

CHAPTER 3

ASSESSMENT STANDARDS & AUTHORIZED SERVICES

DEFINITION OF SERVICES LISTED ON THE SOC 293 “H” LINE

Domestic Services

Sweeping, vacuuming, and washing/waxing floors; washing kitchen counters and sinks; cleaning the bathroom; storing food and supplies; taking out garbage; dusting and picking up; cleaning oven and stove; cleaning and defrosting refrigerator; bringing in fuel for heating or cooking purposes from a fuel bin in the yard; changing bed linen; changing light bulbs, and wheelchair cleaning and changing/recharging wheelchair batteries. The following is the application of functional rank specific to Domestic Services with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to perform all domestic chores without a risk to health or safety. Recipient is able to do all chores though they might have to do a few things every day so that they don't overexert themselves.

- **Observations:** Observe if the home is neat and tidy. Observe if the recipient's movement is unimpaired.
- **Example:** Recipient with no signs of impairment moves easily about a neat room, bending to pick up items and reaching to take items from shelves.
- **Question:** Are you able to do all the household chores yourself, including taking out the garbage?

Rank 2: Able to perform tasks but needs direction or encouragement from another person. Recipient is able to perform chores if someone makes him/her a list or reminds him/her.

- **Observations:** Observe if the recipient seems confused or forgetful and has no observable physical impairment severe enough to seem to limit his/her ability to do housework; if there is incongruity in what you observe, such as dirty dishes in cupboard.
- **Example:** Young man apparently physically healthy, but obviously confused and forgetful, is being reminded that it is time for him to sweep and vacuum.
- **Questions:** How do you manage to keep your apartment clean? Has anyone been helping you up to this time?

Rank 3: Requires physical assistance from another person for some chores (e.g., has a limited endurance or limitations in bending, stooping, reaching, etc.).

- **Observations:** Observe if recipient has some movement problems as described above; has limited endurance, is easily fatigued, or has severely limited eyesight. Observe if the home is generally tidy but needs a good cleaning; if it is apparent that the recipient has made attempts to clean it but was unable to.
- **Example:** Small frail woman answers apartment door. Apartment has some debris scattered on carpet and quite-full trashcan is sitting in kitchen area. The remainder of apartment is neat.
- **Questions:** Have you been doing the housework yourself? What have you been doing about getting your housework done up until now?

Rank 4: Although able to perform a few chores (e.g., dust furniture or wipe counters), help from another person is needed for most chores.

- **Observations:** Observe if recipient has limited strength and impaired range of motion. Observe if the house needs heavy cleaning.
- **Example:** Recipient walking with a cane is breathing heavily in cluttered living room. The bathtub and toilet are in need of cleansing. The recipient's activities are limited because of shortness of breath and dizziness.
- **Questions:** What household tasks are you able to perform? Has your doctor limited your activities?

Rank 5: Totally dependent upon others for all domestic chores.

- **Observations:** Observe if dust/debris is apparent; if there is garbage can odor; if the bathroom needs scouring; if household chores have obviously been unattended for some time. Observe if the recipient has obviously very limited mobility or mental capacity.
- **Examples:** Bed-bound recipient is able to respond to questions and has no movement in arms or legs. Frail elderly man is recovering from heart surgery and forbidden by doctor to perform any household chores.
- **Questions:** Are there any household tasks you are able to perform? What is limiting your activities? Who has been helping you to this point?

Laundry

Gaining access to machines, sorting laundry, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and sorting laundry, mending and ironing. (Note: Ranks 2 and 3 are not applicable to determining functionality for this task.) The following is the application of functional rank specific to Laundry with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to perform all chores.

- **Observations:** Observe if the recipient's movement seems unimpaired; if he/she seems able to ambulate, grasp, bend, lift, and stand adequately; if they are wearing clean clothes.
- **Example:** Recipient is apparently physically fit. The recipient's movements during interview indicate that they have no difficulty with reaching, bending, or lifting.
- **Questions:** Are you able to wash and dry your own clothes? Are you also able to fold and put them away?

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

- **Observations:** Observe if the recipient has some impairment in movement, is nodding, displays forgetfulness, or has severely limited eyesight; if the recipient's clothing is stained or spotted.
- **Example:** Frail woman is unable to transfer wet wash to the dryer, particularly, sheets and towels. Housemate encourages her to help with sorting and folding, etc.

