenuating circumstances, (e.g., profuse bodily secretions, excess bodily fluids from incontinence, etc.).
- Advanced Personal Care: Check the RCF/ALF box if the participant is a resident of either entity. Check the boxes for the tasks that *are* to be completed. The number of tasks identified needs to be reasonable for the amount of units authorized. When entering only one task, the task needs to be in 15-minute increments.

For the following services, enter the number of minutes per day, the number of days per week, and the number of days per month (unless otherwise specified):

- Authorized Nurse Visits: Check the RCF/ALF box when the participant is a resident of either entity. Check the appropriate boxes for the necessary tasks to be completed during the nurse visit. Enter the number of days per week and the number of days per month the service will be performed. When the nurse visit occurs on a less than weekly basis, do not enter days per week, enter days per month.
  - For APC services, at least 2 Authorized Nurse Visits are required in the first month of authorization to assist in developing the PCCP *and* to sufficiently train the APC aide. The care plan supplement shall reflect on-going visits and therefore the initial visit for PCCP development shall not be indicated on the HCBS-3a.
  - General Health Evaluation: This task should only be checked for the semi-annual nurse visits.
  - Other: This task should be used when DSDS or its designee request the provider nurse to make a home visit for those ‘other’ non-routine nurse tasks. Those tasks, such as venipuncture, physician ordered injections, etc. must be prior approved and authorized by DSDS or its designee.
  - Nurse Comments: Enter any comments regarding nursing services, in addition to the specific months for the General Health Evaluation.
- Respite Care: Check the appropriate type of Respite; Basic or Advanced, and enter the amount of units to be authorized.
  - Enter the number of minutes per day and days per week the service will be provided.
    - When tabulating by hand, multiply #MIN/DAY by MAX DAYS/MO ÷ 15= TOTAL UNITS
- Home Delivered Meals: Enter the number of meals per day and the number of days per week the meals are received.

- When tabulating by hand, multiply UNITS/DAY by #DAY/MO to get TOTAL UNITS.

#Days/Week	1	2	3	4	5	6	7
# Days/Month	5	10	15	19	23	27	31

- Chore Services: Enter the number of minutes per day and the number of days per month. This service must be calculated by hand as these are short-term and intermittent tasks. NOTE: There is a drop down box for the specific activities of Chore services.
  - When tabulating by hand, multiply #MIN/DAY by MAX DAYS/MO ÷ 15 = TOTAL UNITS (Round up to nearest unit).
- Adult Day Care (ADC) (ages 63 and older) and Adult Day Care Waiver (ADCW) (ages 18-62): Enter the number of minutes per day and the number of days per week, which will auto-calculate the number of days per month, total units and total costs. A number in multiples of 15, which cannot exceed 10 hours per day, 5 days a week is the only number that can be entered or an error message will appear.
  - NOTE: Entering anything other than 15 minute increments in the #MIN/DAY field or 1-5 in the #DAY/WK field will result in an error message. If the participant requires ADC or ADCW less than weekly, enter the information and tabulate by hand as the form does not support less than weekly entry. Place an explanation in the Comments Section. For example: 3 hours, 2x a week or 2 hours, 3x a week.

COMMENTS: Enter any comments or necessary information here.

ASSESSOR SIGNATURE AND DATE: The Assessor shall sign and date the HCBS-3a on the date the worksheet is completed.

EMERGENCY CONTACT/PHONE: Enter the participant's emergency contact name and phone number.