

Department of Human Services – Child Welfare
Personal Care Services – Levels of Personal Care

Exhibit 1 – OAR 413-090-0133 and 413-090-0150

The points for personal care services are based on rating the frequency or intensity or both of the personal care service.¹

Level One: Moderate Care

A child or young adult is eligible for a Level One personal care services plan when the total points on the personal care services results summary are:

1. Between 10 and 19 points; or
2. One or more points in delegated nursing tasks.

Level Two: Intermediate Care

A child or young adult is eligible for a Level Two personal care services plan when the total points on the personal care services results summary are between 20 and 34 points.

Level Three: Advanced Care

A child or young adult is eligible for a Level Three personal care services plan when the total points on the personal care services results summary are between 35 and 49 points.

Level Four: Intensive Care

A child or young adult is eligible for a Level Four personal care services plan when the total points on the personal care services results summary are 50 or more.

Personal Care Services Assessment -- Activities Point Scale (24 months and older)

Personal care services rated by level of intensity:

A. MOBILITY, TRANSFER, REPOSITIONING	
1. Mobility - ambulation	
0	Able to ambulate independently or without a wheelchair or other assistive devices or not applicable due to age
1	Requires human supervision or minimal assistance all the time or occasionally needs more assistance (such as on stairs or uneven surface or has occasional days of needed assistance)

¹ A personal care services assessment results summary that totals less than 10 points does not meet criteria for personal care services unless the summary includes a delegated nursing task.

2	Dependent on physical assistance from another person to wheel only for longer distances out of the home
3	Dependent on physical assistance from another person to wheel or move in and out of the home
5	Unable to ambulate or self-propel wheelchair and needs complete assistance for mobility
2. Bed mobility	
0	Able to perform activity independently (may include use of aids or assistive devices) or not applicable due to age
1	Human assistance is required to be repositioned only occasionally
3	Human assistance is required to be repositioned every 4 hours or more often while in bed
6	Requires special positioning devices
3. Transferring	
0	Able to transfer independently with or without use of an assistive device or not applicable due to age
0	Able to transfer with supervision or reminding. Includes giving the person a transfer board or locking the wheels on a wheelchair.
2	Requires only one person to provide physical assistance with the transfer
6	Requires two or more people to safely transfer or needs a lift and a person to transfer
4. Adaptive devices	
0	Able to perform activity independently or not applicable due to age
1	Able to perform activity with supervision or reminding
1	Able to manage adaptive devices with some human assistance
3	Complete physical assistance is necessary each time
5. Prescribed Therapies Performed by Foster Parent/Caregiver	
0	Not applicable
1	Range of motion only and not taking 30 minutes per day
2	Therapies lasting about 30 - 60 minutes per day
5	Therapies lasting significantly longer than 60 minutes per day

B. PERSONAL HYGIENE, DRESSING, AND BATHING	
1. Dressing and undressing	
0	Able to dress upper body independently by getting clothes out of closet or drawers, putting them on, and removing them, or not applicable due to age
1	Able to dress upper body with supervision or reminding
2	Dependent upon some physical assistance to dress
8	Dependent upon complete physical assistance to dress
10	Requires 2 people to provide complete physical assistance to dress
2. Bathing	
0	Able to bathe self independently or not applicable due to age
1	Able to bathe self with supervision or reminding
1	Dependent upon some physical assistance to bathe
6	Dependent upon complete physical assistance to bathe
8	Requires 2 people to physically assist or the use of a lift

3. Grooming	
0	Able to groom self independently or not applicable due to age
1	Able to groom self with supervision or reminding
2	Dependent upon some physical assistance to groom self
4	Dependent upon complete physical assistance to groom self

C. TOILETING	
1. Toilet use	
0	Able to use toilet independently or does not use toilet or not applicable due to age
1	Able to use toilet with supervision and reminding
2	Dependent upon some physical assistance to use toilet
5	Dependent upon complete physical assistance to use toilet
2. Continence (bladder)	
0	Never incontinent or not applicable due to age
2	Incontinent only at night and less than 3 nights per week
3	Incontinent only at night but more often than 3 nights per week
5	Incontinent day and night
3. Continence (bowel)	
0	Never incontinent or not applicable due to age
1	Incontinent once per week or less
2	Incontinent more than once per week but not daily
3	Incontinent daily but averages only 1 per day
6	Averages more than 1 incontinent BM per day