- **Questions:** Are you able to lift and transfer wet articles in the laundry? How have you handled this laundry up to now? Who has been doing your laundry for you up to this time? Has the doctor suggested that you do some simple tasks with your arms and hands?

Rank 5:

Cannot perform any task, is totally dependent on assistance from another person.

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

Shopping and Errands

Compiling list; bending, reaching, lifting, and managing cart or basket; identifying items needed; transferring items to home and putting items away; telephoning in and picking up prescriptions; and buying clothing. (Note: Ranks 2 and 4 are not applicable to determining functionality for this task.)

The following is the application of functional rank specific to Shopping and Errands with suggestions that may help inform the determination as to rank:

Rank 1: Independent: can perform all tasks without assistance.

- **Observations:** Observe if movement seems unimpaired and recipient seems oriented.
- **Example:** Social Worker questions elderly man whose responses indicate that he is able to do his own shopping and can put groceries and other items away. Although his movements are a little slow, it is evident that he is capable of performing this task.
- **Question:** How do you take care of your shopping and errands?

Rank 3: Requires the assistance of another person for some tasks (e.g., recipient needs help with major shopping needed but can go to nearby store for small items or needs direction or guidance).

- **Observations:** Observe if recipient's movement is somewhat impaired; if the recipient has poor endurance or is unable to lift heavy items; if they seem 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.
- **Questions:** Do you have difficulty shopping? What are the heaviest items you are able to lift? Do you usually buy the items you planned to purchase? Do you have any difficulty remembering what you wanted to purchase or making decisions on what to buy? (Ask recipient's significant other whether the recipient has difficulty making decision on what to buy or if recipient's mental functioning seems impaired.)

Rank 5: Unable to perform any tasks for self.

- **Observations:** Observe if movement or mental functioning is severely limited.

- **Example:** Neighbors help when they can. Teenaged boy comes to recipient's door and receives money and list from recipient to purchase a few groceries.
- **Questions:** Has someone been shopping for you? How do you get your medications?

Meal Preparation/Meal Cleanup

Meal Preparation includes such tasks as planning menus; removing food from refrigerator or pantry; washing/drying hands before and after meal preparation; washing, peeling, and slicing vegetables; opening packages, cans, and bags; measuring and mixing ingredients; lifting pots and pans; trimming meat; reheating food; cooking and safely operating stove; setting the table; serving the meals; pureeing food; and cutting the food into bite-size pieces.

Meal Cleanup includes loading and unloading dishwasher; washing, rinsing, and drying dishes, pots, pans, utensils, and culinary appliances and putting them away; storing/putting away leftover foods/liquids; wiping up tables, counters, stoves/ovens, and sinks; and washing/drying hands. The following is the application of functional rank specific to Meal Preparation/Meal Cleanup with suggestions that may help inform the determination as to rank:

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

Rank 1: Independent; can plan, prepare, serve, and cleanup meals.

- **Observations:** Observe if the recipient's movement seems unimpaired.
- **Example:** Recipient cooks and freezes leftovers for reheating.
- **Questions:** Are you able to cook your own meals and cleanup afterwards? Are you on a special diet? If yes, describe.

Rank 2: Needs only reminding or guidance in menu planning, meal preparation, and/or cleanup.

- **Observations:** Recipient seems forgetful. There is rotten food, no food in refrigerator, or a stockpile of Twinkies®, only. Recipient's clothes are too large, indicating probable weight loss. There are no signs of cooking.
- **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 the dishes near the sofa where they eat; reuses dirty dishes if not reminded to wash and dry them.
- **Question:** Are you able to prepare and cleanup your own meals?

Rank 3: Requires another person to prepare and cleanup main meal(s) on less than a daily basis (e.g., recipient can reheat food prepared by someone else, can prepare simple meals, and/or needs some help with cleanup but requires another person to prepare and cleanup with more complex meals which involves, peeling, cutting, etc. on less than a daily basis).

- **Observations:** Observe if the recipient's movement is impaired; if he/she has poor strength and endurance or severely limited eyesight; if the recipient appears adequately nourished and hydrated.

- **Example:** Recipient can reheat meals, make a sandwich, and get snacks from the package. Recipient has arthritis that impairs his/her grasp, and is unable to wash dishes because of the inability to hold on to dishes.
- **Questions:** What type of meals are you able to prepare for yourself? Can you lift casserole dishes and pans? Can you reheat meals that were prepared for you ahead of time? Are you able to wash dishes? Can you wipe the counter and stove?

Rank 4: Requires another person to prepare meal(s) and cleanup on a daily basis.

- **Observations:** Recipient has movement and endurance problems and has very limited strength of grip.
- **Example:** Recipient is unable to stand for long periods of time. Recipient can get snacks from the refrigerator like fruit and cold drinks, can get cereal, or make toast for breakfast, etc.
- **Questions:** Can you stand long enough to operate your stove, wash, dry, and put away dishes and/or load/unload the dishwasher?

Rank 5: Totally dependent on another person to prepare and cleanup all meals.

- **Observations:** Observe if the recipient has severe movement problems or is totally disoriented and unsafe around the stove.
- **Example:** Recipient has schizophrenia. Recipient believes that when he/she gets wet the water has the power to enable other people to read his/her mind. Provider cuts up food in bite-sized portions and carries tray to bed-bound recipient.
- **Questions:** Are you able to prepare anything to eat for yourself? Does your food and drink need to be handled in any special way? Can you wash dishes?

Rank 6: Is tube-fed. All aspects of tube feeding are evaluated as a “paramedical service.”

Ambulation

Assisting the recipient with walking or moving from place to place inside the home, including to and from the bathroom; climbing or descending stairs; moving and retrieving assistive devices, such as a cane, walker, or wheelchair, etc. and washing/drying hands before and after performing these tasks. "Ambulation" also includes assistance to/from the front door to the car (*including getting in and out of the car*) for medical accompaniment and/or alternative resource travel.

The following is the application of functional rank specific to Ambulation with suggestions that may help inform the determination as to rank:

Rank 1: Independent: requires no physical assistance though recipient may experience some difficulty or discomfort. Completion of the task poses no risk to his/her safety.

- **Observations:** Observe if recipient is steady on feet, able to maneuver around furniture, etc. Observe if recipient needs to grab furniture or walls for support. Have recipient show you the home and observe ambulation.
- **Questions:** Do you ever have any difficulty moving around? Have you ever had to use a cane or walker? Do you feel safe walking alone in your home?

Rank 2: Can move independently with only reminding or encouragement (e.g., needs reminding to lock a brace, unlock a wheelchair or to use a cane or walker).

- **Observations:** Observe if recipient can use a walker or cane of their 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 he/she is sitting; how well the recipient is able to move about with assistive device; if there is any modifications observable in the home such as grab bars, etc.
- **Questions:** Do you ever have trouble handling your device? Are there times when you forget and get somewhere and need help getting back or do not wish to use your device? What happens then? Have you experienced any falls lately? Describe.

Rank 3: Requires physical assistance from another person for specific maneuvers (e.g., pushing wheelchair around sharp corner, negotiating stairs or moving on certain surfaces).

- **Observations:** Observe if recipient needs to ask you for assistance; if recipient appears to be struggling with a maneuver that could put her/him at risk if unattended; if recipient appears strong enough to handle the device; if there architectural barriers in the home.
- **Questions:** Are there times when you need to rely on someone else to help you get around the house? What kind of help do you need and when? What happens when there is no one to help you? Are there certain times of day or night when movement is more difficult for you? Are all areas of your home accessible to you?

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

- **Observations:** Observe if 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:** Is there someone in the home helping you now? If so, what is the level of assistance?

Rank 5: Totally dependent upon others for movement. Must be carried, lifted, or assisted into a wheelchair or gurney at all times.

- **Observations:** Observe if the recipient appears to be immobile; if he/she appears to be uncomfortable or in pain; if he/she have any fears related to being moved; if the recipient makes his/her needs known.
- **Questions:** Who is available to help you when you need to be moved? Do you feel they are able to do so without causing you undue pain or discomfort? Is there anything that needs to be changed to make you more comfortable?

