

WELCOME TO THE IHSS TRAINING ACADEMY

CORE: ASSESSMENT AND AUTHORIZATION

The IHSS Training Academy provides courses that are designed to enhance the participant's skills in completing individual assessments and authorization of IHSS services.

This two-day training has been designed to promote consistent assessment and assignment of functional levels and of authorization for needed IHSS services. This course utilizes lecture, discussion, group, and individual activities to deliver course content.

Topics will include:

- Uniformity and Functional Index Scales
- Annotated Assessment Criteria
- Gathering Information from Consumers
- Assessment Challenges
- Documentation
- Cultural Implications and Resources
- Authorizing Services
- Hourly Task Guidelines
- Determining Exceptions and Documenting
- Variable Assessment Intervals
- Universal Precautions

Objectives:

By the end of this training, participants will be able to:

1. Define uniformity in the IHSS program and how it can be accomplished utilizing Functional Index Ranking, IHSS regulations, Annotated Assessment Criteria, Hourly Task Guidelines, and individualized assessments.
2. Identify IHSS program rules that direct assessment and authorization of services.
3. Describe successful best practice techniques for interviewing and communicating with consumers, families, and providers in order to obtain an accurate individualized assessment.
4. Explain the importance of awareness and sensitivity to various cultures and how it impacts the assessment process.
5. Explain the importance of documentation in creating a clear picture of a consumer's needs and in substantiation of the authorization process, including exceptions.
6. Explain the IHSS regulation definitions of Task Categories and how to apply them.
7. Demonstrate the process of authorization of service hours using the Hourly Task Guidelines, including an ability to identify appropriate exceptions.

IHSS TRAINING ACADEMY
CORE: ASSESSMENT AND AUTHORIZATION

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IHSS TRAINING ACADEMY
CORE: ASSESSMENT AND AUTHORIZATION

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HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

MPP 30-757.1(a):

- When assessing time for services (both within and outside the time guidelines), the time authorized shall be based on the recipient's individual level of need necessary to ensure his/her health, safety, and independence based on the scope of tasks identified for service.
- In determining the amount of time per task, the recipient's ability to perform the tasks based on his/her functional index ranking shall be a contributing factor, but not the sole factor. Other factors could include the recipient's living environment, and/or the recipient's fluctuation in needs due to daily variances in the recipient's functional capacity (e.g., "good days" and "bad days").
- In determining the amount of time per task, universal precautions should be considered. Universal precautions are protective practices necessary to ensure safety and prevent the spread of infectious diseases. Universal precautions should be followed by anyone providing a service, which may include contact with blood or body fluids such as saliva, mucus, vaginal secretions, semen, or other internal body fluids such as urine or feces. Universal precautions include the use of protective barriers such as gloves or facemask depending on the type and amount of exposure expected, and always washing hands before and after performing tasks. More information regarding universal precautions can be obtained by contacting the National Center for Disease Control.

Task Definition	Grid		Factors/Exception Examples															
<p>Meal Preparation (MPP 30-757.131) Preparation of meals which includes planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Low</th> <th style="text-align: center;">High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">3.02</td> <td style="text-align: center;">7.00</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">3.50</td> <td style="text-align: center;">7.00</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">5.25</td> <td style="text-align: center;">7.00</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">7.00</td> <td style="text-align: center;">7.00</td> </tr> </tbody> </table>			Low	High	Rank 2	3.02	7.00	Rank 3	3.50	7.00	Rank 4	5.25	7.00	Rank 5	7.00	7.00	<p style="text-align: center;">Factors For Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> • The extent to which the recipient can assist or perform tasks safely. • Types of food the recipient usually eats for breakfast, lunch, dinner, and snacks and the amount of time needed to prepare the food (e.g., more cooked meals versus meals that do not require cooking). • Whether the recipient is able to reheat meals prepared in advance and the types of food the recipient eats on days the provider does not work. • The frequency the recipient eats. • Time for universal precautions, as appropriate. <p style="text-align: center;">Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> • If the recipient must have meals pureed or cut into bite-sized pieces. • If the recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals. • If the recipient eats meals that require less preparation time (e.g., toast and coffee for breakfast).
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Rank 2	3.02	7.00																
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Rank 5	7.00	7.00																
<p>Meal Cleanup (MPP 30-757.132) Loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.</p> <p>Note: This does <u>not</u> include general cleaning of the refrigerator, stove/oven, or counters and sinks, as these IHSS services are assessed as "domestic services" (MPP 30-757.11).</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Low</th> <th style="text-align: center;">High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">1.17</td> <td style="text-align: center;">3.50</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">1.75</td> <td style="text-align: center;">3.50</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">1.75</td> <td style="text-align: center;">3.50</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">2.33</td> <td style="text-align: center;">3.50</td> </tr> </tbody> </table>			Low	High	Rank 2	1.17	3.50	Rank 3	1.75	3.50	Rank 4	1.75	3.50	Rank 5	2.33	3.50	<p style="text-align: center;">Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> • The extent to which the recipient can assist or perform tasks safely. <ul style="list-style-type: none"> ○ EX: A recipient with a Rank 3 in "meal cleanup" who has been determined able to wash breakfast/lunch dishes and utensils and only needs the provider to clean up after dinner would require time based on the provider performing cleanup for the dinner meal only. ○ EX: A recipient who has less control of utensils and/or spills food frequently may require more time for cleanup. • The types of meals requiring the cleanup. <ul style="list-style-type: none"> ○ EX: A recipient who chooses to eat eggs and bacon for breakfast would require more time for cleanup than a recipient who chooses to eat toast and coffee. • If the recipient can rinse the dishes and leave them in the sink until provider can wash them. • The frequency that meal cleanup is necessary. • If there is a dishwasher appliance available. • Time for universal precautions, as appropriate. <p style="text-align: center;">Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> • If the recipient must eat frequent meals which require additional time for cleanup. • If the recipient eats light meals that require less time for cleanup.
	Low	High																
Rank 2	1.17	3.50																
Rank 3	1.75	3.50																
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Rank 5	2.33	3.50																

HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

Task Definition	Grid	Factors/Exception Examples												
<p>Bowel and Bladder Care (MPP 30-757.14(a)) Assistance with using, emptying, and cleaning bed pans/bedside commodes, urinals, ostomy, enema and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable gloves; wiping and cleaning recipient; assistance with getting on/off commode or toilet; and washing/drying recipient's and provider's hands.</p> <p>Note: This does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program or colostomy irrigation, as these are assessed as "paramedical services" (MPP 30-757.19).</p>	<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="2">Grid</th> </tr> <tr> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td>2.00</td> </tr> <tr> <td>Rank 3</td> <td>3.33</td> </tr> <tr> <td>Rank 4</td> <td>5.83</td> </tr> <tr> <td>Rank 5</td> <td>8.00</td> </tr> </tbody> </table>	Grid		Low	High	Rank 2	2.00	Rank 3	3.33	Rank 4	5.83	Rank 5	8.00	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> • The extent to which the recipient can assist or perform tasks safely. • The frequency of the recipient's urination and/or bowel movements. • If there are assistive devices available which result in decreased or increased need for assistance. <ul style="list-style-type: none"> ◦ EX: Situations where elevated toilet seats and/or Hoyer lifts are available may result in less time needed for "bowel and bladder" care if the use of these devices results in decreased need for assistance by the recipient. ◦ EX: Situations where a bathroom door is not wide enough to allow for easy wheelchair access may result in more time needed if its use results in an increased need. • Time for universal precautions, as appropriate. • Exceptions Include, But Not Limited To: <ul style="list-style-type: none"> • If the recipient has frequent urination or bowel movements. • If the recipient has frequent bowel or bladder accidents. • If the recipient has occasional bowel or bladder accidents that require assistance from another person. • If the recipient's morbid obesity requires more time. • If the recipient has spasticity or locked limbs. • If the recipient is combative.
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Low	High													
Rank 2	2.00													
Rank 3	3.33													
Rank 4	5.83													
Rank 5	8.00													
<p>Feeding (MPP 30-757.14(c)) Includes assistance with consumption of food and assurance of adequate fluid intake consisting of feeding or related assistance to recipients who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids.</p> <p>Includes assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient's face and hands; washing/drying hands before and after feeding.</p> <p>Note: This does not include cutting food into bite-sized pieces or puréeing food, as these are assessed as part of "meal preparation" (MPP 30-757.131).</p>	<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="2">Grid</th> </tr> <tr> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td>2.30</td> </tr> <tr> <td>Rank 3</td> <td>3.50</td> </tr> <tr> <td>Rank 4</td> <td>7.00</td> </tr> <tr> <td>Rank 5</td> <td>9.33</td> </tr> </tbody> </table>	Grid		Low	High	Rank 2	2.30	Rank 3	3.50	Rank 4	7.00	Rank 5	9.33	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> • The extent to which the recipient can assist or perform tasks safely. • The amount of time it takes the recipient to eat meals. • The type of food that will be consumed. • The frequency of meals/liquids. • Time for universal precautions, as appropriate. • Exceptions Include, But Not Limited To: <ul style="list-style-type: none"> • If the constant presence of the provider is required due to the danger of choking or other medical issues. • If the recipient is mentally impaired and only requires prompting for feeding him/herself. • If the recipient requires frequent meals. • If the recipient prefers to eat foods that he/she can manage without assistance. • If the recipient must eat in bed. • If food must be placed in the recipient's mouth in a special way due to difficulty swallowing or other reasons. • If the recipient is combative.
Grid														
Low	High													
Rank 2	2.30													
Rank 3	3.50													
Rank 4	7.00													
Rank 5	9.33													
<p>Routine Bed Baths (MPP 30-757.14(d)) Cleaning basin or other materials used for bed/sponge baths and putting them away; obtaining water/supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.</p>	<table border="1" style="margin: auto;"> <thead> <tr> <th colspan="2">Grid</th> </tr> <tr> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td>1.75</td> </tr> <tr> <td>Rank 3</td> <td>2.33</td> </tr> <tr> <td>Rank 4</td> <td>3.50</td> </tr> <tr> <td>Rank 5</td> <td>3.50</td> </tr> </tbody> </table>	Grid		Low	High	Rank 2	1.75	Rank 3	2.33	Rank 4	3.50	Rank 5	3.50	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> • The extent to which the recipient can assist or perform tasks safely. • If the recipient is prevented from bathing in the tub/shower. • If bed baths are needed in addition to baths in the tub/shower. • Time for universal precautions, as appropriate. • Exceptions Include, But Not Limited To: <ul style="list-style-type: none"> • If the recipient is confined to bed and sweats profusely requiring frequent bed baths. • If the weight of the recipient requires more or less time. • If the recipient is combative.
Grid														
Low	High													
Rank 2	1.75													
Rank 3	2.33													
Rank 4	3.50													
Rank 5	3.50													

HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

Task Definition	Grid	Factors/Exception Examples															
<p>Dressing (MPP 30-757.14(f)) Washing/drying of hands; putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings and braces; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Low</th> <th style="text-align: center;">High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">0.58</td> <td style="text-align: center;">1.20</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">1.86</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">1.50</td> <td style="text-align: center;">2.33</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">1.90</td> <td style="text-align: center;">3.50</td> </tr> </tbody> </table>		Low	High	Rank 2	0.58	1.20	Rank 3	1.00	1.86	Rank 4	1.50	2.33	Rank 5	1.90	3.50	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> The extent to which the recipient can assist or perform tasks safely. The type of clothing/garments the recipient wears. If the recipient prefers other types of clothing/garments. The weather conditions. Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> If the recipient frequently leaves his/her home, requiring additional dressing/undressing. If the recipient frequently bathes and requires additional dressing or soiled clothing, requiring frequent changes of clothing. If the recipient has spasticity or locked limbs. If the recipient is immobile. If the recipient is combative.
	Low	High															
Rank 2	0.58	1.20															
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Rank 4	1.50	2.33															
Rank 5	1.90	3.50															
<p>Menstrual Care (MPP 30-757-14(j)) Menstrual care is limited to external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using, and/or disposing of barrier pads, managing clothing, wiping and cleaning, and washing/drying hands before and after performing these tasks.</p> <p>EX: In assessing menstrual care, it may be necessary to assess additional time in other service categories such as "laundry," "dressing," "domestic," "bathing, oral hygiene, and grooming" (MPP 30-757).</p> <p>EX: In assessing menstrual care if the recipient wears diapers, time for menstrual care would not be necessary. This time would be assessed as part of "bowel and bladder" care.</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Low</th> <th style="text-align: center;">High</th> </tr> </thead> <tbody> <tr> <td>*Functional rank does not apply</td> <td style="text-align: center;">0.28</td> <td style="text-align: center;">0.80</td> </tr> </tbody> </table>		Low	High	*Functional rank does not apply	0.28	0.80	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> The extent to which the recipient can assist or perform tasks safely. If the recipient has a menstrual cycle. The duration of the recipient's menstrual cycle. If there are medical issues that necessitate additional time. Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> If the recipient has spasticity or locked limbs. If the recipient is combative. 									
	Low	High															
*Functional rank does not apply	0.28	0.80															
<p>Ambulation (MPP 30-757.14(k)) Assisting a recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving/retrieving assistive devices, such as a cane, walker, or wheelchair, etc., and washing/drying hands before and after performing these tasks. "Ambulation" also includes assistance to/from the front door to the car (including getting in and out of the car) for medical accompaniment and/or alternative resource travel.</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Low</th> <th style="text-align: center;">High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">0.58</td> <td style="text-align: center;">1.75</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">2.10</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">1.75</td> <td style="text-align: center;">3.50</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">1.75</td> <td style="text-align: center;">3.50</td> </tr> </tbody> </table>		Low	High	Rank 2	0.58	1.75	Rank 3	1.00	2.10	Rank 4	1.75	3.50	Rank 5	1.75	3.50	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> The extent to which the recipient can assist or perform tasks safely. The distance the recipient must move inside the home. The speed of the recipient's ambulation. Any barriers that impede the recipient's ambulation. Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> If the recipient's home is large or small. If the recipient requires frequent help getting to/from the bathroom. If the recipient has a mobility device, such as a wheelchair that results in a decreased need. If the recipient has spasticity or locked limbs. If the recipient is combative.
	Low	High															
Rank 2	0.58	1.75															
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Rank 5	1.75	3.50															
<p>Moving in and out of Bed - Renamed to Transfer (MPP 30-757.14(h)) Assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or other assistive device generally occurring within the same room.</p> <p>Note: Transfer does not include:</p> <ul style="list-style-type: none"> Assistance on/off toilet, as this is evaluated, as "bowel and bladder" care specified at MPP 30-757.14(a). Changing the recipient's position to prevent skin breakdown and to promote circulation. This task is assessed as part of "repositioning/rubbing skin" at section MPP 30-757.14(g). 	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">Low</th> <th style="text-align: center;">High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td style="text-align: center;">0.50</td> <td style="text-align: center;">1.17</td> </tr> <tr> <td>Rank 3</td> <td style="text-align: center;">0.58</td> <td style="text-align: center;">1.40</td> </tr> <tr> <td>Rank 4</td> <td style="text-align: center;">1.10</td> <td style="text-align: center;">2.33</td> </tr> <tr> <td>Rank 5</td> <td style="text-align: center;">1.17</td> <td style="text-align: center;">3.50</td> </tr> </tbody> </table>		Low	High	Rank 2	0.50	1.17	Rank 3	0.58	1.40	Rank 4	1.10	2.33	Rank 5	1.17	3.50	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> The extent to which the recipient can assist or perform tasks safely. The amount of assistance required. The availability of equipment, such as a Hoyer lift. Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom. If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfer. If the recipient has spasticity or locked limbs. If the recipient is combative.
	Low	High															
Rank 2	0.50	1.17															
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Rank 4	1.10	2.33															
Rank 5	1.17	3.50															

HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

Task Definition	Grid	Factors/Exception Examples Factors for Consideration Include, But Not Limited To:															
<p>Bathing, Oral Hygiene, and Grooming (MPP 30-757.14 (e))</p> <p>Bathing (Bath/Shower) includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of a tub or shower; assistance with reaching all parts of the body for washing, rinsing, and drying and applying lotion, powder, deodorant, and washing/drying hands.</p> <p>Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.</p> <p>Grooming includes hair combing/brushing; hair trimming when recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care when these services are not assessed as "paramedical services" for the recipient; and washing/drying hands.</p> <p>Note: This does not include getting to/from the bathroom. These tasks are assessed as mobility under "ambulation" (MPP 30-757.14(k)).</p>	<table border="1"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Rank 2</td> <td>0.50</td> <td>1.02</td> </tr> <tr> <td>Rank 3</td> <td>1.27</td> <td>3.15</td> </tr> <tr> <td>Rank 4</td> <td>2.35</td> <td>4.08</td> </tr> <tr> <td>Rank 5</td> <td>3.00</td> <td>5.10</td> </tr> </tbody> </table>		Low	High	Rank 2	0.50	1.02	Rank 3	1.27	3.15	Rank 4	2.35	4.08	Rank 5	3.00	5.10	<ul style="list-style-type: none"> The extent to which the recipient can assist or perform tasks safely. The number of times the recipient may need help to bathe. If the recipient requires assistance in/out of tub/shower. If the recipient needs assistance with supplies. If the recipient requires assistance washing his/her body. If the provider must be present while the recipient bathes. If the recipient requires assistance drying his/her body and/or putting on lotion/powder after bathing. If the recipient showers in a wheelchair. Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> if the provider's constant presence is required. if the weight of the recipient requires more or less time. if the recipient has spasticity or locked limbs. if a roll-in shower is available. if the recipient is combative.
	Low	High															
Rank 2	0.50	1.02															
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Rank 4	2.35	4.08															
Rank 5	3.00	5.10															
<p>Repositioning/Rubbing Skin (MPP 30-757.14(g))</p> <p>Includes rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and range of motion exercises which are limited to:</p> <ul style="list-style-type: none"> General supervision of exercises which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse, or disease. Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent the patient's capacity and tolerance. <ul style="list-style-type: none"> Such exercises include carrying out of maintenance programs (e.g., the performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain a range of motion in paralyzed extremities; and assistive walking). <p>Note: "Repositioning and rubbing skin" does not include:</p> <ul style="list-style-type: none"> Care of pressure sores (skin and wound care). This is assessed as part of "paramedical" specified at MPP 30-757.18 Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to skin. These tasks are assessed as part of "assistance with prosthetic devices" at MPP 30-757.14(i). 	<table border="1"> <thead> <tr> <th></th> <th>Low</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>*Functional rank does not apply</td> <td>0.75</td> <td>2.80</td> </tr> </tbody> </table>		Low	High	*Functional rank does not apply	0.75	2.80	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> The extent to which the recipient can assist or perform tasks safely. If the recipient's movement is limited while in the seating position and/or in bed, and the amount of time the recipient spends in the seating position and/or in bed. If the recipient has circulatory problems. Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> if the recipient has a condition that makes him/her confined to bed. if the recipient has spasticity or locked limbs. if the recipient has or is at risk of having decubitus ulcers which require the need to turn the recipient frequently. if the recipient is combative. 									
	Low	High															
*Functional rank does not apply	0.75	2.80															

HTG QUICK REFERENCE TASK TOOL (ATTACHMENT C)

Task Definition	Grid		Factors/Exception Examples						
<p>Care and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications (MPP 30-757.14(i)) Assistance with taking off/putting on, maintaining, and cleaning prosthetic devices, vision/hearing aids, and washing/drying hands before and after performing these tasks.</p> <p>Also includes assistance with the self-administration of medications consisting of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken, setting up Medi-sets and distributing medications.</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th data-bbox="607 254 721 285"></th> <th data-bbox="721 254 834 285">Low</th> <th data-bbox="834 254 948 285">High</th> </tr> </thead> <tbody> <tr> <td data-bbox="607 285 721 390">*Functional rank does not apply</td> <td data-bbox="721 285 834 390">0.47</td> <td data-bbox="834 285 948 390">1.12</td> </tr> </tbody> </table>			Low	High	*Functional rank does not apply	0.47	1.12	<p>Factors for Consideration Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ The extent to which the recipient is able to manage medications and/or prosthesis independently and safely. ▪ The amount of medications prescribed for the recipient. ▪ If the recipient requires special preparation to distribute medications (e.g., cutting tablets, putting medications into Medi-sets, etc.). ▪ If the recipient has cognitive difficulties that contribute to the need for assistance with medications and/or prosthetic devices. ▪ Time for universal precautions, as appropriate. <p>Exceptions Include, But Not Limited To:</p> <ul style="list-style-type: none"> ▪ If the recipient takes medications several times a day. ▪ If the pharmacy sets up medications in bubble wraps or Medi-sets for the recipient. ▪ If the recipient has multiple prosthetic devices. ▪ If the recipient is combative.
	Low	High							
*Functional rank does not apply	0.47	1.12							

HTG DOCUMENTATION WORKSHEET

Category	Documentation of Hours																														
<p style="text-align: center;">Domestic (Housework)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 20%; padding: 2px;">FI Rank (Enter)</td> <td style="width: 80%;"></td> </tr> <tr> <td style="padding: 2px;">Guideline</td> <td style="padding: 2px;">6.00 hours per month per household</td> </tr> </table>	FI Rank (Enter)		Guideline	6.00 hours per month per household	<p style="text-align: center; font-size: small; margin: 0;">Important: This Worksheet Should Be Used in Conjunction with Time Per Task Tools</p> <p style="text-align: center; font-size: small; margin: 0;">For All Tasks Include Time for Clean Techniques/Universal Precautions When Required</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Task</th> <th style="width: 15%; padding: 2px;">Total Need</th> <th style="width: 20%; padding: 2px;">Adjustments</th> <th style="width: 15%; padding: 2px;">Authorized</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Routine housework</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Additional time</td> <td></td> <td style="text-align: center;">// // // // //</td> <td></td> </tr> <tr> <td colspan="4" style="padding: 5px;">Reason for assistance:</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Additional information to document Need and Adjustments (include shared living factors and other factors such as size of dwelling, Alt. Resources, etc.):</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Reason for more or less time than guideline (extra bedding changes, etc.):</td> </tr> </tbody> </table>	Task	Total Need	Adjustments	Authorized	Routine housework				Additional time		// // // // //		Reason for assistance:				Additional information to document Need and Adjustments (include shared living factors and other factors such as size of dwelling, Alt. Resources, etc.):				Reason for more or less time than guideline (extra bedding changes, etc.):					
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<p style="margin: 0;">Laundry</p> <p style="margin: 0;">In-home <input type="checkbox"/> Out-of-home <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 20%; padding: 2px;">FI Rank (Enter)</td> <td style="width: 80%;"></td> </tr> <tr> <td style="padding: 2px;">Guideline In-Home</td> <td style="padding: 2px;">1.00 hour per week</td> </tr> <tr> <td style="padding: 2px;">Guideline Out-of-Home</td> <td style="padding: 2px;">1.50 hours per week</td> </tr> </table> <p style="font-size: small; margin-top: 10px;">Note: Laundry facilities <u>on premises</u> of apartment complex, mobile home park, etc. are considered in-home (DSS Policy).</p>	FI Rank (Enter)		Guideline In-Home	1.00 hour per week	Guideline Out-of-Home	1.50 hours per week	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Task</th> <th style="width: 15%; padding: 2px;">Total Need</th> <th style="width: 20%; padding: 2px;">Adjustments</th> <th style="width: 15%; padding: 2px;">Authorized</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Routine laundry</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Additional time</td> <td></td> <td style="text-align: center;">// // // // //</td> <td></td> </tr> <tr> <td colspan="4" style="padding: 5px;">Reason for assistance:</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Additional information to document Need and Adjustments (include laundry done separately, etc.):</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Reason for more or less time than guideline (extra laundry due to incontinence, etc.):</td> </tr> </tbody> </table>	Task	Total Need	Adjustments	Authorized	Routine laundry				Additional time		// // // // //		Reason for assistance:				Additional information to document Need and Adjustments (include laundry done separately, etc.):				Reason for more or less time than guideline (extra laundry due to incontinence, etc.):			
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Reason for more or less time than guideline:																															

Meal Preparation

FI Rank (Enter)		
	Low	High
Rank 2	3.02	7.00
Rank 3	3.50	7.00
Rank 4	5.25	7.00
Rank 5	7.00	7.00

Note: Compare Total Need with above range.

