



Personal Care Assistance Assessment Tool Manual

November 01,
2004

**Protecting Manitobans from
the Human and Economic Costs
of Automobile Accidents**

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**Manitoba
Public Insurance**

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Introduction

Manitoba Public Insurance (MPI) has undertaken a thoroughgoing revision of the process whereby a victim's eligibility for Personal Care Assistance (PCA) is evaluated under the Personal Injury Protection Plan. A new Assessment Tool has been developed, to replace the current grids that have been in use since 1994. This comes into force on November 01, 2004 by way of Regulation and will be used to determine a claimant's entitlement to PCA. The new tool will be used for assessments made on or after November 01, 2004 and applies to all active PCA PIPP claims as at November 01, 2004 regardless of the date of loss and any new PCA PIPP claims with dates of loss on or after November 01, 2004.

This document has been created for MPI Case Managers and external service providers who may be called upon to assess MPI claimants for entitlement to PCA. It complements an MPI training session that has been completed by such external service providers and MPI Case Management staff. This training session explains the use of the new assessment tool in detail.

Eligibility Criteria for PCA

The eligibility criteria for PCA are established by Regulation. They are summarized below.

Key Definitions:

"Personal care assistance" means "assistance with an activity where

- a) The activity is described in Schedule C and in accordance with that schedule,
 - i. It applies to the claimant,
 - ii. It is appropriate for the claimant's age and
 - iii. The claimant had the capacity to perform it (the activity) at the time of the accident and
- b) The assistance
 - i. Is provided directly and solely for the benefit of a victim and
 - ii. The assistance has been evaluated in accordance with Schedule D

¹ For the purposes of this manual, "claimant" has the same meaning as "victim" as defined by Section 70(1) of the Act.

Eligibility Criteria for PCA**General Principles:**

- 1. The requirement for PCA must arise as a direct result of injuries that the claimant sustained as a result of a compensable motor vehicle accident as defined by Part 2 of the MPI Act.**

Only physical or cognitive impairments directly related to the motor vehicle accident can be compensated under the personal care assistance program. If, for example, the claimant had a pre-existing health condition, this should be taken into consideration during the personal care assistance assessment.

It is of the utmost importance that the Case Manager and the Assessor are both equally aware of any pre-existing condition that may affect the particular claimant, and that information about any such condition is communicated between them.

It is imperative that the assessor determine whether services were in place prior to the accident, for what reason, and to what extent. Only additional or extraordinary services needed after the accident would be compensated under PIPP.

If a new, and unrelated, health condition develops after the accident, the PCA assessment must consider only those needs that are related to the accident.

Where the accident has exacerbated a pre-existing condition, MPI would compensate claimants for any increase in services that are necessary.

There are often difficulties in making assessments in these situations. Assessors should consult with the Case Manager as they deem necessary, or, if directed, with the MPI Staff OT.

- 2. The claimant must be the only beneficiary of Personal Care Assistance services.**

Compensation for personal care assistance is provided only for the claimant's personal needs, and not for those of family members. The PCA assessment should therefore only reflect the direct care needs of the claimant. For example, if a claimant is capable of preparing a meal for one, but not a big family meal, they are not eligible for funding even if they were responsible for preparing family meals prior to the motor vehicle accident.

Where the claimant was a caregiver to a child or other family member, they may be eligible for a caregiver weekly indemnity or reimbursement of expenses for the care of the other person in addition to their entitlement to PCA. This should be taken up with the Case Manager.

- 3. The claimant must have been capable of performing the activity for which PCA is being claimed prior to the accident, and be eligible for funding based upon their chronological age.**

Only assistance that is required with respect to those essential activities of self care or daily living that the claimant was normally capable of performing prior to the accident will be compensated.

Special eligibility rules apply to claimants who are under 16 years of age. These are set out in the Developmental Scale of the Assessment Tool.

Eligibility Criteria for PCA**4. Services for which compensation is claimed are not already covered or provided by other social and/or health services agencies.**

Coverage for Personal Care Assistance is provided only to the extent that the care expense is not covered under *The Health Services Insurance Act* or any other Act.

Claimants that needed and were receiving home-care prior to the accident will **only be eligible for funding for any increase in services** (extraordinary costs) that are necessary as a direct result of the accident.

5. Compensation is provided only for activities listed in the Assessment Tool.

The Personal Care Assistance Assessment Tool contains a complete listing of the activities that are eligible for funding. **Activities that are not listed in the tool are not compensated.**

Personal Care Assistance can be provided either physically or verbally to the Claimant. The Assessment Tool provides for both assistance and supervision to claimants who otherwise could not perform the activity safely for physical or cognitive reasons. Such assistance or supervision qualifies for PCA funding. Assessors should indicate where claimants have limitations due to excessive pain or fatigue.

6. Only actual and proven expenses are compensated.

PCA Coverage is expense **reimbursement** coverage. The amount calculated using the Assessment Tool is the maximum reimbursement that the claimant can receive per month. The actual amount of reimbursement is based on expenses incurred. Reimbursement will only be provided to the claimant once acceptable invoices have been submitted and approved.

7. Coverage is subject to a minimum score (“deductible”).

The claimant must achieve a total time score of 9 or greater on the PCA Scoring Template (Schedule D) in order to be eligible for funding. This is equivalent to needing 45 minutes of services per day.

New PCA Assessment Tool

The new PCA Assessment Tool has been designed to be comprehensive in terms of capturing information about the claimant's PCA needs. Additional separate narrative reports should be unnecessary, and should not be included with the PCA Assessment *unless such a report has been specifically requested by the MPI Case Manager.*

The new Assessment Tool has two main parts: the Assessment Tool proper, and the Scoring Template.

The Assessment Tool consists of the following components:

- the Cover Sheet,
- the Victim Profile
- the Functional Report, and
- the Developmental Scale

Cover Sheet

The Cover Sheet records basic information about the claimant, (including age and type of injury) the identity of the assessor, the date and type of assessment, and an acknowledgment, signed by the claimant indicating that the assessment has been explained to him or her.

It is very important that the assessment be reviewed with and explained to the claimant, and that the claimant signs the acknowledgment on the cover sheet.

Victim Profile

The Victim Profile provides background information about the claimant, the injury, and the claimant's domestic situation and needs for care. This information will assist the Case Manager in formulating decisions about entitlement.

All information that may be relevant to the claimant's situation should be recorded in the Victim Profile. For example, if a claimant is living in an apartment, then snow removal is not likely to be needed, and in some situations there may not be stairs that the claimant needs to climb either within the apartment itself, or within the apartment building.

The victim profile also contains space for the assessor to record any recommendations for care or implementing assistive devices.

New PCA Assessment Tool

Functional Report

The Functional Report is the heart of the Assessment Tool. It is divided into two main sections.

SECTION 1 lists essential activities of home and community management, mobility, self-care, and personal hygiene (including bowel and bladder care). Each activity, and its components, are described and defined.

SECTION 2 details any special requirements for supervision of the claimant, **above and beyond any requirements for assistance with personal care or activities of daily living**. Such supervision may be required by claimants who, for medical or cognitive reasons, cannot be left safely alone.

When completing the Functional Report, the assessor must assess the claimant's functional abilities as they relate to each activity or component. Comments included in the Functional Report should be precise and detailed enough to provide a clear indication of the level of assistance required with each activity or component.

Inconsistencies between the claimant's known diagnosis, their subjective complaints, and their objective presentation should be identified and commented upon, whether observed directly or indirectly. For example, if a victim claims to be unable to lift a skillet, but is observed to pick up his large tomcat without difficulty, this should be noted.

Developmental Scale

The Developmental Scale is used to assess the PCA needs of children less than 16 years of age. It is an adjunct to the Functional Report. Detailed instructions for its use are found in the Assessment Tool itself.

Scoring of Personal Care Assessments

Scoring of Personal Care Assessments will be completed by the MPI staff Occupational Therapist (OT), using the PCA Scoring Template (Schedule D).

Once the assessor has completed the evaluation of the claimant, the completed assessment will be faxed to the MPI staff OT, who will score the assessment and provide the result to the Case Manager. The Case Manager will, in turn, advise the claimant of their level of entitlement to PCA funding.

In order to achieve the most accurate and timely entitlement determinations, the MPI OT will, in scoring assessments, contact the assessor directly if clarification of the assessment information is required.

Business Processes Relating to External Assessors**General Overview**

MPI Case Managers will continue to engage assessors from a variety of disciplines (nurses, occupational therapists (OTs), and external case managers) to conduct initial PCA assessments and re-assessments.

Assessors will normally visit the claimant, preferably in their home, to complete these assessments. The information thus gathered will then be forwarded to the MPI staff Occupational Therapist, who will complete the scoring and calculate the entitlement amount. The staff OT will then forward the completed assessment to the case manager who will notify the claimant of their entitlement.

Prior to putting any services or assistive devices in place, the Assessor should obtain the approval, either verbal or written, of the Case Manager. Where there are safety concerns (risk of falls or of injury due to the consequences of poor decision-making), some services may need to be put into place on an emergency basis. If such is the case, the Case Manager should be notified immediately.

As the timing of the submission of the assessment and the determination of entitlement is often critical, assessments will be submitted to MPI by fax. The assessor will retain the original assessment in their own file.

Assessments Based Upon Earlier PCA Grid Evaluations

The new PCA assessment tool will not be used retroactively but will replace the existing grids (Schedules A to MR 40/94) for all assessments conducted on and after November 01, 2004 for all claims occurring on March 01, 1994 or later. As at November 01, 2004, all assessments must be forwarded by fax to the MPI staff OT for review.

Business Processes Relating to External Assessors**Recommendations for Assistive devices**

As a general rule, if an assistive device will increase the independence of the claimant, it should be recommended and implemented.

At a minimum, the Assessor must receive verbal approval for funding of an assistive device before it is put into place.

It can be assumed that the case manager will approve the recommendation and provision of an assistive device except in the case of the following, which require formal written approval:

- adaptation of a motor vehicle
- structural alteration of the victim's residence
- provision of powered mobility aids
- provision of communication, learning and cognitive therapy aids

Where assistive devices are required, this should be clearly indicated, and activities should be scored assuming that all assistive devices will be in place.

For the purposes of calculating entitlement, it is assumed that any assistive devices requiring the Case Manager's verbal approval will be implemented in the claimant's home. The impact of major items such as home modifications, alteration of a vehicle and the like upon the claimant's PCA entitlement will be evaluated on a subsequent assessment once approval for the expenditure has been obtained.

Re-Assessments

In general, re-assessments will be completed at intervals in accordance with the type and severity of the claimant's injury, or as directed by the Case Manager. These will continue until the claimant no longer requires PCA or no longer qualifies for reimbursement, or when there are significant negative changes in their condition that may affect their entitlement. Assessors should recommend when a re-assessment should be conducted based on the claimant's injury type and any other factors that may affect a claimant's recovery or continued entitlement to PCA.

Contact Information

The MPI case manager is the assessors' primary contact at MPI. Any questions regarding entitlement should be directed to the case manager.

Completed assessments should be faxed to MPI at (204) 954-5332

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Appendix A

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

SCHEDULE C (Section 2.)

COVER SHEET

Claim # _____

VICTIM

Name:		Age:
Date of Injury:	Type of Injury:	Hospital Discharge Date:
		<input type="checkbox"/> Not Applicable

ASSESSOR

Name:	Discipline:
	<input type="checkbox"/> OT <input type="checkbox"/> Nurse <input type="checkbox"/> External Case Manager <input type="checkbox"/> Manitoba Public Insurance Case Manager <input type="checkbox"/> Other (Please list): _____

ASSESSMENT

Date of Assessment:	Further Assessment Due On:
<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Progress Assessment	
Assessor's Signature:	Agency:

This assessment has been conducted in my presence and explained to me by _____ .
 I understand that I have a right to apply for a Review of any decision made by my Case Manager based on this assessment (as provided in s.170 of the Manitoba Public Insurance Act).

Victim's Signature:	Date:
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SCHEDULE C (Section 2.)

VICTIM PROFILE

Medical Information and Background:

Pre-Accident Needs for Assistance with Personal Care Activities:

Social Environment:



SCHEDULE C (Section 2.)

VICTIM PROFILE

Physical Environment:

Vocational Status (work, school):

Other:

**PERSONAL CARE ASSISTANCE ASSESSMENT TOOL****SCHEDULE C (Section 2.)****VICTIM PROFILE**

Recommendations:

SCHEDULE C (Section 2.)**FUNCTIONAL REPORT INSTRUCTIONS**

Instructions for Completing Section 1 of the Functional Report

Comment on each activity in the Functional Report, following the instructions given below.

Each of the activities included in Section 1 of the Functional Report has been divided into various components. For example, the first activity – “Meal Preparation: Breakfast” consists of five components, the first being “Access to/use of food/tools needed for meal preparation”:

Level 1 Activities – Home and Community Management

1. **Meal Preparation:** Breakfast includes preparing breakfast safely for self and related components such as accessing food, table set-up and clean-up. ☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

1.1 Access to/Use of food/tools needed for meal preparation

☐ Independent

Comments:

Independent

☐ Independent

If the victim can perform the activity safely, correctly and efficiently without pain or physical or verbal assistance, check the Independent box for the activity.

If the victim can perform the component of the activity safely, correctly and efficiently without pain or physical or verbal assistance, check the Independent box for that component.

No other comments are required when the Independent box is checked.

Not Applicable**NOT APPLICABLE**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

If the activity is not applicable to the victim, circle the appropriate number in the “Not Applicable” row. The numbers listed have the following meaning:

- 1) No need to do this activity or the victim derives no benefit from the activity
(Comment why there is no need to do this activity or why the victim derives no benefit from the activity)
- 2) Victim did not normally perform this activity before the accident
- 3) Activity not normally expected of a victim this age
- 4) Need met by another agency/institution
- 5) Needed assistance before the accident and no increase in need due to the accident
- 6) Need unrelated to the accident that appeared after the accident
- 7) Other reason (specify)

SCHEDULE C (Section 2.)**FUNCTIONAL REPORT INSTRUCTIONS****Comments**

1.1 Access to/Use of food/tools needed for meal preparation

☐ IndependentComments:

Comments should describe the assistance required with an activity or a component of the activity. Please include in the Comments box relevant observations on the following factors when describing the assistance required:

- did the victim need assistance with the activity, or any of its components, before the accident and now needs increased assistance because of the accident?
- does the victim require environmental modifications/adaptive aids to perform the activity or any component of the activity?
- does the victim require physical or verbal assistance with parts of the activity or any component of the activity?
- is the victim completely dependent on physical or verbal assistance with the entire activity?
- does the victim experience pain when doing the activity or any component of the activity?

Instructions for Completing Section 2 of the Functional Report

Section 2 of the Functional Report is only to be used for victims who need supervision in addition to assistance that is provided for in Section 1.

Please provide a rationale for the need for supervision and record the number of additional hours of supervision beyond those already allocated for the activities set out in Section 1.

Supervision for Children

Supervision for children is only available if the child requires **extra** supervision beyond what is normal for his or her age and pre-accident medical condition. Overnight supervision is only available if it is medically required.

For example:

- a pre-school child would normally attend day care, but cannot due to his or her injuries. The parent or guardian must hire a specialized caregiver so that the parent or guardian is able to attend work. The expense of that specialized caregiver is eligible for coverage.
- a parent or guardian has another child to take to after-school activities, and would normally bring the injured child along but cannot due to the child's injuries. The expense of the extra supervision required while the parent is attending to the needs of the other child is eligible for coverage.

SCHEDULE C (Section 2.)

FUNCTIONAL REPORT INSTRUCTIONS

Instructions for Using the Developmental Scale

The purpose of the Developmental Scale is to determine eligibility for funding for children less than 16 years of age for activities listed in the Functional Report under Section 1 – Personal Care Activities. The ages listed in the column “Age of Child (yrs)” identify the minimum age at which the child becomes eligible for funding for an activity.

SECTION 1 – Personal Care Activities

Please comment on the child’s ability to perform the activities for which he or she may be eligible to receive funding.

- Note ■ if the child is younger than the age in the column, he or she is not eligible for funding for the activity and #3 in the “Not applicable” row should be circled.
- if the child was not performing the activity prior to the accident, he or she is not eligible for funding for the activity and #2 in the “Not applicable” row should be circled.

Personal Care Activity	Age of Child (yrs):
Level 1 Activities – Home and Community Management	
1. Meal Preparation: Breakfast	12 +
2. Meal Preparation: Lunch	12 +
3. Meal Preparation: Dinner	12 +
4. Light Housekeeping	16 +
5. Heavy Housecleaning	16 +
6. Laundry	16 +
7. Yard work	16 +
8. Community Outings	16 +
9. Financial Management	16 +
Level 2 Activities – Mobility and Self-Care	
10. Transfers: Bed Mobility	2 ½ +
11. Transfers: Vehicle	2 ½ +
12. Transfers: Two Person or Hoyer Lift	N/A
13. Home Access	9 +
14. Stair Use	1 ½ +
15. Outdoor Home Access	2 ½ +
16. Eating/Drinking	3 +
17. Grooming/Hygiene	4 +
18. Dressing/Undressing	5 +
19. Orthotic/Prosthetics	5 +
20. Bathing/Showering	4 +
21. Toileting	2 ½ +
Level 3 Activities – Bowel and Bladder Care	
22. Diaper, catheter, disimpaction	N/A



SCHEDULE C (Section 2.)

