

(DHS DOCUMENT)

Care coordinators/case managers can use the information provided here in decision-making related to the use of ICLS service to meet needs for assistance with activities of daily living. The information here is not to be viewed as eligibility criteria for ICLS or PCA service. It reflects the level of assistance needed with each task, and which service can provide the level of assistance needed. The items below are taken from DHF Form 3428. The * indicates the threshold associated with case mix “dependency” criteria.

Yellow indicates assistance that can be provided by ICLS and not PCA

Turquoise indicates assistance that can be provided by PCA and not ICLS

Gray is where either could provide assistance.

Dressing

How well are you able to **manage dressing**? By dressing, I mean laying out the clothes and putting them on, including shoes, and fastening clothes. Would you say that you:

- 00 can dress without help of any kind?
- 01 need and get minimal supervision or reminding?
- *02 need some help from another person to put your clothes on?
- *03 cannot dress yourself and somebody dresses you?
- *04 are never dressed

Grooming

How do you **manage with grooming activities** like combing your hair, putting on makeup, shaving, and brushing your teeth? Grooming includes caring for/cutting your nails. Would you say that you:

- 00 can comb your hair, wash your face, shave or brush your teeth without help of any kind?
- 01 need and get supervision or reminders for grooming activities?
- *02 need and get daily help from another person?
- *03 are completely groomed by somebody else?

Bathing

How well can you bathe or shower yourself? **Bathing or showering** by yourself means running the water, taking the bath or shower without any help, and washing all parts of the body, including your hair and face. Would you say that you:

- 00 can bathe or shower without any help?
- 01 need and get minimal supervision or reminding?
- 02 need and get supervision only?
- 03 need and get help getting in and out of the tub?
- *04 need and get help washing and drying your body?
- *05 cannot bathe or shower, need complete help?

Eating

How well can you **manage eating by yourself**? Eating by yourself means drinking and eating without help from anybody else, but you can use special utensils and straws. It also means cutting most foods on your own. Would you say that you:

- 00 can eat without help of any kind?
- 01 need and get minimal reminding or supervision?
- *02 need and get help in cutting food, buttering bread or arranging food?
- *03 need and get some personal help with feeding or someone needs to be sure that you don't choke?
- *04 need to be fed completely or tube feeding or IV feeding?

Bed Mobility (Positioning on DHS-3428C)

How well can you **manage sitting up or moving around in bed**? Would you say that you:

- 00 can move in bed without any help?
- 01 need and get help sometimes to sit up?

- *02 always need and get help to sit up?
- *03 always need and get help to be turned or change positions?

Transferring

How well can you **get in and out of a bed or chair**? Would you say that you:

- 00 can get in and out of a bed or chair without help of any kind?
- 01 need somebody to be there to guide you but you can move in and out of a bed or chair?
- *02 need one other person to help you?
- *03 need two other people or a mechanical aid to help you?
- *04 never get out of a bed or chair?

Walking (Mobility on DHS-3428C)

How well are you **able to walk around, either without any help or with a cane or walker**, but not including a wheelchair? (If asked, clarify that independence in walking refers to the ability to walk short distances around the house.

Independence in walking does not include climbing stairs.) Would you say that you:

- 00 walk without help of any kind?
- 01 can walk with help of a cane, walker, crutch or push wheelchair?
- *02 need help from one person to help you walk? *ICLS, if intermittent physical assist*
- *03 need help from two people to help you walk?
- *04 cannot walk at all?

Wheeling

- 00 Do not use wheelchair, or no help with wheeling.
- 01 Need help negotiating doorways, elevators, ramps, locking or unlocking brakes or use power driven wheelchair.
- 02 Need total help with wheeling.

Toileting

How well can you **manage using the toilet**? Also ask: Do you have any problems with incontinence?

- 00 can use the toilet without help, including managing clothing to perform toileting?
- 00 reports incontinence but does not require assistance or supervision from another to manage
- *01 need some help to get to and on the toilet, or needs intermittent supervision
- *02 needs supervision throughout activity, or requires assistance with incontinence less than twice a week.
- *03 has incontinence requiring physical assistance or supervision from another during sleep hours only.
- *04 has bladder incontinence requiring physical assistance or supervision from another 2 or more times per week
- *05 has bowel incontinence requiring physical assistance or supervision from another 2 or more times per week
- *06 someone else needs to complete toileting-related tasks for the person OR bladder *and* bowel incontinence occur more than 2 times per week.