Needs help with Breakfast Lunch Dinner

Meal	Example of Typical Meal	Need Per Meal	# of Days Per Week	Total Need
Breakfast				
Lunch				
Dinner				
Snacks				

Reason for assistance:

Shared living exceptions (required when services not prorated):

Additional information to document exceptions to guidelines and identification of Alt. Resources such as MOW:

Meal Cleanup

FI Rank (Enter)		
	Low	High
Rank 2	1.17	3.50
Rank 3	1.75	3.50
Rank 4	1.75	3.50
Rank 5	2.33	3.50

Note: Compare Total Need with above range.

Note: Assessed time should reflect actual schedule/frequency with which provider performs meal cleanup. Example: Consumer rinses all dishes and provider washes three times per week.

Meal	Frequency (Daily, 3 times per week, etc.)	Assessed Time Per Occurrence	Total Need
Breakfast			
Lunch			
Dinner			

Reason for assistance:

Shared living exceptions:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

Ambulation

FI Rank (Enter)		
	Low	High
Rank 2	0.58	1.75
Rank 3	1.00	2.10
Rank 4	1.75	3.50
Rank 5	1.75	3.50

Note: Compare Total Need with above range.

Walking Inside Home				
From/To	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need Per Week

Retrieving Assistive Device(s)				
Device	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need Per Week

Assistance From House To Car And Car To House For Medical Appt. & Alt. Resource				
	Time Assessed	# of Times Per Month	Total Need Per Month	Total Need Per Week (Monthly Need ÷ 4.33)
From House to Car				
From Car to House				

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

Bathing, Oral Hygiene, and Grooming

FI Rank (Enter)		
	Low	High
Rank 2	0.50	1.92
Rank 3	1.27	3.15
Rank 4	2.35	4.08
Rank 5	3.00	5.10

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Assistance with getting in/out of tub/shower				
Oral hygiene				
Grooming				

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

Routine Bed Baths

FI Rank (Enter)		
	Low	High
Rank 2	0.50	1.75
Rank 3	1.00	2.33
Rank 4	1.17	3.50
Rank 5	1.75	3.50

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Bed baths				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Dressing

FI Rank (Enter)		
	Low	High
Rank 2	0.56	1.20
Rank 3	1.00	1.86
Rank 4	1.50	2.33
Rank 5	1.90	3.50

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Assistance with clothing, shoes, socks/stockings				
Assistance with putting on/taking off corsets, elastic stockings, braces, etc.				
Bringing tools to consumer				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Bowel and Bladder Care

FI Rank (Enter)		
	Low	High
Rank 2	0.58	2.00
Rank 3	1.17	3.33
Rank 4	2.91	5.83
Rank 5	4.08	8.00

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Assistance with getting on/off toilet/commode				
Wiping/cleaning consumer				
Assist with using, emptying, cleaning bedpans/commodes, urinals, etc.				
Application of diapers				
Changing barrier pads				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Menstrual Care

Functional Index Rank does not apply.

	Low	High
	0.28	0.80

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need*
External application of sanitary napkins				
Using/disposing barrier pads				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				
*Remember that hours on SOC 293 are weekly. For menstrual care, in most cases, divide weekly need by 4.33 to authorize correct need.				

Transfer

FI Rank (Enter)		
	Low	High
Rank 2	0.50	1.17
Rank 3	0.58	1.40
Rank 4	1.10	2.33
Rank 5	1.17	3.50

Note: Compare Total Need with above range.

Assistance From Standing, Sitting, Or Prone Position To Another				
Task	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Transfer From One Piece Of Equipment Or Furniture To Another				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Feeding

FI Rank (Enter)		
	Low	High
Rank 2	0.70	2.30
Rank 3	1.17	3.50
Rank 4	3.50	7.00
Rank 5	5.25	9.33

Note: Compare Total Need with above range.

Feeding Or Related Assistance With Consumption Of Food And Fluid Intake				
Task	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Breakfast				
Lunch				
Dinner				
Snacks				
Other Fluids				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Repositioning / Rubbing Skin

Functional Index Rank does not apply.

	Low	High
	0.75	2.80

Note: Compare Total Need with above range.

Task	Need Per Occurrence	# of Times Per Day	# of Days Per Week	Total Need
Rubbing skin to promote circulation				
Turning in bed				
Repositioning				
Range of motion exercises				
Assistive walking				
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Care and Assistance with Prosthetic Devices and Assistance with Self-Administration of Medications

Functional Index Rank does not apply.

	Low	High
	0.47	1.12

Note: Compare Total Need with above range.

Assistance With Taking Off/Putting On Prosthetic Devices And Vision And Hearing Aids				
Device	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Maintaining/Cleaning Prosthetic Devices And Vision And Hearing Aids				
Device	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Setting Up Medications				
	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Assistance With Self-Administration Of Medications				
	Time Assessed	# of Times Per Day	# of Days Per Week	Total Need
Reason for assistance:				
Additional information to document exceptions to guidelines and identification of Alt. Resources:				

Accompaniment to Medical Appts.

Appt. Type (Specify doctor, dentist, etc.)	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

****Remember that SOC 293 hours reflect weekly need, so monthly need must be divided by 4.33 to arrive at weekly need. (Example: 1.00 hour each way 1 time per month would be a monthly need of 2.00 hours ÷ 4.33 = .46 weekly)***

Accompaniment to Alt. Resources

Note: Assessed only when transport is to/from site where Alt. Resources provide IHSS-type services in lieu of IHSS. Example: Transport to Senior Center where consumer receives meal.

Name of Alt. Resource	Frequency of Visits	Travel Time Each Way	Total Monthly Need	Average Weekly Need*

Reason for assistance:

Additional information to document exceptions to guidelines and identification of Alt. Resources:

****Remember that SOC 293 hours reflect weekly need, so monthly need must be divided by 4.33 to arrive at weekly need. (Example: 1.00 hour each way 1 time per month would be a monthly need of 2.00 hours ÷ 4.33 = .46 weekly)***

Heavy Cleaning

Task	Hours Assessed

Reason for assistance:

Remove Ice, Snow

Note: Limited to removal of snow, or other hazardous substances from entrances and essential walkways when access to the home is hazardous.

Task	Hours Assessed*

Reason for assistance:

***Remember that this service is seasonal and should not be authorized on a yearly basis.**

Yard Hazard Abatement

Note: Limited to light work in the yard for removal of high grass or weeds and rubbish when constituting a fire hazard.

Task	Hours Assessed*

Reason for assistance:

***Remember that this service should not be routinely authorized on an ongoing basis.**

IHSS TRAINING ACADEMY
CORE: ASSESSMENT AND AUTHORIZATION

TIME CONVERSION CHART

Minutes	Converted
1	0.02
2	0.03
3	0.05
4	0.07
5	0.08
6	0.10
7	0.12
8	0.13
9	0.15
10	0.17
11	0.18
12	0.20
13	0.22
14	0.23
15	0.25
16	0.27
17	0.28
18	0.30
19	0.32
20	0.33
21	0.35
22	0.37
23	0.38
24	0.40
25	0.42
26	0.43
27	0.45
28	0.47
29	0.48
30	0.50

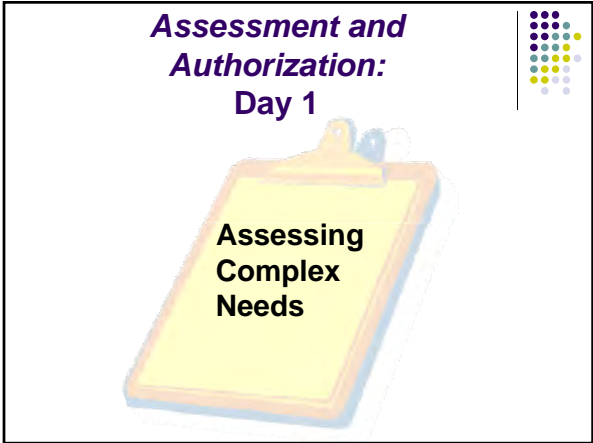
Minutes	Converted
31	0.52
32	0.53
33	0.55
34	0.57
35	0.58
36	0.60
37	0.62
38	0.63
39	0.65
40	0.67
41	0.68
42	0.70
43	0.72
44	0.73
45	0.75
46	0.77
47	0.78
48	0.80
49	0.82
50	0.83
51	0.85
52	0.87
53	0.88
54	0.90
55	0.92
56	0.93
57	0.95
58	0.97
59	0.98
60	1.00

Instructions for Using the Chart to Convert Minutes to Decimals:

1. Determine daily minutes for task.
2. Determine number of times per week.
3. Determine weekly minutes (daily minutes x number of times per week).
4. Utilize the Time Conversion Chart if minutes are less than 60 per week.
5. If minutes exceed 60 per week, divide total minutes by 60 to get weekly hours and minutes to be authorized for purchase.

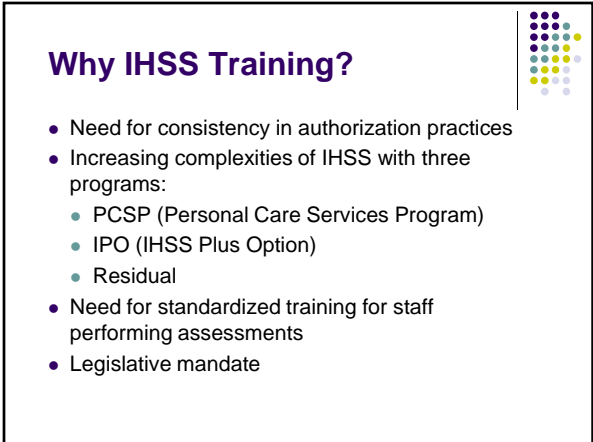


**Welcome to the
California Department of
Social Services'
In-Home Supportive Services
Training Academy**



**Assessment and
Authorization:
Day 1**

**Assessing
Complex
Needs**



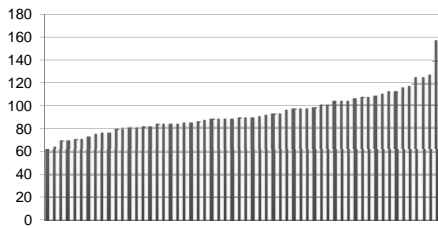
Why IHSS Training?

- Need for consistency in authorization practices
- Increasing complexities of IHSS with three programs:
 - PCSP (Personal Care Services Program)
 - IPO (IHSS Plus Option)
 - Residual
- Need for standardized training for staff performing assessments
- Legislative mandate

Variance in Statewide Authorization of Hours



Average Hours Authorized Per Case



The monthly average statewide is approx. 86.5 hrs. State data, June 2012.

Quality Assurance Legislation



- Statewide social worker training to improve and standardize assessment process.
- Develop hourly task guidelines.
- Workgroup currently addressing regulations through revision process and creating emergency regulations.
- Enhance state and local fraud and data evaluation activities.
- Establishment of dedicated QA function at county level with state monitoring.

Prerequisites for Uniformity



- Consumer's needs are evaluated the same way.
- Workers all over the state apply the same standards when assessing function.
- The rankings of the scales are applied the same.

Outcomes of Uniformity



- When consumers with similar needs receive similar services, **all consumers have an equal opportunity to experience independence and safety.**
- Assessment standards **promote consistency and fairness** – across the state and within counties.

Functional Index Scale

[MPP 30-756]



1. Independent
2. Verbal Assistance
3. Some Human Help Needed
4. Lots of Human Help Needed
5. Cannot Perform

Functional Index Scales Include



- Housework
- Laundry
- Shopping and Errands
- Meal Preparation/Cleanup
- Ambulation
- Bathing, Oral Hygiene, and Grooming/Routine Bed Bath
- Dressing/Prosthetic Devices
- Bowel, Bladder, and Menstrual Care
- Transfer
- Eating
- Respiration
- Memory
- Orientation
- Judgment

Clarification: FI Rank 2



- Service authorization decisions differ.
- For all other ranks, consumers should have a "Total Need" in the associated task.
- For FI Rank 2, need may take an inconsequential amount of service **or** take an extreme amount of time.

Clarification: FI Rank 2



If Consumer

- needs simple reminding
- is compliant
- reminding can be given while the provider is completing other tasks

Then

- no time would be authorized.

Clarification: FI Rank 2



If Consumer

- prompting takes the undivided attention of the provider

Then

- time should be authorized.

Note: When continual prompting is no longer effective, then a reassessment to a higher FI Rank may be necessary.

Clarification: FI Rank 2



- If no time is authorized for a rank of 2:
 - Even though 0 hours is below the HTG ranges, there is no reason to document an exception.
- If time is authorized for a rank of 2:
 - The HTG ranges are the basis for documenting exceptions.

Gathering Information from Consumers



Performance Based Assessment



Observe consumer for assessment data related to:

- Safety
- Independence
- Abilities
- Performance in key functional areas



Interview Success in a Complex Assessment



- Avoiding Bias –
 - Don't express your own opinions – consumers will change their answers to make you happy.
 - Don't suggest answers if consumer wants your help – repeat the question, pause and let them take a moment.
 - Avoid leading probes that might suggest an answer.

From "Doing the Interview: How to Really Ask Those Questions and Enjoy It"

Interview Success in a Complex Assessment



- Use Probes for Clarity and Completeness
 - "You said.... What do you mean by that?"
 - "I'm not sure I understand. Could you give me more information?"
 - "Could you explain, tell me more about that?"

From "Doing the Interview: How to Really Ask Those Questions and Enjoy It"

Interview Success in a Complex Assessment



- Tread Carefully – but don't avoid embarrassing subjects
 - Build rapport at beginning of interview.
 - Reassure consumer you are not embarrassed.
 - Ask questions straight-forwardly and without hesitation.
 - Explain these are questions you ask everyone.

From "Doing the Interview: How to Really Ask Those Questions and Enjoy It"

Other Assessment Cues



Verbal

- Tone/inflection of voice
- Discrepancies between what consumers say and what they do

Environmental Observations

- Discrepancies between the way the environment looks and what consumer reports as service needs

Sensory Cues

- Smell
- Tactile information – sticky floors, surfaces

Your Body Speaks Your Mind



Between **60-80%** of our message is communicated through our **Body Language**, only **7-10%** is attributable to the actual **words** of a conversation.



Whenever there is a conflict between verbal and non-verbal, we almost always believe the non-verbal messages without necessarily knowing why.



Other Resources for Assessment Information



- Family Members
- Providers
- Informal Support System
- MSSP and other County Case Management Programs
- Day Programs
- Health Care Certification
- Regional Centers
- Senior Centers
- Senior Apartment
- Staff



Key Points to Remember



- Habits may differ from actual **abilities**.
- Focus on **functioning**, rather than on a medical diagnosis.
- Assistive devices often promote **independence**— don't necessarily indicate additional impairment.
- Authorization of services is based on the consumer's **individual level of need**.
- Assessment should focus on **needs versus wants** of the consumer.

Assistive Devices Durable Medical Equipment (DME)



- Importance of DME:
 - Promotes the consumer's independence.
 - Improves quality of life and satisfaction.
 - Can greatly affect the consumer's functional ability.
- Document DME and how it affects the consumer's independence when assigning functional scores and authorizing services.
- Assess the consumer's use of and possible need for DME.
- Must have medical prescription for payment of DME.



H Line Exercise: Consumer with Assistive Devices



- Using the scenario provided, determine the H Line for the areas identified:
 - Domestic
 - Meal Preparation and Clean-up
 - Bathing and Grooming
 - Dressing
- Record your answers and report out

Assessment Challenges



1. Providers or family that want to speak for the consumer.
2. Consumers who understate their need.
3. Consumers who overstate their need.

Assessment Challenges



- Angry consumers
- Hostile consumers
- Emotionally distraught consumers



Assessment Challenges



- People dealing with grief/loss issues
- Consumers dealing with impact of chronic illness



Assessment Challenges



- The most common cause of dementia is Alzheimer's
- Three stages – early, middle and late
- Progressive nature is variable



H Line Exercise



- Using the scenario provided, determine the H Line for the areas identified:

Kimberly

- Domestic
- Meal Preparation
- Transfer
- Bowel and Bladder

Alice

- Domestic
- Meal Preparation
- Ambulation
- Bathing and Grooming

- Record your answers and report out

Assessment Challenges




- Hearing impairments
- Visual impairments



**Cultural Implications:
Assessment of the
IHSS Consumer**




**Stereotyping
vs.
Generalizing**



Things to Consider

- Importance of individuality
- Influences on beliefs
- Importance of understanding own cultural context and influences
- Cultural understanding leads to greater sensitivity



Variations in Communication



- Conversational style and pacing
- Eye contact
- Personal space
- Touch
- Time orientation



Exercise



Using an Interpreter



- Must be 18 years of age
- Give instructions to interpreter
 - Consumer's own words
 - Be thorough and accurate
- Focus conversation on the consumer
- Observe consumer's non-verbal
- Use simple language – no slang
- Check for understanding

MPP 21-115.16

Importance of Good Documentation



Good Documentation



- Provides historical record.
- Provides continuity for case transfers.



- Substantiates authorization at state hearings.
- Shows adherence to laws, regulations and policies.
- Aids in the investigation of potential fraud.

Create a Clear Picture of the Situation



- Avoid documenting unnecessary information.
- Record the facts and avoid judging statements.
- Keep to the point and purpose of the visit.



- The files are open – all information may be read by the consumer.
- Do not document mental illness diagnosis unless it has been confirmed.

Exercise



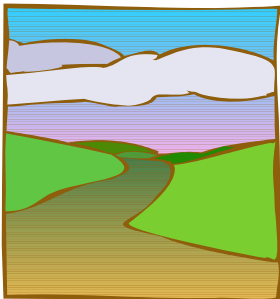
Assessing Needs

Emily

Exercise: Assessing Needs



- Read scenario – share roles
- Complete SOC 293 H Line *ONLY*
- Put H Line FI scores on flipchart for report out
- Be prepared to discuss the assessment data you have to support FI scores identified



End of
Day 1

**Thanks
for your
participation!**



ATTACHMENT B

ANNOTATED ASSESSMENT CRITERIA

Annotated Assessment Criteria is designed to assist you in the application of rankings specified in Manual of Policies and Procedures (MPP) Section 30-756 which are applied to evaluate a recipient's capacity to perform certain In-Home Supportive Services (IHSS) tasks safely. The Annotated Assessment Criteria describes each functional rank in more detail as it applies to an individual's capacity to perform certain types of tasks specified in MPP Section 30-757, and it provides sample observations you might make for each ranking, characteristics of a recipient who might be ranked at each level, and questions which might elicit the information needed to determine the appropriate rank. These samples are lists of possible indicators, not definitive standards.

