

THAT the Regulation amending the Regulation respecting the acts contemplated in section 31 of the Medical Act which may be done by classes of persons other than physicians, attached to this Order in Council, be approved.

MICHEL NOËL DE TILLY,
Clerk of the Conseil exécutif

Regulation amending the Regulation respecting the acts contemplated in section 31 of the Medical Act which may be done by classes of persons other than physicians*

Medical Act

(R.S.Q., c. M-9, s. 19, 1st par., subpar. b)

1. The Regulation respecting the acts contemplated in section 31 of the Medical Act which may be done by classes of persons other than physicians is amended in section A-1.06 of Schedule A:

(a) by adding, after paragraph y, the following paragraphs:

“

(z) anti-varicella	x	x
(aa) anti-Lyme disease	x	x

”;

(b) by replacing in the column “other conditions” the letters “a to y” by the letters “a to aa”.

2. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

3880

M.O. 2000-017

Order of the Minister of State for Health and Social Services and Minister of Health and Social Services dated 27 September 2000

An Act respecting health services and social services (R.S.Q., c. S-4.2)

Classification of the services provided by intermediate resources

CONSIDERING that, under section 303 of the Act respecting health services and social services (R.S.Q., c. S-4.2), amended by section 95 of chapter 39 of the Statutes of 1998, the Minister of Health and Social Services shall propose to regional boards a classification of the services offered by intermediate resources based on the degree of support or assistance required by users, which is intended to foster an adequate framework and the regional implementation of intermediate resources, and to ensure sufficient flexibility for the emergence of new resources within the framework of regional service organization plans;

CONSIDERING that, under sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), a draft of the Classification of the services provided by intermediate resources was published in Part 2 of the *Gazette officielle du Québec* of 15 December 1999 with a notice that it could be established by the Minister upon the expiry of 45 days following that publication;

CONSIDERING that it is expedient to establish the Classification without amendment;

THEREFORE, the Minister of State for Health and Social Services and Minister of Health and Social Services establishes the Classification of the services provided by intermediate resources the text of which is attached to this Minister’s Order.

PAULINE MAROIS,
*Minister of State for Health and Social Services
and Minister of Health and Social Services*

Classification of the services provided by intermediate resources

An Act respecting health services and social services (R.S.Q., c. S-4.2, s. 303)

1. The services provided by intermediate resources are rated from level one to level five by using “Form for Determining the Extent of Services Required from the Intermediate Resource” appearing in Schedule 1.

* The Regulation respecting the acts contemplated in section 31 of the Medical Act which may be done by classes of persons other than physicians, adopted on 18 September 1982 (1982, *G.O.* 2, 22) was last amended by the Regulation approved by Order in Council 551-98 dated 22 April 1998 (1998, *G.O.* 2, 1750). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2000, updated to 1 February 2000.

2. Intermediate resources may provide different levels of services.

3. This Classification will come into force on the same date as section 95 of Chapter 39 of the Statutes of 1998.

APPENDIX I

FORM FOR DETERMINING THE EXTENT OF THE SERVICES REQUIRED FROM AN INTERMEDIATE RESOURCE

Instructions

(Frame of reference for intermediate resources – November 1998)

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FORM FOR DETERMINING THE EXTENT OF SERVICES REQUIRED FROM THE INTERMEDIATE RESOURCE

PART A – IDENTIFICATION OF USER(S) AND INSTITUTION

1. User's family name and given name: _____ or standard profil:
 - 1.1 Date of birth: ____/____/____ or Age: ____ to ____
 - 1.2 Sex: F M
 - 1.3 Problems: 1.3.1 Main problem: _____
 - 1.3.2 Associated problems: _____
2. Authority or body responsible for identifying extent of services required by user and provided by resource:
 - 2.1 Institution _____
 - 2.2 Code: _____
 - 2.3 Caseworker _____
 - 2.4 File N°: _____