FUNCTIONAL REPORT

SECTION 1 – PERSONAL CARE ACTIVITIES

Level 1 Activities – Home and Community Management

1. **Meal Preparation: Breakfast** – includes preparing breakfast safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

1.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments:

1.2 Preparation of food

☐ Independent

Comments:

1.3 Table set-up (including bringing food to table)

☐ Independent

Comments:

1.4 Clean-up (washing dishes, wiping counters)

☐ Independent

Comments:

1.5 Other

Comments:

2. **Meal Preparation: Lunch** – includes preparing lunch safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

2.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments:

2.2 Preparation of food

☐ Independent

Comments:

2.3 Table set-up (including bringing food to table)

☐ Independent

Comments:

SCHEDULE C (Section 2.)**FUNCTIONAL REPORT**

2.4 Clean-up (washing dishes, wiping counters)

☐ Independent

Comments: _____

2.5 Other

Comments: _____

3. Meal Preparation: Dinner – includes preparing dinner safely for self and related components such as accessing food, table set-up and clean-up. (please indicate if the victim's main meal is a meal other than dinner)

☐ Independent**NOT APPLICABLE**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments: _____

3.2 Preparation of food

☐ Independent

Comments: _____

3.3 Table set-up (including bringing food to table)

☐ Independent

Comments: _____

3.4 Clean-up (washing dishes, wiping counters)

☐ Independent

Comments: _____

3.5 Other

Comments: _____

4. Light Housekeeping – includes performing light housekeeping duties such as sweeping, dusting and general tidying of the home.

☐ Independent**NOT APPLICABLE**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

4.1 Dusting

☐ Independent

Comments: _____



SCHEDULE C (Section 2.)

FUNCTIONAL REPORT

4.2 Sweeping

☐ Independent

Comments:

4.3 General tidying of house (e.g. picking up clothing)

☐ Independent

Comments:

4.4 Other

Comments:

5. Heavy Housecleaning – includes performing major housecleaning activities such as vacuuming, washing floors, garbage disposal, cleaning appliances and bathrooms and making beds. This also includes annual cleaning such as windows, walls, ceilings, curtains, and carpets. ☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5.1 Vacuuming

☐ Independent

Comments:

5.2 Making the bed

☐ Independent

Comments:

5.3 Washing floors

☐ Independent

Comments:

5.4 Garbage disposal

☐ Independent

Comments:

5.5 Cleaning appliances/bathroom(s)

☐ Independent

Comments:

5.6 Other

Comments:

SCHEDULE C (Section 2.)**FUNCTIONAL REPORT**

- 6. Laundry** – includes access to and use of the laundry area and performing related duties such as carrying a basket of clothes, taking laundry out of the appliance, ironing and folding clean clothes.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

6.1 Access laundry area

☐ Independent

Comments:

6.2 Carry basket of clothes

☐ Independent

Comments:

6.3 Transfer laundry

☐ Independent

Comments:

6.4 Ironing

☐ Independent

Comments:

6.5 Folding

☐ Independent

Comments:

6.6 Other

Comments:

- 7. Yard Work** – includes outdoor home maintenance activities such as raking leaves, mowing lawn, snow removal, wood chopping (only if wood is the main source of heat) and cleaning eavestroughs. This is only to reflect essential needs and not activities of an aesthetic nature. Examples of activities that are not included are painting and pool maintenance.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

7.1 Raking leaves

☐ Independent

Comments:

7.2 Mowing lawn

☐ Independent

Comments:



SCHEDULE C (Section 2.)

FUNCTIONAL REPORT

7.3 Cleaning eavestroughs

☐ Independent

Comments:

7.4 Snow removal

☐ Independent

Comments:

7.5 Other

Comments:

8. Community Outings – includes purchasing necessary supplies for the home and for personal use such as groceries, clothing, hardware, equipment, etc. It includes accessing public services and neighbourhood facilities (e.g. banks, stores, community centres), planning and carrying out shopping trips, attending medical appointments and other appointments associated with personal care. It also includes the victim's ability to use public transportation when required to complete the community outing.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8.1 Store Access (e.g. getting to and around a store, getting items off shelves)

☐ Independent

Comments:

8.2 Carrying items (use of cart or other)

☐ Independent

Comments:

8.3 Paying for items

☐ Independent

Comments:

8.4 Specify what public services and neighbourhood shopping, medical and personal care facilities the victim makes use of

Comments:

8.5 Assistance required to complete activity (e.g. transportation, supervision)

☐ Independent

Comments:



SCHEDULE C (Section 2.)

FUNCTIONAL REPORT

8.6 Other

Comments:

9. Financial Management – includes accessing funds and completing transactions at a financial institution or by other means and managing finances independently.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

9.1 Completion of financial transactions

☐ Independent

Comments:

9.2 Other

Comments:

Level 2 Activities – Mobility and Self-Care

10. Transfers: Bed Mobility – includes the ability to get into and out of the bed, as well as to adjust body position, turn self or raise self in bed from lying to sitting.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

10.1 Transfer in and out of bed

☐ Independent

Comments:

10.2 Adjust body position (prone, supine, side-lying) and turn self (180 degrees)

☐ Independent

Comments:

10.3 Raise self in bed from lying to sitting

☐ Independent

Comments:

10.4 Other

Comments:

SCHEDULE C (Section 2.)**FUNCTIONAL REPORT**

11. Transfers: Vehicle – includes the ability to get into and position oneself in a vehicle, do up seatbelt, store mobility aid and transfer out of vehicle.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

11.1 Transfer in/out of vehicle

☐ Independent

Comments:

11.2 Storage of mobility aid

☐ Independent

Comments:

11.3 Use of seatbelt

☐ Independent

Comments:

11.4 Please state use of any specialized transportation service

Comments:

12. Transfers: Two Person or Hoyer Lift – includes use of a Hoyer lift, ceiling track lift or two persons to perform dependent transfer.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

12.1 State type of lift used with victim

Comments:

13. Home Access – includes accessing all household equipment (such as TV, phone, radio/alarm, computer and thermostat). It also includes transferring to and from different surfaces such as from a wheelchair to chair or couch.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

13.1 Use of equipment

☐ Independent

Comments:

13.2 General mobility

☐ Independent

Comments:

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13.3 Other

Comments:

14. Stair Use – includes ascending and descending indoor stairs in the victim's home.☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

14.1 Ascend/descend indoor stairs in the victim's home

☐ Independent

Comments:

(Please include the number of stairs the victim can ascend/descend independently)

14.2 Other

Comments:

15. Outdoor Home Access – includes ascending and descending outdoor stairs or a ramp into the home.☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

15.1 Ascend/descend outdoor stairs or a ramp into the home

☐ Independent

Comments:

(Please include the number of stairs the victim can ascend/descend independently)

15.2 Other

Comments:

16. Eating/Drinking – includes the use of utensils (modified, adaptive or regular) to bring food or drink to the mouth once the meal is presented. Can also include eating/drinking by special equipment such as nasogastric tube or gastrostomy. Set-up is not included in this task, but is accounted for in meal preparation.☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

16.1 Use of utensils (food to mouth, cutting food)

☐ Independent

Comments:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

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16.2 Drink to mouth

☐ Independent

Comments:

16.3 Special equipment (e.g. nasogastric tube)

☐ Not Applicable

Comments:

16.4 Other

Comments:

17. Grooming/Hygiene – includes oral care, hair grooming (not hair washing), washing hands and face, shaving, nail care and/or applying make-up and the use of tools associated with each of these components.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

17.1 Oral care

☐ Independent

Comments:

17.2 Shaving

☐ Independent

Comments:

17.3 Hair grooming

☐ Independent

Comments:

17.4 Nail (finger/toe) care

☐ Independent

Comments:

17.5 Washing hands/face

☐ Independent

Comments:

17.6 Applying make-up

☐ Independent

Comments:

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17.7 Other

Comments:

18. Dressing/Undressing – includes set-up of clothes, lower and upper body dressing and fasteners, buttons, zippers, bras, hosiery and shoes.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

18.1 Set up

☐ Independent

Comments:

18.2 Lower body (e.g. hosiery, socks and shoes)

☐ Independent

Comments:

18.3 Upper body (also includes bra)

☐ Independent

Comments:

18.4 Fasteners, buttons, zippers

☐ Independent

Comments:

18.5 Other

Comments:

19. Orthotic/prosthetics – includes assistance in donning or doffing any orthotic or prosthetic device, including the application of any ointment or support garment required for the use of the prosthetic or orthotic device. Examples include slings, splints, braces and tensor bandages. The application of consumable medical supplies such as wound dressings and/or sanitary garments is not included.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

19.1 State type of orthotic/prosthetic devices

Comments:

SCHEDULE C (Section 2.)**FUNCTIONAL REPORT**

20. Bathing/Showering – includes bathing (washing, rinsing and drying) the body and hair either in the tub, shower or sponge/bed bath. It also includes tub or shower transfer. Refer to Activity #12 Transfers: Two Person or Hoyer Lift for victims who require that type of assistance.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

20.1 Set-up (tap control, clothes)

☐ Independent

Comments:

20.2 Transfer in/out of tub or shower

☐ Independent

Comments:

20.3 Washing and rinsing (body and hair)

☐ Independent

Comments:

20.4 Drying (body and hair)

☐ Independent

Comments:

20.5 Other

Comments:

21. Toileting – includes the victim's ability to transfer on/off the toilet, maintain genital/perineal hygiene (access and use toilet paper), change sanitary garments and perform clothing adjustments. It also includes the use of a urinal or bedpan. Toileting does not necessarily have to occur in the bathroom. It could be done using a bedside commode. Emptying of a commode, bedpan, colostomy bag, or a urinal is also to be considered toileting.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

21.1 Transfer on/off toilet

☐ Independent

Comments:

21.2 Genital/perineal hygiene (accessing/use of toilet paper)

☐ Independent

Comments:

21.3 Use of special devices (urinal, bedpan)

☐ Independent

Comments:



SCHEDULE C (Section 2.)

FUNCTIONAL REPORT

21.4 Other

Comments:

Level 3 Activities – Bowel and Bladder Care

22. Diaper, catheter, disimpaction – includes use of diapers, ability to catheterize and disimpact.

- | | | | |
|----|---|------------------------------|-----------------------------|
| a. | Does the victim require a catheter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Does the victim require bowel disimpaction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Does the victim require a diaper? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOT APPLICABLE						
1	2	3	4	5	6	7

23. Supervision – applies when the victim requires basic or skilled supervision for behavioural or medical issues that are not covered in Section 1, such as supervision in the home during the day or during sleeping hours. The victim cannot be left alone. Please record and explain hours per day needed for supervisory care.

23.1 Supervision:

☐ Independent

Comments:

(Child care for the victim's child is not eligible for coverage as a personal care activity and should be discussed separately with the Manitoba Public Insurance case manager)

SCHEDULE D (Section 2.)

Instructions for Scoring Personal Care Activities Listed in Functional Report

NOTE: For victims who are under 16 years of age, please refer to Item 23 below and "Instructions for Scoring with the Developmental Scale".

SCORING OF PERSONAL CARE ACTIVITIES	Level of Assistance Needed
	<p>A Independent The victim can safely complete all of the activity, or the relevant components of the activity, with modifications or adaptive aids if necessary, but without physical or verbal assistance.</p> <p>B Partially Dependent The victim can safely complete parts of the activity, or of the relevant components of the activity, with modifications or adaptive aids if necessary. Physical or verbal assistance by another person is required to complete the full activity. The victim may require supervision, set-up or minimal to moderate assistance for part of the activity. Where applicable please score under these headings:</p> <p>B Min – The victim requires physical or verbal assistance with up to 25% of the activity.</p> <p>B Mod – The victim requires physical or verbal assistance with up to 50% of the activity.</p> <p>B Max – The victim requires physical or verbal assistance with up to 75% of the activity.</p> <p>C Completely Dependent The victim is completely dependent on the physical or verbal assistance of another person to carry out the activity.</p>
	Score Sheet
	<p>Choose the score that best reflects the level of assistance that is required by the victim. Scores should reflect the ability of the victim to perform the activities once all approved assistive devices or modifications have been implemented.</p>
SECTION 1 – CRITERIA FOR SCORING PERSONAL CARE ACTIVITIES	Level 1 Activities – Home and Community Management
	<ol style="list-style-type: none"> Meal Preparation: Breakfast – includes preparing breakfast safely for self and related components such as accessing food, table set-up and clean-up. Meal Preparation: Lunch – includes preparing lunch safely for self and related components such as accessing food, table set-up and clean-up. Meal Preparation: Dinner – includes preparing dinner safely for self and related components such as accessing food, table set-up and clean-up. If the victim's main meal is a meal other than dinner, score that meal accordingly here. Light Housekeeping – includes performing light housekeeping duties such as sweeping, dusting, and general tidying of the home. Heavy Housecleaning – includes performing major housecleaning activities such as vacuuming, washing floors, garbage disposal, cleaning appliances and bathrooms and making beds. This also includes annual cleaning such as windows, walls, ceilings, curtains, and carpets. Laundry – includes access to and use of the laundry area, and performing related duties such as carrying a basket of clothes, taking laundry out of the appliance, ironing, and folding clean clothes. <ul style="list-style-type: none"> Partially Dependent example <ul style="list-style-type: none"> The victim can only fold and/or iron and cannot do other parts of activity (e.g. carrying basket up/down stairs, lifting items out of washer/dryer). Completely Dependent examples <ul style="list-style-type: none"> The victim is unable to physically access laundry area or assist in folding clothes. Yard Work – includes outdoor home maintenance activities such as raking leaves, mowing lawn, snow removal, wood chopping (only if wood is the main source of heat) and cleaning eavestroughs. This is only to reflect essential needs and not activities of an aesthetic nature. Examples of activities that are not included are painting and pool maintenance. Community Outings – includes purchasing necessary supplies for the home or for personal use such as groceries, clothes, hardware equipment, etc. It includes accessing public services and neighbourhood facilities (e.g. banks, stores, community centres), planning and carrying out shopping trips, attending medical appointments and other appointments associated with personal care. It also includes the victim's ability to use public transportation when required to complete the community outing.

SCHEDULE D (Section 2.)

SCORE SHEET

9. Financial Management – includes accessing funds and completing transactions at a financial institution or by other means and managing finances independently.

Level 2 Activities – Mobility and Self-Care

10. Transfers: Bed Mobility – includes the ability to get into and out of the bed, as well as adjust body position or turn self or raise self in bed from lying to sitting.

Partially Dependent example

- The victim needs assistance with getting into and out of bed but can adjust body position or turn independently.

11. Transfers: Vehicle – includes the ability to get into and position self in a vehicle, do up seatbelt, store mobility aid and transfer out of vehicle.

Partially Dependent examples

- The victim needs assistance with putting walker, wheelchair, crutches in the car.
- The victim needs partial assistance with transfer or seatbelt.

Completely Dependent examples

- The victim needs special transportation service.
- The victim needs assistance with all components of the vehicle transfer.

12. Transfers: Two Person or Hoyer lift – The victim needs a Hoyer lift, ceiling track lift or two persons to perform dependent transfer. (Note: if this item is applicable to the victim, he or she automatically scores as C – Completely Dependent.)

13. Home Access – includes access to/use of all household equipment (such as TV, phone, radio/alarm, computer and thermostat). It also includes transferring to/from different surfaces such as from a wheelchair to a chair or couch.

14. Stair Use – includes ascending and descending indoor stairs in the victim's home.

Partially Dependent example

- The victim needs assistance with 4 or more stairs but can ascend or descend up to 3 stairs independently.

Completely Dependent example

- The victim cannot ascend/descend stairs without another person present (e.g. stand-by assist).

15. Outdoor Home Access – includes ability to ascend and descend outdoor stairs or ramp into the home.

Partially Dependent example

- The victim needs assistance with 4 or more stairs but can ascend or descend up to 3 stairs independently.

Completely Dependent example

- The victim cannot ascend or descend stairs without another person present (e.g. stand-by assist).

16. Eating/Drinking – includes the use of utensils (modified, adaptive or regular) to bring food or drink to the mouth once the meal is presented. Can also include eating/drinking by special equipment such as nasogastric tube or gastrostomy. Set-up is not included in this task, but is accounted for in meal preparation.

Partially Dependent example

- B Min** – The victim needs assistance with use of utensils (e.g. cutting food).

17. Grooming/Hygiene – includes oral care, hair grooming (not hair washing), washing hands and face, shaving, nail care and/or applying make-up and use of tools associated with each of these components.

18. Dressing/Undressing – includes set-up of clothes, lower and upper body dressing, and fasteners, buttons, zippers, bras, hosiery and shoes.

Partially Dependent examples

- B Min** – The victim needs assistance with socks and shoes, fasteners, buttons, zippers, or bra.
- B Mod** – The victim needs assistance with entire upper body dressing or lower body dressing, but not both.
- B Max** – The victim needs assistance with MOST upper body dressing and lower body dressing, but the victim can still complete one or two components of the activity independently.