General

Following are general questions that may be asked of applicants to help determine whether need exists:

- * How frequently have you been seen by a doctor?
- * Has the doctor limited your activities?
- * When does your family come to see you and how do they feel about your condition?
- * What can family/friends/neighbors do to help you?
- * Who has been helping you up to this point?
- * Why are you asking for help now?
- * How have circumstances changed?
- * How long have you been having difficulty?
- * What is limiting your activities?
- * How do you feel about the status of your health?
- * How long do you think you will need this service?
- * How would you manage if your provider called in sick one day?

Information to be given and reinforced periodically:

- * A clear explanation of the recipient's responsibilities in the county's delivery system.
- * IHSS is a program which provides only those services necessary for the recipient's safety which the recipient is unable to perform.

Observations

A number of observations are applicable to all functions. These involve observing the recipient getting up from a chair, ambulating, standing, reaching, grasping, bending, and carrying; and observing the recipient's endurance and mental activity. In the following text, the first eight observable behaviors above are referred to as "movement." All of these functions can usually be observed by noting how the recipient admitted you into the housing unit and shaking his/her hand

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when arriving; asking the recipient to show you the housing unit; asking the recipient to show you all his/her medications; asking him/her to get his/her Medi-Cal card for you; and asking him/her to sign the application. If the above-listed functions have not been adequately demonstrated in the course of the interview, it is sometimes helpful to ask the recipient for a glass of water. Since the ranking of functioning is hierarchical, observations and questions in a lower rank are likely to apply to a higher one. Observations lead to a general assumption as to the appropriate level of functioning, and follow-up questions elicit information as to what assistance is necessary for the level of functioning observed. This listing is not all-inclusive, nor does the presence of one behavior on the list necessarily create the basis for the ranking. All your senses are involved in gaining cues to determine the recipient's functioning as a whole

General

The following are general regulatory standards that apply to all functions. The standards for each function are defined in more detail in individual scales that follow.

Rank 1: Independent: Able to perform function without human assistance although the recipient may have difficulty in performing the function, but the completion of the function, with or without a device or mobility aid, poses no substantial risk to his/her safety. A recipient who ranks a "1" in any function shall not be authorized the correlated service activity.

Rank 2: Able to perform a function but needs verbal assistance such as reminding, guidance, or encouragement. No hands-on assistance is required in rank 2.

Rank 3: Can perform the function with some human assistance, including, but not limited to, direct physical assistance from a provider.

Rank 4: Can perform a function but only with substantial human assistance.

Rank 5: Cannot perform the function with or without human assistance.

Rank 6: Paramedical Services needed. (**ALL** functions in the task are met by Paramedical).

Variable Functioning

If the recipient's functioning varies throughout the month, the functional rank should reflect the functioning on reoccurring bad days. It is not solely based on a "worst" day scenario (e.g., a recipient who suffers from arthritis will have days when pain is significant and days when pain is mild; therefore, in this case you would rank a recipient based on the reoccurring days where the frequency of pain is significant).

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DEFINITION OF SERVICES LISTED ON THE SOC 293 "H" LINE

Domestic Services

Sweeping, vacuuming, and washing/waxing floors; washing kitchen counters and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; cleaning oven and stove; cleaning and defrosting refrigerator; bringing in fuel for heating or cooking purposes from a fuel bin in the yard; changing bed linen; changing light bulbs; and wheelchair cleaning and changing/recharging wheelchair batteries.

The following is the application of functional rank specific to Domestic services with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to perform all domestic chores without a risk to health or safety.

Recipient is able to do all chores though s/he might have to do a few things every day so that s/he doesn't overexert her/himself.

- * **Observations:** Observe if the home is neat and tidy. Observe if the recipient's movement is unimpaired.
- * **Example:** Recipient with no signs of impairment moves easily about a neat room, bending to pick up items and reaching to take items from shelves.
- * **Question:** Are you able to do all the household chores yourself, including taking out the garbage?

Rank 2: Able to perform tasks but needs direction or encouragement from another person.

Recipient is able to perform chores if someone makes him/her a list or reminds him/her.

- * **Observations:** Observe if the recipient seems confused or forgetful and has no observable physical impairment severe enough to seem to limit his/her ability to do housework; if there is incongruity in what you observe, such as dirty dishes in cupboard.
- * **Example:** Young man apparently physically healthy, but obviously confused and forgetful, is being reminded that it is time for him to sweep and vacuum.
- * **Questions:** How do you manage to keep your apartment clean? Has anyone been helping you up to this time?

Rank 3: Requires physical assistance from another person for some chores (e.g., has a limited endurance or limitations in bending, stooping, reaching, etc.).

- * **Observations:** Observe if the recipient has some movement problems as described above; has limited endurance; is easily fatigued; or has severely limited eyesight. Observe if the home is generally tidy, but needs a good cleaning; if it is apparent that the recipient has made attempts to clean it, but was unable to.
- * **Example:** Small frail woman answers apartment door. Apartment has some debris scattered on carpet and quite-full trashcan is sitting in kitchen area. The remainder of apartment is neat.
- * **Questions:** Have you been doing the housework yourself? What have you been doing about getting your housework done up until now?

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Rank 4: Although able to perform a few chores (e.g., dust furniture or wipe counters) help from another person is needed for most chores.

- * **Observations:** Observe if the recipient has limited strength and impaired range of motion. Observe if the house needs heavy cleaning.
- * **Example:** Recipient walking with a cane is breathing heavily in cluttered living room. The bathtub and toilet are in need of cleansing. The recipient's activities are limited because of shortness of breath and dizziness.
- * **Questions:** What household tasks are you able to perform? Has your doctor limited your activities?

Rank 5: Totally dependent upon others for all domestic chores.

- * **Observations:** Observe if dust/debris is apparent; if there is garbage can odor; if the bathroom needs scouring; if household chores have obviously been unattended for some time. Observe if the recipient has obvious limited mobility or mental capacity.
- * **Examples:** Bed-bound recipient is able to respond to questions and has no movement in arms or legs. Frail elderly man is recovering from heart surgery and forbidden by doctor to perform any household chores.
- * **Questions:** Are there any household tasks you are able to perform? What is limiting your activities? Who has been helping you to this point?

Laundry

Gaining access to machines, sorting laundry, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and sorting laundry, mending and ironing. (Note: Ranks 2 and 3 are not applicable to determining functionality for this task.)

The following is the application of functional rank specific to Laundry services with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to perform all chores.

- * **Observations:** Observe if the recipient's movement seems unimpaired; if s/he seems able to ambulate, grasp, bend, lift, and stand adequately; if s/he is wearing clean clothes.
- * **Example:** Recipient is apparently physically fit. The recipient's movements during interview indicate that s/he has no difficulty with reaching, bending, or lifting.
- * **Questions:** Are you able to wash and dry your own clothes? Are you also able to fold and put them away?

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Rank 4: Requires assistance with most tasks. May be able to do some laundry tasks (e.g., hand wash underwear, fold and/or store clothing by self or under supervision).

- * **Observations:** Observe if the recipient has some impairment in movement, is nodding, displays forgetfulness, or has severely limited eyesight; if the recipient's clothing is stained or spotted.
- * **Example:** Frail woman is unable to transfer wet wash to the dryer, particularly, sheets and towels. Housemate encourages her to help with sorting and folding, etc.
- * **Questions:** Are you able to lift and transfer wet articles in the laundry? How have you handled this laundry up to now? Who has been doing your laundry for you up to this time? Has the doctor suggested that you do some simple tasks with your arms and hands?

Rank 5: Cannot perform any task, is totally dependent on assistance from another person.

- * **Observations:** Observe if there are severe restrictions of movement.
- * **Example:** Quadriplegic recipient is seated in wheelchair, obviously unable to perform laundry activities.
- * **Questions:** Who does your laundry now? What has changed in your circumstances that resulted in your asking for help now?

Shopping and Errands

Compiling list; bending, reaching, lifting, and managing cart or basket; identifying items needed; transferring items to home and putting items away; telephoning in and picking up prescriptions; and buying clothing. (Note: Ranks 2 and 4 are not applicable to determining functionality for this task.)

The following is the application of functional rank specific to Shopping and Errands with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Can perform all tasks without assistance.

- * **Observations:** Observe if movement seems unimpaired and the recipient seems oriented.
- * **Example:** Social worker questions elderly man whose responses indicate that he is able to do his own shopping and can put groceries and other items away. Although his movements are a little slow, it is evident that he is capable of performing this task.
- * **Question:** How do you take care of your shopping and errands?

Rank 3: Requires the assistance of another person for some tasks (e.g., recipient needs help with major shopping needed but can go to nearby store for small items, or the recipient needs direction or guidance).

- * **Observations:** Observe if the recipient's movement is somewhat impaired; if the recipient has poor endurance or is unable to lift heavy items; if s/he seems easily confused or has severely limited eyesight; if there is limited food on hand in refrigerator and cupboard.

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- * **Example:** Recipient goes to corner market daily to get a few small items. Someone else makes a shopping list.
- * **Questions:** Do you have difficulty shopping? What are the heaviest items you are able to lift? Do you usually buy the items you planned to purchase? Do you have any difficulty remembering what you wanted to purchase or making decisions on what to buy? (Ask recipient's significant other whether the recipient has difficulty making decision on what to buy or if recipient's mental functioning seems impaired.)

Rank 5: Unable to perform any tasks for self.

- * **Observations:** Observe if movement or mental functioning is severely limited.
- * **Example:** Neighbors help when they can. Teenaged boy comes to recipient's door and receives money and list from recipient to purchase a few groceries.
- * **Questions:** Has someone been shopping for you? How do you get your medications?

Meal Preparation/Meal Cleanup

Meal Preparation includes such tasks as planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.

Meal Cleanup includes loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands.

Note: Meal Cleanup does not include general cleaning of the refrigerator, stove/oven, or counters and sinks. These services are assessed under Domestic services.

The following is the application of functional rank specific to Meal Preparation/Meal Cleanup with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Can plan, prepare, serve, and cleanup meals.

- * **Observations:** Observe if the recipient's movement seems unimpaired.
- * **Example:** Recipient cooks and freezes leftovers for reheating.
- * **Questions:** Are you able to cook your own meals and cleanup afterwards? Are you on a special diet? If yes, describe.

Rank 2: Needs only reminding or guidance in menu planning, meal preparation, and/or cleanup.

- * **Observations:** Recipient seems forgetful. There is rotten food, no food in refrigerator, or a stockpile of candy bars only. Recipient's clothes are too large, indicating probable weight loss. There are no signs of cooking.

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- * **Example:** Elderly recipient is unable to plan balanced meals, has trouble knowing what to eat so eats a lot of desserts and snacks, sends granddaughter to purchase fast foods. Recipient leaves dishes near the sofa where s/he eats; s/he reuses dirty dishes if not reminded to wash and dry them.
- * **Question:** Are you able to prepare and cleanup your own meals?

Rank 3: Requires another person to prepare and cleanup main meal(s) on less than a daily basis (e.g., recipient can reheat food prepared by someone else, can prepare simple meals, and/or needs some help with cleanup but requires another person to prepare and cleanup with more complex meals which involve, peeling, cutting, etc., on less than a daily basis).

- * **Observations:** Observe if the recipient's movement is impaired; if s/he has poor strength and endurance or severely limited eyesight; if s/he appears adequately nourished and hydrated.
- * **Example:** Recipient can reheat meals, make a sandwich, and get snacks from the package. Recipient has arthritis that impairs her/his grasp; s/he is unable to wash dishes because s/he cannot hold on to dishes.
- * **Questions:** What type of meals are you able to prepare for yourself? Can you lift casserole dishes and pans? Can you reheat meals that were prepared for you ahead of time? Are you able to wash dishes? Can you wipe the counter and stove?

Rank 4: Requires another person to prepare and cleanup main meal(s) on a daily basis.

- * **Observations:** Recipient has movement and endurance problems and has very limited strength of grip.
- * **Example:** Recipient is unable to stand for long periods of time. Recipient can get snacks from the refrigerator like fruit and cold drinks, can get cereal, or make toast for breakfast, etc.
- * **Questions:** Can you stand long enough to operate your stove, wash, dry, and put away dishes and/or load/unload the dishwasher?

Rank 5: Totally dependent on another person to prepare and cleanup all meals.

- * **Observations:** Observe if the recipient has severe movement problems or is totally disoriented and unsafe around the stove.
- * **Example:** Recipient has schizophrenia. Recipient believes that when s/he gets wet the water has the power to enable people to read her/his mind. Provider cuts up food in bite-sized portions and carries tray to bed-bound recipient.
- * **Questions:** Are you able to prepare anything to eat for yourself? Does your food and drink need to be handled in any special way? Can you wash dishes?

Rank 6: ALL functions in the task are met by Paramedical.

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Ambulation

Assisting the recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices, such as a cane, walker, or wheelchair, etc.; and washing/drying hands before and after performing these tasks. Ambulation also includes assistance to/from the front door to the car **(including getting in and out of the car)** for medical accompaniment and/or alternative resource travel.

The following is the application of functional rank specific to Ambulation with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Requires no physical assistance though recipient may experience some difficulty or discomfort. Completion of the task poses no risk to his/her safety.

- * **Observations:** Observe if the recipient is steady on feet, able to maneuver around furniture, etc. Observe if the recipient needs to grab furniture or walls for support. Have the recipient show you the home and observe ambulation.
- * **Questions:** Do you ever have any difficulty moving around? Have you ever had to use a cane or walker? Do you feel safe walking alone in your home?

Rank 2: Can move independently with only reminding or encouragement (e.g., needs reminding to lock a brace, unlock a wheelchair or to use a cane or walker).

- * **Observations:** Observe if the recipient can use his/her walker or cane of his/her own volition; if recipient can rely appropriately on an appliance; if there is an assistive device visible in a corner rather than right beside the recipient when s/he is sitting; how well the recipient is able to move about with an assistive device; if there is any modifications observable in the home such as grab bars, etc.
- * **Questions:** Do you ever have trouble handling your device? Are there times when you forget and get somewhere and need help getting back or do not wish to use your device? What happens then? Have you experienced any falls lately? Describe.

Rank 3: Requires physical assistance from another person for specific maneuvers (e.g., pushing wheelchair around sharp corner, negotiating stairs or moving on certain surfaces).

- * **Observations:** Observe if the recipient needs to ask you for assistance; if the recipient appears to be struggling with a maneuver that could put her/him at risk if unattended; if recipient appears strong enough to handle the device; if there are architectural barriers in the home.
- * **Questions:** Are there times when you need to rely on someone else to help you get around the house? What kind of help do you need and when? What happens when there is no one to help you? Are there certain times of day or night when movement is more difficult for you? Are all areas of your home accessible to you?

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Rank 4: Requires assistance from another person most of the time. Is at risk if unassisted.

- * **Observations:** Observe if the recipient is able to answer the door; get back safely to his/her seat; if there is clutter on the floor, scattered rugs, or stairs; if there is obvious fatigue or labored breathing; if there are bruises, scabs, bumps, or burns (signs of falls) on the recipient.
- * **Questions:** Is there someone in the home helping you now? If so, what is the level of assistance?

Rank 5: Totally dependent upon others for movement. Must be carried, lifted, or assisted into a wheelchair or gurney at all times.

- * **Observations:** Observe if the recipient appears to be immobile; if s/he appears to be uncomfortable or in pain; if s/he has any fears related to being moved; if s/he makes needs known.
- * **Questions:** Who is available to help you when you need to be moved? Do you feel s/he is able to do so without causing you undue pain or discomfort? Is there anything that needs to be changed to make you more comfortable?

Bathing, Oral Hygiene, and Grooming/Routine Bed Bath

Bathing (Bath/Shower) includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of tub or shower; assistance with reaching all parts of the body for washing, rinsing, drying, and applying lotion, powder, deodorant; and washing/drying hands.

Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.

Grooming includes combing/brushing hair; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care (excluding toenail clipping) when these services are not assessed as Paramedical services for the recipient; and washing/drying hands.

Note: Bathing, Oral Hygiene, and Grooming does not include getting to/from the bathroom. These tasks are assessed as mobility under Ambulation services.

Routine Bed Bath includes cleaning basin or other materials used for bed sponge baths and putting them away; obtaining water and supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.

The following is the application of functional rank specific to Bathing, Oral Hygiene, and Grooming/Routine Bed Baths with suggestions that may help inform the determination as to rank:

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Rank 1: Independent: Able to bathe, brush teeth, and groom self safely without help from another person.

- * **Observations:** Observe if the recipient's mobility is unimpaired; if the recipient is clean and well groomed; if there is assistive equipment in the bathroom.
- * **Questions:** Do you ever require any assistance with Bathing, Oral Hygiene, or Grooming? Are you able to get in and out of the tub or shower safely? Have you ever fallen?

Rank 2: Able to bathe, brush teeth, and groom self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

- * **Observations:** Observe if the recipient has body odors, unwashed hair, dirt or grime on body, un-manicured fingernails; if the recipient is unshaven, displays a lack of oral hygiene or general poor grooming habits; if the recipient is unaware of his/her appearance.
- * **Questions:** Are there times when you forget to bathe, brush your teeth, and groom yourself, or it seems just too much bother? Does anyone help you organize your bath or shower?

Rank 3: Generally able to bathe and groom self, but needs assistance with some areas of body care (e.g., getting in and out of shower or tub, shampooing hair, or brushing teeth).

- * **Observations:** Observe if the recipient has weakness or pain in limbs or joints; difficulty raising arms over head, frailty, general weakness, unsteady gait indicating a safety risk; if the bathroom is not set up to meet the recipient's safety needs (e.g., grab bars, tub bench); if recipient's grooming indicates an unaddressed need.
- * **Example:** Recipient has fear associated with lack of movement.
- * **Questions:** Are there areas of bathing, oral hygiene, or grooming that you feel you need help with? What? When? How do you get into the shower or tub? Do you ever feel unsafe in the bathroom? Have you ever had an accident when bathing? What would you do if you did fall?

Rank 4: Requires direct assistance with most aspects of bathing, oral hygiene, and grooming. Would be at risk if left alone.

- * **Observations:** Observe if the recipient requires assistance with transfer; has poor range of motion, weakness, poor balance, fatigue; skin problems (e.g., indications of a safety risk). Determine how accessible and modified the bathroom is to meet the recipient's needs.
- * **Questions:** How much help do you need in taking a bath and washing your hair? If there were no one to help you, what would be left undone? Do you experience any loss of sensation to your body? Do you have any fears related to bathing? Have you fallen when getting into or out of the tub or shower? What would you do if you did fall?

Rank 5: Totally dependent on others for bathing, oral hygiene, and grooming.

- * **Observations:** Observe if there is any voluntary movement and where; if the recipient exhibits good skin color, healthy, clean skin and hair; if bathing schedules/activities are appropriate for the recipient's specific disability/limitations.

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- * **Questions:** Are you satisfied with your bathing, oral hygiene, and grooming routines? Does anything frighten or scare you when you are bathed?

Dressing/Prosthetic Devices:

Dressing/Prosthetic Devices: Putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings, braces, and prosthetic devices; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

The following is the application of functional rank specific to Dressing/Prosthetic Devices with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to put on, fasten, and remove all clothing. Clothes self appropriately for health and safety.

- * **Observations:** Observe if the recipient is appropriately dressed; if clothing is buttoned, zipped, laced; if the recipient has no difficulty with small hand movements as demonstrated by his/her ability to sign the application.
- * **Questions:** Do you ever have any difficulty getting dressed (e.g., buttoning or zipping clothing, etc.).

Rank 2: Able to dress self; but requires reminding or direction.

- * **Observations:** Observe the appropriateness of the recipient's dress for room temperature or if the recipient's clothing is bizarre (e.g., wearing underwear outside of clothing); if the clothing is buttoned, zipped, laced; if the clothing is relatively clean, is mended if necessary, is the correct size for recipient; if the recipient is blind; if the recipient is alert and aware of his/her appearance.
- * **Questions:** Are there times when it seems just too much of a bother to get dressed for the day? Does anyone ever comment to you on how you are dressed? Are you warm enough or too warm? Could you use some help in getting your clothes organized for the day?

Rank 3: Unable to dress self completely without the help of another person (e.g., tying shoes, buttoning, zipping, putting on hose, brace, etc.).

- * **Observations:** Observe if the recipient's clothes are correctly fastened; if the recipient apologizes or seems embarrassed about the state of his/her dress; if the recipient asks you for any assistance; if the recipient is disabled in his/her dominant hand; if the recipient has impaired range of motion, grasping, small hand movement; if the recipient needs special clothing.
- * **Questions:** Are there any articles of clothing you have difficulty putting on or fastening? Do you need help with clothing items before you feel properly dressed? Do you need to use a special device in order to get dressed? Do you use Velcro® fastening?