D. NUTRITION: EATING/FEEDING, MEAL PREPARATION	
1. Eating / feeding	
0	Able to feed self independently or not applicable due to age
1	Able to feed self independently with meal set-up and supervision or cueing
3	Needs physical assistance to eat
6	Needs specialized feeding techniques in order to safely eat or receives nutrition via a G. Tube or TPN
2. Preparing light meals	
0	Able to independently plan, prepare, and clean up after meals for self or is physically, cognitively, and mentally able to prepare meals on a regular basis but has not routinely performed meal preparation in the past, or not applicable due to age
1	Able to prepare simple meals with supervision and cueing
1	Able to assist with preparation of meals but only very limited tasks
2	Unable to prepare simple meals
5	Needs specially prepared food or set-up G-tube, TPN, etc.

Personal Care Services Assessment -- Activities Point Scale (*Infant to 24 months*)

Personal care services rated by level of intensity:

A. MOBILITY, TRANSFER, REPOSITIONING	
1. Position and Monitoring	
0	Not applicable
3	Child requires special positioning, monitoring, or attention during the day due to medical condition (example: during feedings, GERD, Trach, attached devices, drug-affected baby)
5	Child requires frequent positioning, monitoring, or attention during nighttime hours
2. Adaptive Devices/DME	
0	Not applicable
3	One or two devices (braces/splints, apnea monitor)
5	Three or more devices (braces/splints, apnea monitor)
3. Prescribed Therapies Performed by Foster Parent/Caregiver	
0	Not applicable
1	Range of motion only and not taking 30 minutes per day
2	Therapies lasting about 30 - 60 minutes per day
5	Therapies lasting significantly longer than 60 minutes per day

B. PERSONAL HYGIENE, DRESSING, AND BATHING	
4. Dressing, Bathing, and Diapering	
0	Not applicable
3	Frequent clothing changes (greater than 4 per day)
3	Frequent bathing (greater than 2 per day)
5	Special precautions during bathing for stomas, tubing, wounds

C. TOILETING	
0	Not applicable
3	Frequent diaper changes (greater than 14 diapers per day)

D. NUTRITION: EATING/FEEDING	
5. Eating/Feeding	
0	Not applicable
2	Feedings lasting longer than 30 minutes
3	Feedings occur more often than every 3 hours (only babies over 3 months of age)
4	Specialized feeding techniques, precautions, or specialized equipment implemented
6	Feedings through G-Tube, NG tube, TPN

Personal care services rated by level of intensity or frequency or both (*All ages*)

E. MEDICATION MANAGEMENT	
Points	Medication Management
0	No medication or self-administers
1	Administer prescription medications 1 time daily
2	Administer prescription medications 2-3 times daily
4	Administer prescription medications 4 or more times daily (does not include short-term medications such as antibiotics)
2	Administer rectal medications (other than Tylenol, anti-nausea, or glycerin)
3	Administer 1-4 subcutaneous injections daily
5	Administer more than 4 subcutaneous injections daily
5	Administer medications for withdrawal from opiates
6	Intravenous infusion (IV) or injections intramuscular (IM) medications
1	Nebulizer treatments less than 4 times a week
5	Nebulizer treatments 4 or more times a week

F. DELEGATED NURSING TASKS	
Points	Delegated Nursing Tasks
3	Gastric tube feeding and care (G-tube)
3	Gastric tube feeding pump
6	Nasogastric tube feeding and care (N/G Tube)
6	Jejunostomy feeding and care (J-tube)
5	Ostomy care (colostomy/ileostomy)
4	Dressing changes (sterile technique)
2	Oxygen administration
3	Oxygen administration with daily unplanned changes
2	Pulse oximeter
2	Apnea monitor
6	Tracheotomy care
1	Oral or pharyngeal suctioning (not bulb suctioning for newborn)
6	Tracheal suctioning
6	Ventilator care
3	Continuous Positive Airway Pressure (CPAP)
5	Injections (subcutaneous)
6	Blood glucose testing
5	Injections intramuscular (IM)
6	Intravenous infusion (IV)
5	Catheter insertion and care