

Personal Care Worksheet Instructions

A personal care worksheet is completed after the ILA functional assessment and is required for the Choices for Care (CFC) Home-Based setting under the following circumstances:

- Initial assessments
- Reassessments
- Change in personal care services

Step 1.A: Circle the corresponding ADL and IADL score directly from the ILA “Self-Performance”. Always transpose the self-performance score from the functional assessment directly to the worksheet, *regardless of who is providing care*.

- If the individual’s self-performance score for **Bed Mobility, Toilet Use, Transferring, and Mobility** is a 4 and help is needed from Choices for Care less than 6 times per day with these activities, circle the number in the “<6 x/day” column.
- If the individual’s self-performance scores for **Bed Mobility, Toilet Use, Transferring, and Mobility** is a 4 and help is needed from Choices for Care 6 or more time per day, circle the number in the “6+ x/day” column.
- For **Transferring**, if the individual’s self performance is a 3 or 4 and they require the use of a mechanical lift (“Hoyer lift”), circle the number in the “6+ x/day” column.

Step 1.B: Refer to page 16-17 (Health Assessment) for incontinence questions *only* if additional time is needed above time already provided under bathing, toileting, and housekeeping. NOTE: If the individual manages their own incontinence supplies or incontinence activities are easily accomplished during normal toileting, then do not request time here.

Step 2: Indicate the time needed from CFC Personal Care Services *only*. It will be either:

- The maximum time indicated in the corresponding “Self-Performance” column.
- Less than the maximum; less time is needed, other help being provided, or a lower frequency of need.
- More than the maximum time. This must be due to an assessed, unique need. A request for more than the maximum time requires a variance request.

For IADLs (1.C) reduce the 330 min/week (5.5 hrs/week) maximum for:

- Shared living arrangements
- Ongoing unpaid assistance (e.g. family/guardian assist)
- Landlord responsibilities (e.g. shoveling walkway)

NOTE: *Spouses may not be paid to provide assistance with ANY of the IADLs. This includes meal prep and medication management.*

Step 3: Indicate the maximum number of days per week CFC Personal Care Services will assist with each activity. This should be based on need, not available staffing.

- For example, if the individual attends Adult Day 5x week and received lunch, the case manager may request up to 2 full days and 5 partial days of meal prep and eating assistance. (Not to exceed 7days/week total.)

Step 4: Multiply the min/day in Step 2 by the # days per week in Step 3. Put answer in the Step 4 column box. *Don’t forget to include the IADL time.*