**PART B – IDENTIFICATION OF EXTENT OF SUPPORT SERVICES OR ASSISTANCE REQUIRED
BY USER AND PROVIDED BY RESOURCE**

Characteristics of user and of intervention					Basic services	
Facet of personal life (C.1)	Characteristics of user		Characteristics of intervention		Services	Cote
	State (C.2)	Funct. (C.3)	Nature (C.4)	Expertise (C.5)		
3.1 Physical					3.10 Meal services	
3.1.1 Eating	X					
3.1.2 Dressing	X				3.11 Laundry services	
3.1.3 Hygiene	X					
3.1.4 Excretory functions	X				3.12 Housekeeping	
3.1.5 Mobility	X					
3.2 Cognitive					3.13 Personal presence	
3.3 Affective						
3.4 Behavioural					3.14 Night-time supervision	
3.5 Relational						
3.6 TOTAL					3.15 Presence of a second person	
3.7 Maximum authorized	25	30	20	35	3.16 Total (Add 3.10 à 3.15)	
3.8 Applicable score					Carry total on 3.16 to line 3.17	
3.9 TOTAL (L.3.8 C.2+C.3+C.4+C.5) Carry to line 3.17				<input type="text"/>		

Services classification

3.17 Characteristics of user and of intervention (L.3.9) _____ + Basic services (L.3.16) _____ = _____

3.18 Level of service: _____ 3.19 Type of residential organization: _____

PART C – IDENTIFICATION OF RESOURCE

4.1 Name of resource: _____

4.2 Name of person in charge: _____

4.3 Address: _____

4.4 Telephone N°: _____ 4.5 Guaranteed compensation: _____ per day

4.6 Client program or field of activity targeted: _____

Signature: _____ Date: _____ / _____ / _____
Year Month Day

Appendix I

GUIDE FOR THE FORM FOR DETERMINING THE EXTENT OF THE SERVICES REQUIRED FROM AN INTERMEDIATE RESOURCE

The form for determining the extent of the services required from an intermediate resource is used to establish or revise the amount of support or assistance to be provided by the resource for a user or a group of users (standard profile).

PART A IDENTIFICATION OF USER(S) AND INSTITUTION

1. Name of user

- If a single user is being evaluated, enter his name.
- If a standard profile is being established for a group of users, check off the appropriate box.

1.1 Date of birth and age

Enter the user's date of birth, in "year/month/day" order. If a standard profile is being established for a group of users, enter the age category of the users.

1.2 Sex

Enter 1 for female, 2 for male and 3 for a standard profile for both sexes.

1.3 Problems

Enter in box 1.3.1 the number corresponding to the user's main problem. If other associated problems are also significant, enter the corresponding number(s) in box 1.3.2.

- | | |
|---------------------------------------|---|
| 1. <u>Need for social protection</u> | Refers to a person's vulnerability, resulting from a loss of autonomy, or the absence or inadequacy of, or threats from, his family or social environment (sexual abuse, neglect, social isolation, violence, etc.) |
| 2. <u>Social maladjustment</u> | Refers to the presence of behavioural or social adjustment problems (behaviour disorders, alcoholism, etc.) |
| 3. <u>Loss of autonomy due to age</u> | Refers to all the biological, psychological and social problems associated with normal or premature aging |
| 4. <u>Mental health problem</u> | Refers to mental illness, personality disorders or psycho-affective disturbances |
| 5. <u>Physical health problem</u> | Refers to physical illness or organic impairments |
| 6. <u>Sensory impairment</u> | Refers to the loss of or a permanent anomaly in a sensory organ |
| 7. <u>Motor impairment</u> | Refers to the loss of or a permanent anomaly in a limb |
| 8. <u>Intellectual impairment</u> | Refers to the simultaneous presence of a significant intellectual handicap and problems related to adaptive behaviour |

2. Authority responsible for identifying the services required by the user and provided by the resource

Enter in the appropriate space:

- 2.1 The name of the institution responsible for determining the extent of the services.
- 2.2 The institution's code.
- 2.3 The name of the caseworker who made the determination.
- 2.4 The user's file number.