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Rank 4: Unable to put on most clothing items by self. Without assistance the recipient would be inappropriately or inadequately clothed.

- * **Observations:** Observe if the recipient's range of motion and other movements are impaired. Observe if the recipient is dressed in bed clothes, robe, and slippers rather than street clothes; if the recipient appears too cold or too warm for the room temperature; if the recipient seems willing to try to adapt to alternate methods of dressing.
- * **Questions:** Do you feel unable to get out or have people visit because you are unable to get adequately dressed? Do you ever feel too hot or too cold because you cannot put on or take off the necessary clothing to make you feel more comfortable? Has your health ever been affected because you have not been able to dress appropriately for the weather or temperature?

Rank 5: Unable to dress self at all, requires complete assistance from another.

- * **Observations:** Observe if the recipient is capable of voluntary movement? If the recipient's clothing appears comfortable and clean; if the recipient appears satisfied with the degree of dress. Determine if the recipient would prefer a dress and shoes rather than a robe and slippers all of the time.
- * **Questions:** How do you change your clothing? Do you ever feel too warmly or too coolly dressed? Is your clothing comfortable and clean enough? Do you get changed as often as you feel necessary?

Bowel, Bladder, and Menstrual Care

Bowel, Bladder, and Menstrual Care: Assisting with using, emptying, and cleaning bedpans/bedside commodes, urinals, ostomy, enema, and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting on/taking off disposable gloves; wiping and cleaning recipient; assisting with getting on/off commode or toilet; and washing/drying hands. Menstrual care is limited to the external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using and/or disposing of barrier pads, managing clothing, wiping, cleaning, and washing/drying hands.

Note: This task does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program, or colostomy irrigation. These tasks are assessed as Paramedical services. In assessing Menstrual care, it may be necessary to assess additional time in other service categories such as Laundry, Dressing, Domestic, Bathing, Oral Hygiene, and Grooming. Also, if a recipient wears diapers, time for menstrual care should not be necessary

The following is the application of functional rank specific to Bowel, Bladder, and Menstrual care with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to manage Bowel, Bladder, and Menstrual care with no assistance from another person.

- * **Observations:** Observe if recipient's movement is unimpaired and odor of urine present; if the recipient has had colon cancer, observe if the recipient wears a colostomy or ostomy bag or if there are ostomy or colostomy bags present.

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- * **Questions:** Do you need any help when you have to use the toilet? Do you also use a bedside commode, urinal, or bedpan? Do you have any problems getting to the bathroom on time?

Rank 2: Requires reminding or direction only.

- * **Observations:** Observe if the recipient seems disoriented or confused; if urine smells are detectable; if furniture is covered with barrier pads or plastic; if adult diapers are in the recipient's bedroom or bathroom; if the recipient takes diuretics such as Lasix®; if the recipient's clothing is stained, indicating that there is an incontinence problem.
- * **Questions:** In the past month, have you had difficulty getting to the toilet/commode on time? If yes, how often? Does someone remind you?

Rank 3: Requires minimal assistance with some activities but the constant presence of the provider is not necessary.

- * **Observations:** Observe if there are moderate movement impairments; if there is severe limitation of use of the recipient's hands; if the recipient needs a boost to transfer.
- * **Questions:** Do you have any problems using the bathroom or managing your clothes? Does anyone help you? If yes, what kind of assistance do you need and how often? Are you able to empty your urinal/commode (if used)? Do you have accidents? How often do the accidents occur? Are you able to cleanup after them?

Rank 4: Unable to carry out most activities without assistance.

- * **Observations:** Observe the severity of the recipient's movement problems; if the recipient is unable to transfer unassisted; the recipient's or provider's statement as to the quantity or frequency of daily laundry and any indication that hand laundry is done daily. Observe if there is a large amount of unwashed laundry with the odor of urine or fecal matter. Observe if there are meds such as stool softeners visible.
- * **Questions:** Who helps you? How? Is s/he available every time you need help? Do you need more help at certain times of the day/night?

Rank 5: Requires physical assistance in all areas of care.

- * **Observations:** Observe if the recipient has any voluntary movement; if the recipient is bedfast or chair bound; if the recipient is able to make her/his needs known.
- * **Questions:** Who helps you? What is your daily routine? Do you also need assistance with activities we classify as Paramedical Services?

Rank 6: ALL functions in the task are met by Paramedical

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Transfer

Transfer: Assisting from standing, sitting, or prone position to another position and/or from one piece of equipment or furniture to another. This includes transfer from a bed, chair, couch, wheelchair, walker, or other assistive device generally occurring within the same room.

Note: Transfer does not include assistance on/off toilet. This task is assessed as part of Bowel, Bladder, and Menstrual Care. Care of pressure sores (skin and wound care). This task is assessed as part of Paramedical services.

The following is the application of functional rank specific to Transfer with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to do all transfers safely without assistance from another person though recipient may experience some difficulty or discomfort. Completion of task poses no risk to his/her safety.

- * **Observations:** Observe if the recipient's movement is unimpaired; if s/he is able to get out of a chair unassisted when s/he shows you the house; if s/he shifts weight while sitting.
- * **Questions:** Do you ever need a boost to get out of bed or out of the chair? When? How often? Do you ever have difficulty moving around?

Rank 2: Able to transfer, but needs encouragement or direction.

- * **Observations:** Observe if the recipient seems confused and has trouble getting out of a chair (probably more problematic in getting out of bed). Determine if the recipient is bed bound on bad days.
- * **Questions:** Does anyone help you get out of bed in the morning? How does s/he help you?

Rank 3: Requires some help from another person (e.g., routinely requires a boost).

- * **Observations:** Observe the length of time it takes the recipient to answer door; the sounds heard as the recipient comes to door; if the recipient asks you for a boost when s/he gets up to get medications, or is shaky when using assistive device; if the recipient is obese and has a great deal of difficulty getting up.
- * **Questions:** Do you always have difficulty getting out of a chair? Who helps you? How? How often? Do you also have trouble getting out of bed? What kind of help do you need? (Expressing interest in how the recipient has solved one problem usually encourages her/him to tell you ways s/he have solved other problems.)

Rank 4: Unable to complete most transfers without physical assistance. Would be at risk if unassisted.

- * **Observations:** Observe if the recipient uses an assistive device for mobility; if the recipient's joints are deformed from arthritis or some other disease; if the recipient is wearing a cast or brace; if someone in house assists the recipient to get up if s/he uses a walker or is in a wheelchair; if there are bruises, scabs, or bumps or burns on the recipient.

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- * **Questions:** Who helps you? How? How often? Both in getting into and out of bed, in and out of chair/wheelchair? Do you need more help at certain times of the day/night?

Rank 5: Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred.

- * **Observations:** Observe if the recipient appears to be immobile; if s/he appears to be uncomfortable or in pain; if s/he has any fears related to being moved; if the recipient makes needs known.
- * **Questions:** Who is available to help you when you need to be moved? Do you feel they are able to do so without causing you undue pain or discomfort? Is there anything that needs to be changed to make you more comfortable?

Eating

Assisting with consumption of food and assurance of adequate fluid intake consisting of eating or related assistance to recipients who cannot feed themselves or who require other assistance with special devices in order to feed themselves or to drink adequate liquids. Eating task includes assistance with reaching for, picking up, and grasping utensils and cup; cleaning face and hands; and washing/drying provider's hands.

Note: This does not include cutting food into bite-sized pieces or puréeing food, as these tasks are assessed in Meal Preparation services.

The following is the application of functional rank specific to Eating with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to feed self.

- * **Observations:** Observe if there is no impairment in grasp indicated when the recipient signs the application or handles medicine bottles; if there is a cup or glass next to the recipient's chair; observe how the recipient takes a drink.
- * **Questions:** Do you need any help eating? (Since deterioration usually occurs in a hierarchical manner and feeding oneself is the last function to lose, questions may not be necessary if the recipient is able to dress self and scores 1 in Bowel and Bladder Care except in cases where the recipient seems mentally impaired.)

Rank 2: Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.

- * **Observations:** Observe if the recipient appears depressed, despondent, or disoriented; if the recipient's clothes seem large for the recipient, indicating possible recent weight loss; if there is rotten food, no food in refrigerator, or a stockpile of Twinkies®, only; if there are not any signs of cooking.
- * **Questions:** What have you eaten today? How many meals do you eat each day? Do you have trouble with a poor appetite? What is the difficulty? Are there times you forget to eat? Does it sometimes seem like it takes too much effort to eat? Do you have trouble deciding what to eat?

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Rank 3: Assistance needed during the meal (e.g., to apply assistive device, fetch beverage or push more food within reach, etc.), but constant presence of another person is not required.

- * **Observations:** Observe if manual dexterity is impaired, particularly of dominant hand; if there are straws or cups with spill-proof lids; if the recipient has difficulty shaking hands; if s/he has severely limited eyesight.
- * **Questions:** Do you need help in feeding yourself? Do you need to use special utensils to feed yourself? Do you feel that you get enough to eat? Do you have difficulty reaching food on your plate or reaching your glass?

Rank 4: Able to feed self some foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.

- * **Observations:** Food stains on clothing; shakiness of hands; deformity of hands with limitation in ability to grasp or hold trays, towels, bibs.
- * **Questions:** Does someone help you eat? How? How often? Do you eat with the rest of the family? Can you feed yourself finger foods? Are you able to use a fork or spoon? Do you have difficulty chewing or swallowing? If so, how do you deal with the problem?

Rank 5: Unable to feed self at all and is totally dependent upon assistance from another person.

- * **Observations:** Observe if the recipient has no use of upper extremities; if there are trays, towels, bibs, etc., near the recipient.
- * **Questions:** What is your daily routine for eating meals?

Rank 6: ALL functions in the task are met by Paramedical.

Respiration

Respiration is limited to non-medical services such as assistance with self-administration of oxygen and cleaning oxygen equipment and IPPB machines.

The following is the application of functional rank specific to Respiration with suggestions that may help inform the determination as to rank:

Rank 1: Does not use respirator or other oxygen equipment or is able to use and clean independently.

- * **Observations:** Observe the oxygen equipment present; if the recipient coughs or wheezes excessively or if breathing is labored.
- * **Question:** Are you able to clean and take care of the equipment yourself?

Rank 5: Needs help with self-administration and/or cleaning.

- * **Observations:** Observe the same things above and if when the recipient ambulates if s/he has difficulty with breathing or breathing is laborious. Observe the recipient's meds; if the recipient has weakness or immobility in conjunction with breathing problems; if there is a referral from an oxygen supplier indicating the recipient is not taking care of the equipment properly.

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- * **Questions:** Are you able to clean and take care of the equipment yourself? If not, how does it get done? How often do you use the equipment? Have you had difficulty administering your own oxygen or using your breathing machine? (If yes, refer for Paramedical service.) Who cleans equipment after you use it?

Rank 6: ALL functions in the task are met by Paramedical.

MENTAL FUNCTIONING

Memory

Recalling learned behaviors and information from distant and recent past.

The following is the application of functional rank specific to Memory with suggestions that may help inform the determination as to rank:

Rank 1: No problem: Memory is clear. Recipient is able to give you accurate information about his/her medical history; is able to talk appropriately about comments made earlier in the conversation; has good recall of past events. The recipient is able to give you detailed information in response to your questions.

- * **Observations:** Observe if recipient's responses to your questions indicate that s/he has good recall; knows his/her doctors' names; knows his/her own telephone number or the number of a close friend; is clear about sources of income and assets; knows who close relatives are and where they live. Observe if the recipient is mentally capable of following through on activities of daily living; if s/he has good social skills; if recipient's thought process seems clear and s/he is able to keep track during a conversation.
- * **Example:** An elderly women living alone in her home responds quickly and confidently to your questions to establish her eligibility for IHSS and determine her need for services. The recipient is reasonably organized. His/her medications are in place. There are stamped bills in the mailbox. The trash appears to be picked up regularly. There is a grocery list ready for the IHSS provider.
- * **Questions:** Who is your doctor? What medicine do you take regularly? What is your address and telephone number? When were you born? Where were you born? What is the date today? How long have you lived in this house? Where did you live before you lived here? What serious illnesses or surgeries have you had? How long ago was each illness or surgery?

Rank 2: Memory loss is moderate or intermittent: Recipient shows evidence of some memory impairment, but not to the extent where s/he is at risk. Recipient needs occasional reminding to do routine tasks or help recalling past events.

- * **Observations:** Observe if the recipient appears forgetful and has some difficulty remembering names, dates, addresses, and telephone numbers; if the recipient's attention span and concentration are faulty; if the recipient fidgets, frowns, etc., possibly indicating a struggle to recall; if the recipient repeats statements and asks repetitive questions; if recipient occasionally forgets to take medication or cannot recall when s/he

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last took medication and if the problem is corrected with the use of a Medi-Set (pill distribution box) set up by someone else. Observe if the recipient may become bewildered or appears overwhelmed when asked about details; if the recipient's recall process aggravates mental confusion or causes intermittent memory loss; if the recipient becomes moderately confused when daily routine is altered.

- * **Example:** Elderly man has to be prompted occasionally by his wife when he tries to respond to your questions. He apologizes for or tries to conceal memory lapses.
- * **Questions:** What year were you born? How old are you now? How old were you when your first child was born? What medicines do you take? Tell me what you usually do during the day. Who telephones or comes to see you often? What do you have to eat for dinner tonight?

Rank 5: Severe memory deficit: Recipient forgets to start or finish activities of daily living that are important to his/her health and/or safety. Recipient cannot maintain much continuity of thought in conversation with you.

- * **Observations:** Observe if the recipient has a blank or benign look on her/his face most of the time; if s/he is continually placing and replacing objects in the room to avoid answering your questions; if s/he gives inappropriate responses to questions; if the recipient's voice and/or train of thought trails off in middle of conversations; if s/he starts an activity and forgets to finish it; if the recipient consistently forgets to take medications or takes them inappropriately, even with a Medi-Set. Determine if the recipient has a history of leaving stove burners on or the water running in the sink and/or tub causing overflows. Observe if the recipient cannot remember when s/he ate last or what s/he ate; if s/he is unable to remember names of close relatives; has loss of verbal ability; is impaired intellectually; displays abnormal and potentially dangerous behavior.
- * **Example:** Middle-aged man suffering from Alzheimer's disease is totally unable to respond to your questions. He becomes very agitated for no good reason; arises from chair as if to leave room and stares in bewilderment; needs to be led back to his chair. He seems unconcerned with events in daily life and cannot articulate his need for services. His daily routine follows a set, rigid pattern. He relates to the situation on a superficial basis.
- * **Questions:** What are the names and relationships of your closest relatives? Did you eat breakfast today? What did you eat? Can you tell me what I'm holding in my hand? How old are you? What is your birth date? Ask housemate: What happens when the recipient is left alone? Does s/he remember any events from the previous day, hour, or minute? Does s/he remember who you are? Does s/he remember how to operate the stove, shave self, or perform other tasks safely?

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Orientation

Awareness of time, place, self, and other individuals in one's environment.

The following is the application of functional rank specific to Orientation with suggestions that may help inform the determination as to rank:

Rank 1: No problem: Orientation is clear. Recipient is aware of where s/he is and can give you reliable information when questioned about activities of daily living, family, etc.; is aware of passage of time during the day.

- * **Observations:** Observe if the recipient appears comfortable and familiar with his/her surroundings. Recipient makes and keeps good eye contact with you. His/her facial expression is alert and is appropriate to the situation. The recipient is spontaneous and direct. The recipient shows interest in maintaining a good personal appearance. The recipient is obviously in touch with reality; is aware of time and place; readily responds to questions about his/her living arrangement, family, etc.; is fully aware of the reason for your visit. Determine if the recipient is physically able to leave home unassisted and if the recipient can find his/her way back without getting lost and can get around using public transportation.
- * **Example:** Recipient is ready and waiting for your visit. S/he initiates social amenities such as offering coffee, a chair to sit on, etc. The recipient introduces family members and/or is able to identify family pictures when asked and has the documents ready that you asked him/her to locate.
- * **Questions:** Do you have relatives living close by? Why are you asking for help at this time? How have you managed to care for yourself until now? Do you have someone who helps around the home?

Rank 2: Occasional disorientation and confusion is apparent but recipient does not put self at risk: Recipient has general awareness of time of day; is able to provide limited information about family, friends, age, daily routine, etc.

- * **Observations:** Observe if the recipient appears disheveled and the surroundings are chaotic. Observe if objects are misplaced or located in inappropriate places; if there is moldy food in and out of kitchen; if the recipient does not notice that the home is over heated or under heated until you mention it; if the recipient appears to be less confused in familiar surroundings and with a few close friends; if the recipient is able to maintain only marginal or intermittent levels of social interaction; if the recipient is able to provide some information but is occasionally confused and vague; if the recipient is not always aware of time, surroundings and people; if the recipient is able to respond when redirected or reminded.
- * **Example:** Twice in the past year the recipient has called her daughter at 2:00 a.m. and was not aware that it was the middle of the night. When told what time it was, the recipient apologized and went back to bed. When you enter the recipient's apartment, the elderly woman asks, "Why are you here today? You said you'd be here Tuesday." You respond, "This is Tuesday." The recipient seems unprepared for your visit and has difficulty settling down for the interview. She participates with some difficulty. She is not comfortable outside of her immediate environment and rarely ventures out. Her mail is left

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unopened occasionally, and her clothing and some perishable food items are not properly stored.

- * **Questions:** What day is today? How many rooms do you have in your home? Where is the closest grocery store? Do you know who I am and why I am here? Do you go out alone? Do you ever get lost when you go out of the house alone? Do you know the name of the bus you take when you go to the store and where the bus stop is to go home? What month, year, season, holiday, etc.?

Rank 5: Severe disorientation which puts recipient at risk: Recipient wanders off; lacks awareness or concern for safety or well being; is unable to identify significant others or relate safely to environment or situation; has no sense of time of day.

- * **Observations:** Observe if the recipient shuffles aimlessly throughout house; if s/he exhibits inappropriate behaviors such as giggling or making comments that are irrelevant to the conversation; if s/he handles objects carelessly; appears unkempt, displays poor personal hygiene; has a manner of dress that is inappropriate or bizarre; if when the social worker attempted to shake the recipient's hand, s/he tried to bite social worker's hand. Observe if the recipient is very confused, unaware of time, place, and/or individuals; goes to the mailbox and cannot find her/his way back to the apartment; does not recognize the apartment manager when the manager tries to help the recipient find her/his way back to the apartment and the recipient becomes highly agitated. Observe if the recipient appears to be disoriented and experiences hallucinations and displays a dazed and confused state of mind; is unable to answer simple questions appropriately; if the recipient's sleep-wake cycle may be abnormal; if the recipient confuses immediate living relatives (son/daughter) with dead relatives (husband, etc); if emotional instability is present.
- * **Example:** Family member or friend must answer door, as recipient is unable to maneuver in home without wandering. The recipient must be directed to chair. The recipient exhibits no awareness of the purpose of the social worker's visit. The recipient is unable to concentrate; s/he either does not respond to questions or speaks unintelligibly.
- * **Questions:** What is your name? Where do you live? What is the date today? What year is it? Where are you? Where are you going? If the recipient is unable to respond or responds inappropriately, ask housemate: What is the nature of ___'s mental problem? What can the recipient do for self? What does the recipient do if left alone?

Judgment

Making decisions so as not to put self or property in danger. Recipient demonstrates safety around stove. Recipient has capacity to respond to changes in the environment (e.g., fire, cold house). Recipient understands alternatives and risks involved and accepts consequences of decisions.

The following is the application of functional rank specific to Judgment with suggestions that may help inform the determination as to rank:

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Rank 1: Judgment unimpaired: Able to evaluate environmental cues and respond appropriately.

- * **Observations:** Observe if home is properly maintained, and in safe repair; if recipient's responses show decision-making ability is intact; if recipient dresses appropriately for the weather; if recipient is able to form correct conclusions from knowledge acquired through experience; if recipient is capable of making independent decisions and is able to interact with others.
- * **Example:** Recipient takes pride in managing his/her own affairs and does so appropriately. The recipient has a list of numbers to call in case of emergency; takes measures to guard safety such as locking doors at night, not allowing strangers into home, etc.
- * **Questions:** Do you have a list of numbers to call in case of an emergency? Do you have friends or family who could help out in a crisis situation? What would you do if your provider were unable to come to work one day?

Rank 2: Judgment mildly impaired: Shows lack of ability to plan for self; has difficulty deciding between alternatives, but is amenable to advice; social judgment is poor.

