

PERSONAL CARE AGENCY – FUNCTIONAL ASSESSMENT

Member Name		Medicaid ID #	Date of Birth
Assessment Date	Sensory Impairments (Vision, Hearing, etc.)	Diagnosis	
FUNCTIONAL STATUS AND ASSISTANCE NEEDED			
ADL/MOBILITY/COGNITIVE FUNCTIONING LEVEL		BOWEL AND BLADDER MANAGEMENT LEVEL	MEDICATION MANAGEMENT LEVEL
1-Independent, safely without assistance 2- Does with help 3- Uses an assistance device, takes a long time or does with great difficulty, Personal care aide does more than half the activity 4- Does with maximum help		1- Independent. No incontinence 2- Does with some help 3- Requires supervision, set-up, cueing, and/or coaxing 4-Does with maximum help and/or daily incontinence	1- Independent 2- Requires reminders 3- Open container and remind
PERSONAL CARE SERVICES		LEVEL 1-4	DESCRIBE WHAT ASSISTANCE IS NEEDED
Bath/Shower/Tub/Bed Bath			
Dressing			
Personal grooming			
Oral hygiene and denture care			
Mobility: assistive device, transfer to bed/chair/commode/wheelchair			
Eating and meal preparation			
Providing social interaction			
Housekeeping			
Bladder management			
Bowel management			
Medication management (1-3)			
MOBILITY			
Is the client at risk of falling?		Yes	No
PERSONAL CARE SERVICES		LEVEL 1-4	DESCRIBE WHAT ASSISTANCE IS NEEDED
Walks indoors			
Walks outdoors			
Climbs stairs			
Wheelchair			
COGNITIVE FUNCTIONING			
		LEVEL 1-4	DESCRIBE WHAT ASSISTANCE IS NEEDED
Ability to communicate			
Understands directions			
Safety/judgement			
		(Choose one)	DESCRIBE WHAT ASSISTANCE IS NEEDED
Alert, no disorientation or confusion			
Slightly confused or depressed			
Confusion			
Special Instructions: _____			
