

DEPARTMENT OF SOCIAL SERVICES

744 P Street, MS 19-95, Sacramento, CA 95814



August 31, 2006

ALL-COUNTY LETTER NO. 06-34

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERSReason For This Transmittal

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

REFERENCE: WELFARE and INSTITUTIONS CODE (WIC) SECTION 12301.2

The purpose of this letter is to transmit regulations (Attachment A) which implement new Hourly Task Guidelines (HTGs) required by Institutions Code (WIC) Section 12301.2, enacted by Senate Bill (SB) 1104, Chapter 229, Statutes of 2004, for In-Home Supportive Services (IHSS) programs (the Personal Care Services Program [PSCP], the Independence Plus Waiver [IPW] program, and the Residual program). The attached regulations were filed with the Office of Secretary of State and are effective September 1, 2006. Consequently, these regulations are to be implemented for cases from September 1, 2006 forward at the time of all assessments and reassessments.

BACKGROUND

SB 1104 enacted the Quality Assurance (QA) Initiative which outlined a number of enhanced activities to be performed by the California Department of Social Services (CDSS), the counties, and the California Department of Health Services (CDHS) in coordination with the County Welfare Directors Association (CWDA) to improve the quality of IHSS/PCSP service need assessments, enhance program integrity, and detect and prevent program fraud and abuse. The enactment of WIC Section 12301.2 was a key provision of the QA Initiative which required CDSS to develop HTGs with exception criteria to provide a standard guide and tool for county workers to accurately and consistently assess service authorizations on a statewide basis and authorize services and time more equitably throughout the State. The HTGs establish a normal range of time for certain tasks and a guide for granting time inside and outside the time guidelines as appropriate to meet the unique needs of IHSS recipients.

The CDSS established the HTGs Workgroup in February of 2005 to gain a broad scope of input from a variety of program stakeholders which included counties, program advocates, provider unions, and IHSS recipients and care providers. The Workgroup identified the IHSS tasks needing new HTGs and felt that the existing time guidelines already in place for four service categories (Domestic, Laundry, Shopping, and Other Errands) should remain in place.

These regulations amend the Manual of Policies and Procedures (MPP) Section 30-757 to implement the use of the State's time guidelines when conducting an individual assessment or reassessment. They include factors to consider when assigning time and examples of common reasons for exception to the new time ranges. They also delete MPP Section 30-758 which addressed existing time guidelines. A summary of the regulations is as follows:

SUMMARY OF REGULATIONS

- **General (MPP Section 30-757.1):** Introduces that there are time guidelines for some service categories which should apply if there is no reason for an exception based on the guidelines. The time guidelines can only be applied based on the recipient's individual level of need and to the extent necessary to ensure his/her health and safety. When a recipient's need requires an exception for more or less time than the time guideline, the need for more or less time must be documented in the case record.

Time Guideline Services which Remain Unchanged by the New Time Guidelines Relocated from MPP Section 30-758 to MPP Section 30-757

- **Domestic Services (relocated to MPP 30-757.11):** The time guideline of up to 6.0 hours per month unless the recipient's needs require an exception is continued.
 - **Miscellaneous Domestic (MPP 30-757.11(k))** has been amended to include a policy clarification that includes wheelchair cleaning and recharging wheelchair batteries.
- **Laundry Services (relocated and renumbered to MPP 30-757.134):** The time guideline of up to 1.0 hour per week for in-home laundry and up to 1.5 hours for out-of-home laundry services when laundry facilities are not available in the home, unless the recipient's needs require an exception is continued.

- **A change was made to Handbook Section MPP 30-757.134(d)** to delete language pertaining to use at nonpeak hour times.
- **A policy clarification adding MPP Section 30-757.134(e)** was made to clarify that incontinence is a common exception which needs to be considered.
- **Food Shopping (relocated and renumbered to MPP 30-757.135):** The time guideline of up to 1.0 hour per week unless the recipient's needs require an exception is continued.
- **Other Errands (relocated and renumbered to MPP 30-757. 135):** The time guideline of up to .5 hour per week unless the recipient's needs require an exception is continued.

New Time Guidelines, Factors for Consideration of Time and Exceptions, and Service Task Definitions (MPP 30-757)

