

**Children's Personal Care Services (PCS) Assessment Tool
For Medicaid School-Based Service Providers**

Student Name:	Date of Birth:	Age:	Grade:	Sex:
School District:	School:	Case Manager:		Date:
Current IEP:	Projected Annual:	Current Evaluation:	Projected Triennial:	
RN Signature:			Date:	

I. General Information for Completing the Children's Personal Care Services (PCS) Assessment Tool:

- Must be completed by a Professional Nurse (RN).
- Designed for use by school districts to assess the need for PCS services in the school setting. To be eligible for PCS the student must have a completed children's PCS Assessment, and the assessment results must find the student requires PCS due to a medical condition that impairs the physical or functional abilities of the student.
- Functional abilities are measures of the child's impairment level and need for personal assistance. The RN interprets Activities of Daily Living (ADLs) in terms of what is usually needed to safely perform the entire activity or task.
- An assessment of functional abilities is based on what the child is able to do, not what he/she prefers to do. Physical health, mental health, cognitive, or functional disability problems may show as the inability to perform Activities of Daily Living (ADL), continence, and mobility activities. A child who is mentally and physically free of impairment, has no safety risks, or chooses not to complete a task due to personal preference or choice is not eligible for personal care services.
- The measurement of each of the functional activities or tasks should be how the child usually performed the task over the past thirty (30) days.

_____ Student Name

II. Activities of Daily Living (ADL)

1. Grooming

Refers to the child's ability to tend to personal hygiene needs (e.g. washing face and hands, hair care, shaving, oral care, fingernail and toenail care).

- Able to groom self independently or not applicable due to age.
- 1 Able to groom self with supervision and cueing or reminding (may include placement or assistive devices or aids). **(Only applicable for age 12 or older)**
 - 2 Dependent upon physical assistance to groom self up to 50% of the task. **(Only applicable for age 8 or older)**
 - 3 Dependent upon physical assistance to groom self 51% or more of the task. **(Only applicable for age 8 or older)**
 - 4 Complete physical assistance is necessary (child unable to participate). **(Only applicable for age 5 or older)**

Prompts:

- Who does the child's hair? (If child says they do it, ask them to raise their arms as high as they can to determine ROM).
- Does someone have to physically help or remind the child to wash his/her hands?
- Does the child trim his or her own fingernails/toenails?
- Does the child brush his or her own teeth without reminding or physical assistance?
- How does the child set up and prepare items for shaving or applying make-up?

Examples:

- Maintains good hygiene by self.
- 1 Requires prompting or reminding to complete general hygiene tasks. Can brush own teeth if caregiver puts toothpaste on the toothbrush. Can brush own hair if handed brush.
 - 2 Requires hands on assistance with some tasks up to 50% of the time. Care giver may need to finish oral care or requires caregiver may need to finish oral care or brush hair.
 - 3 Requires hands on assistance with some tasks 51% or more of the time. Care giver may need to finish oral care or requires caregiver may need to finish oral care or brush hair or participant may tire easily or have limited ROM.
 - 4 Physically unable or unable to follow any instructions from caregiver due to cognitive impairment or developmental disability.

COMMENT: _____

Student Name

2. Dressing-Upper Body

Includes undergarments, pullovers, front-opening shirts and blouses, zippers, and snaps.

Able to dress upper body independently by getting clothes out of closet or drawers, putting them on, and removing them (may include use of dressing aids or assistive devices), or not applicable due to age.

- 1 Dependent upon physical assistance to dress upper body up to 50% of the task. **(Only applicable for age 8 or older.)**
- 2 Dependent upon physical assistance to dress upper body 51% or more of the task. **(Only applicable for age 8 or older.)**
- 3 Complete physical assistance is necessary (child unable to participate). **(Only applicable for age 5 or older.)**

Prompts:

- Identify if the child needs special consideration with manipulation of closures, i.e. zipper, Velcro, etc.
- How does the child decide what to wear for the day? Note: appropriate attire for situation and cleanliness.
- What is the most difficult part about getting dressed?
- Does the child wear special garments or assistive devices?
- Can the child assist with snaps, buttons, and zippers or does the parent/caregiver do it all?
- Does anyone ever help with this activity? Who?
- Observe for clothing that is appropriate for the season.

