

To: Division of Participant Enrollment and Service Review
Division of Clinical Support

From: Chief, Division of Clinical Support, Office of Long Term Services and Supports

Date: January 2, 2024

Re: Standard Operating Procedure – Standardized Times for Assistance with Activities of Daily Living, Instrumental Activities of Daily Living and Delegated Nursing Tasks

PURPOSE:

The purpose of this communication is to standardize policy and procedures for the Office of Long Term Services and Supports (OLTSS) when reviewing plans of service (POS) for participants enrolled in the Community Personal Assistance Services (CPAS), Community First Choice (CFC), Home and Community-Based Options Waiver (HCBOW) and Increased Community Services (ICS) programs. This procedure is derived from evidence-based, generally accepted clinical standards regarding the typical length of time to assist an individual with activities of daily living (ADL), instrumental activities of daily living (IADL) and delegated nursing functions based on that individual's functional status.

BACKGROUND:

Personal assistance is a service provided through two Medicaid State Plan programs - CPAS and CFC. HCBOW and ICS participants may also receive personal assistance services (PAS) through CFC, if residing in a qualifying setting.¹ Similarly, participants enrolled in other Medicaid waivers may also receive services through the CFC program if meeting the technical eligibility requirements.

As defined in Code of Maryland Regulations (COMAR) 10.09.84.14, PAS includes the following when provided by a personal assistance provider:

- (1) Assistance with activities of daily living (ADL);
- (2) Delegated nursing functions if this assistance is:
 - (a) Specified in the participant's plan of service; and
 - (b) Rendered in accordance with the Maryland Nurse Practice Act, COMAR 10.27.11, and other requirements of the Maryland Board of Nursing;
- (3) Assistance with tasks requiring judgment to protect a participant from harm or neglect;
- (4) Assistance with or completion of instrumental activities of daily living (IADL), provided in conjunction with the services covered under §B(1)—(3) of this regulation; and
- (5) Assistance with the participant's self-administration of medications, or administration of medications or other remedies, when ordered by a physician.

¹HCBOW and ICS participants residing in an assisted living facility (ALF) are ineligible to receive PAS as it is duplicative of the assistance provided in the ALF.

ADL and IADL are further defined in COMAR 10.09.84.02 as:

(1) *“Activities of daily living (ADLs)” means tasks or activities that include, but are not limited to:*

- (a) Bathing and completing personal hygiene routines;*
- (b) Dressing and changing clothes;*
- (c) Eating;*
- (d) Mobility, including:*
 - (i) Transferring from a bed, chair, or other structure;*
 - (ii) Moving, turning, and positioning the body while in bed or in a wheelchair;*
 - (iii) Moving about indoors or outdoors;*
- (e) Toileting, including:*
 - (i) Bladder and bowel requirements;*
 - (ii) Routines associated with the achievement or maintenance of continence;*
 - (iii) Incontinence care.*

(15) *“Instrumental activities of daily living” means tasks or activities that include, but are not limited to:*

- (a) Preparing meals;*
- (b) Performing light chores that are incidental to the personal assistance services provided to the participant;*
- (c) Shopping for groceries;*
- (d) Nutritional planning;*
- (e) Traveling as needed;*
- (f) Managing finances and handling money;*
- (g) Using the telephone or other appropriate means of communication;*
- (h) Reading; and*
- (i) Planning and making decisions.*

COMAR 10.09.84.24B requires personal assistance providers to “submit claims in accordance with procedures outlined in the Department’s [billing manual](#),” which defines a “unit of service” as 15 minutes.

ELIGIBILITY:

To receive PAS, a participant must meet the respective medical, technical and financial eligibility requirements for CPAS or CFC, or the applicable waiver through which eligibility for services under the Medicaid State Plan is achieved. PAS must be pre-authorized in a participant’s POS in response to an assessed need and when determined to be medically necessary and necessary to prevent institutionalization. PAS must not duplicate or overlap with other services intended to support ADL or IADL needs, or which assist with ADLs and IADLs when incidental to the service being provided. This includes, but is not limited to home-delivered meals, medical day care services, personal support services and private duty nursing.

