

# Personal Care and Homemaker Services Information and Referral Form



## THIS REFERRAL FORM IS REQUIRED FOR AUTHORIZATION

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

**Personal Care Services and Homemaker Services** are provided for individuals who need assistance with Activities of Daily Living (ADLs) such as bathing, dressing, toileting, ambulation, or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living (IADLs) such as meal preparation, grocery shopping, and money management.

Includes services provided through the In-Home Support Services (In-Home Supportive Services) program, including house cleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming, and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired. Services also include help with tasks such as cleaning and shopping, laundry, and grocery shopping. Personal Care and Homemaker programs aid individuals who could otherwise not remain in their homes.

## CONSENT

Member Consenting to Personal Care and Homemaker Services:  YES  NO

**If NO, please stop and do not continue.**

## MEMBER INFORMATION

Name:  Medi-Cal # CIN: (9 digits)

DOB:  Phone Number:  Email:

Preferred language:  Current living situation:

Address:

Best place to locate Member:

## REFERRER INFORMATION

Referrer: (check one)  Hospital/SNF  PCP/Clinic  Specialist  ECM  CS  
 Other: \_\_\_\_\_

Referrer Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_ Referrer Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Referrer Signature

\_\_\_\_\_  
Date

## ELIGIBILITY CRITERIA

### Member must meet one of the two (2):

1. Does member need assistance with their Activities of Daily Living (ADLs)?  YES  NO
2. Member is at risk for hospitalization or institutionalization in a nursing facility?  YES  NO

### AND meets one of the three (3) following criteria:

1. Has the member applied for IHSS and is searching for a caregiver?  YES  NO
  - a. If yes, provide the IHSS Referral Date: \_\_\_\_\_
2. Is the member currently receiving IHSS and needs additional IHSS hours. The reassessment request is pending, and the caregiver is needed for support in the meantime.  YES  NO
  - a. Reassessment Request Date: \_\_\_\_\_
  - b. IHSS Hours per Month: \_\_\_\_\_
3. Member is not eligible for IHSS and needs services to help avoid short-term stay in a skilled nursing facility (not to exceed 60 days)  YES  NO
  - a. If yes, provide the IHSS Notice of Action indicating denial if available.

**Please complete the Personal Care and Homemaker Questionnaire on Page 3**

## PERSONAL CARE AND HOMEMAKER SERVICES QUESTIONNAIRE

Please answer ALL the following questions in order to process the request.

**On a scale of 1-5, how much help does the Member need with the following activities:**

*If you need help filling out the form or have any questions, please call 805 562-1698*

### Housework

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

### Laundry

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

### Other Shopping and Errands

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

### Food Shopping

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

**Meal Preparation**

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

**Meal Clean up**

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

**Mobility Inside/Ambulation**

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

**Bed Baths/Bathing**

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

**Grooming**

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

**Dressing**

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

**Bowel/Bladder**

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

**Repositioning**

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

## PERSONAL CARE AND HOME MAKER SERVICES QUESTIONNAIRE (cont.)

### Transfer

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

### Eating/Feeding

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

**Please include clinical or other relevant information help determine the Member's need for Personal Care and Homemaker services**

**If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039**

**For any questions, please call the Community Supports Unit at (805) 562-1698**