

Personal Care Paraprofessional Services Provided in Schools – Child Profile

Purpose

The Child Profile is intended to:

- To provide an instrument for collecting and documenting essential information needed to establish the Medicaid child's functional limitations and ability to perform activities of daily living.
- To document information on service planning issues for personal care services.
- To provide a worksheet for determining the daily units per week needed by the child.

Procedure

The Profile must be completed by the Individualized Education Plan (IEP) team at the initial meeting for services, at the annual review, and whenever a significant change in the child's condition occurs causing the service need to change.

Instructions

1. Child Name: Enter the child's full name.
2. Child ID: Enter child's Medicaid ID number.
3. DOB: Child's date of birth.
4. Date Span: The time period the child will receive personal care services, up to one year.
5. Level of Impairment: Rate the child's impairment level according to the following scale for each task listed:
 - 0 = Independent: No functional impairment. The child is able to conduct the activities without difficulty and has no need for assistance. Need is met with adaptive equipment or service animal.
 - 1 = Standby/Cuing: Mild functional impairment. The child is able to conduct the activity but does require standby assist or cuing.
 - 2 = Limited Assist: Moderate functional impairment. The child is able to conduct the activity with moderate difficulty and requires minimal assistance.
 - 3 = Extensive Assist: Severe functional impairment. The child has considerable difficulty completing the activity and requires extensive assistance.
 - 4 = Total Dependence: Total functional impairment. The child is completely unable to carry out any part of the activity.

An IEP team member must decide which of the five impairment levels best describes the child reviewed. An impairment in this context is a functional limitation, i.e., a limitation in the ability to carry out an activity or function. A client is considered to have an impairment with respect to a particular activity if he/she is limited, either physically or mentally, in his/her ability to carry out that activity.

The “0” and “4” rating is absolute in the sense that they indicate no functional impairment or total dependency. For example, if a child can perform any of the dressing tasks for themselves, a “4” is not appropriate. If he/she can perform the dressing task without difficulty, a “0” is appropriate.

If a child is able to conduct an activity only with difficulty, and the difficulty is such that the child frequently cannot complete some part of the activity, then the child is impaired, even if the child at other times can complete the entire activity. In addition, if the degree of difficulty is such that the child should have at least minimal assistance with that activity, then the child is impaired, even if the child can (with difficulty) conduct the activity without assistance. If the child can complete the activity but needs cuing to do so, or, because of safety considerations needs someone there while completing the task, they would require standby assistance. If the difficulty with an activity does not affect the child's conduct of the activity or does not cause any problems for the child, the child is not impaired.

Enter a level for each task

The Personal Care Paraprofessional Services Profile is designed to rate a child's capacity for self-care. Determine the level for each task according to the capacity for self-care and not according to the child's access to a resource to assist with the task. In rating each item, use the child's response, your own observations of activity, and any knowledge provided about the child from other sources. To determine the severity of the child's impairment, consider the following factors:

1. Child Perception of the Impairment: Does the child view the impairment as a major or minor problem?
2. Congruence: Is the child's response to a particular question consistent with the child's response to other questions and, also, consistent with what you have observed?
3. Child History: Probe for an understanding of the child's history as it relates to the current situation and of the child's attitude about the severity of the impairment. How has the impairment changed the child's lifestyle?
4. Adaptation: If the child has adapted his physical environment or clothing to the extent that he is able to function without assistance, the degree of impairment will be lessened, but the child will still have an impairment. This includes the use of adaptive equipment.

Use the following examples for each item to help you differentiate between scores of “2” or “3”.

