

## DEPARTMENT OF SOCIAL SERVICES



744 P Street, Sacramento, CA 95814

September 6, 1988

ALL COUNTY LETTER No. 88-118

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: In-Home Supportive Services (IHSS) Uniformity Questions  
and Answers

This All County Letter (ACL) is a follow-up to the recent training for County staff on implementation of the IHSS Uniformity assessment system. Some questions related directly to IHSS Uniformity and others were about other IHSS issues. The following are answers to questions asked at the training session:

UNIFORMITY ISSUES

1. What is IHSS Uniformity?

IHSS Uniformity is a standardized assessment process. It measures the client's dependence on human assistance for IHSS tasks. Human assistance can be in the form of physical assistance, monitoring, and/or verbal instructions. The evaluation considers the client's home environment and the appliances or devices the client has to use. It is based on client functioning rather than diagnosis. It evaluates need rather than practice in those circumstances where the client has learned to become dependent because of overprotection by significant others. The results of the assessment are recorded in field H1 of the SOC 293 (2/88).

2. What is the purpose of Uniformity?

Welfare and Institutions Code Section 12309 requires that IHSS assessments be conducted in a uniform manner throughout the State. The Uniformity system provides a tool for social service staff who conduct assessments to see that they are done uniformly in order to insure that like clients are assessed like amounts of IHSS.

3. Will the Uniformity system result in reducing client hours?

Uniformity is not being implemented in order to reduce hours or cut services. Rather, in the process of equalizing services to similar clients, some clients' hours might decrease while others' might increase.

4. Will the Uniformity system take away social worker judgment?

No. Social workers' expertise in interviewing and observation is essential to the success of the Uniformity system. Uniformity will act as a tool to assist workers to be consistent, and will provide information about what others throughout the State have determined similar clients need.

5. How will the Uniformity system assist workers to assess clients?

The Uniformity system defines each function in sufficient detail that all workers throughout the State will be using the same assessment criteria to determine need.

Uniformity defines rankings so that workers will use the same criteria in determining relative need for IHSS.

Copies of the functional definitions and ranking descriptions have been laminated for durability for workers in the field. A copy of this Assessment Standard is included as an attachment to this ACL. Annotated Assessment Criteria have also been provided for all staff, listing sample observations, examples, and questions applicable to each rank.

Uniformity calculates a Functional Index (FI) Score which can be used to compare clients and evaluate proposed need.

With the exception of Mobility Inside and Respiration, the physical functions are listed in a hierarchical order. Therefore, one would expect that any client's ranking would be highest (most impaired) in the first listed functions. Ordinarily, for example, the first personal care task a client will need is bathing. It is unlikely for a person to rank a 4 or a 5 in Eating (a function listed near the bottom of the list) and to rank a 1 on all functions listed above it.

6. Will the Uniformity system help present the County position in State Hearings?

Yes, it should. When using the Uniformity system, the worker is looking at areas with greater specificity in assessing IHSS needs. The same criteria for determining needs is used by every worker. The worker is in a stronger position to substantiate his/her decisions.

7. What is the FI Score?

The FI Score is a number between 1.00 and 5.00 calculated by the Case Management and Payrolling System (CMIPS) for each client from the rankings entered in field H1 of the SOC 293. The FI Score is a measurement of relative dependence on human assistance for IHSS tasks, with the exception of the following:

Excluded Services

- \* Heavy Cleaning
- \* Accompaniment to Medical Appointments
- \* Accompaniment to Alternate Resources
- \* Yard Hazard Abatement
- \* Snow Removal
- \* Protective Supervision
- \* Teaching and Demonstration
- \* Paramedical Services

8. What are "FI Hours"?

"FI Hours" are the sum of total need hours (column 1 of the grid of the SOC 293) for all IHSS tasks, excluding those Excluded Services listed above. Since the assessment standards rank the client's dependence on human assistance in IHSS tasks, there should generally be a direct, positive correlation between the FI Score and the FI Hours. There will always be exceptions because of human differences, but generally, such a correlation should be expected.