- **Twelve Service Categories with Time Ranges:** Time Ranges were established for the following 12 services: (1) Meal Prep; (2) Meal Cleanup; (3) Feeding; (4) Bowel and Bladder Care; (5) Routine Bed Baths; (6) Dressing; (7) Menstrual Care; (8) Ambulation; (9) Transfer; (10) Bathing, Grooming, and Oral Hygiene; (11) Rubbing Skin and Repositioning; and (12) Care and Assistance with Prosthetic Devices.
- **Task Definitions:** All services identify a scope of allowable tasks that may be considered for each service to clearly delineate allowable services that must be considered and to avoid duplication in other service areas. It is a comprehensive list of service scope. Additionally, some tasks were moved to a more appropriate service category to avoid duplication as follows:
 - **Bowel and Bladder (MPP 30-757.14(a)):** Getting to and from the bathroom was moved to **Ambulation (MPP 30-757.14(k))**. Tasks that should be considered under **Paramedical (MPP 30-757.19)** were clarified.
 - **Rubbing Skin and Repositioning (MPP 30-757.14(g)):** Getting on and off seats and wheelchairs was moved to **Transfer (Renamed from Moving In and Out of Bed) (MPP 30-757.14(h))**. Getting in and out of vehicles was moved to **Ambulation (MPP 30-757.14(k))**.
 - **Routine Bed Baths (MPP 30-757.14(d)):** A revision was made to include all sponge bathing.

- **Identification of Specific Factors for Consideration of Time:** Each service category identifies some circumstances for consideration of time. These are examples and are not intended to limit considerations to the lists.
- **Identification of Exceptions (MPP 30-757.1):** Exceptions are indicators of circumstances where needs would typically not fit within the time guidelines. Exceptions only apply to time—not to adding any new tasks not already identified under the service. Exceptions apply when the recipient’s total (not prorated) needs for a service were determined to require some time, but not the time within the time guideline. (Note: Due to the unique nature of Rank 2 [verbal reminding or encouragement without hands-on help] not requiring any authorized time in most cases, you would not be required to document an exception if no time was authorized. You would only document an exception if some time was required, but it is outside the time guideline.) Each service identifies examples of common circumstances where more or less time may be necessary. These examples are not an exhaustive list. Exceptions are a natural part of the time guidelines necessary to ensure the health and safety of individuals with needs outside the time guidelines and consequently, it should be a seamless process to the recipient.
- **Documentation:** The basis of need for all services must be documented. That documentation must include the basis of an exception when appropriate to meet the recipient’s needs. The documentation can be as simple as a few words explaining the need and, when appropriate, the reason for an exception. A handbook illustration reflects examples of types of documentation and the process that might occur within the county.
- **Time Ranges by Functional Index Rank:** Time ranges reflect a normal range of time guide linked to individual’s functional level of impairment limiting his/her ability to perform the task (H Line Functional Index Ranking 2 through 5) with the exception of Menstrual Care and Rubbing Skin and Repositioning, since functional ranking is not applicable to these tasks.

SPECIAL IMPLEMENTATION INSTRUCTIONS

Assessments

The State Hourly Task Guidelines Regulations do not replace the individualized assessment process. It is imperative that counties continue to conduct individualized needs assessments that ensure the health and safety of each individual to remain safely in his/her own home and to avoid institutionalization. Counties will continue to assess needs based in part on each individual’s functional level of impairment as

specified in MPP Section 30-756 prior to assigning any time based on the new State HTGs and exceptions.

Changes to the Annotated Assessment Criteria

The Annotated Assessment Criteria (See Attachment B) provides supplemental information in assessing needs based on the specifications in MPP Section 30-756. The Annotated Assessment Criteria was originally released as part of ACL 88-118 and subsequently modified and renamed. Since the Annotated Assessment Criteria identifies specific tasks associated with service categories which have been expanded/changed as a result of the establishment of new HTGs task definitions as part of this regulations package, the attached Annotated Assessment Criteria has been updated for consistency with these regulations and replaces the previous version released in ACL 88-118.

HTGs Quick Reference Task Tool

After the individualized needs assessment is conducted, the county shall assign time that will come within either the HTGs time range or an exception to that time as appropriate specified in MPP Section 30-757. To facilitate this process, the HTGs Quick Reference Task Tool (Attachment C) has been developed in conjunction with the attached regulations. This tool reflects the same tasks and time consideration factors as the regulations at MPP Section 30-757 in the form of a usable tool that county staff may utilize. Since the tool mirrors the HTGs Regulations, their use is not mandated. They are an optional aid that can be utilized in applying the regulations.

Utilization of New HTGs Process Flow Chart

To illustrate the HTGs process, CDSS has attached a flow chart "Utilization of New HTGs Process" (Attachment D) for your use.

Notices of Action (NOAs)

These regulation changes do not require any new CMIPS Reason Codes or NOA language. Counties shall continue to use the CMIPS-generated 690 NOA reflecting service authorizations and/or changes.

CDSS will be conducting post implementation activities to assess the impact of the new HTGs utilizing CMIPs data and QA monitoring activities. At this time, we have not identified any activities counties will need to track other than through the county's QA monitoring activities of appropriate application of HTGs and exceptions.

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CONTACTS

If you have any questions regarding this ACL please contact the Adult Programs Branch at (916) 229-4000.