PART B DETERMINATION OF EXTENT OF SUPPORT SERVICES OR ASSISTANCE REQUIRED BY USER AND PROVIDED BY RESOURCE

1- CHARACTERISTICS OF THE USER AND OF THE INTERVENTION

For each facet in this section, you must enter the rating corresponding to the descriptor that best reflects:

- the user's state (enter rating in column C.2);
- the user's functioning (enter rating in column C.3);
- the nature of the intervention provided by the resource (enter rating in column C.4);
- the expertise required to enable the resource to provide the required service (enter rating in column C.5).

Fill in the four columns for a given facet before going on to the next facet (for example, Cognitive: C.2-C.3-C.4-C.5).

Then add up the ratings in each column and enter the result on line 3.13.

For each column, enter the lesser of lines 3.13 (total) and 3.14 (maximum authorized) on line 3.15 and add up all the amounts on that line.

Finally, enter on line 3.16 the total thus obtained.

1.1 Characteristics of the user

1.1.1. DISTINCTION BETWEEN STATE AND FUNCTIONING

– **state** refers to a trend, a predisposition or a given condition. For some characteristics (physical, relational and social), a state can be identified through the signs or symptoms a person displays, and through individual attitudes and behaviour. For other characteristics (cognitive, affective and behavioural), a state must be subjected to an overall intellectual assessment of the usual quality of the affect or of the type of personality that determines a behavioural tendency.

Bear in mind that the state refers to more basic, continuous or permanent elements of the facet evaluated. Hence, a temporary, transitory or non-significant element that could affect the evaluation of the user's state for any of the facets examined in this section should not be considered.

The question to ask here is:

- Is the user or is the user not _____? **OR** Does the user or does the user not have _____?

– **functioning** represents the more dynamic or fluctuating nature of the characteristic, its actualization or operationalization, the degree to which it is realized or expressed. For all characteristics, the type of functioning is established through direct or indirect observation (by an outside observer) of the attitudes or behaviour displayed by the user, or of the user's activities.

Bear in mind that functioning refers to the user's behaviour. The regularity and continuous nature of the functioning are major indicators for determining the ability or the attitude of the user with respect to the various facets.

The question to ask is:

- Does the user do it? **OR** Does the user not do it?

– **Example** for the cognitive facet

A schizophrenic user, that is, someone with a severe mental problem who, despite having an average or above-average intelligence (rating of 2 or 1 for his cognitive state) may not be functional with respect to any of the cognitive components in terms of attention, understanding, judgment, memory or spatial and temporal orientation (rating of 5 for cognitive functioning).

1.1.2 SPECIAL CONSIDERATIONS FOR RATING CHILDREN

- in evaluating and **determining the characteristics of a child** (state and functioning), reference must be made to the way children of the same age generally act and behave. Whatever the characteristic under study, if there is no significant deviation from a normal state or normal functioning for that age, enter the rating 1.
- **with reference to physical functioning**, it is normal for a **child** to require help. If the help required is the help normally given a child of the same age, enter the rating 1 for the ADL considered. Otherwise, choose the rating that best describes the user's functioning in terms of what should normally be accomplished at that age.
- **with reference to cognitive functioning**, the normal sensory-motor development of a **baby** must be taken into account. In particular, alertness, coordination and recognition of persons in his surroundings must be analysed. It is only normal that a young child does not actualize the cognitive functions to the same extent as an adult does.

1.1.3 CHOICE OF DESCRIPTORS

For each facet (physical, cognitive, affective, behavioural and relational), you must identify the descriptor that best represents the user, given his state and his functioning (see page 8). A rating of 1 always refers to the best or most favourable state or level of functioning, while 5 describes the worst or least favourable.

In order to choose the right descriptor, it is important to refer to the meaning given to state and functioning for each facet.

• **PHYSICAL FACET (3.1)**

Physical state refers to the presence or absence of organic impairments (illnesses), physical disabilities (motor-related) or sensory impairments (visual, auditory).

- State of health refers to health condition in general with reference to the presence or absence of illnesses and organic deficiencies.
- Physical (motor) or sensory (auditory or visual) deficiency refers to the loss of or a permanent anomaly in a limb or sensory organ.

