

## NEW CHANGES TO COMPLETE M27R

New Changes for the completions of the M27R are as follows

On the M27R, CHN must now circle, where client needs some/ or Total assistance.

Freq. Please indicate how often task needs to be done. In the daily box, Please indicate how often clients requires task to be done.

**For example, if client requires bathing, indicate clients needs some assistance in the daily box; if client takes a bathes twice a day, please write 2 in the daily box.**

In the weekly box, CHN must indicate how many times client is being Serviced.

**Example: if client is receiving 3x4 in the weekly box please write the number 3. This indicates how many times the client is being serviced.**

In the Total weekly time box, multiply client's assistance which could be some or total x daily box x weekly box.

**Example: If client is getting some assistance – 10 min. a day, client is bathing twice a day x weekly which is 3, the total weekly time would be 60 minutes, because it is 10x2x3, which would give the total weekly time.**

Provider box indicates who is doing the task, CHN would write in the provider box, who is doing the task, please refer to the key codes to identify the providers. Either write number 1 for family member or number 4 for home attendant

Time of day box- CHN; please write AM/PM is to indicate what time of day Personal Care is done.

### Where check marks are allowed





- ✓ Check marks are allowed:
- ✓ Personal Care Activity box,
- ✓ Not needed box
- ✓ Independent box.

\*\*\*\*\*Please note that checks are only allowed on the M27R if client does not need or need task- check off not needed in the not needed box, and the task needed which is located on the left side of the M27R.

Check marks are also allowed in the independent box.

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### Where check mark are prohibited

-  Please remember, check marks are not allowed:
-  Client Assisted Box,
-  Frequency Box
-  Total Weekly Time Box

**Please circle other needs whether client need some or Total Assistance.**