

## Suffolk County Disabilities Advisory Board

Approved

September 29, 2010, 2010 Meeting Minutes

A meeting of the Suffolk County Disabilities Advisory Board was held on September 29, 2010 in the Conference Room of Building 158, North County Complex, Hauppauge at 2:08 pm, Chairperson Beverly Cody presided.

### **PRESENT:**

#### **GROUP A**

Frank Krotzschinsky, Esq.	Representing County Executive Steve Levy
Jack Caffey	Representing Legislature Presiding Officer William Lindsay
Timothy Rothang	Representing Legislator Kate M. Browning
Linda O'Donohoe	S.C. Department of Social Services
James Kokindo	Representing S.C. Human Rights Commission
Barbara Falkman	S.C. Dept. of Health Services/Div. of Services for Children with Special Needs
Donna Passin	S.C. Department of Labor
Terry Maccarrone	S.C. Department of Parks

#### **GROUP B**

Beverly Cody	Member, Secretary & Acting Chair
Debbie Epple	Member, S.C. Department of Civil Service/Public Info.
Valerie Lewis	Member

#### **GROUP C**

Teresa Strum	Member, Western Suffolk BOCES
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#### **GROUP D**

Jodi Nicastro	Rep., Ingo Gloeckner, Member, VESID
Glenn Campbell, Esq.	Member
Roy Probeyahn	Member

**GUESTS:** Garry Lenberger, Interim Director, SCDPW Transportation

**STAFF:** Heidi Zeitler, Sr. Clerk Typist, Suffolk County Office of Handicapped Services

**EXCUSED:** Joseph Sanseverino, Mitch Shapiro, Kleo King, Esq., Esq., Tedd Godek, Lew Johnson

**APPROVAL OF MINUTES OF AUGUST 11, 2010:** Beverly asked if there were any changes to be made to the minutes as distributed. There were none. James made a motion to accept the minutes as distributed and Valerie seconded the motion. All were in favor and the minutes were unanimously approved.

**CORRESPONDENCE:** None.

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**CHAIRPERSON'S REPORT:** Beverly said there was a proposal in the County's budget regarding moving OHS under the Dept. of Health in order to increase OHS funding. Beverly thinks it would be a terrible idea.....She read aloud the letter she wrote, which is open to changes. Beverly would like to read it at the legislature's next budget hearing and include it in today's minutes. \*letter attached

Frank indicated that he has been advised, that the Office of Handicapped Service's functions will not change and may be enhanced. Frank also stated that he has been told that he will continue to have access to the County Executive's Office.

Beverly feels we need to get large numbers of people with disabilities to come to the public hearings to show their opposition to this idea. Frank explained that OHS would be put in the bureau for 'Children with Special Needs' under the Health Dept. which would increase our funding possibilities. Valerie said moving OHS under 'Children Services' makes no sense at all. Valerie said there is no other department in the County like the Suffolk County Office of Handicapped Services. The work OHS does with legislation and the ADA role it plays must also be highlighted in the letter. By allowing this move to happen, people with disabilities civil liberties would also be taken away. As a disabled person, Valerie explained it's very difficult not having things in accessible format for people with disabilities. She can't read the budget and this continues to be a problem within the County.

Roy suggested we add 'civil rights' to the letter. OHS and this Disabilities Advisory Board are all about people with disabilities. Placing the department along with Children with Special Needs is an inappropriate placement.

Jack Caffey said we should express our concerns with the county legislature. Tim said they these concerns can be brought to the legislature's attention on 10/12/10 and 10/18/10.

Barbara said she works in the S.C. Dept. of Health Services/Div. of Services for Children with Special Needs and wasn't aware of this proposal.

Roy made a motion to amend the letter to include the civil rights issue and to also add that placing OHS along with 'Children with Special Needs' is not an appropriate placement. Teresa seconded the motion and was carried. The following people recused themselves from the vote: Frank, Jack, Barbara, Linda, Debbie, James, Terry and Donna.

## **COMMITTEE REPORTS:**

**Architectural Barriers** – Lew was excused.

**Community Partnership** – Frank gave testimony on the board's position regarding the IEP issue in front of the Suffolk County Legislature. Frank feels the testimony was well received and the legislature stated their position on the record that they are in agreement with the board on this issue.