SCHEDULE D (Section 2.)**SCORE SHEET**

- 19. Orthotic/Prosthetics** – includes assistance in donning or doffing any orthotic or prosthetic device, including the application of any ointment or support garment required for the use of the prosthetic or orthotic device. Examples include slings, splints, braces and tensor bandages. The application of consumable medical supplies such as wound dressings and/or sanitary garments is not included. (Score according to the degree of assistance required.)
- 20. Bathing/Showering** – Showering includes bathing (washing, rinsing, and drying) the body and hair either in the tub, shower or sponge/bed bath. It also includes tub or shower transfer. Victims who require the use of a Hoyer lift or two person transfer score additional points under item #12.
- Partially Dependent example**
- B Min** – The victim needs supervision, stand-by assistance or minimal hands-on assistance for transfer into and out of the tub or shower, but can do all other components of the activity.
- B Min** – The victim can transfer independently but needs assistance with hair washing or set-up.
- B Mod** – The victim needs partial assistance with transfer and washing, rinsing or drying some parts of his or her body.
- B Max** – The victim needs assistance with transfer and most, but not all, washing, rinsing and drying of his or her body.
- 21. Toileting** – includes the victim's ability to transfer on / off the toilet, maintain genital/perineal hygiene (access and use toilet paper), change sanitary garments and perform clothing adjustments. It also includes the use of a urinal or bedpan. Toileting does not necessarily have to occur in the bathroom. It could be done using a bedside commode. Emptying of a commode, bedpan, colostomy bag or a urinal is also to be considered toileting.
- Partially Dependent example**
- The victim needs partial assistance with transfer on or off the toilet, removing clothes or emptying of a commode, bedpan or urinal.

Level 3 Activities – Bowel and Bladder Care

- 22. Diaper, catheter or disimpaction** – includes use of diapers, and the victim's ability to catheterize and disimpaction.

Partially Dependent example

- The victim can self-catheterize, but needs assistance with disimpaction.

Completely Dependent example

- The victim needs assistance with diapers or with both catheterization and disimpaction.

SECTION 2 – SUPERVISION

- 23. Supervision** – applies when the victim requires basic or skilled supervision for behavioural or medical issues that are not covered in Section 1, such as supervision in the home during the day or during sleeping hours. The victim cannot be left alone.

Guidelines for Scoring Supervision for Children

No child is to be given a score under Section 2: Supervision unless the child requires extra supervision beyond what is normal for his or her age and pre-accident medical condition. Overnight supervision is only available if it is medically required.

For example:

- a pre-school child would normally attend day care, but cannot due to his or her injuries. The parent or guardian must hire a specialized caregiver so that the parent or guardian is able to attend work. The expense of that specialized caregiver is eligible for coverage.
- a parent or guardian has another child to take to after-school activities, and would normally bring the injured child along but cannot due to the child's injuries. The expense of the extra supervision required while the parent is attending to the needs of the other child is eligible for coverage.

SCHEDULE D (Section 2.)

SCORE SHEET

INSTRUCTIONS FOR SCORING WITH THE DEVELOPMENTAL SCALE

The Developmental Scale applies to victims who are under 16 years of age. In such cases, the Developmental Scale is used to weight the scores allowed on the Score Sheet for the applicable activities in the Functional Report.

Assessors should identify the column under which the child's age falls for each activity and review the guidelines for scoring Personal Care Assistance set out below the chart. If the child has a condition unrelated to the accident that affects his or her ability to perform the activities, the Assessor should adjust the scale to account for any developmental delays or disabilities. Adjustments should also be made based on the level at which the child was performing prior to the accident and when the child would likely have been able to perform an activity had the accident not occurred.

SECTION 1 – PERSONAL CARE ACTIVITIES		Independence of the child (chronological age)		
		Completely Dependent	Partially Dependent	Independent
Level 1 Activities – Home and Community Management				
1. Meal Preparation: Breakfast		0 to 11	12 to 15	16 or +
2. Meal Preparation: Lunch		0 to 11	12 to 15	16 or +
3. Meal Preparation: Dinner		0 to 11	12 to 15	16 or +
4. Light Housekeeping		0 to 15	NA	16 or +
5. Heavy Housecleaning		0 to 15	NA	16 or +
6. Laundry		0 to 15	NA	16 or +
7. Yard Work		0 to 15	NA	16 or +
8. Community Outings		0 to 15	NA	16 or +
9. Financial Management		0 to 15	NA	16 or +
Level 2 Activities – Mobility and Self-Care				
10. Transfers: Bed Mobility		0 to 2 ½	2 ½ to 5	6 or +
11. Transfers: Vehicle		0 to 2 ½	2 ½ to 5	6 or +
12. Transfers: Two Person or Hoyer Lift		NA	NA	0+
13. Home Access		0 to 8	9 to 12	13 or +
14. Stair Use		0 to 1 ½	1 ½ to 3 ½	3 ½ or +
15. Outdoor Home Access		0 to 2 ½	2 ½ to 4	4 or +
16. Eating / Drinking		0 to 2	3 to 6	7 or +
17. Grooming / Hygiene		0 to 3	4 to 6	7 or +
18. Dressing / Undressing		0 to 4	5 to 8	9 or +
19. Orthotic/Prosthetics		0 to 4	5 to 8	9 or +
20. Bathing/Showering		0 to 3	4 to 6	7 or +
21. Toileting		0 to 2 ½	2 ½ to 6	6 or +
Level 3 Activities – Bowel and Bladder Care				
22. Diaper, catheter, disimpaction		NA	NA	0+

SCHEDULE D (Section 2.)**SCORE SHEET****Section 1 – Guidelines for Scoring Personal Care Activities****Completely Dependent:**

The child's contribution to the activity is minimal. The parent or guardian must be present at all times to carry out the activity safely and effectively.

Scoring: if the child's age falls under the "Completely Dependent" column, then he or she does not qualify for funding for that activity.

In the case of Level 1 Activities - Home and Community Management, except for meal preparation, a child under 16 is not eligible for a partial score or a full score even if he or she was doing the activity prior to the accident.

For example:

- a 14-year-old who mowed the grass before the accident would not be given a score for this activity because of his or her age.

Partially Dependent:

The child's contribution to the activity is significant. However, the parent or guardian must be involved regularly with verbal or physical assistance to ensure the activity is carried out safely and effectively.

Scoring: if the child's age falls under the "Partially Dependent" column then he or she does not qualify for a "Completely Dependent" score. At most, the child can qualify only for the top range of the "Partially Dependent" score (i.e. "B Max").

No score should be awarded unless, as a result of the accident, the child requires assistance greater than that which would otherwise be appropriate at his or her age in accordance with the Developmental Scale.

For example:

- a 4-year old who is partially dependent for toileting after the accident would not receive a score since that level of assistance is appropriate at the child's age under the Developmental Scale.
- a 7-year-old who is entirely dependent on assistance for dressing after the accident would only receive a partially dependent score, because of his or her age, even if before the accident the child dressed independently.

Independent:

The child is able to carry out the activity safely and effectively. The parent or guardian does not have to be involved on a regular basis.

Scoring: if the child's age falls under the "Independent" column on the Developmental Scale, he or she should be given the appropriate "Partially Dependent" score or "Completely Dependent" score for the activity in question without reference to, or weighting for, the child's age.

For example:

- a 14-year-old with a C4 quadriplegia injury was responsible for preparing his or her own breakfast before the accident. This child will receive a "Completely Dependent" score for grooming/hygiene. But, because of the child's age, he or she cannot qualify for more than a "Partially Dependent" score for "Meal Preparation: Breakfast".

SCHEDULE D (Section 2.)**SCORE SHEET****Guidelines for Reassessments of Children**

The Developmental Scale is to be applied on the first assessment, but an activity is to receive a score only if the child was actually performing the activity prior to the accident.

On second and subsequent assessments, the activity will be scored in accordance with the child's age and the Developmental Scale. The only exception to this occurs when there is clear evidence that the child would not have been performing the activity, either partially or completely, at the age indicated in the Developmental Scale even if the accident had not happened. Relevant evidence that the child would not have performed the activity even if the accident had not happened includes the presence of debilitating pre-existing conditions and the roles of other children in the family.

For example, a 2-year old was not dressing him or herself independently before the accident. If the child's injuries still prevent him or her from performing the activity at age five, the child will then become eligible for partial funding for the activity.

SCHEDULE D (Section 2.)
SCORE SHEET FOR PERSONAL CARE ACTIVITIES

SECTION 1 - PERSONAL CARE ACTIVITIES	Level 1 Activities – Home and Community Management							
	Activity	Score						
	1. Meal Preparation: Breakfast	N/A	A	B Min	B Mod	B Max	C	
		0	0	1	2	3	4	
	2. Meal Preparation: Lunch	N/A	A	B Min	B Mod	B Max	C	
		0	0	1.5	3	4.5	6	
	3. Meal Preparation: Dinner	N/A	A	B Min	B Mod	B Max	C	
		0	0	2	4	6	8	
	4. Light Housekeeping	N/A	A	B			C	
		0	0	3			6	
	5. Heavy Housecleaning	N/A	A				C	
		0	0				3	
	6. Laundry	N/A	A	B			C	
		0	0	1			2	
	7. Yard Work	N/A	A				C	
		0	0				3	
	8. Community Outings	N/A	A				C	
		0	0				3	
	9. Financial Management	N/A	A				C	
		0	0				1	
	Total Score for Level 1							
	Level 2 Activities – Mobility and Self-Care							
	Activity	Score						
	10. Transfers: Bed Mobility	N/A	A	B			C	
	0	0	3			6		
11. Transfers: Vehicle	N/A	A	B			C		
	0	0	2			4		
12. Transfers: Two Person or Hoyer Lift	N/A	A	B			C		
	0	0	0			6		
13. Home Access	N/A	A	B			C		
	0	0	3			5		

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

SCHEDULE D (Section 2.)

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

Activity	Score								
14. Stair Use	N/A	A	B			C			
	0	0	1.5			3			
15. Outdoor Home Access	N/A	A	B			C			
	0	0	1			2			
16. Eating/Drinking	N/A	A	B Min			C			
	0	0	4			16			
17. Grooming/Hygiene	N/A	A	B			C			
	0	0	2			3			
18. Dressing/Undressing	N/A	A	B Min	B Mod	B Max	C			
	0	0	1.5	3	4.5	6			
19. Orthotic/Prosthetics	N/A	A	B			C			
	0	0	2			3			
20. Bathing/Showering	N/A	A	B Min	B Mod	B Max	C			
	0	0	2	4	6	8			
21. Toileting	N/A	A	B			C			
	0	0	6			12			
Total Score for Level 2									
Level 3 Activities - Bowel and Bladder Care									
Activity	Score								
22. Bowel and Bladder Care	N/A	A	B			C			
Catheter Disimpaction Diapers	0	0	8			16			
Total Score for Level 3									
SECTION 2 - SUPERVISION REQUIREMENTS	Activity	Score							
	23. Supervision								
	Average number of hours per day _____ x 12 = _____								
	Total Supervision Score								

SCHEDULE D (Section 2.)

ENTITLEMENT CALCULATION

Each of the activities has been assigned a level depending on the type of care provider needed to perform the activity. Weighting factors have been determined based on the relative cost of each type of care provider.

Personal Care Activities	Score	x	Weighting Factor	=	Weighted Score
Section 1: Level 1 – Home and Community Management		x	1.0	=	<i>line 1</i>
Section 1: Level 2 – Mobility and Self-Care		x	1.05	=	<i>line 2</i>
Section 1: Level 3 – Bowel and Bladder Care		x	2.54	=	<i>line 3</i>
Section 2: Supervision Requirements (average hours/day X 12)		x	1.0	=	<i>line 4</i>
Total Score (sum of individual scores for each level and supervision)	<i>line 5</i>	Total Weighted Score (sum of lines 1, 2, 3 and 4)			<i>line 6</i>

NOTE: Any victim with a total weighted score of 89 or above (*line 6*) is automatically entitled to the maximum coverage, and there is no need to complete any further calculations in those circumstances.

If the total weighted score is less than 89, divide **line 6** by 89

line 7

Multiply **line 7** by the indexed monthly maximum for Personal Care Assistance, as prescribed in section 131 of the Act.

line 8

Minimum Score:

Line 5 must be 9 or higher without rounding before the victim qualifies for funding.

Entitlement:

Equals the amount set out in *line 8* (rounded to the nearest dollar).

... **Appendix B**

Instruction and definition pages normally present in the personal care assistance assessment tool have not been reproduced for the cases due to the length of the manual. Instruction and definition pages are available in the complete copy of the personal care assistance assessment tool in Appendix A.



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #1

COVER SHEET

Claim # **456789**

VICTIM

Name: **Kelly White**Age: **30 years**Date of Injury: **January 1, 2005**Type of Injury: **Spinal cord lesion C-4
(complete)**Hospital Discharge Date:
April 1, 2005☐ Not Applicable

ASSESSOR

Name: **Judy Ames**

Discipline:

☒ OT☐ Manitoba Public Insurance Case Manager☐ Nurse☐ Other (Please list): _____☐ External Case Manager

ASSESSMENT

Date of Assessment: **May 30, 2005**Further Assessment Due On: **August 1, 2005**☐ Initial Assessment☒ Progress Assessment

Assessor's Signature:

Agency:

This assessment has been conducted in my presence and explained to me by _____ .
I understand that I have a right to apply for a Review of any decision made by my Case Manager based on this
assessment (as provided in s.170 of the Manitoba Public Insurance Act).

Victim's Signature:

Date:

CASE STUDY #1**VICTIM PROFILE**

Medical information and background:

No new information. See previous report.

Pre-Accident Needs for Assistance with Personal Care Activities:

No new information. See previous report.

Social Environment:

No new information. See previous report.



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #1

VICTIM PROFILE

Physical Environment:

A new wheel in shower has been built in the home to facilitate bathing. The environmental control unit has been set-up to allow Kelly to open the door.

Vocational Status (work, school):

No new information. See previous report.

Other:

Kelly is finding it too difficult to have her daughter, Rebecca, at home with her every afternoon. Therefore, Rebecca will be attending day care all day Monday-Friday. Her husband is no longer able to assist Kelly with her evening routine, as he is very busy with Rebecca at this time. They are requesting additional assistance in the evening for Kelly.

CASE STUDY #1

VICTIM PROFILE

Recommendations:

- 1. Kelly should be reassessed in 2 months.**
- 2. Requires reclining commode shower chair for new wheel in shower.**
- 3. Requires assistance with evening routine. Husband no longer able to assist. Will need additional assistance from 8-10 pm.**
- 4. Daughter will attend daycare full-time Monday to Friday. Kelly will be alone in the afternoon from 2-5:30 pm until her husband arrives home.**

CASE STUDY #1**FUNCTIONAL REPORT****SECTION 1 – PERSONAL CARE ACTIVITIES****Level 1 Activities – Home and Community Management**

- 1. Meal Preparation: Breakfast** – includes preparing breakfast safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

- 1.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments: **Not able to access food/use food or tools needed for meal preparation.**

- 1.2 Preparation of food

☐ Independent

Comments: **Requires assistance with all aspects of food preparation.**

- 1.3 Table set-up (including bringing food to table)

☐ Independent

Comments: **Not able to assist with table set up.**

- 1.4 Clean-up (washing dishes, wiping counters)

☐ Independent

Comments: **Not able to assist with clean up.**

- 1.5 Other

Comments:

- 2. Meal Preparation: Lunch** – includes preparing lunch safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

- 2.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments: **Not able to access food/use food or tools needed for meal preparation.**

- 2.2 Preparation of food

☐ Independent

Comments: **Requires assistance with all aspects of food preparation.**

- 2.3 Table set-up (including bring food to table)

☐ Independent

Comments: **Not able to assist with table set up.**

CASE STUDY #1**FUNCTIONAL REPORT**

2.4 Clean-up (washing dishes, wiping counters)

☐ IndependentComments: **Not able to assist with clean up.**

2.5 Other

Comments:

3. Meal Preparation: Dinner – includes preparing dinner safely for self and related components such as accessing food, table set-up and clean-up. (please indicate if the victim's main meal is a meal other than dinner)

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

3.1 Access to and use of food and tools needed for meal preparation

☐ IndependentComments: **Not able to access food/use food or tools needed for meal preparation.**

3.2 Preparation of food

☐ IndependentComments: **Requires assistance with all aspects of food preparation.**

3.3 Table set-up (including bring food to table)

☐ IndependentComments: **Not able to assist with table set up.**

3.4 Clean-up (washing dishes, wiping counters)

☐ IndependentComments: **Not able to assist with clean up.**

3.5 Other

Comments:

4. Light Housekeeping – includes performing light housekeeping duties such as sweeping, dusting and general tidying of the home.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

4.1 Dusting

☐ IndependentComments: **Not able to assist with dusting.**



CASE STUDY #1

FUNCTIONAL REPORT

4.2 Sweeping

☐ IndependentComments: **Not able to assist with sweeping**

4.3 General tidying of house (e.g. picking up clothing)

☐ IndependentComments: **Not able to assist with general tidying of house.**

4.4 Other

Comments:

5. **Heavy Housecleaning** – includes performing major housecleaning activities such as vacuuming, washing floors, garbage disposal, cleaning appliances and bathrooms and making beds. This also includes annual cleaning such as windows, walls, ceilings, curtains, and carpets. ☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
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5.1 Vacuuming

☐ IndependentComments: **Not able to assist with vacuuming.**

5.2 Making the bed

☐ IndependentComments: **Not able to assist with making the bed.**

5.3 Washing floors

☐ IndependentComments: **Not able to assist with washing floors.**

5.4 Garbage disposal

☐ IndependentComments: **Not able to assist with garbage disposal.**

5.5 Cleaning appliances/bathroom(s)

☐ IndependentComments: **Not able to assist with cleaning appliances or bathrooms.**

