

Understanding ADL/IADL's

IADLs - Instrumental Activities of Daily Living

Self-care tasks that are necessary to live independently in the world. If these activities are not performed, it would result in a risk to a participant's ability to live independently.

IADL Tasks

Task	Details
<i>Meal Preparation</i>	-How meals are prepared -Includes: Planning/Deciding what food will be made for each meal, Preparing ingredients, Actually cooking and using appliances, setting up the dishes and utensils
<i>Ordinary Housework</i>	- How ordinary work around the house is performed - Includes: doing dishes, tidying up, dusting, vacuuming, making the bed, laundry, cleaning the bathroom.
<i>Managing Finances</i>	- How bills are paid, checkbook is balanced, household expenses are budgeted, credit card is monitored
<i>Medication Management</i>	- How telephone calls are made or received - Includes: remembering to take medications, opening bottles, taking correct drug dosages, giving injections, and applying ointments
<i>Phone Use</i>	- How telephone calls are made or received Includes: assistance using assistive devices with phone use
<i>Stairs</i>	- How going up and down full flight of stairs is managed
<i>Shopping</i>	- How shopping is performed for food and household items - Includes: knowing what items are needed, choosing items, grabbing items and putting them in a cart, pushing a cart, paying money, bagging and carrying items. - EXCLUDE TRANSPORTATION
<i>Transportation</i>	- How participant travels by public transportation or drives themselves - Includes: navigating the public transit system, paying money for fares, getting in and out of the house and vehicles.

IADL scoring

IADLs are scored separately based on Performance and Capacity

- **Performance** - the summation of actual performance of the task for the past 3 days.
 - There is no speculation on the client's or participant's part. It is what was actually done.
- **Capacity** - the presumed capability of the participant to complete the task.
 - This is gathered from conversation with the participant and caregivers as well as speculation of the participant. If you feel the participant is more or less capable of completing a task than was given in the performance, then the capacity score should reflect it!

Scores

Score	Description	Example
0	<u>Independent</u> No help, setup, or supervision Meaning the participant does not need any assistance at all with the task.	Ex. The participant states they don't need any assistance making or receiving calls
1	<u>Setup Help Only</u> The participant needs someone to set up all the necessary tools to complete the task, but then they can do the task without assistance.	Ex. The participant needs her daughter to get all bills and finances together, but once it is together the participant does the work themselves.
2	<u>Supervision</u> The participant needs someone to watch over them and make sure they do the task correctly, but still do all parts of the task themselves.	Ex. The participant needs their caregiver to remind the participant and make sure they take their medications, but they organize and take them by themselves.

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| 3 | <u>Limited Assistance</u>
The participant can do the task themselves sometimes, but other times they need assistance. | Ex. The participant is able to make themselves a bowl of cereal or a sandwich, but needs assistance with more involved meals. |
| 4 | <u>Extensive Assistance</u>
The participant needs assistance every time they complete the task, but are able to do more than half of said task on their own. | Ex. The participant goes shopping with a caregiver or informal support every time they need to go shopping, but they will push the cart, choose items, and pay for it themselves. The caregiver will grab items selected and carry heavy bags |
| 5 | <u>Maximal Assistance</u>
The participant needs assistance every time they complete the tasks and they do less than 50% of the task themselves | Ex. The participant needs assistance for housework, they are able to use a duster on all reachable surfaces, but the caregiver or informal support does the high surfaces, vacuuming, mopping/sweeping, laundry, etc. |
| 6 | <u>Total Dependence</u>
The participant has absolutely no involvement in the task. If it weren't for the caregivers it would not be done. | Ex. The participant needs someone to take them upstairs, they cannot take any steps themselves and if no one is around they don't go up or down stairs. |
| 8 | <u>Activity did not occur</u>
In the past 3 days the task was not done at all. | Ex. The participant has not left the house in the past 3 days and therefore did not need transportation anywhere. |

This is NOT used when scoring capacity (because capacity is based on some speculation.)

ADLs - Activities of Daily Living

Daily tasks that are necessary to remain healthy. If these are not performed it would result in immediate risk to the participant's health or safety.

