

# Functional Limitation Self-Assessment Packet

This publication is to help you review, and, if necessary, challenge reductions and/or elimination of your In-Home Supportive Services (IHSS) hours based on the July 2009 changes to the California budget. This publication contains the following attached worksheets to help you obtain the information you need in order to prepare for a fair hearing:

1. “Request for Information Documenting Patient’s Functional Limitations”- This form is to be completed with your doctor’s assistance.
2. “IHSS Self Assessment Worksheet” – This form is to be completed by you and your provider of IHSS services. This form is used to help you determine how much time is needed to complete each IHSS task.
3. “IHSS Assessment Criteria Worksheet” -This form is to be completed by you after you have met with your doctor and obtained information from your county IHSS file. This worksheet will help you to determine your functional index ranks and your functional index score.

## How does the recent California budget affect my IHSS benefits?

The California budget requires the following cuts:

Budget Cut #1 - If you have a functional index rank below a “4” (3 or lower) in any of the functions listed below you will not receive IHSS hours for that particular function.

They are: Domestic (housekeeping)  
Laundry  
Shopping & Other Errands  
Meal Preparation & Meal Clean up

Budget Cut # 2 - If you have a functional index score below “2” (1.99 or lower), all your IHSS services will be terminated. A functional index score is a mathematical calculation based on an individual’s functional index ranks. Later we will provide the formula for calculating a score.

Note: These reductions may not apply to individuals who receive protective supervision, paramedical services, or more than 120 hours of IHSS services per month. We do not yet know whether these exemptions to the cuts will be applied.

## What information does the county use to determine my ability to do a particular function?

The IHSS social worker is required to determine how much help/assistance you need to complete each function (or activity of daily living). A number called a functional

index rank is assigned for each function. The functional index rank is supposed to measure how much help a person needs with a particular function or activity of daily living. The social worker determines each rank based on information you provide, information provided by others, such as your doctor, family members, IHSS provider(s), and based on the social worker's own observations of what you can and cannot do. The rank for each function must be based on **physical, cognitive and emotional** impairment in functioning. The rank is not based on physical limitations alone.

### **What functions must be ranked?**

A county social worker must rank your functioning in each of the following functions.

1. Domestic Services (Housework);
2. Laundry;
3. Shopping and Errands;
4. Meal Preparation/Meal Cleanup;
5. Ambulation (formerly Mobility Inside);
6. Bathing, Oral Hygiene and Grooming/Routine Bed Bath (Bathing and Grooming);
7. Dressing/Prosthetic Devices (Dressing);
8. Bowel and Bladder Care;
9. Transfer (Repositioning);
10. Eating;
11. Respiration;
12. Memory;
13. Orientation; and
14. Judgment.

Memory, Orientation, and Judgment, are used to determine the need for Protective Supervision only.

### **How does the county determine a functional index rank?**

Below is a list of general standards that are used to figure out the rank for each function. The IHSS Assessment Criteria Worksheet also lists specific standards for each function. **The general standards are mandatory because they are in state regulations.** The specific standards are guidelines only, because they are not in the regulations.

The rank for each function must be based on **physical, cognitive and emotional** impairment in functioning. The rank is not based on physical limitations alone.

**Mental functioning.** Mental functioning must be considered in determining the rank for each function. The state IHSS regulations, MPP 30-756.37, provide for evaluation of mental functioning as follows:

MPP § 30-756.371. “The extent to which the recipient's **cognitive** and **emotional** impairment (if any) impacts his/her functioning in the **11 physical functions** listed [above] **is ranked in each of those functions**. The level and type of human intervention needed shall be reflected in the rank for each function.”

MPP § 30-756.372. “The recipient's mental function shall be evaluated on a three-point scale (Ranks 1, 2, and 5) in the functions of **memory, orientation** and **judgment**. This scale is used to determine the need for **protective supervision**.”

**Paramedical services.** If you receive tube feeding for all nutrients, you should receive this service as a paramedical service rather than as eating, meal preparation or meal cleanup. In that case, both eating and meal preparation/meal cleanup should be ranked as 1. See, MPP § 30-756.4.

If you need tracheotomy care and suctioning, you should receive these services as paramedical services rather as respiration. If these are the only respiration services you need, respiration should be ranked as 1. See, MPP § 30-756.4.

**Variable functioning.** If your functioning varies throughout the month, the functional rank should reflect the functioning on recurring bad days. It is not based solely on a “worst” day scenario. (E.g., if you have arthritis you may have days when pain is significant and days when pain is mild; therefore, in this case, the social worker would determine your functional index ranks based on the recurring days on which you have significant pain.) MPP § 30-757.1(a)(1).

The general standards for ranking functional limitations can be found in the state IHSS regulations at MPP § 30-756.1. They are:

**“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 or 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.”

## **What can I do if I think the county incorrectly ranked a task?**

You can appeal the notice you receive about the change to your services immediately and ask for “aid paid pending” a hearing. **You must appeal you IHSS notice of action prior to the date the change is supposed to take effect to get aid paid pending.** [MPP § 22-072.5] **Aid paid pending means that your services will continue at least until a hearing.** If you request aid paid pending in time, your services will continue unchanged until the hearing decision.

If you receive your notice late or you do not receive a notice you should still appeal right away and ask for aid paid pending.

If you miss the deadline for appealing and asking for aid paid pending you still have 90 days to ask for a hearing from the date you receive the notice of action. [MPP § 22-009.1]

## **How does the county calculate the functional index score?**

See page 56 for instructions and a worksheet on how to calculate the functional index score.

## **Can I appeal a functional index score?**

Yes. However, the score is calculated by a computer based on your functional index ranks. The mathematical calculation is probably correct. However, if the functional index ranks are wrong, the functional index score will be wrong as well. For this reason, it is most important to focus on whether each functional index rank is correct because your functional index ranks are used to calculate your functional index score. Remember, a functional index score is only a mathematical calculation based on functional index ranks.

## **How does the county determine my hours of need?**

Once the county ranks you in each function, the county determines how much time you are provided with the time it takes for the completion of each IHSS service that you need help with based on what is called the Hourly Task Guidelines (HTG). The guidelines are meant to assist IHSS social workers in determining how much time should be provided for each IHSS task. The guidelines also assist social workers identify when exceptions must be made to the guidelines so that the recipient may receive the time needed for the completion of IHSS services.

In determining the amount of time for each task (hours of need for IHSS) your ability to perform tasks based on your functional index rankings is a contributing factor but not

the sole factor. Other factors include your living environment and variations in your functional capacity. MPP § 30-757.1(a)(1).

Most functions that must be ranked have a corresponding range of time that the county allows for each IHSS task. The IHSS social worker is allowed to grant the time needed for the completion of the IHSS task based on these guidelines. However, if an individual needs more time than is specified for the rank, an exception to the hourly task guidelines may be made as long as the IHSS social worker documents (i.e. explains) the reason for the need for more time.

If you need more time than what the hourly task guidelines provides you may be granted an exception as long as the social worker can document why you need more time for the completion of the task. Form (#3) IHSS Assessment Criteria Worksheet the hourly task guidelines built into it so you do not need to look them up.

However, you may want to refer to the hourly task guidelines for examples of when an individual may need an exception to the guidelines to receive more or less services than what the guidelines provide.

### **How do I request a hearing (i.e. appeal)?**

To request a hearing you can do one of the following:

- 1) Fill out the back of the notice of action form and send to the address indicated, or
- 2) Send a letter to:

IHSS Fair Hearing  
State Hearings Division  
Department of Social Services  
744 P Street, Mail Stop 37-19  
Sacramento, CA 95814

- 3) You can also fax your request (in addition to mailing it) to 916-229-4110. or,
- 4) You can call 800-743-8525 or (800) 952-5253 to request a fair hearing. It may take you some time to get through. Once you have gotten through, push 1, 1, 1 and 3 to get through the telephone tree.

### **What happens after I request a hearing?**

You will receive two notices from the State Department of Social Services, Hearings and Appeals Division. The first notice is a confirmation of your request for a hearing. The second notice will contain the date, time and place of your hearing.

Shortly after receiving your first notice the county will assign an appeals worker who represents the county at your hearing. Individuals can contact the appeals worker about the reason they requested a hearing and may be able to resolve their issue without going to a hearing.

You can contact the State Department of Social Services, Hearings and Appeals Division for more information about how to contact the appeals worker assigned to your case. You should begin to prepare for your hearing as soon as possible in case your issue cannot be resolved prior to your hearing date.

### **How do I prepare for a hearing?**

You should get a notice telling you your functional index ranks and your functional index score.

#### **Step 1 – Review your IHSS Case File**

You have a right to review any information in the IHSS case file related to your request for hearing. MPP § 22-051.1. You may contact your IHSS caseworker to review your file or you can also contact the county appeals worker assigned to your case prior to your hearing date to schedule an appointment to review your file.

Locate your functional Index ranks and score contained in your county IHSS case file. You should review form SOC 293 which is 2 pages long for information about your functional index ranks and functional index score. If the SOC 293 form is not in your case file the social worker can print it from the county computer for you. You should also look for forms completed by a doctor about functional limitations, and case worker notes about home visit observations/interviews. There may also be an Hourly Task Guideline (HTG) worksheet in your file.