5.6 Other

Comments:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #1

FUNCTIONAL REPORT

- 6. Laundry** – includes access to and use of the laundry area and performing related duties such as carrying a basket of clothes, taking laundry out of the appliance, ironing and folding clean clothes.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

6.1 Access laundry area

☐ Independent

Comments:

6.2 Carry basket of clothes

☐ Independent

Comments:

6.3 Transfer laundry

☐ Independent

Comments:

6.4 Ironing

☐ Independent

Comments:

6.5 Folding

☐ Independent

Comments:

6.6 Other

Comments:

- 7. Yard Work** – includes outdoor home maintenance activities such as raking leaves, mowing lawn, snow removal, wood chopping (only if wood is the main source of heat) and cleaning eavestroughs. This is only to reflect essential needs and not activities of an aesthetic nature. Examples of activities that are not included are painting and pool maintenance.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

7.1 Raking leaves

☐ Independent

Comments:

7.2 Mowing lawn

☐ Independent

Comments:

CASE STUDY #1**FUNCTIONAL REPORT**

7.3 Cleaning eavestroughs

☐ Independent

Comments:

7.4 Snow removal

☐ Independent

Comments:

7.5 Other

Comments:

8. Community Outings – includes purchasing necessary supplies for the home and for personal use such as groceries, clothing, hardware, equipment, etc. It includes accessing public services and neighbourhood facilities (e.g. banks, stores, community centres), planning and carrying out shopping trips, attending medical appointments and other appointments associated with personal care. It also includes the victim's ability to use public transportation when required to complete the community outing.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8.1 Store Access (e.g. getting to and around a store, getting items off shelves)

☐ Independent

Comments: **Kelly requires special transportation to take her to and from the store, and requires assistance to access items on the shelf and with the cart. Her husband or sister has been doing the grocery shopping since the accident.**

8.2 Carrying items (use of cart or other)

☐ Independent

Comments: **Kelly is not able to use the cart.**

8.3 Paying for items

☐ Independent

Comments: **Kelly requires assistance when paying for items as she cannot access her wallet.**

8.4 Specify what public services and neighbourhood shopping, medical and personal care facilities the victim makes use of

Comments: **Kelly attends medical appointments at various medical facilities. She also goes to local shopping malls with her husband and daughter for an outing.**

8.5 Assistance required to complete activity (e.g. transportation, supervision)

☐ Independent

Comments: **Kelly uses Handi-Transit to attend medical appointments. She does not require an attendant while travelling on the bus.**



CASE STUDY #1

FUNCTIONAL REPORT

8.6 Other

Comments:

9. Financial Management – includes accessing funds and completing transactions at a financial institution or by other means and managing finances independently.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

9.1 Completion of financial transactions

☐ Independent

Comments: **Kelly's computer is set-up to allow her to access internet banking. She is able to pay most of the bills on-line, however, her husband has been going to the bank to make money withdrawals for her as transportation is an issue.**

9.2 Other

Comments:

Level 2 Activities – Mobility and Self-Care

10. Transfers: Bed Mobility – includes the ability to get into and out of the bed, as well as to adjust body position, turn self or raise self in bed from lying to sitting.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

10.1 Transfer in and out of bed

☐ Independent

Comments: **A ceiling track system is in place to assist with transfer in/out of bed. Kelly is not able to assist with transfer in and out of bed.**

10.2 Adjust body position (prone, supine, side-lying) and turn self (180 degrees)

☐ Independent

Comments: **Kelly requires assistance to adjust her body position and turn herself in bed.**

10.3 Raise self in bed from lying to sitting

☐ Independent

Comments: **She is unable to raise herself in bed from lying to sitting.**

10.4 Other

Comments:

CASE STUDY #1

FUNCTIONAL REPORT

11. Transfers: Vehicle – includes the ability to get into and position oneself in a vehicle, do up seatbelt, store mobility aid and transfer out of vehicle.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

11.1 Transfer in/out of vehicle

☐ Independent

Comments: **Kelly uses Handi-Transit for transportation. She and her husband are in the process of buying a modified van, which will be equipped with a ramp or lift.**

11.2 Storage of mobility aid

☐ Independent

Comments: **Kelly remains seated in her wheelchair while on the bus.**

11.3 Use of seatbelt

☐ Independent

Comments: **Kelly requires assistance with her seatbelt and wheelchair tie downs for safety and security.**

11.4 Please state use of any specialized transportation service

Comments: **Handi-Transit, as per above.**

12. Transfers: Two Person or Hoyer Lift – includes use of a Hoyer lift, ceiling track lift or two persons to perform dependent transfer.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

12.1 State type of lift used with victim

Comments: **Kelly requires the assistance of a ceiling track system or manual hoyer lift. Generally, only one person is needed for transfers with these mechanisms.**

13. Home Access – includes accessing all household equipment (such as TV, phone, radio/alarm, computer and thermostat). It also includes transferring to and from different surfaces such as from a wheelchair to chair or couch.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

13.1 Use of equipment

☒ Independent

Comments: **Since the last assessment, an environmental control unit has been installed in the home to allow Kelly to access most household equipment (phone, door, TV, radio, computer, lamps, lights).**

13.2 General mobility

☒ Independent

Comments: **Kelly uses her power wheelchair to access the home.**

CASE STUDY #1**FUNCTIONAL REPORT**

13.3 Other

Comments: **Kelly remains in her wheelchair most of the day, and does not need to transfer to different surfaces during the day.**

14. Stair Use – includes ascending and descending indoor stairs in the victim's home.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

14.1 Ascend/descend indoor stairs in the victim's home

☐ Independent

Comments: **Kelly is not able to access the basement of the home, however there is no need for her to go into the basement. She is able to access the main level as there are no stairs.**

(Please include the number of stairs the victim can ascend/descend independently)

14.2 Other

Comments:

15. Outdoor Home Access – includes ascending and descending outdoor stairs or a ramp into the home.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

15.1 Ascend/descend outdoor stairs or a ramp into the home

☐ Independent

Comments: **A ramp has been installed at the front door. Kelly is able to access it independently using her power wheelchair. She has an automatic door opener which she accesses via remote on the chair.**

(Please include the number of stairs the victim can ascend/descend independently)

15.2 Other

Comments:

16. Eating/Drinking – includes the use of utensils (modified, adaptive or regular) to bring food or drink to the mouth once the meal is presented. Can also include eating/drinking by special equipment such as nasogastric tube or gastrostomy. Set-up is not included in this task, but is accounted for in meal preparation.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

16.1 Use of utensils (food to mouth, cutting food)

☐ Independent

Comments: **Kelly is unable to cut her food or bring it to her mouth using utensils. She must be fed by a caregiver.**



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #1

FUNCTIONAL REPORT

16.2 Drink to mouth

☒ IndependentComments: **Kelly uses a straw to drink but needs it set up in her cup holder.**

16.3 Special equipment (e.g. nasogastric tube)

☒ Not Applicable

Comments:

16.4 Other

Comments:

17. Grooming/Hygiene – includes oral care, hair grooming (not hair washing), washing hands and face, shaving, nail care and/or applying make-up and the use of tools associated with each of these components.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

17.1 Oral care

☐ IndependentComments: **Kelly is not able to assist with her oral care. She cannot lift the toothbrush to her mouth.**

17.2 Shaving

☐ IndependentComments: **Kelly needs assistance with shaving her legs and armpits. Cannot hold or lift the shaver.**

17.3 Hair grooming

☐ IndependentComments: **Kelly cannot brush or style her hair. Cannot lift her arms or hold the brush, styling tools.**

17.4 Nail (finger/toe) care

☐ IndependentComments: **Kelly cannot cut her finger/toenails. Cannot hold the clippers.**

17.5 Washing hands/face

☐ IndependentComments: **Kelly needs assistance to wash her face and hands. Cannot lift her arms.**

17.6 Applying make-up

☐ IndependentComments: **Kelly requires assistance to apply make-up. Cannot hold tools or lift her arms.**

CASE STUDY #1**FUNCTIONAL REPORT**

17.7 Other

Comments:

18. Dressing/Undressing – includes set-up of clothes, lower and upper body dressing and fasteners, buttons, zippers, bras, hosiery and shoes.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

18.1 Set up

☐ Independent

Comments: **Kelly cannot access the clothes in her closet/dresser. She requires that someone access them for her.**

18.2 Lower body (e.g. hosiery, socks and shoes)

☐ Independent

Comments: **Kelly does not have the fine motor skills needed to do up buttons, zippers, fasteners.**

18.3 Upper body (also includes bra)

☐ Independent

Comments: **Kelly cannot don or doff her clothing.**

18.4 Fasteners, buttons, zippers

☐ Independent

Comments: **Kelly cannot don or doff her clothing.**

18.5 Other

Comments:

19. Orthotic/prosthetics – includes assistance in donning or doffing any orthotic or prosthetic device, including the application of any ointment or support garment required for the use of the prosthetic or orthotic device. Examples include slings, splints, braces and tensor bandages. The application of consumable medical supplies such as wound dressings and/or sanitary garments is not included.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

19.1 State type of orthotic/prosthetic devices

Comments:



CASE STUDY #1

FUNCTIONAL REPORT

20. Bathing/Showering – includes bathing (washing, rinsing and drying) the body and hair either in the tub, shower or sponge/bed bath. It also includes tub or shower transfer. Refer to Activity #12 Transfers: Two Person or Hoyer Lift for victims who require that type of assistance.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

20.1 Set-up (tap control, clothes)

☐ Independent

Comments: **Kelly is unable to complete the bath set-up of turning on the water, and accessing a towel or her clothes. Currently, she is receiving assistance with a sponge bath until the new wheel-in shower stall is completed.**

20.2 Transfer in/out of tub or shower

☐ Independent

Comments: **Kelly remains in bed for a sponge bath. However, once the new shower stall is complete, the ceiling track system will be used to transfer Kelly in/out of the shower chair.**

20.3 Washing and rinsing (body and hair)

☐ Independent

Comments: **Kelly is unable to assist with washing or rinsing her body or hair.**

20.4 Drying (body and hair)

☐ Independent

Comments: **Kelly is unable to assist with drying her body or hair.**

20.5 Other

Comments:

21. Toileting – includes the victim's ability to transfer on/off the toilet, maintain genital/perineal hygiene (access and use toilet paper), change sanitary garments and perform clothing adjustments. It also includes the use of a urinal or bedpan. Toileting does not necessarily have to occur in the bathroom. It could be done using a bedside commode. Emptying of a commode, bedpan, colostomy bag, or a urinal is also to be considered toileting.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

21.1 Transfer on/off toilet

☐ Independent

Comments:

21.2 Genital/perineal hygiene (accessing/use of toilet paper)

☐ Independent

Comments:

21.3 Use of special devices (urinal, bedpan)

☐ Independent

Comments:



CASE STUDY #1

FUNCTIONAL REPORT

21.4 Other
Comments:

Level 3 Activities – Bowel and Bladder Care

22. Diaper, catheter, disimpaction – includes use of diapers, ability to catheterize and disimpact.

- | | | |
|--|---|--|
| a. Does the victim require a catheter? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the victim require bowel disimpaction? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the victim require a diaper? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 2 – SUPERVISION

23. Supervision – applies when the victim requires basic or skilled supervision for behavioural or medical issues that are not covered in Section 1, such as supervision in the home during the day or during sleeping hours. The victim cannot be left alone. Please record and explain hours per day needed for supervisory care.

NOT APPLICABLE							
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	

23.1 Supervision:

☐ Independent

Comments:

(Child care for the victim's child is not eligible for coverage as a personal care activity and should be discussed separately with the Manitoba Public Insurance case manager)

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #1

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

SECTION 1 - PERSONAL CARE ACTIVITIES	Level 1 Activities – Home and Community Management						
	Activity	Time Score					
	1. Meal Preparation: Breakfast	N/A ○	A ○	B Min 1	B Mod 2	B Max 3	C 4
	2. Meal Preparation: Lunch	N/A ○	A ○	B Min 1.5	B Mod 3	B Max 4.5	C 6
	3. Meal Preparation: Dinner	N/A ○	A ○	B Min 2	B Mod 4	B Max 6	C 8
	4. Light Housekeeping	N/A ○	A ○	B 3			C 6
	5. Heavy Housecleaning	N/A ○	A ○				C 3
	6. Laundry	N/A ○	A ○	B 1			C 2
	7. Yard Work	N/A ○	A ○				C 3
	8. Community Outings	N/A ○	A ○				C 3
	9. Financial Management	N/A ○	A ○				C 1
	Total Score for Level 1	31					
	Level 2 Activities – Mobility and Self-Care						
	Activity	Time Score					
10. Transfers: Bed Mobility	N/A ○	A ○	B 3			C 6	
11. Transfers: Vehicle	N/A ○	A ○	B 2			C 4	
12. Transfers: Two Person or Hoyer Lift	N/A ○	A ○	B ○			C 6	
13. Home Access	N/A ○	A ○	B 3			C 5	



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #1

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

Activity	Time Score				
14. Stair Use	<input checked="" type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	1.5		3
15. Outdoor Home Access	<input type="radio"/> N/A	<input checked="" type="radio"/> A	<input type="radio"/> B		<input type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	1		2
16. Eating/Drinking	<input type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B Min	<input checked="" type="radio"/> C	
	<input type="radio"/> 0	<input type="radio"/> 0	4	16	
17. Grooming/Hygiene	<input type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input checked="" type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	2		3
18. Dressing/Undressing	<input type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B Min	<input type="radio"/> B Mod	<input checked="" type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	1.5	3	6
19. Orthotic/Prosthetics	<input checked="" type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	2		3
20. Bathing/Showering	<input type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B Min	<input type="radio"/> B Mod	<input checked="" type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	2	4	8
21. Toileting	<input checked="" type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	6		12
Total Score for Level 2	49				
Level 3 Activities - Bowel and Bladder Care					
Activity	Time Score				
22. Bowel and Bladder Care	<input type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input checked="" type="radio"/> C
Catheter Disimpaction Diapers	<input type="radio"/> 0	<input type="radio"/> 0	8		16
Total Score for Level 3	16				
SECTION 2 - SUPERVISION REQUIREMENTS	Activity				
	Time Score				
23. Supervision					
	Average number of hours per day _____ x 12 = _____				
Total Supervision Score					

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #1

ENTITLEMENT CALCULATION

Each of the activities has been assigned a level depending on the type of care provider needed to perform the activity. Weighting factors have been determined based on the relative cost of each type of care provider.

Personal Care Activities	Score	x	Weighting Factor	=	Weighted Score
Section 1: Level 1 – Home and Community Management	31	x	1.0	=	31 <small>line 1</small>
Section 1: Level 2 – Mobility and Self-Care	49	x	1.05	=	51.45 <small>line 2</small>
Section 1: Level 3 – Bowel and Bladder Care	16	x	2.54	=	40.64 <small>line 3</small>
Section 2: Supervision Requirements (average hours/day X 12)		x	1.0	=	<small>line 4</small>
Total Score (sum of individual scores for each level and supervision)	96 <small>line 5</small>	Total Weighted Score (sum of lines 1, 2, 3 and 4)			123.09 <small>line 6</small>

NOTE: Any victim with a total weighted score of 89 or above (line 6) is automatically entitled to the maximum coverage, and there is no need to complete any further calculations in those circumstances.

If the total weighted score is less than 89, divide **line 6** by 89

line 7

Multiply **line 7** by the indexed monthly maximum for personal Care assistance, as prescribed in section 131 of the Act.

line 8

[Assume a PCA monthly maximum of \$3,667 (2004)]

Minimum Score:

Line 5 must be 9 or higher without rounding before the victim qualifies for funding.

Entitlement:

Equals the amount set out in line 8 (rounded to the nearest dollar).



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #2

COVER SHEET

Claim # **456789**

VICTIM

Name: **John Doe**Age: **19 years**Date of Injury: **March 1, 2005**Type of Injury: **Traumatic Brain Injury**Hospital Discharge Date:
March 21, 2005☐ Not Applicable

ASSESSOR

Name: **Jane Smith**

Discipline:

☒ OT☐ Nurse☐ External Case Manager☐ Manitoba Public Insurance Case Manager☐ Other (Please list): _____

ASSESSMENT

Date of Assessment: **March 22, 2005**Further Assessment Due On: **April 30, 2005**☐ Initial Assessment☒ Progress Assessment

Assessor's Signature:

Agency:

This assessment has been conducted in my presence and explained to me by _____.

I understand that I have a right to apply for a Review of any decision made by my Case Manager based on this assessment (as provided in s.170 of the Manitoba Public Insurance Act).

Victim's Signature:

Date:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #2

VICTIM PROFILE

Medical information and background:

John was transported to the Health Sciences Centre Emergency Department via ambulance on March 1 following a collision with another vehicle on Highway #3. His GCS on arrival was 6. John was reported to be combative and verbally abusive to staff upon admission. He also stated that he had intermittent periods of post-traumatic amnesia for several days following the accident. He does not recollect many of the visitors he had while in the hospital. These are congruent with a brain injury. An initial CT scan on March 1 revealed a non-depressed linear skull fracture in the right temporal bone, a small subdural hematoma overlying the right posterior temporoparietal lobe, as well as a right hemorrhagic contusion involving the posterior temporal lobe. Another CT scan was completed on March 15, 2005, which revealed that the internal brain injuries had almost completely resolved. As well, John has a 6th Nerve Palsy as a result of the accident, which has not resolved.