9. What is the formula CMIPS uses to calculate the FI Score?

The functions which enter into the calculation of the FI Score are the physical functions (Housework though Respiration) of field H1 of the SOC 293. First, every score of 6 is converted to a 1. (By definition, Paramedical Services are not uniform and therefore are considered separate from the FI.) Then 1 is subtracted from each of the rankings. Each resulting ranking is multiplied by the appropriate weight (see #10 below). These products are totaled and 1 is added to the resulting sum. This is the FI Score.

10. What are the weights used in the calculation of the FI Score?

* Housework . . . . .	= .038
* Laundry . . . . .	= .037
* Shopping and Errands . . . . .	= .040
* Meal Preparation and Cleanup . . . . .	= .222
* Mobility Inside . . . . .	= .079
* Bathing and Grooming . . . . .	= .095
* Dressing . . . . .	= .057
* Bowel, Bladder and Menstrual . . . . .	= .129
* Transfer . . . . .	= .094
* Eating . . . . .	= .127
* Respiration . . . . .	= .082

11. How did the State arrive at the weights?

SDSS evaluated the data in CMIPS of all clients with the status of E (eligible), L (leave) or I (interim). We calculated the average (mean) hours from the total need column for each task. We excluded each County's average hours for any task which differed by more than one standard deviation in either direction of County averages. The Statewide averages of the remaining County task averages were totaled and the proportion of time each task is to the total was calculated. These proportions became the weights listed above.

12. Does the State plan to update the calculation of weights in the FI Score calculation periodically?

There is a possibility that the FI Score weights will change at some time in the future. However, we do not intend to change the weights, at least for the first 12 months, until all clients are converted to the Uniformity system.

13. Does the Uniformity system predict the appropriate number of hours the client should get?

No, the system does not predict hours. The Monthly Characteristics Listing will provide workers with information as to how many hours other clients with the same FI Score tend to need. There is an expectation that workers will take that information into consideration when determining each client's need, but Uniformity does not mandate the number of hours appropriate for the client.

## 14. How should the FI Score be used?

Each client's FI Score will be printed on the Monthly Characteristics Listing. Workers will be able to compare the FI Scores and FI Hours of clients on their caseload. In cases where the FI Hours do not seem to correlate to the FI Score, the worker should be able to identify unique circumstances which account for the variance. Case documentation should explain significant variation.

Summary scores will be listed on the Summary Characteristics Listing for each service worker's caseload, District Office, County and Statewide. County and State administrators will be able to compare FI Scores and FI Hours between District Offices and Counties to Statewide data.

## 15. Will the State periodically distribute County-specific Uniformity data for County-to-County comparison?

No. The purpose of the Uniformity system is to improve the similarity of IHSS assessments Statewide. Therefore, all efforts will be directed toward that end. Statewide data will be distributed periodically, but data comparing each County's FI Score to FI Hours will not be distributed.

## 16. How does the Uniformity system assist workers in determining the need for Protective Supervision?

Client's mental functioning is evaluated on a 3 point scale in the areas of Memory, Orientation and Judgment. Clients are ranked 1, 2 or 5. Generally, we would expect that clients who rank at least one 5 would be at risk without being supervised. Conversely, even if a client ranks 2 in all three areas of mental functioning, it would be unlikely for him/her to need protection. There will be exceptions. For example, if a client ranks 5 in one or more areas and is also bed bound, he/she may be unable to perform those activities which put him/her at risk. Therefore, Protective Supervision would not be needed.

## 17. Some clients are physically able to perform functions, but won't do so because of such impairments as dementia, depression, or schizophrenia. How do we apply the physical functioning scale to them?

Need can be caused by physical inability, limitation of endurance, or cognitive or emotional impairment. If a depressed client, for example, sits passively in the dark living room all day, his need is as real and measurable as the client whose immobility is caused by spinal cord injury. If the client will perform the given activity when reminded or encouraged, the appropriate ranking is a 2. The client would be ranked proportionately higher depending upon the degree of assistance required. The client would rank a 5 if he/she is unable to participate in the function, regardless of the verbal assistance provided.

18. If a client scores a 3 or 4 in a function which has time per task standards listed in MPP 30-758.1, should the amount of time listed in the first column of the SOC 293 be less than the standard?

The amount of time needed within the restraints listed in MPP 30-758.1 should be specified on the first column of the SOC 293. It is likely that amount will be less than the standards listed because the standards are written to provide that all of the tasks must be done by another.