Jodi brought a chart along to show VESID has nothing to do with the IEP issue. VESID and Special Education have just separated and that's what this chart will show you. This is a Special Education issue coming from the Board of Regents and has nothing to do with VESID. Special Education is now under P-12 division and is headed by Deputy Commissioner Dr. Becky Cort who was formerly from VESID and prior to that, Special Education.

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VESID is now going under the title of Adult, Education and Workforce Development which may be a temporary title because they don't have a new Commissioner yet.

The newly appointed Assistant to the Deputy Commissioner is Debra Brown Johnson. The new Deputy Commissioner is Kevin Smith and the new Commissioner of Education is David Steiner. In terms of the name changing this remains to be seen.

**Education** - Teresa had nothing new to report.

Roy, Chair of the Family Support Council said they will be having a Legislative Breakfast this Friday morning October 1, 2010 at the Huntington Hilton. At the meeting of Task Force on Aging Out last week, one of the people involved with the IEP issue attended a video/phone conference and reported that the Board of Regents, VESID and State Education are moving towards the elimination of the IEP diploma. There's a learning group that has organized in opposition to that and have been participating in the meetings but there are other groups who are in favor of the elimination of the word diploma. Another startling fact that came out of the meeting is that they are proposing to eliminate the local diploma as well and just keep the regent's diploma. Roy feels this would make the High School dropout rate sky rocket. Roy has already contacted four state legislators in the assembly and senate regarding these issues.

**Housing** - Vacant

**Legislation** - Vacant

Valerie wanted to know who will be the contact person overseeing SCAT? Garry said for now they could contact either himself or Chris Chatterton. SCDPW is very short staff and they are doing the best they can with what they have.

Garry said they have purchased 81 buses some of which are 40 ft., 35 ft. and 30ft. which will begin arriving sometime this week. The buses do have braille and or tactile identification on the vehicles.

SCDPW did purchase some hybrid buses back in 2008 for a pilot program which was successful, but expensive. The vehicles they are buying now cost approx. \$340,000 and the hybrid buses cost approx. \$530,000 each.

Frank wanted to know how many SCAT buses are currently in operation. Garry said at the end of last year they had 102 SCAT buses on the road and now they are up to 118. About 70% of the vehicles have video and sound recording on board. Valerie wanted to know if the regular buses are also purchased with video and sound recording. Garry said no they aren't. Valerie wanted to know why people with disabilities are being monitored. Garry said it came from a request which SCDPW had originally objected to but were required to do and he can't recall if it was mandate or if it was a resolution but it was spurred by a complaint by a disabled passenger who complained about his driver. Frank said it was done more in an effort to monitor the drivers. Valerie feels this is outrageous and said it's a privacy issue and the same monitoring should then apply to the regular transit buses as well.

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**Employment** – Donna reported that the NYS Dept. of Labor and Workers Compensation Board are working together very hard to ensure that individuals that have been newly classified as permanent, partial disabled, that they continue to do an effect job search and recommend very strongly they come to the One Stop Employment Center. They have been getting many more individuals on Workers comp coming to the One Stop. One Stop Employment Center also provides documentation that they were served at the One Stop and they are constantly looking at different ways to assist these individuals to get them employment that they are capable of doing. Not only does the One Stop service them, they track them as well and NYS Department of Labor request reports from them on how many they have served and how many people have become employed. Next month, October is 'National Disability Employment Awareness Month'. (In 1945 at that time they declared the first week in October as National Employ the Physically Handicapped Week. In 1962 the word physically was removed to acknowledge the employment needs and contributions of individuals with all types of disabilities. Then in 1988 Congress expanded the week to include the month now and that's where we come to the National Disability Awareness month.) The Bureau of Labor Statistics just released data on employment of persons with disabilities and you can find this information at [www.bls.gov/news.release/disabl.nr0.htm](http://www.bls.gov/news.release/disabl.nr0.htm)

### **COUNTY DEPARTMENTS:**

**Suffolk County Office of Handicapped Services** - Frank reported that the Suffolk County Director of Information and Technology is very much on board with making the county websites accessible for people with visual impairments. Frank had sent them a federal issued checklist to help them evaluate the compliance of the website with the ADA requirements. They have completed that and have indicated some of the issues have been corrected and are now waiting to have it approved further up.