#### **Step 2- Ask your doctor to provide current information about your functional limitations**

You and your doctor should review any information provided to the county, check for accuracy and correct mistakes by obtaining current information about functional limitations. Your doctor must also explain any changes in your condition. If your condition varies on a day to day basis, your doctor should determine your ranks based on your bad days. Your doctor should use worksheet #1 in this packet of materials to provide information about your functional limitations.

**Step 3 – Determine how much time you need for the completion of each IHSS service you need assistance with. You may use the attached form entitled IHSS Self Assessment Worksheet.**

**Step 4** – Transfer information from forms (1) Request for Information Documenting Patient’s Functional Limitations and (2) IHSS Self Assessment Worksheet to form (3) IHSS Assessment Criteria Worksheet.

**Step 5** – Check the Yes box on the IHSS Assessment Criteria Worksheet if you need more time than what is allowed under the hourly task guidelines and explain why.

**Step 6** – Calculate your functional index score based on your functional index ranks.

### **How to use the IHSS Self Assessment Worksheet**

To document how much time you need for the completion of each task you must write in the start time, finish time and total number of each IHSS service you need. To adequately prepare for your hearing you must complete this chart. Once completed, your self assessment is your evidence about how much time is needed for the completion of each IHSS service you need help with.

If you need to go to a hearing and are in front of an administrative law judge or you are trying to negotiate with a county hearing representative, you want to present credible evidence, (i.e. IHSS Self Assessment Worksheet) about how much time it takes for you to be provided with each IHSS service you need. Guessing and estimating about how much time you need to be provided with IHSS services will not be helpful to you at your hearing. This is because **you are entitled to the time needed for the completion of each IHSS service you need help with**. You are not entitled to the estimated time or the time you think (i.e. guess) you need for the completion of each IHSS service.

### **How to Use the Attached IHSS ASSESSMENT CRITERIA WORKSHEET:**

Step 1: On the Assessment Criteria Worksheet, circle the appropriate rank, as determined by your doctor, for each function. To do this transfer information about your functional limitations from form (#1) Request for Information Documenting Patient’s Functional Limitations to form (#3) IHSS Assessment Criteria Worksheet.

Step 2: Write onto the Assessment Criteria Worksheet (form # 3) how much time you need for the completion of each IHSS service you need help with. To do this you should transfer information about how much time you need for the completion of each IHSS service you need help with from form (#2) IHSS Self Assessment Worksheet to form (#3) IHSS Assessment Criteria Worksheet. If you need more time that what is allowed based on your rank mark the yes box and provide an explanation as to why you need the additional time.

Step 3: Complete the Functional Index Score calculation sheet on the last page of the IHSS Assessment Criteria Worksheet.

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**Request for Information**  
**Documenting Patient's Functional Limitations**  
(Form Attached)

Your patient applied for, or is a recipient of, In-Home Supportive Services (IHSS). The IHSS program provides attendant care services in the home for people who cannot perform certain tasks (i.e. activities of daily living) for themselves so that the individual can continue to live at home. The services that can be authorized under the IHSS program are listed in the California Department of Social Services Manual of Policies and Procedures (MPP) beginning at section 30-757.

The IHSS program needs to know what your patient's functional limitations are, and how your patient's limitations impact his or her ability to perform activities of daily living, to determine how many hours per month can be authorized for attendant care services. For example (Cannot do housework because of inability to walk, use arms, and wrists.)

Please complete the following form to document your patient's functional limitations.

**PLEASE COMPLETE THIS FORM**

**Beneficiary Name:**

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**DOB:**

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**Diagnosis:**

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**Prognosis:**

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**Date Patient Last Seen By You:**

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**FUNCTIONAL LIMITATIONS**

Please list your patient's functional limitations. (For example: breathing, seeing, hearing, walking, standing, bending, reaching, grasping, carrying, sitting, turning, weakness in arms or legs, loss of use of limbs, endurance, fatigue, etc.):

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**FUNCTIONAL LIMITATIONS ASSESSMENT**

Please check appropriate box  
(No more than 1 box for each task)

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**(DOMESTIC) HOUSEWORK: MPP § 30-757.11**

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Sweeping, vacuuming, and washing 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.

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- Independent: Able to perform domestic chores without a risk to health or safety.
  - Able to perform tasks but needs directions or encouragement from another person.
  - Requires physical assistance from another person for some chores; e.g., has a limited endurance or limitations in bending, stooping, reaching, etc.
  - Although able to perform a few chores (e.g., dust furniture or wipe counters) help from another person is needed for most chores.
  - Totally dependent upon others for all domestic chores.
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Please briefly describe how your patient's functional limitations limit your patient's ability to do housework:

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**LAUNDRY: MPP § 30-757.134**

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Gaining access to machines, sorting, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and sorting. Ability to iron non-wash-and-wear garments is ranked as part of this function only if this is required because of the individual's condition; e.g., to prevent pressure sores or for employed recipients who do not own a wash-and-wear wardrobe.

- Independent: able to perform all chores.
- Requires assistance with most tasks. May be able to do some laundry tasks; e.g., hand wash underwear, fold and/or store clothing by self or under supervision.
- Cannot perform any task. Is totally dependent on assistance from another person.

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Please briefly describe how your patient's functional limitations limit your patient's ability to do laundry:

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**SHOPPING & ERRANDS: MPP § 30-757.135**

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Compile shopping list, bending, reaching, and lifting, managing cart or basket, identifying items needed, transferring items to home, putting items away, phoning in and picking up prescriptions, and buying clothing.

- Independent: Can perform all tasks without assistance.
  - Requires the assistance of another person for some tasks; e.g., help with major shopping needed, but consumer can go to nearby store for small items or needs direction or guidance.
  - Unable to perform any tasks for self.
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Please briefly describe how your patient's functional limitations limit your patient's ability to shop and do errands:

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**MEAL PREPARATION AND CLEANUP: MPP §§ 30-757.131 & 30-757.132**

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Planning menus. Washing, peeling, slicing vegetables, opening packages, cans and bags, mixing ingredients, lifting pots and pans, reheating food, cooking, safely operating stove, setting the table, serving the meal, cutting food into bite-sized pieces. Washing and drying dishes, and putting them away.

- Independent: Can plan, prepare, serve and clean up meals.
- Needs only reminding or guidance in menu planning, meal preparation and/or cleanup.
- Requires another person to prepare and cleanup main meal(s) on less than a daily basis; e.g., can reheat food prepared by someone else, can prepare simple meals and/or needs help with cleanup on a less than daily basis.
- Requires another person to prepare and cleanup main meal(s) on a daily basis.
- Totally dependent on another person to prepare and cleanup all meals.
- Is tube-fed. (Please complete paramedical services evaluation form) \*

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Please briefly describe how your patient's functional limitations limit your patient's ability to do meal preparation and cleanup:

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**(AMBULATION) MOBILITY INSIDE: MPP § 30-757.14(k)**

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Walking or moving around inside the house, changing locations in a room, moving from room to room. Can respond adequately if (s) he stumbles or trips. Can step over or maneuver around pets or obstacles, including uneven floor surfaces. Climbing or descending stairs if stairs are inside dwelling. Does **not** refer to transfers, to abilities or needs once destination is reached, to ability to come into or go out of the house, or to moving around outside.

- Independent: Requires no physical assistance though consumer may experience some difficulty or discomfort. Completion of the task poses no risk

to his/her safety.

- Can move independently with only reminding or encouragement. For example, needs reminding to lock a brace, unlock a wheelchair or to use a cane or walker.
- Requires physical assistance from another person for specific maneuvers; e.g., pushing wheelchair around sharp corner, negotiating stairs or moving on certain surfaces.
- Requires assistance from another person most of the time. At risk if unassisted.
- Totally dependent upon others for movement. Must be carried, lifted or pushed in a wheelchair or gurney at all times.

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Please briefly describe how your patient's functional limitations limit your patient's mobility:

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**BATHING, ORAL HYGIENE AND GROOMING, ROUTINE BED BATHS:  
MPP §§ 30-757.14 (D) & 30-757.14 (E)**

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Bathing means cleaning the body using a tub, shower or sponge bath, including getting a basin of water, managing faucets, getting in and out of a tub, reaching head and body parts for soaping, rinsing, and drying. Grooming includes hair combing and brushing, shampooing, oral hygiene, shaving and fingernail and toenail care (unless toenail care is medically contraindicated and therefore is evaluated as a Paramedical Service). NOTE: Getting to and from the bathroom is evaluated as Mobility Inside.

- Independent: Able to bathe and groom self safely without help from another person.
- Able to bathe and groom self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.
- 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 can sponge bathe but another person must bring water, soap, towel, etc.
- Requires direct assistance with most aspects of bathing and grooming. Would be at risk left alone.
- Totally dependent on others for bathing and grooming.