PROCEDURE:

The types of ADLs and IADLs detailed below represent those most commonly requested by applicant/participants through the POS process; however, an applicant/participant may request assistance with other ADLs and/or IADLs, which will be considered if the task is considered medically necessary, necessary to prevent institutionalization and within the scope of PAS as defined in COMAR 10.09.84.14. The length of time required to assist an individual with each type of ADL and IADL is based on generally accepted clinical standards and represents an estimate based on the individual's functional status. The functional statuses referenced in this procedure align with the types of assistance indicated on the interRAI Home Care assessment, which is the tool used by the OLTSS to collect data for the determination of level of care. This procedure does not establish a minimum or maximum period of time that can be approved, but rather provides a foundation for robust utilization review to ensure validity and reliability across programs, participants and reviewers. The POS process is built upon a person-centered approach that considers the individualized needs of each applicant/participant in the final determination.

Activities of Daily Living

1. Bathing - Transfers in and out of the bath; repositioning in the bath; washing, drying and applying lotion to all areas of the body (5 min-1 hr per occurrence; one episode per day)
 - a. Setup Help Only (5 min)
 - b. Supervision Only (15 min)
 - c. Limited Assistance (30 min)
 - d. Extensive/Maximal Assistance (45 min)
 - e. Total Dependence (i.e., individual is completely dependent and has limited mobility, for example contractures) (1 hr)
 - i. Bed bath (1 hr)
2. Hygiene/Grooming (5-20 min per occurrence; maximum of 40 minutes daily for all hygiene/grooming tasks)
 - a. Setup Help Only (5 min)
 - b. Supervision/Limited Assistance (10 min)
 - c. Extensive/Maximal Assistance (15 min)
 - d. Total Dependence (20 min)
3. Dressing (5-20 min per occurrence)
 - a. Setup Help Only (5 min)
 - b. Supervision/Limited Assistance (10 min)
 - c. Extensive/Maximal Assistance (15 min)
 - d. Total Dependence (20 min)

3a. Other Devices

- a. Ankle foot orthosis (AFO)/splints/prosthetics (additional 5-10 min per occurrence)
- b. Compression stockings/ace wrap for compression (additional 10 min, in total, for applying and removing)

4. Toileting Use - Assistance in the bathroom, with a bedside commode or toileting in bed; assistance with incontinence supplies (5-25 min per occurrence; 4-8 episodes per day)²

- a. Assisting in the bathroom or with a bedside commode
 - i. Supervision (5 min)
 - ii. Limited Assistance
 1. Continent; all levels of bladder incontinence (5 min)
 2. Incontinent of bowel³ (additional 5 min)
 - iii. Extensive/Maximal Assistance
 1. Continent (5 min)
 2. All levels of bladder incontinence (10 min)
 3. Incontinent of bowel (additional 5 min)
 - iv. Total Dependence
 1. Continent (10 min)
 2. All levels of bladder incontinence (15 min)
 3. Incontinent of bowel (additional 5 min)
- b. Assisting with toileting in bed⁴
 - i. See times above and add 5 min if assistance needed with bed mobility
- c. Checking for incontinence (5 min per occurrence; maximum of 4 times daily in addition to toileting episodes)
- d. Emptying bedside commode or urinal (additional 5 min per occurrence)
- e. Catheters, which require no delegation for emptying drainage bag regardless of device (5 min per occurrence; maximum of 4 times daily)
 - i. Condom catheter - apply or remove (10 min per occurrence; maximum of twice daily)
 - ii. Indwelling, Foley, Suprapubic, Urostomy or Nephrostomy catheter⁵ - Change bag (10 min per occurrence; maximum of twice daily)
- f. Intermittent/Straight catheter - requires delegation by a licensed, registered nurse (RN) (15 min per occurrence; approximately every 4 hrs)

² See mobility for transfer to and from the bathroom

³ Maximum occurrence for bowel support is two times daily

⁴ Cannot occur simultaneously with bed mobility/repositioning

⁵ Tasks not explicitly listed are unable to be delegated and therefore outside the scope of PAS