Sincerely,

Original Signed By
Eileen Carroll for Eva L. Lopez on 8/31/06
EVA L. LOPEZ
Deputy Director
Adult Programs Division

Attachments

[IHSS HOURLY TASK GUIDELINES QUICK REFERENCE TASK TOOL \(ATTACHMENT C\)](#)

ATTACHMENT A

Amend Section 30-757 and Title to read:

Post-hearing: Amend Sections 30-757.1(a) and (a)(1), (a)(3), and (a)(6); .131, .132, .132(a), and .132(c)(1), (c)(1)(A), and (c)(2)(A); 134(d)(1) and (e); and .14(c)(2), (d), (f), (g), (i), and (k) to read:

30-757 PROGRAM SERVICE CATEGORIES AND TIME
 GUIDELINES

30-757

.1 Only those services specified in Sections 30-757.11 through .19 shall be authorized through IHSS. A person who is eligible for a personal care service provided pursuant to the PCSP shall not be eligible for that personal care service through IHSS. A service provided by IHSS shall be equal to the level of the same service provided by PCSP.

(a) For services in this section where time guidelines are specified, the services shall be subject to the specified time guideline unless the recipient's needs require an exception to the guideline. 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 accordance with Welfare and Institutions Code Section 12301.2, the dual purpose of the guidelines is to provide counties with a tool for both consistently and accurately assessing service needs and authorizing time.

(1) 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").

(A) In determining the amount of time per task, universal precautions should be considered.

1. 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

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regarding universal precautions can be obtained by contacting the National Center for Disease Control.

- (2) An exception to the time guideline may result in receiving more or less time based on the recipient's need for each supportive service and the amount of time needed to complete the task.
- (3) Exceptions to the hourly task guidelines identified in this section shall be made when necessary to enable the recipient to establish and maintain an independent living arrangement and/or remain safely in his/her home or abode of his/her own choosing and shall be considered a normal part of the authorization process.
- (4) No exception shall result in the recipient's hours exceeding the maximum limits of 195 hours per month as specified at Section 30-765.121 for no severely impaired cases or 283 hours per month for severely impaired cases as specified in Section 30-765.111. No exception shall result in the recipient's hours exceeding the maximum limit for PCSP cases as specified at Section 30-780.2(b).
- (5) No exceptions to hourly task guidelines shall be made due to inefficiency or incompetence of the provider.
- (6) When an exception to an hourly task guideline is made in a recipient's case, the reason for the exception shall be documented in the case file.

HANDBOOK BEGINS HERE

- (A) Documentation of the reason for the exception will provide necessary data to audit the effectiveness of each guideline in terms of:
 1. Achieving equity in service authorizations; and
 2. Evaluating program costs.
- (B) In documenting an exception, the county worker can record the circumstances requiring more or less time than the range recommends. Examples of the written documentation may include:
 1. Writing a few words, phrases, or sentences (e.g., more time needed due to frequent urination, etc.); or
 2. Citing the regulation that identifies the exception reason when the reason is listed as one of the exception criteria provided in regulation for that particular service (e.g.,

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under “bowel and bladder” care, frequent urination per Section 30-757.14(a)(4)(A).

- (C) The worker’s supervisor should review the documentation of the worker in accordance with current county procedures and current program regulations. The purpose of supervisory case review is to assure that service hours authorized by workers accurately reflect the individual’s care needs and that these needs have been appropriately documented in the case file by the worker.
- (D) Consistent with current practice, if the supervisor determines that the worker’s documentation is not sufficient, the supervisor should discuss the case with the worker and identify any additional items needed to see if the worker can substantiate the exception prior to the supervisor making any change.

HANDBOOK ENDS HERE

.11 Domestic services which are limited to the following:

(a) through (j) (Continued)

(k) Miscellaneous domestic services (e.g., changing light bulbs, wheelchair cleaning, and changing and recharging wheelchair batteries) when the service is identified and documented by the caseworker as necessary for the recipient to remain safely in his/her home.

(l) The time guideline for “domestic services” shall not exceed 6.0 hours total per month per household unless the recipient’s needs require an exception.

.12 (Continued)

.13 Related services which are limited to the following:

.131 Preparation of meals, which includes planning menus; removing food from the 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 the stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.

(a) The time guideline range for “preparation of meals” shall be as follows unless the recipient’s needs require an exception:

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<u>Preparation of Meals</u>		
<u>Hours per Week</u>		
<u>Time Guidelines</u>		
	<u>Low</u>	<u>High</u>
<u>Rank 2</u>	<u>3.02</u>	<u>7.00</u>
<u>Rank 3</u>	<u>3.50</u>	<u>7.00</u>
<u>Rank 4</u>	<u>5.25</u>	<u>7.00</u>
<u>Rank 5</u>	<u>7.00</u>	<u>7.00</u>

Note: Rank represents the recipient's level of functioning (functional index as provided in Section 30-756.1.

(b) Factors for consideration of time include, but are not limited to:

- (1) The extent to which the recipient can assist or perform tasks safely.
- (2) The 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).
- (3) 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.
- (4) The frequency the recipient eats.
- (5) Time for universal precautions, as appropriate.