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Please briefly describe how your patient's functional limitations limit your patient's ability to bathe, maintain oral hygiene and grooming:

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**DRESSING: MPP § 30-757.14 (F)**

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Putting on and taking off, fastening and unfastening garments and undergarments, special devices such as back or leg braces, corsets, elastic stockings/garments and artificial limbs or splints.

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- Independent: Able to put on, fasten and remove all clothing and devices without assistance. Clothes self appropriately for health and safety.
  - Able to dress self, but requires reminding or direction with clothing selection.
  - Unable to dress self completely, without the help of another person; e.g., tying shoes, buttoning, zipping, putting on hose or brace, etc.
  - Unable to put on most clothing items by self. Without assistance would be inappropriate or inadequate clothed.
  - Unable to dress self at all. Requires complete assistance from another.
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Please briefly describe how your patient's functional limitations limit your patient's ability to dress:

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**BOWEL, BLADDER, AND MENSTRUAL: MPP §§ 30-757.14(A) & 30-757.14(J)**

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Assisting person to and from, on and off toilet or commode and emptying commode, managing clothing and wiping and cleaning body after toileting, assistance with using and emptying bedpans, ostomy and/or catheter receptacles and urinals, application of diapers and disposable barrier pads. Menstrual care limited to external application of sanitary napkin and cleaning. (NOTE: Catheter insertion, ostomy irrigation and bowel program are evaluated as Paramedical Services.\* Getting to and from bathroom is evaluated as Mobility Inside.)

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- Independent: Able to manage bowel, bladder and menstrual care with no assistance from another person.
- Requires reminding or direction only.
- Requires minimal assistance with some activities but the constant presence of the provider is not necessary.

- Unable to carry out most activities without assistance.
- Requires physical assistance in all areas of care.

Please briefly describe how your patient's functional limitations limit your patient's ability manage bowel, bladder and menstrual care:

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**TRANSFER: MPP § 30-757.14(H)**

Moving from one sitting or lying position to another sitting or lying position; e.g., from bed to and from a wheelchair, or sofa, coming to a standing position and/or repositioning to prevent skin breakdown. (NOTE: If pressure sores have developed, the need for care of them is evaluated as a Paramedical Service.)

- Independent: Able to do all transfers safely without assistance from another person.
- Able to transfer but needs encouragement or direction.
- Requires some help from another person; e.g., routinely requires a boost or assistance with positioning.
- Unable to complete most transfers without physical assistance. Would be at risk if unassisted.
- Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred.

Please briefly describe how your patient's functional limitations limit your patient's ability to transfer:

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**FEEDING: MPP § 30-757.14(c)**

Reaching for, picking up, grasping utensil and cup; getting food on utensil, bringing food, utensil, cup to mouth, chewing, swallowing food and liquids, manipulating food on plate. Cleaning face and hands as necessary following a meal.

- Independent: Able to feed self.
- Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.
- 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 not required.

- Able to feed self some foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.
- Unable to feed self at all and is totally dependent upon assistance from another person.
- Is tube fed. All aspects of tube feeding are evaluated as a Paramedical Service.\*

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Please briefly describe how your patient's functional limitations limit your patient's ability to feed herself/himself:

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**RESPIRATION: MPP § 30-757.14(B)**

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

- Does not use respirator or other oxygen equipment or able to use and clean independently.
- Needs help with self-administration and/or cleaning.
- Needs Paramedical Service such as suctioning.\*

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Please briefly describe how your patient's functional limitations limit your patient's ability to respire:

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**MENTAL FUNCTIONING ASSESSMENT**

Please check appropriate box  
(No more than 1 box for each mental functional limitation)

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**Memory:** Recalling learned behaviors and information from distant and recent past.

- No problem: Memory is clear; consumer 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.
  - Memory loss is moderate or intermittent: Consumer shows evidence of some memory impairment, but not to the extent where (s)he is at risk; consumer
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needs occasional reminding to do routine tasks or help recalling past events.

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- Severe memory deficit: Consumer forgets to start or finish activities of daily living which are important to his/her health and/or safety. Cannot maintain much continuity of thought in conversation with you.
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Please briefly describe how your patient's memory limitations limit his/her ability to complete ADL:

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

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- No problem: Orientation is clear. Consumer 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.
  - Occasional disorientation and confusion apparent but does not put self at risk: Consumer has general awareness of time of day; is able to provide limited information about family, friends, daily routine, etc.
  - Severe disorientation which puts consumer at risk: wanders off; lacks awareness or concern for safety or well-being; unable to identify significant others or relate safely to environment or situation; no sense of time of day.
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Please briefly describe how your patient's orientation limitations limit his/her ability to complete ADL:

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**Judgment:** Making decisions so as not to put self or property in danger; safety around stove. Capacity to respond to changes in the environment, e.g., fire, cold house. Understands alternatives and risks involved and accepts consequences of decisions.

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- Judgment unimpaired: Able to evaluate environmental cues and respond appropriately.
  - 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.
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- Judgment severely impaired: fails to make decisions or makes decisions without regard to safety or well-being.
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Please briefly describe how your patient's judgment limitations limit his/her ability to complete ADL:

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\*If patient requires paramedical services, please complete SOC 321 Form.

I certify that I am licensed to practice medicine in the State of California and that the information provided above is correct.

|                                     |                          |
|-------------------------------------|--------------------------|
| Signature of Professional:<br>_____ | Print Name:<br>_____     |
| Date: _____                         | Medical specialty: _____ |
| Address: _____                      | License No.: _____       |
| City: _____ State: _____            | Telephone: _____         |

## IN-HOME SUPPORTIVE SERVICES SELF-ASSESSMENT WORKSHEET

| SERVICES   | DAYS |      |      |        |      |      |      | WEEKLY |
|--|------|------|------|--------|------|------|------|--------|
| <u>DOMESTIC SERVICES</u>   | Mon. | Tue. | Wed. | Thurs. | Fri. | Sat. | Sun. | TOTAL  |
| <p>Domestic Services: For adults only. Children are not eligible to receive domestic service hours.</p> <p>Domestic services are usually limited to 6 hours per month per household and divided by the number of people in the household. If you need more hours of domestic services because of the recipient's disability (e.g., more frequent bathroom cleaning due to incontinence, frequent dusting due to asthma, etc.), then mark the time needed in the columns below. See section II of the Fair Hearing and Self-Assessment Packet for more information.</p> |      |      |      |        |      |      |      |        |
| a. Sweeping and vacuuming  |      |      |      |        |      |      |      |        |
| b. Washing kitchen counters  |      |      |      |        |      |      |      |        |
| c. Cleaning oven and stove   |      |      |      |        |      |      |      |        |
| d. Cleaning and defrosting refrigerator  |      |      |      |        |      |      |      |        |
| e. Cleaning bathroom   |      |      |      |        |      |      |      |        |
| f. Storing food and supplies   |      |      |      |        |      |      |      |        |
| g. Taking out garbage  |      |      |      |        |      |      |      |        |
| h. Dusting and picking up  |      |      |      |        |      |      |      |        |

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| i. Bringing in fuel for heating or cooking purposes from a fuel bin in yard, miscellaneous |  |  |  |  |  |  |  |  |
| j. Changing bed linens   |  |  |  |  |  |  |  |  |
| k. Miscellaneous   |  |  |  |  |  |  |  |  |
| <b>TOTAL DOMESTIC SERVICES</b>   |  |  |  |  |  |  |  |  |

| SERVICES  | DAYS |   |   |      |   |   |      |   |   |        |   |   |      |   |   |      |   |   | WEEKLY TOTAL |      |   |  |
|---|------|---|---|------|---|---|------|---|---|--------|---|---|------|---|---|------|---|---|--------------|------|---|--|
|   | Mon. |   |   | Tue. |   |   | Wed. |   |   | Thurs. |   |   | Fri. |   |   | Sat. |   |   |              | Sun. |   |  |
| <u>RELATED SERVICES</u>   | B    | L | D | B    | L | D | B    | L | D | B      | L | D | B    | L | D | B    | L | D | B            | L    | D |  |
| a. Preparing meals, serving meals, cutting up food*   |      |   |   |      |   |   |      |   |   |        |   |   |      |   |   |      |   |   |              |      |   |  |
| b. Meal clean up and menu planning**  |      |   |   |      |   |   |      |   |   |        |   |   |      |   |   |      |   |   |              |      |   |  |
| c. Laundry, mending, ironing, sorting, folding and putting away clothes<br>(Usually, 60 minutes per week in-home, 90 minutes per week out-of-home)*** |      |   |   |      |   |   |      |   |   |        |   |   |      |   |   |      |   |   |              |      |   |  |
| d. Shopping for food<br>(Usually, 60 minutes per week maximum)***   |      |   |   |      |   |   |      |   |   |        |   |   |      |   |   |      |   |   |              |      |   |  |
| e. Other errands<br>(Usually, 30 minutes per week maximum)***   |      |   |   |      |   |   |      |   |   |        |   |   |      |   |   |      |   |   |              |      |   |  |
| <b>TOTAL RELATED SERVICES</b>   |      |   |   |      |   |   |      |   |   |        |   |   |      |   |   |      |   |   |              |      |   |  |

