

# PROTECTIVE LEVEL OF CARE REVIEW WORKSHEET

(2-8-09)

## Requirements (5101:3-3-08)

*Activity of Daily Living (ADL)* means a personal or self-care skill performed, with or without the use of assistive devices, on a regular basis that enables the individual to meet basic life needs for food, hygiene, and appearance.

*Instrumental Activity of Daily Living (IADL)* means a community living skill performed, with or without the use of assistive devices, on a regular basis that enables the individual to independently manage the individual's living arrangement.

## Definitions

**Supervision:** Reminding an individual to perform or complete an activity, or observing while an individual performs an activity to ensure the individual's health and safety.

**Assistance:** The hands-on provision of help in the initiation and/or completion of a task.

**Checklist:** Refer to complete definitions as defined in 5101:3-3-08

1. \_\_\_\_\_ Requires supervision of one ADL
- \_\_\_\_\_ Bathing
  - \_\_\_\_\_ Toileting
  - \_\_\_\_\_ Dressing
  - \_\_\_\_\_ Eating
  - \_\_\_\_\_ Grooming includes the ability to perform tasks associated with oral hygiene, hair care, and nail care
  - \_\_\_\_\_ Mobility includes all of the following: All 3 must be checked to check mobility as an ADL requiring supervision.
    - \_\_\_\_\_ Bed Mobility
    - \_\_\_\_\_ Transfer
    - \_\_\_\_\_ Locomotion

**AND**

- \_\_\_\_\_ Requires assistance with three IADLs
- \_\_\_\_\_ Shopping
  - \_\_\_\_\_ Meal Preparation
  - \_\_\_\_\_ Personal Laundry
  - \_\_\_\_\_ Environmental Management. All 3 must be checked to check environmental management as an IADL requiring assistance:
    - \_\_\_\_\_ House Cleaning
    - \_\_\_\_\_ Heavy Chores
    - \_\_\_\_\_ Yard work and/or maintenance

Applicant's Name: \_\_\_\_\_  
Person Completing Report: \_\_\_\_\_  
Date: \_\_\_\_\_

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\_\_\_\_\_ Accessing Community Services. All 3 must be checked to check accessing community services as an IADL requiring assistance:

- \_\_\_\_\_ Telephoning
- \_\_\_\_\_ Accessing Transportation
- \_\_\_\_\_ Managing legal/financial affairs

**(If both are met, the individual has met the Protective Level of Care criteria)**

**OR**

2. \_\_\_\_\_ Requires supervision of self-administration of medication

**AND**

\_\_\_\_\_ Requires assistance with three IADLs

- \_\_\_\_\_ Shopping
- \_\_\_\_\_ Meal Preparation
- \_\_\_\_\_ Environmental Management. All 3 must be checked to check environmental management as an IADL requiring assistance:
  - \_\_\_\_\_ House Cleaning
  - \_\_\_\_\_ Heavy Chores
  - \_\_\_\_\_ Yard work and/or maintenance

\_\_\_\_\_ Accessing Community Services. All 3 must be checked to check accessing community services as an IADL requiring assistance:

- \_\_\_\_\_ Telephoning
- \_\_\_\_\_ Accessing Transportation
- \_\_\_\_\_ Managing legal/financial affairs

**(If both are met, the individual has met the Protective Level of Care criteria)**

**OR**

3. \_\_\_\_\_ Due to a cognitive impairment, including but not limited to dementia, the individual requires the presence of another person, on less than a 24 hour a day basis for the purpose of supervision to prevent harm.

**(If met, the individual has met the Protective Level of Care criteria)**

Applicant's Name: \_\_\_\_\_  
Person Completing Report: \_\_\_\_\_  
Date: \_\_\_\_\_