Bathing, Oral Hygiene, and Grooming/Routine Bed Bath

Bathing (Bath/Shower) includes cleaning the body in a tub or shower; obtaining water/supplies and putting them away; turning on/off faucets and adjusting water temperature; assistance with getting in/out of tub or shower; assistance with reaching all parts of the body for washing, rinsing, drying, and applying lotion, powder, deodorant; and washing/drying hands.

Oral Hygiene includes applying toothpaste, brushing teeth, rinsing mouth, caring for dentures, flossing, and washing/drying hands.

Grooming includes combing/brushing hair; hair trimming when the recipient cannot get to the barber/salon; shampooing, applying conditioner, and drying hair; shaving; fingernail/toenail care when these services are not assessed as “paramedical” services for the recipient; and washing/drying hands.

Note: Bathing, oral hygiene, and grooming does not include getting to/from the bathroom. These tasks are assessed as mobility under “ambulation” services.

Routine Bed Bath includes cleaning basin or other materials used for bed sponge baths and putting them away; obtaining water and supplies; washing, rinsing, and drying body; applying lotion, powder, and deodorant; and washing/drying hands before and after bathing.

The following is the application of functional rank specific to Bathing, Oral Hygiene, and Grooming/Routine Bed Baths with suggestions that may help inform the determination as to rank:

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

- **Observations:** Observe if recipient’s mobility is unimpaired; if recipient is clean and well groomed; if there is assistive equipment in the bathroom.
- **Questions:** Do you ever require any assistance with bathing, oral hygiene, or grooming? Are you able to get in and out of the tub or shower safely? Have you ever fallen?

Rank 2: Able to bathe, brush teeth, and groom self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

- **Observations:** Observe if recipient has body odors, unwashed hair, dirt or grime on body, un-manicured fingernails; if recipient is unshaven, displays a lack of oral hygiene or general poor grooming habits; if recipient is unaware of his/her appearance.
- **Questions:** Are there times when you forget to bathe, brush your teeth, and groom yourself, or it seems just too much bother? Does anyone help you organize your bath or shower?

Rank 3: Generally able to bathe and groom self, but needs assistance with some areas of body care (e.g., getting in and out of shower or tub, shampooing hair, or brushing teeth).

- **Observations:** Observe if the recipient has weakness or pain in limbs or joints; difficulty raising arms over head, frailty, general weakness, unsteady gait indicating a safety risk; if the bathroom is not set up to meet the recipient’s safety needs (e.g., grab bars, tub bench); if recipient’s grooming indicates an unaddressed need.
- **Example:** Recipient has fear associated with lack of movement.
- **Questions:** Are there areas of bathing, oral hygiene, or grooming that you feel you need help with? What? When? How do you get into the shower or tub? Do you ever feel unsafe in the bathroom? Have you ever had an accident when bathing? What would you do if you did fall?

Rank 4: Requires direct assistance with most aspects of bathing, oral hygiene, and grooming. Recipient would be at risk if left alone.

- **Observations:** Observe if the recipient requires assistance with transfer; has poor range of motion, weakness, poor balance, fatigue; skin problems (e.g., indications of a safety risk). Determine how accessible and modified the bathroom is to meet the recipient's needs.
- **Questions:** How much help do you need in taking a bath and washing your hair? If there were no one to help you, what would be left undone? Do you experience any loss of sensation to your body? Do you have any fears related to bathing? Have you fallen when getting into or out of the tub or shower? What would you do if you did fall?

Rank 5: Totally dependent on others for bathing, oral hygiene, and grooming.

- **Observations:** Observe if there is any voluntary movement and where; if the recipient exhibits good skin color, healthy, clean skin and hair; if bathing schedules/activities are appropriate for recipient's specific disability/limitations.
- **Questions:** Are you satisfied with your bathing, oral hygiene, and grooming routines? Does anything frighten or scare you when you are bathed?

Dressing/Care and Assistance with Prosthetic Devices

Dressing: Washing/drying of hands; putting on/taking off, fastening/unfastening, buttoning/unbuttoning, zipping/unzipping, and tying/untying of garments, undergarments, corsets, elastic stockings, and braces; changing soiled clothing; and bringing tools to the recipient to assist with independent dressing.

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

The following is the application of functional rank specific to Dressing/Care and Assistance with Prosthetic Devices with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to put on, fasten and remove all clothing, special devices, prosthetic devices, and self-administer medication without assistance. Clothes self appropriately for health and safety.

