

HOME CARE ALLOWANCE ELIGIBILITY DETERMINATION

Functional Capacity Scoring:

Score	Level of Ability	Definition
0	Independent	Client's needs are met.
1	Low	Client requires occasional or intermittent supervision or stand-by assistance in a limited number of the components of the activity.
2	Moderate	Client is unable to perform the majority of the essential components of the function even with an assistive device.
3	Severe	Client is totally unable to perform the function and requires someone to perform the task, or the client requires constant supervision for the task.

Need for Paid Care Scoring:

Score	Frequency	Definition Of Frequency
0	None	Client's needs are met. No need for paid care.
1	Weekly	Client needs paid care up to and including once a week.
2	Daily	Client needs paid care more than once a week and up to once a day, seven days a week.
3	Twice Daily	Client needs paid care two or more times per day at least five days per week.

Client Name:		Client SSN:	
Activities of Daily Living (ADLs)	Functional Capacity I(0) L(1) M(2) S(3)	Documentation (type of impairment, assistance is needed with what, how often, when, and if adaptive equipment is required)	Need for Paid Care N(0) W(1) D(2) TD(3)
CRITICAL ADLs			
Transfers			
Bladder Care			
Bowel Care			
BASIC ADLs			
Mobility			
Dressing			
Bathing			
Hygiene			
Eating			
INSTRUMENTAL ADLs			
Meals			
Housekeeping			
Laundry			
Shopping			

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SUPPORTIVE ADLs			
Medicine			
Appointment			
Money			
Access			
Telephone			
Functional Capacity Total:		Need for Paid Total:	

Home Care Allowance(HCA) Computation and Approval	
HCA Payment Authorization	HCA paid by client to:
Authorized Amount	Family Member
Total Client Income	Spouse
Hours of Paid Care	Non Relative
HCA Amount	Agency
Payment Effective Date	
Group	
DD/MR	Physically Disabled
MH	Pediatric
Frail Elderly	Brain Injury
HCA Approved:	HCA Denied:
Approval Correspondence Sent:	Denial Correspondence sent:

Tier	Capacity Score	Need for Paid Care Score
1	21 or Higher	1 to 23
2	21 or Higher	24 to 37
3	21 or Higher	38 to 51

Case Manager Signature

_____ Date _____

Supervisor Signature

_____ Date _____