(c) Exception criteria to the time guideline range include, but are not limited to:

- (1) If the recipient must have meals pureed or cut into bite-sized pieces.
- (2) If the recipient has special dietary requirements that require longer preparation times or preparation of more frequent meals.
- (3) If the recipient eats meals that require less preparation time (e.g., toast and coffee for breakfast).

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.132 Meal cleanup, which 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.

(a) Meal cleanup does not include general cleaning of the refrigerator, stove/oven, or counters and sinks. These services are assessed under “domestic services” in Section 30-757.11.

(b) The time guideline range for “meal cleanup” shall be as follows unless the recipient’s needs require an exception:

<u>Meal Cleanup</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>Rank 2</u>	<u>1.17</u>	<u>3.50</u>
<u>Rank 3</u>	<u>1.75</u>	<u>3.50</u>
<u>Rank 4</u>	<u>1.75</u>	<u>3.50</u>
<u>Rank 5</u>	<u>2.33</u>	<u>3.50</u>

(c) Factors for consideration of time include, but are not limited to:

(1) The extent to which the recipient can assist or perform tasks safely.

(A) 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 of the dinner meal only.

(B) A recipient who has less control of utensils and/or spills food frequently may require more time for cleanup.

(2) The types of meals requiring the cleanup.

HANDBOOK BEGINS HERE

(A) 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.

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- (3) If the recipient can rinse the dishes and leave them in the sink until the provider can wash them.
- (4) The frequency that meal cleanup is necessary.
- (5) If there is a dishwasher appliance available.
- (6) Time for universal precautions, as appropriate.
- (d) Exceptions criteria to the time guideline range may include, but are not limited to:
 - (1) If the recipient must eat frequent meals which require additional time for cleanup.
 - (2) If the recipient eats light meals that require less time for cleanup.

.133 Restaurant Meal Allowance (Continued)

.134 Laundry services which includes the tasks of washing and drying laundry, mending, ironing, folding, and storing clothes on shelves or in drawers. (Continued)

- (c) The time guideline for laundry service where laundry facilities are available in the home shall not exceed 1.0 hours total per week per household unless the recipient's need requires an exception to exceed this limit.

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- (1) In assessing time for in-home laundry services, it is expected that the provider will accomplish other tasks while clothes are washing and drying.

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- (d) The time guideline for laundry services where laundry facilities are not available in the home shall not exceed 1.5 hours total per week per household unless the recipient's need requires an exception to exceed this limit.

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- (1) It is expected that the typical provider will use a local laundromat as necessary for efficient time utilization.

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- (e) An exception to grant more time than the time guidelines specified in Sections 30-757.134(c) and (d) may be necessary for recipients who have incontinence.
- .135 Food shopping which includes reasonable food shopping and other shopping/errands limited to the nearest available stores or other facilities consistent with the recipient's economy and needs.
- (a) (Continued)
 - (b) (Continued)
 - (1) The time guideline for "food shopping" shall not exceed 1.0-hour total per week per household unless the recipient's need requires an exception to exceed this limit.
 - (c) (Continued)
 - (1) The time guideline for "other shopping/errands" shall not exceed 0.5-hour total per week per household unless the recipient's need requires an exception to exceed this limit.
- .14 Personal care services, limited to:
- (a) "Bowel and bladder" care, which includes 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.
 - (1) "Bowel and bladder" care 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" specified at Section 30-757.19.
 - (2) The time guideline range for "bowel and bladder" care shall be as follows unless the recipient's needs require an exception:

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<u>Bowel and Bladder Care</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>Rank 2</u>	<u>0.58</u>	<u>2.00</u>
<u>Rank 3</u>	<u>1.17</u>	<u>3.33</u>
<u>Rank 4</u>	<u>2.91</u>	<u>5.83</u>
<u>Rank 5</u>	<u>4.08</u>	<u>8.00</u>

- (3) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The frequency of the recipient's urination and/or bowel movements.
 - (C) If there are assistive devices available which result in decreased or increased need for assistance.

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- 1. 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 a decreased need for assistance by the recipient.
- 2. 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.

HANDBOOK ENDS HERE

- (D) Time for universal precautions, as appropriate.
- (4) Exception criteria to the time guideline range may include, but are not limited to:
- (A) If the recipient has frequent urination or bowel movements.
 - (B) If the recipient has frequent bowel or bladder accidents.