Examples:

- No assistance required.
- 1 Requires cues to change clothes or put on appropriate clothing.
 - 2 Physical assistance is needed to pull on shirts and button or fasten bra up to 50% of the time.
 - 3 Physical assistance is needed to pull on shirts and button, fasten bra, or possibly only able to put arms in sleeves 51% or more of the time.
 - 4 Physically unable or unable to follow any instructions from caregiver due to cognitive impairment or developmental disability.

COMMENT: _____

Student Name

3. Dressing-Lower Body

Includes undergarments, pullovers, front-opening shirts and blouses, zippers, and snaps.

- Able to dress upper body independently by getting clothes out of closet or drawers, putting them on, and removing them (may include use of dressing aids or assistive devices), or not applicable due to age.
- 1 Dependent upon physical assistance to dress upper body up to 50% of the task. **(Only applicable for age 8 or older.)**
- 2 Dependent upon physical assistance to dress upper body 51% or more of the task. **(Only applicable for age 8 or older.)**
- 3 Complete physical assistance is necessary (child unable to participate). **(Only applicable for age 5 or older.)**

Prompts:

- Identify if the child needs special consideration with manipulation of closures, i.e. zipper, Velcro, etc.
- How does the child decide what to wear for the day? Note: appropriate attire for situation and cleanliness.
- What is the most difficult part about getting dressed?
- Does the child wear special garments or assistive devices?
- Can the child assist with snaps, buttons, and zippers or does the parent/caregiver do it all?
- Does anyone ever help you with this activity? Who?
- Can the child put on his/her own socks and shoes including fastening?

Examples:

- No assistance required.
- 1 Requires cues to change clothes or put on appropriate clothing.
- 2 Physical assistance is needed to pull up pants and fasten zipper, buttons, put on socks and shoes up to 50% of the time.
- 3 Physical assistance is needed to pull up pants and fasten zipper, buttons, put on socks and shoes 51% or more of the time.
- 4 Physically unable or unable to follow any instructions from caregiver due to cognitive impairment or developmental disability.

COMMENT: _____

Factors directly impacting level of function:

- ___ Mobility Deficit
- ___ Cognitive/Behavior
- ___ Endurance
- ___ Sensory Deficit
- ___ Other

Frequency

- Dressing**
 ___ time per day ___ Minutes/Day
- Grooming**
 ___ time per day ___ Minutes/Day

_____ Student Name

4. Toilet Use

Refers to how well the child can manage using the toilet, bed pan, or urinal. Includes adjusting clothing, getting on and off the toilet, cleaning oneself, changing pad, managing ostomy or catheter.

Able to toilet independently or does not use toilet (see item 6 and 7) or not applicable due to age.

1. Able to use toilet with supervision and cueing and reminding. **(Only applicable for age 4 or older.)**
2. Dependent upon physical assistance to use toilet up to 50% of the task. **(Only applicable for age 4 or older.)**
3. Dependent upon physical assistance to use toilet 51% or more of the task. **(Only applicable for age 4 or older.)**
4. Complete physical assistance is necessary each time **(only applicable for age 4 or older)** or child of any age who has a medical condition requiring more frequent scheduled diaper changes on a 24 hour basis.

Prompts:

- Does the child have the awareness of the need to toilet?
- Does the child recognize the need to toilet but can not do so without the assistance of another person?
- Is the child able to clean himself/herself after toileting? Does anyone ever help him/her with this activity? Who?
- Catheter Care: Who assists with this activity? Last UTI?
- Ostomy Care: Who assists with this activity? Who does set up? Clean up? Disposal?

Examples:

- Has no bladder or bowel problems and is able to get to the bathroom on time. May have occasional incontinence but able to take care of own needs and cleans self appropriately.
1. Needs reminding or cueing to go to bathroom and may need supervision or reminding to change pad.
 2. Requires hands on assistance to get to and from bathroom, on and off the toilet, pericare, changing protective garments up to 50% of the time. May be unaware of need.
 3. Requires hands on assistance to get to and from bathroom, on and off the toilet, pericare, changing protective garments 51% or more of the time. May be unaware of need.
 4. Physically unable to go to the bathroom on own. Requires protective garments to be checked, changed and pericare done on a regular basis. Child unable to care for catheter or ostomy.

COMMENT: _____

Factors directly impacting level of function:

- ___ Mobility Deficit
- ___ Cognitive/Behavior
- ___ Endurance
- ___ Sensory Deficit
- ___ Other

Frequency

Toileting

___ time per day ___ Minutes/Day

 Student Name

**5. Bladder
Continence**

Refers to child's ability to control bladder functions.