ADL - Tasks

Task	Details
<i>Bathing</i>	<ul style="list-style-type: none">- How a full bath/shower is taken- Includes: Transferring in and out of the tub/shower and how each part of the body is washed
<i>Personal Hygiene</i>	<ul style="list-style-type: none">- How personal hygiene tasks are managed/completed.- Includes: Transferring in and out of the tub/shower and how each part of the body is washed
<i>Dressing Upper Body</i>	<ul style="list-style-type: none">- How dressing/undressing above the waist is managed.- Includes: underwear and outerwear, fastening buttons, zippers, prostheses, orthotics, etc.
<i>Dressing Lower Body</i>	<ul style="list-style-type: none">- How dressing/undressing from the waist down is managed.- Includes: underwear and outerwear, fastening buttons, zippers, prostheses, orthotics, etc.
<i>Walking</i>	<ul style="list-style-type: none">- How ambulation from one point to another, on the same floor is managed.- Includes: getting in and out of a bed, chair, or sofa, walking with or without assistive devices from one point to another while on the same floor.-Note: the only time you should say "this activity did not occur" if the participant strictly uses a wheelchair or is bed bound
<i>Locomotion</i>	<ul style="list-style-type: none">- How the use of durable medical equipment for ambulation (including wheelchairs) is managed on the same floor.- Includes: ambulation with a cane, walker, wheelchair, etc; getting in and out of a bed, chair, or sofa with assistance device, walking with an assistive device from one point to another while on the same floor, being reminded to use assistive devices.- Note: the only time you should say "this activity did not occur" is if the participant does not use any assistive devices or if the participant is bed bound.

- Transfer* - How they move on and off the toilet or commode.
- Toilet* - Note: This is just for getting on and off of a toilet or commode. If the ptp is completely incontinent and does not use a toilet or commode, then this activity does not occur.
- Toilet Use* - How using the toilet/commode/incontinence supplies is managed.
- Includes: cleansing themselves after going to the bathroom, either the toilet/commode or incontinence supplies, changing pads/diapers or other incontinence supplies, manages ostomy's and/or catheters, readjusting clothes after going to the bathroom.
- Bed Mobility* - How movement in bed is managed.
- Includes: assistance moving from a lying position to sitting upright and vice versa, turning from side to side in the bed, changing positions in bed.
- Eating* - How eating and drinking is managed
- Includes: intake of food by other means such as tube feeding.
- Note: It is NOT about set up of the meal, that is included in Meal Prep

ADL scoring

ADLs are only scored on performance of the last 3 days

- If every single time the activity occurred was at the same level, then score the task at that level.
 - Ex. If the participant says every time they take a bath/shower they just needed someone nearby to supervise, then you should give them the score for "Supervision"
- If any episode in the past 3 days was a 6, and others were less dependent, then score it at 5.
 - Ex. If the participant says "Yesterday I was not able to move around in my bed at all, but today and most other days I can at least readjust myself" then you should give them a score of 5
- Otherwise, if the participant says their ability to complete tasks has fluctuated a lot in the last 3 days, focus on the 3 most **DEPENDENT** episodes. If the most dependent episode is a 1, then score it at 1. Otherwise score it 2-5 on the **LEAST** dependent episode
 - Ex. In the past 3 days the participant has completed personal hygiene 7 times. Once they needed some weight bearing assistance (4), twice they needed limited assistance (3), every other time they needed set-up help (1).

- Therefore, focus on the weight bearing and limited assistance episodes. And you will score it on the least dependent of those episodes, limited assistance (3)

ADLs Scores

Score	Description	Example
0	<p><u>Independent</u> No physical assistance, setup, or supervision in any episode</p> <p>The participant does not need any setup help, supervision, or assistance at any point throughout the task.</p>	<p>Ex. The participant states they are able to feed themselves after all food is prepared and placed in front of them.</p>
1	<p><u>Independent, setup help only</u> Article or device provided or placed within reach, no physical assistance or supervision in any episode.</p> <p>The participant needs someone to setup whatever is needed for the task, but then completes the task on their own.</p>	<p>Ex. The participant needs someone to place their hairbrush and toothbrush in reach and then is able to complete the task themselves.</p>
2	<p><u>Supervision</u> Oversight/cuing</p> <p>The participant needs someone to watch over them and make sure they do the task correctly, but they still do all parts of the task themselves.</p>	<p>Ex. The participant is able to get a shower/bath themselves, but need someone to watch over them to make sure they wash themselves fully and point out what they may have missed.</p>