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- (C) If the recipient has occasional bowel or bladder accidents that require assistance from another person.
 - (D) If the recipient's morbid obesity requires more time.
 - (E) If the recipient has spasticity or locked limbs.
 - (F) If the recipient is combative.
- (b) (Continued)
- (c) "Feeding," which 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.
- (1) "Feeding" tasks include assistance with reaching for, picking up, and grasping utensils and cup; cleaning recipient's face and hands; and washing/drying hands before and after feeding.
 - (2) "Feeding" tasks do not include cutting food into bite-sized pieces or pureeing food, as these tasks are assessed in "preparation of meals" services specified at Section 30-757.131.
 - (3) The time guideline range for "feeding" shall be as follows unless the recipient's needs require an exception:

<u>Feeding</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>Rank 2</u>	<u>0.70</u>	<u>2.30</u>
<u>Rank 3</u>	<u>1.17</u>	<u>3.50</u>
<u>Rank 4</u>	<u>3.50</u>	<u>7.00</u>
<u>Rank 5</u>	<u>5.25</u>	<u>9.33</u>

- (4) Factors for consideration of time include, but are not limited to:
 - (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The amount of time it takes the recipient to eat meals.
 - (C) The type of food that will be consumed.

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- (D) The frequency of meals/liquids.
- (E) Time for universal precautions, as appropriate.
- (5) Exception criteria to the time guideline range may include, but are not limited to:
 - (A) If the constant presence of the provider is required due to the danger of choking or other medical issues.
 - (B) If the recipient is mentally impaired and only requires prompting for feeding him/herself.
 - (C) If the recipient requires frequent meals.
 - (D) If the recipient prefers to eat foods that he/she can manage without assistance.
 - (E) If the recipient must eat in bed.
 - (F) If food must be placed in the recipient’s mouth in a special way due to difficulty swallowing or other reasons.
 - (G) If the recipient is combative.
- (d) Routine bed baths, which 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.
 - (1) The time guideline range for “bed baths” shall be as follows unless the recipient’s needs require an exception:

<u>Bed Baths</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>Rank 2</u>	<u>0.50</u>	<u>1.75</u>
<u>Rank 3</u>	<u>1.00</u>	<u>2.33</u>
<u>Rank 4</u>	<u>1.17</u>	<u>3.50</u>
<u>Rank 5</u>	<u>1.75</u>	<u>3.50</u>

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- (2) Factors for consideration of time include, but are not limited to:
 - (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) If the recipient is prevented from bathing in the tub/shower.
 - (C) If bed baths are needed in addition to baths in the tub/shower.
 - (D) Time for universal precautions, as appropriate.
- (3) Exception criteria to the time guideline range may include, but are not limited to:
 - (A) If the recipient is confined to bed and sweats profusely requiring frequent bed baths.
 - (B) If the weight of the recipient requires more or less time.
 - (C) If the recipient is combative.
- (e) Bathing, oral hygiene, and grooming:
 - (1) Bathing 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.
 - (2) Oral hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.
 - (3) Grooming includes hair combing/brushing; hair trimming when the 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.
 - (4) “Bathing, oral hygiene, and grooming,” does not include getting to/from the bathroom. These tasks are assessed as mobility under “ambulation” services specified at Section 30-757.14(k).
 - (5) The time guideline range for “bathing, oral hygiene, and grooming,” shall be as follows unless the recipient’s needs require an exception:

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<u>Bathing, Oral Hygiene, and Grooming</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>Rank 2</u>	<u>0.50</u>	<u>1.92</u>
<u>Rank 3</u>	<u>1.27</u>	<u>3.15</u>
<u>Rank 4</u>	<u>2.35</u>	<u>4.08</u>
<u>Rank 5</u>	<u>3.00</u>	<u>5.10</u>

- (6) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The number of times the recipient may need to bathe.
 - (C) If the recipient requires assistance in/out of tub/shower.
 - (D) If the recipient needs assistance with supplies.
 - (E) If the recipient requires assistance washing his/her body.
 - (F) If the provider must be present while the recipient bathes.
 - (G) If the recipient requires assistance drying his/her body and/or putting on lotion/powder after bathing.
 - (H) If the recipient showers in a wheelchair.
 - (I) Universal precautions, as appropriate.
- (7) Exceptions to the time guideline range may include, but are not limited to:
- (A) If the provider's constant presence is required.
 - (B) If the weight of the recipient requires more or less time.
 - (C) If the recipient has spasticity or locked limbs.
 - (D) If a roll-in shower is available.
 - (E) If the recipient is combative.

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(f) Dressing, which includes 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.

(1) The time guideline range for “dressing” shall be as follows unless the recipient’s needs require an exception:

<u>Dressing</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>Rank 2</u>	<u>0.56</u>	<u>1.20</u>
<u>Rank 3</u>	<u>1.00</u>	<u>1.86</u>
<u>Rank 4</u>	<u>1.50</u>	<u>2.33</u>
<u>Rank 5</u>	<u>1.90</u>	<u>3.50</u>

(2) Factors for consideration of time include, but are not limited to:

- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) The type of clothing/garments the recipient wears.
- (C) If the recipient prefers other types of clothing/garments.
- (D) The weather conditions.
- (E) Universal precautions, as appropriate.