ADL	2 = Limited Assist	3 = Extensive
Dressing	Child needs <i>occasional</i> help with zippers, buttons, or putting on shoes and socks. Child may need help laying out and selecting clothes.	Child needs help with zippers, buttons, or shoes and socks. Child needs help getting into garments, including putting arms in sleeves, legs in pants, or pulling up pants. Child may dress totally inappropriately without help or would not finish dressing without physical assistance.
Grooming	Child may set out supplies. Child may accomplish tasks an adaptive device for assistance.	Child needs to have help with shaving <i>or</i> shampooing, etc., because of inability to see well, to reach, or to successfully use equipment. Child needs someone to put lotion on body or to comb or brush hair.
Toileting	Child has instances of urinary incontinence, and needs help because of this from time to time. Fecal incontinence does not occur unless child has a specific illness episode. Child may have catheter or colostomy bag, and occasionally needs assistance with management.	Child often is unable to get to the bathroom on time to urinate. Child has occasional episodes of fecal incontinence. Child may wear diapers to manage the problem and needs some assistance with them. Child usually needs assistance with catheter or colostomy bag.
Transferring	Child usually can get out of bed or chair with minimal assistance.	Child needs hands-on assistance when rising to a standing position or moving into a wheelchair to prevent losing balance or falling. Child is able to help with the transfer by holding on, pivoting, and/or supporting himself.
Ambulation	Child walks alone without assistance for only short distances. Child can walk with minimal difficulty using an assistive device or by holding onto walls or furniture.	Child has considerable difficulty walking even with an assistive device. Child can walk only with assistance from another person. Child never walks alone outdoors without assistance. Child may use a wheelchair periodically.
Eating	Child may need occasional physical help. Child eats with adaptive devices but requires help with their positioning	Child usually needs extensive hands-on assistance with eating. Child may hold eating utensils but needs continuous assistance during meals. Child would not complete meal without continual help. Spoon-feeding of most foods is required, but child can eat some finger foods.
Exercise	Child may need occasional assistance in completing exercise routine. Child may need occasional support or guidance.	Child needs some assistance in completing exercise routine. Child needs support or guidance.
Bus Escort	Child requires minimal assistance on bus en route to or from school. Child does not have family or caregiver to assist. Child receives a medical service at school on this date.	Child requires assistance on bus en route to or from school. Child does not have family or caregiver to assist. Child receives a medical service at school on this date.

Check the appropriate column that indicates the degree to which the child's need for help in the completion of each task is met. Check one column for each task:

M = Met: The child's needs are met. The child may be independent in this task or someone other than the Personal Care Paraprofessional is meeting the child's need for help. Other sources for meeting the need include family or friends. No time can be authorized for any task coded with an "M".

P = Partially Met: The child requires help with the task. Someone other than the personal care paraprofessional is providing that help part of the time, or the child may participate in the task.

U = Unmet: The child requires help with the task and the need is currently unmet.

5. Notes: Enter any appropriate notes.
6. Minutes Per Day: For each task to be provided, enter the daily number of minutes needed to conduct that task.
7. Days Per Week: For each task to be provided, enter the number of days per week the child will require assistance with the task.
8. Total Minutes: Multiply the minutes per day times the days per week to obtain the total minutes per week for each task.

The amount of time allowed for any particular task should be determined by taking into account:

1. The amount of assistance the child will usually need
2. Which specific activities need to be accomplished
3. Environmental/housing factors that may hinder (or facilitate) service delivery
4. Child's unique circumstances

Personal Care Paraprofessional Services Provided In Schools Child Profile - Form

Child Name:	Child ID:	DOB:
Date Span:		

Personal Care Activities of Daily Living Tasks

		I	N	Min/Day X Days/Week = Total minutes
1. Can child dress self?	Dressing	<input type="checkbox"/>	<input type="checkbox"/>	X =
2. Does child need assistance with exercise?	Exercise	<input type="checkbox"/>	<input type="checkbox"/>	X =
3. Can child groom self? (Wash, comb hair)	Grooming	<input type="checkbox"/>	<input type="checkbox"/>	X =
4. Does child have any difficulties getting to and using the bathroom?	Toileting	<input type="checkbox"/>	<input type="checkbox"/>	X =
5. Can child get in and out of their bed or chair?	Transferring	<input type="checkbox"/>	<input type="checkbox"/>	X =
6. Can child walk without help?	Ambulation	<input type="checkbox"/>	<input type="checkbox"/>	X =
7. Does child need assistance eating?	Eating	<input type="checkbox"/>	<input type="checkbox"/>	X =
8. Bus Escort	Escort	<input type="checkbox"/>	<input type="checkbox"/>	X =

I = Impairment 0 = Independent 1 = Cuing 2 = Limited Assistance 3 = Extensive Assistance 4 = Total Dependence	N = Need M = Met P = Partially Met U = Unmet	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Total</td> <td style="width: 50px; background-color: #cccccc;"></td> </tr> <tr> <td colspan="2">Total Minutes / 15 = _____ Total Units of Service/Week</td> </tr> <tr> <td colspan="2">Total Units of Service / 4 = _____ Total Hours/Week</td> </tr> </table>	Total		Total Minutes / 15 = _____ Total Units of Service/Week		Total Units of Service / 4 = _____ Total Hours/Week	
Total								
Total Minutes / 15 = _____ Total Units of Service/Week								
Total Units of Service / 4 = _____ Total Hours/Week								

Comments:

Verbal Order Date: _____ Initial: _____

School: _____

School Representative Signature Date _____

Primary Care Provider Signature _____ Date _____