- g. Colostomy
 - i. Empty or change bag, including washing of bag for reuse (10 min per occurrence; approximately every 4 hrs)
 - ii. Change appliance - requires delegation by a licensed RN (15 min per occurrence; maximum of twice weekly)
5. Eating - Assistance with intake of food only as meal preparation and cleanup is included under IADLs
- a. Meals (10-30 min per occurrence)
 - i. Supervision Only (10 min)
 - ii. Limited/Extensive Assistance (i.e., needs assistance and cognitively aware) (15 min)
 - iii. Maximal Assistance/Total Dependence (i.e., needs to be fed and cognitively impaired/dysphagia) (30 min)
 - b. Snacks (5-15 min per occurrence)
 - i. Supervision Only (5 min)
 - ii. Limited/Extensive Assistance (i.e., needs assistance and cognitively aware) (10 min)
 - iii. Maximal Assistance/Total Dependence (i.e., needs to be fed and cognitively impaired/dysphagia) (15 min)
6. Mobility/Locomotion (when performing an I/ADL) (5-40 min per occurrence; maximum of 60 minutes daily)
- a. Transfers (e.g., in the context of toileting, transfers into and out of bed, into and out of a chair or wheelchair; all times are for a complete transfer)
 - i. Setup Help Only/Supervision/Limited Assistance (5 min)
 - ii. Extensive/Maximal Assistance (10 min)
 - iii. Total Dependence (15 min)
 - 1. Lift-dependent (i.e., Hoyer) (30 min, which includes repositioning)
 - 2. If individual is morbidly obese (additional 10 min)
 - b. Locomotion
 - i. Pushed in wheelchair (5 min)
 - 1. All levels of assistance
 - ii. Ambulating
 - 1. Supervision/Limited Assistance (5 min)
 - 2. Extensive/Maximal Assistance (10 min)
 - 3. Total Dependence (N/A)
 - c. From lying position in the bed (if Hoyer lift used, see 6a(iii)(1) above)

- i. Transition to sitting position (5 min)
- d. Stairlift, includes assistance on and off (10 min per occurrence)
- e. Stairs - assistance with ambulation up or down the stairs (10 min per occurrence)
- f. Transfer into or out of a car (5-15 min per occurrence)
 - i. Supervision/Limited Assistance (5 min)
 - ii. Extensive/Maximal Assistance (10 min)
 - iii. Total Dependence (15 min)
- g. Bed mobility/Repositioning⁶- changing an individual's position to assist with pressure relief in a bed
 - i. Setup Help Only/Supervision (5 min)
 - ii. Limited/Extensive Assistance (10 min)
 - iii. Maximal Assistance/Total Dependence (15 min)

7. Bedtime Preparation - *Request should include a description of specific I/ADLs. Please see applicable sections for guidance.*

Instrumental Activities of Daily Living

1. Preparing nutritious intake based on health and safety requirements
 - a. Meal preparation - Preparation and cleanup as it relates to the physical act of cooking, not the time required for the food to rest, bake, heat or cool. Designed based on three daily meals, typically breakfast, lunch and dinner (maximum of 30 min per occurrence)
 - i. Modified diet (e.g., mechanical, puree) requires additional preparation and cleanup (additional 10 min)
 - ii. If the individual has a physician's order for a specific diet, additional time may be required
 - b. Snacks - Preparation and cleanup (15 min per occurrence; maximum of two snacks daily)⁷
 - c. G-tube, G-J tube and J-tube feeds - Requires delegation by a licensed, RN and completion by a Certified Nursing Assistant (CNA)⁸
 - i. Bolus feeds - includes flushing (maximum of 20 min per feeding episode)
 - ii. Continuous feeds - includes flushing, changing tubing, adding formula or water throughout a 24 hour period (maximum of 30 min daily)

⁶Cannot occur simultaneously with toileting in bed

⁷An individual with a modified diet or physician's order for a specific diet may require additional time.

⁸G-tube, G-J tube and J-tube feeds are for pre-packaged formula or pureed food only. If medication or supplements need to be added to the formula, the task is not able to be delegated and therefore outside the scope of PAS. Requests for assistance with tube feedings should be reviewed by a clinician, or in consultation with a clinician.