19. Are all clients who need to be tube fed ranked 6 in Meal Preparation and Eating?

As with all other functions, when a client is tube fed, the guiding principle is the determination of whether the client is dependent on human assistance for the function. Clients who are able to prepare the formula, insert the tube in the shunt and feed themselves will rank a 1, even though the type of ingestion is tube feeding. However, if the client is dependent upon another to tube feed him/her, the appropriate ranking is 6 for both Meal Preparation and Eating.

20. How are infants and children to be assessed in the mental functions of Memory, Orientation and Judgment?

All children's and infants' mental functioning is impaired in comparison with normal adult mental functioning. The evaluation of children's mental functioning should be in terms of age-appropriate abilities. The consideration should compare the client's functioning to the functioning of a normal child of the same age.

21. How are clients assessed who insist on being more independent than the worker believes the client can safely function?

The worker's actual assessment should apply. Every county will have some clients who decline certain tasks the worker believes are essential for the safety of the client. As long as the client has not been judged mentally incompetent, the client has the right to refuse services. There will be an inconsistency between the client's FI score and FI hours which should be documented in the case record.

22. Why don't the new assessment standards rank the recipient's mobility outdoors?

Outside ambulation is not an allowable IHSS service, even when recommended by the client's doctor. Ambulation is only allowable within the client's home. The client's mobility outside is an issue only when he/she needs Accompaniment to Medical Appointments, to an Alternative Resource site or needs Yard Hazard Abatement. None of these functions enters into the Functional Index (FI) Score.

23. Why were seeing and hearing removed from the H1 field?

Seeing and hearing abilities are linked to diagnosis rather than being descriptive of functioning. The way seeing and hearing impairments affect the client's functioning are what the scale measures.

24. Why was Cooperation removed from the mental functioning scale?

The mental functioning scale is intended to be a measure of the need for Protective Supervision. Noncooperation is not an indication of risk if left alone. If a client is recalcitrant in his/her completion of tasks, this would be reflected in a higher score in the physical functioning the client requires because of his resistance to the service activity.

25. The example of Edith Farmer used in the training sessions shows that she has Meals on Wheels services. Because of that, she only needs an IHSS provider to prepare meals on a less than daily basis. Then why does she rank a 4 in meal preparation?

The Uniformity system evaluates the client's dependence upon another person for Activities of Daily Living and Instrumental Activities of Daily Living. Meals on Wheels is a type of human assistance which is an Alternative Resource to IHSS. Edith was recently hospitalized for dehydration and malnutrition. She is weak and can stand only for short periods of time. Proper diet is essential to her recovery. She needs to have assistance in meal preparation from another person on a daily basis for the main meal. Therefore, she would rank a 4 on Meal Preparation.

26. If a client is incontinent, does that cause an increase in her ranking for Bowel and Bladder?

Not necessarily. Some people who are incontinent are able to clean up after themselves. Since the Uniformity system measures the client's dependence on human assistance, such a client would rank a 1 for Bowel and Bladder.

27. The example of Millie Martin used in the training sessions shows that she is quite dependent for Bowel and Bladder care because of her inability to put on and take off her diapers. Is there an alternative?

Someone at one training session suggested that, as long as she is able to put on and take off her own underwear, she could probably become independent in Bowel and Bladder care if she used Tranquility Pads. These are available through Medi-Cal payment if prescribed by a physician. They slip into special panties. Two advantages are that they might aid in Millie's dignity and they would make her more independent.

28. What will be done to assure that the Uniformity standards continue to be applied uniformly throughout the State?

SDSS plans to conduct at least one follow-up training session to assure that all counties have the same understanding of the Assessment Standards. In addition, SDSS will conduct periodic field reviews to assure that the Uniformity standards continue to be applied uniformly.

29. How soon must Uniformity be implemented?

Uniformity should be implemented on a flow basis. Once workers are trained, they should begin using the new standards on all assessments and reassessments. Effective April 1, 1988, there is an on-line hard edit between the new field H1 (Functioning) and field P3 (Face-to-Face Date) of the SOC 293 (2/88) so that functional rankings must be entered if the Face-to-Face Date is changed.