**Suffolk County Parks** - Terry had nothing new to report.

**S. C. Department of Social Services** – Linda said they have a new revised physician's order form for CDPAP services. It eliminates the necessity of the physician to provide information on the consumer and it will allow the nurse assessors to observe and record the functional information best obtained in the home setting. \*CDPAP form attached

**S. C. Office of Public Information** – Debbie had nothing new to report.

**Old Business** – None

**New Business** – Roy mentioned the New York State Office of Mental Retardation and Developmental Disabilities is now called the Office for People with Developmental Disabilities. Roy is the Chair of the Suffolk County MRDD Committee and they are proposing to the Community Board to have the name changed to Intellectual and Developmental Disabilities Committee. Commissioner Diane Jones Ritter from OPWDD has resigned, and the acting Commissioner is Max E. Chmura and the new Executive Deputy Commissioner is James Moran. Long Island DDSO Director Jill McGinn has retired and her replacement is Gerald Huber and he took over the post in September.

**S.C.Department of Health/Division of Children with Special Health Care Needs** - Barbara had nothing new to report.

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**S.C. Department of Public Works/Transportation Division** - Garry Lenberger introduced himself as the new interim Director from SCDPW. He asked if anyone had any questions for him...

Jack asked what ever happened with the braille bus signage. Garry said Kevin Darcy was involved with that project, but has since retired, along with Robert Shinnick. They have one person left in the office and Garry will get in contact with him regarding that file.

As far as Jack can remember, everyone on the Transportation Task Force had agreed on a color and Kevin was in the process of finding a local sign maker.

Garry said if this project is federally funded you have federal regulations that are required in contracts and you can't have local preferences.

Valerie said she was on the sub-committee for the braille bus signage as well and the issue was that there are no accessible bus stops signs for people who are visually impaired or blind. We were brought samples of colors, background and foreground, printing and tactile elements for the sign. Nothing was ever finalized. From the conversations she had with Kevin, they liked the signage that was installed in the new Citi Field Ball Park. Valerie believes it wasn't a federally funded issue but more of a county issue in terms of bus stop signage. Valerie has spoken to various universal design vendors from around the country and they have said there aren't any ADA requirements when it comes to tactile signage.

Jack added that it was also recommended for the bus signage to be of a certain height for people who are blind and or in a wheelchair.

Valerie wanted to know who will be the contact person overseeing SCAT? Garry said for now they could contact either himself or Chris Chatterton. SCDPW is very short staff and they are doing the best they can with what they have.

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**S.C. Human Rights Commission** – James reported there is a Commission meeting tonight and they will be discussing the proposal of moving OHS to under the Dept. of Health.

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**S.C. Community Development** – Joseph was excused.

**S.C. Library System** – Valerie had nothing new to report.

**SILO** – Glenn reported that Alice Young (formerly a SCDAB board member) is now working at SILO in their Education Department. SILO just started a new program called Suffolk Employment Realty Program, (SERP) for ex-offenders with disabilities and it was born from a grant from Hunter College.

**ADJOURNMENT:** Roy made a motion to adjourn the meeting and Jack seconded the motion. The motion carried and the meeting adjourned at 4:10 p.m. **The next meeting will be held on October 27, 2010 at 2:00 p.m. in the Conference room, Building 158, Veterans Memorial Highway, Hauppauge.**

Respectfully submitted,

Heidi Zeitler

## COUNTY OF SUFFOLK



## SUFFOLK COUNTY DISABILITIES ADVISORY BOARD

Steve Levy  
Suffolk County Executive

William J. Lindsay Presiding Officer  
Suffolk County Legislature

Leg. Kate M. Browning, Chair  
Health Committee

October 5, 2010

Dear Legislative Committee:

The Suffolk County Disability Advisory Board is categorically opposed to the proposal in the 2011 budget to move the Suffolk County Office of Handicapped Services (OHS) into the Suffolk County Department of Health Services (DHS/CSN). We are opposed for a multitude of reasons.

There are no dollar and cents cost savings from this ill-advised move. Money will not be saved unless this already understaffed office is cut even further. There is no dispute that in the near term no additional revenue will be realized.

Even in the longer term, N.Y. State Medicaid will not pay the salary of OHS staff. The State only occasionally pays for county workers performing State Health Dept. functions. OHS does not perform health related functions. Disabled persons are not sick. Illness may have resulted in a disability, but once the acute phase is resolved it is no longer a medical problem. Many disabilities are not the result of any illness at all.