2. Housework - Cleanup that is incidental to a covered ADL
 - a. Bathroom - Cleaning toilet, shower/tub, sink and floor after performing ADLs (maximum of 15 min daily)
 - b. Trash - Collecting and disposing of trash from home (maximum of 10 min daily)
 - c. Clearing pathways - Picking up items that impede mobility (maximum of 5 min daily)
 - d. Linen change (maximum of 15 min daily)⁹
 - i. Linen changes once weekly for individuals with continent bladder/bowel
 - ii. Linen changes three times weekly for individuals with infrequent/occasional incontinence of bladder/bowel
 - iii. Daily linen changes for individuals with frequent/total incontinence of bladder/bowel
 - e. Laundry - Physical act of collecting and sorting laundry; placing it into the washer/dryer; folding and putting away laundered items
 - i. Laundry facilities in the home
 1. Continent individuals (maximum of 1 hr weekly)
 2. Individuals with infrequent/occasional incontinence (maximum of 1.5 hrs weekly)
 3. Individuals with frequent/total incontinence (maximum of 30 minutes daily)
 - ii. Laundry facilities within the apartment complex
 1. Individuals that are continent or have infrequent/occasional incontinence (maximum of 2 hrs weekly)
 2. Individuals with frequent/total incontinence (maximum of 4 hrs weekly)
 - iii. No laundry facilities in home or on-site, requiring travel to and from a laundromat
 1. Continent individuals (maximum of 2 hrs weekly)
 2. Individuals with infrequent/occasional incontinence (maximum of 3.5 hrs weekly)
 3. Individuals with frequent/total incontinence (maximum of 6.5 hrs weekly)
3. Medication, includes oral administration (e.g., tablets, capsules, liquids, crushed), aerosols, topicals (e.g., ointments and lotions), injectables (subcutaneous only), G-tube and/or J-tube, suppositories and drops.

⁹Making an individual's bed without a linen change is not medically necessary and therefore outside the scope of PAS.

- a. Setup Help Only - provides pill caddy, medication bottles or blister packs to the individual, who is able to administer the medication. The individual has cognitive capacity to understand the need for medication (5 min per occurrence; maximum of 30 min daily)
- b. Supervision/Limited/Extensive/Maximal Assistance/Total Dependence - requires delegation by a licensed RN to a Certified Medication Technician, or documentation supporting self-administration or self-direction (maximum of 15 min per occurrence up to 1 hr daily)

4. Wound Care

- a. **Stage 1: Any area of persistent skin redness** - The area looks red and feels warm to the touch. The reddened area does not disappear with repositioning. The skin is intact. Treatment is to monitor, keep clean, provide repositioning intermittently (*see guidance under mobility*) and apply medicated ointments (*see guidance under medications*).
- b. **Stage 2: Partial loss of skin layers** - The area has an opening of the skin (e.g., open sore, scrape, blister). Treatment is to monitor, keep clean, provide repositioning intermittently (*see guidance under mobility*) and apply medicated ointments (*see guidance under medications*), or a dressing.
 - a. Dressings - removing, cleaning and reapplying a dressing, which includes repositioning for dressing change and medication application as necessary (e.g., dry dressing, wet to dry). Requires delegation by a licensed RN (15 min per occurrence; maximum of twice daily)
- c. **Stage 3: Full loss of skin layers, deep craters in the skin** - Damage is below the skin's surface, exposing subcutaneous tissue. Treatment is to monitor (likely by a wound specialist), repositioning, specialty pressure mattress and complex dressings. Requires delegation by a licensed RN and inclusion of wound care in the delegating RN's care plan.¹⁰
- d. **Stage 4: Full loss of skin layers, deep craters in the skin** - Damage is below the skin's surface, possibly exposing muscle or bone. Treatment is a wound care regimen under the direction of a specialist, repositioning, specialty pressure mattress and complex dressings. Requires delegation by a licensed RN and inclusion of wound care in the delegating RN's care plan (see footnote 8).
- e. **Unstageable** - Base of the wound is covered by dead tissue (necrotic eschar),

¹⁰Requests for assistance with Stage 3 and 4, as well as unstageable wounds should be reviewed by a clinician, or in consultation with a clinician. Wound care for Stages 3, 4 and unstageable wounds also requires documentation that the delegating RN is in the individual's home a minimum of every seven days per COMAR 10.27.11. Wound care for surgical wounds is not able to be delegated and is therefore outside the scope of PAS.

which does not provide visual access to the wound. Stage of the wound is unclear and/or unable to determine if tissue injury is present under the eschar. Requires delegation by a licensed RN and inclusion of wound care in the delegating RN's care plan (see footnote 8).

