

Personal Care and Homemaker Services Information and Referral Form

THIS REFERRAL FORM IS REQUIRED FOR AUTHORIZATION

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

Personal Care Services and Homemaker Services support individuals who need assistance with Activities of Daily Living (ADLs), such as bathing, dressing, toileting, mobility, and feeding. These services may also include help with Instrumental Activities of Daily Living (IADLs), such as meal preparation, grocery shopping, and managing finances.

This includes services offered through the In-Home Supportive Services (IHSS) program, which helps with tasks like house cleaning, meal preparation, laundry, grocery shopping, personal care (such as bowel and bladder care, bathing, and grooming), paramedical services, accompaniment to medical appointments, and protective supervision for individuals with mental impairments. These programs enable individuals to remain in their homes by offering essential support with daily tasks.

CONSENT

Member Consenting to Personal Care and Homemaker Services: YES NO

If the member is unable to provide consent, an authorized representative may consent on their behalf

Authorized Representative: _____ **Relation:** _____

Reason member unable to self-consent: _____

If **NO**, please stop and do not continue.

MEMBER INFORMATION

Name: _____ **Medi-Cal # (9 digits):** _____

DOB: ____/____/____ **Phone Number:** _____ **Preferred Language:** _____

Address: _____ **Zip Code:** _____

Member has a family member or friend who is willing and able to undergo caregiver training and serve as the primary caregiver: YES NO

REFERRER INFORMATION

Referrer Name: _____ Referred Phone Number: _____

Referrer Email: _____ Agency: _____

Agency Phone Number: _____ Agency Fax Number: _____

Referrer Signature _____

Date _____

ELIGIBILITY ACKNOWLEDGEMENT

1. *This service cannot be utilized in lieu of referring to the In-Home Supportive Services program. Member must be referred to the In-Home Supportive Services program when they meet referral criteria.*

Contact your local county office directly to apply

Santa Barbara County

Santa Maria Office (805) 346-8303
Santa Barbara Office (805) 681-4550
Lompoc Office (805) 737-6020

San Luis Obispo County

Atascadero Office (805) 461-6110
Arroyo Grande Office (805) 474-2103

2. *If a Member receiving Personal Care and Homemaker Services has any change in their current condition, they must be referred to In-Home Supportive Services for reassessment and determination of additional hours. Members may continue to receive the Personal Care and Homemaker Services Community Support during this reassessment waiting period.*

ELIGIBILITY CRITERIA

Member must meet one of the two (2):

- Has recently applied for In-Home Supportive Services (IHSS) for assistance with their activities of daily living (ADLs) and is pending initial hour determination: YES NO

Date application submitted (must be within the past 3 months): _____

- Member is currently eligible/active with IHSS **AND** one of the following:

- o Member is searching for a caregiver to meet determined hours? YES NO

Current IHSS Hours per Month: _____

Current Caregiver's Available Hours per Month (if applicable): _____

- o Member is currently receiving IHSS and needs additional IHSS hours. The reassessment request is pending, and the caregiver is needed for support in the meantime. YES NO

Reassessment Request Date: _____

Current IHSS Hours per Month: _____

- o Member is not eligible for IHSS and needs services to help avoid short-term stay in a skilled nursing facility (not to exceed 60 days): YES NO

If yes, provide the IHSS Notice of Action indicating denial

Date of denial: _____

Please complete the Personal Care and Homemaker Questionnaire on Page 3

PERSONAL CARE AND HOMEMAKER SERVICES QUESTIONNAIRE

Please answer ALL the following questions in order to process the request.

On a scale of 1-5, how much help does the Member need with the following activities:

If you need help filling out the form or have any questions, please call 805 562-1698

Housework

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Laundry

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Other Shopping and Errands

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Food Shopping

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Meal Preparation

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Meal Clean up

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Mobility Inside/Ambulation

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Bed Baths/Bathing

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Grooming

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Dressing

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Bowel/Bladder

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Repositioning

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

PERSONAL CARE AND HOME MAKER SERVICES QUESTIONNAIRE (cont.)

Transfer

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Eating/Feeding

- 1= no help needed
- 2= very little help needed, a reminder to complete
- 3= need someone to stand by and physically assist me some of the time
- 4= need someone to assist me with task and physically most of the time
- 5= dependent, unable to complete without help
- N/A= Doesn't apply to me

Please include clinical or other relevant information to help determine the Member's need for Personal Care and Homemaker services

If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039 or via the secure link

Secure Link: <https://gateway.cencalhealth.org/form/cs>

For any questions, please call the Community Supports Unit at (805) 562-1698