

## Homemaker Personal Care (HPC) - WAIVER SERVICE DELIVERY DOCUMENTATION - Cuyahoga County

**Consumer Name:** Michael S Seidel **Provider Name:** A-Plus Home Health Agency, LLC **Type of Service:** Homemaker Personal Care

**Address of Service:** 3435 Superior Park Dr. Apt. 306M, Cleveland Hts., OH 44118 **Provider #:** **1827401**

**Medicaid #:** 106849385599

Service Month: \_\_\_\_\_

Year: \_\_\_\_\_

Resident #: N/A

\*\*\* Services are routine HPC unless otherwise indicated as on-site/on-call or level one emergency \*\*\*

[illegible]

Date																
Services Needed	Frequency/Duration	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	
Take Michael to visit with his wife Leah every week in Solon	1 X Weekly															
Provide verbal prompts to complete daily hygiene routines. This includes bathing, shaving, brushing teeth and hair as well as other hygiene tasks.	Daily															
Provide verbal prompts to wear clean clothing	Daily															
Provide verbal and physical assistance with washing, drying and folding laundry. Provide assistance with dry-cleaning.	Weekly/As Needed															
Provide guidance and assistance with meal planning and preparation.	Daily/As Needed															
Assistance with learning recipes and portion sizes to maintain healthy weight and to treat Fatty Liver Disease and pre-diabetic status	Daily/As Needed															
Provide assistance with making purchases. Assure Michael is given correct change and that he obtains a receipt.	Weekly/As Needed															
Develop Weekly grocery shopping list and household supply list. Assistance with maintaining Orthodox Kosher diet.	Weekly/As Needed															
Provide assistance and verbal prompts to complete weekly cleaning and maintenance duties. Assist with developing weekly cleaning checklist	Twice weekly/As Needed															
Contact Property manager for repairs or concerns. Assist Michael with reporting issues and concerns regarding apartment or homeless shelter.	As Needed															
Group Size:																

Provider Signature: \_\_\_\_\_ Client Signature: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

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**Pay Period:** \_\_\_\_\_ **To** \_\_\_\_\_ **Year** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_