(3) Exception criteria to the time guideline range may include, but are not limited to:

- (A) If the recipient frequently leaves his/her home, requiring additional dressing/undressing.
- (B) If the recipient frequently bathes and requires additional dressing or soils clothing, requiring frequent changes of clothing.
- (C) If the recipient has spasticity or locked limbs.
- (D) If the recipient is immobile.
- (E) If the recipient is combative.

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(g) Repositioning and rubbing skin, which 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 shall be limited to the following:

(1) (Continued)

(2) (Continued)

(3) "Repositioning and rubbing skin" does not include:

(A) Care of pressure sores (skin and wound care). This task is assessed as a part of "paramedical" services specified at Section 30-757.19.

(B) Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to the skin. These tasks are assessed as part of "assistance with prosthetic devices" at Section 30-757.14(i).

(4) The time guideline range for "repositioning and rubbing skin" shall be as follows unless the recipient's needs require an exception:

<u>Repositioning and Rubbing Skin</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>* Functional ranking does not apply</u>	<u>0.75</u>	<u>2.80</u>

(5) Factors for consideration of time include, but are not limited to:

(A) The extent to which the recipient can assist or perform tasks safely.

(B) 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.

(C) If the recipient has circulatory problems.

(D) Universal precautions, as appropriate.

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- (6) Exceptions criteria to the time guideline range may include, but are not limited to:
- (A) If the recipient has a condition that makes him/her confined to bed.
 - (B) If the recipient has spasticity or locked limbs.
 - (C) If the recipient has or is at risk of having decubitus ulcers which require the need to turn the recipient frequently.
 - (D) If the recipient is combative.
- (h) "Transfer," which includes 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.
- (1) "Transfer" does not include:
- (A) Assistance on/off toilet. This task is assessed as a part of "bowel and bladder" care specified at Section 30-757.14(a).
 - (B) Changing the recipient's position to prevent skin breakdown and to promote circulation. This task is assessed as a part of "repositioning and rubbing skin" specified at Section 30-757.14(g).
- (2) The time guideline range for "transfer" shall be as follows unless the recipient's needs require an exception:

<u>Transfer</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>Rank 2</u>	<u>0.50</u>	<u>1.17</u>
<u>Rank 3</u>	<u>0.58</u>	<u>1.40</u>
<u>Rank 4</u>	<u>1.10</u>	<u>2.33</u>
<u>Rank 5</u>	<u>1.17</u>	<u>3.50</u>

- (3) Factors for consideration of time include, but are not limited to:

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- (A) The extent to which the recipient can assist or perform tasks safely.
 - (B) The amount of assistance required.
 - (C) The availability of equipment, such as a Hoyer lift.
 - (D) Universal precautions, as appropriate.
- (4) Exception criteria to the time guideline range may include, but are not limited to:
- (A) If the recipient gets in and out of bed frequently during the day or night due to naps or use of the bathroom.
 - (B) If the weight of the recipient and/or condition of his/her bones requires more careful, slow transfers.
 - (C) If the recipient has spasticity or locked limbs.
 - (D) If the recipient is combative.
- (i) Care of and assistance with prosthetic devices and assistance with self-administration of medications, which includes assistance with taking off/putting on and maintaining and cleaning prosthetic devices, vision/hearing aids and washing/drying hands before and after performing these tasks.
- (1) (Continued)
 - (2) The time guideline range for “care and assistance with prosthetic devices” shall be as follows unless the recipient’s needs require an exception:

<u>Care and Assistance with Prosthetic Devices</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>*Functional ranking does not apply</u>	<u>0.47</u>	<u>1.12</u>

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- (3) Factors for consideration of time include, but are not limited to:
- (A) The extent to which the recipient is able to manage medications and/or prosthesis independently and safely.
 - (B) The amount of medications prescribed for the recipient.
 - (C) If the recipient requires special preparation to distribute medications (e.g., cutting tablets, putting medications into Medi-sets, etc.).
 - (D) If the recipient has cognitive difficulties that contribute to the need for assistance with medications and/or prosthetic devices.
 - (F) Universal precautions, as appropriate.
- (4) Exception criteria to the time guideline range may include, but are not limited to:
- (A) If the recipient takes medications several times a day.
 - (B) If the pharmacy sets up medications in bubble wraps or Medi-sets for the recipient.
 - (C) If the recipient has multiple prosthetic devices.
 - (D) If the recipient is combative.
- (j) Routine menstrual care, which 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.

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- (1) In assessing "menstrual" care, it may be necessary to assess additional time in other service categories specified in this section, such as "laundry," "dressing," "domestic," "bathing, oral hygiene, and grooming."
- (2) In assessing "menstrual" care, if the recipient wears diapers, time for menstrual care should not be necessary. This time would be assessed as a part of "bowel and bladder" care.