• Examples:

- a user is considered to have a visual impairment when the state of his vision creates a disability that prevents him from performing a usual visual task satisfactorily with a conventional ophthalmological correction. For example: reading, writing, moving about.
- an auditory anomaly is considered to be an impairment only when it results in a significant loss of hearing that limits the person's ability to hear adequately. In this respect, the definition given by the Commission des centres de réadaptation pour personnes ayant une déficience physique of the Association des centres d'accueil du Québec is used:

“Any person whose evaluation of his hearing reveals a permanent decrease in auditory acuity or the capacity to discriminate speech that limits him in his ability to hear the spoken language and the sounds around him so that he is hampered in his social, occupational and academic integration.”

- Organic impairments or illnesses such as epilepsy, multiple sclerosis, cardiovascular disorders, arthritis, diabetes and cancer are considered to be health problems, no matter what the extent of the disease or the degree to which it is controlled.
- Occasional or temporary illnesses such as the flu or chicken pox are not considered to be health problems.

Physical functioning

- (Line 3.1, column C.3) Refers to the degree of autonomy a person has in carrying out the activities required to stay in good health and communicate.
- (Lines 3.1.1 to 3.1.5, column C.3) Refers to a person's ability to carry out the activities of daily life (ADLs).
- For each ADL, i.e., personal hygiene, eating, dressing, excretory functions and mobility, it must be determined whether the user can manage and be autonomous, regardless of the technical means required (prosthesis, orthosis, wheel chair, grab bars, cane, adapted utensils, velcro fasteners, incontinence pads, etc.).
- For a user whose ability to carry out an ADL varies over time, enter the rating 3, which represents the midpoint.

• Examples:

- Someone in a wheelchair is considered mobile if he can move about without help.
- Someone who needs help to get to the bathroom but who can wash himself is considered functional with respect to his personal hygiene, but not mobile.
- Someone who must be accompanied outside during the winter simply because he is afraid of falling but who, in any other circumstance, has no difficulty moving about is considered mobile. The problem lies in the obstacle encountered, which the person must find a way to deal with.
- A person who must be accompanied simply because he might get lost is considered mobile. It is the need to supervise the person's behaviour that is a problem, not his mobility.

• **COGNITIVE STATE (3.2)**

Cognitive state refers to a general appreciation of the person's intellectual level.

- This does not necessarily involve an IQ test to evaluate a person's intellectual potential.
- Rather it involves a comparison with the general population of the same age.
- It is a matter of deciding which descriptor best represents the user, given the information available.
- When an illness or an accident affects the user's cognitive state, the rating must be based on the user's state after the illness or accident, presuming that the state is not transitory and that in all probability, it will continue. Alzheimer's disease and strokes are examples.
- Example: a user suffering from Alzheimer's disease in its advanced stages will probably be given a 5, i.e., “displays severe or acute cognitive impairment”.

Cognitive functioning refers to the user's ability as regards the five main cognitive components: attention, understanding, judgment, memory, and spatial and temporal orientation.

- It must be determined whether the user can use these functions without help, whether help be in the form of stimulation, assistance or other. A user who can manage alone and use the main cognitive functions is considered autonomous, regardless of the technical means used (topographical reference points, reminders, learning and conditioning, role-playing, standard forms, etc.)

- In short, for the user to be considered non-functional, his ability must differ significantly from what is seen in the general public of the same age.
- For a user whose functioning with respect to various cognitive components varies sporadically over time because, for example, of significant fluctuations in tolerance to stress, give a rating of 3, which represents the midpoint.
- If the user has one or more problems in this regard, consider them only if they have a major and significant impact on the user's daily activities.
- Example:
 - A user with an intellectual impairment, who has not integrated the abstract concept of space, is considered functional with respect to spatial orientation if he manages to go from his home to various regular destinations using landmarks or as a result of conditioning.

• **AFFECTIVE FACET (3.3)**

- **Affective state** refers to a general appreciation of the habitual quality of a user's affect. It refers to states of pleasure and neutrality as well as to simple or complex feelings of displeasure (happiness, serenity, anguish, anxiety, insecurity...).

Emotional functioning refers to the degree of control exercised in expressing emotions and not to the nature of the emotion, such as fear, tenderness, joy or anger.