30. Should the Face-to-Face Date be changed on the SOC 293 every time the worker sees the client?

Not unless the worker assesses/reassesses the client's IHSS needs at that visit. The field title has been changed from "Assessment Date" to better reflect the information that needs to be entered. The usage remains the same.

31. If there was activity on a case in the CMIPS system between February 4, 1988 and February 16, 1988, which SOC 293 should be used?

There was a CMIPS "dump" on the new SOC 293 forms (2/88) for all recipients on the CMIPS system effective 5:30 p.m. on February 4, 1988 with the data which was current at that time. The system could not accept input on the revised form and could not print a Turn Around Document (TAD) on the new form until February 16, 1988. Therefore, the new form may not necessarily contain the most current information. It is important to remember that the highest sequence number TAD contains the most accurate information. If that form is an old form and the information to be updated is only on the new form, there are two options. The worker could request a reprint on the new form or could staple the dump form to the latest sequence number form, updating only the fields necessary on the new form with the prior sequence number.

32. Most alert messages are printed on the Alert Listing only once, even if the inconsistency is not corrected. Is it true that the Uniformity Alerts will be printed on the Alert Listing monthly until the inconsistency which caused it is changed?

Yes. However, SDSS has made a commitment with the Uniformity Advisory Committee to review that decision once we have 6 months of experience with Uniformity Alerts.

**NOTE:** It has come to our attention that some workers have made alert messages go away by changing the functional rankings so that the rankings no longer reflect the client's actual functioning. If this is done, the integrity of the data collected will be severely compromised. It is very important that this not be done. Counties having difficulty with alert messages should bring these problems to the attention of their SDSS CMIPS consultant, regional committees, and CWDA committees.

33. How can my County get more copies of materials distributed at the training session such as orange binders, laminated copies of assessment standards or glossaries?

SDSS inventoried each county's needs for materials. We made more than enough copies of material for existing staff. Care should be taken so that laminated material need not be replaced. SDSS will consider each request for additional copies of laminated Assessment Standards and for orange binders. Ample supplies of the paper versions of the Assessment Standards, Annotated Assessment Criteria, Glossary and CMIPS material are available. Extra copies of Uniformity material can be ordered by calling Adult Services Bureau at (916) 322-6320 or ATSS 492-6320.

#### PROGRAM ISSUES

34. MPP 30-757.19 defines Paramedical Services. However, that definition is difficult to apply operationally. What are Paramedical Services?

By Statute, Paramedical Services include those activities which a person could do for himself except for his dysfunction. Paramedical Services are not meant to supplant Medi-Cal and Medicare reimbursable services. Medi-Cal and Medicare reimbursement through Home Health Agencies should be sought as an alternative resource within the requirement of MPP 30-763.31 and 30-763.311.

SDSS had intended to include a partial list of common allowable Paramedical Services and those activities which are too medically-related to be performed by unlicensed individuals. However, this list continues to be under review. SDSS intends to address the issue of allowable Paramedical Services in the future.

35. Can a County authorize Paramedical Services without a SOC 321 or approved equivalent form?

No. Only a licensed health care professional can determine what is needed, how long the activity takes, how often the activity is needed and whether the provider is sufficiently trained to provide the service.

36. Can Paramedical Services be authorized prior to receiving the completed SOC 321 or approved equivalent form?

No. However, in accordance with MPP Section 30-757.199, the cost of Paramedical Services received may be reimbursed retroactively, provided that they are consistent with the subsequent authorization and were received on or after the date of the application for the Paramedical Services.

37. Is the County bound to the time and frequency specified by the doctor for a Paramedical Service?

Yes, per MPP 30-757.194, but authorization is subject to program maxima for Severely Impaired and Nonseverely Impaired individuals.

38. If a doctor fills out a medical form "ordering" IHSS tasks other than Paramedical Services, is the worker bound to authorize those services?

No (see MPP 30-757.197). IHSS is a non-medical program based on a social service model. IHSS goals may differ from medical-model goals. It is rare for the doctor to have seen the client in his/her home, so the doctor often does not have the information the worker does to know how the client's environment hampers or enhances the client's ability to function. Therefore, the worker's assessment of functioning and IHSS needs takes precedent in the determination of all IHSS needs, with the exception of Paramedical Services.