\*\* \*\*If you need more than the time allowed for these services due to the recipients's disability (i.e., daily shopping for fresh food, frequent laundry due to spilling food, etc.), then mark the time needed in the columns.

| SERVICES   | DAYS |      |      |        |      |      |      | WEEKLY TOTAL |
|--|------|------|------|--------|------|------|------|--------------|
|  | Mon. | Tue. | Wed. | Thurs. | Fri. | Sat. | Sun. |              |
| <u>HEAVY CLEANING</u>  |      |      |      |        |      |      |      |              |
| <u>NONMEDICAL PERSONAL SERVICES</u>                                  |      |      |      |        |      |      |      |              |
| a. Respiration*  |      |      |      |        |      |      |      |              |
| b. Bowel/bladder care (including help on/off commode)*               |      |      |      |        |      |      |      |              |
| c. Feeding and drinking*   |      |      |      |        |      |      |      |              |
| d. Bed baths*  |      |      |      |        |      |      |      |              |
| e. Dressing*   |      |      |      |        |      |      |      |              |
| f. Menstrual care*   |      |      |      |        |      |      |      |              |
| g. Ambulation*   |      |      |      |        |      |      |      |              |
| h. Moving into and out of bed*                                       |      |      |      |        |      |      |      |              |
| i. Grooming, bathing, hair care, teeth and fingernails*              |      |      |      |        |      |      |      |              |
| j. Rubbing skin to aid circulation, turning in bed, repositioning in |      |      |      |        |      |      |      |              |

| SERVICES                                 | DAYS |      |      |        |      |      |      | WEEKLY TOTAL |
|--|------|------|------|--------|------|------|------|--------------|
|  | Mon. | Tue. | Wed. | Thurs. | Fri. | Sat. | Sun. |              |
| wheelchair, help in and out of vehicles* |      |      |      |        |      |      |      |              |
| k. Care and help with prosthesis*        |      |      |      |        |      |      |      |              |
| <b>TOTAL PERSONAL CARE SERVICES</b>      |      |      |      |        |      |      |      |              |

| SERVICES   | DAYS |       |      |        |      |      |      | WEEKLY TOTAL |
|--|------|-------|------|--------|------|------|------|--------------|
|  | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |              |
| <u>MEDICAL TRANSPORTATION</u>  |      |       |      |        |      |      |      |              |
| a. To medical appointments***  |      |       |      |        |      |      |      |              |
| b. To alternative resources  |      |       |      |        |      |      |      |              |
| <u>YARD HAZARD ABATEMENT</u>   |      |       |      |        |      |      |      |              |
| <u>PROTECTIVE SUPERVISION</u>  |      |       |      |        |      |      |      |              |
| <u>TEACHING AND DEMONSTRATION</u>  |      |       |      |        |      |      |      |              |
| <u>PARAMEDICAL SERVICES</u><br>(i.e., catheterization, injections, range of motion exercises, etc., specify) |      |       |      |        |      |      |      |              |

|   |  |  |
|---|--|--|
| <b>TOTAL WEEKLY SERVICES</b><br>(Everything except Domestic Services)                                       |  |  |
| Multiply by 4.33 to get monthly total   |  |  |
| Plus Domestic Services<br>(6 hours per month maximum unless more needed hours can be shown on page 1 above) |  |  |
| <b>TOTAL MONTHLY SERVICES</b>   |  |  |

\* If asterisked hours equal 20 or more hours a week, recipient qualifies as "severely impaired."

\*\* Meal clean-up hours are included in determining whether severely impaired if IHSS assistance with meal preparation and consumption are necessary.

\*\*\* IHSS will pay for transportation time to get you there and back but usually not the time while at the doctor's or clinic. When IHSS does not cover wait time, then IHSS should cover the transportation time for 4 trips: there and back to drop off; there and back to pick up.

## IHSS ASSESSMENT CRITERIA WORKSHEET

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**Name of IHSS consumer:**

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### THE IHSS ASSESSMENT

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The amount of IHSS you get depends on how many hours you need. A county social worker calculates your hours of need after doing a “functional assessment.” This is an assessment of the limitations you have in doing various activities of daily living.

After the social worker does the functional assessment and calculates your hours of need, the social worker compares your functional assessment to your hours of need to make sure that you are getting the correct number of hours that you actually need.

This form will help you figure out your Functional Index (FI) Ranks. The FI Ranks are supposed to measure how severe your functional limitations are. These FI Ranks are used by county social workers to help figure out how many hours you need for most IHSS services.

The FI Ranks are also used to figure out your Functional Index (FI) Score. The FI Score is supposed to measure how much assistance you need from other people in general.

This worksheet will also help you understand the IHSS Hourly Task Guidelines (HTGs). These are guidelines that county social workers use when determining your hours of need for IHSS. This worksheet will also help you prorate hours, if necessary.

The worksheet also has a one-page section at the end to help you calculate your FI score. (Page 57.)

Here’s how to use this worksheet:

1. Determine your Functional Index (FI) Rank for each function. Then check the appropriate box on the form. (Check only 1 box for each function.)
2. Calculate the total hours of need for each task. This is the *actual* hours of need. The need for domestic services (housework) is based on hours per *month*. The need for other services is based on hours per *week*.
3. Compare the total hours of need with the hourly task guideline (HTG). If the total hours of need fall outside the range of hours in the guideline, document the need for an exception.
4. Prorate the hours, where appropriate, if there are other people living in your household who do not get IHSS.
5. Use the FI Ranks to calculate your FI Score. Do this on the attached worksheet. (Page 57.)

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## FUNCTIONAL INDEX RANK: MPP § 30-756.1

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A county social worker must rank your functioning in each of the following functions. The last three, Memory, Orientation, and Judgment, are used to determine the need for Protective Supervision only.

15. Domestic Services (Housework);
16. Laundry;
17. Shopping and Errands;
18. Meal Preparation/Meal Cleanup;
19. Ambulation (formerly Mobility Inside);
20. Bathing, Oral Hygiene and Grooming/Routine Bed Bath (Bathing and Grooming);
21. Dressing/Prosthetic Devices (Dressing);
22. Bowel, Bladder and Menstrual Care;
23. Transfer (Repositioning);
24. Eating;
25. Respiration;
26. Memory;
27. Orientation; and
28. Judgment.

The following are the **general** standards that you use to figure out the rank for each function. This worksheet also lists specific standards for each function. The general standards are mandatory because they are in state regulations. The specific standards are guidelines only, because they are not in the regulations.

The rank for each function must be based on **physical, cognitive** and **emotional** impairment in functioning. The rank is not based on physical limitations alone.

The general standards for ranking functional limitations can be found in the state IHSS regulations at MPP § 30-756.1:

**“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 or 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.

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

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

**Note: Mental functioning.** Mental functioning must be considered in determining the rank for each function. MPP § 30-756.37 provides for evaluation of mental functioning as follows:

MPP § 30-756.371. “The extent to which the recipient's **cognitive** and **emotional** impairment (if any) impacts his/her functioning in the **11 physical functions** listed [above] **is ranked in each of those functions**. The level and type of human intervention needed shall be reflected in the rank for each function.”

MPP § 30-756.372. “The recipient's mental function shall be evaluated on a three-point scale (Ranks 1, 2, and 5) in the functions of **memory, orientation** and **judgment**. This scale is used to determine the need for **protective supervision**.”

**Note: Paramedical services.** If you receive tube feeding for all nutrients, you should receive this service as a paramedical service rather than as eating, meal preparation or meal cleanup. In that case, both eating and meal preparation/meal cleanup should be ranked as 1. See, MPP § 30-756.4.

If you need tracheostomy care and suctioning, you should receive these services as paramedical services rather as respiration. If these are the only respiration services you need, respiration should be ranked as 1. See, MPP § 30-756.4.

**Note: Variable functioning.** If your functioning varies throughout the month, the functional rank should reflect the functioning on recurring bad days. It is not based solely on a “worst” day scenario. (E.g., if you have arthritis you may have days when pain is significant and days when pain is mild; therefore, in this case, the social worker would determine your functional index ranks based on the recurring days on which you have significant pain.) MPP § 30-757.1(a)(1).

**Note: Determining amount of time for task.** In determining the amount of time for task (hours of need for IHSS) your ability to perform tasks based on your functional index rankings is a contributing factor but not the sole factor. Other factors include your living environment and variations in your functional capacity. MPP § 30-757.1(a)(1).

**Note: Exceptions to hourly task guidelines (HTG).** Exceptions to the hourly task guidelines (HTG) must be made when necessary to enable you to establish and maintain an independent living arrangement and/or remain safely in your home, and must be considered a normal part of the authorization process. MPP § 30-757.1(a)(3).

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### COUNTY SOCIAL WORKER ASSESSMENT

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The following are the assessment criteria that county social workers use. The specific functional limitation assessment criteria are from the Annotated Assessment Criteria, Exhibit B, All-County Letter (ACL) 06-34E2, May 4, 2007. The Hourly Task Guidelines (HTGs) are from the state IHSS regulations. MPP § 30-757.

