

Request for Information
Documenting Patient's Functional Limitations
(Form Attached)

Your patient applied for, or is a recipient of, In-Home Supportive Services (IHSS). The IHSS program provides attendant care services in the home for people who cannot perform certain tasks (i.e. activities of daily living) for themselves so that the individual can continue to live at home. The services that can be authorized under the IHSS program are listed in the California Department of Social Services Manual of Policies and Procedures (MPP) beginning at section 30-757.

The IHSS program needs to know what your patient's functional limitations are, and how your patient's limitations impact his or her ability to perform activities of daily living, to determine how many hours per month can be authorized for attendant care services. For example (Cannot do housework because of inability to walk, use arms, and wrists.)

Please complete the following form to document your patient's functional limitations.

PLEASE COMPLETE THIS FORM

Beneficiary Name:

DOB:

Diagnosis:

Prognosis:

Date Patient Last Seen By You:

FUNCTIONAL LIMITATIONS

Please list your patient's functional limitations. (For example: breathing, seeing, hearing, walking, standing, bending, reaching, grasping, carrying, sitting, turning, weakness in arms or legs, loss of use of limbs, endurance, fatigue, etc.):

FUNCTIONAL LIMITATIONS ASSESSMENT

Please check appropriate box
(No more than 1 box for each task)

(DOMESTIC) HOUSEWORK: MPP § 30-757.11

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.

- Independent: Able to perform domestic chores without a risk to health or safety.
- Able to perform tasks but needs directions or encouragement from another person.
- Requires physical assistance from another person for some chores; e.g., has a limited endurance or limitations in bending, stooping, reaching, etc.
- Although able to perform a few chores (e.g., dust furniture or wipe counters) help from another person is needed for most chores.
- Totally dependent upon others for all domestic chores.

Please briefly describe how your patient's functional limitations limit your patient's ability to do housework:

LAUNDRY: MPP § 30-757.134

Gaining access to machines, sorting, manipulating soap containers, reaching into machines, handling wet laundry, operating machine controls, hanging laundry to dry, folding and sorting. 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.

- Independent: able to perform all chores.
 - 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.
 - Cannot perform any task. Is totally dependent on assistance from another person.
-

Please briefly describe how your patient's functional limitations limit your patient's ability to do laundry:

SHOPPING & ERRANDS: MPP § 30-757.135

Compile shopping 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.

- Independent: Can perform all tasks without assistance.
 - Requires the assistance of another person for some tasks; e.g., help with major shopping needed, but consumer can go to nearby store for small items or needs direction or guidance.
 - Unable to perform any tasks for self.
-

Please briefly describe how your patient's functional limitations limit your patient's ability to shop and do errands:

MEAL PREPARATION AND CLEANUP: MPP §§ 30-757.131 & 30-757.132

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.

- Independent: Can plan, prepare, serve and clean up meals.
- Needs only reminding or guidance in menu planning, meal preparation and/or cleanup.
- 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.
- Requires another person to prepare and cleanup main meal(s) on a daily basis.
- Totally dependent on another person to prepare and cleanup all meals.
- Is tube-fed. (Please complete paramedical services evaluation form) *

Please briefly describe how your patient's functional limitations limit your patient's ability to do meal preparation and cleanup:

(AMBULATION) MOBILITY INSIDE: MPP § 30-757.14(k)

Walking or moving around inside the house, changing locations in a room, moving from room to room. Can respond adequately if (s) he 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.

- Independent: Requires no physical assistance though consumer may experience some difficulty or discomfort. Completion of the task poses no risk to his/her safety.
- 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.
- Requires physical assistance from another person for specific maneuvers; e.g., pushing wheelchair around sharp corner, negotiating stairs or moving on certain surfaces.
- Requires assistance from another person most of the time. At risk if unassisted.
- Totally dependent upon others for movement. Must be carried, lifted or pushed in a wheelchair or gurney at all times.

Please briefly describe how your patient's functional limitations limit your patient's mobility:

inappropriate or inadequate clothed.

- Unable to dress self at all. Requires complete assistance from another.

Please briefly describe how your patient's functional limitations limit your patient's ability to dress:

BOWEL, BLADDER, AND MENSTRUAL: MPP §§ 30-757.14(A) & 30-757.14(J)

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.* Getting to and from bathroom is evaluated as Mobility Inside.)

- Independent: Able to manage bowel, bladder and menstrual care with no assistance from another person.
- Requires reminding or direction only.
- Requires minimal assistance with some activities but the constant presence of the provider is not necessary.
- Unable to carry out most activities without assistance.
- Requires physical assistance in all areas of care.

Please briefly describe how your patient's functional limitations limit your patient's ability manage bowel, bladder and menstrual care:

TRANSFER: MPP § 30-757.14(H)

Moving from one sitting or lying position to another sitting or lying position; e.g., from bed to and 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.)

- Independent: Able to do all transfers safely without assistance from another person.
- Able to transfer but needs encouragement or direction.
- Requires some help from another person; e.g., routinely requires a boost or assistance with positioning.

- Unable to complete most transfers without physical assistance. Would be at risk if unassisted.
- Totally dependent upon another person for all transfers. Must be lifted or mechanically transferred.

Please briefly describe how your patient's functional limitations limit your patient's ability to transfer:

FEEDING: MPP § 30-757.14(c)

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.

- Independent: Able to feed self.
- Able to feed self, but needs verbal assistance such as reminding or encouragement to eat.
- 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 not required.
- Able to feed self some foods, but cannot hold utensils, cups, glasses, etc., and requires constant presence of another person.
- Unable to feed self at all and is totally dependent upon assistance from another person.
- Is tube fed. All aspects of tube feeding are evaluated as a Paramedical Service.*

Please briefly describe how your patient's functional limitations limit your patient's ability to feed herself/himself:

RESPIRATION: MPP § 30-757.14(B)

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

- Does not use respirator or other oxygen equipment or able to use and clean independently.
- Needs help with self-administration and/or cleaning.

Judgment: 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. Understands alternatives and risks involved and accepts consequences of decisions.

- Judgment unimpaired: Able to evaluate environmental cues and respond appropriately.
- 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.
- Judgment severely impaired: fails to make decisions or makes decisions without regard to safety or well-being.

Please briefly describe how your patient's judgment limitations limit his/her ability to complete ADL:

*If patient requires paramedical services, please complete SOC 321 Form.

I certify that I am licensed to practice medicine in the State of California and that the information provided above is correct.

Signature of Professional: _____	Print Name: _____
Date: _____	Medical specialty: _____
Address: _____	License No.: _____
City: _____ State: _____	Telephone: _____