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

Rank 2: Able to dress self; put on, fasten, and remove all special/prosthetic devices and/or hearing aid; and self-administer medication but requires reminding or direction.

- **Observations:** Observe the appropriateness of the recipient's dress for room temperature or if the recipient's clothing is bizarre (e.g., wearing underwear outside of clothing); if the clothing is buttoned, zipped, laced; if the clothing is relatively clean, is mended if

necessary, is the correct size for recipient; if the recipient is blind; if the recipient is alert and aware of their appearance.

- **Questions:** Are there times when it seems just too much of a bother to get dressed for the day? Does anyone ever comment to you on how you are dressed? Are you warm enough or too warm? Could you use some help in getting your clothes and medications organized for the day?

Rank 3: Unable to dress self completely without the help of another person (e.g., tying shoes, buttoning, zipping, putting on hose, brace, hearing aid, etc.).

- **Observations:** Observe if the recipient's clothes correctly fastened; if prosthetic devices and/or hearing aid properly attached; if the recipient apologizes or seems embarrassed about the state of their dress; if the recipient asks you for any assistance; if the recipient is disabled in their dominant hand; if the recipient has impaired range of motion, grasping, small hand movement; if the recipient needs special clothing.
- **Questions:** Are there any articles of clothing or devices you have difficulty putting on or fastening? Do you need help with clothing items before you feel properly dressed? Do you need to use a special device in order to get dressed? Do you use Velcro® fastening? Do you need help administering medication?

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

- **Observations:** Observe the recipient's range of motion and other movements impaired. Observe if the recipient has a hard time hearing; is dressed in bed clothes, robe and slippers rather than street clothes; if the recipient appears too cold or too warm for the room temperature; if the recipient seems willing to try to adapt to alternate methods of dressing; if medication bottles are full.
- **Questions:** Do you feel unable to get out, or have people visit because you are unable to get adequately dressed? Do you ever feel too hot or too cold because you cannot put on or take off the necessary clothing to make you feel more comfortable? Has your health ever been affected because you have not been able to administer medication or dress appropriately for the weather or temperature?

Rank 5: Unable to dress self at all, requires complete assistance from another.

- **Observations:** Observe if the recipient is capable of voluntary movement? If the recipient's clothing appears comfortable and clean; if the recipient appears satisfied with the degree of dress. Determine if the recipient would prefer a dress and shoes rather than a robe and slippers all of the time; if the recipient can support self without a body support/device.
- **Questions:** How do you change your clothing? Do you ever feel too warmly or too coolly dressed? Is your clothing comfortable and clean enough? Do you get changed as often as you feel necessary?

Bowel, Bladder, and Menstrual Care

Bowel and Bladder Care: Assisting with using, emptying, and cleaning bedpans/bedside commodes, urinals, ostomy, enema, and/or catheter receptacles; application of diapers; positioning for diaper changes; managing clothing; changing disposable barrier pads; putting

on/taking off disposable gloves; wiping and cleaning recipient; assisting with getting on/off commode or toilet; and washing/drying hands.

Note: This does not include insertion of enemas, catheters, suppositories, digital stimulation as part of a bowel program, or colostomy irrigation. These tasks are assessed as “paramedical” services.

Menstrual Care: Menstrual care is limited to the external application of sanitary napkins and external cleaning and positioning for sanitary napkin changes, using and/or disposing of barrier aids, managing clothing, wiping and cleaning, and washing/drying hands.

Note: In assessing “menstrual care,” it may be necessary to assess additional time in other service categories such as “laundry,” “dressing,” “domestic,” “bathing, oral hygiene, and grooming.” Also, if a recipient wears diapers, time for menstrual care should not be necessary. This would be assessed as part of “bowel and bladder” care.

The following is the application of functional rank specific to Bowel, Bladder, and Menstrual Care with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to manage bowel, bladder, and menstrual care with no assistance from another person.

- **Observations:** Observe if recipient’s movement is unimpaired; 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:** Do you need any help when you have to use the toilet? Do you also use a bedside commode, urinal, or bedpan? Do you have any problems getting to the bathroom on time? Do you need any help when you position and apply a sanitary napkin?

