

CHAPTER 3

ASSESSMENT STANDARDS & AUTHORIZED SERVICES

FUNCTIONAL RANKING-ANNOTATED ASSESSMENT CRITERIA

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

General Questions

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

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

Information to Be Given at Intake and Periodically Reinforced

- The recipient must be given a clear explanation of his/her responsibilities in the county's delivery system.
- IHSS is a program which provides only those services necessary for the recipient's safety which the recipient is unable to perform.

Observations

A number of observations are applicable to all functions. These involve observing the recipient getting up from a chair, ambulating, standing, reaching, grasping, bending, and carrying; and observing the recipient's endurance and mental activity. In the following text, the first eight observable behaviors above are referred to as "movement." All of these functions can usually be observed by noting how the recipient admitted you into the housing unit and by shaking his/her hand when arriving; asking the recipient to show you the housing unit; asking the recipient to show you all of his/her medications; asking the recipient to get his/her Medi-Cal card for you; and asking for a signature on the application. If the above-listed functions have not been adequately demonstrated in the course of the interview, it is sometimes helpful to ask the recipient for a glass of water. Since the ranking of functioning is hierarchical, observations and

questions in a lower rank are likely to apply to a higher one. Observations lead to a general assumption as to the appropriate level of functioning, and follow-up questions elicit information as to what assistance is necessary for the level of functioning observed. This listing is not all-inclusive, nor does the presence of one behavior on the list necessarily create the basis for the ranking. All your senses are involved in gaining cues to determine the recipient's functioning as a whole. Quite often, it is important to get a medical report to verify that there is a basis for observed behaviors.

General Standards

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

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

Rank 2: Able to perform a function, but needs verbal assistance such as reminding, guidance, or encouragement.

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

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

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

Rank 6: Paramedical Services needed.

Variable Functioning

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