

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 270 min/week (4.5 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.*

Step 5: Indicate “Other Services” that assist on a regular basis with each activity. Use the Key at the bottom of the worksheet to fill in the frequency of other services.

- For example, if the home health agency provides an LNA 3x per week to help with bathing and personal hygiene, write “LNA” in the box for both “Dressing” and “Personal Hygiene”. Indicate 3 days/wk in the key at the bottom of the page.
- If no other help is provided, leave Step 5 column blank.

Step 6: Calculate personal care hours.

- Add all of the minutes per week in the Step 4 column and put in “Total min/wk” box.
- Then divide by 60, round to the nearest .25 and write the answer in the “Maximum hours per week” box.
- Multiply by 2 and put the answer in the “Maximum hrs every 2 wks” box. This is the amount of personal care hours per week that will be used to create the CFC Service plan or Flexible Choices allowance calculation form.