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## DOMESTIC SERVICES (HOUSEWORK) MPP § 30-757.11

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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 charging/recharging wheelchair batteries.

- ❑ **Rank 1** - Independent: Able to perform all domestic chores without a risk to health or safety. Recipient is able to do all chores though s/he might have to do a few things every day so that s/he doesn't overexert her/himself.
  - \* Social Worker Observation: Observe if the home is neat and tidy. Observe if the recipient's movement is unimpaired.
  - \* For 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 social worker may ask: 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.
  - \* Social Worker Observation: 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.
  - \* For Example: Young man apparently physically healthy, but obviously confused and forgetful, is being reminded that it is time for him to sweep and vacuum.
  - \* Question social worker may ask: 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.).
  - \* Social Worker Observation: Observe if the recipient has some movement problems as described above; has limited endurance; is easily fatigued; or has severely limited eyesight. Observe if the home is generally tidy, but needs a good cleaning; if it is apparent that the recipient has made attempts to clean it, but was unable to.
  - \* Example: Small frail woman answers apartment door. Apartment has some debris scattered on carpet and quite-full trashcan is sitting in kitchen area. The remainder of apartment is neat.

- \* Questions social worker may ask: 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.
  - \* Social Worker Observation: Observe if the recipient has limited strength and impaired range of motion. Observe if the house needs heavy cleaning.
  - \* Example: Recipient walking with a cane is breathing heavily in cluttered living room. The bathtub and toilet are in need of cleansing. The recipient's activities are limited because of shortness of breath and dizziness.
  - \* Questions social worker may ask: What household tasks are you able to perform? Has your doctor limited your activities?
- Rank 5** - Totally dependent upon others for all domestic chores.
  - \* Social Worker Observation: 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 social worker may ask: Are there any household tasks you are able to perform? What is limiting your activities? Who has been helping you to this point?

| <b>DOMESTIC SERVICES (HOUSEWORK) MPP § 30-757.11</b>  |                                      |  |
|---|--------------------------------------|--|
| <b><u>Total Need for Task</u></b><br>(Before Hourly Task (HTG) Guideline Comparison)<br>(hours per <i>month</i> ) | <b><u>Functional Index Rank</u></b>  | <b><u>Hourly Task Guideline (HTG) Comparison</u></b><br>(hours per <i>month</i> for Domestic Services) |
| Hours per month: _____  | Rank 2<br>Rank 3<br>Rank 4<br>Rank 5 | 6.0 hours per month per household  |

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## LAUNDRY MPP § 30-757.134

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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.)

**Rank 1** - Independent: Able to perform all chores.

- \* Social Worker Observation: 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 social worker may ask: Are you able to wash and dry your own clothes? Are you also able to fold and put them away?

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

- \* Social Worker Observation: 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 social worker may ask: 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.

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

**LAUNDRY MPP § 30-757.134**

| <u><b>Total Need for Task</b></u><br>(Before Hourly Task (HTG) Guideline Comparison) | <u><b>Functional Index Rank</b></u> | <u><b>Hourly Task Guideline (HTG) Comparison</b></u><br>(hours per <i>week</i> )                             |
|--|-------------------------------------|--|
| Hours per week: _____  | Rank 4 or Rank 5                    | 1 hour per wk. if laundry facilities are in home<br>1.5 hours per wk. if laundry facilities are out of home. |

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SHOPPING & ERRANDS MPP § 30-757.135**

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.)

- Rank 1** - Independent: Can perform all tasks without assistance.
  - \* Social Worker Observation: Observe if movement seems unimpaired and the recipient seems oriented.
  - \* Example: Social worker questions elderly man whose responses indicate that he is able to do his own shopping and can put groceries and other items away. Although his movements are a little slow, it is evident that he is capable of performing this task.
  - \* Questions social worker may ask: How do you take care of your shopping and errands?
  
- Rank 3** - Requires the assistance of another person for some tasks (e.g., recipient needs help with major shopping needed but can go to nearby store for small items, or the recipient needs direction or guidance).
  - \* Social Worker Observation: Observe if the recipient's movement is somewhat impaired; if the recipient has poor endurance or is unable to lift heavy items; if s/he seems easily confused or has severely limited eyesight; if there is limited food on hand in refrigerator and cupboard.
  - \* Example: Recipient goes to corner market daily to get a few small items. Someone else makes a shopping list.
  - \* Question social worker may ask: 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.

\* Social Worker Observation: Observe if movement or mental functioning is severely limited.

\* Example: Neighbors help when they can. Teenage boy comes to neighbor's door and receives money and list from recipient to purchase a few groceries.

\* Question social worker may ask: Has someone been shopping for you? How do you get your medications?

| <b>SHOPPING &amp; ERRANDS MPP § 30-757.135</b>                                       |                                     |  |
|--|-------------------------------------|--|
| <b><u>Total Need for Task</u></b><br>(Before Hourly Task (HTG) Guideline Comparison) | <b><u>Functional Index Rank</u></b> | <b><u>Hourly Task Guideline (HTG) Comparison</u></b><br>(hours per week)   |
| Hours per week: _____  | Rank 3 or<br>Rank 5                 | 1.0 hour per wk. shopping for food.<br>0.5 hours per wk. other shopping and errands.<br>No time allowed for recipient to accompany provider. |

**Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_**

Reasons for exceptions: \_\_\_\_\_

\_\_\_\_\_

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**MEAL PREPARATION/MEAL CLEANUP MPP §§ 30-757.131 & 30-757.132**

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**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.

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

**Note: Tube feeding.** If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both Meal Preparation and Eating because tube feeding is a Paramedical service. (MPP 30-756.41)

- ❑ **Rank 1** - Independent: Can plan, prepare, serve, and cleanup meals.
  - \* Social Worker Observation: Observe if the recipient's movement seems unimpaired.
  - \* Example: Recipient cooks and freezes leftovers for reheating.
  - \* Question social worker may ask: 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.
  - \* Social Worker Observation: 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.
  - \* 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 social worker may ask: 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).
  - \* Social Worker Observation: Observe if the recipient's movement is impaired; if s/he has poor strength and endurance or severely limited eyesight; if s/he appears adequately nourished and hydrated.
  - \* Example: Recipient can reheat meals, make a sandwich, and get snacks from the package. Recipient has arthritis that impairs her/his grasp; s/he is unable to wash dishes because s/he cannot hold on to dishes.
  - \* Question social worker may ask: What type of meals are you able to prepare for yourself? Can you lift casserole dishes and pans? Can you reheat meals that were prepared for you ahead of time? Are you able to wash dishes? Can you wipe the counter and stove?

- Rank 4** - Requires another person to prepare and cleanup main meal(s) on a daily basis.
- \* Social Worker Observation: 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.
- \* Question social worker may ask: 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.
- \* Social Worker Observation: 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.
- \* Question social worker may ask: 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?

| <b>MEAL PREPARATION/MEAL CLEANUP MPP §§ 30-757.131 &amp; 30-757.132</b>              |                                     |  |
|--|-------------------------------------|--|
| <b><u>Total Need for Task</u></b><br>(Before Hourly Task (HTG) Guideline Comparison) | <b><u>Functional Index Rank</u></b> | <b><u>Hourly Task Guideline (HTG) Comparison</u></b><br>(hours per week) |
| <b>MEAL PREPARATION MPP § 30-757.131</b>   |                                     |  |
| Hours per week: _____  | Rank 2                              | 3.02 to 7.00   |
|  | Rank 3                              | 3.50 to 7.00   |
|  | Rank 4                              | 5.25 to 7.00   |
|  | Rank 5                              | 7.00 to 7.00   |
| <b>MEAL CLEANUP MPP § 30-757.132</b>   |                                     |  |
| Hours per week: _____  | Rank 2                              | 1.17 to 3.50   |
|  | Rank 3                              | 1.75 to 3.50   |
|  | Rank 4                              | 1.75 to 3.50   |
|  | Rank 5                              | 2.33 to 3.50   |

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## AMBULATION (FORMERLY MOBILITY INSIDE) MPP § 30-757.14(k)

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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, 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.