- * **Observations:** Observe if the home is in disrepair (leaking faucets, broken appliances, inadequate lighting, etc.); if debris has been allowed to accumulate in walk-way areas; if food in the home is of poor nutritional value; if the recipient is unable to recognize that there are alternatives or unable to select between them and is unable to plan or foresee consequences of decisions. Observe if the recipient is not capable of making decisions without advice from another, is able to understand options when explained, makes correct choices; knows enough to turn stove and heat on and off.
- * **Example:** Recipient wastes money on useless items while allowing needed repairs to go unattended. The recipient "makes do" with the condition of home even if it is inconvenient for the recipient. The recipient appears to be a "collector," has difficulty throwing anything out even though access through home is limited. The recipient can't decide which provider s/he wants. The grocery list to provider contains mostly junk food. The recipient stopped homebound meals when s/he decided they weren't tasty rather than add salt. S/he refuses to use walker or cane.
- * **Questions:** Who would you call in case of emergency? If someone you did not know came to your door at night, what would you do? What are you able to do for yourself? Do you need anyone to help you? Who would you depend on to assist you if you needed a household repair done such as if your heater did not work?

Rank 5: Judgment severely impaired: Recipient fails to make decisions or makes decisions without regard to safety or well-being.

- * **Observations:** Observe if safety hazards are evident: clothing has burn holes; faulty wiring, leaking gas, burned cookware, etc. Observe if utilities may be shut off; food supply is inadequate or inedible. If the recipient is a pet owner, observe if there are animal feces in home. Observe if the recipient is obviously unaware of dangerous situations, not self-directing, mentally unable to engage in activities of daily living; goes outside with no clothing on; if neighbors saw smoke from apartment several times; if they entered and extinguished fires on stove; if someone from the community calls to report that the recipient is defecating or urinating on the front yard. Observe if the recipient cannot

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decide to eat, dress, or take medications; if the recipient seems preoccupied, confused, or frightened; if the recipient is unaware or too frail or feeble to make decisions to maintain self safely at home; if s/he takes a shower with clothes on; drinks spoiled milk, etc.

- * **Example:** Recipient has open access to home to anyone who approaches. The recipient seems unaffected by stench or odors due to garbage, feces, urine, etc; exhibits no concern over obvious safety hazards (e.g., debris piled on stove, papers scattered near heater, etc.); lets injuries such as burns go unattended. In the past year, the recipient has recurrently started dinner and fell asleep and awoke to a smoke-filled kitchen.
- * **Questions:** What would you do if you saw something on fire in your house? If you needed to get to the doctor what would you do? Ask Housemate: What happens when ___ is left alone? Can s/he recognize situations that would lead to danger? Is s/he capable of making rational decisions?

SPECIAL INSERT

Doing the Interview:
How to Really Ask Those Questions
and Enjoy it

Colleen King

September 1990

An edited version of a presentation given at "Assessment Revisited: Practical Approaches to Assessing the Elderly." A conference presented by the University of Minnesota Long-Term Care DECISIONS Resource Center, Minneapolis, Minnesota.

Colleen King presented this paper and additional insights at "Assessment Revisited: Practical Approaches to Assessing the Elderly," the Center conference held in September in Minneapolis.

Through years of experience in both supervising and training interviewers and through my own experience as an interviewer I have developed a style of interviewing I call, *conversations with a purpose*. This style of interviewing is conversational, relaxed, but structured within the boundaries of appropriate interviewing. Even in the most open-ended type of assessment there will be boundaries of correctness that each individual administering the tool must stay within. I have tried to develop a style that will insure that the viability of the tool will not be compromised, allow you to stay within the boundaries of the tool, and make the assessment workable and enjoyable for the individual administering the tool.

The comprehensive assessment interview can be a valuable tool in assessing the needs of older people. If done correctly the assessment can be an enjoyable and rewarding experience for both the client and the assessor. If done incorrectly the assessment can be biased, frustrating, and a waste of everyone's valuable time. In the next few pages I would like to challenge you to an enjoyable experience. Conversations with older people are never boring. You should have confidence in the assessment tool and know the information you collect will help you provide for the needs of the individuals you desire to help.

I would like to talk about the most common mistakes and how to correct them. The most common mistakes made in any kind of assessment interview, either interviews with fixed questions or more open-ended interviews, are:

- Failure to ask the questions on the tool.
- Not spending time to develop rapport with the client.
- Bias or leading the client.
- Inappropriate probing.
- Avoiding difficult situations.

The responsibility of the assessment lies in your hands. With proper training, a better understanding of the tool, and support from peers, your job can be worth your time.

ASK THE QUESTIONS

The key to your successful comprehensive assessment of a client is knowing and understanding your assessment tool. The assessment tool was designed with the purpose of permitting a fuller and better understanding of the care needs of the older person. If your assessment is done correctly you should be able to:

- determine eligibility of the client.
- better respect the rights of the client.
- design a care plan that will fit the needs of the client.
- become more familiar with future needs of the client.
- provide information to planners that will allow them to more accurately determine the needs on a community basis.

For the client's sake, the assessment tool should be taken seriously. If it's not worth your time to ask the questions correctly, it is not worth the client's time to try to answer the questions honestly. Without the assessment tool you are not going to get accurate data. You may think you know how I feel, but unless you ask me you are only guessing. If I have recently lost a spouse and you skip the questions dealing with mood and outlook because you assume you know the answers, you have lost valuable information about me. You do not know if I am handling the situation within the normal range of grief, or if I am not facing the

situation and may need help. You just assume I am depressed. Depression, sadness and grief are very different. It is far better to learn how to talk to the grieving client and how to ask questions in difficult situations than to answer for the client. To design a care plan on guessing is not fair to the client. These tools have been developed to help you meet the needs of the client.

A common problem is not asking the questions when they are embarrassing to the assessor. The interviewer is often uncomfortable talking about incontinence or income or both. Older people don't mind describing toileting issues if discussed matter-of-factly. If questions are handled in a respectful manner people will not mind discussing these issues. If you have developed rapport with the client early on you will not feel as embarrassed. The client will understand that what you are doing is important and you will feel confidence in the rapport established. The purpose of the comprehensive assessment is not to embarrass, but to provide a care plan. Incontinence is a common problem with older people and is not embarrassing. If an individual becomes embarrassed by questions it is your responsibility to comfort that person. Inform them, "I talk to a variety of people in many different situations and all questions are important in determining a care plan. All questions may not be relevant to you or your situation, but they are all an important part of the assessment."

Before a comprehensive assessment is done each assessor should know:

- What each question means, and how to reword the question to adapt to odd or difficult situations.
- What are the boundaries of each question? When would I be leading or biasing; how much do I help the client understand the question? In the ADL's usually there is a definition of dressing, and eating, and you must not neglect giving the full elements of this definition. You must know what to do when the client says, "I can do everything but button the back of my dress." An example of more strict boundaries might be in the mental status questions where often you are instructed not to change or alter the questions at all.
- How to answer questions to reassure the client of the worth and value of the assessment.

If you do not have a working knowledge of the tool you should ask for help. If you do not believe in and value the tool, you should talk to someone who has confidence in the tool. There should be someone available to assist you. If you understand what you are doing and have confidence in what you are doing, your comprehensive assessments will be enjoyable and valuable. Before you use the assessment tool:

- Role play with another employee.
- Make notes of difficult questions and how to handle them.
- Be prepared to answer questions about the tool.
- Know how to handle difficult situations.

SPEND TIME TO DEVELOP RAPPORT

After you have a working knowledge and confidence in your tool the next thing to learn is developing rapport with the client. The time you spend in the beginning to develop rapport can make or break an assessment. If the client feels comfortable with you, he/she will speak more openly with you. Spending time to develop rapport can make the interview go more quickly, you will gather more valuable information, and the conversation will be more enjoyable. You develop rapport by:

- Speaking in a conversational tone.
- Spending time talking about something other than the assessment (small talk).

measuring clients that this is important and worth their time. The information will be used to prepare a care plan that fits their needs.

- Not being afraid to answer questions. Approach questions as an opportunity to explain further, not as an obstacle to overcome.
- Listening to the client and making a mental note of speech patterns. This will help you pace the assessment to the characteristics of the client. It is important early on to note whether the client is talkative or quiet.
- Letting clients know you are enjoying talking with them; it will help them relax.
- Observing the client's behavior in the presence of others. If there are other family members in the room, this will give you an opportunity to view how openly the client speaks in front of others.
- Spending some time talking about the assessment before you begin. Tell the client the type of questions you will be asking and why, i.e. "I will ask you some general questions about activities you may be involved in. This will help us work together to figure out your needs and how we can be helpful to you."
- Always being professional, but not being afraid to enjoy yourself. You can laugh and be relaxed while doing your job. If you are relaxed the client will know that they, too can be relaxed.

The time you spend developing rapport with the client will help you better understand the client. This knowledge of the client will help you direct the conversation, know when to probe more, give you an idea of how talkative the client is and how much time the assessment will take. Social workers and nurses are trained to make people feel comfortable and are excellent interviewers. Do not become paralyzed by the assessment form or forget the skills you already have. Integrate the skills you have with the assessment tool. Do not be overwhelmed by the assessment tool and forget the sensitive listening skills you have. Set the assessment tool aside when needed and listen to the client. If you have developed rapport early on, this will come naturally.

AVOIDING BIAS

This is an area where most professionals will err. You know the issues so well, and you are so familiar with the needs of older people that you are probably right more than you are wrong when you guess or assume. The problem is not when you are right, but when you are wrong. The assessment tool was not designed for the professional to guess, but for the professional to ask and find out what the client will answer. A bias is any influence that changes an answer or an opinion from what it might have been without that influence. It is important to be aware of your own bias and how that would conflict with the assessment. Once you say to the client, "so what you are trying to say is," you have given your opinion and biased the assessment.

It is important to be aware of interviewing errors. It is easy to relax your objective attitude and thus bias responses. To avoid influencing or biasing, follow these rules:

- DO NOT express your own opinions or how you think the client should respond (i.e. "I think everyone should have physical therapy"). Clients will change their answers to please you or change their answer to what you believe to be the correct answer. Try to reassure the client that we really do want their opinions. We are interested in what they experience or feel about a certain situation. The whole purpose of a comprehensive assessment is defeated when you answer for a client, lead the client or bias the client's responses.
- DO NOT suggest answers even if the client wants your help. Help the client sort out their opinions or responses; don't give them the answer. Repeat the question, read it through slowly, pause, and tell the client to "take a moment and think about it." If you

take your time and do not rush the client, you will be less likely to suggest an answer. The client will appreciate your kindness and patience.

- DO NOT use leading probes. Any probe which suggests an answer is a leading probe and can bias the interview. Do not make the assumption that you know what the client is talking about; let the client explain. Don't lead the client to an answer or response you think seems right or fits their situation.
- DO NOT rush the client. Some people need time to sort out their responses. If the clients are not answering, do not take this as if they are objecting to the assessment, but allow them a moment to think through their answers. If you jump in too soon, you will try to answer for them. You may think the client does not understand or does not like the question when he/she is just trying to think of the answers. Do not appear impatient; appear interested. You can acknowledge that "it is sometimes difficult to decide these answers."

The obvious and most unfair way to bias the assessment is not to ask the questions. ASK THE QUESTIONS: give the clients the opportunity to tell you their opinion, responses, and what type of care they do want or don't want. The only way you will find this out is if you let the client tell you. The last ten people you talked to might have felt a certain way, but this next person is different. If you don't ask the questions you will never know. It is like voting. If fifteen individuals voted "yes" they want their taxes increased, you would hardly assume I too would vote "yes" and not even ask me? Ask me; I have a right to my opinions!

HOW TO PROBE

One of the most common mistakes in probing is to use an inappropriate probe, that is, a probe that either leads or would bias the interview. Correct probing is probably the most difficult part of the comprehensive assessment. Inappropriate probing will occur when the assessor is having difficulty obtaining a response from the client or when a question is asked and the assessor does not know how to answer it. A correct probe is a prompt which encourages further conversation without biasing the response. The probes you would use most often are:

- Probing for correctness.
- Probing for clarity.
- Probing for completeness.

Probing for correctness is used where you want the client to answer within a category or within set responses. The best way to probe for correctness is:

- Repeat the question and the responses. When doing this, change your tone or where you pause, and it may sound different; speak slowly; and look up at the client. Try to add small talk before you repeat the question.
- Explain to the client that you are restricted by these responses. Use probes like, "if you had to choose, which one would you choose," or, "taking everything into consideration, which one would be closest to you." Always avoid probes that lead to a positive or negative end of the scale. If the client has been very ill and you ask, "Is your health excellent, good, fair or poor?" You would never probe with, "So is your health fair or poor?" Always give the client the opportunity to reflect on the full range of answers. It would be better to say, "Let me read the choices again, they are: excellent, good, fair, or poor."

If you probe in a pleasant, conversational manner your probes will not seem repetitive or obtrusive. Keep telling the client how important it is to get their views and what they feel are their needs.

Probing for clarity often entails asking the clients for a more specific response or an explanation to their answers. The client has answered your question, but you need to clarify what is meant by that answer. Always try to help the client when probing for clarity; let the client know what you don't understand and what you need clarified. The most common probes for clarity are:

- "What do you mean by that? You said that you were tired a lot; tell me what that means to you." You want the client to open up and talk to you. Does tired mean bored or sleepy, or you can't get out of the chair to answer the telephone when it rings. If the client doesn't explain tired to you, it is left to your interpretation of what tired means to you. It is much better to find out what it means to that client.
- "Could you explain that, tell me more about that?" If you are interested in what the client is saying and the conversation is going smoothly, asking the client to explain or tell you more will seem natural.
- "I'm not sure I understand." Simply direct the client's comments by letting him/her know what you do not understand.

On many mental health batteries, the answers do require probing. For example, you ask, "Do you see things that others don't see?" and the client answers, "Yes." Before deciding to refer to a mental health specialist, a probe "Can you tell me more about what you see?" would be helpful. The client might say, "I've always been intuitive and perceptive, and people say I understand their feelings when others don't." That's very different from a hallucination.

DIFFICULT SITUATIONS

Most of the time you will find clients will want to talk about their situation. They will be as anxious as you for a care plan. There are, however, times when the situation is extreme and the client could be overcome with grief or anger. Do not shy away from these situations. You will probably feel more uncomfortable than the client. As a trained professional, you should be able to handle a social interaction which requires attention. Personally, anger is easier for me to handle than grief and extreme sadness. I find the sad situations take a lot more out of me than dealing with anger. If the client becomes overcome with sorrow or begins to cry, handle the situation no matter how difficult it is for you. By following a few guidelines you will find that these situations are not as difficult as you might imagine them to be.

First: Don't ignore the client. Don't pretend they are not crying. Simply be direct, polite and sensitive. Put down your pencil and acknowledge the situation. Use Comments like: "I'm sure that is very difficult for you", or "I'm so sorry." Try reassuring them it is safe to express their grief, loneliness, pain or sadness with you. Even a comment like, "It's O.K. to cry; we all cry," or, "I understand," is effective. Try to remember a time when your eyes swelled up and you could not hold back the tears. Those moments often are most embarrassing. Try to make the client feel comfortable and at ease with their embarrassment.

Second: Don't pity the client. Grief, pain, loneliness and sadness are a part of all of us. The client does not need or want pity. Be respectful, sensitive and handle the situation. If possible personalize it: "My grandmother felt the same way," "That was very difficult for my grandfather too," or, "I understand your fear; my grandmother was very frightened of a nursing home." Don't make up stories, but if you have some understanding of the situation, this would be the time to express it to the client. React to this situation the way you would want someone to react if it was your grandparents or parents. You do not have to indulge the situation, but a brief moment of compassion and understanding is expected.

Third: If at all possible continue on with the assessment. The situation would have to be extreme not to be able to continue. I strongly urge you not to abandon the client or the comprehensive assessment. It leaves the client with a feeling of failure or unfinished business. Comments like, "I hope I didn't upset you?" will help. If you handled the situation correctly, most clients will respond by saying, "No you've been very kind," and you might say, "May we continue with the conversation?" Most clients will be happy to go on and appreciate your kindness and patience. Remember that even though the client may seem sad while talking to you, it still can be a comfort to express feelings. Often the assessor is the one who feels uncomfortable and tries to rush or terminate the interview. Be tolerant of pauses while the client is upset. A good neutral remark is "I know this is difficult and we do appreciate your help."

When dealing with the angry client, it is best to handle the anger before you attempt the interview. If the anger isn't dealt with, it will continue throughout the interview and you will be in constant battle. Handling the angry client in the beginning gives you control and sets the pace of the interview. Handle anger or the angry client with the following techniques:

- Gently confront the client, "You seem to be very upset and I am not sure why. If I have done something to upset you please tell me." If you haven't done anything to upset the client (which is most likely) then say, "I think it is best if we talk about why you are upset before we continue." The client may not be feeling well, or may have a very good reason for being upset. Whatever the situation may be you must get the anger out in the open for you to control the conversation.
- If you are just dealing with an angry person and can not get them to open up, explain what you are doing and that your only purpose is to gather information to help design a care plan. You wish them no harm and would appreciate their cooperation. If said in a calm and pleasant manner most people will cooperate.

COMMON PROBLEMS

GETTING THE CLIENT TO TAKE THE MENTAL STATUS QUESTIONS SERIOUSLY: Although this group of questions are, for the most part, easy to ask and record, they may be inherently difficult because some people will think you are testing their mental capabilities. Again, treat these questions with respect and a straightforward attitude and do not make the client think that answering them is a pass/fail type of situation. If they have trouble with this and it bothers them, try to reassure them that they're doing fine and you're almost done. This is a common problem that will occur over and over. If you are going to take the comprehensive assessment seriously you will have to learn how to handle these situations. People will reject the mental status questions for these reasons:

- They do not know the answers and are behaving defensively.
- They know the answers and feel foolish.
- They are unsure why you are asking them these questions. Is there supposed to be a problem, or do you think that there is something wrong with them?

Handle these situations with care and respect. Reassure the client by saying, "You are being very helpful, I certainly do not want to make you feel uncomfortable. These are questions that are commonly asked of people in your situation. I talk to a lot of different people in many situations. Some questions may seem too easy and some may seem too difficult. I will write down whatever you say. We are almost done and can move quickly through this section if you like." Or else say, "I'm so sorry you feel like I am testing you. I really am not. This portion of our discussion is asked to everyone I talk to. I ask the same questions in the same order to everyone. There is no pass/fail, I write down what you say. Surely you must understand that I talk to a lot of different people in different situations.

This portion of the assessment was designed to reach a large population of people in similar situations as yours. Some questions may seem too easy, but some questions may seem too hard. Regardless of your situation, these questions are important and I would appreciate your help. I will go quickly through this section."

Do not let the client believe you think these questions are silly, ridiculous, not necessary, or a formality that you are forced to use. All questions must be taken seriously to be effective. It is very important that the assessor never lose respect for the comprehensive assessment, and you should never allow the client to lose respect for it. If you establish the ground rules the client will follow.

The assessment is important and so are all the questions. The same respect should be given these questions and you should handle them the same way you would handle questions that are embarrassing to you.

THE TALKATIVE CLIENT: Every question you ask gives talkative clients an opportunity to tell you a story about their life, their children or events in the world. When you are spending time to develop rapport you will obviously spot the talkative client. Knowing that, the best strategy is to set ground rules. Tell the client what you are going to do, how long it will take and what you need from her. "I have about an hour and a half for this discussion. I will ask you some general questions about your daily life and some more specific questions. It would be very helpful for the consistency of this discussion to stick to this form and ask the questions in the order they appear. I will also be the person working with you when services begin." Or, if more accurate, "my job is to work with you at the beginning to identify your problems and concerns, but another worker will work with you later." This will help establish ground rules, influence the client in letting him/her know what to expect in a future relationship with the case manager, and decide how much bonding is desirable.

Then within these constraints, the worker can say, "This is interesting, I'd like to hear more detail about your reactions to home care the next time I see you because it is so important. Right now, because of our time today, I would like to continue with the assessment interview," or, "Today we need to finish this form, but when services begin another worker will work with you and that would be important information to tell her." If you do have time and, most importantly, if the information would be helpful, you should encourage further information especially when relevant to the care plan. You can say, "I've made a note of that; you like your shower in the evening," or "It's helpful to know you like to play bridge, I've made a note about that." Of course, you should never say you made a note of something unless you actually made a note of it. And you should not say it will make a difference, if nobody will ever look at it again. I have been told that a good case manager makes these notes and uses them often.

THE CLIENT WHO WANTS TO INTERVIEW YOU: Some clients will be as interested in you or your job as you are in completing the assessment. Try to handle personal questions with a sense of humor. If the question is innocent enough answer it. If the personal questions persist or interfere with the process of the assessment gently tell the client, "I appreciate your interest. However, the importance of the assessment is to better understand your opinions on home care and how you feel. This is your opportunity to tell me." If clients want to know if you have children, tell them. If clients want to know your opinion on health care, do not tell them. Remember not to bias the assessment by leading or giving your opinions. Tell the client, "It is important to determine what your needs and opinions are. We are instructed not to express our opinions because it is very important that we do not influence you. That would be unfair to you and the people we talk to."

WHEN I KNOW THE CLIENT IS EMBARRASSED, I JUST CANT ASK.

QUESTIONS ABOUT INCONTINENCE: If the client is embarrassed, it is your responsibility to reassure the client you are not embarrassed. The purpose is to provide for the needs of the client. Do not guess at what the needs are; ask the question. In my experience it is usually the interviewer who is more embarrassed than the client. If you are the one who is embarrassed, you will have to find a way to overcome your embarrassment. If the comprehensive assessment is to be taken seriously all questions must be asked. Ask these questions straightforwardly and without hesitation. If the client is embarrassed reassure them of the importance of asking all the questions. Try saying, "I certainly did not want to make you feel uncomfortable. I talk to a lot of people with many different needs. The importance of these questions is better understanding you and your needs to provide a care plan that is right for you." If said without embarrassment or hesitation on your part the client will feel reassured.