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- (3) The time guideline range for “menstrual care” shall be as follows unless the recipient’s needs require an exception:

<u>Menstrual Care</u>		
<u>Hours per Week</u>		
<u>Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>*Functional rank does not apply</u>	<u>0.28</u>	<u>0.80</u>

- (4) Factors for consideration of time include, but are not limited to:

- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) If the recipient has a menstrual cycle.
- (C) The duration of the recipient’s menstrual cycle.

- (E) Universal precautions, as appropriate.

- (5) Exception criteria to the time guideline range may include, but are not limited to:

- (A) If the recipient has spasticity or locked limbs.
- (B) If the recipient is combative.

- (k) Ambulation, which includes ~~consisting of~~ assisting the recipient with walking or moving the recipient 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.

- (1) The time guideline range for “ambulation” shall be as follows unless the recipient’s needs require an exception:

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<u>Ambulation Hours per Week Time Guideline</u>		
	<u>Low</u>	<u>High</u>
<u>Rank 2</u>	<u>0.58</u>	<u>1.75</u>
<u>Rank 3</u>	<u>1.00</u>	<u>2.10</u>
<u>Rank 4</u>	<u>1.75</u>	<u>3.50</u>
<u>Rank 5</u>	<u>1.75</u>	<u>3.50</u>

(2) Factors for consideration of time include, but are not limited to:

- (A) The extent to which the recipient can assist or perform tasks safely.
- (B) The distance the recipient must move inside the home.
- (C) The speed of the recipient's ambulation.
- (D) Any barriers that impede the recipient's ambulation.
- (E) Universal precautions, as appropriate.

(3) Exceptions to the time guideline range may include, but are not limited to:

- (A) If the recipient's home is large or small.
- (B) If the recipient requires frequent help getting to/from the bathroom.
- (C) If the recipient has a mobility device, such as a wheelchair that results in a decreased need.
- (D) If the recipient has spasticity or locked limbs.
- (E) If the recipient is combative.

.15 through .198 (Continued)

Authority Cited: Sections 10553, ~~and~~ 10554, 12300, and 12301.2, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

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Reference: Peremptory Writ of Mandate, Disabled Rights Union v. Woods, Superior Court, Los Angeles County, Case #C 380047; Miller v. Woods/Community Services for the Disabled v. Woods, Superior Court, San Diego County, Case Numbers 468192 and 472068; and Sections 12300, 12300(c)(7), 12300(f), 12300(g), ~~and~~ 12300.1, and 12301.2, Welfare and Institutions Code.

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Repeal Section 30-758 to amend and relocate to Section 30-757 to read:

30-758 TIME PER TASK AND FREQUENCY GUIDELINES 30-758

Authority cited: Sections 10553, ~~and~~ 10554, 12300, and 12301.2, Welfare and
Institutions Code; and Chapter 939, Statutes of 1992.

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Amend Section 30-780.1(b) to read:

30-780 PERSONAL CARE SERVICES PROGRAM (PCSP) ELIGIBILITY 30-780

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.1 Scope of Services (Continued)

(b) Ancillary services are subject to time per task guidelines established in Sections 30-757 of the Department of Social Services' Manual of Policies and Procedures and are limited to the following:

(1) Domestic services are limited to the following:

A. (Continued)

B. (Continued)

C. (Continued)

D. (Continued)

E. (Continued)

F. (Continued)

G. (Continued)

H. (Continued)

I. (Continued)

J. (Continued)

K. (Continued)

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(4) (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Chapter 939, Statutes of 1992.

Reference: Section 14132.95, Welfare and Institutions Code; and the State Plan Amendment, approved pursuant to Sections 12301.2 and 14132.95(b), Welfare and Institutions Code.

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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

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observed by noting how the recipient admitted you into the housing unit and shaking his/her hand 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. Quite often, it is important to get a medical report to verify that there is a basis for observed behaviors.

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.

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.

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 herself/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 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.

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- * **Questions:** Have you been doing the housework yourself? What have you been doing about getting your housework done up until now?

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 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 obviously very 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 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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- * **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 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 needs direction or guidance).

- * **Observations:** Observe if 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.
- * **Example:** Recipient goes to corner market daily to get a few small items. Someone else makes a shopping list.

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- * **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 Twinkies®, 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 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 his/her 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 meal(s) and cleanup 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: Is tube-fed. All aspects of tube feeding are evaluated as a "paramedical service."

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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 recipient is steady on feet, able to maneuver around furniture, etc. Observe if recipient needs to grab furniture or walls for support. Have 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 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 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 recipient needs to ask you for assistance; if 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 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?

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

- * **Observations:** Observe if 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

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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 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:

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

- * **Observations:** Observe if recipient’s mobility is unimpaired; if 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.

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- * **Observations:** Observe if recipient has body odors, unwashed hair, dirt or grime on body, un-manicured fingernails; if recipient is unshaven, displays a lack of oral hygiene or general poor grooming habits; if 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 recipient's specific disability/limitations.
- * **Questions:** Are you satisfied with your bathing, oral hygiene, and grooming routines? Does anything frighten or scare you when you are bathed?

