

PERSONAL CARE			SUDS Client Record		SUDS Assessments				
Checkbox Name in SUDS	SERVICE	Formula for SUDS Checkbox	First Name, Last Name	Date of Birth or Age	ADL	IADL	In Home Eligibility		Nutrition Screening
							Can Perform Chores Without Help	Cognitive Impairment Requiring Supervision Question	
Personal Care Eligibility	Personal Care	<input type="checkbox"/> First Name <input type="checkbox"/> Last Name <input type="checkbox"/> Date of Birth or Age > = 60 AND <input type="checkbox"/> ADL Assessment Date <= 13 mos & ADL Score >= 2 OR <input type="checkbox"/> In Home Eligibility Assessment Date <= 13 mos & In Home Eligibility Assessment Question "Cognitive Impairment requiring Supervision Screening" = Yes	X	X	X must be greater or equal to 2 if Cognitive Impairment requiring Supervision Screening is not equal to <b>yes</b>			X Must equal <b>yes</b> if ADL is not greater or equal to 2	
Personal Care Requirements	Personal Care	<input type="checkbox"/> First Name <input type="checkbox"/> Last Name <input type="checkbox"/> Date of Birth or Age > = 60 <input type="checkbox"/> Nutrition Assessment Date <= 13 mos <input type="checkbox"/> ADL Assessment Date <=13 mos <input type="checkbox"/> IADL Assessment Date <= 13 mos <input type="checkbox"/> In Home Assessment Date <= 13 mos	X	X	X <i>Required, determined during eligibility</i>	X	X	X <i>Required, determined during eligibility</i>	X

\*Demographics are not part of the "required" as creating a new client with first and last name will automatically require demographics. Reminder, this is how SUDS thinks and should be used in conjunction with the Services Definitions and Reporting Requirements, not in place of.

# Personal Care

Delivery Methods: Direct Service; Voucher - Participant Directed; Voucher - Participant Choice ; Local - Not OAA/SFSS Funded