39. Does the State intend to issue intercounty transfer regulations?

Welfare and Institutions Code Section 11102 addresses intercounty transfers. SDSS is in the process of reevaluating the impact of this law on IHSS. The State has no plans to issue intercounty transfer regulations at this time or in the near future. When clients move from one County to another, it is likely that there will be less disparity as to how needs are assessed as a result of the Uniformity system.

40. Why doesn't the definition of the function of Shopping and Errands include that the client has no car?

IHSS is not authorized for Shopping and Errands merely because the client has no transportation to get to the grocery store. The client must be unable to shop because of some impairment before IHSS can be authorized to perform this task.

41. When a client needs assistance getting into and out of vehicles to go to a doctor's appointment, is the getting into and out of vehicles authorized as Accompaniment or Transfer?

Accompaniment to Medical Appointments includes getting into and out of vehicles, getting to the health practitioner's office and back home. Accompaniment does not include waiting time at the medical office.

Questions about this All County Letter should be addressed to your Adult and Family Services Operations Consultant at (916) 445-0623 or ATSS 485-0623.



LOREN D. SUTER  
Deputy Director  
Adult and Family Services

Attachment

cc: County Welfare Directors Association

## ASSESSMENT STANDARDS

These scales evaluate a recipient's capacity to perform certain IHSS tasks safely. Safety is the prevention of risks to health or functional ability. If the recipient needs assistance, the scales rank the recipient's level of dependence upon another for the specified task. Human help or assistance can be in the form of physical assistance, monitoring and/or verbal instruction. The scale is hierarchical; that is that a person who functions at a score of "4" or "5" is more dependent on human assistance than one at a level of "3". The purpose of these scales is to establish a common basis for the authorization of IHSS. Individual scores from these scales will be weighted to provide a "Functional Index" for each recipient. A Functional Index is a composite score which indicates the relative need for IHSS.

### GENERAL

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

Rank 1: Independent: able to perform function without human assistance though client may have difficulty but completion of the task with or without a device poses no risk to his/her safety.

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

Rank 3: Can perform with some human help; i.e., direct physical assistance from the provider.

Rank 4: Can perform with a lot of human help.

Rank 5: Cannot perform function at all without human help.

Rank 6: Paramedical Services needed.

## HOUSEWORK

Sweeping, vacuuming, and washing 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.

Rank 1: Independent: able to perform all domestic chores without a risk to health or safety.

Rank 2: Able to perform tasks but needs direction or encouragement from another person.

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

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.

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

## LAUNDRY

Gaining access to machines, sorting, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and storing. Ability to iron non-wash-and-wear garments is ranked as part of this function only if this is required because of the individual's condition; e.g., to prevent pressure sores or for employed recipients who do not own a wash-and wear wardrobe.

Rank 1: Independent: Able to perform all chores.

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

Rank 5: Cannot perform any task. It totally dependent on assistance from another person.

## SHOPPING AND ERRANDS

Compile list, bending, reaching, and lifting, managing cart or basket, identifying items needed, transferring items to home, putting items away, phoning in and picking up prescriptions, and buying clothing.

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

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

Rank 5: Unable to perform any tasks for self.

## MEAL PREPARATION AND CLEANUP

Planning menus. Washing, peeling, slicing vegetables, opening packages, cans and bags, mixing ingredients, lifting pots and pans, reheating food, cooking, safely operating stove, setting the table, serving the meal, cutting food into bite-sized pieces. Washing and drying dishes, and putting them away.

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

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

Rank 3: Requires another person to prepare and cleanup main meal(s) on less than a daily basis; e.g., can reheat food prepared by someone else, can prepare simple meals and/or needs help with cleanup on a less than daily basis.

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

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

Rank 6: Is tube-fed. All aspects of tube feeding are evaluated as a Paramedical Service.

## MOBILITY INSIDE

Walking or moving around inside the house, changing locations in a room, moving from room to room. Can respond adequately if he/she stumbles or trips. Can step over or maneuver around pets or obstacles, including uneven floor surfaces. Climbing or descending stairs if stairs are inside dwelling. Does not refer to transfers, to abilities or needs once destination is reached, to ability to come into or go out of the house, or to moving around outside.