5. Monitoring Activities

- a. Vital signs (i.e., blood pressure, temperature, pulse oximeter) (5 min per occurrence, maximum of 15 min daily)¹¹
- b. Blood sugar checks
 - i. Self-administration or delegation (5 min per occurrence, maximum of 4 checks daily)
- c. Oral suctioning- 5 mins per occurrence max 30 mins daily

Weekly IADLs

1. Managing Finances (maximum of 30 min weekly)
2. Mail (maximum of 20 min weekly)
3. Physical errands related to covered IADLs (e.g., banking, pharmacy) (maximum of 30 min weekly; if does not occur on a weekly basis, maximum of 2 hrs monthly)
4. Nutrition Planning (e.g., menu planning and creating a shopping list) (maximum of 30 min weekly)
5. Grocery/Essential Items Shopping¹² (maximum of 2 hrs weekly)
 - a. For individuals with impaired mobility (maximum of 2.5 hrs weekly)
6. Scheduling appointments and/or transportation (maximum of 30 min weekly)
7. Managing Disposable Medical Supplies (e.g., ordering, stocking) (maximum of 30 min weekly)
8. Transportation to medical appointments¹³ (*transport only; see guidance under applicable sections for ADLs occurring in conjunction with transportation*)
 - a. Paid provider transports in vehicle (maximum of 1 hr, round trip, per occurrence)
 - b. Public transportation (i.e., door-to-door mobility service)¹⁴
 - i. Individual is not cognitively impaired (maximum of 15 min per occurrence)
 - ii. Individual has impaired cognition or impaired mobility (maximum of 30 min weekly)

¹¹If a greater frequency is needed, medical documentation is required

¹²Participant must be present

¹³Requests for assistance with multiple appointments per week requires a schedule. See guidance under ADLs for toileting occurring in conjunction with transportation.

¹⁴Times for use of public transportation that is not a door-to-door mobility service (e.g., bus, subway or light rail) will be determined on a case-by-case basis. Travel time on public transportation is not a covered task and therefore outside the scope of personal assistance.

- iii. Individual has impaired cognition and mobility (maximum of 1 hr weekly)
9. Appointments - assisting with check-in, check-out and providing information to health care providers in the context of the appointment (maximum of 30 mins per appointment)

Shared Personal Assistance Hours

Shared PAS hours are available to participants who reside in the same location, share one or more paid providers of PAS and share at least one ADL. Shared PAS must be pre-authorized in the participants' POS for the same amount, scope, frequency and duration. Hours that are not shared are delineated separately on the participants' POS.

Shared hours may not exceed twice the recommended maximum time established above for assistance with ADLs, IADLs and delegated nursing tasks. Requests for assistance with tasks should be reviewed using the above guidance in consideration of each participant's functional status. If the time requested for assistance with a specific task is less than the recommended maximum for each participants' functional status, the request may be approved. If the time requested for assistance with a specific task exceeds the recommended maximum for one or both participants' functional status, then the recommended maximum time may be approved.¹⁵ If the requested task can be completed for both participants simultaneously, time may be approved based on the recommended maximum time for the participant with higher needs, with some additional time, if necessary, to fully support both participants (see example 3 below).

Example 1: Shared ADLs

Per the task schedule, Participant A and Participant B are requesting three hours of shared PAS for bathing as both are total dependence.

Utilization Review Process:

- 1) Review the most recent interRAI Home Care (HC) assessment (Section G: Functional Status) for each participant to determine functionality for bathing.
 - a) Confirm total dependence (coded a 6) for bathing for both participants
- 2) Review the SOP, which notes a recommended maximum time of one hour for bathing for an individual who is assessed as total dependence.
- 3) Given that both participants are total dependence for bathing, twice the recommended maximum time for bathing for an individual who is total dependence is two hours.
- 4) The request on the task schedule is three hours, which exceeds the combined

¹⁵Requests that exceed twice the maximum recommended times require medical documentation

recommended maximum time of two hours. Without additional medical documentation to support the request, the reviewer will allot two hours for bathing.

