

Personal Care and Referral Form

Personal Care and Homemaker Services aid individuals who could otherwise not remain safe in their homes and avoid institutionalization. Personal Care and Homemaker Services (PCHMS) are provided to individuals who need assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLS). [Personal Care and Homemaker Services](#)

<u>Request Type</u>			
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Extension	
<input type="checkbox"/> Member consented to personal care and homemaker services referral			
Member's First Name:		Last Name:	
Phone Number:		IEHP Number:	
Member's Address:			Zip Code:
Gender:	DOB:	Primary Language:	Responsible Party:
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> English	Self <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Spanish	Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred pronoun:	Age:	<input type="checkbox"/> Other: _____	Public Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
			Advance Directive <input type="checkbox"/> Yes <input type="checkbox"/> No
			Responsible Party Name and Contact:
Diagnosis (required):			ICD-Code:
<u>Eligibility Criteria</u>			
Member must meet both of the following:			
<input type="checkbox"/> Member is at risk of hospitalization or institutionalization in a nursing home. (Documentation justifying how Member is at risk of hospitalization/institutionalization will be required)			
<input type="checkbox"/> Member has functional deficits and no other support system			
AND meet one of the following criteria:			
<input type="checkbox"/> Member was referred to In-Home Support Services (IHSS) or searching for a caregiver through the Public Authority registry.			
IHSS application submission date: _____			
IHSS application status: <input type="checkbox"/> In Review <input type="checkbox"/> Approved- IHSS hours per month: _____ <input type="checkbox"/> Denied			
<input type="checkbox"/> Member is currently receiving IHSS and needs additional IHSS hours. The reassessment request is pending, and a caregiver is needed for support in the meantime.			
Reassessment request date: _____			
IHSS Hours per month: _____			
<input type="checkbox"/> Member is not eligible for IHSS and needs services to help avoid short-term stay in a skilled facility (not to exceed 60 days). <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, provide the IHSS Notice of Action indicating denial. Denial Date: _____			
Is member currently enrolled in Waiver Personal Care Services (WPCS) through HCBA Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please note, if box is NOT checked, STOP . Member does not meet eligibility criteria.			
<u>Clinical and Supporting Attachments:</u>			
Supporting medical documentation should include:			
<ul style="list-style-type: none"> • If this is part of a discharge plan from an acute facility or SNF, please attach H&P, DC Plan and Case Manager's contact information. • Latest MD visit notes with diagnoses, condition, medications and treatment orders • Any assessments documenting member's physical needs and identification of frailty • PT/OT/DME evaluation documenting safety needs • Discharge summary if recently discharged from hospital or SNF 			
Please submit supporting documentation with the referral form.			

Personal Care and Homemaker Services Questionnaire:

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

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

Housework: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me	Laundry: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me
Shopping and Errands: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me	Meal Prep and Clean Up: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me
Ambulation: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me	Bathing/Hygiene: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me
Dressing: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me	Bowel and Bladder: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me
Eating/Feeding: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me	Transfer: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me
Respiration: <input type="checkbox"/> 1= Independent, does not need help <input type="checkbox"/> 2= able to perform, needs verbal assistance <input type="checkbox"/> 3 = need someone to assist, some of the time <input type="checkbox"/> 4= need someone to assist, most of the time <input type="checkbox"/> 5= dependent, unable to complete without help <input type="checkbox"/> N/A= Does not apply to me	Comments:

**This Request Does Not Guarantee Eligibility. Check Eligibility Prior to Rendering Service.
Payment Will Not Be Made For Unauthorized Services.**