Pre-Accident Needs for Assistance with Personal Care Activities:

John was independent with all personal care activities prior to the accident. His mother was primarily responsible for all the light and heavy housecleaning, but John participated in all household activities. John was expected to prepare his own breakfast and lunch, but would eat with the family when home for dinner. His mother or father would generally prepare dinner. John was responsible for doing his own laundry.

Social Environment:

John lives with his mother, father and younger sister. He has a very supportive family. He has a girlfriend of one year.

CASE STUDY #2**VICTIM PROFILE**

Physical Environment:

John lives in a bungalow. There are 4 stairs into the home, and no railing present. His bedroom is in the basement.

Vocational Status (work, school):

John was attending university full-time. He is in his last year of Management. He worked part-time at Superstore as a cashier.

Other:

John was very involved in sports prior to the accident. He plays on the University of Manitoba hockey team. Symptoms which John indicated are still present following the accident include: headaches, dizziness, diplopia, blurred vision, extreme sensitivity to light, poor balance, very often fatigued and tired, a loss of appetite, and difficulty falling asleep at times. Mom also indicated that John continues to be extremely sensitive to noise. John has good range of motion in all extremities. He has activity restrictions at present. These include: no sports, no running, no jumping, no increased physical exertion that might apply too much pressure to the brain. John's doctor gave these guidelines, which are to be followed for at least the next 6 weeks. He uses the walls for support when ambulating with an unsteady gait. The diplopia is affecting John's ability to ambulate independently. He is walking with his head turned to the right as he reports not seeing double out of his right peripheral field of vision. As well, some difficulty was noted with proximal inhibition of shoulder muscles during the examination. These are indicative of soft neurological signs. Cognitive testing was completed. A complete summary of the results is included in an additional report.

CASE STUDY #2

VICTIM PROFILE

Recommendations:

- 1. John requires the use of grab bars and bath seat for bathing due to impaired balance.**
- 2. John requires over arm toilet rails for completing a toilet transfer.**
- 3. John requires a sock-aid and long handled shoehorn to put on his socks and shoes.**
- 4. He is not using a mobility aid, but requires that someone provide a standby assist when ambulating due to impaired balance.**
- 5. Follow-up in 4-6 weeks regarding increase in activity level. Provide information re: same to parents and John.**
- 6. Will reassess personal care assistance needs in 4-6 weeks at request of case manager.**
- 7. See other report, as requested by MPI, for rehabilitation recommendations.**

CASE STUDY #2**FUNCTIONAL REPORT****SECTION 1 – PERSONAL CARE ACTIVITIES****Level 1 Activities – Home and Community Management**

- 1. Meal Preparation: Breakfast** – includes preparing breakfast safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

- 1.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments: **Due to impaired balance, John requires assistance with meal preparation. He is still not steady when ambulating and cannot reach for tools/food needed for meal preparation.**

- 1.2 Preparation of food

☐ Independent

Comments: **John attempts to stabilize himself using the counter when preparing food, but cannot stand for long periods as he gets dizzy and feels nauseous.**

- 1.3 Table set-up (including bringing food to table)

☐ Independent

Comments: **Not able to assist with table set up due to impaired balance.**

- 1.4 Clean-up (washing dishes, wiping counters)

☐ Independent

Comments: **Not able to assist with clean up due to impaired balance.**

- 1.5 Other

Comments:

- 2. Meal Preparation: Lunch** – includes preparing lunch safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

- 2.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments: **Due to impaired balance, John requires assistance with meal preparation. He is still not steady when ambulating and cannot reach for tools/food needed for meal preparation.**

- 2.2 Preparation of food

☐ Independent

Comments: **John attempts to stabilize himself using the counter when preparing food, but cannot stand for long periods as he gets dizzy and feels nauseous.**

- 2.3 Table set-up (including bring food to table)

☐ Independent

Comments: **Not able to assist with table set up due to impaired balance.**

CASE STUDY #2**FUNCTIONAL REPORT**

2.4 Clean-up (washing dishes, wiping counters)

☐ IndependentComments: **Not able to assist with table set up due to impaired balance.**

2.5 Other

Comments:

3. Meal Preparation: Dinner – includes preparing dinner safely for self and related components such as accessing food, table set-up and clean-up.
(please indicate if the victim's main meal is a meal other than dinner)

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

3.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments:

3.2 Preparation of food

☐ Independent

Comments:

3.3 Table set-up (including bring food to table)

☐ Independent

Comments:

3.4 Clean-up (washing dishes, wiping counters)

☐ Independent

Comments:

3.5 Other

Comments:

4. Light Housekeeping – includes performing light housekeeping duties such as sweeping, dusting and general tidying of the home.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

4.1 Dusting

☐ Independent

Comments:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #2

FUNCTIONAL REPORT

4.2 Sweeping

☐ Independent

Comments:

4.3 General tidying of house (e.g. picking up clothing)

☐ Independent

Comments:

4.4 Other

Comments:

5. **Heavy Housecleaning** – includes performing major housecleaning activities such as vacuuming, washing floors, garbage disposal, cleaning appliances and bathrooms and making beds. This also includes annual cleaning such as windows, walls, ceilings, curtains, and carpets.

☐ Independent

NOT APPLICABLE

1

2

3

4

5

6

7

5.1 Vacuuming

☐ Independent

Comments:

5.2 Making the bed

☐ Independent

Comments:

5.3 Washing floors

☐ Independent

Comments:

5.4 Garbage disposal

☐ Independent

Comments:

5.5 Cleaning appliances/bathroom(s)

☐ Independent

Comments:

5.6 Other

Comments:



CASE STUDY #2

FUNCTIONAL REPORT

- 6. Laundry** – includes access to and use of the laundry area and performing related duties such as carrying a basket of clothes, taking laundry out of the appliance, ironing and folding clean clothes.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

6.1 Access laundry area

☐ Independent

Comments: The laundry area is on the main level of the home, but John's impaired balance makes ambulating independently to the area difficult. He is using walls to support himself when ambulating for short distance and often feels nauseous and dizzy when standing.

6.2 Carry basket of clothes

☐ Independent

Comments: John is unable to carry a laundry basket full of clothes independently due to his poor balance.

6.3 Transfer laundry

☐ Independent

Comments: John is unable to transfer laundry from the basket to the machine independently due to his poor balance.

6.4 Ironing

☐ Independent

Comments: John is not safe to iron clothing due to poor balance, diplopia and impaired memory and reasoning.

6.5 Folding

☐ Independent

Comments: John can assist his mother with folding clothing when sitting in a chair, but finds this difficult at times as he fatigues quite easily. He sometimes is not tolerating sitting for long periods. The dizziness subsides in sitting, but sometimes upon exertion returns even in sitting.

6.6 Other

Comments:

- 7. Yard Work** – includes outdoor home maintenance activities such as raking leaves, mowing lawn, snow removal, wood chopping (only if wood is the main source of heat) and cleaning eavestroughs. This is only to reflect essential needs and not activities of an aesthetic nature. Examples of activities that are not included are painting and pool maintenance.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

7.1 Raking leaves

☐ Independent

Comments: John was responsible for most of the yard work. This task is not required at present.

7.2 Mowing lawn

☐ Independent

Comments: Not yet required.



CASE STUDY #2

FUNCTIONAL REPORT

7.3 Cleaning eavestroughs

☐ Independent

Comments: **John is unable to climb ladders or be on raised platforms due to impaired balance, and judgment. His diplopia also makes this activity difficult.**

7.4 Snow removal

☐ Independent

Comments: **John is not to exert himself for the next 4-6 weeks and therefore cannot participate in snow shovelling.**

7.5 Other

Comments:

8. Community Outings – includes purchasing necessary supplies for the home and for personal use such as groceries, clothing, hardware, equipment, etc. It includes accessing public services and neighbourhood facilities (e.g. banks, stores, community centres), planning and carrying out shopping trips, attending medical appointments and other appointments associated with personal care. It also includes the victim's ability to use public transportation when required to complete the community outing.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

8.1 Store Access (e.g. getting to and around a store, getting items off shelves)

☐ Independent

Comments: **John is no longer able to drive following the accident. His diplopia and impaired judgment and reasoning as well as other cognitive deficits make driving unsafe. He is not to be in the community unaccompanied for similar reasons. He still has poor stamina, and has not been on any community outings since being home.**

8.2 Carrying items (use of cart or other)

☐ Independent

Comments: **John is more stable when using the cart for support while shopping, however, he is not to be unaccompanied in the store at present. His diplopia presents challenges when in busy areas, and he is not able to stand for excess amounts of time.**

8.3 Paying for items

☐ Independent

Comments: **John is more stable when using the cart for support while shopping, however, he is not to be unaccompanied in the store at present. His diplopia presents challenges when in busy areas, and he is not able to stand for excess amounts of time.**

8.4 Specify what public services and neighbourhood shopping, medical and personal care facilities the victim makes use of

Comments: **John has not yet had any public outings, but will need to attend medical facilities in the next few weeks for check-ups. He will require that someone accompany him to these appointments.**

8.5 Assistance required to complete activity (e.g. transportation, supervision)

☐ Independent

Comments: **John's mom or dad will accompany him to appointments. He does not require special transportation.**



CASE STUDY #2

FUNCTIONAL REPORT

8.6 Other

Comments:

9. Financial Management – includes accessing funds and completing transactions at a financial institution or by other means and managing finances independently.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

9.1 Completion of financial transactions

☐ Independent

Comments: **John requires assistance with banking. He has attempted to do some banking on line, but his diplopia makes it difficult to read the monitor. He requires assistance from family members. John has some difficulty with decision-making, problem solving, and memory, therefore, he requires assistance with completion of transactions.**

9.2 Other

Comments:

Level 2 Activities – Mobility and Self-Care

10. Transfers: Bed Mobility – includes the ability to get into and out of the bed, as well as to adjust body position, turn self or raise self in bed from lying to sitting.

☒ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

10.1 Transfer in and out of bed

☐ Independent

Comments:

10.2 Adjust body position (prone, supine, side-lying) and turn self (180 degrees)

☐ Independent

Comments:

10.3 Raise self in bed from lying to sitting

☐ Independent

Comments:

10.4 Other

Comments:



CASE STUDY #2

FUNCTIONAL REPORT

11. Transfers: Vehicle – includes the ability to get into and position oneself in a vehicle, do up seatbelt, store mobility aid and transfer out of vehicle.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

11.1 Transfer in/out of vehicle

☐ Independent

Comments: **John is able to physically transfer himself in/out of the vehicle, however he requires a standby assist for safety reasons due to impaired balance.**

11.2 Storage of mobility aid

☐ Independent

Comments: **John is not using a mobility aid.**

11.3 Use of seatbelt

☒ Independent

Comments:

11.4 Please state use of any specialized transportation service

Comments: **John does not require specialized transportation, just the assistance of his parents as he is not able to drive at present.**

12. Transfers: Two Person or Hoyer Lift – includes use of a Hoyer lift, ceiling track lift or two persons to perform dependent transfer.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

12.1 State type of lift used with victim

Comments:

13. Home Access – includes accessing all household equipment (such as TV, phone, radio/alarm, computer and thermostat). It also includes transferring to and from different surfaces such as from a wheelchair to chair or couch.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

13.1 Use of equipment

☒ Independent

Comments:

13.2 General mobility

☐ Independent

Comments: **John is able to mobilize throughout the home using the walls and other furniture that might be along his path. He is not completely safe ambulating without a standby assist as he has fallen a few times at the hospital when attempting to walk unsupervised. For short distances in the home, he is OK.**



CASE STUDY #2

FUNCTIONAL REPORT

13.3 Other

Comments:

14. Stair Use – includes ascending and descending indoor stairs in the victim's home.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

14.1 Ascend/descend indoor stairs in the victim's home

☐ Independent

Comments: **John's bedroom is in the basement (12 stairs). He is not safe to do the stairs alone. John needs assistance in the am and pm getting to his bedroom in the basement.**

(Please include the number of stairs the victim can ascend/descend independently)

14.2 Other

Comments:

15. Outdoor Home Access – includes ascending and descending outdoor stairs or a ramp into the home.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

15.1 Ascend/descend outdoor stairs or a ramp into the home

☐ Independent

Comments: **John requires a standby assist to ascend/descend outdoor stairs (4 stairs) as there is no railing.**

(Please include the number of stairs the victim can ascend/descend independently)

15.2 Other

Comments:

16. Eating/Drinking – includes the use of utensils (modified, adaptive or regular) to bring food or drink to the mouth once the meal is presented. Can also include eating/drinking by special equipment such as nasogastric tube or gastrostomy. Set-up is not included in this task, but is accounted for in meal preparation.

☒ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

16.1 Use of utensils (food to mouth, cutting food)

☐ Independent

Comments:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #2

FUNCTIONAL REPORT

16.2 Drink to mouth

☐ Independent

Comments:

16.3 Special equipment (e.g. nasogastric tube)

☐ Not Applicable

Comments:

16.4 Other

Comments:

17. Grooming/Hygiene – includes oral care, hair grooming (not hair washing), washing hands and face, shaving, nail care and/or applying make-up and the use of tools associated with each of these components.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

17.1 Oral care

☒ Independent

Comments:

17.2 Shaving

☐ Independent

Comments: **John requires minimal supervision when shaving. Mom is thinking of buying him an electric razor. He requires some assistance with set-up.**

17.3 Hair grooming

☒ Independent

Comments:

17.4 Nail (finger/toe) care

☐ Independent

Comments: **John requires assistance to cut his toenails. He has difficulty bending down, and his diplopia makes it difficult to see accurately.**

17.5 Washing hands/face

☒ Independent

Comments:

17.6 Applying make-up

☐ Independent

Comments: **Not applicable.**



CASE STUDY #2

FUNCTIONAL REPORT

17.7 Other

Comments:

18. Dressing/Undressing – includes set-up of clothes, lower and upper body dressing and fasteners, buttons, zippers, bras, hosiery and shoes.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

18.1 Set up

☐ Independent

Comments: **John needs assistance with set-up due to impaired balance, and decision-making.**

18.2 Lower body (e.g. hosiery, socks and shoes)

☐ Independent

Comments: **John was given a sockaid to assist with putting on his socks. This allows him to complete the activity lying down. His impaired balance makes completing this activity difficult when sitting. He was also given long handled shoehorn for his shoes.**

18.3 Upper body (also includes bra)

☒ Independent

Comments:

18.4 Fasteners, buttons, zippers

☒ Independent

Comments:

18.5 Other

Comments:

19. Orthotic/prosthetics – includes assistance in donning or doffing any orthotic or prosthetic device, including the application of any ointment or support garment required for the use of the prosthetic or orthotic device. Examples include slings, splints, braces and tensor bandages. The application of consumable medical supplies such as wound dressings and/or sanitary garments is not included.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

19.1 State type of orthotic/prosthetic devices

Comments:



CASE STUDY #2

FUNCTIONAL REPORT

20. Bathing/Showering – includes bathing (washing, rinsing and drying) the body and hair either in the tub, shower or sponge/bed bath. It also includes tub or shower transfer. Refer to Activity #12 Transfers: Two Person or Hoyer Lift for victims who require that type of assistance.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

20.1 Set-up (tap control, clothes)

☐ Independent

Comments: **John requires assistance with his clothing. He can adjust the tap control independently.**

20.2 Transfer in/out of tub or shower

☐ Independent

Comments: **John requires a standby assist for transferring in and out of the tub due to impaired balance. Grab bars and a bath bench are also required to alleviate dizziness.**

20.3 Washing and rinsing (body and hair)

☒ Independent

Comments:

20.4 Drying (body and hair)

☒ Independent

Comments:

20.5 Other

Comments:

21. Toileting – includes the victim's ability to transfer on/off the toilet, maintain genital/perineal hygiene (access and use toilet paper), change sanitary garments and perform clothing adjustments. It also includes the use of a urinal or bedpan. Toileting does not necessarily have to occur in the bathroom. It could be done using a bedside commode. Emptying of a commode, bedpan, colostomy bag, or a urinal is also to be considered toileting.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

21.1 Transfer on/off toilet

☒ Independent

Comments: **Uses over arm toilet rails.**

21.2 Genital/perineal hygiene (accessing/use of toilet paper)

☒ Independent

Comments:

21.3 Use of special devices (urinal, bedpan)

☐ Independent

Comments: **Not applicable**



CASE STUDY #2

FUNCTIONAL REPORT

21.4 Other
Comments:

Level 3 Activities – Bowel and Bladder Care

22. Diaper, catheter, disimpaction – includes use of diapers, ability to catheterize and disimpact.

- | | | |
|--|------------------------------|--|
| a. Does the victim require a catheter? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the victim require bowel disimpaction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the victim require a diaper? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 2 – SUPERVISION

23. Supervision – applies when the victim requires basic or skilled supervision for behavioural or medical issues that are not covered in Section 1, such as supervision in the home during the day or during sleeping hours. The victim cannot be left alone. Please record and explain hours per day needed for supervisory care.

NOT APPLICABLE						
1	2	3	4	5	6	7

23.1 Supervision:

☐ Independent

Comments: John requires adult supervision from 8:30 a.m. - 11:00 p.m. daily (14.5 hours). He is independent and safe during the sleeping hours between 11:00 p.m. - 8:30 a.m. John's parents are at work all day 8:30-5:00. He requires that someone be with him while they are gone. A health care attendant is recommended for the morning routine and lunch for approx. 4 hours, while a rehabilitation worker is suggested for the afternoons to assist with community reintegration and school. John's parents will supervise John in the evenings.