Example 2: Shared IADLs

Per the task schedule, Participant A and Participant B are requesting 60 minutes of shared PAS, per meal, for meal preparation. Participant A is limited assistance and participant B is maximal assistance for meal preparation. Participant A requires a normal diet. Participant B requires a modified mechanical diet.

Utilization Review Process:

- 1) Review the most recent interRAI HC assessment (Section G: Functional Status and Section K: Oral and Nutrition Status) for each participant to determine functionality for meal preparation and mode of nutrition intake.
 - a) Confirm Participant A requires limited assistance (coded a 3) with meal preparation and no dietary modifications
 - b) Confirm Participant B requires maximal assistance with meal preparation (coded a 5) and a modified mechanical diet
- 2) Review the SOP, which notes a recommended maximum time of 30 minutes for meal preparation, regardless of functional status, and includes 10 additional minutes for individuals with modified diets.
- 3) Twice the recommended maximum time for meal preparation, plus an additional 10 minutes for a modified diet is one hour and 10 minutes.
- 4) The request on the task schedule is 60 minutes, which is less than the combined recommended maximum time of one hour and 10 minutes; therefore, the reviewer will allot one hour for meal preparation.

Example 3: Shared IADLs

Per the task schedule, Participant A and Participant B are requesting 60 minutes of shared PAS, per meal, for meal preparation. Both Participant A and B are total dependence for meal preparation, independent with eating and do not require dietary modifications.

Utilization Review Process:

- 1) Review the most recent interRAI HC assessment (Section G: Functional Status and Section K: Oral and Nutrition Status) for each participant to determine functionality for meal preparation and mode of nutrition intake.
 - a) Confirm Participant A is total dependence (coded a 6) for meal preparation, independent in eating (coded a 0) and requires no dietary modifications
 - b) Confirm Participant B is total dependence (coded a 6) for meal preparation, independent in eating (coded a 0) and requires no dietary modifications

- 2) Review the SOP, which notes a recommended maximum time of 30 minutes for meal preparation, regardless of functional status.
- 3) Twice the recommended maximum time for meal preparation is one hour.
- 4) The request on the task schedule is 60 minutes, which is equivalent to the combined recommended maximum time of one hour; however the participants are both independent with eating and do not require dietary modifications. While the task does involve food preparation and cleanup for two participants, this effort does not justify twice the recommended maximum time as the meal will be the same and the cleanup associated with food preparation the same regardless of the food quantity. The reviewer will allot 40 minutes for meal preparation.

Personal Assistance for Individuals under 18¹⁶

Personal assistance does not include assistance with tasks that are typically performed by a participant's parent or legal guardian, except when such assistance is due to the participant's chronic illness, medical condition or disability. Assistance that would normally be provided by a parent or legal guardian due to the participant's age or developmental stage is considered outside the scope of PAS. The utilization review process for individuals under the age of 18 requires reviewers to have an understanding of the types of tasks with which children and youth generally require assistance, and the level of assistance generally required, at each developmental stage.¹⁷

Example 1: ADLs

Per the task schedule, Participant A is requesting 60 minutes for bathing. Participant A is six years old and requires limited assistance with bathing and transfers, and is unsteady with ambulation.

Utilization Review Process:

- 1) Review the most recent interRAI Pediatric HC (PEDS-HC) assessment (Section G: Functional Status) for the participant to determine functionality for bathing, transfers and mobility.
 - a) Confirm Participant A requires limited assistance (coded a 3) with bathing, transfers and mobility
- 2) Review the SOP, which notes a recommended maximum time of 30 minutes for bathing for an individual who is assessed as limited assistance.

¹⁶COMAR 10.09.84.02B(31) defines a representative as a parent or guardian of a dependent minor child and COMAR 10.09.84.06C indicates that a provider agency may not assign a participant's representative to provide assistance to the participant.

¹⁷Reviewers should consult with clinicians within their organization if unfamiliar with developmental stages.

- 3) Developmentally, a six-year-old may be able to bathe independently, but may still require setup help and supervision. This request appears to be based on Participant A's functional status as a result of chronic illness, medical condition or disability, rather than age.
- 4) The request on the task schedule is 60 minutes, which exceeds the recommended maximum time of 30 minutes. Without additional medical documentation to support the request, the reviewer will allot 30 minutes for bathing.