Since the OHS was created in 1981 with Bruce Blower as director until his retirement in 2009, this office has done an outstanding job impacting in a positive way the 315,000 people with disabilities in Suffolk County (number based on 2008 federal census). Frank Krotchinsky, a former board member and an attorney with a disability has taken over after Bruce's retirement to continue the important work of this department.

Merging OHS into the DHS/CSN will drastically impede the influence and effectiveness of the Office by blocking direct access to the County Executive's Office. It will seriously impair the office's effectiveness in dealing with County government agencies, as well as with business and industry.

Currently OHS receives about 25,000 calls per year from citizens with problems. About 2500 of the calls require direct staff individual advocacy of at least a few hours. The OHS serves as an information and referral point for questions related to the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA), as well as civil rights issues and issues of public services and public accommodation. It is this County's ADA/504 compliance office.

The OHS is the main resource on a county level to advise and educate County administration and staff on disability related legal requirements and public accommodation. Since its inception, OHS has been directly involved with issues of transportation, education, employment, housing, recreation, and access to all County government services for citizens with disabilities. There is no other County office that serves such a role or has the in-depth knowledge of local, state and federal legislation.

Making OHS a very small unit within the very large DHS will significantly change the impact and clout presently enjoyed by the Office under the auspice of the County Executive. Having the OHS go through the Health Services Department bureaucracy before even reaching the County Executive or Legislature with pressing issues would neither save money nor enhance its functioning ability. Placing it in a unit for children with special needs makes no sense at all! The OHS is responsible for people with disabilities of all ages; adults, seniors and children.

This counter productive move could result in costly federal lawsuits from citizens with disabilities whose disability rights are being violated. Issues that can now be handled in a timely, efficient and effective manner by the OHS will not find a prompt and informed source leading to resolution of the problem. Under the current structure, the Director of OHS can communicate directly with the County Executive and heads of other County departments. This loss of direct access to other County department heads, by placing OHS under layers of Health Services bureaucracy, will almost certainly delay ADA/504

complaint resolution resulting in more federal lawsuits against Suffolk County. That would add County legal costs.

Most importantly, the 315,000 people living with disabilities in Suffolk County deserve and expect a reliable, informed and effective County agency to address their unique needs. OHS has been, and continues to be highly effective. So why make undesirable changes that make life even more difficult for individuals with disabilities---Suffolk's largest minority.

In addition to reducing the effectiveness of the OHS, the move will not save or produce more money for the County. We strongly urge you to remove this devastating budget proposal to merge OHS into the Department of Health Services from the 2011 Operating Budget. Do not disrespect the 20% of Suffolk's population who happen to have disabilities.

Respectfully submitted,

*Beverly Cody*

Beverly Cody, Chair  
Disabilities Advisory Board

**PHYSICIAN'S ORDER FOR PERSONAL CARE/CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES**

COMPLETE ALL ITEMS

INCOMPLETE FORMS WILL BE RETURNED TO THE PHYSICIAN

(Use Additional Paper If Necessary)

**1. Patient Identifying Information**

PATIENT NAME		CIN	DATE OF BIRTH	SEX
ADDRESS: APT/STREET		CITY	STATE	ZIP CODE
TELEPHONE NO. ( )	MEDICARE NO.	IF CURRENTLY HOSPITALIZED: Name of Hospital	DATE OF ADMISSION:	ANTICIPATED DATE OF DISCHARGE
TO ABOVE ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO EXPLAIN: _____				

**2. General Information**

PHYSICIAN NAME		LICENSE #	TELEPHONE NO. ( )
ADDRESS: STREET		CITY	STATE ZIP CODE
If the examination was conducted by a Physician's Assistant, Specialist's Assistant, or Nurse Practitioner, Identify: Name _____ Profession: _____ License # _____			
PLACE OF EXAMINATION: _____			
DATE OF EXAMINATION: _____			

**3. Medical Findings**

NOTE: Indicate N/A if an item does not apply to this patient or Unk if the requested information is unknown to the physician signing this form.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

For the condition(s) requiring personal care

Primary Diagnosis \_\_\_\_\_ ICD-9-CM Ccde \_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_ ICD-9-CM Ccde \_\_\_\_\_