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| 3 | <p><u>Limited Assistance</u>
Guided maneuvering of limbs, physical guidance without taking weight.</p> <p>The participant needs some physical assistance completing the task, but no weight bearing assistance.</p> | <p>Ex. The participant needs someone to guide their arms and legs into clothes when getting dressed, but does not need any weight bearing support at all.</p> |
| 4 | <p><u>Extensive Assistance</u>
Weight bearing support by 1 person where ptp still performs 50% or more of subtasks.</p> <p>The participant needs some weight bearing support by only one person when completing the task, but are still able to do 50% or more of the task themselves.</p> | <p>Ex. The participant is able to get up from the couch, needs to lean on the caregiver when walking into another room, but then is able to sit back down on their own.</p> |
| 5 | <p><u>Maximal Assistance</u>
The participant needs weight bearing support by 2 or more people OR they need weight bearing support for more than 50% of the task.</p> | <p>Ex. The participant needs someone to move her position in bed. She exerts some force, but heavily relies on caregivers to move her from lying to sitting up, vice versa, and rolling over in bed.</p> |
| 6 | <p><u>Total Dependence</u>
The participant has absolutely no involvement in the task. If it weren't for the caregivers it would not be done.</p> | <p>Ex. The participant is not able to clean themselves up after incontinence episodes. They will sit in soiled garments until someone is able to change her.</p> |
| 8 | <p><u>Activity did not occur</u>
In the past 3 days the task was not done at all.</p> | <p>Ex. The participant does not use any assistive devices when ambulating. They walk on their own or with assistance from others.</p> |
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Rationale

The rationale is used to define the participant's capabilities of completing each ADL and IADL as well as calculating how much paid caregiver assistance they **need** given their capabilities and support system.

This assessment is meant to be Person Centered. Therefore you should ALWAYS review this with the participant and/or responsible parties. NEVER assume information.

Every activity mentioned in the Rationales has to have a descriptive explanation of the care the participant requires, how it is conducted, how often it is needed, and who provides assistance. Gaps in care that may explain an increased request in hours should also be mentioned here.

Answer ALL considerations for each task in the chart below

Details:	Considerations
<u>Meal Preparation</u> All the steps of preparing all meals: - planning/choosing what to eat - preparing ingredients/supplies for cooking - Cooking and using appliances - Setting up food/dishes/utensils	<u>HDM - Is the participant receiving HDM?</u> - If so, state how many they receive along with how other meals are prepared throughout the day. - If not, were they offered? Were they accepted or denied? <u>Meal details</u> - How many meals need to be prepared? How long does each meal take to prepare? - Does the participant require a specific diet or modifications to their food? If so, why? <u>Caregiver support</u> - Does formal or informal support live with the participant and share the same meals with the participant? - If not, list the reasons why

Ordinary Housework

Larger household tasks pertaining to safety and cleanliness:

- Dusting/vacuuuming
- Mopping
- Laundry
- Cleaning kitchen/bathroom/living areas

Managing Finances

All aspects of managing finances:

- gathering financial document/resources
- logging into and navigating online banking
- balancing checkbooks/budgeting

Medication Management

- Reminding participants to take medications
- Ensuring the participant does not choke

Do **NOT** check off every day and do NOT add additional time.

Home details

- What type/size of residence does the participant live in.
- Are laundry facilities located on site?
- Does the participant live with others?
- If the ptp lives with others, note that only the participant's private areas are to be cleaned by the HHA (i.e. bedroom and bathroom). Otherwise, does the participant live with Informal support and are they able to assist?
- If yes, what do they assist with?
- If no, list the reasons why not.

- Do NOT check off more than 2 days and do NOT add any additional time

- How does a caregiver assist? (i.e. HHA goes to the bank, HHA pays bills online, she reads them to the pop, HHA balances checkbook)

- PAS is only allowed to provide **verbal** reminders. They CANNOT administer medication and/or ensure ptp is taking the correct doses.

- Do NOT add any additional time.

- How many medications does the participant take?

- Does the ptp have Telecare medication dispensers? If not, was it offered and accepted? If not, why?

Phone Use

How phone calls are made or received.

- Do NOT add additional time unless there is a legitimate reason such as having 6+ doctors and monthly appointments that need to be scheduled that the HHA assists with.

