

Home Plan of Care Agreement

Enrollee Name: _____ Agency Name: _____

Private Duty Nursing care under Medicaid is set up to help individuals whose health care needs go beyond the care that can be given through occasional home health care visits. This type of care is set up to help family members or other caregivers get ready to care for the person on their own. Private Duty Nursing care is not intended to replace care given by family members or others in the home.

Medicaid is a voluntary program. This means that when the patient signed up for Medicaid, the individual or family member agreed to be a part of Medicaid and follow Medicaid's rules.

By signing this form you, the member and/or qualified primary caregiver, agree:

1. The goal of private duty nursing care is to help teach and empower you, family members, or other caregivers to provide the care on his/her own.
2. That the number of private duty nursing hours will be determined based on individual medical needs over time.
3. That private duty nursing does not replace the care given by family or other caregivers in the home.
4. To work with the nursing staff to learn how to care for the patient on your own.
5. That the following services are NOT COVERED by Medicaid private duty nursing:
 - a. Services that cannot be provided in a safe, complete and effective manner by home health agency staff. Examples that create unsafe situations are, but not limited to,
 - i. Uncontained weapons, infestation of contagious pests (scabies and/or bedbugs), uncontained animals
 - b. Services for the convenience of the patient, family, or caregiver, such as services of a sitter or driver. Convenience includes, but not limited to, general housekeeping, family meal prep or family laundry.
 - c. Custodial, sitter, or respite care of any kind.
 - d. Services when the patient is in the hospital or nursing home.
 - e. Services at any time the patient does not qualify for Medicaid or private duty nursing.
 - f. Services for observation and monitoring for behavioral or eating disorders or medical conditions which do not require skilled nursing care.

Identified Primary Caregiver (if applicable): _____

Agency Responsibilities

1. Obtain the names for the backup plan
2. Home health agency will provide care per your doctors' orders.
3. All orders are to be sent by the doctor to the home health agency. Doctor's orders specific to _____ enrollee's name _____ care (medications, etc.), are to be added in Medication Administration Record (MAR). Everyday nursing duties that do not require a doctor's order do not have to be included in the MAR.
4. Agency and family are to maintain a professional relationship. No sharing of personal information. For example any social media, personal cell phone numbers, borrowing monies, change of schedules, off duty work, etc.
5. Agency will provide the home health staff with their schedules. Agency will notify _____ member/member's caregiver _____ of unplanned schedule changes as soon as possible, but no later than 2-3 hours of scheduled shifts.
6. Home health agency is responsible for providing licensed, qualified, and trained staff.
7. Home health staff is employed by the home health agency. The agency is responsible for all employee disciplinary actions.
8. Home health agency will notify member/ caregiver of missed shifts as soon as they are aware. They will attempt to find staff for the shift before calling the family. If no staff found, the member/member caregiver/family will be called within 2-3 hours by the agency; and the agency will call BlueCare Tennessee staff.
9. The agency will report all missed shifts to BlueCare Tennessee within 24 hours or as soon as the agency is aware. All missed shifts will be reported by faxing the Home Health Action Report (Missed Shift form).
10. If services of trained staff are declined for reasons other than quality of care, such as race, age, gender, size, color of hair, national origin and staff's unwillingness to perform services outside of scope of practice, BlueCare Tennessee Case Management department will be contacted and information faxed to the BlueCare Tennessee office.
11. Agency workers will call 911 in any emergency.
12. Cursing, insulting comments and racial slurs will not be tolerated by anyone.
13. No verbal threats toward member/ caregiver/family will be tolerated.
14. The home health agency supervisor will make on-site visits at least monthly.
15. The home health agency will contact the member/member caregiver/family at least every 60 days to review and update the member's plan of care.
16. The home health agency will work with member/ caregiver and member's doctor to manage care.
17. Agency will work with member/caregiver in setting up goals for independence.
18. Re-Evaluation will be performed no less than two weeks prior to the end of the member's services. The doctor will be notified of members' current condition. New orders and updated goals will be requested. These updated goals and orders will reflect members' current condition.
19. Any identified issue should be reported to the home health agency. If not handled within 5 business days, the agency will notify BlueCare Tennessee.
20. Any agency staff quality of care concerns are to be reported to the home health agency. The agency will notify BlueCare Tennessee.

Enrollee

1. The enrollee/Caregiver is responsible for having a backup plan and notifying the agency of any change in the backup plan.
2. Agency and family are to maintain a professional relationship. No sharing of personal information. For example any social media, personal cell phone numbers, borrowing monies, change of schedules, off duty work, etc.
3. Home health staff is employed by the home health agency. The agency is responsible for all employee disciplinary actions.
 - a. Enrollee/caregiver/family cannot fire home health agency staff from the agency.
4. Any staffing issues should be reported to the home health agency. If not handled the enrollee/caregiver will call BlueCare Tennessee at 1-800-225-8698.
5. If services of trained staff are declined for reasons other than quality of care, such as race, age, gender, size, color of hair, national origin and staff's unwillingness to perform services outside of scope of practice, the BlueCare Tennessee Case Management department will be contacted and information faxed to the BlueCare Tennessee office.
6. Member will be educated on refusal of service. Member will be educated on what it means if services are declined.
7. Cursing, insulting comments and racial slurs will not be tolerated by anyone.
8. No verbal or physical threats toward the agency staff will be tolerated.
9. Any agency staff quality of care concerns are to be reported to the home health agency. The agency will notify the BlueCare Tennessee.

I have been given a copy of the rules for private duty nursing and the home plan agreement of care letter. I have had the chance to ask questions about anything on this form. By signing this form, I state that I understand all of the rules for private duty nursing and agree to follow them in order for the patient to get this care.

Signature:

Enrollee (if applicable): _____

Date: _____

Qualified Primary Caregiver: _____

Date: _____

Home Health Staff and Title: _____

Date: _____

Home Plan of Care Agreement

Member Name: _____ Agency Name: _____

What service will be provided?

If Home Health Aide, Skilled Nurse, or Private Duty Nursing, please understand that these services are for “hands on” care only. These services **DO NOT** include homemaker services, laundry, cleaning, shopping, walking the dog, etc. In order to receive additional help around the house as well as “hands on” care, you must be approved for the CHOICES program, and be receiving care through a CHOICES Plan of Care.

What Service was approved for this member?

- Home Health Aide
- Skilled Nurse Visits
- Private Duty Nursing
- HCBS services (Attendant Care/Personal Care Services)

I understand that Home Health Aides and Nurses do not provide additional services. If I ask them to perform duties outside of their scope, they will refuse to provide extra services and report these incidents back to your insurance company.

Member/Representative Signature: _____

Date: _____

Is there a backup plan in place?

If you have a willing and able caregiver to provide care in the instance that the agency cannot find someone to cover your shift, initial here. _____

Provide an explanation of the backup plan here:

I understand that the agency may not be able to send a home care worker in some circumstances. I have helped develop a backup plan for times when they are not able to provide staff. If I do not have a backup plan, I can ask to have a higher level of care provided until they can find someone to come to my house to provide my care.

Member/Representative Signature: _____

Date: _____

BlueCare Tennessee is willing to give you the home health care your doctor has ordered. You should not decline services from this agency for reasons other than quality of care concerns. If you decline services, it will be up to you to find a home health agency in the BlueCare Tennessee network to give your care. It will also be up to you to get a new order if needed.

Signature:

Enrollee/Caregiver: _____

Date: _____

Home Health Agency Staff and Title: _____

Date: _____