(Child care for the victim's child is not eligible for coverage as a personal care activity and should be discussed separately with the Manitoba Public Insurance case manager)

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #2

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

SECTION 1 - PERSONAL CARE ACTIVITIES	Level 1 Activities – Home and Community Management						
	Activity	Score					
	1. Meal Preparation: Breakfast	N/A ○	A ○	B Min 1	B Mod 2	B Max 3	C 4
	2. Meal Preparation: Lunch	N/A ○	A ○	B Min 1.5	B Mod 3	B Max 4.5	C 6
	3. Meal Preparation: Dinner	N/A ○	A ○	B Min 2	B Mod 4	B Max 6	C 8
	4. Light Housekeeping	N/A ○	A ○	B 3			C 6
	5. Heavy Housecleaning	N/A ○	A ○				C 3
	6. Laundry	N/A ○	A ○	B 1			C 2
	7. Yard Work	N/A ○	A ○				C 3
	8. Community Outings	N/A ○	A ○				C 3
	9. Financial Management	N/A ○	A ○				C 1
	Total Score for Level 1	19					
	Level 2 Activities – Mobility and Self-Care						
	Activity	Score					
10. Transfers: Bed Mobility	N/A ○	A ○	B 3			C 6	
11. Transfers: Vehicle	N/A ○	A ○	B 2			C 4	
12. Transfers: Two Person or Hoyer Lift	N/A ○	A ○	B ○			C 6	
13. Home Access	N/A ○	A ○	B 3			C 5	



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #2

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

Activity	Score					
14. Stair Use	N/A	A	B		C	
	0	0	1.5		3	
15. Outdoor Home Access	N/A	A	B		C	
	0	0	1		2	
16. Eating/Drinking	N/A	A	B Min		C	
	0	0	4		16	
17. Grooming/Hygiene	N/A	A	B		C	
	0	0	2		3	
18. Dressing/Undressing	N/A	A	B Min	B Mod	B Max	C
	0	0	1.5	3	4.5	6
19. Orthotic/Prosthetics	N/A	A	B		C	
	0	0	2		3	
20. Bathing/Showering	N/A	A	B Min	B Mod	B Max	C
	0	0	2	4	6	8
21. Toileting	N/A	A	B		C	
	0	0	6		12	
Total Score for Level 2	12.5					
Level 3 Activities - Bowel and Bladder Care						
Activity	Score					
22. Bowel and Bladder Care	N/A	A	B		C	
Catheter Disimpaction Diapers	0	0	8		16	
Total Score for Level 3	0					
SECTION 2 - SUPERVISION REQUIREMENTS	Activity	Score				
	23. Supervision	See attached notes				
	Average number of hours per day <u>7.375</u> x 12 = <u>88.5</u>					
Total Supervision Score	88.5					



CASE STUDY #2

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

SECTION 2 - SUPERVISION REQUIREMENTS

23. Supervision

In calculating the amount of supervision that will be allocated for John, the following assumptions were made.

All (Home and Community Management (Level 1) activities) are completed by the morning attendant or afternoon Rehab. Worker.

All mobility & self-care (Level 2) activities are divided according to which activities are completed by the outside worker and family members. In John's situation activity #11, 14, 15, 17, and 18, are all divided in half assuming family does part of the task in the evening and the attendants do the other half during the day. Activity 20 (bathing) is done by the attendant, and therefore is not divided in half.

The total number of hours completed by the parents, attendant or the rehab worker related to PCA are as follows:

Level 1 Score

$$19 \times 5 / 60 = 1.58 \text{ hours}$$

Level 2 Score

$$7.25 \times 5 / 60 = 0.6 \text{ hours (by attendant)}$$

$$5.25 \times 5 / 60 = 0.445 \text{ hours}$$

(by parents in the evening)

Total Score = 2.625 hours of PCA per day are done by either the attendant or Rehab Worker while John's parents are at work.

If the total Supervision Needed is 8.5 hours day, and the Attendant is providing care from 8:30-12:30 (4 hours)

And the Rehab. Worker is providing care from 12:30-5:00 (4.5 hours). These hours should be paid under the Rehabilitation Cover Code as they are not PCA. Parents provide care from 5:00 pm-11:00 pm.

Total Care Required

$$14.5 \text{ hours}$$

Less: Care provided, Level I & II

$$2.625 \text{ hours}$$

Less: Rehab hours

$$4.5 \text{ hours}$$

Supervision hours needed per day
in addition to PCA hours already
allocated per level I & II

$$7.375 \text{ hours}$$

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #2

ENTITLEMENT CALCULATION

Each of the activities has been assigned a level depending on the type of care provider needed to perform the activity. Weighting factors have been determined based on the relative cost of each type of care provider.

Personal Care Activities	Score	x	Weighting Factor	=	Weighted Score
Section 1: Level 1 – Home and Community Management	19	x	1.0	=	19 <small>line 1</small>
Section 1: Level 2 – Mobility and Self-Care	12.5	x	1.05	=	13.125 <small>line 2</small>
Section 1: Level 3 – Bowel and Bladder Care		x	2.54	=	<small>line 3</small>
Section 2: Supervision Requirements (average hours/day X 12)	88.5	x	1.0	=	88.5 <small>line 4</small>
Total Score (sum of individual scores for each level and supervision)	120 <small>line 5</small>	Total Weighted Score (sum of lines 1, 2, 3 and 4)			120.625 <small>line 6</small>

NOTE: Any victim with a total weighted score of 89 or above (line 6) is automatically entitled to the maximum coverage, and there is no need to complete any further calculations in those circumstances.

If the total weighted score is less than 89, divide **line 6** by 89

line 7

Multiply **line 7** by the indexed monthly maximum for personal Care assistance, as prescribed in section 131 of the Act.

line 8

***[Assume a PCA monthly maximum of \$3,667 (2004)]**

Minimum Score:

Line 5 must be 9 or higher without rounding before the victim qualifies for funding.

Entitlement:

Equals the amount set out in line 8 (rounded to the nearest dollar).



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #3

COVER SHEET

Claim # **987654**

VICTIM

Name: **Chris Roads**Age: **12 years**Date of Injury: **June 1, 2005**Type of Injury: **Right femur fracture,
left tibia and fibula fracture**Hospital Discharge Date:
June 8, 2005☐ Not Applicable

ASSESSOR

Name: **Lucas Sky**

Discipline:

☒ OT☐ Manitoba Public Insurance Case Manager☐ Nurse☐ Other (Please list): _____☐ External Case Manager

ASSESSMENT

Date of Assessment: **June 9, 2005**Further Assessment Due On: **August 9, 2005**☒ Initial Assessment☐ Progress Assessment

Assessor's Signature:

Agency:

This assessment has been conducted in my presence and explained to me by _____ .
I understand that I have a right to apply for a Review of any decision made by my Case Manager based on this
assessment (as provided in s.170 of the Manitoba Public Insurance Act).

Victim's Signature:

Date:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #3

VICTIM PROFILE

Medical information and background:

Chris is a 12 year old boy who sustained a right femur fracture and a left tibia and fibula fracture in a pedestrian motor vehicle accident on June 1, 2005. He was taken to Children's Hospital via ambulance where he underwent surgeries for both leg fractures. He also suffered a mild concussion following the accident however has no residual cognitive impairments. He is non-weight-bearing on both lower extremities and must use a wheelchair for mobility for a minimum of 8 weeks. He has a hip spica cast on the right as well as a cast on his lower left leg.

Pre-Accident Needs for Assistance with Personal Care Activities:

Chris was independent with all of his personal care activities prior to the accident. His mother was responsible for most of the housecleaning, however, Chris did take out the garbage and assist his father with the yard care. His mother cooked all of the evening dinners but Chris was responsible for making his breakfast and lunch everyday for school.

Social Environment:

He lives with his mother, father, and younger sister in a bungalow. Both parents work full time outside of the home.



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #3

VICTIM PROFILE

Physical Environment:

The family home is a bungalow but the entrance is not wheelchair accessible. Ramps are required for Chris to enter the home. Wheelchair mobility in the house is also an issue. Chris' bedroom is in the basement but can be relocated to the main level.

Vocational Status (work, school):

Chris is in Grade 7 at Sam lam School and is eager to return back to his class. His school is inaccessible for a wheelchair as it has 2 full levels with no elevators or lifts. As well, the school reports that it does not have the resources to put supports in place for Chris' care. Prior to his accident, he had good attendance and reportedly had good grades in all subjects.

Other:

Chris will have to reside at home for the last month of school because of the inaccessibility. In the summer, Chris and his sister usually attend summer camps for the month of July and take family holidays during the month of August. Chris will be unable to attend the camps due to his injuries.



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #3

VICTIM PROFILE

Recommendations:

- 1. Adaptive equipment that is required includes a wheelchair with elevating leg rests, a commode chair, a urinal, and a long handled reacher. A ramp was required off the back deck of the home, which is off Chris' bedroom. This was built prior to his discharge home from hospital.**
- 2. Chris requires assistance and supervision in the home while his parents are at work for the next 8 weeks (until he is reassessed by his doctor). His grandmother is able to provide care in the family home. Total hours of care needed per day are 8.5 as his parents work from 7:30-4:00 PM.**
- 3. Chris' school has accommodated his injuries and reports that he will be passed to Grade 8 based on his previous school grades. No tutoring or school follow up is required at this time.**
- 4. Chris should be reassessed for his personal care needs in 2 months (Aug. 9, 2005), when he is given full weight bearing status.**

CASE STUDY #3**FUNCTIONAL REPORT****SECTION 1 – PERSONAL CARE ACTIVITIES****Level 1 Activities – Home and Community Management**

- 1. Meal Preparation: Breakfast** – includes preparing breakfast safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

- 1.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments: **Not able to access food/use food or tools needed for meal preparation at wheelchair level.**

- 1.2 Preparation of food

☐ Independent

Comments: **Requires assistance with all aspects of food preparation**

- 1.3 Table set-up (including bringing food to table)

☐ Independent

Comments: **Not able to assist with table set up.**

- 1.4 Clean-up (washing dishes, wiping counters)

☐ Independent

Comments: **Not able to assist with clean up.**

- 1.5 Other

Comments: **Chris was responsible for making his own breakfast every morning before school.**

- 2. Meal Preparation: Lunch** – includes preparing lunch safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

- 2.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments: **Not able to access food/use food or tools needed for meal preparation at wheelchair level.**

- 2.2 Preparation of food

☐ Independent

Comments: **Requires assistance with all aspects of food preparation.**

- 2.3 Table set-up (including bring food to table)

☐ Independent

Comments: **Not able to assist with table set up.**

CASE STUDY #3**FUNCTIONAL REPORT**

2.4 Clean-up (washing dishes, wiping counters)

☐ IndependentComments: **Not able to assist with clean up.**

2.5 Other

Comments: **Chris would prepare his lunch for school every night before bed.**

3. Meal Preparation: Dinner – includes preparing dinner safely for self and related components such as accessing food, table set-up and clean-up.
(please indicate if the victim's main meal is a meal other than dinner)

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

3.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments:

3.2 Preparation of food

☐ Independent

Comments:

3.3 Table set-up (including bring food to table)

☐ Independent

Comments:

3.4 Clean-up (washing dishes, wiping counters)

☐ Independent

Comments:

3.5 Other

Comments: **Chris' mother completed all of the evening dinner's for the family.**

4. Light Housekeeping – includes performing light housekeeping duties such as sweeping, dusting and general tidying of the home.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

4.1 Dusting

☐ Independent

Comments:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #3

FUNCTIONAL REPORT

4.2 Sweeping

☐ Independent

Comments:

4.3 General tidying of house (e.g. picking up clothing)

☐ Independent

Comments:

4.4 Other

Comments:

5. **Heavy Housecleaning** – includes performing major housecleaning activities such as vacuuming, washing floors, garbage disposal, cleaning appliances and bathrooms and making beds. This also includes annual cleaning such as windows, walls, ceilings, curtains, and carpets. ☐ Independent

NOT APPLICABLE

1

2

3

4

5

6

7

5.1 Vacuuming

☐ Independent

Comments:

5.2 Making the bed

☐ Independent

Comments:

5.3 Washing floors

☐ Independent

Comments:

5.4 Garbage disposal

☐ Independent

Comments:

5.5 Cleaning appliances/bathroom(s)

☐ Independent

Comments:

5.6 Other

Comments:



CASE STUDY #3

FUNCTIONAL REPORT

- 6. Laundry** – includes access to and use of the laundry area and performing related duties such as carrying a basket of clothes, taking laundry out of the appliance, ironing and folding clean clothes.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

6.1 Access laundry area

☐ Independent

Comments:

6.2 Carry basket of clothes

☐ Independent

Comments:

6.3 Transfer laundry

☐ Independent

Comments:

6.4 Ironing

☐ Independent

Comments:

6.5 Folding

☐ Independent

Comments:

6.6 Other

Comments:

- 7. Yard Work** – includes outdoor home maintenance activities such as raking leaves, mowing lawn, snow removal, wood chopping (only if wood is the main source of heat) and cleaning eavestroughs. This is only to reflect essential needs and not activities of an aesthetic nature. Examples of activities that are not included are painting and pool maintenance.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

7.1 Raking leaves

☐ Independent

Comments:

7.2 Mowing lawn

☐ Independent

Comments:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #3

FUNCTIONAL REPORT

7.3 Cleaning eavestroughs

☐ Independent

Comments:

7.4 Snow removal

☐ Independent

Comments:

7.5 Other

Comments:

8. Community Outings – includes purchasing necessary supplies for the home and for personal use such as groceries, clothing, hardware, equipment, etc. It includes accessing public services and neighbourhood facilities (e.g. banks, stores, community centres), planning and carrying out shopping trips, attending medical appointments and other appointments associated with personal care. It also includes the victim's ability to use public transportation when required to complete the community outing.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

8.1 Store Access (e.g. getting to and around a store, getting items off shelves)

☐ Independent

Comments:

8.2 Carrying items (use of cart or other)

☐ Independent

Comments:

8.3 Paying for items

☐ Independent

Comments:

8.4 Specify what public services and neighbourhood shopping, medical and personal care facilities the victim makes use of

Comments:

8.5 Assistance required to complete activity (e.g. transportation, supervision)

☐ Independent

Comments:



CASE STUDY #3

FUNCTIONAL REPORT

8.6 Other

Comments:

9. Financial Management – includes accessing funds and completing transactions at a financial institution or by other means and managing finances independently.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

9.1 Completion of financial transactions

Comments:

☐ Independent

9.2 Other

Comments:

Level 2 Activities – Mobility and Self-Care

10. Transfers: Bed Mobility – includes the ability to get into and out of the bed, as well as to adjust body position, turn self or raise self in bed from lying to sitting.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

10.1 Transfer in and out of bed

Comments: **Chris requires maximal assistance to get from his wheelchair to bed.**

☐ Independent

10.2 Adjust body position (prone, supine, side-lying) and turn self (180 degrees)

Comments: **Chris is unable to turn side to side or adjust his positioning in bed because of his bilateral leg casts.**

☐ Independent

10.3 Raise self in bed from lying to sitting

Comments: **See above.**

☐ Independent

10.4 Other

Comments:

CASE STUDY #3**FUNCTIONAL REPORT**

11. Transfers: Vehicle – includes the ability to get into and position oneself in a vehicle, do up seatbelt, store mobility aid and transfer out of vehicle.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

11.1 Transfer in/out of vehicle

☐ Independent

Comments: **Chris is unable to use a regular vehicle for transportation therefore an account has been set up with accessible vehicles to attend medical appointments.**

11.2 Storage of mobility aid

☐ Independent

Comments: **Chris remains seated in his wheelchair while in the van.**

11.3 Use of seatbelt

☐ Independent

Comments: **Chris requires assistance with his wheelchair tie-downs.**

11.4 Please state use of any specialized transportation service

Comments: **Gull Wing, as per above.**

12. Transfers: Two Person or Hoyer Lift – includes use of a Hoyer lift, ceiling track lift or two persons to perform dependent transfer.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

12.1 State type of lift used with victim

Comments: **Chris requires 2 people for all transfers because of his hip spica cast and lower leg cast.**

13. Home Access – includes accessing all household equipment (such as TV, phone, radio/alarm, computer and thermostat). It also includes transferring to and from different surfaces such as from a wheelchair to chair or couch.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

13.1 Use of equipment

☒ Independent

Comments: **Chris can access household equipment such as the TV remote and cordless phone.**

13.2 General mobility

☐ Independent

Comments: **Chris needs a wheelchair to mobilize in the house. The hallways are narrow and he requires assistance with navigation of his chair. He is unable to self-propel because of his inability to sit straight up in his wheelchair.**

CASE STUDY #3**FUNCTIONAL REPORT**

13.3 Other

Comments: **Chris is a 2-person transfer and requires help to get from his wheelchair to the couch during the day.**

14. Stair Use – includes ascending and descending indoor stairs in the victim's home.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

14.1 Ascend/descend indoor stairs in the victim's home

☐ Independent

Comments: **Chris is not able to access the basement of the home where his bedroom is located. For now, his bedroom has been relocated to the main level.**

(Please include the number of stairs the victim can ascend/descend independently)

14.2 Other

Comments:

15. Outdoor Home Access – includes ascending and descending outdoor stairs or a ramp into the home.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

15.1 Ascend/descend outdoor stairs or a ramp into the home

☐ Independent

Comments: **All entrances to the home have stairs (between 3-5 steps). A ramp has been installed at the back deck of the home, which is off Chris' bedroom. He enters the house through the patio doors and requires maximal assistance to go up and down the ramp.**

(Please include the number of stairs the victim can ascend/descend independently)

15.2 Other

Comments:

16. Eating/Drinking – includes the use of utensils (modified, adaptive or regular) to bring food or drink to the mouth once the meal is presented. Can also include eating/drinking by special equipment such as nasogastric tube or gastrostomy. Set-up is not included in this task, but is accounted for in meal preparation.