Describe the patient's current medical/physical condition \_\_\_\_\_

Is the patient's condition stable?  Yes  No

Is the patient appropriate for Hospice care?  Yes  No

Describe the current treatment plan and therapeutic goals including the prognosis for recovery: \_\_\_\_\_

Describe any prohibited activities or functional limitations: \_\_\_\_\_

Is the patient self-directing?  Yes  No

Is the patient able to summon help by any means?  Yes  No

If no, explain \_\_\_\_\_

Is the patient able to ambulate independently?  Yes  No With devices?  Yes  No Other Assistance?  Yes  No

Describe: \_\_\_\_\_

Is the patient continent of bowel?  Yes  No of bladder?  Yes  No

Catheter/Colostomy Needs: \_\_\_\_\_

List all current medications (prescription and OTC) and note dosage and frequency and any special instructions (attach additional sheet if necessary):

Can the patient self-administer medication:  Yes  No

If the patient requires a modified diet or has other special nutritional or dietary needs, describe: \_\_\_\_\_

Please indicate any task, treatments or therapies currently received, or required by the patient: \_\_\_\_\_

Does the patient require assistance with, or provision of, skilled tasks (e.g. monitoring of vital signs, dressing changes, glucose monitoring, etc.)?

Yes  No

If Yes, please indicate:

Based on the medical condition, do you recommend the provision of service to assist with skilled tasks, personal care and/or light housekeeping tasks?

Yes  No

**Contributing Factors:**

Describe contributing factors including but not limited to the social, family, home or medical (e.g. muscular/motor impairments, poor range of motion, decreased stamina, etc.) situation that may affect the patient's ability to function, or may affect the need for home care or that may affect the patient's need for assistance with skilled tasks, personal care tasks and/or light housekeeping. Please include any other information that may be pertinent to the need for assistance with home care services.

IT IS MY OPINION THAT THIS PATIENT CAN BE CARED FOR AT HOME. I HAVE ACCURATELY DESCRIBED HIS OR HER MEDICAL CONDITION, NEEDS AND REGIMENS, INCLUDING ANY MEDICATION REGIMENS, AT THE TIME I EXAMINED HIM OR HER. I UNDERSTAND THAT I AM NOT TO RECOMMEND THE NUMBER OF HOURS OF PERSONAL CARE SERVICES THIS PATIENT MAY REQUIRE. I ALSO UNDERSTAND THAT THIS PHYSICIAN'S ORDER IS SUBJECT TO THE NEW YORK STATE DEPARTMENT OF HEALTH REGULATIONS AT PARTS 515, 516, 517 AND 518 OF TITLE 18 NYCRR, WHICH PERMIT THE DEPARTMENT TO IMPOSE MONETARY PENALTIES ON, OR SANCTION AND RECOVER OVERPAYMENTS FROM, PROVIDERS OR PRESCRIBERS OF MEDICAL CARE, SERVICES OR SUPPLIES WHEN MEDICAL CARE, SERVICES OR SUPPLIES THAT ARE UNNECESSARY, IMPROPER OR EXCEED THE PATIENT'S DOCUMENTED MEDICAL CONDITION ARE PROVIDED OR ORDERED.

**INCOMPLETE OR MISSING INFORMATION MAY DELAY SERVICES TO THIS PATIENT**

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SIGN AND RETURN COMPLETED FORM WITHIN 30 CALENDAR DAYS OF EXAMINATION TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New York State Department of Health**

**PHYSICIAN'S ORDER FOR PERSONAL CARE/CONSUMER DIRECTED PERSONAL ASSISTANCE SERVICES  
INSTRUCTIONS**

**COMPLETE ALL ITEMS. (Attach additional sheets, if necessary). INCOMPLETE FORMS WILL BE RETURNED TO THE PHYSICIAN. INCOMPLETE OR MISSING INFORMATION MAY DELAY SERVICES TO THIS PATIENT.**

**1. Patient Identifying Information**

- **Patient Name.** Enter the patient's name.
- **CIN.** Found on the patient's Medical Assistance ID card.
- **Date of Birth.** Enter the patient's date of birth.
- **Sex.** Enter the patient's gender.
- **Address and telephone number.** Enter the patient's address and telephone number.
- **Medicare #.** Enter the patient's Medicare number if available.
- **If currently hospitalized.** If the patient is hospitalized at the time of completion of the physician's order, indicate the name of the hospital, date of admission, and anticipated date of discharge.
- **Discharge to above address.** If the patient is to be discharged to an address other than the address listed above please explain.
- **General Information**

**Physician's Name, License #, Address, Telephone.** Enter information for the physician signing the order. Enter either the physician's license number as issued by the New York State Department of Education or the provider billing number issued by the New York State Department of Health Medicaid Management Information System.