Never incontinent or rarely incontinent or not applicable due to age.

1. Incontinent once a week
2. Incontinent more than once a week but not daily
3. Incontinent daily but still has some control

Has no bladder control

Wears diapers
(only applicable for age 4 or older)

Has catheter (please specify _____)

Prompts:

- Does the child recognize the need to toilet but can not do so without the assistance of another person?
- Inquire if the child has any bladder "accidents".
- Does the child wear protective garments? Pads or Pull-ups? Does the child need reminders or physical assist to change protective garments?
- Child needs assist with disposal of protective garments?
- Note for odors, cleanliness, and proper disposal of toileting items.

Examples:

Has no bladder problems and is able to get to the bathroom on time. May have occasional incontinence but able to take care of own needs and cleans self appropriately.

1 Needs reminding or cueing to go to bathroom and may need supervision or reminding to change pad or clean up.

2 Requires hands on assistance to get to and from bathroom, on and off the toilet, pericare, changing protective garments up to 50% of the time. May be unaware of need.

3 Requires hands on assistance to get to and from bathroom, on and off the toilet, pericare, changing protective garments 51% or more of the time. May be unaware of need.

4 Physically unable to go to the bathroom on own. Requires protective garments to be checked, changed and pericare done on a regular basis. Child unable to care for catheter or ostomy.

COMMENT: _____

Identify the specific tasks requiring assistance:

- ___ Standby Assistance
- ___ Assisting with Feminine hygiene needs
- ___ Changing colostomy bag/emptying catheter bag
- ___ Assisting with clothing during toileting
- ___ Changing diapers
- ___ Assisting with use of urinal
- ___ Assisting with toilet hygiene including use of toilet paper and washing hands
- ___ Applying non-prescription lotion to perineal or rectal area
- ___ Set-up supplies and equipment (Does not include preparing catheter equipment)

Student Name

6. Bowel Continence

Refers to the child's ability to control bowel functions.

- Never incontinent or rarely incontinent or not applicable due to age
- 1 Incontinent once a week
- 2 Incontinent more than once a week but not daily
- 3 Incontinent daily but still has some control
- 4 Complete physical assistance is necessary each time

Prompts:

- Does the child recognize the need to toilet but can not do so without the assistance of another person?
- Inquire if the child has any bowel "accidents".
- Does the child wear protective garments? Pads or Pull-ups? Does the child need reminders or physical assist to change protective garments?
- Does the child need assist with disposal of protective garments? Note for odors, cleanliness, and proper disposal of toileting items.

Examples:

- Has no bowel problems and is able to get to the bathroom on time. May have occasional incontinence but able to take care of own needs and cleans self appropriately.
- 1 Needs reminding or cueing to go to bathroom and may need supervision or reminding to change pad or clean up.
- 2 Requires hands on assistance to get to and from bathroom, on and off the toilet, pericare, changing protective garments up to 50% of the time. May be unaware of need.
- 3 Requires hands on assistance to get to and from bathroom, on and off the toilet, pericare, changing protective garments 51% or more of the time. May be unaware of need.
- 4 Physically unable to go to the bathroom on own. Requires protective garments to be checked, changed and pericare done on a regular basis. Child unable to care for catheter or ostomy.

COMMENT: _____

Student Name

7. Adaptive Devices

Refers to child's ability to manage putting on and removing braces, splints, and other assistive devices other than wheelchairs.

Able to perform activity independently

Not applicable

Not applicable due to age.

1 Able to perform activity with supervision and cueing or reminding

2 Able to manage adaptive devices with physical assistance up to 50% of the task.

3 Able to manage adaptive devices with physical assistance 51% or more of the task.

4 Complete physical assistance is necessary (child is unable to participate).

Prompts:

- Does the child need help putting on and removing devices or just with fastening?
- How many times daily does the child require assist?

Are there any risks to the child's safety in allowing the child to put on his/her own adaptive devices?

COMMENT: _____

Student Name

8. Transferring

Refers to all of the child's physical ability (e.g. bed to chair) except tub and toilet.

- Able to transfer independently with or without the use of an assistive device or not applicable due to age.
- 1 Able to transfer with supervision and cueing or reminding. Includes giving the person a transfer board or locking the wheels on a wheelchair. **(Only applicable for age 4 or older.)**
- 2 Requires physical assistance to transfer up to 50% of the task.
- 3 Requires physical assistance to transfer self independently 51% or more of the time but is able to bear weight and pivot during the transfer process. **(Only applicable for age 4 or older.)**
- 4 Complete physical assistance is necessary each time for child of any age who weighs more than 30 pounds.