- ❑ **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.
  - \* Social Worker Observation: Observe if the recipient is steady on feet, able to maneuver around furniture, etc. Observe if the recipient needs to grab furniture or walls for support. Have the recipient show you the home and observe ambulation.
  - \* Questions social worker may ask: 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).
  - \* Social Worker Observation: Observe if the recipient can use his/her walker or cane of his/her own volition; if recipient can rely appropriately on an appliance; if there is an assistive device visible in a corner rather than right beside the recipient when s/he is sitting; how well the recipient is able to move about with an assistive device; if there is any modifications observable in the home such as grab bars, etc.
  - \* Questions social worker may ask: 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).
  - \* Social Worker Observation: Observe if the recipient needs to ask you for assistance; if the recipient appears to be struggling with a maneuver that could put her/him at risk if unattended; if recipient appears strong enough to handle the device; if there are architectural barriers in the home.
  - \* Questions social worker may ask: 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.
  - \* Social Worker Observation: Observe if the recipient is able to answer the door; get back safely to his/her seat; if there is clutter on the floor, scattered rugs, or stairs; if there is obvious fatigue or labored breathing; if there are bruises, scabs, bumps, or burns (signs of falls) on the recipient.
  - \* Questions social worker may ask: 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.
  - \* Social Worker Observation: 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 social worker may ask: 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?

| <b>AMBULATION MPP § 30-757.14(k)</b>   |                                     |  |
|--|-------------------------------------|--|
| <b><u>Total Need for Task</u></b><br>(Before Hourly Task (HTG) Guideline Comparison) | <b><u>Functional Index Rank</u></b> | <b><u>Hourly Task Guideline (HTG) Comparison</u></b><br>(hours per week) |
| Hours per week: _____  | 2                                   | 0.58-1.75  |
|  | 3                                   | 1.00-2.10  |
|  | 4                                   | 1.75-3.50  |
|  | 5                                   | 1.75-3.50  |

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for exceptions: \_\_\_\_\_  
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**BATHING, ORAL HYGIENE AND GROOMING/ROUTINE BED BATH  
 (BATHING AND GROOMING) MPP §§ 30-757.14 (d) & 30-757.14 (e)**

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**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,

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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.

- Rank 1** - Independent: Able to bathe, brush teeth, and groom self safely without help from another person.
  - \* Social Worker Observation: Observe if the recipient's mobility is unimpaired; if the recipient is clean and well groomed; if there is assistive equipment in the bathroom.
  - \* Questions social worker may ask: 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.
  - \* Social Worker Observation: Observe if the recipient has body odors, unwashed hair, dirt or grime on body, un-manicured fingernails; if the recipient is unshaven, displays a lack of oral hygiene or general poor grooming habits; if the recipient is unaware of his/her appearance.
  - \* Questions social worker may ask: 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).
  - \* Social Worker Observation: 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 social worker may ask: 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.
- \* Social Worker Observation: 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 social worker may ask: 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.
- \* Social Worker Observation: Observe if there is any voluntary movement and where; if the recipient exhibits good skin color, healthy, clean skin and hair; if bathing schedules/activities are appropriate for the recipient's specific disability/limitations.
  - \* Questions social worker may ask: Are you satisfied with your bathing, oral hygiene, and grooming routines? Does anything frighten or scare you when you are bathed?

| <b>BATHING, ORAL HYGIENE AND GROOMING/ROUTINE BED BATH<br/>MPP §§ 30-757.14 (d) &amp; 30-757.14 (e)</b> |                                     |   |
|---|-------------------------------------|---|
| <b><u>Total Need for Task</u></b><br>(Before Hourly Task (HTG)<br>Guideline Comparison)                 | <b><u>Functional Index Rank</u></b> | <b><u>Hourly Task Guideline</u></b><br><b><u>(HTG) Comparison</u></b><br>(hours per <i>week</i> ) |
| <b>BATHING, ORAL HYGIENE AND GROOMING MPP § 30-757.14 (d)</b>   |                                     |   |
| Hours per week: _____   | Rank 2                              | 0.50 to 1.92  |
|   | Rank 3                              | 1.27 to 3.15  |
|   | Rank 4                              | 2.35 to 4.08  |
|   | Rank 5                              | 3.00 to 5.10  |
| <b>BED BATHS MPP § 30-757.14 (e)</b>  |                                     |   |
| Hours per week: _____   | Rank 2                              | 0.50 to 1.75  |
|   | Rank 3                              | 1.00 to 2.33  |
|   | Rank 4                              | 1.17 to 3.50  |

|  |        |              |
|--|--------|--------------|
|  | Rank 5 | 1.75 to 3.50 |
|--|--------|--------------|

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_ No \_\_\_\_

Reasons for exceptions: \_\_\_\_\_

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**DRESSING/PROSTHETIC DEVICES (DRESSING) MPP § 30-757.14(f)**

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

- Rank 1** - Independent: Able to put on, fasten and remove all clothing. Clothes self appropriately for health and safety.
  - \* Social Worker Observation: Observe if the recipient is appropriately dressed; if clothing is buttoned, zipped, laced; if the recipient has no difficulty with small hand movements as demonstrated by his/her ability to sign the application.
  - \* Questions social worker may ask: Do you ever have any difficulty getting dressed (e.g., buttoning or zipping clothing, etc.)?
- Rank 2** - Able to dress self; but requires reminding or direction.
  - \* Social Worker Observation: 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 social worker may ask: Are there times when it seems just too much of a bother to get dressed for the day? Does anyone ever comment to you on how you are dressed? Are you warm enough or too warm? Could you use some help in getting your clothes organized for the day?
- Rank 3** - Unable to dress self completely without the help of another person (e.g., tying shoes, buttoning, zipping, putting on hose, brace, etc.).
  - \* Social Worker Observation: Observe if the recipient's clothes are correctly fastened; if the recipient apologizes or seems embarrassed about the state of his/her dress; if the recipient asks you for any assistance; if the recipient is disabled in his/her dominant hand; if the recipient has impaired range of motion, grasping, small hand movement; if the recipient needs special clothing.
  - \* Questions social worker may ask: Are there any articles of clothing you have difficulty putting on or fastening? Do you need help with clothing items before you feel properly dressed? Do you need to use a special device in order to get

dressed? Do you use Velcro® fastening?

- Rank 4** - Unable to put on most clothing items by self. Without assistance the recipient would be inappropriately or inadequately clothed.
  - \* Social Worker Observation: Observe the recipient’s range of motion and other movements are impaired. Observe if the recipient is dressed in bed clothes, robe and slippers rather than street clothes; if the recipient appears too cold or too warm for the room temperature; if the recipient seems willing to try to adapt to alternate methods of dressing.
  - \* Questions social worker may ask: 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.
  - \* Social Worker Observation: Observe if the recipient is capable of voluntary movement? If the recipient’s clothing appears comfortable and clean; if the recipient appears satisfied with the degree of dress. Determine if the recipient would prefer a dress and shoes rather than a robe and slippers all of the time.
  - \* Questions social worker may ask: 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?

| <b>DRESSING/PROSTHETIC DEVICES MPP §§ 30-757.14(f) &amp; 30-757.14(i)</b>     |                              |   |
|---|------------------------------|---|
| <b>Total Need for Task</b><br>(Before Hourly Task (HTG) Guideline Comparison) | <b>Functional Index Rank</b> | <b>Hourly Task Guideline (HTG) Comparison</b><br>(hours per week) |
| <b>DRESSING MPP § 30-757.14(f)</b>  |                              |   |
| Hours per week: _____   | Rank 2                       | 0.56 to 1.20  |
|   | Rank 3                       | 1.00 to 1.86  |
|   | Rank 4                       | 1.50 to 2.33  |
|   | Rank 5                       | 1.90 to 3.50  |
| <b>PROSTHETIC DEVICES MPP § 30-757.14(i)</b>                                  |                              |   |
| Hours per week: _____   | Rank: Not Applicable         | 0.47 to 1.12  |

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for exceptions: \_\_\_\_\_  
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**BOWEL, BLADDER, AND MENSTRUAL CARE MPP §§ 30-757.14(a) & 30-757.14(j)**

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**Bowel, Bladder, and Menstrual Care:** Assisting with using, emptying, and cleaning

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

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

- Rank 1 - Independent:** Able to manage Bowel, Bladder, and Menstrual care with no assistance from another person.
  - \* Social Worker Observation: Observe if recipient's movement is unimpaired and odor of urine present; if the recipient has had colon cancer, observe if the recipient wears a colostomy or ostomy bag or if there are ostomy or colostomy bags present.
  - \* Questions social worker may ask: Do you need any help when you have to use the toilet? Do you also use a bedside commode, urinal, or bedpan? Do you have any problems getting to the bathroom on time?
- Rank 2 - Requires reminding or direction only.**
  - \* Social Worker Observation: 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 social worker may ask: In the past month, have you had difficulty getting to the toilet/commode on time? If yes, how often? Does someone remind you?
- Rank 3 - Requires minimal assistance with some activities but the constant presence of the provider is not necessary.**
  - \* Social Worker Observation: 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 social worker may ask: Do you have any problems using the bathroom or managing your clothes? Does anyone help you? If yes, what kind of assistance do you need and how often? Are you able to empty your urinal/commode (if used)? Do you have accidents? How often do the accidents

occur? Are you able to cleanup after them?

**Rank 4** - Unable to carry out most activities without assistance.

\* Social Worker Observation: 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. Observe if there are meds such as stool softeners visible.

\* Questions social worker may ask: Who helps you? How? Is s/he available every time you need help? Do you need more help at certain times of the day/night?