• **BEHAVIOURAL FACET (3.4)**

Behavioural state refers to a strong probability, a propensity or a tendency to act or react according to a certain behavioural model, given the user's personality.

Behavioural functioning refers to the way of acting or reacting, in terms of self-respect and respect for others (usual behavioural model exhibited).

• **RELATIONAL AND SOCIAL FACET (3.5)**

Relational and social state refers to the various social networks with which the user interacts significantly, excluding interaction in the resource, regardless of the manner of interacting. Thus, if the user's interactions are limited to the people at the resource, including other users, he is considered to have no significant support from identified social networks (rating of 5).

• Examples:

- A user who has always interacted with all the networks but who, due to particular circumstances, no longer interacts with one or more networks must be given a rating based on the extent of the change. If it seems significant, i.e., if it seems to be more than a temporary cold shoulder given the network, the user should be rated as not interacting with that network.
- A user who meets with his social worker is considered to have a link with the formal or institutional network, as long as the interaction is significant, that is, regular and continuous. The social worker is a member of the service network in the same way as a physician, a nurse or a psychologist, for example.

Relational and social functioning refers to the manner of interacting, that is, of entering into contact with others, regardless of the individuals or networks involved.

DESCRIPTORS	DESCRIPTORS
3.8 PHYSICAL STATE	PHYSICAL FUNCTIONING (cont.)
The user displays:	EATING-DRESSING-HYGIENE: the user performs
1 good health and no physical or sensory impairments	1 all the necessary tasks alone
2 good health, but one or more physical and/or sensory impairments	2 most of the necessary tasks alone
3 one or more health problems but no physical or sensory impairments	3 half of the necessary tasks alone
4 one or more health problems and one or more physical or sensory impairments	4 a few of the necessary tasks alone
5 one or more health problems and one or more physical and sensory impairments	5 none of the necessary tasks
	EXCRETORY FUNCTIONS: the user
	1 never loses control of his bladder or bowels and performs all the activities related to excretory functions autonomously
	2 never loses control of his bladder or bowels but does not always perform all the activities related to excretory functions (using toilet paper, flushing the toilet, getting dressed again, etc.)
	3 sometimes loses control of his bladder or bowels but performs all the activities related to excretory functions
	4 sometimes loses control of his bladder or bowels and does not always perform all the activities related to excretory functions
	5 always loses control of his bladder or bowels and requires assistance for all the activities related to excretory functions
PHYSICAL FUNCTIONING (other than ADLs):	MOBILITY: the user
The user:	1 can go anywhere by himself and can move from one seat to another without help
1 is able to carry out all health-related activities alone and to communicate without difficulty	2 can usually go anywhere by himself and move from one seat to another without help
2 has difficulty carrying out some health-related activities or uses a substitute language for communication	3 can hardly go anywhere by himself but can move from one seat to another without help
3 has difficulty carrying out most health-related activities or making himself understood	4 cannot move from one seat to another without help
4 has great difficulty carrying out some health-related activities or making himself understood	5 cannot go anywhere by himself or move from one seat to another without help
5 has great difficulty carrying out most health-related activities	
3.9 COGNITIVE STATE	COGNITIVE FUNCTIONING
The user displays:	– Attention – Understanding – Judgment – Memory
1 above-average intelligence	– Orientation in time and space
2 average or normal intelligence	The user is functional with respect to:
3 borderline or low intelligence	1 all everyday activities (5/5)
4 slight or average impairment	2 most everyday activities (4/5)
5 severe or acute impairment	3 half of everyday activities (3/5 or 2/5)
	4 few everyday activities (1/5)
	5 no everyday activities (0/5)

3.10 AFFECTIVE STATE

The user's affect appears:

- 1 flexible or adapted (apparent ability to feel the full range of affective states)
- 2 flat (appearance of detachment, absence, neutrality, indifference)
- 3 melancholic (tends to be sad, pessimistic, depressed, negative)
- 4 labile (tends to be unstable, unpredictable, inconstant)
- 5 euphoric (tends to exaggerate or be exuberant or overexcited)

AFFECTIVE FUNCTIONING

The user usually expresses emotions:

- 1 in a balanced manner (optimum control, appropriate expression)
- 2 stereotyped manner (learned control, automatism in expression)
- 3 inhibited manner (exaggerated control, repressed expression)
- 4 unstable manner (irregular control, unpredictable expression)
- 5 impulsive manner (absence or significant lack of control, immoderate or unconsidered expression)

3.11 BEHAVIOURAL STATE

The user's behaviour tends to be:

- 1 appropriate to the circumstances (normality)
- 2 marginal, bizarre (marginality)
- 3 excessively passive (disproportionate tendency to remain inactive)
- 4 disturbing, provocative or hyperactive (disproportionate tendency to be active)
- 5 compulsive, unpredictable or uncontrolled (deviance)

BEHAVIOURAL FUNCTIONING

The user generally behaves:

- 1 in an assertive manner (positive, socially adapted affirmation of self and, consequently, self-respect and respect for others)
- 2 conciliatory, conformist, overly tolerant
- 3 stubborn, rigid, obstinate or unstable
- 4 manipulative
- 5 aggressive, violent (no self-respect, failure to respect others)

3.12 RELATIONAL AND SOCIAL STATE

- family ties (nuclear family, extended family)
- no family (friends, neighbours, peers)
- formal or institutional (workers in the service network)
- informal or community (self-help groups, recreational groups and soon)

The user receives meaningful support from:

- 1 all networks (4/4)
- 2 most networks (3/4)
- 3 half of the networks (2/4)
- 4 few networks (1/4)
- 5 none of the networks (0/4)

RELATIONAL AND SOCIAL FUNCTIONING

The user displays:

- 1 an ability to approach or withdraw depending on the circumstances (flexible, adapted)
- 2 fear of social relations (timid, reserved, but not overly inclined to withdraw)
- 3 instability or temerity in social relations (unpredictable, careless)
- 4 disproportionate social withdrawal (isolated, introspective)
- 5 disproportionate social attraction (overwhelming, stifling, social addict)

1.2 CHARACTERISTICS OF THE INTERVENTION

The characteristics of the intervention required from the resource must be specified for each of the five facets and be line with the user's state and level of functioning.

The characteristics of the intervention to be noted must be those that, given the age of the user, go beyond what is normally expected of the resource for the facet considered. For example, having to dress a three-month-old baby is normal and will not be considered. In such a case, the rating 0 is entered, since no specific intervention is required. However, the same activity carried out for an adult must be noted, since, in general, an adult does not require assistance in dressing.

Nature of the intervention (C.4)

The nature of the intervention must be determined for each of the facets, but only with respect to what is expected of the resource, in keeping with the user's intervention plan. Interventions by staff caseworkers, in the resource or elsewhere, are not considered in determining this rating. Where no specific intervention is expected from the resource, other than adequately meeting the user's needs, the facet is given a rating of 0.

DESCRIPTORS: NATURE OF THE INTERVENTION

- 0 Normally expected intervention that does not have to be spelled out in the intervention plan
- 1 **Verification:** Examine with a view to determining whether the user is able to do adequately what is expected of him (behaviour, self-expression, activity, etc.).
- 2 **Assistance:** Help the user express himself, carry out an activity or choose among options offered him or her.
- 2 **Stimulation:** Suggest through words or actions the behaviour, attitudes, expressions or actions the user must show or perform, including the continued use of acquired abilities.
- 3 **Control:** Intervene with authority to put an end to or provoke a behaviour in the user.
- 3 **Substitution:** Perform actions, carry out activities for and on behalf of the user, including services related to physical health that the user should normally carry out himself.
- 4 **Teaching:** Using words, gestures and examples, have the user learn or re-learn specific skills (knowledge), attitudes and behaviour (know-how) he requires to function properly, and the means required to use them, specifically mentioned in the intervention plan or sought within the framework of specific objectives.
- 4 **Evaluation:** Participate in establishing a diagnosis with which it will be possible to specify the services a user requires or determine the policy to adopt with respect to that user. (The diagnosis referred to here must be made by recognized professionals.)