Prompts:

- Identify if the child needs an overhead frame, slide board, hoier lift, etc.
- Does the child need assist getting in and out of vehicles?
- How much assistance is needed to transfer the child from chair to wheelchair, etc.?
- Does the child require 1 or 2 people to assist with transfers?
- Is the child a fall risk when transferring?

Examples:

- Consistently transfers safely and independently from sitting to standing position and maintains good balance. Appears steady on feet.
- 1 Needs cueing and supervision to transfer safely in certain situations i.e. bed to wheelchair or chair, in/out of vehicle.
- 2 May be able to participate with transfers, but requires hands on assist up to 50% of the time to do so safely. May be able to push self up from chair, but requires assist to maintain balance during the position change.
- 3 May be unsteady on feet, dizzy, poor balance and requires hands on assist with position changes or transfers 51% or more of the time. Child may be able to bear weight but has physical deficits that require physical assist.
- 4 Must have another person transfer or assist with position changes at all times to ensure safety. Child is unable to assist at all. Child may be bed bound and unable to bear weight or may require a mechanical lift.

COMMENT: _____

Identify the specific task requiring assistance:

- ___ Non-ambulatory movement from one stationary position to another (transfer)
- ___ Adjusting or changing child's position in chair or mat (positioning)
- ___ Uses slide board or Hoyer lift

Transferring

Child is transferred ___ time per day
 ___ AM ___ Noon ___ PM
 ___ Minutes/Day

 Student Name

9. Mobility

Refers to the child's ability to move between locations from a standing position or to use a wheelchair once in a seated position on a variety of surfaces, includes power wheelchairs.

Able to ambulate independently with or without a wheelchair or other assistive devices or not applicable due to age.

- 1 Requires physical assistance or supervision to negotiate stairs or steps of uneven surface (may include handing child a walker or cane, unlocking the brakes on a wheelchair, or adjusting foot pedals to facilitate foot motion while wheeling). **(Only applicable for age 4 or older.)**
- 2 Dependent on supervision or assistance from another person to walk or wheel up to 50% of the task (occasionally needs someone to push a wheelchair). **(Only applicable for age 4 or older.)**
- 3 Dependent on supervision or assistance from another person to walk or wheel 51% or more of the task. **(Only applicable for age 4 or older.)**
- 4 Unable to ambulate or self-propel wheelchair. **(Only applicable for age 2 or older.)**

Prompts:

- Identify if the child needs equipment to assist parents/caregivers with care.
- If child is able, have him/her stand up and walk about 10 steps, turn around and return to the chair and observe transfer, balance, pace, gait, and posture.
- Does the child need equipment or assistance to ambulate inside and outside?
- How far can the child walk without having to stop and rest?
- When was the last time the child fell? What happened and was he/she injured?

Examples:

May be in a wheelchair but can get around independently in or out of home. May use other devices for ambulating (i.e. walker, cane, prosthetics), but can manage independently.

1. May need assistance to negotiate steps, uneven ground, sidewalks, or during poor weather conditions, etc. May need verbal instruction or supervision i.e. "slow down", "step down", etc
2. Needs assistance to negotiate steps, uneven ground, sidewalks, or during poor weather conditions, etc. as well assist with mobility inside i.e. up and down stairs, room to room, etc. up to 50% of the time.
3. Needs assistance to negotiate steps, uneven ground, sidewalks, or during poor weather conditions, etc. as well assist with mobility inside i.e. up and down stairs, room to room, etc. 51% or more of the time.
4. Immobile or bed bound.

COMMENT: _____

Factors directly impacting level of function:

- ___ Mobility Deficit
- ___ Cognitive/Behavior
- ___ Endurance
- ___ Sensory Deficit
- ___ Other

Identify the specific tasks requiring assistance:

- ___ Assisting recipient in rising from a sitting to a standing position and/or position for use of walking apparatus
- ___ Standby assistance with ambulation
- ___ Assist with putting on or removing leg braces and/or prostheses for ambulation
- ___ Assistance with manual wheelchair ambulation
- ___ Assisting with ambulation using stairs

Student Name

10. Eating/Feeding

Refers to the process of eating, chewing, and swallowing meals and snacks. Not preparing food to be eaten.