☒ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

16.1 Use of utensils (food to mouth, cutting food)

☐ Independent

Comments:

CASE STUDY #3**FUNCTIONAL REPORT**

16.2 Drink to mouth

☐ Independent

Comments:

16.3 Special equipment (e.g. nasogastric tube)

☐ Not Applicable

Comments:

16.4 Other

Comments:

17. Grooming/Hygiene – includes oral care, hair grooming (not hair washing), washing hands and face, shaving, nail care and/or applying make-up and the use of tools associated with each of these components.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
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17.1 Oral care

☐ Independent

Comments: **Needs assistance with bringing water from the bathroom and emptying kidney basin. (See other comments)**

17.2 Shaving

☐ Independent

Comments: **N/A- Does not shave yet.**

17.3 Hair grooming

☒ Independent

Comments:

17.4 Nail (finger/toe) care

☐ Independent

Comments: **Chris cannot cut his toenails.**

17.5 Washing hands/face

☒ Independent

Comments:

17.6 Applying make-up

☐ Independent

Comments: **Not applicable.**



CASE STUDY #3

FUNCTIONAL REPORT

17.7 Other

Comments: **Chris is not able to access the bathroom for grooming, because he requires a wheelchair at all times. A grooming station has been set up in his room but set up is required to bring water and other supplies from the bathroom.**

18. Dressing/Undressing – includes set-up of clothes, lower and upper body dressing and fasteners, buttons, zippers, bras, hosiery and shoes.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

18.1 Set up

☐ Independent

Comments: **Chris cannot access his clothes. He requires that someone access them for him.**

18.2 Lower body (e.g. hosiery, socks and shoes)

☐ Independent

Comments: **Chris requires maximum assistance to dress his lower extremity.**

18.3 Upper body (also includes bra)

☐ Independent

Comments: **He is mostly independent with his upper extremity dressing except for repositioning his clothes and getting them behind his back.**

18.4 Fasteners, buttons, zippers

☒ Independent

Comments:

18.5 Other

Comments:

19. Orthotic/prosthetics – includes assistance in donning or doffing any orthotic or prosthetic device, including the application of any ointment or support garment required for the use of the prosthetic or orthotic device. Examples include slings, splints, braces and tensor bandages. The application of consumable medical supplies such as wound dressings and/or sanitary garments is not included.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

19.1 State type of orthotic/prosthetic devices

Comments:



CASE STUDY #3

FUNCTIONAL REPORT

20. Bathing/Showering – includes bathing (washing, rinsing and drying) the body and hair either in the tub, shower or sponge/bed bath. It also includes tub or shower transfer. Refer to Activity #12 Transfers: Two Person or Hoyer Lift for victims who require that type of assistance.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

20.1 Set-up (tap control, clothes)

☐ Independent

Comments: **See other comments.**

20.2 Transfer in/out of tub or shower

☐ Independent

Comments: **See other comments.**

20.3 Washing and rinsing (body and hair)

☐ Independent

Comments: **Chris requires assistance with a daily sponge bath.**

20.4 Drying (body and hair)

☐ Independent

Comments: **Chris requires assistance with a daily sponge bath.**

20.5 Other

Comments: **Chris is unable to access the bathroom or shower because of his injuries.**

21. Toileting – includes the victim's ability to transfer on/off the toilet, maintain genital/perineal hygiene (access and use toilet paper), change sanitary garments and perform clothing adjustments. It also includes the use of a urinal or bedpan. Toileting does not necessarily have to occur in the bathroom. It could be done using a bedside commode. Emptying of a commode, bedpan, colostomy bag, or a urinal is also to be considered toileting.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

21.1 Transfer on/off toilet

☐ Independent

Comments: **Maximum assistance is required for the transfer to a commode chair. He assists with his upper body during transfers onto the commode for bowel movements. Otherwise a urinal is used.**

21.2 Genital/perineal hygiene (accessing/use of toilet paper)

☒ Independent

Comments:

21.3 Use of special devices (urinal, bedpan)

☐ Independent

Comments: **Chris needs assistance emptying the commode pail and urinal after use.**



CASE STUDY #3

FUNCTIONAL REPORT

21.4 Other

Comments:

Level 3 Activities – Bowel and Bladder Care

22. Diaper, catheter, disimpaction – includes use of diapers, ability to catheterize and disimpact.a. Does the victim require a catheter? ☐ Yes ☒ NoIf yes, is the victim independent? ☐ Yes ☐ Nob. Does the victim require bowel disimpaction? ☐ Yes ☒ NoIf yes, is the victim independent? ☐ Yes ☐ Noc. Does the victim require a diaper? ☐ Yes ☒ NoIf yes, is the victim independent? ☐ Yes ☐ No

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

23. Supervision – applies when the victim requires basic or skilled supervision for behavioural or medical issues that are not covered in Section 1, such as supervision in the home during the day or during sleeping hours. The victim cannot be left alone. Please record and explain hours per day needed for supervisory care.

23.1 Supervision:

☐ Independent

Comments: Chris' parents work full time outside of the home and are gone for 8.5 hours a day. Supervision is required while his parents are at work during this time. Chris requires assistance and supervision in the home while his parents are at work for the next 8 weeks (for month of June and July). His grandmother is able to provide this care in the family home. Chris will have to reside at home for the last month of school because of inaccessibility issues. Chris will be unable to attend the camps due to his injuries. Total hours of care needed per day are 8.5.

(Child care for the victim's child is not eligible for coverage as a personal care activity and should be discussed separately with the Manitoba Public Insurance case manager)

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #3

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

SECTION 1 - PERSONAL CARE ACTIVITIES	Level 1 Activities – Home and Community Management						
	Activity	Time Score					
	1. Meal Preparation: Breakfast	N/A ○	A ○	B Min 1	B Mod 2	B Max 3	C 4
	2. Meal Preparation: Lunch	N/A ○	A ○	B Min 1.5	B Mod 3	B Max 4.5	C 6
	3. Meal Preparation: Dinner	N/A ○	A ○	B Min 2	B Mod 4	B Max 6	C 8
	4. Light Housekeeping	N/A ○	A ○	B 3			C 6
	5. Heavy Housecleaning	N/A ○	A ○				C 3
	6. Laundry	N/A ○	A ○	B 1			C 2
	7. Yard Work	N/A ○	A ○				C 3
	8. Community Outings	N/A ○	A ○				C 3
	9. Financial Management	N/A ○	A ○				C 1
	Total Score for Level 1	7.5					
	Level 2 Activities – Mobility and Self-Care						
	Activity	Time Score					
10. Transfers: Bed Mobility	N/A ○	A ○	B 3			C 6	
11. Transfers: Vehicle	N/A ○	A ○	B 2			C 4	
12. Transfers: Two Person or Hoyer Lift	N/A ○	A ○	B 0			C 6	
13. Home Access	N/A ○	A ○	B 3			C 5	

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #3

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

Activity	Time Score				
14. Stair Use	<input checked="" type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 1.5		<input type="radio"/> 3
15. Outdoor Home Access	<input type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input checked="" type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 1		<input checked="" type="radio"/> 2
16. Eating/Drinking	<input type="radio"/> N/A	<input checked="" type="radio"/> A	<input type="radio"/> B Min	<input type="radio"/> C	
	<input type="radio"/> 0	<input checked="" type="radio"/> 0	<input type="radio"/> 4	<input type="radio"/> 16	
17. Grooming/Hygiene	<input type="radio"/> N/A	<input type="radio"/> A	<input checked="" type="radio"/> B		<input type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 2		<input type="radio"/> 3
18. Dressing/Undressing	<input type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B Min	<input type="radio"/> B Mod	<input checked="" type="radio"/> B Max
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 1.5	<input type="radio"/> 3	<input checked="" type="radio"/> 4.5
19. Orthotic/Prosthetics	<input checked="" type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input type="radio"/> C
	<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 2		<input type="radio"/> 3
20. Bathing/Showering	<input type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B Min	<input type="radio"/> B Mod	<input type="radio"/> B Max
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 2	<input type="radio"/> 4	<input checked="" type="radio"/> 6
21. Toileting	<input type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input checked="" type="radio"/> C
	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 6		<input checked="" type="radio"/> 12
Total Score for Level 2	47.5				
Level 3 Activities - Bowel and Bladder Care					
Activity	Time Score				
22. Bowel and Bladder Care	<input checked="" type="radio"/> N/A	<input type="radio"/> A	<input type="radio"/> B		<input type="radio"/> C
Catheter Disimpaction Diapers	<input checked="" type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 8		<input type="radio"/> 16
Total Score for Level 3					
SECTION 2 - SUPERVISION REQUIREMENTS	Activity	Time Score			
	23. Supervision Chris' parents work full time outside of the home and are gone for 8.5 hours a day. Supervision is required while his parents are at work during this time. Level 1: Score = 7.5 (his grandmother will prepare both his breakfast and lunch while the parents are at work). Level 2: Score= 26.5 as activities #10, 12, 17, 18, 20 are all split in half to reflect that family does half of the activity in the evening. Assume that family does all of the bathing (#19). Total Score during the day while the grandmother is providing personal care assistance for Chris: 34 (2.8 hours)	Total Care Required 8.5 hours Less: Care provided, Level I & II 2.8 hours Supervision hours needed per day in addition to PCA hours already allocated per level I & II 5.7 hours			
		Average number of hours per day <u>5.7</u> x 12 = <u>68.4</u>			
	Total Supervision Score				

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #3

ENTITLEMENT CALCULATION

Each of the activities has been assigned a level depending on the type of care provider needed to perform the activity. Weighting factors have been determined based on the relative cost of each type of care provider.

Personal Care Activities	Score	x	Weighting Factor	=	Weighted Score
Section 1: Level 1 – Home and Community Management	7.5	x	1.0	=	7.5 <small>line 1</small>
Section 1: Level 2 – Mobility and Self-Care	47.5	x	1.05	=	49.875 <small>line 2</small>
Section 1: Level 3 – Bowel and Bladder Care		x	2.54	=	<small>line 3</small>
Section 2: Supervision Requirements (average hours/day X 12)	68.4	x	1.0	=	68.4 <small>line 4</small>
Total Score (sum of individual scores for each level and supervision)	123.4 <small>line 5</small>	Total Weighted Score (sum of lines 1, 2, 3 and 4)			125.775 <small>line 6</small>

NOTE: Any victim with a total weighted score of 89 or above (line 6) is automatically entitled to the maximum coverage, and there is no need to complete any further calculations in those circumstances.

If the total weighted score is less than 89, divide **line 6** by 89

line 7

Multiply **line 7** by the indexed monthly maximum for personal Care assistance, as prescribed in section 131 of the Act.

line 8

***[Assume a PCA monthly maximum of \$3,667 (2004)]**

Minimum Score:

Line 5 must be 9 or higher without rounding before the victim qualifies for funding.

Entitlement:

Equals the amount set out in line 8 (rounded to the nearest dollar).



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #4

COVER SHEET

Claim # **999888**

VICTIM

Name: **Beatrice Olds**Age: **70 years**Date of Injury: **August 14, 2005**Type of Injury: **Right unlar fracture**

Hospital Discharge Date:

☒ Not Applicable

ASSESSOR

Name: **Jane Smith**

Discipline:

☐ OT☐ Manitoba Public Insurance Case Manager☒ Nurse☐ Other (Please list): _____☐ External Case Manager

ASSESSMENT

Date of Assessment: **August 17, 2005**Further Assessment Due On: **September 17, 2005**☒ Initial Assessment☐ Progress Assessment

Assessor's Signature:

Agency:

This assessment has been conducted in my presence and explained to me by _____ .

I understand that I have a right to apply for a Review of any decision made by my Case Manager based on this assessment (as provided in s.170 of the Manitoba Public Insurance Act).

Victim's Signature:

Date:

CASE STUDY #4**VICTIM PROFILE**

Medical information and background:

No medical documentation was received prior to the assessment. The following is based on information obtained from the case manager, the client and her husband. The client reports that she was involved in a two car collision on Saturday August 14, 2005. When driving through an intersection, she was hit by another vehicle on the passenger side. She sustained minor injuries: a right ulnar fracture, and a head contusion. The victim was transported via ambulance to the Emergency Department at St. Boniface Hospital where she was examined and treated for her injuries. She sustained a hairline fracture of her right ulnar bone which has been set in a plaster cast. This arm is kept elevated in a sling at all times, even when sleeping. She can open and close her right hand and has a fairly good grasp, but does report a little discomfort when doing so. She has some bruising and swelling to her left wrist and hand, however it was not reported to be fractured. She reports that she has been icing this daily since the accident at various intervals. She indicated that she has difficulty grasping, holding and lifting heavier objects with this hand. She reports some tenderness to her coccyx, which causes her some discomfort when sitting. She is having difficulty ambulating as she cannot use her walker. As well, she indicated that she sustained some contusions to the head, however there was no internal damage. X-rays were taken of both wrists and hands. She did not report having any X-rays to her pelvis area or head as this was not deemed necessary. She has not yet seen her family physician, but will be making an appointment to see her this coming week. She has an appointment at St. Boniface Hospital on Thursday, August 18 to have the cast removed and replaced with a lighter cast.

Pre-Accident Needs for Assistance with Personal Care Activities:

Beatrice has a previous diagnosis of osteoporosis and osteoarthritis. She has been taking medication for the past 5 years for these conditions. She is on a waiting list for a left knee replacement surgery. Prior to the accident, Beatrice and her husband were receiving home care assistance. Beatrice was ambulating with a walker. She required the assistance of a home care attendant for laundry and light and heavy housekeeping once a week. Her husband is unable to do many tasks around the home as he has an inoperable heart condition with a very limited activity tolerance and exertion level. However, he is independent with his own personal care.

Social Environment:

Beatrice lives with her husband, Joe. She has 5 stepchildren from her current marriage. One stepson lives in St Vital, 2 others live in Ontario and her 2 stepdaughters live in Niverville and Dauphin, MB. They are not able to provide much support at this time.

CASE STUDY #4

VICTIM PROFILE

Physical Environment:

She lives on the 9th floor of an apartment block. There is elevator access. All laundry, waste disposal and mailboxes are located on their floor.

Vocational Status (work, school):

She retired from her position as a teacher some fifteen years ago. Her husband is also retired.

Other:

No formal cognitive testing was completed during this visit. Mrs Olds indicated that she had been having problems with her memory prior to the accident – forgetting names, places, etc. However, this condition has not changed or been exacerbated as a result of the accident.



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #4

VICTIM PROFILE

Recommendations:

1. Will contact case manager on August 19, to discuss the need to arrange for homecare services to assist with meal preparation, bathing, morning personal care and transportation for appointments for a short-term period. Her husband will be assisting with her other personal care needs. She will continue to receive assistance with laundry and housecleaning from Home Care.
2. Mrs Olds is no longer able to use her wheeled walker to ambulate given her right ulnar fracture. A wheelchair is needed for mobility, but she cannot self-propel. Mrs Olds had a raised toilet seat, overarm toilet bars, a bathbench, and grab bars in the bathroom prior to the accident, but was independent with bathing. A commode will be needed for the bedroom. No other personal care equipment is required at this time.
3. Follow-up with Mrs. Olds in 3-4 weeks as she may show significant improvement with a different cast and once she has had some time to adjust to her temporary impairment.



CASE STUDY #4

FUNCTIONAL REPORT

SECTION 1 – PERSONAL CARE ACTIVITIES

Level 1 Activities – Home and Community Management

1. **Meal Preparation: Breakfast** – includes preparing breakfast safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

- 1.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments: **Beatrice was able to access and use food and tools needed for meal preparation prior to the accident. The kitchen was set up to allow her to be able to reach all items needed for meal preparation. Her husband has been preparing her a light breakfast since the accident. She has difficulty completing the activity with the use of only one arm and given that she cannot use the walker to ambulate.**

- 1.2 Preparation of food

☐ Independent

Comments: **Beatrice's husband has been preparing the food for her.**

- 1.3 Table set-up (including bringing food to table)

☐ Independent

Comments: **Not able to assist with table set up due to decreased mobility and loss of use of one arm.**

- 1.4 Clean-up (washing dishes, wiping counters)

☐ Independent

Comments: **Not able to assist with clean up due to decreased mobility and loss of use of one arm.**

- 1.5 Other

Comments:

2. **Meal Preparation: Lunch** – includes preparing lunch safely for self and related components such as accessing food, table set-up and clean-up.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

- 2.1 Access to and use of food and tools needed for meal preparation

☐ Independent

Comments: **Same as above.**

- 2.2 Preparation of food

☐ Independent

Comments: **Same as above.**

- 2.3 Table set-up (including bring food to table)

☐ Independent

Comments: **Same as above.**

CASE STUDY #4**FUNCTIONAL REPORT**

2.4 Clean-up (washing dishes, wiping counters)

☐ IndependentComments: **Same as above.**

2.5 Other

Comments:

3. Meal Preparation: Dinner – includes preparing dinner safely for self and related components such as accessing food, table set-up and clean-up. (please indicate if the victim's main meal is a meal other than dinner)

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
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3.1 Access to and use of food and tools needed for meal preparation

☐ IndependentComments: **Same as above.**

3.2 Preparation of food

☐ IndependentComments: **Same as above.**

3.3 Table set-up (including bring food to table)

☐ IndependentComments: **Same as above.**

3.4 Clean-up (washing dishes, wiping counters)

☐ IndependentComments: **Same as above.**

3.5 Other

Comments:

4. Light Housekeeping – includes performing light housekeeping duties such as sweeping, dusting and general tidying of the home.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
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4.1 Dusting

☐ Independent

Comments:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #4

FUNCTIONAL REPORT

4.2 Sweeping

☐ Independent

Comments:

4.3 General tidying of house (e.g. picking up clothing)

☐ Independent

Comments:

4.4 Other

Comments:

5. **Heavy Housecleaning** – includes performing major housecleaning activities such as vacuuming, washing floors, garbage disposal, cleaning appliances and bathrooms and making beds. This also includes annual cleaning such as windows, walls, ceilings, curtains, and carpets.

☐ Independent

NOT APPLICABLE

1

2

3

4

5

6

7

5.1 Vacuuming

☐ Independent

Comments:

5.2 Making the bed

☐ Independent

Comments:

5.3 Washing floors

☐ Independent

Comments:

5.4 Garbage disposal

☐ Independent

Comments:

5.5 Cleaning appliances/bathroom(s)

☐ Independent

Comments:

5.6 Other

Comments:



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #4

FUNCTIONAL REPORT

- 6. Laundry** – includes access to and use of the laundry area and performing related duties such as carrying a basket of clothes, taking laundry out of the appliance, ironing and folding clean clothes.

☐ Independent

NOT APPLICABLE							
1	2	3	4	5	6	7	

6.1 Access laundry area

☐ Independent

Comments:

6.2 Carry basket of clothes

☐ Independent

Comments:

6.3 Transfer laundry

☐ Independent

Comments:

6.4 Ironing

☐ Independent

Comments:

6.5 Folding

☐ Independent

Comments:

6.6 Other

Comments:

- 7. Yard Work** – includes outdoor home maintenance activities such as raking leaves, mowing lawn, snow removal, wood chopping (only if wood is the main source of heat) and cleaning eavestroughs. This is only to reflect essential needs and not activities of an aesthetic nature. Examples of activities that are not included are painting and pool maintenance.

☐ Independent

NOT APPLICABLE							
1	2	3	4	5	6	7	

7.1 Raking leaves

☐ Independent

Comments:

7.2 Mowing lawn

☐ Independent

Comments:



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7.3 Cleaning eavestroughs

☐ Independent

Comments:

7.4 Snow removal

☐ Independent

Comments:

7.5 Other

Comments:

8. Community Outings – includes purchasing necessary supplies for the home and for personal use such as groceries, clothing, hardware, equipment, etc. It includes accessing public services and neighbourhood facilities (e.g. banks, stores, community centres), planning and carrying out shopping trips, attending medical appointments and other appointments associated with personal care. It also includes the victim's ability to use public transportation when required to complete the community outing.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
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8.1 Store Access (e.g. getting to and around a store, getting items off shelves)

☐ Independent

Comments: **Beatrice is no longer able to drive following the accident. Her husband has not been able to accompany her on outings with the wheelchair. He is not able to lift or push the wheelchair into the vehicle with his heart condition. Therefore, he has been doing the shopping alone. Beatrice requires the assistance of someone to push her wheelchair, and assist her with accessing items on the shelf.**

8.2 Carrying items (use of cart or other)

☐ Independent

Comments: **Beatrice is not able to carry items without assistance of another individual to push her wheelchair.**

8.3 Paying for items

☒ Independent

Comments: **Beatrice can pay for items independently.**

8.4 Specify what public services and neighbourhood shopping, medical and personal care facilities the victim makes use of

Comments: **Beatrice has not yet had any public outings, but will need to attend medical facilities in the next few weeks for check-ups. Her husband will not be able to accompany her. She would usually do the shopping with her husband. She is also not able to do her hair, and would like to attend the hair salon once a week to have her hair done. There is a salon in their building which someone could take her to in the wheelchair.**

8.5 Assistance required to complete activity (e.g. transportation, supervision)

☐ Independent

Comments: **Beatrice's will require special transportation for herself and her husband who will accompany her to her appointments.**



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8.6 Other

Comments:

9. **Financial Management** – includes accessing funds and completing transactions at a financial institution or by other means and managing finances independently.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

9.1 Completion of financial transactions

☐ Independent

Comments: **If transported to the bank and physically assisted into the bank, Beatrice is able to complete transactions independently.**

9.2 Other

Comments:

Level 2 Activities – Mobility and Self-Care

10. **Transfers: Bed Mobility** – includes the ability to get into and out of the bed, as well as to adjust body position, turn self or raise self in bed from lying to sitting.

☒ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
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10.1 Transfer in and out of bed

☐ Independent

Comments: **With some difficulty and discomfort Beatrice is able to transfer independently into bed and out of bed into her wheelchair.**

10.2 Adjust body position (prone, supine, side-lying) and turn self (180 degrees)

☐ Independent

Comments:

10.3 Raise self in bed from lying to sitting

☐ Independent

Comments:

10.4 Other

Comments:



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FUNCTIONAL REPORT

11. Transfers: Vehicle – includes the ability to get into and position oneself in a vehicle, do up seatbelt, store mobility aid and transfer out of vehicle.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

11.1 Transfer in/out of vehicle

☐ Independent

Comments: **Beatrice is able to physically transfer herself in/out of the vehicle, however she requires a standby assist for safety reasons and someone to assist with the wheelchair.**

11.2 Storage of mobility aid

☐ Independent

Comments: **Beatrice needs assistance with storage of her wheelchair. This has been a problem for she and her husband as he is not be lifting heavy items with his cardiac condition.**

11.3 Use of seatbelt

☒ Independent

Comments:

11.4 Please state use of any specialized transportation service

Comments: **Beatrice does require specialized transportation for her appointments outside of her apartment block.**

12. Transfers: Two Person or Hoyer Lift – includes use of a Hoyer lift, ceiling track lift or two persons to perform dependent transfer.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

12.1 State type of lift used with victim

Comments:

13. Home Access – includes accessing all household equipment (such as TV, phone, radio/alarm, computer and thermostat). It also includes transferring to and from different surfaces such as from a wheelchair to chair or couch.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

13.1 Use of equipment

☐ Independent

Comments: **Beatrice is having some difficulty mobilizing in the apartment using the wheelchair. There is not a lot of room in the apartment to manoeuvre the wheelchair, and she is not able to self-propel with her feet or her arms. Her husband has been assisting Beatrice with the items that she needs.**

13.2 General mobility

☐ Independent

Comments: **Beatrice tends to stay in one chair in the living room, instead of sitting in the wheelchair. She cannot move around the apartment freely.**

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13.3 Other

Comments:

14. Stair Use – includes ascending and descending indoor stairs in the victim's home.☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
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14.1 Ascend/descend indoor stairs in the victim's home

☐ IndependentComments: **Elevator access in the apartment block.**

(Please include the number of stairs the victim can ascend/descend independently)

14.2 Other

Comments:

15. Outdoor Home Access – includes ascending and descending outdoor stairs or a ramp into the home.☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

15.1 Ascend/descend outdoor stairs or a ramp into the home

☐ IndependentComments: **Beatrice requires assistance to enter the building. She cannot self-propel the wheelchair up the ramp or to the elevator.**

(Please include the number of stairs the victim can ascend/descend independently)

15.2 Other

Comments:

16. Eating/Drinking – includes the use of utensils (modified, adaptive or regular) to bring food or drink to the mouth once the meal is presented. Can also include eating/drinking by special equipment such as nasogastric tube or gastrostomy. Set-up is not included in this task, but is accounted for in meal preparation.☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
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16.1 Use of utensils (food to mouth, cutting food)

☐ IndependentComments: **She requires assistance with cutting her food.**



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16.2 Drink to mouth

☒ Independent

Comments:

16.3 Special equipment (e.g. nasogastric tube)

☒ Not Applicable

Comments:

16.4 Other

Comments:

17. Grooming/Hygiene – includes oral care, hair grooming (not hair washing), washing hands and face, shaving, nail care and/or applying make-up and the use of tools associated with each of these components.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

17.1 Oral care

☒ Independent

Comments:

17.2 Shaving

☒ Independent

Comments:

17.3 Hair grooming

☐ Independent

Comments: **She is not able to style her hair with the use of only one arm. She would like to attend the salon once a week to have her hair styled.**

17.4 Nail (finger/toe) care

☒ Independent

Comments:

17.5 Washing hands/face

☒ Independent

Comments:

17.6 Applying make-up

☐ Independent

Comments: **She is not able to apply make-up with her left hand as she is right hand dominant.**



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17.7 Other

Comments:

18. Dressing/Undressing – includes set-up of clothes, lower and upper body dressing and fasteners, buttons, zippers, bras, hosiery and shoes.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

18.1 Set up

☐ Independent

Comments: **Beatrice needs assistance accessing some of her clothes. Her husband has been assisting her with this task.**

18.2 Lower body (e.g. hosiery, socks and shoes)

☐ Independent

Comments: **Beatrice needs assistance with hosiery, socks and shoes. She also requires a standby assist for putting on and taking off her pants.**

18.3 Upper body (also includes bra)

☐ Independent

Comments: **Beatrice needs assistance with donning and doffing her bra. She is able to remove her shirt, but cannot put it on independently. Her husband has been helping her with dressing.**

18.4 Fasteners, buttons, zippers

☐ Independent

Comments: **Beatrice needs assistance with fasteners, buttons, zippers, etc.**

18.5 Other

Comments:

19. Orthotic/prosthetics – includes assistance in donning or doffing any orthotic or prosthetic device, including the application of any ointment or support garment required for the use of the prosthetic or orthotic device. Examples include slings, splints, braces and tensor bandages. The application of consumable medical supplies such as wound dressings and/or sanitary garments is not included.

☐ Independent

NOT APPLICABLE

1	2	3	4	5	6	7
---	---	---	---	---	---	---

19.1 State type of orthotic/prosthetic devices

Comments: **Beatrice needs assistance with putting on her sling for her cast, but can take it off independently.**



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20. Bathing/Showering – includes bathing (washing, rinsing and drying) the body and hair either in the tub, shower or sponge/bed bath. It also includes tub or shower transfer. Refer to Activity #12 Transfers: Two Person or Hoyer Lift for victims who require that type of assistance.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

20.1 Set-up (tap control, clothes)

☐ Independent

Comments: **Beatrice needs assistance with set-up of her clothing, and applying a plastic covering to her cast. She can adjust the tap control independently.**

20.2 Transfer in/out of tub or shower

☐ Independent

Comments: **Beatrice requires a standby assist for transferring in and out of the tub due to her left knee pain and the use of only one arm. The wheelchair does not fit into the bathroom. Beatrice requires that someone assist her with ambulating to the bathtub from the door. Grab bars and a bath bench are also required to transfer.**

20.3 Washing and rinsing (body and hair)

☐ Independent

Comments: **Beatrice is able to wash and rinse her body independently using a hand held shower, but she has difficulty rinsing her hair properly. Her husband has been assisting her.**

20.4 Drying (body and hair)

☐ Independent

Comments: **Beatrice needs assistance drying her hair. She can dry the rest of her body independently.**

20.5 Other

Comments:

21. Toileting – includes the victim's ability to transfer on/off the toilet, maintain genital/perineal hygiene (access and use toilet paper), change sanitary garments and perform clothing adjustments. It also includes the use of a urinal or bedpan. Toileting does not necessarily have to occur in the bathroom. It could be done using a bedside commode. Emptying of a commode, bedpan, colostomy bag, or a urinal is also to be considered toileting.

☐ Independent

NOT APPLICABLE						
1	2	3	4	5	6	7

21.1 Transfer on/off toilet

☐ Independent

Comments: **Beatrice needs assistance getting to the toilet in the bathroom as her wheelchair does not fit through the door. She uses over arm toilet rails and a raised toilet seat.**

21.2 Genital/perineal hygiene (accessing/use of toilet paper)

☒ Independent

Comments:

21.3 Use of special devices (urinal, bedpan)

☐ Independent

Comments: **Beatrice has a commode chair beside her bed, which she uses at night instead of going to the bathroom. She is able to transfer independently if it is placed beside the bed. She requires assistance emptying the commode.**



CASE STUDY #4

FUNCTIONAL REPORT

21.4 Other
Comments:

Level 3 Activities – Bowel and Bladder Care

22. Diaper, catheter, disimpaction – includes use of diapers, ability to catheterize and disimpact.

- | | | |
|--|------------------------------|--|
| a. Does the victim require a catheter? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Does the victim require bowel disimpaction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the victim require a diaper? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, is the victim independent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOT APPLICABLE							
1	2	3	4	5	6	7	

23. Supervision – applies when the victim requires basic or skilled supervision for behavioural or medical issues that are not covered in Section 1, such as supervision in the home during the day or during sleeping hours. The victim cannot be left alone. Please record and explain hours per day needed for supervisory care.

23.1 Supervision:

☐ Independent

Comments:

(Child care for the victim's child is not eligible for coverage as a personal care activity and should be discussed separately with the Manitoba Public Insurance case manager)

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #4

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

SECTION 1 - PERSONAL CARE ACTIVITIES	Level 1 Activities – Home and Community Management						
	Activity	Time Score					
	1. Meal Preparation: Breakfast	N/A ○	A ○	B Min 1	B Mod 2	B Max 3	C 4
	2. Meal Preparation: Lunch	N/A ○	A ○	B Min 1.5	B Mod 3	B Max 4.5	C 6
	3. Meal Preparation: Dinner	N/A ○	A ○	B Min 2	B Mod 4	B Max 6	C 8
	4. Light Housekeeping	N/A ○	A ○	B 3			C 6
	5. Heavy Housecleaning	N/A ○	A ○				C 3
	6. Laundry	N/A ○	A ○	B 1			C 2
	7. Yard Work	N/A ○	A ○				C 3
	8. Community Outings	N/A ○	A ○				C 3
	9. Financial Management	N/A ○	A ○				C 1
	Total Score for Level 1	22					
	Level 2 Activities – Mobility and Self-Care						
	Activity	Time Score					
	10. Transfers: Bed Mobility	N/A ○	A ○	B 3			C 6
	11. Transfers: Vehicle	N/A ○	A ○	B 2			C 4
	12. Transfers: Two Person or Hoyer Lift	N/A ○	A ○	B ○			C 6
	13. Home Access	N/A ○	A ○	B 3			C 5



PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #4

SCORE SHEET FOR PERSONAL CARE ACTIVITIES

Activity	Time Score				
14. Stair Use	N/A ○	A ○	B 1.5		C 3
15. Outdoor Home Access	N/A ○	A ○	B 1		C 2
16. Eating/Drinking	N/A ○	A ○	B Min 4	C 16	
17. Grooming/Hygiene	N/A ○	A ○	B 2		C 3
18. Dressing/Undressing	N/A ○	A ○	B Min 1.5	B Mod 3	B Max 4.5 C 6
19. Orthotic/Prosthetics	N/A ○	A ○	B 2		C 3
20. Bathing/Showering	N/A ○	A ○	B Min 2	B Mod 4	B Max 6 C 8
21. Toileting	N/A ○	A ○	B 6		C 12
Total Score for Level 2	35.5				
Level 3 Activities - Bowel and Bladder Care					
Activity	Time Score				
22. Bowel and Bladder Care	N/A ○	A ○	B 8		C 16
Catheter Disimpaction Diapers					
Total Score for Level 3					
SECTION 2 - SUPERVISION REQUIREMENTS	Activity	Time Score			
	23. Supervision				
	Average number of hours per day _____ x 12 = _____				
Total Supervision Score					

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

CASE STUDY #4

ENTITLEMENT CALCULATION

Each of the activities has been assigned a level depending on the type of care provider needed to perform the activity. Weighting factors have been determined based on the relative cost of each type of care provider.

Personal Care Activities	Score	x	Weighting Factor	=	Weighted Score
Section 1: Level 1 – Home and Community Management	22	x	1.0	=	22 <small>line 1</small>
Section 1: Level 2 – Mobility and Self-Care	35.5	x	1.05	=	37.275 <small>line 2</small>
Section 1: Level 3 – Bowel and Bladder Care		x	2.54	=	<small>line 3</small>
Section 2: Supervision Requirements (average hours/day X 12)		x	1.0	=	<small>line 4</small>
Total Score (sum of individual scores for each level and supervision)	57.5 <small>line 5</small>	Total Weighted Score (sum of lines 1, 2, 3 and 4)			59.275 <small>line 6</small>

NOTE: Any victim with a total weighted score of 89 or above (line 6) is automatically entitled to the maximum coverage, and there is no need to complete any further calculations in those circumstances.

If the total weighted score is less than 89, divide **line 6** by 89

0.666 line 7

Multiply **line 7** by the indexed monthly maximum for personal Care assistance, as prescribed in section 131 of the Act.

\$2,442 * line 8

***[Assume a PCA monthly maximum of \$3,667 (2004)]**

Minimum Score:

Line 5 must be 9 or higher without rounding before the victim qualifies for funding.

Entitlement:

Equals the amount set out in line 8 (rounded to the nearest dollar).