**Rank 5** - Requires physical assistance in all areas of care.

\* Social Worker Observation: 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 social worker may ask: Who helps you? What is your daily routine? Do you also need assistance with activities we classify as Paramedical services?

| <b>BOWEL, BLADDER, AND MENSTRUAL CARE MPP §§ 30-757.14(a) &amp; 30-757.14(j)</b>     |                                     |  |
|--|-------------------------------------|--|
| <b><u>Total Need for Task</u></b><br>(Before Hourly Task (HTG) Guideline Comparison) | <b><u>Functional Index Rank</u></b> | <b><u>Hourly Task Guideline (HTG) Comparison</u></b><br>(hours per week) |
| <b>BOWEL AND BLADDER CARE MPP §§ 30-757.14(a)</b>                                    |                                     |  |
| Hours per week: _____  | Rank 2                              | 0.58 to 2.00   |
|  | Rank 3                              | 1.17 to 3.33   |
|  | Rank 4                              | 2.91 to 5.83   |
|  | Rank 5                              | 4.08 to 8.00   |
| <b>MENSTRUAL CARE MPP § 30-757.14(j)</b>   |                                     |  |
| Hours per week: _____  | Rank: Not Applicable                | 0.28 to 0.80   |

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for exceptions: \_\_\_\_\_  
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## TRANSFER (REPOSITIONING) MPP § 30-757.14(h)

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

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

- 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.
  - \* Social Worker Observation: 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 social worker may ask: Do you ever need a boost to get out of bed or out of the chair? When? How often? Do you ever have difficulty moving around?
- Rank 2 -** Able to transfer, but needs encouragement or direction.
  - \* Social Worker Observation: Observe if the recipient seems confused and has trouble getting out of a chair (probably more problematic in getting out of bed). Determine if the recipient is bed bound on bad days.
  - \* Questions social worker may ask: 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).
  - \* Social Worker Observation: Observe the length of time it takes the recipient to answer door; the sounds heard as the recipient comes to door; if the recipient asks you for a boost when s/he gets up to get medications, or is shaky when using assistive device; if the recipient is obese and has a great deal of difficulty getting up.
  - \* Questions social worker may ask: Do you always have difficulty getting out of a chair? Who helps you? How? How often? Do you also have trouble getting out of bed? What kind of help do you need? (Expressing interest in how the recipient has solved one problem usually encourages her/him to tell you ways s/he have solved other problems.)
- Rank 4 -** Unable to complete most transfers without physical assistance. Would be at risk if unassisted.
  - \* Social Worker Observation: Observe if the recipient uses an assistive device for mobility; if the recipient's joints are deformed from arthritis or some other

disease; if the recipient is wearing a cast or brace; if someone in house assists the recipient to get up if s/he uses a walker or is in a wheelchair; if there are bruises, scabs, or bumps or burns on the recipient.

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

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

\* Social Worker Observation: Observe if the recipient appears to be immobile; if s/he appears to be uncomfortable or in pain; if s/he has any fears related to being moved; if the recipient makes needs known.

\* Questions social worker may ask: 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?

| <b>TRANSFER MPP § 30-757.14(h)</b>   |                                     |  |
|--|-------------------------------------|--|
| <b><u>Total Need for Task</u></b><br>(Before Hourly Task (HTG) Guideline Comparison) | <b><u>Functional Index Rank</u></b> | <b><u>Hourly Task Guideline (HTG) Comparison</u></b><br>(hours per <i>week</i> ) |
| Transfer   |                                     |  |
| Hours per week: _____  | Rank 2                              | 0.50 to 1.17   |
|  | Rank 3                              | 0.58 to 1.40   |
|  | Rank 4                              | 1.10 to 2.33   |
|  | Rank 5                              | 1.17 to 3.50   |

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for exceptions: \_\_\_\_\_  
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**REPOSITIONING/RUBBING SKIN MPP § 30-757.14(g)**

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Repositioning/Rubbing Skin: Includes rubbing skin to promote circulation and/or prevent skin breakdown; turning in bed and other types of repositioning; and range of motion exercises which are limited to:

- General supervision of exercises which have been taught to the recipient by a licensed therapist or other healthcare professional to restore mobility restricted because of injury, disuse, or disease.
- Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent the patient's capacity and tolerance.
  - Such exercises include carrying out of maintenance programs (e.g., the

performance of repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain a range of motion in paralyzed extremities; and assistive walking).

Note: "Repositioning and rubbing skin" does not include:

- Care of pressure sores (skin and wound care). This is assessed as part of "paramedical" specified at MPP 30-757.19.
- Ultraviolet treatment (set up and monitor equipment) for pressure sores and/or application of medicated creams to skin. These tasks are assessed as part of "assistance with prosthetic devices" at MPP 30-757.14(i).

**There are no Functional Index Ranks for this service.**

| <b>REPOSITIONING/RUBBING SKIN MPP § 30-757.14(g)</b>                                 |                                     |  |
|--|-------------------------------------|--|
| <b><u>Total Need for Task</u></b><br>(Before Hourly Task (HTG) Guideline Comparison) | <b><u>Functional Index Rank</u></b> | <b><u>Hourly Task Guideline (HTG) Comparison</u></b><br>(hours per <i>week</i> ) |
| Hours per week: _____  | Rank: Not Applicable                | 0.75 to 2.80   |

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EATING MPP § 30-757.14(c)**

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

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

**Note: Tube feeding.** If all of the recipient's ingestion of nutrients occurs with tube feeding, the recipient shall be ranked "1" in both Meal Preparation and Eating because tube feeding is a Paramedical service. (MPP 30-756.41)

- Rank 1 - Independent:** Able to feed self.
- \* Social Worker Observation: Observe if there is no impairment in grasp indicated when the recipient signs the application or handles medicine bottles; if there is a cup or glass next to the recipient's chair; observe how the recipient takes a drink.
- \* Questions social worker may ask: Do you need any help eating? (Since deterioration usually occurs in a hierarchical manner and feeding oneself is the

last function to lose, questions may not be necessary if the recipient is able to dress self and scores 1 in Bowel and Bladder Care except in cases where the recipient seems mentally impaired.)

- ❑ **Rank 2** - Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.
  - \* Social Worker Observation: 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 social worker may ask: 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.
  - \* Social Worker Observation: 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 social worker may ask: 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.
  - \* Social Worker Observation: Food stains on clothing; shakiness of hands; deformity of hands with limitation in ability to grasp or hold trays, towels, bibs.
  - \* Questions social worker may ask: 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.
  - \* Social Worker Observation: Observe if the recipient has no use of upper extremities; if there are trays, towels, bibs, etc., near the recipient.
  - \* Questions social worker may ask: What is your daily routine for eating meals?

| <b>EATING MPP § 30-757.14(c)</b>   |                                     |  |
|--|-------------------------------------|--|
| <b><u>Total Need for Task</u></b><br>(Before Hourly Task (HTG) Guideline Comparison) | <b><u>Functional Index Rank</u></b> | <b><u>Hourly Task Guideline (HTG) Comparison</u></b><br>(hours per week) |
| Hours per week: _____  | Rank 2                              | 0.70 to 2.30   |
|  | Rank 3                              | 1.17 to 3.50   |
|  | Rank 4                              | 3.50 to 7.00   |
|  | Rank 5                              | 5.25 to 9.33   |

Exceptions to Hourly Task Guidelines needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasons for exceptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RESPIRATION MPP § 30-757.14(b)**

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

**Note: Tracheostomy care and suctioning.** If all the recipient's needs for human assistance in Respiration are met with Paramedical services of tracheostomy care and suctioning, the recipient should be ranked a "1" because this care is Paramedical service rather than Respiration. (MPP 30-756.42.)

- Rank 1** - Does not use respirator or other oxygen equipment or is able to use and clean independently.
  - \* Social Worker Observation: Observe the oxygen equipment present; if the recipient coughs or wheezes excessively or if breathing is labored.
  - \* Questions social worker may ask: Are you able to clean and take care of the equipment yourself?
  
- Rank 5** - Needs help with self-administration and/or cleaning.
  - \* Social Worker Observation: 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 social worker may ask: 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?

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**MENTAL FUNCTIONING ASSESSMENT**  
(Check only 1 box for each mental functional limitation)

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**Memory**

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Recalling learned behaviors and information from distant and recent past.

- Rank 1** - No problem: Memory is clear. Recipient is able to give you accurate information about his/her medical history; is able to talk appropriately about comments made earlier in the conversation; has good recall of past events. The recipient is able to give you detailed information in response to your questions.
- \* Social Worker Observation: 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 woman 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. 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 social worker may ask: Who is your doctor? What medicine do you take regularly? What is your address and telephone number? When were you born? Where were you born? What is the date today? How long have you lived in this house? Where did you live before you lived here? What serious illnesses or surgeries have you had? How long ago was each illness or surgery?
- Rank 2** - Memory loss is moderate or intermittent: Recipient shows evidence of some memory impairment, but not to the extent where s/he is at risk. Recipient needs occasional reminding to do routine tasks or help recalling past events.
- \* Social Worker Observation: Observe if the recipient appears forgetful and has some difficulty remembering names, dates, addresses, and telephone numbers; if the recipient's attention span and concentration are faulty; if the recipient fidgets, frowns, etc., possibly indicating a struggle to recall; if the recipient repeats statements and asks repetitive questions; if recipient occasionally forgets to take medication or cannot recall when s/he last took medication and if the problem is corrected with the use of a Medi-Set (pill distribution box) set up by someone else. Observe if the recipient may become bewildered or appears overwhelmed when asked about details; if the recipient's recall process aggravates mental confusion or causes intermittent memory loss; if the recipient becomes moderately confused when daily routine is altered.