Able to feed independently (includes using straws and special utensils) or not applicable to age.

1. Able to feed self independently with meal set-up and supervision or cueing. **(Only applicable for age 4 or older.)**
2. Requires physical assistance with eating up to 50% of the meal but not the entire task. **(Only applicable for age 3 or older.)**
3. Requires physical assistance with eating 51% or more of the task. **(Only applicable for age 3 or older.)**
4. Unable to feed self. Must be assisted or eating does not occur (g-tube or TPN, etc). **(Only applicable for age 3 or older.)**

Prompts:

- Does the child need special utensils such as a built-up spoon, fork, non-spill cup, or plate guard?
- Does the child need intense monitoring while eating due to problems with choking, chewing or swallowing difficulties?
- Are there certain types of foods that the child is unable to eat due to food consistency, allergies, etc.? Is he/she on a special diet?
- Does the child have physical difficulties which require him/her to be fed by another person or feeding appliance?

Examples:

Independent with special utensils. No choking or swallowing problems. Should be feeding self at least 2 meals/day consistently.

1. May need encouragement from caregiver to eat, or requires set-up. Requires guidance and encouragement to follow dietary needs (special diets such as diabetic, low salt, low fat, etc.)
2. Child may have problems with swallowing or is at risk for choking. Requires hands-on assistance to complete the process of eating up to 50% of the time.
3. Child may have problems with swallowing or is at risk for choking. Requires hands-on assistance to complete the process of eating 51% or more of the time.
4. Child must be fed by another person by mouth or tube fed. Participant may be unable to feed self due to physical deficits, severe cognitive impairment, or developmental disability.

COMMENT: _____

Identify the specific task requiring assistance

- ___ Spoon feeding
- ___ Assistance with using eating or drinking utensils or adaptive devices
- ___ Bottle feeding
- ___ Cutting up foods
- ___ Set up utensils or adaptive devices
- ___ Standby assistance or encouragement
- ___ Choking/Aspiration Risk

Student Name

<p>11. Medication Assist</p>	<p><input type="checkbox"/> Able to self-administer medication without assistance or assistance is provided by parents or family.</p> <ol style="list-style-type: none"> 1. Requires minimal assistance (i.e. open containers). Understands medication routine. (Only applicable for age 12 or older.) 2. Requires occasional assistance or cueing to follow medication routine. (Only applicable for age 12 or older.) 3. Requires daily assistance or cueing; must be reminded to take medications; does not know medication routine; may not remember. 4. Requires licensed nurse to administer and/or assess the amount, frequency, or response to medication or treatment. A treatment is defined as an in home skilled nursing treatment. <p>Prompts:</p> <ul style="list-style-type: none"> • Does this child know what medications he/she is taking? • How many times daily does he/she take medications? • Are any medications prescribed on a PRN basis? • Does this child need reminders or some physical assist with medications? • Do any medications need to be broken or crushed? • Are medications given orally or through a g-tube? <p>Examples:</p> <p><input type="checkbox"/> Able to obtain and take own medications and understand reasons and time for administration or parents or family are available to give medications.</p> <ol style="list-style-type: none"> 1. Knows medications and routine. Physically unable to open containers or bottles. 2. Requires occasional reminders to take medications or cueing to follow medication routine. 3. Child unable to remember or doesn't understand what, when, or why of their medications. Would forget to take meds without daily reminders. 4. Requires licensed nurse to assess and administer meds or treatment on a daily basis which may include administering daily PRN medications that require nursing assessment. <p>COMMENT: _____</p> <p>_____</p>
	<p>Identify the specific tasks requiring assistance</p> <p>___ Identifying pills</p> <p>___ Opening bottles</p> <p>___ Reminding</p> <p>___ Pouring liquids</p> <p>___ Mixing</p> <p>___ Measuring</p> <p>___ Blood sugar testing</p> <p>___ Lotions/liniments</p> <p>___ Oxygen</p> <p>___ Breathing treatments</p> <p>List Medications: _____</p> <p>Provider Instructions: _____</p>

_____ Student Name

QIDP: Check area that may be appropriate for programming in conjunction with the plan of care

- Grooming
- Dressing
- Toileting
- Med Assistance
- Mobility

Comments: _____

Communication

- Non-verbal
- Difficult to Understand
- Sign Language
- Voice-output device
- Picture exchange system

Comments: _____

Draft

Student Name