Dressing/Care and Assistance with Prosthetic Devices

Dressing: 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.

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Care and Assistance with Prosthetic Devices: Assisting with the self-administration of medications; taking off/ putting on, maintaining, and cleaning prosthetic devices, vision/hearing aids, and washing/drying hands before and after performing these tasks.

The following is the application of functional rank specific to Dressing/Care and Assistance with 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, special devices, prosthetic devices, and self-administer medication without assistance. Clothes self appropriately for health and safety.

- * **Observations:** Observe if recipient is appropriately dressed; if clothing is buttoned, zipped, laced; if recipient has no difficulty with small hand movements as demonstrated by his/her ability to sign the application or manipulate bottles of medication.
- * **Questions:** Do you ever have any difficulty getting dressed (e.g., buttoning or zipping clothing, etc.), putting on prosthetic devices, hearing aid, or self-administering medication?

Rank 2: Able to dress self; put on, fasten, and remove all special/prosthetic devices and/or hearing aid; and self-administer medication 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 and medications 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, hearing aid, etc.).

- * **Observations:** Observe if the recipient's clothes correctly fastened; if prosthetic devices and/or hearing aid properly attached; 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 or devices 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? Do you need help administering medication?

Rank 4: Unable to put on most clothing items, special/prosthetic devices, and/or hearing aid by self. Without assistance recipient would be inappropriately or inadequately clothed.

- * **Observations:** Observe the recipient's range of motion and other movements impaired. Observe if the recipient has a hard time hearing; is dressed in bed clothes, robe and

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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; if medication bottles are full.

- * **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 administer medication or 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; if the recipient can support self without a body support/device.
- * **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 and Bladder 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.

Note: This 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.

Menstrual Care: 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 and cleaning, and washing/drying hands.

Note: 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. This would be assessed as part of "bowel and bladder" care.

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:

- * **Observations:** Observe if recipient's movement is unimpaired; if the recipient has had

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colon cancer, observe if the recipient wears a colostomy or ostomy bag or if there are ostomy or colostomy bags present.

- * **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? Do you need any help when you position and apply a sanitary napkin?

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? Do you have accidents when menstruating?

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 menstruate? Regularly? 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, fecal matter, or stains due to menstruating. 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?
- * **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"?

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Transfer, Repositioning/Rubbing Skin

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, coach, 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 and bladder” care. Changing position to prevent breakdown and promote circulation this task is assessed as “repositioning/rubbing skin.”

Repositioning/Rubbing Skin: Rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and range of motion exercises which meet the criteria of MPP 30-757.14(g)(1)(2)(A).

Note: Repositioning and rubbing skin does not include care of pressure sores (skin and wound care). This task is assessed as part of “paramedical” services. Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to the skin is assessed as part of “care and assistance with prosthetic devices.”

The following is the application of functional rank specific to Transfer, Repositioning/Rubbing Skin 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 and reposition, 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; if without prompting, s/he lies in bed without turning over or otherwise moving but will turn over if reminded every two or three hours during the day.
- * **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 or assistance with positioning).

- * **Observations:** Observe the length of time it takes 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; if there is a trapeze over the recipient’s bed.
- * **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 or repositioning yourself? What

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kind of help do you need? (Expressing interest in how recipient has solved one problem usually encourages him/her to tell you ways s/he have solved other problems in order to manage themselves.)

Rank 4: Unable to complete most transfers or reposition 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 walker or is in a wheelchair; if there are bruises, scabs, or bumps or burns on the recipient.
- * **Questions:** Who helps you? How? How often? Both in getting into and out of bed, in and out of chair/wheelchair? Do you require help with repositioning and rubbing skin? 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. Must be repositioned often and have skin rubbed daily.

- * **Observations:** Observe if the recipient appears to be immobile; if s/he appears to be uncomfortable or in pain; if s/he experiences skin breakdown; if s/he has any fears related to being moved; if the recipient's position appears changed as often as necessary; if the recipient make 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 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.

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- * **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 herself and scores 1, 2, or 3 in “bowel and bladder” 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?

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: Is tube fed. All aspects of tube feeding are evaluated as a “paramedical service.”

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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 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.
- * **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: Needs "paramedical service," such as suctioning.

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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 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?

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

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- * **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 his/her 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 his/her 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 himself, or perform other tasks safely?

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

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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 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 interview. She participates with some difficulty. She is not comfortable outside of his/her immediate environment and rarely ventures out. Her mail is left 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

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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 way his/her back to the apartment; does not recognize the apartment manager when the manager tries to help the recipient find his/her 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 his/her sleep-wake cycle may be abnormal; if the recipient confuses his 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 her/himself? 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.

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?

ATTACHMENT B

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 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 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 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?