COMMENTS FROM CLIENTS

Some clients, no matter how much time you spend with them developing rapport, will also need reassurance. They are by nature suspicious people and will not trust you. Do not shy away from them; they just need a little more time and a little more reassurance. If you answer their questions they will eventually cooperate. They may just be toying with you to see how many questions you will answer. Do not let them have control, but do answer their questions and move quickly to the assessment tool. I have tried to think of some common questions and examples of responses to those questions. Sometimes there is no right answer. Just say something to let the client know it is fine for them to question you about what you are doing, and you will be happy to answer any of their questions. For some people it will be answering one question and for the next person you may have to answer five questions. There is no magic number—each individual is different. A good rule is to answer as many questions as needed to complete the comprehensive assessment.

"THESE QUESTIONS ARE STUPID"

I am sorry you feel that way. As I explained earlier, this tool was designed to determine the needs of people in similar situations as yourself. Not all the questions will apply to you, as I talk to a variety of people and everyone is not the same. I just don't want to answer for you and not give you the opportunity to express yourself. If we come to a question that does not apply, just tell me and we can skip that question, but it is important to get this information from you.

"HOW DO I KNOW YOU WON'T USE THE INFORMATION AGAINST ME?"

There is no way I could use any information against you. My only purpose is to better understand what your needs are and if you qualify for certain programs. I have the opportunity to get to know you and what you may want or may not want in designing a care plan for you. You have the opportunity to have input into your needs. The conversation will go quickly, and you may even find it enjoyable.

"YOU ARE GOING TO DO WHAT YOU WANT ANYWAY WHY BOTHER"

Actually that is not true. This tool was designed with you in mind. The purpose is to ask you and not assume we know what you want or need. There are of-course programs that you may not qualify for, but we would like to determine what your needs are and what you want. If we were going to make decisions without you I would not be here. I would like the opportunity to spend some time with you and sort through this. I think it will be very good for you. Why don't we get started and if you have any questions please feel free to stop me.

"THAT'S A PERSONAL QUESTION"

Yes, many of the questions I ask will be personal. As I explained the purpose of this discussion is to better understand your needs and provide a care plan just for you. I appreciate you helping me out and answering these questions. I talk to a lot of people and everyone is an individual.

"MY INCOME IS NONE OF YOUR BUSINESS"

Well, income is a very important question and part of this assessment. Many programs are based on income. In deciding a care plan and your needs, I must determine if such a plan is affordable or if you are eligible for this. If you feel uncomfortable telling me, maybe you would like to write it down for me?

"JUST WHAT ARE YOU REALLY GOING TO USE ALL THIS INFORMATION FOR?"

The information will be used to provide a care plan that fits your individual needs. This assessment will help us determine your eligibility for certain programs. I can't tell you what you need unless I first sit down and talk to you. An assessment is the fairest way to determine your needs. You have as much say in this as I do.

"JUST WHO GETS TO SEE THIS?"

I will be looking it over, and with your permission the nurse in the program will look at it and a summary of information goes to the main office at the state level of the program. We are very strict with this information and value your openness to talk to me. I keep all the forms in a locked filing cabinet.

ROLE PLAY SITUATIONS

Questions are from the GERIATRIC ASSESSMENT TESTING AND EVALUATION SYSTEM (GATES), from Florida

INTERVIEWER: I'm going to start with some general questions. Some of these questions may seem too easy and some may seem too difficult. Don't worry, just answer the questions the best you can. We will start with: what is today's date?

CLIENT: August 17th, 1990.

INTERVIEWER: What day of the week is it?

CLIENT: Well, it's Monday isn't it?

INTERVIEWER: What do you want me to write down?

CLIENT: Monday.

INTERVIEWER: What is the name of this place?

CLIENT: This is my house. This is getting ridiculous.

INTERVIEWER: We have a few more questions left in this section. What is your telephone number?

CLIENT: 884-2894

INTERVIEWER: How old are you?

CLIENT: How old are you?

INTERVIEWER: I asked you first.

CLIENT: 67 and you?

INTERVIEWER: 39. When were you born?

CLIENT: You mean my birthdate?

INTERVIEWER: Yes.

CLIENT: May 22nd, 1923

INTERVIEWER: Who is the President of the United States now?

CLIENT: Are you trying to see if I am crazy?

INTERVIEWER: Absolutely not, I am sorry you feel this way. These questions are part of our standardized assessment that is asked of everyone. I ask the same questions in the same order to

everyone. We are almost done.

CLIENT: Well, it is Bush isn't it?

INTERVIEWER: What would you like me to write down?

CLIENT: I would like you to tell me who is Bush.

INTERVIEWER: It would be inappropriate for me to answer for you. My job is to write down whatever you say. This section can be difficult, but it is an important part of the assessment. You are doing fine, we only have three questions left in this section and then we can move on to another section. Now what do you want me to write down for: who is the President of the United States right now?

CLIENT: I am sure it is Bush.

INTERVIEWER: Who was the President before him?

CLIENT: Before who?

INTERVIEWER: Before the current President.

CLIENT: I almost got you to tell me didn't I?

INTERVIEWER: You are definitely keeping me on my toes.

CLIENT: Wasn't that Carter?

INTERVIEWER: What would you like me to write down?

CLIENT: It is so frustrating when you can't remember.

INTERVIEWER: You can take a moment and think about it. I don't want you to feel rushed.

CLIENT: I just don't know.

INTERVIEWER: What was your mother's maiden name?

CLIENT: Her name was Susan.

INTERVIEWER: Her last name?

CLIENT: Same as mine.

INTERVIEWER: Last question in this section. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down.

CLIENT: All the way down to what?

INTERVIEWER: Down until you can no longer subtract 3.

CLIENT: Let me get my calculator out of the drawer.

INTERVIEWER: No calculators.

CLIENT: I did not think there would be math questions. This is getting very difficult. I am a smart man, but I never was any good at math.

INTERVIEWER: Would you like to give it a try?

CLIENT: No!

INTERVIEWER: This next set of questions I know you will enjoy. I am going to ask you some questions about how you have been feeling and you can answer "yes" or "no" to each question. This section goes real quickly.

If the interviewer keeps an attitude that is up and positive it will help the client through the difficult questions. I find being honest and straightforward always works best. Don't be afraid to tell the client, "I can't answer for you, but I will write down whatever you want me to write down." Let the client know that you have a job to do and a boss to answer to by saying, "We have been told that it is unfair for me to bias or lead you or answer for you. When we were trained to do these discussions we were told how important it is that we write down only your responses. The purpose of this is to better understand your needs and opinions. All questions may not even apply to you or your situation, but please allow me to ask them and if you would try to answer them I would appreciate it. This can really be an enjoyable conversation".

Questions are from the PREADMISSION SCREENING (PAS) ASSESSMENT FORM from Minnesota;

INTERVIEWER: I'm going to ask you some general questions about how you have been feeling in the past two months. You can answer "yes" or "no" to each of these questions and if you have any questions please feel free to stop me at any time. My first

question is: Have you had continued lack of interest in most activities and/or continued low, sad or depressed moods?

CLIENT: Oh yes, I have no interests, I just sit here all day I never see anyone, no one cares, my life is just awful.

INTERVIEWER: Is there anything you are still interested in or activities you still enjoy?

CLIENT: I never miss LA Law, I do my jigsaw puzzles every week and my one granddaughter and I visit every Friday morning.

INTERVIEWER: Your visits with your granddaughter sound like they are very enjoyable for you.

CLIENT: Yes, I look forward every Friday to see her.

INTERVIEWER: Have you been sad or depressed in the past two months?

CLIENT: When you are old and sick life isn't good. People forget you or try to make you feel stupid like there is something wrong with you. Like you are doing with some of these questions.

INTERVIEWER: I am so sorry you feel that way. I can honestly say I was not trying to make you feel stupid. I have enjoyed this conversation, I think you are a bright and interesting person. My only objective is to design a care plan that will fit your individual needs. I have never passed any kind of judgement or opinion about you. The questions I ask, I ask to everyone in the same order. The only purpose of this assessment is to better understand you and your needs. I feel badly that I have made you feel uncomfortable. Let's try to continue with this and let me know if I make you feel uncomfortable again. Was it the question about sad or depressed moods that bothered you?

Questions are from the CLIENT
ASSESSMENT AND PLANNING
SYSTEM (CAPS) form from

on:

INTERVIEWER: I would like to talk to you about some of the personal tasks you do during the day. We will talk about shopping, eating, dressing, bathing and toileting. For each topic I will give you several examples and you tell me which one is closest to your situation. If you need me to repeat the options, I, of course, will be happy to. First, let's talk about dressing. What would be closest to your situation: 1) Can dress and undress without assistance or supervision; 2) Can dress and undress, but may need to be reminded or supervised to do so on some days; 3) Needs assistance from another person to do parts of dressing and undressing; 4) Dependent on others to do all dressing and undressing.

CLIENT: I can do everything but reach that snap in the back or zip dresses with back zippers all the way up. So I guess you would say number 3.

Interviewer would mark number 1.

INTERVIEWER: Now I would like to talk about toileting and the situation that would be closest to you.

CLIENT: Just mark down that everything is fine.

INTERVIEWER: I would like the opportunity to read you the options and then you can tell me which one to mark.

CLIENT: Well, this is embarrassing, I don't like to talk about this and I don't think it is necessary.

INTERVIEWER: Please do not be embarrassed; there is nothing to be embarrassed about. I talk to a different people in different situations. Some people have

problems in some areas and some people have problems in some other area. All I need to know is: 1) Can you toilet without physical assistance or supervision. May need grab bars/ raised toilet seat or (can manage own closed drainage system); 2) Needs stand-by assistance for safety or encouragement. May need minimal physical assistance with parts of the task, such as clothing, adjustment, washing hands; 3) Needs substantial physical assistance with parts of tasks, such as wiping, cleansing, clothing adjustment. You may need a protective garment; 4) Cannot get to the toilet unassisted or (you need someone else to manage care of catheter); 5) Physically unable to be toileted. Now, Mr. Jones which of those situations is closest to your situation? I think it would be easier to hand the client a card with the options on it. The interviewer would still have to read the options, but the client can read along. Having cards makes it easier for clients who get embarrassed and for clients with short-term memory loss.

WHAT CAN BE DONE TO HELP YOU DO YOUR JOB?

In research, we have developed the rules and boundaries for each questionnaire we use. Assessing the tool as questions arise, and the program may develop rules and standards as it goes along. When you have questions about what a question means, how to probe a question or how to determine an answer, ask! If there isn't an established answer there should be. You can help set standards that will help you and other social workers and nurses do their job better and easier. Would cards with explanations on

them for dressing and toileting help? If the wording is incorrect, let's change it. The comprehensive assessment should be read the way it is written, if it is written correctly. If it is not being understood and reliable information is not being gathered, then let's change the wording. Your help and feedback is necessary. You are the one in the field asking the questions; only you can tell us what is being understood, where the problems are, and how we can help you with your job.

THE INTERVIEW

Interview Skills

Establishing Rapport – Warmth, Empathy and Genuineness

- **Warmth** – conveys a feeling of interest, concern, well-being and affection to another individual. It promotes a sense of comfort and well-being in the other person. Examples: “Hello. It’s good to meet you.” “I’m glad we have the chance to talk about this.” “It’s pleasant talking with you.”
- **Empathy** – being in tune with how a consumer feels, as well as conveying to that consumer that you understand how she/he feels. Does not mean you agree. Helps consumer trust that you are on their side and understand how they feel. It also is a good way to check to see if you are interpreting what you observe correctly. Mirroring non-verbal can send empathetic messages. Example of leading phrases: “My impression is that...” “It appears to me that...” “Is what you’re saying that...” “You seem to be...” “I’m hearing you say that...”
- **Genuineness** – means that you continue to be yourself, despite the fact that you are working to accomplish goals in your professional role. Being yourself and not pretending to be something you are not conveys honesty and makes consumers feel like you are someone they can trust.

General Interviewing Skills

Before the Interview – review the case and think about the possible things you will need to assess with this consumer. Are there any cues from the initial information that help you to come up with an approach to the interview? For example: Is the consumer a native English speaker, blind, mentally-impaired?

Pre-interview Planning – Be Prepared

- Review case file and gather cues about consumer
- Formulate questions based on cues
- Plan interview approach

Meeting the Consumer – Establish Rapport

- Introductions should be formal and cordial
- Small talk to get the conversation going
- Pay attention to verbal and non-verbal cues

Begin Assessment Interview – Explain Process

- Explain purpose of interview
- Explain your role to the consumer
- Ask the consumer for feedback – do they understand the process and purpose?

Concluding the Interview

- Clarify – Next steps
- Explain – Additional paperwork needed before authorization of services
- Discuss – Notification process of authorized hours
- Answer – Questions the consumer may have

The Interview: Choosing the Right Questions

Direct or Closed-ended Questions –

- Are questions that seek a simple “yes” or “no” answer.
- Specifically ask for information. For example: “Are you coming tomorrow?” or “Do you eat three times a day?”
- These questions do not encourage or allow for an explanation of why the answer was chosen, or for an elaboration of thought or feeling about the answer.
- They can be leading—they ask a question in narrow terms such that they seem to be “hinting” at the answer.

Open-ended Questions –

- Cannot be answered by yes or no.
- These questions begin with ‘who’, ‘what’, ‘where’, ‘when’ or ‘how.’
- They give consumers more choice in how they answer and will encourage them to describe the issue in their own words.
- Open-ended questions seek out the consumer’s thoughts, feelings, ideas and explanations for answers.
- They encourage elaboration and specifics about a situation. For example: “How are you able to bath yourself?”

Indirect Questions –

- Ask questions without seeming to.
- They are not stated as a question.
- In these the interviewer is asking a question without stating it in question format. For example: “You seem like you are in a great deal of stress today.”

Open-ended Questions for Interviews

Open-ended questions cannot be answered by yes or no. These questions usually begin with “who”, “what”, “why”, “where”, and “when.”

1. How have you been managing at home since I saw you last/since you got home from the hospital?
2. What do you need in the way of help right now?
3. Let's talk about things you are able and not able to do.
4. Help me understand....
5. What do you mean by _____?
6. Would you tell me more about...?
7. What else can you tell me that might help me understand?
8. Could you tell me more about what you're thinking?
9. I'd be interested in knowing...
10. Would you explain...?
11. Is there something specific about _____ that you are asking for?
12. Would you explain that to me in more detail?
13. I'm not certain I understand...Can you give me an example?
14. I'm not familiar with _____, can you help me to understand?
15. What examples can you give me?
16. You say that you're not able to [cook/bathe/..._] . How have you been managing [your meals/bathing/...]?
17. When you say _____, what do you mean?
18. I'd like to help you get the best possible service; what more can you tell me that will help me understand your need?

Adapted from: *Understanding Generalist Practice*, Kirst-Ashman and Hull Nelson-Hall Publisher

The Interview: Other Assessment Cues

Non-verbal Assessment Cues:

Your Body Speaks Your Mind

- Between 60-80% of our message is communicated through our body language, only 7-10% is attributable to the actual words of a conversation.
- Whenever there is a conflict between verbal and non-verbal, we almost always believe the non-verbal messages without necessarily knowing why.

Eye Contact

It is important to look a consumer directly in the eye. Hold your head straight and face the consumer. This establishes rapport and conveys that you are listening to the consumer. This is not staring, but being attentive. However, be conscious of cultural differences and respect them.

Facial Expressions

These are the strongest non-verbal cues in face-to-face communication. Be aware of your own non-verbal – what are my habits that could be interpreted wrongly. Make certain that your facial expressions are congruent with your other non-verbal behavior. (Crossing arms, hands on hips, other...not portraying your interest) What do I see in the other person's face? If unclear, ask for interpretation.

Body Positioning

Posture, open arms versus crossed. When interviewing consumers look for cues in their body positioning, and be aware of your own. Sitting in an attentive manner communicates you are interested.

Environmental Cues:

- Discrepancies between the way the environment looks and what consumer reports as service needs.
- Importance of observations (i.e., house condition, cleanliness of consumer, tour house, etc.).

Sensory Cues:

- Data obtained by smelling.
- Tactile information – sticky floors, surfaces.

The Interview: Clarifying Information

It is important to probe for details and clarify information in order to get the best outcomes from the interview. Look for:

1. Conflicting information.

- What is observed is not consistent with information given
For example, consumer says she can't feed herself but she has been knitting, an activity that demonstrates manual dexterity. Perhaps the consumer's difficulty is in lack of strength; probing questions would be needed to tease out the basis of the statement that she cannot feed herself. Also, consider good days versus bad days. You may be seeing the consumer whose condition and abilities fluctuate.
- What the consumer says is inconsistent
For example, he says that he has no trouble bathing himself and he tells you that he is unable to walk without someone's constant assistance because he can't hold onto the handrails of a walker or a cane and he's unsteady on his feet. Perhaps the consumer who is at risk of falling is extremely modest and doesn't want anyone to see his naked body.
- What the consumer says and the family says are in conflict.
For example, the consumer says that he needs no help in dressing. The daughter with whom he lives and who is also his primary caretaker says that she dresses him every day. Probing questions are needed to determine whether the daughter is dressing her father because it's faster than to let him do it himself or if he is unable to dress himself. Issues to be considered would include his ability to reach, balance when standing, and perform tasks that require manual dexterity such as buttoning and zipping.

2. Unrealistic expectations of the program.

For example, the consumer had fallen and broken her hip. When she fell, she had lain on the floor for 7 hours until a neighbor heard her calling for help. The consumer just returned home from a rehab facility for therapy following hip replacement. She wants round-the-clock care so that if she falls again, she will get immediate help. Her concerns are understandable, but not within the Program scope. An alternative would be to make referrals to organizations that can provide her with a panic button so that she can summon assistance in the event of another fall.

3. Safety issues.

For example, a consumer says she is independent bathing. Thought she's unsteady on her feet, she says that she holds onto the towel rack to aid in stability. You look in the bathroom and confirm that what she's using to stabilize her is not a properly installed grab bar but a towel rack that is starting to come loose from the wall behind the bathtub. She needs help getting into and out of the tub and a grab bar and shower bench. If she discusses this with her physician and obtains a prescription for these items, it's possible that Medi-Cal will pay for these safety devices. Without assistance into and out of the tub, she's at risk of falling.

How to Probe to Clarify Information

When probing to clarify information the goal is to check that you have heard the consumer correctly, you are clear on the details of the information, and you have a complete picture of the situation. The following are a few methods that can be used to verify information and to decrease the risk of misunderstanding what the consumer has said.

1. Paraphrasing – Feedback the consumer’s ideas in your own words. For example, the consumer says that he doesn’t go to church anymore because he can’t be far from a toilet after taking his diuretic. You say, “I see, you take a diuretic in the morning and have to be close to the toilet. How long does that last?”
2. Stating your observations – Tell the consumer your observations about his behavior, actions and environment to find out if they are on target. For example, if you see that he can’t get out of the chair without help, say so.
3. Demonstration – Have the consumer to show you an activity. For example, you wonder how well the consumer transfers. You ask the consumer to show you the apartment. That gives you the opportunity to see the consumer transfer without specifically asking the consumer to demonstrate.
4. Asking clarifying questions – These questions are questions that get to details. For example:
 - “What do you mean by that? You said that you were tired a lot; tell me what the mean to you.” If the consumer doesn’t explain what they mean it is open to interpretation.
 - “Could you explain that, tell me more about that?”
 - “I’m not sure I understand.” The simply directs the consumer’s comments by letting him know you do not understand.

The Interview: Handling Difficult Situations

Most of the time the interview will go smoothly, but there are times when things will come up that will make getting good information more difficult. Here are some hints to help make each situation more successful.