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

## Orientation

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

- 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.

- \* Social Worker Observation: Observe if the recipient appears comfortable and familiar with his/her surroundings. Recipient makes and keeps good eye contact with you. His/her facial expression is alert and is appropriate to the situation. The recipient is spontaneous and direct. The recipient shows interest in maintaining a good personal appearance. The recipient is obviously in touch with reality; is aware of time and place; readily responds to questions about his/her living arrangement, family, etc.; is fully aware of the reason for your visit. Determine if the recipient is physically able to leave home unassisted and if the recipient can find his/her way back without getting lost and can get around using public transportation.
  - \* Example: Recipient is ready and waiting for your visit. S/he initiates social amenities such as offering coffee, a chair to sit on, etc. The recipient introduces family members and/or is able to identify family pictures when asked and has the documents ready that you asked him/her to locate.
  - \* Questions social worker may ask: 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.
- \* Social Worker Observation: Observe if the recipient appears disheveled and the surroundings are chaotic. Observe if objects are misplaced or located in inappropriate places; if there is moldy food in and out of kitchen; if the recipient does not notice that the home is over heated or under heated until you mention it; if the recipient appears to be less confused in familiar surroundings and with a few close friends; if the recipient is able to maintain only marginal or intermittent levels of social interaction; if the recipient is able to provide some information but is occasionally confused and vague; if the recipient is not always aware of time, surroundings and people; if the recipient is able to respond when redirected or reminded.
  - \* Example: Twice in the past year the recipient has called her daughter at 2:00 a.m. and was not aware that it was the middle of the night. When told what time it was, the recipient apologized and went back to bed. When you enter the recipient's apartment, the elderly woman asks, "Why are you here today? You said you'd be here Tuesday." You respond, "This is Tuesday." The recipient seems unprepared for your visit and has difficulty settling down for the interview. She participates with some difficulty. She is not comfortable outside of her immediate environment and rarely ventures out. Her mail is left unopened occasionally, and her clothing and some perishable food items are not properly stored.
  - \* Questions social worker may ask: 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.
- \* Social Worker Observation: Observe if the recipient shuffles aimlessly throughout house; if s/he exhibits inappropriate behaviors such as giggling or making comments that are irrelevant to the conversation; if s/he handles objects carelessly; appears unkempt, displays poor personal hygiene; has a manner of dress that is inappropriate or bizarre; if when the social worker attempted to shake the recipient's hand, s/he tried to bite social worker's hand. Observe if the recipient is very confused, unaware of time, place, and/or individuals; goes to the mailbox and cannot find her/his way back to the apartment; does not recognize the apartment manager when the manager tries to help the recipient find her/his way back to the apartment and the recipient becomes highly agitated. Observe if the recipient appears to be disoriented and experiences hallucinations and displays a dazed and confused state of mind; is unable to answer simple questions appropriately; if the recipient's sleep-wake cycle may be abnormal; if the recipient confuses immediate living relatives (son/daughter) with dead relatives (husband, etc); if emotional instability is present.
- \* Example: Family member or friend must answer door, as recipient is unable to maneuver in home without wandering. The recipient must be directed to chair. The recipient exhibits no awareness of the purpose of the social worker's visit. The recipient is unable to concentrate; s/he either does not respond to questions or speaks unintelligibly.
- \* Questions social worker may ask: What is your name? Where do you live? What is the date today? What year is it? Where are you? Where are you going? If the recipient is unable to respond or responds inappropriately, ask Housemate: What is the nature of \_\_\_'s mental problem? What can the recipient do for self? What does the recipient do if left alone?

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## Judgment

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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.

- \* Social Worker Observation: 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 social worker may ask: Do you have a list of numbers to call in case of an emergency? Do you have friends or family who could help out in a crisis situation? What would you do if your provider were unable to come to work one day?
- Rank 2** - Judgment mildly impaired: Shows lack of ability to plan for self; has difficulty deciding between alternatives, but is amenable to advice; social judgment is poor.
- \* Social Worker Observation: Observe if the home is in disrepair (leaking faucets, broken appliances, inadequate lighting, etc.); if debris has been allowed to accumulate in walk-way areas; if food in the home is of poor nutritional value; if the recipient is unable to recognize that there are alternatives or unable to select between them and is unable to plan or foresee consequences of decisions. Observe if the recipient is not capable of making decisions without advice from another, is able to understand options when explained, makes correct choices; knows enough to turn stove and heat on and off.
  - \* Example: Recipient wastes money on useless items while allowing needed repairs to go unattended. The recipient "makes do" with the condition of home even if it is inconvenient for the recipient. The recipient appears to be a "collector," has difficulty throwing anything out even though access through home is limited. The recipient can't decide which provider s/he wants. The grocery list to provider contains mostly junk food. The recipient stopped homebound meals when s/he decided they weren't tasty rather than add salt. S/he refuses to use walker or cane.
  - \* Questions social worker may ask: 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.

- \* Social Worker Observation: 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 social worker may ask: 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?

| TASK AREA  | HOURS PER WEEK  |
|--|---|
| <b>Accompaniment to Medical Appointment:</b>   | Indicate number of medical appointments per week and driving distance. Only, time needed to get to and from home is provided. ↓   |
| Average Time Needed:   |   |
| <b>Accompaniment to Alternative resource:</b>  | Indicate number of visits to per week and driving distance. Only, time needed to get to and from home is provided. ↓  |
| Average time Needed:   |   |
| <b>Protective Supervision</b> (See Disability Rights publication on how to obtain this service.) | Provide an explanation of: 1) recipient's disability 2) functional limitations such as memory, orientation and judgment (ability to make decision that will keep recipient safe) as well as physical functional limitations, 3) recipient's ability to understand consequences of behavior/decisions 4) behaviors which will place recipient at risk or cause injury and/or harm: |

|   |   |
|---|---|
| <p><b>Paramedical</b> (SOC 321 completed by physician &amp; client required)</p>  | <p>Explanation of time needed for completion of service and frequency. ↓</p>                              |
| <p>Average Time Needed:</p>   |   |
| <p><b>Teaching and Demonstration</b> (Limited to three months to teach to care for self if there is a reasonable expectation that there will be a reduction in need for IHSS.):</p> | <p>Explanation of tasks being taught, instruction method used, frequency and duration of instruction.</p> |
| <p>Average Time Needed:</p>   |   |
| <p><b>Yard Hazard Abatement/<br/>Snow Removal</b><br/>(services are limited. See MPP § 30-757.16)</p>   |   |
| <p>Average Time Needed:</p>   |   |

## Functional Index Score Calculation Worksheet

| FI Task Areas   | Rank | Minus 1 | Total | Multiplied by weight | New Total |
|---|------|---------|-------|----------------------|-----------|
| Housework/Domestic<br>(can be ranked 1-5)                       |      | -1 =    |       | X .038 =             |           |
| Laundry<br>(can be ranked 1-5)                                  |      | -1 =    |       | X .037 =             |           |
| Shopping and Errands<br>(can be ranked 1-5)                     |      | -1 =    |       | X .040 =             |           |
| Meal Preparation and Clean Up<br>(can be ranked 1-5)*           |      | -1 =    |       | X .222 =             |           |
| Mobility Inside/Ambulation<br>(can be ranked 1-5)               |      | -1 =    |       | X .079 =             |           |
| Bathing and Grooming<br>(can be ranked 1-5)                     |      | -1 =    |       | X .095 =             |           |
| Dressing<br>(can be ranked 1-5)                                 |      | -1 =    |       | X .057 =             |           |
| Bowel, Bladder and Menstrual<br>(can be ranked 1-5)             |      | -1 =    |       | X .129 =             |           |
| Repositioning<br>(can be ranked 1-5)                            |      | -1 =    |       | X .094 =             |           |
| Eating<br>(can be ranked 1-5)*                                  |      | -1 =    |       | X .127 =             |           |
| Respiration<br>(can be ranked 1-5)**                            |      | -1 =    |       | X .082 =             |           |
| Sum of above →  |      |         |       |                      |           |
| +1 =  |      |         |       |                      |           |
| Round off number to 2 decimal points. The total is the FI Score |      |         |       |                      |           |

\*If recipient receives tube feeding, rank as “1” and provide paramedical services.

\*\*If recipient receives tracheostomy care and suctioning, rank as “1” and provide paramedical services.

## Alternative Resources

Has the county identified someone or an agency or entity which is willing to provide IHSS services for free? Circle appropriate answer below ↓

Yes or No

**If YES** has been circled; the county is required to obtain a signed statement (SOC 450) from the provider indicating that the provider knows about the right to be compensated but voluntarily chooses not to accept compensation. (MPP 30-757.176). The county may not reduce hours because of an alternative resource until a SOC 450 has been completed and placed in the IHSS claimant file.