- **Examination conducted by other than a physician.** If patient was examined, and the order form completed by a physician's assistant, specialist's assistant, or nurse practitioner, complete the required information.
- **Place of Examination.** Indicate the location (office, clinic, home, etc) of the examination of the patient.
- **Date of Examination.** Enter the date the patient was examined. This must be within 30 days of the date the physician signed the form.

**3. Medical Findings**

**Note:** Indicate **N/A** if an item does not apply to this patient or **Unk** if the requested information is unknown to the physician signing this form.

- **Height, Weight.** Enter the patient's height and weight.
- **Primary and Secondary Diagnosis.** Enter the primary and secondary diagnosis with ICD-9-CM codes for the primary and secondary conditions which result in the patient being evaluated for home care services.
- **Describes the current condition.** Describe the patient's current medical/physical condition, including any relevant history.
- **Stability.** Check **Yes** if the patient's condition is not expected to show marked deterioration or improvement. **A stable medical condition** shall be defined as follows:
  - (a) the condition is not expected to exhibit sudden deterioration or improvement; and
  - (b) the condition does not require frequent medical or nursing judgment to determine changes in the patient's plan of care; and
  - (c) (1) the condition is such that a physically disabled individual is in need of routine supportive assistance and does not need skilled professional care in the home; or
  - (2) the condition is such that a physically disabled or frail elderly individual does not need professional care but does require assistance in the home to prevent a health or safety crisis from developing.
- **Hospice.** If the patient's condition is terminal, indicate if the patient is appropriate for Hospice services.
- **Describe the current treatment plan.** Include therapeutic goals and prognosis for recovery and anticipated duration of the current treatment plan.
- **Limitations.** Indicate any functional limitations or prohibited activities.
- **Self-Directing.** Indicate if the patient is self-directing. Self-directing means that the patient is capable of making choices about activities of daily living, understanding the impact of the choices, and assuming responsibility for the results of the choices. A **No** response to this item should be reflected in the description of the patient's condition as documented in the applicable section.
- **Able to Summon Help.** Check **Yes** if the patient is able to summon assistance in an emergency situation by any means. If the patient is not able to summon assistance, check **No** and explain.

- **Ambulation.** Indicate the patient's ability to ambulate independently, or with the need for assistance or devices. Specify assistance/devices used or needed.
  - **Bowel/Bladder.** Indicate if the patient is continent. Describe any catheter or colostomy needs.
  - **Medications Required.** List all prescription and over-the-counter medications the patient is taking and note dosage, frequency and any special instructions.
  - **Medication Administration.** Indicate the patient's ability to self-administer medications.
  - **Dietary Needs.** Indicate if the patient has special nutritional or dietary needs, i.e. low salt or high potassium.
  - **Tasks/Treatments/Therapies.** Indicate any tasks, treatments or therapies which the patient receives or requires in the home and describe.
  - **Need for completion/assistance with skilled tasks.** If the patient requires assistance with skilled tasks including, but not limited to, glucose monitoring, wound care, vital signs, describe the need for such assistance.
  - **Recommendation to provide assistance.** Check **Yes** if, in your opinion, the patient can be maintained in his or her home with provision of home care services.
  - **Contributing factors to need for assistance.** Please indicate the functional deficits that support the need for the provision of home care services. Please include any pertinent information you may have regarding the patient's surroundings, physical condition or other factors that may affect the ability of the patient to function in the community or the patient's need for assistance with personal care tasks.
4. **Physician's Signature/Date of completion.** The signature of the ordering physician as identified in Item 2. Note that by signing this document, the physician certifies that the patient's condition and needs are accurately described. Forms lacking a signature and/or date are not acceptable.
  5. **Return Form To.** The local district or other case management entity to whom the form is to be returned.