- Do not add more than 0.50 hours.

- Does the participant have any cognitive delays or difficulties with communicating?

Stairs

How a full flight of stairs are managed

-Going up and down 12-14 stairs at a time

Home Details

- What type of home does the ptp reside in?

- Where is their bedroom/bathroom?

- Are there stairs inside and/or outside of the home? If so, how many?

- If the ptp only has stairs outside of the home, ensure only the days the ptp leaves the home are selected.

Ptp Health

- Does the ptp have physical limitations caused by diagnoses? If so, describe them.

- Does the ptp have any cognitive limitations, such as forgetting that they should not go up and down the stairs alone? If so, describe them.

Has a Stair Glide been offered?

- What was the ptp's response to the offer? (i.e. Ptp refused stair glide or accepted it or does not own the home ad landlord is not agreeable to stair glide).

Shopping

How shopping for food and household items is managed:

- knowing what items are needed.
- choosing items and carrying them/putting them in a cart.
- pushing a cart.
- paying for items.
- bagging and carrying items in/out of building/vehicles

- How often do they shop?

- Does the participant go out shopping with the caregiver or no?

- Does the participant live with others? i.e Do they have informal support available to go shopping for them?

- Does the participant have any specific/hard to find items? i.e. cultural items/spices and ingredients

- Are they receiving HDM and may not need as much groceries?

- Do they have/use grocery delivery services available?

Transportation

How the participant manages using public or private transportation:

- Navigating the public transportation system.
- Paying for fares
- Getting in and out of the home and/or vehicles

Forms of transportation

- Does the ptp receive a Septa Pass? If so, specify if the HHA goes with the ptp onto transportation and why (If HHA does not go with the ptp, do **NOT** add time for transportation)

- This is **NOT** about time spent driving the ptp. HHA's only assist with getting them in and out of the car. Therefore do not add time for length of travel.

Reason for travel

- Check off the appropriate amount of days with a relevant reason for travel (i.e. dialysis appointments, post surgical appointments, etc.)

- Specify how often the ptp leaves the home and why.

Bathing

How a full bath/shower is completed:

- getting in and out of the tub/shower
- Setting up assistive devices for bathing/showering
- Washing and drying each part of the body (except hair and back)
- Bed bathing the participant along with set up to do so

Review Board recommends bathing only **one time a day**. (due to increased risk of skin breakdown)

- If the ptp is incontinent, make sure it is defined in the rationale and in Section H. Explain why multiple baths might be needed for that participant throughout the day.

Home Mods/DME

- Does the ptp have any Home Mods or DMEs already?
- If so, state them
- If not, were they offered? (i.e. Home Mods, shower chairs, grab bars). Were they accepted or denied?
- If accepted, does the ptp own the home?
- If denied, explain why.

Caregiver Support

- How does the caregiver assist the ptp?
- How much time is spent to complete the bath/shower?

Personal Hygiene

Completing all personal hygiene tasks:

- Combing/brushing hair
- Shaving
- brushing teeth
- applying make-up
- washing/drying face and hands

- Do **NOT** duplicate justification from bathing.
- Does the HHA provide set up or hands-on-help?
- What can the ptp do independently?
- What does the informal assist with?

Dressing Upper Body

How they dress/undress the upper body:

- choosing appropriate clothing
- putting on bra
- pulling clothes over their head and putting arms through the sleeves
- Fastening buttons/zippers

- Why does the ptp need assistance?
- What can the participant do independently and what does the HHA do to assist?
- Is informal support available to assist?

Dressing Lower Body

How they dress/undress the lower body:

- choosing appropriate clothing
- putting on underwear
- stepping into clothes and pulling them up to the waist (if applicable)
- Fastening buttons/zippers

- Why does the ptp need assistance?
- What can the participant do independently and what does the HHA do to assist?
- Does the participant have buttons/zippers
- Is informal support available to assist?

Walking

How the participant walks from point A to B on the same floor:

- Completing additional physical/occupational therapy exercises.
- Getting on and off chairs, sofas, bed, etc.