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

Rank 2: Can move independently with only reminding or encouragement. For example, needs reminding to lock a brace, unlock a wheelchair or to use a cane or walker.

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.

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

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

## BATHING AND GROOMING

Bathing means cleaning the body using a tub, shower or sponge bath, including getting a basin of water, managing faucets, getting in and out of a tub, reaching head and body parts for soaping, rinsing, and drying. Grooming includes hair combing and brushing, shampooing, oral hygiene, shaving and fingernail and toe nail care (unless toe nail care is medically contraindicated and therefore is evaluated as a Paramedical Service).

Rank 1: Independent: able to bathe and groom self safely without help from another person.

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

Rank 3: Generally able to bathe and groom self, but needs assistance with some areas of care of body: e.g., getting in and out of shower or tub, shampooing hair, or can sponge bathe but another person must bring water, soap, towel, etc.

Rank 4: Requires direct assistance with most aspects of bathing and grooming. Would be at risk if left alone.

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

## DRESSING

Putting on and taking off, fastening and unfastening garments and undergarments, special devices such as back or leg braces, corsets, elastic stockings/garments and artificial limbs or splints.

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

Rank 2: Able to dress self, but requires reminding or direction with clothing selection.

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

Rank 4: Unable to put on most clothing items by self. Without assistance would be inappropriately or inadequately clothed.

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

## BOWEL, BLADDER AND MENSTRUAL

Assisting person to and from, on and off toilet or commode and emptying commode, managing clothing and wiping and cleaning body after toileting, assistance with using and emptying bedpans, ostomy and/or catheter receptacles and urinals, application of diapers and disposable barrier pads. Menstrual care limited to external application of sanitary napkin and cleaning. (NOTE: catheter insertion, ostomy irrigation and bowel program are evaluated as Paramedical Services).

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

Rank 2: Requires reminding or direction only.

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

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

Rank 5: Requires physical assistance in all areas of care.

## TRANSFER

Moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or repositioning to prevent skin breakdown. (NOTE: If pressure sores have developed, the need for care of them is evaluated as a Paramedical Service).

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

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

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

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

Rank 5: Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred.

## MENTAL FUNCTIONING

### Memory

Recalling learned behaviors and information from distant and recent past.

Rank 1: No problem: able to give correct recent medical history; able to refer appropriately to comments given earlier in the conversation.

Rank 2: Moderate or intermittent problem: experiences memory loss, but not to a degree which causes risk; client needs occasional reminding.

Rank 5: Severe memory deficit: forgets to start or finish activities thus posing risk to self.

### Orientation

Awareness of time, place and other individuals in one's environment.

Rank 1: No problem: client is aware of where he/she is and can give information related to living arrangement, family, etc.; aware of passage of time during the course of a day.

Rank 2: Occasional disorientation and confusion apparent but does not put self at risk: has general awareness of time of day; able to provide limited information about family, age, etc.

Rank 5: Severe disorientation which puts client at risk: wanders off; lacks awareness or concern for safety or well-being; unable to identify significant others or relate safely to environment or situation; no sense of time of day.

Making decisions so as not to put self or property in danger; safety around stove. Capacity to respond to changes in the environment, e.g., fire, cold house.

Rank 1: Judgment unimpaired: able to evaluate environmental cues and respond appropriately; makes sound judgments.

Rank 2: Judgment mildly impaired: shows lack of ability to plan for self; has difficulty deciding between alternatives but is amenable to advice; social judgment is poor.

Rank 5: Judgment severely impaired: fails to make decisions or makes decisions without regard to safety or well-being.

## EATING

Reaching for, picking up, grasping utensil and cup; getting food on utensil, bringing food, utensil, cup to mouth, chewing, swallowing food and liquids, manipulating food on plate. Cleaning face and hands as necessary following a meal.

Rank 1: Independent: Able to feed self.

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

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

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

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

Rank 6: Is tube fed. All aspects of tube feeding are evaluated as a Paramedical Service.

## RESPIRATION

Respiration limited to non-medical services such as assistance with self-administration of oxygen and cleaning oxygen equipment and IPPB machines.

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

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

Rank 6: Needs Paramedical Service such as suctioning.