Example 2: ADLs

Per the task schedule, Participant B is requesting 60 minutes for bathing. Participant B is two years old and is total dependence for bathing, transfers and mobility.

Utilization Review Process:

- 1) Developmentally, most two-year-olds are total dependence for bathing; therefore, assistance is considered the responsibility of the participant's parent or legal guardian. Some assistance may be considered based on additional medical documentation supporting increased time and effort related to the participant's chronic illness, medical condition or disability, but in lieu of that documentation, the reviewer will not allot any time for assistance with bathing.

Example 1: IADLs

Per the task schedule, Participant A is requesting 60 minutes for each meal (3 meals per day). Participant A is a 10-year-old with a diagnosis of Autism Spectrum Disorder who requires extensive assistance with meal preparation. Comments on the interRAI PEDS-HC indicate that the participant can prepare a bowl of cereal and use the microwave and toaster oven.

Utilization Review Process:

- 1) Review the most recent interRAI PEDS-HC assessment (Section G: Functional Status) for the participant to determine functionality for meal preparation.
 - a) Confirm Participant A requires extensive assistance (coded a 4) with meal preparation
- 2) Developmentally, a 10-year-old may be able to make a simple meal. The reviewer considers the type and complexity of each meal; for example, breakfast could consist of cereal or oatmeal and juice or milk. The participant may be able to make breakfast, but needs assistance with cleanup. A 10-year-old would not typically make more complex meals, such as lunch or dinner; thus, responsibility for meal preparation for those meals lies with the participant's parent or legal guardian.
- 3) Review the SOP, which notes a recommended maximum time of 10 minutes for meal cleanup.

- 4) The request on the task schedule is 60 minutes per meal, which includes non-covered tasks (as the reviewer determined that assistance with meal preparation for lunch and dinner is the responsibility of the participant's parent or legal guardian) and exceeds the recommended maximum time for cleanup. Without additional medical documentation to support the request, the reviewer will allow 10 minutes for assistance with cleanup after breakfast.

Example 2: IADLs

Per the task schedule, Participant B is requesting three hours for shopping, twice weekly. Participant B is 16 years old, has an intellectual disability and is total dependence for shopping, but independent with mobility.

Utilization Review Process:

- 1) Review the most recent interRAI PEDS-HC assessment (Section G: Functional Status) for the participant to determine functionality for shopping and mobility.
 - a) Confirm Participant B is total dependence (coded a 6) with shopping, but independent (coded a 0) with mobility
- 2) Developmentally, most 16-year-olds are able to do their own shopping. This request appears to be based on Participant B's functional status as a result of chronic illness, medical condition or disability, rather than age.
- 3) Review the SOP, which notes a recommended maximum time of two hours weekly for individuals without impaired mobility.
- 4) The request on the task schedule is three hours, twice weekly, which exceeds the recommended maximum time of two hours weekly. Without additional medical documentation to support the request, the reviewer will allot two hours a week for shopping.

Example 3: IADLs

Per the task schedule, Participant C is requesting 60 minutes daily for laundry due to loose stools from g-tube feedings. Participant C is 7 years old, with a diagnosis of Cerebral Palsy, is incontinent of bowel and bladder and g-tube fed. Participant C is total dependence for housework. The task schedule notes that Participant C has a washer and dryer in the home.

Utilization Review Process:

- 1) Review the most recent interRAI PEDS-HC assessment (Section G: Functional Status, Section K: Oral and Nutrition Status and Section H: Continence) for the participant to determine functionality for housework, mode of nutrition intake and continence.
 - a) Confirm Participant C is total dependence (coded a 6) for housework, incontinent

of bowel and bladder and g-tube fed

- 2) Developmentally, most 7-year-olds are not doing laundry independently, but may be able to assist with some of the tasks; for example, putting soiled clothes in a hamper. Conversely, most 7-year-olds are continent of bowel and bladder.
- 3) Review the SOP, which notes a recommended maximum time of 30 minutes daily for an individual who is frequently or totally incontinent and has access to a washer and dryer in the home.
- 4) The request on the task schedule is 60 minutes daily for laundry, which exceeds the recommended maximum time of 30 minutes daily. Without additional medical documentation to support the request, the reviewer will allow three hours and 30 minutes weekly for laundry.