- Does the participant require supervision or physical assistance while walking? If so, why?
- Does the participant have any assistive devices? (ie. walker, cane, wheelchair)
- If so, describe them.
- If not, were they offered?
- How many trips to the bathroom per day does the participant require assistance?
- Where is the bathroom? (i.e. is it on a different floor than where the ptp sleeps an/or spends their day)

Locomotion

How the participant receives assistance with assistive devices when walking or with a wheelchair:

- Retrieving/setting up assistive devices
- Reminders about using assistive devices
- Being pushed in a wheelchair

- **Do NOT duplicate information from the walking section**

- What assistive devices does the ptp use?
- How does the HHA assist with canes/walkers/wheelchairs? (i.e. reminds the ptp to use cane, brings them their walker, pushes them in the wheelchair)
- What is the participant able to do on their own?

Transfer Toilet

Assistance getting on and off of a toilet or commode:

-GOING TO AND FROM THE BATHROOM is NOT included (that's walking/locomotion)

- **Do NOT include time walking to the bathroom**

- How does the HHA assist the participant?
- How many times a day does the ptp go to the bathroom on average?
- Does the participant have any Home mods, DMEs, or SMEs? (i.e grab bars, raised toilet seat, commodes, urinals)
- If yes, state them
- If no, were Home Mods/DME/SME offered? Did the participant accept or deny?
- Does the ptp have any incontinence diagnoses or take any medications that affect bathroom habits?

Toilet Use

-Assistance using the toilet and/or commode/urinal or management of incontinence supplies

- wiping/cleaning themselves
- changing pads/incontinence supplies
- managing ostomy/catheters
- re-adjusting clothes

Bed Mobility

-Moving/changing positions in bed

- moving to and from lying down to sitting up
- moving from side to side in the bed/rolling over
- changing position in the bed

Eating

-How they eat/drink?

- includes tube feeding and other means of eating being fed and supervision to prevent choking

-Does NOT include SETTING UP FOOD/DISHES (that is meal prep)

- Do NOT include time walking to the bathroom

- Does the participant use the toilet, incontinence supplies, or both? Describe why the participant uses any devices

- How many times a day does the ptp go to the bathroom on average?

- What assistance is provided? (i.e. HHA provides assistance by handing cane and helping to transfer in and out of bed).

- How many times per day OR how often does the ptp require assistance (i.e. helping twice per day or repositioning every 2 hours to prevent bed sores)

- Was DME offered? (i.e. Hoyer Lift?)

- Do NOT include time for setting up food/dishes and/or modifying food. That is for Meal Prep

- Does the participant need assistance being fed or given reminders to eat due to diagnoses.

- Does the participant eat orally or through tube feeding?

Additional Risk/Safety

Care that the ptp requires outside of the standard ADLs and IADLs (I.e. Wandering, unsafe behavior, memory issues, frequent falls)

If you are not sure about Risk/Safety, discuss the situation with your AVP

- Specific IADL/ADL assistance should **NOT** be a part of this justification. (I.e. if additional support is needed for walking through the house, put that in "Walking")

- Some examples of acceptable Diagnosis where Risk and Safety could be justified are *Alzheimer's, Dementia, Multiple Sclerosis, Cerebral Palsy, etc.*

*** Just because the ptp has the diagnoses does NOT mean they automatically get risk and safety. Only if there is a need for it.***

- Do **NOT** list Behavioral Health diagnoses as needing supervision. If you feel the ptp needs more support due to BH diagnoses, talk to your AVP.

- A High risk score may or may not be justification for risk/safety hours, but additional information on why there is a high risk score will be needed. (I.e. Risk score of 35, because participant is wandering each night and has had 4 falls in the last week and participant has no informal supports)

- If you are not able to properly explain how adding risk/safety time would decrease the ptp's risk and/or increase their safety, then it is likely not appropriate to put hours into this section.

Approved Days of the Week

Summary of care and amount of hours needed/received/being requested

Visit time

- State the time spent with the participant/care team (I.e. "Visit start time: 10a - End Time time: 11:35a")

Authorization vs. Request

- State the amount of hours the participant is currently authorized for vs. the amount they are requesting to receive vs. the amount the SPG Tool reveals.

Informal Support

- Any Informal supports stated must be detailed here, as well as in the PCSP

- **MUST** state that informal supports are willing, able, and available to assist the ptp and the ptp agrees (I.e. Ptp's son is willing, able, and available, but the ptp does not want them to assist with toileting or dressing tasks due to the ptp wanting privacy).