Rank 2: Requires reminding or direction only.

- **Observations:** Observe if the recipient seems disoriented or confused; if urine smells are detectable; if furniture is covered with barrier pads or plastic; if adult diapers are in the recipient’s bedroom or bathroom; if the recipient takes diuretics such as Lasix®; if the recipient’s clothing is stained, indicating that there is an incontinence problem.
- **Questions:** In the past month, have you had difficulty getting to the toilet/commode on time? If yes, how often? Does someone remind you? Do you have accidents when menstruating?

Rank 3: Requires minimal assistance with some activities but the constant presence of the provider is not necessary.

- **Observations:** Observe if there are moderate movement impairments; if there is severe limitation of use of the recipient’s hands; if the recipient needs a boost to transfer.
- **Questions:** Do you have any problems using the bathroom or managing your clothes? Does anyone help you? If yes, what kind of assistance do you need and how often? Are

you able to empty your urinal/commode (if used)? Do you menstruate? Regularly? Do you have accidents? How often do the accidents occur? Are you able to cleanup after them?

Rank 4: Unable to carry out most activities without assistance.

- **Observations:** Observe the severity of the recipient's movement problems; if the recipient is unable to transfer unassisted; the recipient's or provider's statement as to the quantity or frequency of daily laundry and any indication that "hand" laundry is done daily. Observe if there is a large amount of unwashed laundry with the odor of urine, fecal matter, or stains due to menstruating. Observe if there are meds such as stool softeners visible.
- **Questions:** Who helps you? How? Are they 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.

- **Observations:** Observe if the recipient has any voluntary movement; if the recipient is bedfast or chair bound; if the recipient is able to make her/his needs known.
- **Questions:** Who helps you? What is your daily routine? Do you also need assistance with activities we classify as "paramedical services"?

Transfer, Repositioning/Rubbing Skin

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

Note: Transfer does not include assistance on/off toilet. This task is assessed as part of "bowel and bladder" care. Changing position to prevent breakdown and promote circulation this task is assessed as "repositioning/rubbing skin."

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

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

The following is the application of functional rank specific to Transfer, Repositioning/Rubbing Skin with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to do all transfers safely without assistance from another person

though recipient may experience some difficulty or discomfort. Completion of task poses no risk to their safety.

- **Observations:** Observe if the recipient's movement is unimpaired; if he/she is able to get out of a chair unassisted when showing you the house; if he/she shifts his/her weight while sitting.
- **Questions:** Do you ever need a boost to get out of bed or out of the chair? When? How often? Do you ever have difficulty moving around?

Rank 2: Able to transfer and reposition, but needs encouragement or direction.

- **Observations:** Observe if the recipient seems confused and has trouble getting out of a chair (probably more problematic in getting out of bed). Determine if the recipient is bed bound on bad days; if without prompting, lies in bed without turning over or otherwise moving but will turn over if reminded every two or three hours during the day.
- **Questions:** Does anyone help you get out of bed in the morning? How do they help you?

Rank 3: Requires some help from another person (e.g., routinely requires a boost or assistance with positioning).

- **Observations:** Observe the length of time it takes recipient to answer door; the sounds heard as the recipient comes to door; if the recipient asks you for a boost when getting up to get medications, or is shaky when using assistive device; if the recipient is obese and has a great deal of difficulty getting up; if there is a trapeze over the recipient's bed.
- **Questions:** Do you always have difficulty getting out of a chair? Who helps you? How? How often? Do you also have trouble getting out of bed or repositioning yourself? What kind of help do you need? (Expressing interest in how recipient has solved one problem usually encourages them to tell you ways they have solved other problems in order to manage themselves.)

Rank 4: Unable to complete most transfers or reposition without physical assistance. Would be at risk if unassisted.

- **Observations:** Observe if the recipient uses an assistive device for mobility; if the recipient's joints are deformed from arthritis or some other disease; if the recipient is wearing a cast or brace; if someone in the house assists the recipient to get up if the recipient uses a walker or is in a wheelchair; if there are bruises, scabs, or bumps or burns on the recipient.
- **Questions:** Who helps you? How? How often? Both in getting into and out of bed, in and out of chair/wheelchair? Do you require help with repositioning and rubbing skin? Do you need more help at certain times of the day/night?