Expertise required (C.5)

The amount of expertise required of the resource must be determined for each of the facets, on the basis of the abilities or knowledge needed to carry out the tasks expected of it.

DESCRIPTORS: EXPERTISE

- 0 No particular expertise is required, since no specific intervention is provided for in the intervention plan.
- 1 Natural abilities are usually sufficient to ensure that the user receives the services required.
- 2 The user requires services that usually demand special knowledge or skills.
- 3 The user requires services that usually demand the presence of people with relevant training or equivalent experience.
- 5 The user requires services that usually demand the presence of people with relevant training and experience.
- 7 The user requires services that usually demand the presence of people with college or university training and relevant experience.

2- BASIC SERVICES REQUIRED BY THE USER AND PROVIDED BY THE RESOURCE

This section serves to identify the activities of domestic life and the support or help the user requires that the resource must provide.

For each of the elements in this section (3.1 to 3.6), enter the rating for the descriptor corresponding to the user's needs. The descriptors and their ratings are given in the following table. Add the resulting ratings up. Total points can vary from 0 to 55. Carry the total obtained to line 3.16.

3.1 Meal services

- 0 No meals required
 - 2 One meal – prepared or food supplied
 - 4 One meal – prepared and food supplied
 - 4 Two meals – prepared or food supplied
 - 6 Two meals – prepared and food supplied
 - 8 Three meals – prepared or food supplied
 - 12 Three meals – prepared and food supplied
-

3.2 Laundry services

- 0 No services required
 - 2 Partial service
 - 3 Full service
-

3.3 Housekeeping

- 0 No services required
- 2 Partial service
- 4 Full service

3.4 Presence of a person able to provide assistance

- 0 Not required
 - 1 A few hours a month
 - 2 A few hours a week
If, on weekends,
– someone must be present 24 hours a day, enter 9 instead of 2
 - 4 A few hours a day
If, on weekends,
– someone must be present 8 hours a day, enter 6 instead of 4;
– someone must be present 16 hours a day, enter 8 instead of 4
 - 8 Eight consecutive hours a day
If, on weekends,
– someone must be present an additional 8 hours a day, enter 10 instead of 8;
– someone must be present an additional 16 hours a day, enter 12 instead of 8
 - 16 Sixteen consecutive hours a day
If, on weekends,
– someone must be present an additional 8 hours a day, enter 18 instead of 16
 - 24 Twenty-four hours a day
-

3.5 Night-time supervision

- 0 Not required
- 8 Required

3.6 Presence of a second person able to provide assistance on request

- 0 Not required
- 2 Day or evening or both
- 3 Night
- 4 24 hours a day

3- CLASSIFICATION OF SERVICES

This section serves to identify the level of service required by the user and provided by the resource, as well as the type of residential organization.

- On line 3.17, add up the results entered on it.
- On line 3.18, enter the level of service corresponding to the score obtained:

Level 1	15 to 89 points
Level 2	90 to 109 points
Level 3	110 to 127 points
Level 4	128 to 142 points
Level 5	143 to 165 points

- On line 3.19, enter the figure corresponding to the resource's type of residential organization.

1- Apartment One or more users living alone

2- Rooming house The user has a room in an establishment that may or may not have common rooms or group activities.

3- Foster home The users live with the person(s) who provide(s) some or all of the support and assistance required.

4- Group residence The users share their daily lives in an establishment where different shift workers provide some or all of the support and assistance required.

5- Other types

PART C IDENTIFICATION OF RESOURCE

4.1 to 4.4 Enter in the appropriate spaces the information requested on the resource selected to provide the residential services and assistance the user requires.

4.5 Enter the daily amount agreed to between the resource and the establishment for the provision of residential services and assistance.

Calculate the daily amount, if the agreement is based on a weekly, monthly or annual stipend.

4.6. Enter the number corresponding to the client program or field of activity:

- 1- Physical health
- 2- Mental health
- 3- Public health

Social adaptation

- 4- Young people and their families
- 5- Alcoholism and drug addiction
- 6- Other

Social integration

- 7- Elderly people with limited autonomy
- 8- Intellectual impairment
- 9- Physical impairment
- 10- Other