1. The angry consumer – It is best to try to handle the anger at the beginning of the interview. This shows the consumer you care, and aren't there just to get your agenda accomplished. It never helps to ignore the anger; it will be a constant barrier to getting useful information.
 - Acknowledge the anger by gently confronting the consumer by saying something like, "You seem very upset and I am not sure why. Could we talk about what is upsetting you before we start?"
 - To get an angry person to open up explain (or re-explain) your purpose and that you need them to help you so you can best understand their needs and how the program can help them.
2. The consumer who is very sad / grieving – If the consumer is overcome by sadness and starts to cry.
 - Don't ignore or pretend they are not upset, crying. In some cases, it may not be obvious about the reasons for the sadness/grief, which may not become apparent until you ask a specific question that triggers the grief/sadness. Be direct but polite and sensitive. Let them talk briefly about the reason for the sadness/grief. You may say something like, "I'm sure that is very difficult for you", or "I'm sorry."
 - Try to be reassuring and let them know it is safe to express their feelings. A comment like, "It is OK to cry; we all cry," or, "I understand," can be effective.
 - Validate the situation by saying something like, "I have had other consumers who have the same reaction. It is hard." or, "These are difficult issues you're are dealing with, it is very normal."
 - If the consumer is too distraught about a recent death or other stressful event to focus on the issues you need to discuss for your assessment, it might be most appropriate to offer to reschedule the interview.
3. The consumer who rambles without focus – These consumers often want to tell long stories and often have a difficult time getting to 'the point'.
 - Remind the consumer of the goal of the interview. "That is very interesting Mrs. Jones, I really need to find out the details of how you get along each day so that I can help you get the services that you need. Can you tell me specifically how you prepare your meals?"
 - Rephrase the question in a more closed ended question, "I understand there have been many issues with your personal care. Do you need help with bathing?", if so you can then probe for specifics.
4. The consumer who answers with only a word or two – This can be very difficult because without information it is hard to get a good picture of the consumer's need.
 - Use open ended questions to try to get the consumer to give you a better picture.
 - Ask the consumer to paint you a picture of their day, "tell me what your day normally looks like." It is difficult to answer a question like this with one or two words and may get them to open up, or will allow you opportunities to probe for further information.
5. The consumer who is embarrassed – Some of the questions asked during the interview may be embarrassing to consumers. Especially those related to bowel and bladder care, and menstruation.
 - Reassure the consumer and acknowledge these may be embarrassing questions but that you need the information so they can get the assistance they need. "I know this may be embarrassing for you but I need to find out exactly what your needs are. Now you had said you have problems getting around. I'm wondering if that makes it difficult for you to get to the bathroom in time and causes you to have accidents."

6. Communication blocks:

- Hearing difficulties –
 - Ask the consumer if they have a hearing aide. If they do check to see if it is in and if it is on. If the consumer cups his/her hand over the ear, the hearing aid will whistle if it is turned on.
 - Talk slowly without jargon.
 - If the person doesn't seem to understand, paraphrase yourself.
 - Ask if one ear is better than another and position yourself on that side.
 - You may need to follow up with a family member to get clarification of information.
- Language barriers –
 - If they understand and speak some English make sure you go slowly, give them plenty of time to think of their answers and do not compound your questions.
 - Follow State regulations (MPP 21-115) and county procedures to arrange for an interpreter if the consumer does not speak English and you do not speak his/her language.

ALTERNATIVE RESOURCES TO CONSIDER

Adult Day Care offers non-medical services to adults 60 and older who are in need of some supervision and assistance. Day care activities are held at senior centers and include music, exercise, arts and crafts, discussion groups and outings. Some centers provide transportations, if necessary.

Adult Protective Services (APS) services adults 65 and older as well as disabled adults 18 to 65 who are harmed or threatened with harm. APS investigates cases of neglect, abandonment, and physical, fiduciary or sexual abuse. After a report of suspected abuse comes into the Call Center (800) 510-2020, an assessment is made by a social worker, and recommendations are made as to how the situation can be improved. Coordination with law enforcement begins as soon as criminal abuse is identified. Referrals to other programs often follow, along with emergency provisions of food, shelter or in-home aid. *(These may be considered alternative resources if any personal care services are provided by these referrals.)*

AIS Call Center has one easy phone number – (800) 510-2020 – that is the gateway for information and assistance. This is also the number to report elder or dependent adult abuse, or to apply for a variety of services for older adults, persons with disabilities and their families.

Alzheimer’s Day Centers give respite to family caregivers assisting persons with Alzheimer’s disease. These specialized day programs provide valuable interaction for seniors with Alzheimer’s disease and related memory problems.

Brown Bag Program delivers surplus food items each month to low-income adults age 60 and older, helping to supplement their food budgets. Food is gleaned by volunteers (mostly seniors themselves) and donated by farmers, warehouses, packing companies and retail food chains.

Family Caregiver Support Program targets the needs of those who care for a family member. Services include support groups, respite, counseling and help with identifying resources. *(Can be considered as Alternative Resource as long as PCSP is provided; i.e. grooming, bathroom, feeding, changing diapers, etc.)*

Home-Delivered Meals are offered to adults 60 and older who are homebound due to illness or disability, who ask to have meals delivered to them. A social worker will visit to assess the need. If appropriate for the program, a hot meal is delivered each weekday and frozen meals are provided for the weekends. The cost is a voluntary donation.

Multipurpose Senior Services Program (MSSP) is for seniors age 65 and above who are eligible for Medi-Cal and at risk of nursing home placement. Care management services are provided to help clients – many with medical problems – to live safely in the community.

Nutrition Centers provide hot, nutritious lunches during the week, for adults age 60 and older. Besides promoting better nutrition, these centers reduce the isolation of many older adults who may live alone.

Ombudsman Program provides advocates for residents in long-term care facilities. These advocates maintain a presence in the facilities; respond to, and resolve complaints; act as mediators; support residents rights; and witness certain legal documents. Visits by Ombudsmen are unannounced, and all discussions with residents are confidential.

Project CARE is a community network program that provides an early warning of distress for frail, ill or disabled persons living at home. Services include daily “Are you OK?” phone checks, Postal Alert, Gatekeeper, minor home repairs and more.

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM HEALTH CARE CERTIFICATION FORM

A. APPLICANT/RECIPIENT INFORMATION (To be completed by the county)

Applicant/Recipient Name: _____

Date of Birth: _____

Address: _____

County of Residence: _____

IHSS Case #: _____

IHSS Worker Name: _____

IHSS Worker Phone #: _____

IHSS Worker Fax #: _____

B. AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION (To be completed by the applicant/recipient)

I, _____, (PRINT NAME) authorize the release of health care information related to my physical and/or mental condition to the In-Home Supportive Services program as it pertains to my need for domestic/related and personal care services.

Signature: _____

(APPLICANT/RECIPIENT OR LEGAL GUARDIAN/CONSERVATOR)

Date: ____/____/____

Witness (if the individual signs with an "X"): _____

Date: ____/____/____

TO: LICENSED HEALTH CARE PROFESSIONAL* –

The above-named individual has applied for or is currently receiving services from the In-Home Supportive Services (IHSS) program. State law requires that in order for IHSS services to be authorized or continued a licensed health care professional must provide a health care certification declaring the individual above is unable to perform some activity of daily living independently and without IHSS the individual would be at risk of placement in out-of-home care. This health care certification form must be completed and returned to the IHSS worker listed above. The IHSS worker will use the information provided to evaluate the individual's present condition and his/her need for out-of-home care if IHSS services were not provided. The IHSS worker has the responsibility for authorizing services and service hours. The information provided in this form will be considered as one factor of the need for services, and all relevant documentation will be considered in making the IHSS determination.

IHSS is a program intended to enable aged, blind, and disabled individuals who are most at risk of being placed in out-of-home care to remain safely in their own home by providing domestic/related and personal care services. IHSS services include: housekeeping, meal preparation, meal clean-up, routine laundry, shopping for food or other necessities, assistance with respiration, bowel and bladder care, feeding, bed baths, dressing, menstrual care, assistance with ambulation, transfers, bathing and grooming, rubbing skin and repositioning, care/assistance with prosthesis, accompaniment to medical appointments/alternative resources, yard hazard abatement, heavy cleaning, protective supervision (observing the behavior of a non-self-directing, confused, mentally impaired or mentally ill individual and intervening as appropriate to safeguard recipient against injury, hazard or accident), and paramedical services (activities requiring a judgment based on training given by a licensed health care professional, such as administering medication, puncturing the skin, etc., which an individual would normally perform for him/herself if he/she did not have functional limitations, and which, due to his/her physical or mental condition, are necessary to maintain his/her health). The IHSS program provides hands-on and/or verbal assistance (reminding or prompting) for the services listed above.

**Licensed Health Care Professional means an individual licensed in California by the appropriate California regulatory agency, acting within the scope of his or her license or certificate as defined in the Business and Professions Code. These include, but are not limited to: physicians, physician assistants, regional center clinicians or clinician supervisors, occupational therapists, physical therapists, psychiatrists, psychologists, optometrists, ophthalmologists and public health nurses.*

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM HEALTH CARE CERTIFICATION FORM

Applicant/Recipient Name: _____

IHSS Case #: _____

C. HEALTH CARE INFORMATION (To be completed by a Licensed Health Care Professional Only)

NOTE: ITEMS #1 & 2 (AND 3 & 4, IF APPLICABLE) MUST BE COMPLETED AS A CONDITION OF IHSS ELIGIBILITY.

1. Is this individual unable to independently perform one or more activities of daily living (e.g., eating, bathing, dressing, using the toilet, walking, etc.) or instrumental activities of daily living (e.g., housekeeping, preparing meals, shopping for food, etc.)? YES NO

2. In your opinion, is one or more IHSS service recommended in order to prevent the need for out-of-home care (See description of IHSS services on Page 1)? YES NO

If you answered "NO" to either Question #1 OR #2, skip Questions #3 and #4 below, and complete the rest of the form including the certification in PART D at the bottom of the form.

If you answered "YES" to both Question #1 AND #2, respond to Questions #3 and #4 below, and complete the certification in PART D at the bottom of the form.

3. Provide a description of any physical and/or mental condition or functional limitation that has resulted in or contributed to this individual's need for assistance from the IHSS program:

4. Is the individual's condition(s) or functional limitation(s) expected to last at least 12 consecutive months? YES NO

Please complete Items # 5 - 8, to the extent you are able, to further assist the IHSS worker in determining this individual's eligibility.

5. Describe the nature of the services you provide to this individual (e.g., medical treatment, nursing care, discharge planning, etc.):

6. How long have you provided service(s) to this individual?

7. Describe the frequency of contact with this individual (e.g., monthly, yearly, etc.):

8. Indicate the date you last provided services to this individual: ____ / ____ / ____

NOTE: THE IHSS WORKER MAY CONTACT YOU FOR ADDITIONAL INFORMATION OR TO CLARIFY THE RESPONSES YOU PROVIDED ABOVE.

D. LICENSED HEALTH CARE PROFESSIONAL CERTIFICATION

By signing this form, I certify that I am licensed in the State of California and/or certified as a Medi-Cal provider, and all information provided above is correct.

Name: _____

Title: _____

Address: _____

Phone #: _____

Fax #: _____

Signature: _____

Date: _____

Professional License Number: _____

Licensing Authority: _____

PLEASE RETURN THIS FORM TO THE IHSS WORKER LISTED ON PAGE 1.



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

November 10, 2011

ALL-COUNTY LETTER (ACL) NO.: 11-76

TO: ALL COUNTY WELARE DIRECTORS
IHSS PROGRAM MANAGERS

SUBJECT: **IN-HOME SUPPORTIVE SERVICES (IHSS) HEALTH CARE
CERTIFICATION FORM SOC 873 EXCEPTIONS**

REFERENCE: All-County Letter (ACL) No. 11-55 DATED JULY 27, 2011

This All-County Letter (ACL) instructs counties on the implementation of Assembly Bill (AB) 106 (Chapter 32, Statutes of 2011) as it relates to the exceptions to the rule requiring a certification be obtained from a licensed health care professional prior to the authorization for In-Home Supportive Services (IHSS) applicants.

BACKGROUND

Senate Bill (SB) 72 (Chapter 8, Statutes of 2011) added section 12309.1 to the Welfare and Institutions Code (WIC) that requires the development of a certification form. The California Department of Social Services (CDSS), in consultation with the California Department of Health Care Services and stakeholders, developed the In-Home Supportive Services Program Health Care Certification Form (SOC 873). The completed SOC 873 must be received prior to the authorization of IHSS services for new applicants and to allow the continuation of IHSS services for current recipients. SB 72 allowed for two exceptions to this rule as it relates to applicants, one of which was amended by AB 106.

WIC 12309.1(a)(2) states "the certification shall be received prior to service authorization, and services shall not be authorized in the absence of the certification." However, there are two exceptions that permit the authorization of services prior to the receipt of the SOC 873 or alternative documentation. Those exceptions are:

- 1) IHSS services may be authorized when services have been requested on behalf of an individual being discharged from a hospital or a nursing home and those services are needed to enable the individual to return safely to their own home or into the community.
- 2) Services may be authorized temporarily pending receipt of the certification when the county determines that there is a risk of out-of-home placement.

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

These authorization exceptions are temporary in nature and ultimately the SOC 873 or alternative documentation must be obtained within 45 calendar days from the date the certification is requested by the county.

GRANTING EXCEPTIONS FOR APPLICANTS

When an individual applies for IHSS services prior to being released from a hospital or a nursing home and the county determines IHSS services are needed for that individual to return home safely, IHSS can be granted temporarily prior to receipt of the SOC 873 or alternative documentation. In addition, when the county determines there is an imminent risk of out-of-home placement without immediate service authorization, IHSS services can be temporarily authorized pending receipt of the SOC 873. For example, an Adult Protective Services worker advises the county that an IHSS applicant is at imminent risk of out-of-home placement without IHSS services in place. If the county determines that waiting up to 45 calendar days for the SOC 873 to be returned would place an IHSS applicant at risk of out-of-home placement, services can be granted temporarily pending receipt of the SOC 873 or alternative documentation.

When granting one of the above exceptions, the county must request the SOC 873 as soon as administratively possible but no later than the date of the in-home assessment. If the SOC 873 or alternative documentation is not provided within 45 days from the date it was requested (or within 90 days if a good cause extension has been granted -- see below), the case must be terminated prospectively with a timely 10-day notice using Notice of Action (NOA) code 507. If the completed SOC 873 is received by the county within the 45-day timeframe and indicates no need for services, the county must terminate the case prospectively with a timely 10-day notice using NOA code 443. Applicants granted an exception will be considered temporarily eligible pending receipt of the SOC 873. If the SOC 873 or alternative documentation is received after the 45th day, counties can follow their standard operational procedures to determine whether to rescind the termination or require a new application.

For applicants who have been granted an exception, the 45-day time limit can be extended an additional 45 calendar days for good cause: for a total of 90 calendar days. Good cause means a substantial and compelling reason beyond the exempted applicant's control. In order to be eligible for a good cause extension, the exempted applicant must show good faith efforts in trying to obtain the SOC 873 or alternative documentation. Counties have the discretion to determine on a case-by-case basis when good cause exists. Exempted applicants must notify the county of the need for a good cause extension no later than 45 calendar days from the date the county requested the SOC 873. (Recipients must also notify the county of the need for a good cause extension no later than 45 calendar days from the date of the in-home assessment.) After the 45th day, a good cause extension can no longer be granted.

CMIPS INSTRUCTIONS FOR EXCEPTIONS

When entering an exception case into CMIPS, counties must enter an "E" in the Medical Certification (MC) Code field and enter the date the SOC 873 was requested from the applicant in the MC Date field. Once the MC Code and MC Date are entered, counties can continue to authorize the case as usual.

NOTICES

When an exception to the health care certification requirements has been granted, counties shall notify the applicant that his/her application for IHSS has been temporarily approved and of the requirement to submit a completed SOC 873 within 45 calendar days of the date the certification is requested. If hours are being authorized prior to an in-home assessment, because the applicant is being discharged from a medical facility, counties must send the "In-Home Supportive Services Program Notice of Provisional Approval Health Care Certification Exception Granted" (SOC 876) in lieu of a regular NOA (NA 690). The SOC 876 (attached) lists the provisional hours assessed for each of the service categories and does not provide appeal rights because the authorized hours shown will be based on a preliminary assessment rather than the required in-home assessment. The SOC 876 must be completed manually by the counties. Following the in-home assessment, counties must notify the applicant of the assessed hours by sending the NA 690, which provides appeal rights. Counties are reminded that if the applicant's discharge planner needs a copy of the SOC 876, the county may provide this to the discharge planner with the applicant's written consent.

If hours are being authorized after an in-home assessment has been completed, but before the SOC 873 has been received, an NA 690 should be sent using the following NOA message number 508:

"Your application has been temporarily approved pending receipt of your health care certification form. Your eligibility will be discontinued if the form is not received within 45 days of the date it was requested or if the form indicates you have no need for In-Home Supportive Services. (WIC 12309.1)"

FORMS/CAMERA-READY COPIES AND TRANSLATIONS

For a camera-ready copy of English and Spanish forms, contact the Forms Management Unit at: fmudss@dss.ca.gov. If your office has internet access, you may obtain these forms from the California Department of Social Services (CDSS) web page at: www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

ACL No.: 11-76

Page Four

Please note CDSS is in the process of translating the SOC 876 into the threshold languages: Spanish, Armenian and Chinese. Copies of the translated forms and publications in all other required languages can be obtained at: www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

For questions on translated materials, please contact Language Services at (916) 651-8876.

Your County Forms Coordinator will distribute translated forms to each program and location. Each county must provide bilingual/interpretive services and written translations to non-English or limited-English proficient populations, as required by the Dymally-Alatorre Bilingual Services Act (Government Code section 7290 et seq.) and/or by state regulation (MPP Division 21, Civil Rights Nondiscrimination, section 115).

Questions about accessing the forms may be directed to the Forms Management Unit at fmudss@dss.ca.gov; questions about translations may be directed to the Language Services Unit at LTS@dss.ca.gov.

For questions, please contact Marshall Browne, Manager, Policy & Litigation Branch, Operations and Technical Assistance Unit, at (916) 651-5248, or by e-mail at: Marshall.Browne@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachment

**IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM
NOTICE OF PROVISIONAL APPROVAL
HEALTH CARE CERTIFICATION EXCEPTION GRANTED**

TO:

County of: _____

Notice Date: _____

Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

The county has provisionally approved your application for In-Home Supportive Services (IHSS). Here's what that means:

State law requires that before you can get IHSS, you have to provide the county with a health care certification completed and signed by a licensed health care professional, and you have to have an assessment of your needs completed in your own home.

The county has granted an exception so that you can get IHSS on a temporary basis **before** you meet these requirements, but you still have to provide the county with the health care certification (if you have not already provided it). You will temporarily get the services/hours shown below once you return to your own home. These services/hours are based on a preliminary assessment of your needs done while you were in a medical facility.

When you provide the county with the health care certification, the county will determine your eligibility to continue getting IHSS. If you are determined eligible, the county will do an in-home assessment to complete the determination of your services/hours.

The county asked you to provide the health care certification by _____ DATE _____

If you do not provide the county with a health care certification by this date, the IHSS you have been getting on a temporary basis will stop. If you cannot provide the certification by this date, contact your social worker before the due date to explain why and ask if the county can grant you more time.

If you have questions about the information in this notice, call your social worker.

SERVICES	AUTHORIZED # OF HOURS
DOMESTIC SERVICES (per month)	
RELATED SERVICES (PER WEEK)	
- Prepare meals	
- Meal clean-up	
- Routine laundry	
- Shopping for food	
- Other shopping/errands	
NON-MEDICAL PERSONAL SERVICES (PER WEEK)	
- Respiration assistance	
- Bowel and/or bladder care	
- Feeding	
- Routine bed baths	
- Dressing	
- Menstrual care	
- Assistance with walking (including getting in/out of vehicles)	
- Transferring: moving in/out of bed, on/off seats, etc.	
- Bathing, oral hygiene, grooming	
- Rubbing skin, repositioning	
- Assistance with prosthesis, help setting up medication	
ACCOMPANIMENT (PER WEEK)	
- To/from medical appointments	
- To/from alternative resources	
PROTECTIVE SUPERVISION (PER WEEK)	
TEACHING/DEMONSTRATION SERVICES (PER WEEK)	
PARAMEDICAL SERVICES (PER WEEK)	
HOURS OF SERVICE AUTHORIZED FOR ONE MONTH ONLY	
- Heavy cleaning	
- Yard hazard abatement	
Total weekly hours of service authorized	
Multiply by 4.33 (average # of weeks per month) to convert to monthly hours	
Add monthly authorized domestic services hours (from above)	
TOTAL HOURS OF SERVICE AUTHORIZED PER MONTH	

COMMUNICATING IN DIFFICULT SITUATIONS

1. Listen for full understanding of the person's perspective. Allow them the opportunity to give you a clear picture of what they are trying to say.
2. Put the person at ease using non-verbal cues that show interest and concern.
3. Take the time you need to really understand the situation. In the long run, spending a few more minutes now will save time in avoiding conflict.
4. Respond to concerns the consumer may have in an affirming manner. Restate their concerns in a way that shows you have heard their issues.
5. Focus on the overall goal of the situation. Avoid personalization of the issues. Keep the conversation professional.
6. Understand what you do Today will have an Effect on Tomorrow. The more effective you are in dealing with the issue at hand, the less the issue will grow and consume your energies.

HANDLING HOSTILITY

The following are suggestions for handling consumer hostility:

1. Don't get angry or defensive. Recognize your own reactions. Remember that this is a professional, not personal, issue.
2. Don't patronize or lecture. Saying things such as, "why don't you just calm down" will only escalate the problem and is disrespectful to the consumer.
3. Allow the consumer to voice his/her concerns. Respond with acceptance and understanding. Be empathetic. Listen to understand the situation from the consumer's perspective.
4. Be positive – don't attack them. Show them respect for their discomfort.
5. Greet anger with calmness – set the mood for calm discussion and resolution.
6. Understand the facts regarding the situation that is upsetting the consumer. If you don't have the facts, state what you will need to find out and when you will get back to them.
7. Focus on present and future. Avoid allowing the consumer to get stuck in the past. Emphasize what can be done positively in the future, not what has happened in the past.
8. Ask questions – "How can I help?" Often the consumer knows what they want from you. If you understand their wants you will be able to discuss future possibilities with that in mind.
9. Summarize for clarification and understanding.
10. Be honest about your next steps. If you can't fix the problem outright, don't make promises that you cannot keep. If there are consequences to the behavior, let the consumer know.

