

Jeanette Burket

Authorized Signature

Number: SPD-IM-07-053
Issue Date: 8/13/2007

Topic: Long Term Care

Subject: Revised SDS 0598 Task List on the DHS forms Web Page

Applies to (check all that apply):

- | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | All DHS employees | <input type="checkbox"/> | County Mental Health Directors |
| <input checked="" type="checkbox"/> | Area Agencies on Aging | <input type="checkbox"/> | Health Services |
| <input type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Other (please specify): |

Message:

The [SDS 0598](#) Task List has been updated to more accurately reflect the tasks included in activities of daily living (ADL) and instrumental activities of daily living (IADL) as described in OAR 411-015-0006 and 411-015-0007. The revised Task List has a greater focus on activities of daily living and less emphasis on housekeeping tasks than the previous version.

The revised Task List includes new fields that allow the Case Manager to distinguish the hours authorized within the categories of ADLs, IADLs, and 24 hour availability. The hours for each category should match the hours prior-authorized on the SDS 546 Service Plan. Being able to distinguish the hours authorized for ADL, IADL and 24-hour availability can be useful information for the Homecare Worker in completing the payment voucher. The payment voucher itself explains the services that are included in the categories of ADL, IADL and 24-hour availability.

Seniors and People with Disabilities (SPD) Division and Area Agencies on Aging and Disabilities (AAAD) staff can begin using the interactive form on the forms web page. The form can be accessed on the forms web page at:
<http://dhsforms.hr.state.or.us/forms/databases/FMPRO>.

The revised Task List is not available on Oregon ACCESS at this time. Therefore, SPD/AAAD staff may continue using the previous version on Oregon ACCESS if they wish.

If you have any questions about this information, contact:

Contact(s):	Mary L. Lang, In-Home Services Program Coordinator		
Phone:	(503) 945-5799	Fax:	(503)947-4245
E-mail:	mary.l.lang@state.or.us		

If you have any questions about this information, contact:

Contact(s):	Suzy Quinlan, Service Eligibility Policy Analyst		
Phone:	(503) 947-5189	Fax:	(503)947-4245
E-mail:	suzy.quinlan@state.or.us		

Task List

Client/Employer	1
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Name	Phone	
Street address		
City	State	Zip

Homecare Worker/Employee	2
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Name	Provider #	
Street address		
City	State	Zip
Phone	Mileage Authorization per Month:	
Hours Authorized: <input type="checkbox"/> ADL <input type="checkbox"/> IADL <input type="checkbox"/> 24-Hr Avail.		

Maximum hours authorized per month for all services:

Tasks To Be Completed	3
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<p><u>Bathing</u></p> <input type="checkbox"/> Bathing and washing hair <input type="checkbox"/> Getting in or out of shower or tub	<p><u>Personal Hygiene</u></p> <input type="checkbox"/> Shaving <input type="checkbox"/> Denture care <input type="checkbox"/> Brushing teeth/caring for mouth
<p><u>Dressing</u></p> <input type="checkbox"/> Assist with dressing/undressing	<p><u>Grooming</u></p> <input type="checkbox"/> Nail care (<i>toenail/fingernail</i>) <input type="checkbox"/> Brushing and combing hair
<p><u>Toileting</u></p> <input type="checkbox"/> Getting to and from the toilet <input type="checkbox"/> Assist with using bedpan <input type="checkbox"/> Urinal <input type="checkbox"/> Commode <input type="checkbox"/> Wiping/cleansing afterward <input type="checkbox"/> Cleaning assistive devices <input type="checkbox"/> Adjusting clothing before/after	<p><u>Cognition</u></p> <input type="checkbox"/> Memory <input type="checkbox"/> Wandering <input type="checkbox"/> Coping with change <input type="checkbox"/> Making decisions <input type="checkbox"/> Help with confusion <input type="checkbox"/> Help understanding basic health and safety needs <input type="checkbox"/> Responding to behaviors
<p><u>Bowel</u></p> <input type="checkbox"/> Changing incontinence supplies <input type="checkbox"/> Digital stimulation <input type="checkbox"/> Ostomy care <input type="checkbox"/> Toileting schedule <input type="checkbox"/> Suppository insertion <input type="checkbox"/> Enemas	<p><u>Bladder</u></p> <input type="checkbox"/> Changing incontinence supplies <input type="checkbox"/> Catheter care <input type="checkbox"/> Ostomy care <input type="checkbox"/> Toileting schedule <input type="checkbox"/> Monitoring for infection

SDS 0598

Client

Date

Date sent

Case number

Prime number

Program

Branch code

Worker

Worker Ph #

Tasks To Be Completed – (continued)	3
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<u>Eating</u> <input type="checkbox"/> Feeding or cueing during eating <input type="checkbox"/> Monitoring to prevent choking <input type="checkbox"/> Assistance with special utensils <input type="checkbox"/> Tube feeding <input type="checkbox"/> Nutritional IV set up	<u>Medication/Oxygen</u> <input type="checkbox"/> Giving medicines <input type="checkbox"/> Giving oxygen <input type="checkbox"/> Reminding or organizing <input type="checkbox"/> Checking for effect <input type="checkbox"/> Assuring adequate oxygen supply
<u>Transfer</u> <input type="checkbox"/> Moving to or from a chair, bed or wheelchair inside the home	<u>Mobility/Ambulation</u> <input type="checkbox"/> Assistance moving around inside home <input type="checkbox"/> Assistance moving around outside
<u>Meal Preparation</u> (<i>basic nutrition</i>) <input type="checkbox"/> Cutting food <input type="checkbox"/> Placing food/utensils within reach <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<u>Transportation</u> <input type="checkbox"/> Assisting during a ride <input type="checkbox"/> Assist to get in/out of a vehicle <input type="checkbox"/> Arranging a ride
<u>Housekeeping (HK)</u> <input type="checkbox"/> Wiping surfaces <input type="checkbox"/> Dusting <input type="checkbox"/> Cleaning floors <input type="checkbox"/> Making bed <input type="checkbox"/> Cleaning dishes <input type="checkbox"/> Taking out the garbage	<u>24-Hour Availability</u> <input type="checkbox"/> Meet needs that arise throughout a 24-hour period; includes night needs
<u>Laundry</u> (<i>included in HK hours</i>) <input type="checkbox"/> Gather and wash soiled clothing and linens <input type="checkbox"/> Use washing machines/dryers <input type="checkbox"/> Hang/fold/put away clothing	<u>Shopping</u> Driving to/from and purchasing goods needed for health & safety related to the service plan: <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Medicine <i>Note: Medical Transportation is not included</i>

○ Required medical treatments/procedures:

Remarks/Special Instructions	4
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Authorizing Signature (Case Manager/Unit Manager)	Date
Signature Client/Employer	Date
Signature Homecare Worker	Date