Rank 5: Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred. Must be repositioned often and have skin rubbed daily.

- **Observations:** Observe if the recipient appears to be immobile; if he/she appears to be uncomfortable or in pain; if he/she is experiencing skin breakdown; if the recipient has any fears related to being moved; if the recipient's position appears changed as often as necessary; if the recipient makes his/her needs known.

- **Questions:** Who is available to help you when you need to be moved? Do you feel they are able to do so without causing you undue pain or discomfort? Is there anything that needs to be changed to make you more comfortable?

Eating

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

Note: This does not include cutting food into bite-sized pieces or puréeing food as these tasks are assessed in “meal preparation” services.

The following is the application of functional rank specific to Eating with suggestions that may help inform the determination as to rank:

Rank 1: Independent: Able to feed self.

- **Observations:** Observe if there is no impairment in grasp indicated when the recipient signs the application or handles medicine bottles; if there is a cup or glass next to the recipient’s chair. Observe how the recipient takes a drink.
- **Questions:** Do you need any help eating? (Since deterioration usually occurs in a hierarchical manner and feeding oneself is the last function to lose, questions may not be necessary if the recipient is able to dress herself and scores 1, 2, or 3 in “bowel and bladder” except in cases where the recipient seems mentally impaired.)

Rank 2: Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.

- **Observations:** Observe if the recipient appears depressed, despondent, or disoriented; if the recipient’s clothes seem large for the recipient, indicating possible recent weight loss; if there is rotten food, no food in refrigerator, or a stockpile of Twinkies®, only; if there are not any signs of cooking.
- **Questions:** What have you eaten today? How many meals do you eat each day? Do you have trouble with a poor appetite? What is the difficulty? Are there times you forget to eat? Does it sometimes seem like it takes too much effort to eat? Do you have trouble deciding what to eat?

Rank 3: Assistance needed during the meal (e.g., to apply assistive device, fetch beverage or push more food within reach, etc.) but constant presence of another person is not required.

- **Observations:** Observe if manual dexterity is impaired, particularly of dominant hand; if there are straws or cups with spill-proof lids; if the recipient has difficulty shaking hands; if they have severely limited eyesight.

- **Questions:** Do you need help in feeding yourself? Do you need to use special utensils to feed yourself? Do you feel that you get enough to eat? Do you have difficulty reaching food on your plate or reaching your glass?

Rank 4: Able to feed self some foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.

- **Observations:** Food stains on clothing; shakiness of hands; deformity of hands with limitation in ability to grasp or hold; trays, towels, bibs.
- **Questions:** Does someone help you eat? How? How often? Do you eat with the rest of the family? Can you feed yourself finger foods? Are you able to use a fork or spoon? Do you have difficulty chewing or swallowing? If so, how do you deal with the problem?

Rank 5: Unable to feed self at all and is totally dependent upon assistance from another person.

- **Observations:** Observe if the recipient has no use of upper extremities; if there are trays, towels, bibs, etc., near the recipient.
- **Questions:** What is your daily routine for eating meals?

Rank 6: Is tube fed. All aspects of tube feeding are evaluated as a “paramedical service.”

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Respiration

Respiration is limited to non-medical services such as assistance with self-administration of oxygen and cleaning oxygen equipment and IPPB machines. The following is the application of functional rank specific to Respiration with suggestions that may help inform the determination as to rank:

Rank 1: Does not use respirator or other oxygen equipment or able to use and clean independently.

- **Observations:** Observe the oxygen equipment present; if the recipient coughs or wheezes excessively or if breathing is labored.
- **Question:** Are you able to clean and take care of the equipment yourself?

Rank 5: Needs help with self-administration and/or cleaning.

- **Observations:** Observe the same things above and if when the recipient ambulates if he/she has difficulty with breathing or breathing is laborious. Observe the recipient’s meds; if the recipient has weakness or immobility in conjunction with breathing problems; if there is a referral from an oxygen supplier indicating the recipient is not taking care of the equipment properly.
- **Questions:** Are you able to clean and take care of the equipment yourself? If not, how does it get done? How often do you use the equipment? Have you had difficulty administering your own oxygen or using your breathing machine? (If yes, refer for “paramedical service.”) Who cleans equipment after you use it?