Adapted from: *Understanding Generalist Practice*, Kirst-Ashman and Hull
Nelson-Hall Publishers and *Connecting with self and others*, Sherod Miller et.al.
Interpersonal Communications Programs, Inc.

THINGS TO CONSIDER WHEN DEALING WITH SOMEONE WHO IS HOSTILE

1. Try to evaluate as honestly as you can by reasoning with yourself whether his/her anger is justified.
2. Put hostile people in perspective. You are probably nothing but an afterthought to them, so don't take their antics personally. They're not concerned about you because they're too busy worrying about themselves.
3. Take your pick – positive or negative. You cannot concentrate on constructive, creative alternatives or solutions while you cling to negative feelings. Vent your emotions to a fellow worker or your supervisor and cool off. Think about the result you really want, the consequences or outcome that will benefit the consumer the most.
4. Don't expect hostile people to change. They will not, and in a way that is good because their behavior is predictable. They may not change but by choosing a better approach you can change the outcome.
5. Learn to respond as well as listen. Ask questions instead of making accusations. If you let others save face, you give them room to change their minds.
6. Request feedback. Use open-ended questions to let emotional people vent their feelings before you try to reason with them and explore options.
7. Be straightforward and unemotional. The more you remain calm and matter-of-fact, the sooner you gain another's confidence. People want to feel you are leveling with them, that they can trust you. Remember that respect from other begins with self-respect.
8. Be gracious. Someone else's rudeness does not give us the right to be rude. Treat the other with the kindness you would like to be shown and allow them to feel important. When our own egos are healthy, we are rich; we can afford to be generous.

SOME FACTS ABOUT GRIEF

Two simple *Definitions* of grief are:

1. The conflicting feelings caused by the end of or change in a familiar pattern or behavior.
2. A normal, natural and painful emotional reaction to loss.

Causes of Grief

- Passing of a human life, as well as for the
- Death of a relationship (divorce),
- Loss of health and function and loss of independence, and
- Loss of a pet.

Grieving involves intense feelings - love, sadness, fear, anger, relief, compassion, hate, or happiness, to name a few. These feelings are intense, disorganizing and can be long-lasting. Grieving has been described as drowning in a sea of painful emotions.

Stages of Grief.

1. Shock – Immediately following the death of a loved one, it is difficult to accept the loss. A feeling of unreality, a feeling of being out-of-touch.
2. Emotional Release – Awareness of enormity of loss is realized accompanied by intense pangs of grief. In this stage a grieving individual sleeps badly and weeps uncontrollably.
3. Panic – Feelings of mental instability, wandering around aimlessly, forgetting things, physical symptoms.
4. Guilt – Feelings of guilt about failures in relationship, ability to change situation, to save deceased.
5. Hostility / Anger – Feelings of anger over the situation, cause of death and sometimes even at the deceased.
6. Inability to Get Back to Normal – Difficulty in regaining normality of daily living. Difficulty in concentrating on the day-to-day activities. The grieving person's entire being, emotional, physical and spiritual, is focused on the loss that just occurred.
7. Acceptance of Loss – Life balance slowly returns. There are no set timeframes for healing. Each individual is different.
8. Hope – The pains of grief are still present but the grieving person is able to find hope for the future. The individual is able to move forward in life with good feelings knowing they will always remember and have memories of the loved one.

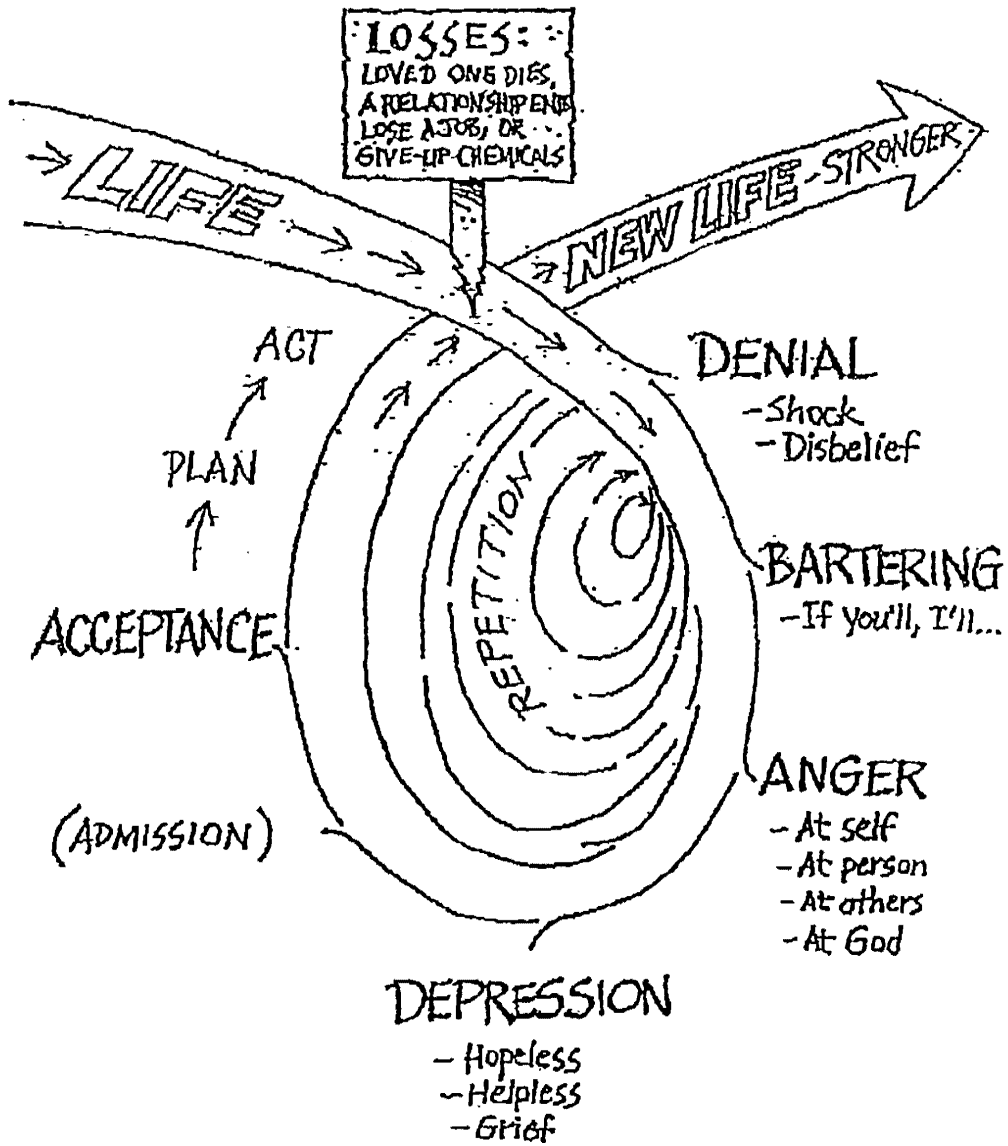
Note: Consumers may pass through each stage more than once, and may be in more than one stage at a time. There is no particular order in which they may work through these stages. Even if they appear to have reached the end, another loss may trigger them to go back in to another stage.

Helping Consumers through the Grief Process

- Encourage consumer to take their time going through the grief process. Support them and family not to try to rush the process.
- Explain to the consumer that because this is a time of instability and high emotions, it is not a good time to make major life decisions.
- Encourage use of support groups for drug and alcohol if consumer / family have history of dependency.
- Help consumer to understand that they will have good days and bad days.
- Encourage them to seek out people who can listen to their stories and remember their loved ones.
- Reinforce that grief is a very personal and individual process – no one experiences it the same way.

THE LOSS CYCLE

The Normal Cycle for All Losses



GENERAL ETIQUETTE

for

Interacting with People with Disabilities

If you are interacting with people with disabilities for the first time, BE YOURSELF! As in any new situation, everyone will feel more comfortable if you relax.

The Basics

- Ask before you help. Just because someone has a disability, don't assume they need help. If the setting is accessible, people with disabilities can usually get around fine.
- Be sensitive about physical contact. Some people with disabilities depend on their arms for balance. Grabbing them could knock them off balance. Avoid patting a person on the head or touching his wheelchair, scooter or cane. People with disabilities consider their equipment part of their space.
- Talk with the person with a disability, not their spouse, assistant, interpreter, or others nearby.
- Maintain eye contact and body language that you would normally use during any other conversation.
- Treat adults as adults. Address people with disabilities by their first names only when extending that same familiarity to all others.
- Relax . Don't be embarrassed if you happen to use common expressions such as "See you later" or "Did you hear about this?" that seems to relate to a person's disability.
- Don't make assumptions. If you have a question about what to do, what language or terminology to use, or what assistance, if any, they might need, the person with the disability should be your first and best resource. Do not be afraid to ask their advice.
- Respond graciously to requests. When people who have a disability ask for an accommodation, it is not a complaint. It shows they feel comfortable enough to ask for what they need. If they get a positive response, they will tell others about the good service they received.
- The most important thing to focus on during a conversation with a person who has a disability is the overall goal, which is simply communication between two individuals. Ultimately, it is what is communicated that will be important, not how it is communicated.

LANGUAGE TIPS

There are some general hints which can help make your communication and interactions with people with all types of disabilities more successful.

- The preferred terminology is "disability" or "disabled", not "handicap" or "handicapped."
- Never use terms such as "retarded", "dumb", "psycho", "moron", or "crippled." They are very demeaning and disrespectful to people with disabilities.
- Remember to put people first. It is proper to say "person with a disability", rather than "disabled person."
- If you are unfamiliar with someone, or their disability, it is better to wait until they describe their situation to you than to make your own assumptions about them.
- Many types of disabilities have similar characteristics, and your assumptions may be wrong.
- An important thing to remember in any conversation with someone who has a disability is: "assume nothing."
- Use your normal speaking speed.
- It is always a good idea to speak clearly, without mumbling or slurring words.
- Don't be overly friendly, paternalistic, or condescending when speaking to a person with a disability.
- Most people, even if they are unable to speak to you in a "normal" manner, have normal or above-average intelligence.
- Your use of abnormal speech or simplistic language will lessen the chances of having a successful conversation.
- Be patient not only with the person with the disability, but with yourself.
- Frustration may come from both sides of the conversation, and needs to be understood and dealt with by both parties.
- Once again, the most important thing to focus on during a conversation with a person who has a disability is the overall goal. It is simply communication between two individuals.
- Since about 20% of people in our society have some type of disability, you never really know when that will be a factor in one of your conversations.

SPECIFIC DISABILITIES

The following summary of the characteristics of different types of disabilities contains many true statements, but no absolute truths. Remember that every person with a disability is an individual. While this summary is about disabilities, it is important to remember that you are not interacting with disabilities; you are interacting with individuals with disabilities.

Remember also that they are people first. It is most important to ask the individual what terminology they prefer, or if they need assistance. With this in mind, the following general guidelines are offered.

PEOPLE WHO ARE BLIND

Things to Know

- Most persons who are blind have some sight, rather than no sight at all.
- Many people who are blind are mobile and independent. Some people who are blind view blindness not as a disability as much as an inconvenience.
- While many people who are blind can use Braille, the majority of persons who are blind do not.
- A person may have a visual disability that is not obvious. Be prepared to offer assistance – for example, in reading when asked.

Things to Do

- Introduce yourself. Identify who you are and what your job or role is. Be sure to introduce him to others who are in the group or enters the room so that he's not excluded.
- If you have met before, remind them of the context; they won't have the visual cues to jog their memory.
- Be descriptive when giving directions. Saying "over there" has little meaning to someone who cannot see you point. "Four doors after turning right from the elevator" would be much more helpful.
- Always ask someone if they need your assistance and how you can assist them.
- Lead someone who is blind only after they have accepted your offer to do so.
- Allow them to hold your arm, rather than you holding them. It is important to let people with vision impairments control their own movements.
- Many techniques are used as tools for independence, but individuals with disabilities use only things that work for them.
- If the person has a guide dog, walk on the side opposite the dog. As you are walking, describe the setting, noting any obstacles such as stairs ('up' or 'down') or a big crack in the sidewalk. Other hazards include revolving doors, half-opened filing cabinets or doors, and objects protruding from the wall at head level such as hanging plants or lamps. If you are going to give a warning, be specific. Shouting, "Look out!" does not tell the person if he should stop, run, duck or jump.

- Remember to describe sights or objects from their perspective, not yours. Tell them when you have brought new items into their environment, describing what they are and, most importantly, where you have put them.
- Offer to read written information—such as the menu, merchandise labels or bank statements to customers who are blind. Count out change so that they know which bills are which.
- If you need to leave a person who is blind, inform him first and let him know where the exit is, then leave him near a wall, table, or some other landmark. The middle of a room will seem like the middle of nowhere to him.

Things to Avoid

- Do not move items (furniture, personal items) after their position has been learned by the person. This can be frustrating and, in some cases, dangerous for the person with a disability.
- Do not use references that are visually oriented like, "over there near the green plant."
- Don't touch the person's cane or guide dog. The dog is working and needs to concentrate. The cane is part of the individual's personal space. If the person puts the cane down, don't move it. Let him know if it's in the way.

Things to Consider

- Persons who are blind have more often been told what to do rather than asked what they would prefer doing. This attitude is not acceptable towards any person.

PEOPLE WITH LOW VISION

Things to Know

- Persons with low vision may not be wearing dark glasses or using a cane and therefore are not easily identifiable.
- A person with low vision may need written material in large print.
- It is easiest for most people with low vision to read bold white letters on a black background.

Things to Do

- Ask the person what size and type font they prefer to read.
- Remember that you can use a copy machine to enlarge print.
- Good lighting is very important.
- Have a simple (drug store brand) magnifying glass available.
- Use a thick point black marker when writing down information. Check with the person to determine what size to write letters/numbers so they can see it.
- Keep walkways clear of obstructions.

Things to Avoid

- Very shiny paper or walls can produce a glare that disturbs people's eyes.
- Avoid using all uppercase letters because it is more difficult for people with low vision to distinguish the end of a sentence.
- Do not move items (furniture, personal items) after their position has been learned by the person. This can be frustrating and, in some cases, dangerous for the person with a disability.

DEAF AND/OR HEARING IMPAIRED

Things to Know

- Most persons who are deaf or hearing impaired have some hearing, rather than no hearing at all.
- Sign language is not another form of English; it is an official language with its own grammar, syntax and rules.
- Not all persons who are deaf use sign language.
- Lip-reading, while helpful without sound clues, is only 30-50% effective, and sometimes less. Not all persons who are deaf lip-read.
- Long conversations with persons who can lip-read can be very fatiguing to the person who has the disability.
- English is a second language for many deaf people. Reading and writing English may be challenging for some deaf people.
- Not all persons who are deaf speak.
- Some deaf and hard of hearing persons have service animals that alert them to certain sounds.
- People who are hard of hearing, however, communicate in English. They use some hearing but may rely on amplification and/or seeing the speaker's lips to communicate effectively.
- The majority of late deafened adults do not communicate with sign language, do use English, and may be candidates for writing and assistive listening devices to help improve communication.
- People with cochlear implants, like other people with hearing loss, will usually inform you what works best for them.

Things to Do

- Find out how the person communicates best.
- If the person uses an interpreter, address the person, not the interpreter.
- If the person reads lips, speak in a normal, not exaggerated, way.
- Short simple sentences are best. If the person lip-reads, avoid blocking their view of your face. Make sure the lighting is good.

- Gain the person's attention before starting a conversation. Depending on the situation, you can extend your arm and wave your hand, tap her on the shoulder or flicker the lights.
- If there is some doubt in your mind whether you were understood, rephrase your statement and assure that understanding has been reached.
- Be aware of situations where a person may be waiting for a service (transportation, a table, the start of an activity) where the common way to communicate is an announcement or the calling of the person's name. Advise them when their name is called.
- When talking, face the person. A quiet, well-lit room is most conducive to effective communication. If you are in front of the light source such as a window with your back to it, the glare may obscure your face and make it difficult for the person who is hard of hearing to speech read.
- Speak clearly. Most people who are hard of hearing count on watching people's lips as they speak to help them understand.
- If you need to contact the deaf or hearing impaired person, make sure you take note of the preferred method of notifying them.

Things to Avoid

- There is no need to shout at a person who is deaf or hard of hearing. If the person uses a hearing aid, it will be calibrated to normal voice levels; your shout will just sound distorted.
- Do not become impatient or exasperated with the person if it takes longer to communicate.
- Make sure there are no physical barriers between you and the person you are in conversation with. If the person is using hearing aids, avoid conversations in large, open and noisy surroundings. Avoid chewing gum, smoking or obscuring your mouth with your hand while speaking.

Things to Consider

- Persons who may deal very well one-on-one in communication may have a hard time with two or more speakers, especially if there are many interruptions and interjections.
- Showing impatience to someone who is deaf or hearing impaired may cause the less assertive person to back off from telling you his or her needs.
- When someone asks, "What did you say?" the answers, "Never mind," "Nothing," or "It's not important," are very common replies. These are insulting and demeaning because they communicate that the person is not worth repeating yourself for.

PEOPLE WHO USE WHEELCHAIRS OR HAVE MOBILITY IMPAIRMENTS

Things to Know

- There are many reasons (not just being paralyzed) which might require someone to use a wheelchair. These might include loss of stamina or equilibrium, or a temporary condition like a fracture or recovery from surgery.
- There are a wide range of physical capabilities among people who use wheelchairs. This means that persons who use them may require different degrees of assistance, or no assistance at all.
- Some persons do not use wheelchairs exclusively, but may also use canes, leg braces and, in some cases, no assistive devices at all, or only for short periods.
- All wheelchairs are not the same. Different sizes and shapes meet different needs. Some wheelchairs move manually and others are motorized. Just because one person can access an area in his or her wheelchair does not mean that everyone with a wheelchair may be able to do so.
- If you offer a seat to a person who has limited mobility, keep in mind that chairs with arms and without wheels are easier for some people to use.
- People who do not have a visible disability may have needs related to their mobility. For example, a person with a respiratory or heart condition may have trouble walking long distances or walking quickly. Be sure that there are ample benches for people to sit and rest on.
- Some people have limited use of their hands, wrists or arms. Be prepared to offer assistance with reaching for, grasping or lifting objects, opening doors and display cases, and operating vending machines and other equipment.

Things to Do

- If you are asked to fold, carry, or store a wheelchair, treat it with the same respect that you would if you were holding someone's eyeglasses. They are similar in many ways. Wheelchairs can break, they are difficult to have repaired on short notice and on weekends, and it is extremely disruptive to the user when they are out of commission.
- When you meet someone seated in a wheelchair, extend your hand to shake if that is what you normally do. A person who cannot shake hands will let you know. They will appreciate being treated in a normal way.
- Keep the ramps and wheelchair accessible doors to your building unlocked and unblocked.
- If the service counter present is too high for a wheelchair user to see over, step around to provide service. Have a clipboard ready for filling out forms.
- When speaking to someone who uses a wheelchair, remember to give the person a comfortable viewing angle of yourself. Having to look straight up is not a comfortable viewing angle.
- Falls are a big problem for people who have limited mobility. Be sure to set out adequate warning signs after washing floors. Also put out mats on rainy or snowy days to keep the floors as dry as possible.

Things to Avoid

- Wheelchair users are people, not equipment. Don't lean over someone in a wheelchair to shake another person's hand or ask a wheelchair user to hold coats.
- Do not approach someone who is using a wheelchair and start pushing him or her without asking.
- When communicating, do not stand too close to the person in a wheelchair. Give him or her some space.

Things to Consider

- It is a very common experience for persons who use wheelchairs to be told that some place is accessible when it is not. Listen carefully when anyone who uses a wheelchair tells you that some area which you thought was accessible is not.
- Do not assume that the person using a wheelchair needs assistance. Ask the person if there is anything special you can provide.

CONDITIONS WHICH CAUSE DIFFICULTY WITH SPEECH

Things to Know

- There are many reasons for having difficulty with speech. Deafness, Cerebral Palsy, stroke, head injury, physical malformation of speech mechanisms, and general speech impairment are just a few.
- It is not unusual in stressful situations for someone's speech to become harder to understand.

Things to Do

- Give the person your full attention. If you have trouble understanding, don't nod.
- Just ask him to repeat. In most cases, the person won't mind and will appreciate your effort to hear what he has to say.
- If you do not understand what a person is saying, bring it to his or her attention immediately and ask how the two of you may communicate more effectively. If it is a stressful situation, try to stay calm. If you are in a public area with many distractions, consider moving to a quiet or private location.
- Consider writing as an alternative means of communication.
- If there is no solution to the communication problem that can be worked out between you and the person, consider asking if there is a person who could translate or interpret what he or she is saying.

Things to Avoid

- Do not pretend to understand when you really do not.
- Do not become exasperated or impatient with the communication process.
- Do not interrupt or finish sentences for the person with a disability.