

**DEFINITIONS**

**&**

**FORMS**

**Residential Unbundling**  
**March 9, 2004**



## Definitions of Community Living Supports (CLS) and Personal Care (PC)

In order to facilitate the “unbundling” of residential services as required by the State of Michigan by April 4, 2004, the regional affiliates have concluded in the best interest of the providers, clients, and the PIHP to establish some common definitions for the terms: “Community Living Support” and “Personal Care.” These definitions have been developed based upon the Michigan Medicaid Provider Manual and other regional resources.

### **Community Living Supports (CLS):**

CLS services facilitate an individual’s independence and promote integration into the community. CLS services often entail reminding, prompting, observing, guiding, training, assistance, and/or support.

#### *Some types of Community Living Supports (CLS):*

##### *Reminding, prompting, observing, guiding or training the consumer with:*

- *Meal Preparation*
- *Laundry*
- *Routine household care & maintenance (chores)*
- *Activities of daily living such as bathing, eating, dressing, personal hygiene*
- *Shopping*

##### *Assistance, support, and/or training the consumer with:*

- *Money management*
- *Reminding, observing, and/or monitoring of medications*
- *Attendance at medical appointments*
- *Non-medical care (not requiring nurse or physical intervention)*
- *Transportation*
- *Socialization and relationship building*
- *Leisure choices & participation in regular community activities*

**Personal Care (PC):**

Assisting a consumer when they are unable to care for themselves, often (but not always) due to a physical limitation. Personal care may include some prompting & monitoring, but this service is more “hands-on.” For example, the consumer, with much prompting, may be able to perform a limited subset of the activity some of the time, but direct care staff will need to complete the task the majority of the time. There is no current goal for the consumer to become more independent in this activity and, in many cases; such a goal is not feasible.

**NOTE:** Personal care activities are those which fall outside the required scope of care for a facility licensure. For example, a provider could not consider the everyday preparation of meals for the consumer as personal care. However, if staff must grind or puree the food or assist in feeding the consumer, this time spent may be considered as personal care.

*Some types of Personal Care:*

- *Assistance with food preparation (Outside normal preparation)*
- *Clothing and/or Laundry*
- *Housekeeping (Beyond the level required by facility licensure)*
- *Eating/feeding*
- *Bathing*
- *Grooming*
- *Dressing*
- *Transferring (Between bed, chair, wheelchair, and/or stretcher)*
- *Ambulation*
- *Assistance with self-administered meds*

## **Examples of Differences:**

### **Personal Care (PC) - Eating/Feeding:**

*Two consumers out of six consumers in the home need their food to be chopped and fed to them due to physical limitations outlined in their care plan. These two consumers require Personal Care services.*

### **Community Living Supports (CLS) - Eating/Feeding/Meal Preparation:**

*One consumer in the home has a goal of becoming more self-sufficient. To that end, staff observe, guide, and train him to assist in making lunch twice/week. This is a CLS service. Another consumer has diabetes and often eats foods which are not healthy for him. One of his goals is to stabilize his diabetes by making more healthy eating choices. Staff observe, remind, and guide his eating habits. This is also a CLS service.*

### **Personal Care (PC) - Toileting:**

*A consumer is incontinent due to physical reasons. The consumer's care plan indicates that the consumer should be checked and diapers changed once every two hours. This is a PC service.*

### **Community Living Supports (CLS) - Toileting:**

*A consumer has a goal of getting a job & becoming independent. However, this client has a tendency to not use the toilet on regular intervals and often urinates in his clothing. Staff, per his goals, remind and prompt the consumer to toilet on a regular basis. This is a CLS service*

# SPECIALIZED RESIDENTIAL WORKSHEET

Client name: \_\_\_\_\_

Home: \_\_\_\_\_

Client ID: \_\_\_\_\_

Provider: \_\_\_\_\_

SS Revenue: \_\_\_\_\_

Other Revenue: \_\_\_\_\_

Food Stamps: \_\_\_\_\_

DAILY OR ALMOST  DAILY ACTIVITIES	Describe Activity if Necessary	Minutes/Day Spent in this Activity	
		PC <i>Hands on Direct care</i>	CLS <i>Remind, prompt, observe</i>
Bathing			
Grooming (Hair care, teeth, nails, etc)			
Personal Hygiene (Changing dirty clothes, washing face & hands, etc.)			
Dressing			
Eating/Feeding* (Describe)			
Meal preparation (Describe)*			
Toileting**			
Medication			
Exercise			
Transferring			
Ambulation			
Sensory Integration Programs			
Laundry (Describe)		<del>X</del>	
Household chores		<del>X</del>	
Shopping		<del>X</del>	
Money Management		<del>X</del>	
Socialization & Relationship Building		<del>X</del>	
Transportation to programming, etc.		<del>X</del>	
Monitoring & Redirecting Prob. Behaviors		<del>X</del>	
Other Daily (Describe)			
Other Daily (Describe)			
Other Daily (Describe)			
<b>Totals Per Day:</b>		0	0

\*Assistance with food prep, clothing, and laundry, and housekeeping should only be documented if they are beyond the level required by facility licensure (Ex. Consumer requires pureed food)

\*\*If transferring & toileting are done at the same time, please do not list separately. List this combination of services under transferring if they are completed at the same time









# Specialized Residential Progress Note

Consumer Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Date: \_\_\_\_\_ Shift: \_\_\_\_\_

**Check off each activity completed with consumer during your shift**

**Community Living Supports:** (monitor & prompt service)

**Personal Care:** (hands on & face to face service)

- Medication Administration
- Meal Preparation/eating/feeding
- Laundry
- Grocery Shopping/menu planning
- Health Care/Dental appt./ER visit
- Community Outings/Religious services
- Symptom Management/redirecting behaviors
- Socialization
- Transportation
- Money Management
- Personal Hygiene (bathing, dressing, grooming, toileting)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

- Personal Hygiene (changing clothes, washing face/hands)
- Bathing
- Dressing
- Toileting
- Medication Management/Self Med Program
- Eating/Feeding
- Transferring
- Ambulating
- Sensory Integration Programming
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Staff Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_ Shift: \_\_\_\_\_

**Check off each activity completed with consumer during your shift**

**Community Living Supports:** (monitor & prompt service)

**Personal Care:** (hands on & face to face service)

- Medication Administration
- Meal Preparation/eating/feeding
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- Health Care/Dental appt./ER visit
- Community Outings/Religious services
- Symptom Management/redirecting behaviors
- Socialization
- Transportation
- Money Management
- Personal Hygiene (bathing, dressing, grooming, toileting)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

- Personal Hygiene (changing clothes, washing face/hands)
- Bathing
- Dressing
- Toileting
- Medication Management/Self Med Program
- Eating/Feeding
- Transferring
- Ambulating
- Sensory Integration Programming
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Staff Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Specialized Residential Progress Note

Consumer Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Date: \_\_\_\_\_ Shift: \_\_\_\_\_

Check off each activity completed with consumer during your shift

**Community Living Supports:** (monitor & prompt service)

**Personal Care:** (hands on & face to face service)

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Staff Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Specialized Residential Progress Note

Consumer Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Date: \_\_\_\_\_ Shift: \_\_\_\_\_

Check off each activity completed with consumer during your shift

**Community Living Supports:** (monitor & prompt service)

**Personal Care:** (hands on & face to face service)

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Staff Observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature \_\_\_\_\_

Date: \_\_\_\_\_

# SPECIALIZED RESIDENTIAL WORKSHEET

*Example*

Client name: John S Home: Pink House  
 Client ID: 9999999 Provider: ERQST

SS Revenue: 751 Other Revenue: 40/mo Food Stamps: 110

DAILY OR ALMOST DAILY ACTIVITIES	Describe Activity if Necessary	Minutes/Day Spent in this Activity	
		PC <i>Hands on Direct care</i>	CLS <i>Remind, prompt, observe</i>
Bathing		30	
Grooming (Hair care, teeth, nails, etc)		15	
Personal Hygiene (Changing dirty clothes, washing face & hands, etc.)		20	
Dressing		30	
Eating/Feeding* (Describe)	tube feed	40	
Meal preparation (Describe)*		5	
Toileting**			
Medication		20	
Exercise			
Transferring		120	
Ambulation			
Sensory Integration Programs		20	
Laundry (Describe)			
Household chores		<del> </del>	
Shopping		<del> </del>	
Money Management		<del> </del>	
Socialization & Relationship Building		<del> </del>	
Transportation to programming, etc.		<del> </del>	40
Monitoring & Redirecting Prob. Behaviors		<del> </del>	
Other Daily (Describe)	in house socialization/games/singing		20
Other Daily (Describe)			
Other Daily (Describe)			
<b>Totals Per Day:</b>		<b>300</b>	<b>60</b>

\*Assistance with food prep, clothing, and laundry, and housekeeping should only be documented if they are beyond the level required by facility licensure (Ex. Consumer requires pureed food)  
 \*\*If transferring & toileting are done at the same time, please do not list separately. List this combination of services under transferring if they are completed at the same time



# Consumer Time Study Form

Client Name John S Month/Year Apr-2004 Case # 999999

Authorized Units 5 PC, 2 CLS Date Started: 4/1/04 Date Ended: 4/15/04

1 small square equals 15 minutes (if closer to 15 minutes, fill in 1 square; if closer to 30 minutes, fill in 2 squares)

Task	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Bathing														
Grooming														
Personal Hygiene														
Dressing														
Eating/Feeding														
Meal Preparation														
Medication														
Transferring														
Sensory Integration														
Transporation to programming														
Games & singing/Other CLS														
Transportation to medical appointments														
Please List Daily Other Here														
Went to movies														

*Example*

Reviewing Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Specialized Residential Progress Note

*EXAMPLE*

Consumer Name: John S Case #: 999999

Date: 4/1/04 Shift: 8am-6pm

Check off each activity completed with consumer during your shift

**Community Living Supports:** (monitor & prompt service)

**Personal Care:** (hands on & face to face service)

- Bathing
- Grooming
- Dressing
- Eating/Feeding
- Meal Prep
- Sensory Integration
- Medication
- Transferring

- Games/Singing
- Transportation to Medical Appointments
- Group Outing
- One-on-one Outing
- Religious Activity
- Transportation to day programming
- 
- 

Staff Observations: bath, grooming, etc. went OK. No problems with eating. Seemed to enjoy day programming today

*Marian Mcaday*

4/1/04

Staff Signature

Date:

# Specialized Residential Progress Note

Consumer Name: John S Case #: 99999999

Date: 4/1/04 Shift: 5 pm-1am

Check off each activity completed with consumer during your shift

**Community Living Supports:** (monitor & prompt service)

**Personal Care:** (hands on & face to face service)

- Bathing
- Grooming
- Dressing
- Eating/Feeding
- Meal Prep
- Sensory Integration
- Medication
- Transferring

- Games/Singing
- Transportation to Medical Appointments
- Group Outing
- One-on-one Outing
- Religious Activity
- Transportation to day programming
- 
- 

Staff Observations: Ate fine. Had snack at 7 pm. Undressed & went to bed at 8 pm. Last transfer at 10 pm. Seems to be sleeping fine.

*Henry Hobart*

4/2/04

Staff Signature

Date: