

**ARIZONA LONG TERM CARE SYSTEM**  
**APPENDIX 10 A**  
**PREADMISSION SCREENING MANUAL**  
**FOR**  
**ELDERLY AND PHYSICALLY DISABLED (EPD)**

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## **ADDITIONAL ATTACHMENTS**

ALTCS EPD PAS SCORE SHEET

EPD PAS TOOL EXAMPLE

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## **INTRODUCTION**

### **Legislation**

The Arizona State Legislature passed legislation in 1987 expanding the federally funded AHCCCS services (Title XIX) to include long term care (LTC). As a result, the Arizona Long Term Care System (ALTCS) was established with an initial implementation date of January 1, 1989 for the elderly/physically disabled population (EPD). To receive federal Medicaid funds for an individual, AHCCCS Administration must demonstrate that an ALTCS customer has a medical need for these services and is at immediate risk of institutionalization in a nursing facility (NF).

On September 1, 1995, federally funded LTC services were expanded to include the ALTCS Transitional Program. This program allows currently eligible ALTCS customers who have improved and are no longer at immediate risk of institutionalization but still require some LTC services, to receive HCBS services at a lower level of care. For more information on the Transitional Program see Arizona's Eligibility Policy Manual for MA, NA and CA.

### **LONG TERM CARE (LTC)**

Long Term Care refers to ongoing services required by individuals who are in need of care comparable to that received in a nursing facility (NF). These services represent a wide range of health related services above the level of room and board and offer professional services directed towards the maintenance, improvement, or protection of health or lessening of illness, disability or pain. These professional level services include but are not limited to:

1. 24 hour licensed nurse supervision;
2. All care is under direction of a physician who must make routine visits at intervals of at least 30 to 90 days or more often;
3. Development of a care plan by a multidisciplinary team of professionals (e.g., nursing, social services, registered therapists, registered dietitian) who frequently assess medical progress.

### **HOME and COMMUNITY BASED SERVICES (HCBS)**

These long term care services may include home and community based services (HCBS) that offer an alternative to institutional care. ALTCS offers the alternatives in order to ensure that the customer in need of institutional level of care may be treated in the least restrictive environment. HCBS is appropriate for customers who would require institutionalization, but who can retain a more independent lifestyle with services provided in the home and community setting where the absence of 24 hour licensed nurse supervision will not endanger their health or safety.

## **Preadmission Screening (PAS)**

The EPD PAS tool is used to assess the functional, medical, nursing and social needs of the customer. Meeting or exceeding a threshold score on this screening tool establishes initial eligibility for institutional level services (Arizona Revised Statutes §36-2936). A combination of weighted functional and medical factors are evaluated and assigned a numerical value to reach totaled scores. The threshold score, or point at which a customer becomes eligible, is determined by a formula utilizing those scores. The purpose of the functional/medical threshold is to ensure that customers deemed eligible for ALTCS require a Nursing Facility (NF) level of care.

The eligible customer needs long term care at a level of care comparable to that provided in a nursing facility, but **below** an acute care setting (hospitalization or intense rehabilitation) and **above** a supervisory/personal care setting, intermittent outpatient medical intervention, or benevolent oversight. A customer, already enrolled with an AHCCCS acute health plan, and who needs less than 90 days of convalescent care may be ineligible for ALTCS. A customer who does **NOT** have a non-psychiatric medical condition or developmental disability that impacts the need for LTC also may be ineligible. For more information see Section IV Medical Assessment.

## **MEDICARE PART D**

As of January 1, 2006, state Medicaid agencies were no longer allowed to pay for prescription medications for individuals eligible for Medicare and Medicaid. Medicare eligible individuals will choose a Medicare drug plan to enroll in to obtain their medications. The financial eligibility specialist, also known as the Program Services Evaluator (PSE) will be attempting to determine an individual's eligibility for and enrollment in a Medicare Part D prescription drug plan. The PAS Assessor may be required to obtain information from the individual regarding Medicare Part D if at the time of the PAS this information has not been obtained. The Medicare Part D status must be reported at the beginning of the PAS summary (see page 43). If the customer is already enrolled with a Medicare Part D plan, this information can be found on the RP214.

## **Customer Profiles**

In the aggregate, the eligible ALTCS customer will have a functional and/or medical condition that impairs functioning to a degree that interferes substantially with the capacity to remain in the community, and results in long term limitation of capacity for self care. A customer who meets ALTCS criteria for Title XIX eligibility will present with a combination of the following needs or impairments:

1. requires nursing care by or under the supervision of a nurse on a daily basis;
2. requires regular medical monitoring;
3. impaired cognitive functioning;
4. impaired self care with activities of daily living;



5. impaired continence;
6. psychosocial deficits.

## **Eligibility Review**

When a customer's medical eligibility for Title XIX services is not adequately defined by the scoring criteria, but in the PAS assessor's professional opinion the customer's overall condition is correlated with the needs or impairments as outlined above, the case may be referred for eligibility review to a consultant physician or an administrative review.

It is important to remember that there is no single definition for the level of care for ALTCS medical eligibility. An entry level of care encompasses a combination of factors. These factors evaluate the differences between individuals in manifestations and severity of a given disease/condition and the impact on functional ability. **An eligible customer should have a combination of factors that impact functional ability and medical need for services.**

## **Population Assessed**

The population assessed with the EPD PAS Tool includes the elderly (age 65 and older), the physically disabled (age 6 and over) and also the developmentally disabled residing in a nursing facility. A separate tool is used to assess children under age 6 and persons with developmental disabilities (DD). The PAS tool may also be used to determine whether customers not applying would be medically eligible before spending down resources. These customers will be assessed upon request.

## **Assessment Team**

The tool is completed by a registered nurse or a social worker who will use professional judgment based on education, experience and ongoing in-service training to describe the customer's functional ability and current medical status. If the customer is ventilator dependent, the assessment will be conducted by a registered nurse or social worker but the ventilator worksheet has to be completed by a registered nurse. A thorough assessment will include a personal interview with the customer and caregiver, and a review of pertinent medical records or information as applicable.

## **Client Issue Referral (CIR)**

When situations are identified that pose immediate and/or serious threat to the customer's well being (e.g., suicidal threats, environmental hazard, or suspected physical abuse or neglect), appropriate health providers and/or authorities (Adult/Child Protective Services, police, paramedics, guardians) as well as the PAS assessor's supervisor, should be notified as soon as possible. Documentation of the referral (person notified, date and description of the incident) should be entered into the PAS case notes and/or

an AHCCCS Client Issue Referral Form completed. For more information on CIR, see Arizona's Eligibility Policy Manual for MA, NA and CA, Chapter 1000, section 1008.

## **PASRR**

The PAS assessor should be aware that all nursing facility (NF) residents and applicants to Medicaid certified nursing facilities must be assessed through the Preadmission Screening and Resident Review (PASRR) process. The PASRR is a two-level screening process for mental illness/Intellectual Disabilities and mandated by the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) as a portion of NF reform measures. The purpose of the PASRR is to avoid inappropriate placement for persons with mental illness and/or Intellectual Disabilities. For further information regarding PASRR, see Arizona's Eligibility Policy Manual for MA, NA and CA, Chapter 1000, section 1009.

## **PAS Tool Sections**

The ALTCS Preadmission Screening tool consists of five sections. These sections are:

- I Intake Information
- II Functional Assessment
- III Emotional and Cognitive Functioning
- IV Medical Assessment
- V Physician Review

This manual provides instructions for completing the EPD PAS tool and guidelines for making assessment decisions. For more information regarding PAS, see AHCCCS Eligibility Policy Manual, Chapter 1000.

## **Health-e-Arizona PLUS (HEAplus)**

The information obtained will be entered into HEAplus , which is the system supporting the PAS.

## **DocuWare**

The medical and financial case documentation obtained is stored by converting paper documents into an electronic database called DocuWare. All applicable information obtained will be scanned into this computerized AHCCCS database using the HEAplus barcode separator sheets.

## **INTAKE INFORMATION**

The Application PAS Flow batteries of the EPD PAS in HEAplus includes the following fields: (these fields are automatically populated by the system).

### **A. Open PAS Battery**

a. This is where the customer's PAS information is found, including:

- Application IDs (if more than one application)
- Person ID number (Does not change with applications)
- Assessment type (initial or reassessment PAS)
- PAS Tool used
- DD Status of each application
- Status of the PAS
  - "Continue PAS" indicates it is open, and has not been completed yet
  - "View PAS" indicates it is closed and has been completed.

There may be a link for "PAS Records", which indicates there may be more applications to review, by clicking that link.

### **B. Developmental Disabilities Battery**

This battery in HEAplus records if the applicant has had a DD-qualifying diagnosis and the DD history, including any changes to the DD status with begin and end dates.

### **C. ASSESSMENT BATTERY**

**Applicant** This is the name of the person who has applied, and for whom the PAS is conducted.

#### **Assessment**

This is the current PAS date.

#### **Applicant Age**

This is the customer's age at the time of the PAS. This is shown in parentheses next to the applicant's name. This is not the current age of the applicant.

#### **DD Status**

This field is populated by HEAplus as a result of the DD Status chosen when the application was originally registered.

#### **Tool Used**

This field is populated by HEAplus as a result of the DD Status chosen when the application was originally registered and at the time the PAS is created.

### **Assessor**

This field indicates the assessor who creates the PAS and conducts the interview.

### **Assessor**

This field is usually blank, but if a second assessor assisted with the PAS, the name is selected from the drop down list.

### **Location at time of assessment**

This is the setting where the PAS interview was conducted. The assessor selects the appropriate setting from a drop down list in HEAplus.

### **Telephone**

This is the telephone number at the location where the PAS interview was conducted.

### **Usual Living Arrangement** (Select the applicable setting)

‘Usual’ refers to the customer’s living arrangement for approximately the last six months, or if there is no planned discharge or relocation from the present living arrangement.

Community refers to a customer who lives in a private home, mobile home or apartment.

Group Home refers to a customer who lives in a residential placement with a group of other people.

ICF/ IID refers to an Intermediate Care Facility for Individuals with Intellectual Disability, or related conditions

Nursing facility may be a certified or uncertified facility.

Other supervised setting refers to board and care homes, adult foster homes, adult care homes, supervisory care homes, apartments for assisted living, etc.

Residential Treatment Center is a facility that provides behavioral health services (mental health and substance abuse) to individuals who are under age 21, or under age 22 if admitted prior to age 21.

### **Usual Living Situation** (Select the usual living situation that applies)

Usual living situation refers to with whom the customer has resided for approximately the last six months. If the customer has been in a living situation for less than 6 months and there are no plans to make a change, consider that the usual living situation. If a customer resides in a nursing facility or assisted living setting where a spouse or other family member also resides, “with non-relatives” should be indicated rather than living with spouse or other relative.

## **D DD / EPD INFORMATION BATTERY**

### **Medical Assessment**

Is the customer currently hospitalized or in an intensive rehabilitation facility?

Answer yes or no as applicable.

Imminent discharge from acute care facility? Answer yes or no, as applicable.

When the customer is currently in an acute care facility at the time the PAS is completed, answer "Yes" and enter the projected discharge date as follows:

- When there is a planned discharge date AND the projected date is before the PAS will be completed (closed) in HEAplus, enter the date provided by the representative or facility.
- When there is a planned discharge date, but it is after the PAS is completed (closed) in HEAplus, enter the date of the PAS interview.
- When there is no firm or planned discharge date, enter the date of the PAS interview.

Number of emergency room visits in the last six months?

Include approximate dates and reasons for these visits in the PAS  
summary.

Number of hospitalizations in the past six months:

Include approximate dates and reasons for hospitalizations in the summary.

Number of falls in the last 90 days:

Count all of the falls. If there were any injuries, document in the summary the  
approximate date and types of injuries which occurred. If the customer fell and had no  
injuries, report this in the summary.

### **Physical Measurements**

Height - Record approximate height if actual is unknown. Respond in feet or inches. If not available in feet or inches, use the metric system.

Weight - Record approximate weight if actual is unknown. Respond in pounds. If not available in pounds, use the metric system.

### **E. Ventilator Worksheet Battery**

This battery will display as "(Read Only)" if the customer is indicated to not be on a ventilator at the time of the PAS, which does not require any entry of information.  
If the customer is on a ventilator, this section would be entered and not be showing as Read Only.

This is defined as being on a ventilator **at least 6 hours a day for 30 consecutive days**. The ventilator worksheet for a customer who is dependent on a ventilator must be completed by a registered nurse. The registered nurse must research the respiratory therapy/pulmonology records to verify the start date and number of continuous days on the ventilator. This information is recorded on the Ventilator Worksheet and included in the PAS. It may be necessary for this assessor to obtain information from multiple facilities in order to accurately determine when the customer started on the ventilator and if the criteria are met.

## **FUNCTIONAL Scores Battery**

This portion of the PAS tool is designed to obtain information about the customer's functional abilities regarding Activities of Daily Living, Continence and Communication/Sensory Patterns. This may be achieved by directly asking questions of the customer, the caregiver and by observing the behavior of the customer during the interview process and by reviewing available records. **It is important to include the caregiver or family in the interview** if at all possible.

**It is important that the interview be conducted with caregiver(s) or others familiar with the customer.** It is required that family or legal guardian(s) be contacted to be present at the PAS interview if they choose. If a family member or legal guardian is not available to attend the PAS, the assessor should contact the appropriate person(s) to go over the information obtained at the interview.

The assessor must ensure the information obtained is as accurate as possible. This is done by using knowledge and skills of assessment in addition to ensuring the customer and others who provide information understand what is being asked. This is referred to as investigative interviewing.

The assessor must acknowledge that the informant does not understand PAS definitions and must explain in detail to ensure accurate information is obtained. PAS definitions are unique to ALTCS eligibility and differ from other assessment tools.

**In all cases the customer must be observed** and preferably the interview would occur in the usual living arrangement.

### **A. ACTIVITIES OF DAILY LIVING (ADLs) (30 days)**

To evaluate the best environment for a medically or physically disabled person, it is important to first assess the level at which the customer is performing the activities of daily living. The ability to care for self, or independence, is measured by the degree of self-reliance in completing these activities of daily living.

The ADLs include: mobility, transferring, bathing, dressing, grooming, eating and toileting. The customer will be rated on his/her ability to perform these tasks within the **residential environment** or other routine setting. This section is designed to obtain information about the customer's ADLs in the past thirty (30) days with emphasis on current performance. Details of

the assistance required should be recorded in the comments or summary. The comments should reflect the reasoning applied for the scores recorded.

If it is clearly evident that a customer is in need of more assistance than is received, the assessor **may** take that into consideration in scoring. This should be done conservatively, as it may be difficult to determine the exact amount of assistance needed (for example, only supervision, not physical assistance, may be needed to attain a generally acceptable level of hygiene). **A thorough explanation of this need must be documented in the comments and indicated as scored based on need. Generally a score based on need would not be higher than one (1).**

Each ADL category contains a set of statements that can be used to describe how well a customer is able to complete the ADL. ADL functions should be rated by selecting the answer most appropriate to the customer's task performance in the current living arrangement. If a major portion of the day is routinely spent in another setting, typical ADL performance in that setting may also be taken into consideration. Since the ADL can be comprised of multiple sub-tasks, all components of the ADL relevant to the customer should be considered in scoring. Do not score based on the performance of just part of the entire task. Some customers will not perform the ADL exactly as described in the statement, **and a comment should be added to explain why the statement selected was assessed to be the best response.** Do not select more than one response.

If the customer's ADL performance was not consistent throughout the 30 day period, please **score the most typical** ADL performance. Then in the comments section, describe any deviations from typical performance.

Be sure to include in your comments: (1) how often deviations occurred; (2) under what circumstances deviations occurred; and (3) the ADL functioning level of the customer during the period of deviation from typical ADL performance.

Short-term or transient episodes of deviation from typical ADL performance such as having the flu or otherwise being temporarily "under the weather", would **NOT** be scored as typical performance. On the other hand, a customer may regularly have "good days" and "bad days" when ADL performance fluctuates within the month. In these situations, the assessor must gather enough information to accurately determine the best score.

A description of each ADL included in the PAS instrument is provided below. The following definitions apply to terms used in the ADL assessment:

**Supervision** - observing the customer and being readily available to provide assistance, including verbal cues or reminders and set-up activities.

**Limited/Occasional** - a portion of an entire task or assistance required less than daily.

**Physical Participation** – This is the customer's active participation, not just being passive or cooperative. This includes the ability to complete a small portion of the task.

**Physically Lift** actively bearing some part of the customer's weight during movement/activity (excluding bracing and guiding activity).

**Note:** Service Animals. If a service animal has been specifically trained to assist in specific ADL functions exclusively for the individual, then this assistance can be considered in scoring. This excludes emotional therapy animals and household pets.

## **Mobility**

The extent of the individual's **purposeful movement** within the residence

(Note – score based on functionality achieved with assistive device(s) such as walkers, canes, handrails or wheelchairs, along with adjustment of restraint devices, if used). Report specific assistance required from another person.

- NOTE:** ▲ Often an individual with cognitive impairment may require assistance for purposeful movement even though the individual is ambulatory or self propels a wheelchair.
- ▲ Ambulating for therapy purposes only is not necessarily purposeful mobility. This may be scored for therapy or rehabilitative nursing but may not be of significant duration to affect purposeful mobility, (i.e., 15 minutes 3 times a week).
- ▲ Set-up for mobility would include placing the assistive device where the customer can reach, (i.e., placing wheelchair or cane next to bed or chair, ensuring the electric w/c is charged, adjusting restraint devices).

## **Scoring**

- 0) INDEPENDENT – Customer is independent in completing activity safely
- 1) SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer is mobile within the residence, but may need cueing, set-up or standby assistance OR limited/occasional hands-on assistance (e.g., intermittent or less than daily)
- 2) HANDS-ON – Customer is mobile only with hands-on assistance for safety
- 3) TOTAL DEPENDENCE – Customer is dependent on others for all mobility

## **Transferring**

The ability to move between two surfaces, such as: assistance getting into and out of chair/wheelchair, bed (excluding transfer to toilet, bath or shower) within the residential environment. (Note – score transferring based on functionality achieved with assistive device(s), if used). Report specific assistance required.



- Note:**   ▲ Assistance to a sitting position in order to facilitate transfer from bed would be considered in scoring transfer.
- ▲ Set-up would include ensuring assistive devices are in place for transfers and/or brakes are locked on the customer's wheelchair for safe transferring activity.

### **Scoring**

- 0) INDEPENDENT – Customer is independent in completing activity safely, but may require the use of assistive devices
- 1) SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer transfers with supervision, physical guidance or set-up, OR with limited/occasional hands-on assistance (e.g., intermittent or less than daily)
- 2) HANDS-ON – Customer needs to be physically lifted or moved, but can participate physically (e.g., customer pivots, holds on or braces self to assist caregiver)
- 3) TOTAL DEPENDENCE – Customer must be totally transferred by one or more persons, OR is bedfast

### **Bathing**

This is the process of washing, rinsing and drying all parts of the body. This includes the ability to transfer to shower or bath or take sponge baths for the purpose of maintaining adequate hygiene and skin integrity. (Note – score should be based on functionality achieved with assistive device(s), if used). Report specific assistance required.

- NOTE:**           ▲ If hair is routinely washed by a beautician due to personal preference exclude from scoring.
- ▲ Set-up would include gathering equipment, running the water/setting the temperature.

### **Scoring**

- 0) INDEPENDENT – Customer is independent in completing activity safely
- 1) SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer requires set-up help or reminding – can bathe safely without continuous assistance or supervision OR requires limited/occasional hands-on assistance (e.g., washing back or has a paralyzed limb)
- 2) HANDS-ON – Customer may need assistance transferring and may not be able to get into and out of the tub alone OR requires moderate hands-on help OR requires standby assistance throughout bathing activities in order to maintain safety
- 3) TOTAL DEPENDENCE – Customer is dependent on others to provide a complete bath

## **Dressing**

The ability to dress and undress as necessary, that is, choosing and putting on clean clothes and footwear – including assistive devices such as prostheses, braces, anti-embolism stockings. This also includes fine motor coordination for buttons and zippers; choice of appropriate clothing for the weather (Note – difficulties with a zipper or buttons at the back of a dress or blouse does not constitute a functional deficit; score based on functionality achieved with assistive device(s), if used). This excludes aesthetic concerns such as matching colors. Report specific assistance required.

- NOTE:** ▲ The use of mechanical aids (such as zipper pulls, long-handled shoe horns, stocking aids, Velcro fasteners, etc.) and adaptive clothing (elastic waist pants, slip-on shoes or non-tie shoes) would not disqualify the customer from being considered independent.
- ▲ The use of diapers would not be scored in dressing, but would be considered in toileting.
- ▲ Set-up would include getting out clothes, shoes and assistive devices.

## **Scoring**

- 0) INDEPENDENT– Customer is independent in completing activity safely in less than 30 minutes
- 1) SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer can dress and undress, with or without assistive devices, but needs to be reminded, supervised or given set-up assistance, OR needs limited or occasional hands-on assistance (e.g., putting on socks only or tying shoes) OR needs 30 minutes or more to complete independently due to medical/functional limitation(s)
- 2) HANDS-ON – Customer needs physical assistance or significant verbal assistance (prompting throughout) to complete dressing or undressing
- 3) TOTAL DEPENDENCE – Customer is totally dependent on others for dressing and undressing

## **Grooming**

This is the process of tending to one's appearance. How well does the customer manage grooming activities, including: combing hair, shaving and oral care (**excluding nail care**). Score based on functionality achieved with assistive device(s), if used. Report specific assistance required.

- NOTE:** ▲ This **excludes** aesthetics such as styling hair, skin care and applying make-up.

- ▲ If shaving is routinely done by barber or beautician, due to personal preference rather than necessity, exclude these from scoring.

### **Scoring**

- 0) INDEPENDENT– Customer can groom without assistance from another person (may use mechanical aids independently)
- 1) SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer needs supervision or reminding (e.g., setting up grooming implements, giving advice or being available) or limited/occasional hands on assistance (e.g., shaving or brushing hair only; assistance with all tasks less than daily)
- 2) HANDS-ON – Customer needs hands-on physical assistance, but can participate physically
- 3) TOTAL DEPENDENCE – Customer must be totally groomed by another person

### **Eating**

Ability to eat and drink, with or without adaptive utensils; also includes ability to cut, chew and swallow foods (Note – if a person is fed via tube feedings or intravenously, score “0” **if the person administers the feeding independently**). Otherwise, score based on the amount of assistance required from another person. Score based on functionality achieved with assistive device(s), if used. Report specific assistance required.

**NOTE:** ▲ Alteration of food is considered in scoring but preparing food (i.e., cooking) is not scored.

- ▲ Serving food or delivering a meal is not considered in set-up. Set-up is: opening milk cartons, cutting food or otherwise setting up food to facilitate eating, (i.e., clockwise arrangement for visually impaired).

### **Scoring**

- 0) INDEPENDENT– Customer is independent in completing activity safely
- 1) SUPERVISION – Customer can feed self, chew and swallow foods, but may need reminding to maintain adequate intake; may need set-up or food cut up (includes mechanically altered diet)
- 2) HANDS-ON – Customer can feed self, but needs stand-by assistance for frequent gagging, choking, swallowing difficulty, or aspiration OR must be fed some food by mouth by another person
- 3) TOTAL DEPENDENCE – Customer must be totally fed by another person; includes being fed by another person via stomach tube or venous access

## **Toileting**

This is the process of managing the elimination of urine and feces in the appropriate places. Includes the use of commode, bedpan or urinal; transferring on/off toilet, flushing, cleaning self (wiping, washing hands), changing of protective garment; managing an ostomy or catheter and adjusting clothing. Score based on functionality achieved with assistive device(s), if used. Report specific assistance required.

**NOTE:**     ▲     Emptying bedpans, commode chairs and urinals are included as set-up activities.

▲     Changing an ostomy bag and/or wafer would be rated under ostomy care.

## **Scoring**

- 0) INDEPENDENT– Customer is independent in completing activity safely (includes with assistive device)
- 1) SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer may need supervision, cueing or limited/occasional hands-on assistance with parts of the task, such as: clothing adjustment, changing protective garment, washing hands, limited/occasional wiping and cleaning self; emptying bedpan/urinal
- 2) HANDS-ON – Customer needs hands-on physical assistance or stand-by (for safety) with toileting OR is unable to keep self clean
- 3) TOTAL DEPENDENCE – Customer is totally dependent on others for the entire toileting process (may include total care of catheter or ostomy); customer may or may not be aware of the situation

## **CONTINENCE (30 days)**

The assessor will identify the item that best describes the customer's level of control of bowel and bladder evacuation in the last **30 days**. **These questions do not refer to toileting ability.** An individual who is totally incontinent may still be independent in toileting. Select the appropriate response.

**NOTE:**     ▲     A history of transient incontinence caused by an acute or temporary condition or illness (e.g., acute urinary tract infection or episode of diarrhea) should not be considered for rating.

▲     Incontinence during seizure activity should not be considered unless frequent seizure activity affects overall continency.

▲     Those who willfully toilet in inappropriate places will not necessarily be assessed as being incontinent but these behaviors may be assessed in other parts of this tool (toileting/disruptive behaviors).

- ▲ Incontinence involving minimal amounts (not necessitating an immediate change of clothing) should usually be rated as continent.

The following definitions apply to terms used in this section:

- Continence Ability to voluntarily control the discharge of body waste from bladder or bowel.
- Incontinence Involuntary loss of bowel or bladder contents.
- Stress Incontinence Inability to prevent escape of small amounts of bowel/bladder contents during certain activities such as coughing, lifting or laughing.

### • **Bowel Continence**

This is the ability to voluntarily control the discharge of body waste from the bowel.

**NOTE:** ▲ Those who have no voluntary control and rely upon dilatation or ostomies for evacuation should be rated as totally incontinent of bowel.

#### **Scoring**

- 0) Continent. Complete voluntary control
- 1) Incontinent episodes less than weekly
- 2) Incontinent episodes once a week
- 3) Incontinent episodes two or more times a week and/or no voluntary control

### • **Bladder Continence**

This is the ability to voluntarily control the discharge of body waste from the bladder.

**NOTE:** ▲ Those who have no voluntary control and rely upon indwelling catheters, intermittent catheterization, ostomies or condom catheters for evacuation should be rated as totally incontinent of bladder.

- ▲ Those who receive dialysis **and** do not urinate will be rated as continent.

#### **Scoring**

- 0) Continent. Complete voluntary control or minimal stress incontinence/dribbling
- 1) Usually Continent. Incontinent episodes less than weekly
- 2) Occasionally Incontinent. Incontinent episodes one or more times per week, but not daily

- 3) Frequently or Totally Incontinent. Incontinent daily or no voluntary control

### **C. DETERIORATION in OVERALL FUNCTION (ADLs & Continence)**

(Consider last 90 days)

This question is used to identify whether significant overall changes occurred in the customer's functional status, skills or abilities related to ADLs and continence as compared to **90** days ago.

#### **Scoring**

- 0) No deterioration
- 1) Deteriorated
- 2) Unable to determine

### **D. COMMUNICATION/SENSORY PATTERNS (30 days)**

These questions are used to evaluate hearing, vision and communication abilities in the past **30 days**. The assessor should check the item that best describes the usual level of functioning in each category. Assessment may be made by reviewing available information from the caregiver, customer, medical records and observation.

- NOTE:**   ▲    If the assessor is unable to assess the ability, this will be scored in the "0" or unimpaired category.
- ▲    Customers who are unable to respond due to coma will be scored as having maximum impairment.

#### **• Hearing**

The ability to perceive sounds. If an assistive device is used, hearing should be rated while using the device. Hearing refers to the ability to receive sounds, and does not refer to the ability to mentally comprehend the meaning of the sound.

#### **Scoring**

- 0) Hears adequately (e.g., conversations, TV, phone) / Unable to assess
- 1) Minimal difficulty when not in quiet setting (understands conversations when in one-on-one situations)
- 2) Hears in special situations only (e.g., speaker has to adjust tonal quality and speak distinctly or when speaker's face is clearly visible); able to follow only loud conversation

- 3) Highly impaired/absence of useful hearing (e.g., will hear only very loud voice); totally deaf

- **Expressive Communication**

The ability to express information and make self understood by using any means (e.g., verbal, written, signs, etc.). This area may be affected by mental status or physiological conditions.

**Scoring**

- 0) Understood/Unable to assess
- 1) Usually Understood (e.g., difficulty finding words, finishing thoughts, or enunciating)
- 2) Sometimes Understood -- ability is limited to making concrete requests
- 3) Rarely/Never Understood

- **Vision**

This is the ability to visually perceive visual stimuli. A medical condition or disease affecting the eye that does not affect the ability to see should not be considered in determining adequacy of sight. In this section, the assessor will evaluate the customer's ability to see close objects and those at a distance in adequate lighting, using any usual visual appliances (e.g., glasses, magnifying glass).

**NOTE: ▲ A diagnosis of legal blindness does not reflect a specific level of impairment for PAS scoring.** For example, an individual may be able to read large print and be legally blind.

**Scoring**

- 0) Sees adequately (e.g., newsprint, TV, medication labels) / Unable to assess
- 1) Impaired. Difficulties focusing at close (reading) range. Sees large print and obstacles, but not details or has monocular vision
- 2) Highly impaired. Very poor focus at close range (e.g., unable to see large print); field of vision is severely limited (e.g., tunnel vision or central vision loss)
- 3) Severe impairment. No vision or appears to see only light, colors or shapes

## **E. EMOTIONAL AND COGNITIVE FUNCTIONING**

These questions are intended to measure the frequency of specific behaviors and the extent to which these behaviors impose caregiving requirements on others or interfere with self-care. Caregiving can include either supervision or intervention.

**ORIENTATION** (Consider last 90 days). **Do not assess for children 6-11 years old.**

The following sections are intended to obtain information regarding the customer's orientation. This is achieved through interviewing the customer and asking caregivers for corroborating information.

**If there is no caregiver present at the time of assessment, every effort should be made to contact a family member or someone familiar with the customer in order to complete this part of the assessment.**

Orientation is defined as the individual's awareness of his/her environment in relation to self, place, and time.

The assessor should consider orientation for the last **90** days, placing the most emphasis on recent mental status as well as the ability to reorient self.

- NOTE:**
- ▲ A customer who is aware of forgetfulness and initiates self reorientation (asking questions, looking at clock/calendar) will usually be considered to be oriented.
  - ▲ Temporary disorientation due to an acute condition may not be considered if the customer has recovered (e.g., electrolyte imbalance, intoxication).
  - ▲ Allowances should be made for those persons in cultures/environments where time/place is traditionally measured in general rather than specific terms.
  - ▲ Forgetfulness and confusion does not necessarily indicate disorientation. The ability to re-orient, the frequency and intensity of the forgetfulness and confusion need to be assessed to determine level of orientation.
  - ▲ A customer in a coma should be scored as totally disoriented to all three factors.
  - ▲ A customer who is aphasic (has difficulty speaking) may need to be assessed using alternate means such as asking multiple choice questions, asking the customer to write or use some other way to communicate. Every attempt to assess orientation should be made.
  - ▲ It is best to record the customer's actual responses in comments.
  - ▲ Comments need to clearly explain whether scoring is for 'Knows' or 'Unable to assess.' For 'Knows', the exact quote from the customer is sufficient. Unable to assess should be indicated very rarely. An example of when it might be indicated is an individual with a serious mental illness, who is delusional and may respond to their name but not state their name when asked. This may also be used when it appears an individual is just refusing to answer the questions. Explain why unable to assess in the comments.

The assessor should determine the level of orientation to the following dimensions:

- + **Person/Caregiver** – Awareness of current first name, last name and caregiver's name. Assess whether the customer knows or does not know this information at the time of the interview. If the customer is able to identify a person based on their relationship, but does



not know their name, they may be scored as oriented. "Unable to assess" should not be indicated, if at all possible. All scores require a comment including what the customer responded when asked these questions. If the customer answered incorrectly, please also include the correct answer in brackets [ ].

Assess the caregiver's judgment of the customer's orientation to first name, last name and caregiver's names. Indicate whether the caregiver thinks the customer always knows, usually knows, or seldom/never knows.

If the caregiver is not present at the time of assessment, every effort should be made to contact the person to complete this part of the assessment.

If there is no caregiver, review the medical records and determine if the customer is oriented at the physician appointments. If necessary, call the physician's office and speak to the staff to confirm orientation.

Indicate the best response for each section.

### **Scoring**

**Does the customer know:**

#### **First Name**

#### **Caregiver Judgment**

Knows/ Unable to assess

Always knows

Does not know

Usually knows

Seldom/never knows

#### **Last Name**

#### **Caregiver Judgment**

Knows/ Unable to assess

Always knows

Does not know

Usually knows

Seldom/never knows

#### **Caregiver's Name**

#### **Caregiver Judgment**

Knows/ Unable to assess

Always knows

Does not know

Usually knows

Seldom/never knows

- + **Place** - Awareness of current location in regard to immediate environment, place of residence, city, and state. Immediate Environment and Residence may be considered accurate if stated in somewhat generalized terms. Immediate Environment may be "the kitchen", "my room", etc. Residence may be "my son's house", "a nursing home", etc. The customer is not required to know the detailed address of the location in order to be considered as oriented to place/residence. Assess whether the customer knows or does

not know at the time of the interview. Unable to assess should not be indicated if at all possible.

Assess the caregiver's judgment of customer's orientation to immediate\_environment, place of residence, city and state. Indicate whether the\_caregiver thinks the customer always knows, usually knows, or seldom/never knows.

If the caregiver is not present at the time of assessment every effort should be made to contact the person to complete this part of the assessment.

Indicate the best response for each section.

### **Scoring**

**Does the customer know:**

#### **Immediate Environment**

Knows/ Unable to assess

Does not know

#### **Caregiver Judgment**

Always knows

Usually knows

Seldom/never knows

#### **Place of Residence**

Knows/ Unable to assess

Does not know

#### **Caregiver Judgment**

Always knows

Usually knows

Seldom/never knows

#### **City**

Knows/ Unable to assess

Does not know

#### **Caregiver Judgment**

Always knows

Usually knows

Seldom/never knows

#### **State**

Knows/ Unable to assess

Does not know

#### **Caregiver Judgment**

Always knows

Usually knows

Seldom/never knows

- + **Time** –This is the awareness of current time frame in regards to day, month, year and time of day. Consideration should be given to those persons in cultures/environments where time passing is traditionally measured in general rather than specific terms (e.g., "winter", "morning", "middle of the week" etc.) Assess whether the customer knows or does not know at the time of the interview. Unable to assess should not be indicated if at all possible.

Assess the caregiver's judgment of customer's orientation to day, month, year and time of day. Indicate whether the caregiver thinks the customer always knows, usually knows, or seldom/never knows.

If the caregiver is not present at the time of assessment every effort should be made to contact the person to complete this part of the assessment.

Indicate the best response for each section.

### **Scoring**

**Does the customer know:**

#### **Day**

#### **Caregiver Judgment**

Knows/ Unable to assess

Always knows

Does not know

Usually knows

Seldom/never knows

#### **Month**

#### **Caregiver Judgment**

Knows/ Unable to assess

Always knows

Does not know

Usually knows

Seldom/never knows

#### **Year**

#### **Caregiver Judgment**

Knows/ Unable to assess

Always knows

Does not know

Usually knows

Seldom/never knows

#### **Time of Day**

#### **Caregiver Judgment**

Knows/ Unable to assess

Always knows

Does not know

Usually knows

Seldom/never knows

Indicate "No Caregiver" if unable to locate or contact any caregiver, family member or person aware of the level of orientation for customer, including medical providers. Explain why unable to locate or contact a caregiver in comments.

### **BEHAVIORS (90 days)**

The purpose of this section is to identify the presence of certain inappropriate behaviors that may reflect the level of an individual's emotional and cognitive functioning. Behaviors should be assessed **based on the last 90 days**, except as indicated in self-injurious behavior and aggression. If a particular behavior has been exhibited in the past (more than 90 days ago) but is no longer a problem, then the assessor may indicate a history of the problem by selecting the appropriate response (i.e., zero on frequency of behavior).

Responses are based on both the frequency of the behavior and the intensity of the intervention, that is the amount or degree of intervention required to control the problem behavior. Indicate the most common method of intervention. For example, if verbal redirection is used once or twice a week, but chemical restraint is given daily, a score of three should be indicated for intensity of intervention.

- NOTE:**
- ▲ It may be difficult for the customer to discuss behaviors. Assessors need to be sensitive to this and involve caregivers/family separately for collateral information.
  - ▲ It is important to include a description of behaviors and intervention in the comments or summary.
  - ▲ **It is possible for the frequency of the behavior to be rated a zero and the intensity of the intervention to be rated a three. An explanation of this should be included in the comments.**

The following definitions should be applied when answering questions related to behaviors:

**Frequency**                      number of times a specific behavior occurs within a specific interval;

**Intervention**                      therapeutic treatment, including the use of medication and physical restraints to control the behavior. Intervention may be formal or informal and includes actions taken by friends/family to control the behavior;

**Medical Attention**                      examination by a physician or Primary Care Provider (PCP) and treatment, if necessary.

**THE DETAILS OF THE BEHAVIOR AND INTERVENTION MUST BE SPECIFIED IN COMMENTS OR SUMMARY.**

## **+ Wandering**

This is defined as moving about with no **rational** purpose, tending to go beyond physical parameters of his/her environment in a manner that may jeopardize safety, as a result of disorientation or memory problems. (This is not leaving without permission, or just pacing.)

- NOTE:**
- ▲ Getting lost in an unfamiliar place or voluntarily leaving against medical advice would not be considered wandering.
  - ▲ Wandering implies an **impaired ability to reorient** one's self to location.

▲ Typically an individual who wanders will be disoriented to some degree.

### **Frequency of Behavior**

- 0) Behavior has not been observed, or history of wandering behavior; not a current problem (includes if chemically controlled)
- 1) Occurrences may not pose a safety problem
- 2) Occurs predictably (in response to particular situations); occurrences pose a threat to the safety of self or others
- 3) Occurs at least daily, posing a threat to the safety of self or others

### **Intensity of Intervention (Most Common Method)**

- 0) Customer requires no intervention
- 1) Customer is easy to verbally redirect
- 2) Customer can be verbally redirected with difficulty
- 3) Customer requires physical intervention or restraints (includes chemical restraints)

## **+ Self-Injurious Behavior**

Defined as repeated self-induced, abusive behavior that is directed toward infliction of immediate physical harm to the body (e.g., slapping, cutting, biting, pica (ingestion of inedible substances), scratching, compulsive water consumption, head banging).

**NOTE:** ▲ Exclude suicide attempts, accidents (e.g., falling), or risky lifestyle choices (e.g., smoking, drug/alcohol abuse, and non-compliance with medical advice).

▲ Self-injurious behavior may be deliberate or may be irrational.

### **Frequency of Behavior**

- 0) No problems in this area or history of injurious behavior; not a current problem (includes if chemically controlled)
- 1) Incidents occur less than weekly; OR do not pose a threat to health or safety
- 2) Incidents occur weekly to every other day and MAY pose a threat to health or safety
- 3) Incidents occur at least once a day; OR has had episode(s) causing serious injury requiring medical attention in the last year

### **Intensity of Intervention (Most Common Method)**

- 0) Customer requires no intervention
- 1) Customer is easy to verbally redirect
- 2) Customer can be verbally redirected with difficulty

- 3) Customer requires physical intervention or restraints (includes chemical restraints)

## + **Aggression**

Defined as **physically** attacking another; includes throwing objects, punching, biting, pushing, pinching, pulling hair, scratching, and physically threatening behavior. Includes destroying property as part of aggressive behavior, but does not include self-injurious behavior.

### **Frequency of Behavior**

- 0) No problems in this area or history of aggression; not a current problem (includes if chemically controlled)
- 1) Incidents occur less than weekly; OR do not pose a threat to health or safety
- 2) Incidents occur weekly to every other day and MAY pose a threat to health or safety
- 3) Incidents occur at least once a day; OR has had episode(s) causing serious injury requiring medical attention in the last year

### **Intensity of Intervention (Most Common Method)**

- 0) Customer requires no intervention
- 1) Customer is easy to verbally redirect
- 2) Customer can be verbally redirected with difficulty
- 3) Customer requires physical intervention or restraints (includes chemical restraints)

## + **Resistiveness**

This is defined as **inappropriately** stubborn and uncooperative behaviors, including passive or active obstinate behaviors, refusing to participate in self care or to take necessary medications. Do not include difficulties with auditory processing or reasonable expressions of self-advocacy. Also, do not include verbal threatening or acts of physical aggression to self or others).

### **Frequency of Behavior**

- 0) Problem does not occur or occurs at a level not requiring intervention (includes if chemically controlled)
- 1) Behavior occurs less than weekly
- 2) Behavior occurs weekly to every other day
- 3) Behavior occurs at least daily

### **Intensity of Intervention (Most Common Method)**

- 0) Customer requires no intervention
- 1) Customer is easy to verbally redirect
- 2) Customer can be verbally redirected with difficulty
- 3) Customer requires physical intervention or restraints (includes chemical restraints)

## **+ Disruptive Behavior**

Defined as **Inappropriate** behavior that **Interferes** with the normal activities of others or self and **usually** requires **Intervention** to stop the behavior. This could include, but is not limited to: putting on or taking off clothing inappropriately; sexual behavior inappropriate to time, place or person; excessive whining or crying; screaming; persistent pestering or teasing; constantly demanding attention; and urinating in inappropriate places. For an individual with dementia, intervention may not be feasible.

**NOTE:** ▲ Keep in mind that some disruptive behavior may be appropriate, such as: crying from pain, or repeatedly asking for toileting assistance during presence of urinary tract infection. (These would not be scored as disruptive).

▲ It is important to include **who** is disrupted by what is done, and **how** they are disrupted, when describing the behavior.

### **Frequency of Behavior**

- 0) Does not occur or occurs at a low level not requiring intervention, or no history of disruptive behavior; not a current problem (includes if chemically controlled)
- 1) Behavior occurs less than weekly
- 2) Behavior occurs weekly to every other day
- 3) Behavior occurs at least daily

### **Intensity of Intervention (Most Common Method)**

- 0) Customer requires no intervention
- 1) Customer is easy to verbally redirect
- 2) Customer can be verbally redirected with difficulty
- 3) Customer requires physical intervention or restraints (includes chemical restraints)

## **MEDICAL ASSESSMENT**

The assessor reviews the medical status by evaluating the medical condition(s) and the need for medical services. If the customer is hospitalized or resides in a NF, much of this data may be obtained directly from medical records. If a home interview is conducted, accept statements by the

customer or caregiver that seem to have clinical validity, but Assessors should also verify pertinent facts by consulting with the physician, major health care provider or others who are well-informed regarding the medical condition of the applicant. **This section should give a thorough picture of the customer's current medical condition and immediate medical nursing needs as they pertain to need for long term care services.**

## **G.MEDICAL CONDITIONS BATTERY**

This section is used to record **only** the diagnoses and specific medical conditions that have a relationship to the customer's **current** ADL status, cognitive status, mood and behavior status, medical treatments, skilled nursing care or risk of death. The assessor should review each category of conditions listed to ensure that no **significant** diagnoses are omitted.

**NOTE:** Do **not** indicate inactive or historical diagnoses here; these can be included in the Summary instead, if significant.

If a specific diagnosis is not found on the tool, but the diagnosis or condition is the same or essentially the same as one of the listed medical conditions, **select the condition from the list and use the comment section to specify the difference.** For example, if the stated diagnosis is Lou Gehrig's disease, select amyotrophic lateral sclerosis (ALS); if quadriplegia is the stated diagnosis, select paralysis. It is very important to carefully evaluate any condition that may relate to Paralysis, Alzheimer's disease, Neurocognitive Disorder, or Dementia, since these conditions affect the PAS score.

It is very important to group diagnoses in the categories listed if at all possible. For more examples of grouping diagnoses, see the EPD PAS Manual supplement *Medical Conditions and Associated Related Conditions*.

### **ICD-10 (International Classification of Diseases – 10<sup>th</sup> Revision)**

The assessor should identify any other **significant** diagnoses in the ICD-10 section. If you have an ICD-10 code that is not listed, select a miscellaneous ICD-10 code and enter the number code and then the specific diagnosis in the comments section.

Note: **DO NOT list surgical procedures or V codes as diagnoses. These may be recorded in the summary section.**

#### **\*Major Diagnosis**

The assessor should select up to three major diagnoses. The major diagnoses are determined by those that are the most resource intensive (e.g., using the most medical/nursing services) and causing significant impact on the need for long-term care. In some cases, there may be only one or two major diagnoses.

By Arizona Revised Statute, an ALTCS-eligible person **must** have a **non-psychiatric** medical condition or developmental disability that by itself or in combination with other medical conditions, places the person at risk of institutionalization in a nursing facility or intermediate care facility for Individuals with Intellectual Disabilities. **Therefore, an eligible person must have a non-**



**psychiatric major diagnosis that impacts the need for long term care.** See on the manual section on physician review for cases eligible by score with SMI diagnoses.

**\*Categories and Related Medical Conditions**

The PAS assessor should verify diagnoses and medical conditions from medical documentation or verbally from provider (by phone or in person) and secure copies of documentation when necessary such as in the event of an eligibility review or hearing. **Medical records must be requested for every PAS (initial, reassessments, private requests, etc.).**

Some conditions are determined to be predictors for risk of nursing facility placement. They are listed here along with other conditions that are either essentially the same or similar enough that they should be marked under that section for scoring purposes. These conditions are bolded below.

A1). Hematologic/Oncologic - disorders of the blood and conditions relating to tumors, malignant or benign.

A2). Cardiovascular - conditions of the heart and blood vessels.

A3). Musculoskeletal - conditions related to muscles, bones and connective tissue.

**PARALYSIS** - (Includes but is not limited to the conditions listed below).

Hemiplegia – paralysis of one side of the body

Paraplegia – paralysis of the legs and lower body

Quadriplegia – paralysis of all four limbs; tetraplegia

A4). Respiratory - conditions related to the act of breathing; involves the nose, trachea, lungs and all air passages.

A5). Metabolic - conditions that relate to physical and chemical changes in the body, including endocrine disorders and electrolyte imbalances (e.g., hypokalemia, hypernatremia, malnutrition).

A6). Neurological - conditions related to nerves, nervous tissue or nervous system.

**NEUROCOGNITIVE DISORDER, ALZHEIMER'S DISEASE, DEMENTIA** - (Includes but is not limited to the conditions listed below).

Alper's disease (grey matter degeneration)

Pre-senile dementia (Pick's disease)

Progressive dementia

Multi-infarct dementia

Arteriosclerotic dementia

Degenerative dementia

Creutzfeldt-Jakob disease (progressive viral disease of CNS)

**NOTE: ▲ Cerebellar disorders and cerebral atrophy are NOT indicated here**

**Score** – assign 20 points for patients who have the following documentation:

- Diagnosis of dementia or major NCD: CLINICIAN-verified dementia or major NCD diagnosis that meets criteria, that is:
- Cognitive function/cognitive performance decline: For dementia or major NCD, evidence of significant functional decline from a previous level of performance in one or more neurocognitive domains based on concern of the individual, a knowledgeable informant, or the clinician that there has been a significant decline in cognitive function, AND substantial decline in impairment in cognitive performance, preferably documented by standardized neuropsychological testing or, in its absence, another quantified clinical assessment;
- ADLS impact: Dementia or Major NCD impacts ADLs/functional independence; unable to orient or reorient to person, place, and/or time
  - Behaviors: Clinically documented significant behavioral disturbance due to dementia/major NCD diagnosis and interventions.
- Medications or other therapies or interventions (plus or minus): For dementia or major NCD, document related medication (s); other interventions such as physical restraints, locked units; and psychosocial interventions (e.g., supervised day activity programs, nursing home/extended care placement, and caregiver support).

**Medications**: being on medication by itself should NOT warrant 20 points

- The cognitive deficits are not in the exclusive context of delirium; and are not better explained by a mental disorder, or acute substance/medication-induced intoxication.

A7). Genitourinary - conditions related to the genitals and urinary system and also includes kidneys.

A8). Gastrointestinal - conditions related to the stomach, intestines and related structure such as esophagus, liver, gall bladder and pancreas.

A9). Ophthalmologic/EENT - conditions related to the eyes, ears, nose and throat.

A10). Psychiatric - conditions related to the mind and mind processes.

**NOTE: ▲ A non-psychiatric medical condition or developmental disability that impacts the need for long term care is required for ALTCS eligibility per ARS 36-2936.**

A11). a. Current Skin Condition(s) – disease/disorders related to the skin on any/all parts of the body. (Indicate all that apply.)

b. History of Resolved Ulcers – select no if the customer has not had any skin ulcers or breakdowns in the past year.

c. If the customer has ulcer(s), indicate pressure ulcer(s) using the following definitions. Indicate all that apply:

Any area of persistent skin redness (without a break in the skin) that does not disappear when pressure is relieved;

Partial loss of skin layers that presents as an abrasion, blister or shallow crater;

A full thickness of skin is lost, exposing the underlying tissue (presents as a deep crater) or the underlying tissue is lost (exposing muscle or bone);

Scab (eschar) over ulcer.

Note the number of current pressure ulcers and ***describe the size and location(s) in comments.***

A12). Other Conditions (ICD-10s) - disorders that are not covered in the above categories. The assessor should use this section only when the customer's condition is not covered in categories 1-11. **Enter only those conditions that impact need for long term care.**

## **MEDICATIONS/TREATMENTS/ALLERGIES**

### **H.MEDICATIONS BATTERY**

#### **NEEDS ASSISTANCE WITH MEDICATIONS**

Select yes if the customer needs or receives assistance taking medication. Setting-up of a medi-set or similar process would be considered assistance.

Indicate no if the customer completes the process independently.

Use the comments section to describe the assistance provided to the customer.

#### **THERAPEUTIC DIET**

A therapeutic diet is prescribed by a physician and based on a customer's medical condition.

Select yes and describe the diet in comments if the customer requires a diet that is adjusted to meet special nutritional needs. This may include consistency such as mechanical soft or pureed, level of nutrients (e.g., 1800 calorie ADA), amounts of fluids, number of meals or the elimination of certain foods (no wheat or dairy products).

#### **MEDICATION ALLERGIES**

Indicate yes or no. If the customer has allergies to medications, use the comments section to list them.

**TAKES INSULIN** – Indicate “Yes” for all that apply.

The assessor will need to ask if the customer takes insulin. If the answer is yes, the questions regarding assistance with drawing up and self-injecting insulin will need to

be answered. The question regarding assistance with finger sticks must be answered whether the customer takes insulin or not.

**Does the Customer Take Insulin?**

**Does customer require any assistance drawing up insulin?**

**Does customer require any assistance self-injecting insulin?** This section is designed to collect information for customers who have diabetes and take insulin. If the individual receives assistance with insulin administration, explain in comments who provides the help for drawing up and/or injecting the medication.

**Does Customer Require any Assistance with Finger Sticks?**

If finger stick blood sugars (FSBS) are done, it is important to document the frequency, the range of blood sugars and who actually performs the testing.

Use the comments section to describe the assistance provided for the customer.

**Medications list:**

**Note:** If customer does not take any medications, click the “No Medications added” box and “save” in HEAplus.

This section identifies the medications currently taken by the customer. **If in a facility, medications may be obtained from the physician orders list.** If the interview is in-home, request prescription containers and copy label information.

If there is a discrepancy between the verbal report, prescription bottles and/or the medical records, note it as a comment. Also ask if the customer is taking any type of non-prescription medication.

The assessor should include dosage, frequency, duration, route and form of each medication. If the applicant receives a PRN medication, note the prescribed frequency as well as the actual frequency taken. Include comments related to blood sugar levels, discontinued medications (taken in last 30 days).

**I. SERVICES AND TREATMENTS**

The PAS assessor should identify any services/treatments the customer is currently receiving by selecting from those listed. With information obtained from PAS sections on Medical Conditions, Medications and Treatments, medical records and contact with health providers, select any of the listed services/treatments.

Recent but discontinued services would not be indicated, but if significant can be mentioned in the PAS Summary. Services and treatments may be provided by professionals, non-professional caregivers, by customer, or others as appropriate.

In evaluating whether or not a service is **"needed,"** the assessor must make a professional judgment based on education/experience. The Assessor will identify the problem and render an opinion as to whether or not it is feasible that the service can resolve or alleviate the medical problem. For example, if the assessor identifies a problem such as incontinence in a severely demented customer, the assessor may decide that bowel/bladder training is not a realistic possibility. If the assessor notes the customer has an open wound that is not being treated, wound care may be appropriate to indicate as a need. When indicating a **"need"** for treatment, it is necessary to provide an explanation of the need and reason the service/treatment is not provided. This should be included in the comments section for Services/Treatments.

Assessors should also include comments to explain the frequency of some treatments in order to help identify the severity of the condition (e.g., dialysis treatment three times weekly for 4 hours).

Do not consider recently discontinued services; however, it may be pertinent to mention these in the comment section. You may indicate as "receives", services that are intermittent but ongoing (such as chemotherapy, SVN, etc.).

Select the appropriate response for each service/treatment received:

C1). Injections/IV

a. Intravenous Infusion Therapy

Fluid substance introduced into the body via a vein. This includes intravenous infusions and blood transfusions.

b. Intramuscular/Subcutaneous Injections

Fluid substance injected into the muscle or beneath the skin via a hypodermic syringe.

C2). Medications/Monitoring

a. Drug Regulation - refers to the necessity for close evaluation/monitoring/ adjustment of medications to assure effective therapeutic value.

Examples of drug regulation might include:

- Periodic Lab test: blood sugar levels for antidiabetic agents, anticonvulsant blood levels (e.g., Tegretol), clotting time (e.g., Coumadin), cardiac drug levels (e.g., Digoxin), cholesterol lowering medications (e.g., Lipitor);
- Adjustment of medication dosage/schedule in direct relation to diagnostic testing or symptoms: (e.g., Hold Lanoxin if pulse below 60, hold Procardia if systolic blood pressure below 150, sliding scale for insulin dosage);
- Intense supervision or observation that is needed to evaluate: adverse reactions, interactions, or immediate response to a drug such as response to a pain relieving

narcotic such as Demerol, response to chemical restraints or drugs given for behavior control such as Haldol or Mellaril; or

- Schedule II Narcotics.
- b. Drug regulation is not meant to refer to routine monitoring, evaluation or adjustment that is appropriately and readily accomplished by non-professionals, (e.g., "Aspirin upsets my stomach so I'll take Tylenol instead").
- c. Drug Administration

This is the act of giving or applying medication to remedy an illness or condition. This includes self-administration.

C3). Skin Care

a. Pressure/Other Ulcers

Application of various materials or treatments such as Duoderm, Santyl, Collagenase, Betadine, ointments, bandages, heat application, whirlpool and debridement for therapeutic reasons to protect or assist in healing a

pressure sore or stasis ulcer. Includes preventive measures ordered by the physician for customers with histories or chronic skin breakdowns which are likely to recur. Use the comments section to describe type, location and description of ulcers as well as treatment provided.

b. Non Bowel/Bladder Ostomy Care

Specific care needs, such as irrigation, cleaning or other bandaging to maintain an artificial opening or stoma. This excludes ostomy care for bowel or bladder ostomies, (covered in C5) or tracheostomies (covered in C6). Examples of Non Bowel/Bladder Ostomies are feeding tubes such as gastrostomies or g-tubes, jejunostomies (j-tubes) and various 'buttons' (e.g., BARD or MIC-KEY buttons). (Does not include a NG-tube which goes through the nose).

c. Wound Care

The application of various materials such as medicated solutions, ointments, gauze and bandages to assist in the healing or protection of a wound (incision, skin tears, burns, IV sites, dialysis sites) for therapeutic reasons. This does not include simple first aid measures or medication applied to skin conditions such as ACNE or DRY SKIN. **Use the comments section to describe the wound (location, size, age, cause, if known) and the treatment provided (may be observation of a dialysis shunt).**

C4). Feedings

- a. Parenteral Feeding/TPN - Nutrition administered through a route other than the alimentary canal, usually intravenously.
- b. Tube Feeding - Nutrition administered through a tube (such as nasogastric, gastrostomy or jejunostomy tubes) to the alimentary (GI) tract.

C5). Bladder/Bowel

- a. Catheter Care - Maintenance of urinary catheter patency and hygiene. Includes condom, indwelling and intermittent straight catheterization.
- b. Ostomy Care - Specific care (i.e., changing stoma ring, changing bag) necessary to maintain an artificial opening or stoma for bowel or bladder.
- c. Bowel Dilatation - Expansion of the anal orifice to promote evacuation. This includes the use of suppositories in paralyzed individuals.

C6). Respiratory

- a. Suctioning - The process of removing or withdrawing secretions and waste material.
- b. OXYGEN - Receiving O<sub>2</sub> per nasal prongs, face mask or O<sub>2</sub> tent (for example). Include the rate of liter flow or percentage of oxygen whenever possible.
- c. SVN (Small Volume Nebulizer) - Treatment using a machine that produces a fine spray or mist of a specific prescription for inhalation. **Exclude** hand held atomizers/inhalers (e.g., Metered Dose Inhalers).
- d. Ventilator - A mechanical device for artificial ventilation of the lungs usually administered per tracheostomy (excludes C-PAP and Bi-PAP without a rate setting) There must be a third (3<sup>rd</sup>) breath rate setting for a bi-level machine to be considered a ventilator.
- e. Trach Care - The process of suctioning and cleaning the stoma and apparatus that provides an artificial airway to the lungs through the trachea.
- f. Chest Physio-therapy - The process of positioning so that gravity will allow drainage from nasal passages, airways and sinuses. Drainage is usually stimulated by percussion to lung areas.
- g. Continuous Positive Airway Pressure (CPAP) – a device which provides the application of constant pressure (e.g., 10-12) throughout the respiratory cycle. No mechanical inspiratory assistance is provided so **CPAP can NEVER be a ventilator**. The customer breathes independently with support from the CPAP machine and/or oxygen.

Use this section if the customer uses a **Bi-level Positive Airway Pressure** machine (Bi-PAP) that does not have a set back-up rate (e.g., IPAP 15, EPAP 6) – IPAP, which stands for Inspiratory Positive Airway Pressure and EPAP which stands for Expiratory Positive Airway Pressure. There must be a third breath rate setting for a bi-level machine to be considered a ventilator.

C7). Therapies

- a. Physical - Treatment provided for specific physical problems by or under the direction of a registered physical therapist. Therapies may involve use of physical agents such as hydrotherapy, exercises, electricity, radiation, and training in use of assistive devices.
  - b. Occupational - Treatment provided by or under the direction of a registered occupational therapist that will assist the customer in the management of personal care. This therapy helps to improve the customer's functional abilities, teaches adaptive techniques for ADLs and works with upper extremity mobility.
  - c. Speech - Treatment provided by or under the direction of a registered speech therapist for various speech and swallowing difficulties. This therapy helps the customer with comprehension and speech difficulties, provides restorative therapy and diagnostic/evaluation services.
  - d. Respiratory - Treatment provided by or under the direction of a registered respiratory therapist to restore, maintain and improve respiratory function; includes the use of CPAP which may or may not be under the direction of or provided by a registered respiratory therapist and Bi-PAP which should always be under the direction of a respiratory therapist.
  - e. Alcohol/Drug Treatment - Medical or psychological counseling aimed at customers who abuse alcohol and/or mood altering drugs. May include self-help groups.
  - f. Vocational Rehabilitation - Therapy directed at developing or redeveloping job-related skills.
  - g. Individual/Group Therapy - Psychotherapy or counseling provided by a professional for treatment of mental or emotional disorders or maladjustment.
- C8). Rehabilitative Nursing- Professional nursing service that establishes a therapeutic plan of care that is problem oriented, individualized, and has measurable goals. The objective of the care plan is to enable the ill or disabled person with rehabilitation potential to achieve optimum, practicable **functional efficiency**.
- Provides for **direct** or **indirect** nursing care to restore functional ability or prevent further deterioration in ability.
  - Rehabilitative nursing is **not** monitoring although monitoring may be a component of the teaching/training process.
  - Rehabilitative nursing is **not** activity or exercise carried out for recreation/general health purposes.
- a. Teaching/Training Program - To teach a customer or family caregiver routine tasks in relation to customer's medical need due to a new diagnosis (e.g. diabetic testing, ostomy care, catheter care, diet planning, use of prosthesis, self administration of medication, insulin injections).
  - b. Bowel/Bladder Training - A formal method of establishing regular evacuation/urination by reflex conditioning.



- c. Turning and Positioning - Moving, turning or repositioning a customer who is not able to move independently. This is done to improve circulation and to avoid decubiti or contractures.
- d. Range of Motion - Active or passive exercise related to the restoration of a specific function or to maintain function. Excludes general exercises to promote overall fitness.
- e. Other Rehab Nursing - Other rehab nursing services deemed appropriate to regain health or strength, under the direction of nurses or therapists that is reasonable and justified. This includes restorative ambulation, restorative feeding, deep breathing exercises, therapeutic splinting, or physical, occupational or speech therapy tasks performed by nursing staff (e.g. RNA or caregiver at the direction of the therapist).

C9. Other Services and Treatments

- a. Peritoneal Dialysis - Removal of waste products from the body by perfusing prescription solutions through the peritoneal cavity.
- b. Hemodialysis - Removal of waste products by circulating the body's blood supply through special dialyzing tubes via a shunt or through a special catheter.
- c. Chemotherapy/Radiation - The application of chemical or x-ray agents that have a specific and toxic effect on cancerous cells.
- d. Restraints - Devices that hinder or restrict movement to protect an customer from injury.

**Mechanical:** Physical devices or barriers that restrict normal access to one's body or immediate environment and to protect from injury. May include devices (attached or adjacent to the body) that cannot be easily removed such as vest, wander guard, seat belts, Geri chair with lap tray or barriers to normal, standard movement (e.g., locked rooms or areas). Usually, devices such as side rails, bed or chair alarms or self-removable seat belts will **not** be considered restraints.

**Chemical:** Prescribed medication used for elimination or modification of **overt physical behaviors** likely to cause physical harm to self or others (e.g., combativeness, constant pacing, or self mutilation).

- A specific drug must be linked with a particular behavior and used to eliminate or control the specific behavior, in order to be considered a chemical restraint
- Verbal reminders/redirection by others, shielding, deflecting, guiding or bracing a body part for completion of a procedure is **not** a restraint.

- e. Fluid Intake/Output - Measuring and monitoring the oral and parenteral intake of fluids and/or the fluid output (e.g., IV fluids, tube feedings, parenteral feedings, specific fluid intake or urine output, catheter

output, vomitus and other fluid loss). Routine recording of dietary intake or supplements (e.g., percentages) is not I & O. Keep in mind that not everyone with a catheter is being monitored for Fluid intake and/or output.

- f. Other - Includes other therapies prescribed for a specific problem e.g., sitz bath, TED hose, TENS unit for pain, special mattress, whirlpool (if used for reasons other than physical therapy or decubiti care, it should be noted here). Any service or treatment received or needed, **but not documented elsewhere** in this section, should be indicated here. This is essential if a diagnosis is marked as requiring services or treatment. For example, if peripheral vascular disease is indicated because the customer requires treatment with TED hose; then the TED hose should be indicated here.

## J. FCPI Service Summary

### First Continuous Period of Institutionalization

The spousal impoverishment amendments to the Medicaid Act found at 42 U.S.C. § 1396r-5 allow one spouse to retain sufficient property and income to live on when the other spouse requires institutional level care. The amendments provide that at the time of institutionalization of one spouse the Medicaid agency must do an assessment of the resources owned by both spouses. At that time, the agency determines how much of the joint resources the community spouse may keep. This is called the community spouse resource allowance (CSRA).

Since the spousal impoverishment protections are only available to the **non-institutionalized spouse**, one of the spouses must meet the federal definition for institutionalized spouse. Federal law defines an institutionalized spouse as a person who is in a medical institution or nursing home or at the state's option a person who qualifies for (HCBS. **Arizona has opted to include in its definition of institutionalized spouse persons who qualify for HCBS.**

As part of the spousal impoverishment protection, the "first continuous period of institutionalization (FCPI)" must be determined. The role of PAS Assessors in this process is to determine the FCPI for applicants who have received or intend to receive HCBS services. This process provides the Financial Eligibility staff with the necessary date in order to establish a Community Spouse Resource Deduction (CSRD). The CSRD is used in the resource eligibility determination.

A Community Spouse Resource Deduction only applies if the individual began a continuous period of institutionalization **on or after** September 30, 1989. No application for ALTCS is needed to obtain a resource assessment, regardless of whether the customer resides in a medical institution, is receiving HCBS, or is intending to receive HCBS.

### Date of Institutionalization

The first day institutionalized for a continuous period **or** the first day an HCBS that prevented institutionalization was received. For individuals "intending to receive HCBS", the date of institutionalization is the date of application or date the PAS is passed. The requirement of

"intending to receive" is met when the applicant applies for ALTCS, expresses an interest in home and community based services (HCBS) and passes the PAS.

**When establishing the FCPI, an individual may have received 30 consecutive days of institutional care from a number of different facilities. The individual may also receive a combination of Title XIX HCBS and non-Title XIX HCBS, or a combination of services provided in a facility and in an HCBS setting.**

- a. A period of at least 30 consecutive days of institutional care in a medical institution, **or**
- b. Receipt of HCBS for a period of 30 consecutive days fulfills this requirement if the receipt of the HCBS prevented the individual from becoming institutionalized, **or**
- c. For individuals intending to receive services the FCPI will be determined by being at risk of institutionalization as determined by the PAS. This establishes the FCPI for individuals to whom a. or b. do not apply.

## **K. PAS SUMMARY BATTERY**

In this section, the assessor will summarize the overall medical conditions, functional status and needs of the customer. The assessor should avoid making statements regarding eligibility, the advisability of any particular placement or need for institutionalization.

The following factors **must** be included when completing the summary, if applicable:

1. HEAplus auto-populates the diagnoses listed in the Medical Conditions battery into the middle box of this page in HEAplus. A brief description of the customer's current major medical condition and related problems; any conditions which are unstable or requiring significant treatment should be described. Any vital signs, pertinent lab data, and other diagnostic information should be noted if pertinent (i.e., blood sugars, blood pressures, MRI, CT scan); Miscellaneous ICD-10 codes need to be described here, as HEAplus does not pull the comments from those areas.
  2. Descriptive information regarding ADL performance, functional limitations and capabilities and who provides assistance; if scores are based on need, include comments to explain the reasons assistance is needed but not received;
  3. A description of falls, injuries, hospitalizations and ER visits including dates and reasons; any injuries from falls.;
  4. Formal and informal support system (e.g., describe formal services received such as meals on wheels, or any informal services or support provided by relatives, neighbors, and friends); Services and treatments listed in that Battery in HEAplus are pulled and auto-populated at the top box of the PAS Summary page. Any services or treatments listed under "other" should be described here.
- d. Any history of involvement with DDD or APS should be noted here.

5. Environmental conditions and living situation/arrangement; objective observations noted during PAS interview of customer's living situation are helpful to include here also.
6. Psychosocial factors, behaviors, cognitive abilities (describe the impact upon health status and caregiving);
7. Nutritional status (e.g., chewing or swallowing problems, unusual eating patterns, major fluctuations in weight);
8. Sensory status (describe any significant impairment in sense of touch, hearing, vision, smell, or any other sensory impairments);
9. Any other information the assessor feels is necessary to document including statements made by the customer or caregiver such as what services are desired, any unmet needs observed or described. The assessor should avoid statements which reflect any personal value judgments or biases.

**NOTE:** ▲ Document that a description of the ALTCS program requirements for nursing facility (NF) level of care and referrals to community resources were provided.

## **L. Person Contact Detail Battery**

### **Personal Contacts**

This section is designed to report information about personal contacts and the customer's physician(s). The personal contact may or may not be the same as the authorized representative who has been identified by the financial eligibility specialist.

Include the contact's name, relationship to customer and telephone number(s). Additional contacts may also be added to this page. Indicate as above for customer's primary physician. If medical records/diagnoses are obtained from other specialists, include the name(s) and telephone number(s) here.

## **M. PAS Eligibility Battery**

### **PAS Scoring**

All medical and functional scores are computed by HEAplus and appear on this window. Physician Review and Override information is also located on this window.

Three scores are given for the PAS screening tool:

- a functional score;
- a medical score; and
- a resulting grand total score.

For more details see the flow chart for EPD scoring, Appendix A-3.

No minimum functional or medical score is required for eligibility. **A customer must be at risk for institutionalization at the nursing facility level of care.**

In order to qualify by score, a grand total score of 60 or higher must be achieved.

On reassessment, a customer must have a score of 40, but less than 60, to be eligible for the ALTCS Transitional program.

### **Special Status**

- This window displays ACUTE, VENTILATOR DEPENDENT or ALTCS Transitional program.

## **V. Physician Review**

Eligibility review is an integral part of the PAS assessment process. It is designed to address those customers whose score outcome is not thought by the assessor to be a complete reflection of the customer's **need for nursing facility level of care**. The assessor should indicate the reason a review is requested when it is for something other than standard review such as SMI scoring eligible, no longer DD eligible.

**It is important to remember that there is no single criterion for the entry level of care for ALTCS medical eligibility.** An eligible individual might have a combination of factors that impact functional ability and medical need for services. A customer who needs the entry level of care will require care greater than what is considered supervisory care (ARS-36-401 [unskilled nursing care]) and may present a combination of the following needs or impairments:

- 1) requires nursing care by or under the supervision of a nurse on a daily basis;
- 2) requires regular medical monitoring;
- 3) impaired cognitive functioning and psychosocial deficits;
- 4) impairments in ADLs and incontinence.

Eligibility reviews may occur for customers who score either below or above the entry level scoring threshold **or** have impairments in some aspects (as described above) that "overshadow" their strengths in other areas. These reviews will be performed by a physician consultant or an administrative process. A customer cannot be determined ineligible by an administrative process.

Reviews **must** be requested for:

- Ineligible cases scoring 56 or more on an initial PAS;
- Customer meets threshold score but has a psychiatric condition (includes chemical dependence) and **does not have a non-psychiatric condition** or developmental disability that by itself or in combination with the psychiatric condition places the customer at risk of institutionalization;

- Customer meets threshold score on an initial ALTCS application who is already a member of an AHCCCS health plan and appears to need less than 90 days of convalescent care;
- All ALTCS customers who do not meet threshold score for ALTCS or Transitional on reassessment;
- Any ALTCS customer residing in a Nursing Facility who, at the time of reassessment meets the score for transitional but not ALTCS eligibility;
- All ALTCS customers applying for the EPD program who do not meet threshold score and have a documented diagnosis of autism, autistic-like behavior or pervasive developmental disorder
- All EPD children through age 11.

Reviews **may** be requested for, but are not limited to these cases:

- Customer does not meet threshold score, but the assessor thinks the customer may be at risk of institutionalization;
- EPD already in a Nursing Facility or very elderly and frail – may have only minimal functional deficit, OR medically involved with multiple hospitalizations over past 6-12 months OR has scores 40-50 in general
- Customer requests a hearing;
- Atypical cases: traumatic brain injuries with behavioral concerns, HIV/AIDS declining function, specialized treatments, e.g., halo brace, body cast, any cases requiring extensive and complex medical care.

When requesting the Physician Review, the assessor completes the following fields in the PAS Scoring window in HEAplus:

### **Requested Date**

Date the case is actually sent to review, after medical records have been received, reviewed by the assessor and HPM, and scanned into DocuWare.

### **Requestor Comments**

When requesting an eligibility review, the assessor should provide a brief, specific reason based on the customer's functional and medical conditions. Any information recorded must be factual and objective. **Do not suggest an eligibility decision.** When requesting an eligibility review, the assessor should provide the reviewer with current documentation, if available, and pertinent to the customer's condition. Documentation should be selected for its ability to **CLARIFY** the current medical condition and/or functional needs.

**If documentation is NOT available note that in this section and provide a more thorough explanation in the PAS summary.**

This documentation may include:

- History and Physical;
- Discharge summary if the customer was hospitalized;
- Consultations by specialists (e.g., psychology, psychiatry, neurology or cardiology reports);
- Therapy notes;
- Nursing notes **only** if addressing a specific incident or condition;
- SIGNIFICANT test results such as laboratory results (HgA1C for diabetics, viral titers, T-cell or CD4 counts for people with AIDS), EEG, EKG or MRI results;
- Physician Progress Notes relating to current condition or need for long term care;
- MDS (Minimum Data Set), if the customer is in NF;
- For reassessments, the case manager notes and Member Change Report, if that is the reason a reassessment is being completed should be included.

## **Referral**

Once the PAS and documentation have been reviewed by the HPM, supporting documents are scanned into Fortis. The local office notifies PAS QC via - MARS when the case is ready to be reviewed. The physician reviewers/PARC are notified and review the case in HEAplus and Fortis.

## **Eligibility Reviewer's Summary**

In this section the reviewer determines, independent of score, if the customer is at immediate risk of institutionalization in a NF. The summary will describe significant factors that determined eligibility and may include:

- A brief summary of the significant medical conditions;
- Discussion of the extent of the impact the current medical condition has upon physical/mental functioning;
- A prognosis with an estimate of chances for recovery or satisfactory maintenance of health without ALTCS intervention. For example, the customer may be served adequately through supervisory care facilities, periodic outpatient care, or intermittent hospital stay;

- An opinion about the stability of the medical condition; how likely is it that symptoms will recur or the severity of the condition will become worse or cause significant impairment in mental or physical function, over the course of the next few months.

In conducting the review, the reviewer/s may consider all available information from the PAS, as well as any additional documentation provided by the assessor. The reviewer may call and discuss the case with the assessor or the customer's primary care physician for further information. In making the determination, the reviewer may consider several areas such as functional limitations; cognitive deficits; stability of medical conditions; number, frequency and complexity of treatments, to list a few. The reviewer may place a different degree of significance on factors within each individual case. The reviewer must look at the case from the overall perspective of risk of institutionalization, in conjunction with the combination of conditions, impairments and other limitations which may be the deciding factors.

### **Review Results/Physician's decision**

After the review is completed, the reviewer indicates the appropriate decision, eligible or ineligible, or Transitional on reassessment.

### **Reviewer's Signature and Title/Name of Doctor**

The reviewer's name and title should be indicated.

### **Review Date**

Date reviewer completed the review.

When the review is returned from the physician, it is reviewed in HEAplus by PAS QC and then the assessor or Health Program Manager is sent the case back in HEAplus. The Assessor and/or HPM should review the decision prior to completing the PAS.

### **PAS Override**

A PAS decision can be overridden based on the following reasons:

- Physician Review;
- Administrative Review;
- Hearing Review;
- Hearing Decision.

## **VI. POSTHUMOUS PAS AND REASSESSMENTS**

### **A. Posthumous PAS**

In some instances an initial PAS may need to be completed after the customer has expired. The customer may have died after the application has been made, or in some cases a representative may have applied for the deceased customer.

If the eligibility interviewer (PSE) is aware that the customer is deceased, the date of death is entered into the system. In some cases, the customer may die after the PAS referral has been



made, and the financial eligibility specialist may be unaware of the death. In that case, **the PAS assessor will be responsible for notifying Financial Eligibility** of the date and place of death and source of this information.

Although the posthumous PAS may be an initial PAS, there are limitations on information availability and applicability. The following items do not require completion on a Posthumous PAS.

- Deterioration in overall function;
- Medications – and whether assistance is required in administration, and allergies to medications;
- Therapeutic diet;
- Number of hospitalizations, ER visits, falls;
- Whether the client is hospitalized or has plans for discharge.

NOTE: No comments are required on the Posthumous PAS. A brief summary should be included. **As of 1/1/2014, a deceased customer no longer must have been placed in a nursing facility/medical institution during the application period. A deceased applicant can be in any type of living arrangement and still be assessed on a Posthumous PAS. Title 9 28-401.01 A5.**

## **B. Reassessments**

PAS reassessments are required on certain cases to determine continued eligibility for ALTCS. The same basic PAS criteria must be met in order for eligibility to continue. Any changes in score or condition **must** be explained in comments or in the summary. Each reassessment should give a complete description of the customer's current functional and medical status. To insure consistency and to prepare for the interview, it is necessary to review the PAS records and the prior PAS document prior to conducting a reassessment.

Prior to completing an ineligible reassessment, the assessor must have contacted the case manager to obtain collateral information and to discuss the potential ineligibility. Prior to completing a reassessment on a customer that scores into the Transitional Program and resides in a nursing facility, the case manager should be consulted regarding discharge planning. (Eligibility Reviews must be requested for any ALTCS customer who resides in a nursing facility and meets the score for Transitional but not full ALTCS eligibility on reassessment.)

There are a few differences in requirements between the initial PAS and a reassessment that should be noted. The following non-scored item is not to be completed on PAS reassessments:

Whether or not the customer is hospitalized and the plan for discharge;

HEAplus will not allow entry of these fields on a reassessment.

For more information on Reassessments, see Arizona's Eligibility Policy Manual for MA, NA and CA, chapter 1000.

**PAS Assessors are responsible for checking that HEAplus is generating the correct notice regarding PAS Reassessment eligibility determinations. If the notice is not**

**correct, the HPM and PAS QC must be notified. The notice must also be suppressed in HEAplus immediately.**

## **VII. Prior Quarter and Private Request PAS**

### **A. Prior Quarter**

A child, or a woman who is pregnant or in the postpartum period, may qualify for coverage for up to three months prior to the date of their application. This time period is called the Prior Quarter. In order to be eligible for Prior Quarter coverage, the following must be met:

- Have a medical expense in a Prior Quarter month. The medical expense can be paid or unpaid.
- Meet **all** eligibility requirements in the month the medical expense was incurred.

Coverage in Prior Quarter months are Fee For Service. ALTCS members eligible for Prior Quarter are not enrolled with a Program Contractor.

### **B. Private Request PAS**

#### **What is a Private Request PAS?**

A private request PAS is a courtesy that ALTCS provides to customers not currently applying for ALTCS. These courtesy assessments are completed without a charge to the customer and are not a final determination of medical eligibility.

#### **Why would someone ask for a Private Request PAS?**

A customer might ask for a private request PAS if:

- ☐ They are planning on moving to Arizona and want to know if there is a likelihood of being medically eligible;
- ☐ They already know they are within the financial limits, but are not sure about medical eligibility;
- ☐ They know they are over the resource limit and before they consider reducing resources, want to know whether potential medical eligibility exists.

#### **As a PAS Assessor, what do I need to do when I am assigned a Private Request PAS?**

- ☐ If the customer is a resident of Arizona, a private request PAS will be entered into the system. You will make an appointment to do a home visit and complete the PAS just as you would any other PAS. If the customer needs to go to physician review, either by rule or if you feel the customer is at risk of institutionalization, you will send it through PR. You will request medical records as usual.
- ☐ If the customer is **not** a resident of Arizona, you will need to complete the PAS on paper. You will contact the customer and any caregivers to obtain PAS information. You will request medical records as usual. These assessments also can go through the PR process; however, if the customer does not have solid plans on moving to Arizona, sending it through PR might not be warranted. You will need to discuss this with your HPM and/or PAS QC.

#### **What do I tell the customer about the PAS outcome?**

- If the customer is an Arizona resident and you completed the PAS in the system, you can tell the customer that **at this time**, based on the courtesy assessment, they do/do not meet medical eligibility criteria. You need to make it clear that if/when they apply for ALTCS, a new PAS referral will be completed. The private request PAS information **MAY** be used, but is not a guarantee of medical eligibility when they apply for ALTCS.
- If the customer is out of state, you can tell them that it appears they do/do not meet the medical eligibility criteria at this time. You need to tell them that if/when they apply for ALTCS; they **will** need another PAS assessment. The private request PAS is not a guarantee of medical eligibility. If they move here and apply, you will need to schedule a home visit and update the PAS with current information. After this visit, the PAS can be entered into the system.

## **VIII. PAS Completion**

Before completing any PAS, the assessor **must** review the system to ensure accuracy of data entry on all screens. All scores must be reviewed for accuracy and the content of comments and summaries must also be reviewed. **If the assessor assigned to the PAS is not available to complete the PAS, whoever completes the PAS is responsible for reviewing and ensuring the accuracy of the information as defined above.**

If the assessor feels the customer's condition may improve (e.g., recent fracture or other acute episode) the case should be referred to his/her supervisor prior to completing as a reassessment in six months may be indicated.

Before completing a PAS that has had a Physician Review completed, the assessor must review the physician's comments.

If the assessor questions the physician review decision, the PAS should be discussed with the supervisor, regional or branch manager, and/or ALTCS PAS QC **prior to completion**. It is important to note that the final dispositioning of the case and eligibility determination is done by Financial Eligibility except for reassessments, which the Assessor is responsible for dispositioning.

## ATTACHMENT 1 - EPD PAS SCORE SHEET

### ALTCS EPD PAS SCORING FOR ELDERLY AND PHYSICALLY DISABLED AGES 12 AND OLDER

#### FUNCTIONAL SCORES

1. Activities of Daily Living

- |   |           |   |   |   |   |                 |
|---|-----------|---|---|---|---|-----------------|
| • | Mobility  | 0 | 1 | 2 | 3 | (x 5.0) = _____ |
| • | Transfer  | 0 | 1 | 2 | 3 | (x 5.0) = _____ |
| • | Bathing   | 0 | 1 | 2 | 3 | (x 5.0) = _____ |
| • | Dressing  | 0 | 1 | 2 | 3 | (x 5.0) = _____ |
| • | Grooming  | 0 | 1 | 2 | 3 | (x 5.0) = _____ |
| • | Eating    | 0 | 1 | 2 | 3 | (x 5.0) = _____ |
| • | Toileting | 0 | 1 | 2 | 3 | (x 5.0) = _____ |

*Subtotal* = \_\_\_\_\_

2. Continence

- |   |         |   |   |   |   |                 |
|---|---------|---|---|---|---|-----------------|
| • | Bowel   | 0 | 1 | 2 | 3 | (x 1.0) = _____ |
| • | Bladder | 0 | 1 | 2 | 3 | (x 1.0) = _____ |

*Subtotal* = \_\_\_\_\_

3. Sensory

- |   |        |   |   |   |   |                 |
|---|--------|---|---|---|---|-----------------|
| • | Vision | 0 | 1 | 2 | 3 | (x 2.0) = _____ |
|---|--------|---|---|---|---|-----------------|

*Subtotal* = \_\_\_\_\_

4. Orientation

- |   |       |   |   |   |   |   |                 |
|---|-------|---|---|---|---|---|-----------------|
| • | Place | 0 | 1 | 2 | 3 | 4 | (x 0.5) = _____ |
| • | Time  | 0 | 1 | 2 | 3 | 4 | (x 0.5) = _____ |

*Subtotal* = \_\_\_\_\_

# ALTCS EPD PAS SCORING FOR ELDERLY AND PHYSICALLY DISABLED AGES 12 AND OLDER

## 5. Emotional/Cognitive Behavior

- Wandering-Freq    0    1    2    3    (x1.5) = \_\_\_\_
- Wandering-Int    0    1    2    3    (x1.5) = \_\_\_\_
- Self Injury-Freq    0    1    2    3    (x1.5) = \_\_\_\_
- Self Injury-Int    0    1    2    3    (x1.5) = \_\_\_\_
- Aggression-Freq    0    1    2    3    (x1.5) = \_\_\_\_
- Aggression-Int    0    1    2    3    (x1.5) = \_\_\_\_
- Resistive-Freq    0    1    2    3    (x1.5) = \_\_\_\_
- Resistive-Int    0    1    2    3    (x1.5) = \_\_\_\_
- Disruptive-Freq    0    1    2    3    (x1.5) = \_\_\_\_
- Disruptive-Int    0    1    2    3    (x1.5) = \_\_\_\_

*Subtotal* = \_\_\_\_

**Functional Subtotal** = \_\_\_\_

## 6. Medical Diagnosis/Services

- Alzheimer's/Dementia    0    1    (x20.0) = \_\_\_\_
- Paralysis    0    1    (x6.5) = \_\_\_\_
- Oxygen    0    1    (x5.0) = \_\_\_\_

**Medical Subtotal** = \_\_\_\_

**Grand Total** = \_\_\_\_

REVISED E/PD SCORING NOVEMBER 2006

Eligible if summed medical + functional score  $\geq 60$

Ineligible if hospitalized or in an intensive rehabilitation facility with no discharge imminent

If ventilator dependent 6 hours/day for 30 consecutive days = Eligible

Reassessment with score  $\geq 40$  but  $\leq 60$ , eligible for ALTCS Transitional

**ATTACHMENT 2 - EPD PAS SCORE SHEET**

# PreAdmission Screening Tool

*Elderly/Physically Disabled*

Case Information			
AHCCCS ID		Medicare Part D	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person/App ID:			
Type of PAS	<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Posthumous		
PSE Name			
PSE Phone			

## I. INTAKE INFORMATION

Customer Information			
PAS Date		PAS Time	
Customer Name:			
Age			
Birthdate			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Location at time of Assessment			
Telephone Number			

DD Status:	<input type="checkbox"/> Not DD <input type="checkbox"/> Potential DD <input type="checkbox"/> DD in NF <input type="checkbox"/> DD
------------	---

Prior Quarter:	Month 1:		Month 2:		Month 3:	
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Authorized Representative	
Name	
Telephone Number	

Physical Measurements	
Height	Feet    Inches
Weight	lbs.
Birth Weight (DD 0-5)	lbs.
Gestational Age (DD 0-5)	

Additional Information			
1.	Is customer currently hospitalized or in an intensive rehabilitation facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	If in an acute care facility, is discharge imminent (within 5 calendar days)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## I. Intake Information

## PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

	Projected discharge date:		
3.	Ventilator Dependent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Name and Model of Ventilator		
	Number of hours per day customer is on ventilator		
	Settings: Rate		
	Settings: Tidal Volume		
	Settings: Oxygen Concentration		
	Number of continuous days that customer has been on a ventilator at least 6 hours per day (or more):		
4.	Number of Emergency Room visits in last 6 months (EPD)		
	Date for each:	Reason:	
5.	Number of Hospitalizations in last 6 months (last year for DD 0-5)		
	Dates for each: Admission Discharge	Reasons:	
	Admission      Discharge		
	Admission      Discharge		
6.	Number of Falls in last 90 days (EPD)		
	Describe approximate date, cause, and location of each:	Describe any injuries (how many, location, and what treatment was provided):	

Personal Contacts					
Contact #1					
Name					
Relationship					
Address					
City		State		Zip Code	
Phone Number(s)					
Contact #2					



## I. Intake Information

## PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

Name					
Relationship					
Address					
City		State		Zip Code	
Phone Number(s)					
Contact #3					
Name					
Relationship					
Address					
City		State		Zip Code	
Phone Number(s)					
Contact #4					
Name					
Relationship					
Address					
City		State		Zip Code	
Phone Number(s)					

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## II. Functional Assessment

### A. Activities of Daily Living

## PreAdmission Screening

### Elderly/Physically Disabled

Customer Name

Person ID

## II. FUNCTIONAL ASSESSMENT

### A. ACTIVITIES OF DAILY LIVING (ADLs)

Select the box next to the appropriate number. Consider the last 30 days.

'Supervision' - observing the customer and being readily available to provide assistance, including verbal cues or reminders and set-up activities.

'Limited/Occasional' – A portion of an entire task or assistance required less than daily.

'Physical Participation' – The customer's active participation, not just being passive or cooperative. The ability to complete a small portion of the task.

### MOBILITY

The extent of the individual's purposeful movement within residence. Score based on functionality achieved with assistive device(s), if used. Report specific assistance required.

<input type="checkbox"/> 0	INDEPENDENT – Customer is independent in completing activity safely
<input type="checkbox"/> 1	SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer is mobile within the residence, but may need cueing, set-up or standby assistance OR limited/occasional hands-on assistance
<input type="checkbox"/> 2	HANDS-ON – Customer is mobile only with hands-on assistance for safety
<input type="checkbox"/> 3	TOTAL DEPENDENCE – Customer is dependent on others for all mobility

Comments:	
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### TRANSFERRING

Degree of human assistance necessary on a consistent basis for transfer, such as: assistance getting into wheelchair and into/out of bed – excluding transfer to toilet, bath or shower. Score based on functionality achieved with assistive device(s), if used. Report specific assistance required.

<input type="checkbox"/> 0	INDEPENDENT – Customer is independent in completing activity safely, but may require the use of assistive devices
<input type="checkbox"/> 1	SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer transfers with supervision, physical guidance or set-up, OR with limited/occasional hands-on assistance
<input type="checkbox"/> 2	HANDS-ON – Customer needs to be physically lifted or moved, but can participate physically
<input type="checkbox"/> 3	TOTAL DEPENDENCE – Customer must be totally transferred by one or more persons, OR is bedfast

Comments:	
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## II. Functional Assessment

### A. Activities of Daily Living

## PreAdmission Screening

### Elderly/Physically Disabled

Customer Name

Person ID

#### BATHING

The ability to transfer to shower or bath, and to bathe or take sponge baths for the purpose of maintaining adequate hygiene and skin integrity. Score based on functionality achieved with assistive device(s), if used. Report specific assistance required.

- |                            |  |
|----------------------------|--|
| <input type="checkbox"/> 0 | INDEPENDENT – Customer is independent in completing activity safely  |
| <input type="checkbox"/> 1 | SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer requires setup help or reminding – can bathe safely without continuous assistance or supervision OR requires limited/occasional hands-on assistance (e.g., washing back or a paralyzed limb) |
| <input type="checkbox"/> 2 | HANDS-ON – Customer may need assistance transferring and may not be able to get into and out of the tub alone OR requires moderate hands-on help OR requires stand-by assistance throughout bathing activities in order to maintain safety         |
| <input type="checkbox"/> 3 | TOTAL DEPENDENCE – Customer is dependent on others to provide a complete bath  |

Comments:

#### DRESSING

The ability to dress and undress as necessary – includes ability to put on prostheses, braces, anti-embolism hose or other assistive devices and includes fine motor coordination for buttons and zippers, choice of appropriate clothing for the weather (Note – difficulties with a zipper or buttons at the back of a dress or blouse does not constitute a functional deficit; score based on functionality achieved with assistive device(s), if used). Report specific assistance required.

- |                            |   |
|----------------------------|---|
| <input type="checkbox"/> 0 | INDEPENDENT – Customer is independent in completing activity safely in less than 30 minutes   |
| <input type="checkbox"/> 1 | SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer can dress and undress, with or without assistive devices, but needs to be reminded, supervised or given setup assistance, OR needs limited or occasional hands-on assistance (e.g., putting on socks only or tying shoes) OR needs more than 30 minutes to complete independently due to medical/functional limitation(s) |
| <input type="checkbox"/> 2 | HANDS-ON – Customer needs physical assistance or significant verbal assistance to complete dressing or undressing   |
| <input type="checkbox"/> 3 | TOTAL DEPENDENCE – Customer is totally dependent on others for dressing and undressing  |

Comments:

#### GROOMING

How well does the customer manage with grooming activities, including: combing hair, shaving, oral care (excluding nail care)? Score based on functionality achieved with assistive device(s), if used. Report specific assistance required.

- |                            |   |
|----------------------------|---|
| <input type="checkbox"/> 0 | INDEPENDENT – Customer can groom without assistance from another person [may use mechanical aids independently] |
|----------------------------|---|

## II. Functional Assessment

### A. Activities of Daily Living

## PreAdmission Screening

### Elderly/Physically Disabled

Customer Name

Person ID

<input type="checkbox"/> 1	SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer needs supervision or reminding (e.g., setting up grooming implements, giving advice or being available) or needs limited/occasional hands on assistance (e.g., shaving or brushing hair only; assistance with all tasks less than daily)
<input type="checkbox"/> 2	HANDS-ON – Customer needs hands-on physical assistance, but can participate physically
<input type="checkbox"/> 3	TOTAL DEPENDENCE – Customer must be totally groomed by another person

Comments:	
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### EATING

Ability to eat and drink, with or without adaptive utensils; also includes ability to cut, chew and swallow foods [Note – if a person is fed via tube feedings or intravenously, check “0” if the person administers the feeding independently, or “1”, “2”, or “3” if another person is required to assist] Score based on functionality achieved with assistive device(s), if used. Report specific assistance required.

<input type="checkbox"/> 0	INDEPENDENT– Customer is independent in completing activity safely
<input type="checkbox"/> 1	SUPERVISION – Customer can feed self, chew and swallow foods, but may need reminding to maintain adequate intake; may need set-up including alteration of food (e.g. cutting, pureeing).
<input type="checkbox"/> 2	HANDS-ON – Customer can feed self, but needs stand-by assistance for frequent gagging, choking, swallowing difficulty, or aspiration OR must be fed some food by mouth by another person
<input type="checkbox"/> 3	TOTAL DEPENDENCE – Customer must be totally fed by another person; must be fed by another person by stomach tube or venous access

Comments:	
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### TOILETING

Ability to use the toilet, commode, bedpan or urinal; includes: transferring on/off toilet, flushing, cleansing of self, changing of protective garment, managing an ostomy or catheter and adjusting clothing. Score based on functionality achieved with assistive device(s), if used.

<input type="checkbox"/> 0	INDEPENDENT– Customer is independent in completing activity safely [includes with assistive device]
<input type="checkbox"/> 1	SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer may need supervision, cueing or limited/occasional hands-on assistance with parts of the task, such as: clothing adjustment, changing protective garment, washing hands, limited/occasional wiping and cleansing; emptying bedpan/urinal
<input type="checkbox"/> 2	HANDS-ON – Customer needs hands-on physical assistance or stand-by [for safety] with toileting OR is unable to keep self clean
<input type="checkbox"/> 3	TOTAL DEPENDENCE – Customer is totally dependent on others for the entire toileting process [may include total care of catheter or ostomy]; customer may or may not be aware of the situation

**II. Functional Assessment**  
**A. Activities of Daily Living**

**PreAdmission Screening**  
**Elderly/Physically Disabled**

Customer Name

Person ID

Comments:	
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For internal  
use only

## II. Functional Assessment

### B. Continence

## PreAdmission Screening

### Elderly/Physically Disabled

Customer Name

Person ID

**B. CONTINENCE – Select the box next to the appropriate number.**

#### **BOWEL CONTINENCE**

The ability to voluntarily control the discharge of body waste from the bowel.  
Consider last 30 days.

<input type="checkbox"/> 0	Continent. Complete voluntary control
<input type="checkbox"/> 1	Incontinent episodes less than weekly
<input type="checkbox"/> 2	Incontinent episodes once a week
<input type="checkbox"/> 3	Incontinent episodes 2 or more times a week and/or no voluntary control

Comments:	
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#### **BLADDER CONTINENCE**

The ability to voluntarily control the discharge of body waste from the bladder.  
Consider last 30 days.

<input type="checkbox"/> 0	Continent. Complete voluntary control or minimal stress incontinence/dribbling
<input type="checkbox"/> 1	Usually Continent. Incontinent episodes less than weekly
<input type="checkbox"/> 2	Occasionally Incontinent. Incontinent episodes one or more times per week, but not daily
<input type="checkbox"/> 3	Frequently or Totally Incontinent. Incontinent daily and/or no voluntary control

Comments:	
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**II. Functional Assessment**  
**C. Deterioration In Overall Function**

**PreAdmission Screening**  
**Elderly/Physically Disabled**

Customer Name

Person ID

**C. DETERIORATION IN OVERALL FUNCTION**

(ADLs & Continence) (Consider last 90 days). Enter comment to explain change.

<input type="checkbox"/> 0	No deterioration
<input type="checkbox"/> 1	Deteriorated
<input type="checkbox"/> 2	Unable to determine

Comments:	
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## II. Functional Assessment Underlying Causes

## PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

### D. COMMUNICATION/SENSORY

Select the box next to the appropriate number. (Consider last 30 days).

#### HEARING

The ability to perceive sounds. (With hearing aid, if used.)

- |                            |   |
|----------------------------|---|
| <input type="checkbox"/> 0 | Hears adequately (e.g., conversations, TV, phone) / Unable to assess  |
| <input type="checkbox"/> 1 | Minimal difficulty when not in quiet setting (understands conversations when in one-on-one situations)  |
| <input type="checkbox"/> 2 | Hears in special situations only (e.g., speaker has to increase volume, adjust tonal quality and speak distinctly or when speaker's face is clearly visible); able to follow only loud conversation |
| <input type="checkbox"/> 3 | Highly impaired/absence of useful hearing (e.g., will hear only very loud voice; totally deaf)  |

Comments:

#### EXPRESSIVE COMMUNICATION

The ability to express information and make self understood using any means.

- |                            |   |
|----------------------------|---|
| <input type="checkbox"/> 0 | Understood/Unable to assess   |
| <input type="checkbox"/> 1 | Usually Understood (e.g., difficulty finding words, finishing thoughts, or enunciating) |
| <input type="checkbox"/> 2 | Sometimes Understood - ability is limited to making concrete requests                   |
| <input type="checkbox"/> 3 | Rarely/Never Understood   |

Comments:

#### VISION

The ability to perceive visual stimuli. (With corrective devices, if used.)

- |                            |   |
|----------------------------|---|
| <input type="checkbox"/> 0 | Sees adequately (e.g., newsprint, TV, medication labels) /Unable to assess  |
| <input type="checkbox"/> 1 | Impaired. Difficulty with focus at close (reading) range. Sees large print and obstacles, but not details or has monocular vision                                   |
| <input type="checkbox"/> 2 | Highly impaired. Very poor focus at close range (e.g., unable to see large print); field of vision is severely limited (e.g., tunnel vision or central vision loss) |
| <input type="checkbox"/> 3 | Severe impairment. No vision or appears to see only light, colors or shapes   |

Comments:



## II. Functional Assessment Underlying Causes

## PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

### E. UNDERLYING CAUSES

Select all items that contribute to limitations in functional ability.

Physical Impairments	Physical Impairments (cont.)	Supervision Need/Mental Health
<input type="checkbox"/> None	<input type="checkbox"/> Muscle Tone	<input type="checkbox"/> None
<input type="checkbox"/> Amputation	<input type="checkbox"/> Neurological Impairment	<input type="checkbox"/> Behavior Issues
<input type="checkbox"/> Balance Problems	<input type="checkbox"/> Obesity	<input type="checkbox"/> Cognitive Impairment
<input type="checkbox"/> Bladder Incontinence	<input type="checkbox"/> Oxygen Use	<input type="checkbox"/> History of Falls
<input type="checkbox"/> Bowel Incontinence	<input type="checkbox"/> Pain	<input type="checkbox"/> Lack of Awareness
<input type="checkbox"/> Decreased Endurance	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Lack of Motivation/Apathy
<input type="checkbox"/> Fine or Gross Motor Impairment	<input type="checkbox"/> Sensory Impairment	<input type="checkbox"/> Memory Impairment
<input type="checkbox"/> Fractures	<input type="checkbox"/> Shortness of Breath	
<input type="checkbox"/> Limited Range of Motion	<input type="checkbox"/> Swallowing Problems	
	<input type="checkbox"/> Weakness	

Comments:	
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## II. Functional Assessment . Assistive Devices

## PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

### F. ASSISTIVE DEVICES

Select all assistive devices currently used. If customer requires but does not have device, list it in comments.

<input type="checkbox"/> None	<input type="checkbox"/> Geri Chair	<input type="checkbox"/> Shower Chair
<input type="checkbox"/> Commode – bedside	<input type="checkbox"/> Grab Bars/Side Rails	<input type="checkbox"/> Walker – not wheeled
<input type="checkbox"/> Commode – high rise seat	<input type="checkbox"/> Hospital Bed	<input type="checkbox"/> Walker – wheeled
<input type="checkbox"/> Cane -- standard	<input type="checkbox"/> Leg Brace	<input type="checkbox"/> Walker w/seat (trough)
<input type="checkbox"/> Cane – quad	<input type="checkbox"/> Motorized Scooter	<input type="checkbox"/> Wheelchair – standard
<input type="checkbox"/> Crutches	<input type="checkbox"/> Overhead Trapeze	<input type="checkbox"/> Wheelchair – motorized

Comments:	
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### III. Emotional and Cognitive Functioning

### PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

### III. EMOTIONAL AND COGNITIVE FUNCTIONING

#### A. ORIENTATION

Consider last 90 days.

**DO NOT ASK ORIENTATION QUESTIONS FOR CHILDREN AGE 6-11**

Orientation is defined as the applicant's awareness of his/her environment in relation to self, place and time.

☐ No Caregiver

Indicate No Caregiver if unable to locate or contact any caregiver, family member or person aware of the level of orientation for customer.

#### PERSON/CAREGIVER

Select appropriate boxes. If selecting 'Knows/Unable to assess', explain your choice in comments

Does customer know:	Customer (at time of interview)		Caregiver Judgment		
First Name	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

Last Name	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

Caregiver's Name	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

#### PLACE

Select appropriate boxes. If selecting 'Knows/Unable to assess', explain your choice in comments.

Does customer know:	Customer (at time of interview)		Caregiver Judgment		
Immediate Environment	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

Place of Residence	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

### III. Emotional and Cognitive Functioning

### PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

City	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

State	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

#### TIME

Select appropriate boxes. If selecting 'Knows/Unable to assess', explain your choice in comments.

Does customer know:	Customer (at time of interview)		Caregiver Judgment		
Day	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

Month	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

Year	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

Time of Day	<input type="checkbox"/> Knows/ Unable to assess	<input type="checkbox"/> Does not know	<input type="checkbox"/> Always knows	<input type="checkbox"/> Usually Knows	<input type="checkbox"/> Seldom/ never knows
Comments:					

### III. Emotional and Cognitive Functioning

### PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

#### B. BEHAVIORS

Consider the last 90 days, except as indicated in self-injurious behavior and aggression. Select appropriate boxes.

#### WANDERING

Moving about with no rational purpose, tending to proceed beyond physical parameters of his/her environment in a manner that may jeopardize safety, as the result of an impaired ability to reorient or memory problems. (This is not leaving without permission).

Frequency of Behavior		Intensity of Intervention (Most Common Method)	
<input type="checkbox"/> 0.	Behavior has not been observed, or history of wandering behavior; not a current problem [includes if chemically controlled]	<input type="checkbox"/> 0.	Customer requires no intervention
<input type="checkbox"/> 1.	Occurrences may not pose a safety problem	<input type="checkbox"/> 1.	Customer is easy to verbally redirect
<input type="checkbox"/> 2.	Occurs predictably [in response to particular situations]; occurrences pose a threat to the safety of self or others	<input type="checkbox"/> 2.	Customer can be verbally redirected with difficulty
<input type="checkbox"/> 3.	Occurs at least daily, posing a threat to the safety of self or others	<input type="checkbox"/> 3.	Customer requires physical intervention or restraints [includes chemical restraints]
Comments:			

#### SELF INJURIOUS BEHAVIOR

Repeated behaviors that cause injury (e.g., biting, scratching for no apparent reason, picking behaviors; putting inappropriate objects into ear, mouth, or nose; head slapping or banging, etc.). Describe behavior and intervention in comment.

Frequency of Behavior		Intensity of Intervention (Most Common Method)	
<input type="checkbox"/> 0.	No problems in this area or history of injurious behavior; not a current problem [includes if chemically controlled]	<input type="checkbox"/> 0.	Customer requires no intervention
<input type="checkbox"/> 1.	Incidents occur less than weekly; OR do not pose a threat to health or safety	<input type="checkbox"/> 1.	Customer is easy to verbally redirect
<input type="checkbox"/> 2.	Incidents occur weekly to every other day and MAY pose a threat to health or safety	<input type="checkbox"/> 2.	Customer can be verbally redirected with difficulty
<input type="checkbox"/> 3.	Incidents occur at least once a day; OR has had episode(s) causing serious injury requiring medical attention in the last year	<input type="checkbox"/> 3.	Customer requires physical intervention or restraints [includes chemical restraints]
Comments:			

### III. Emotional and Cognitive Functioning

### PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

#### AGGRESSION

Physically attacks others, including throwing objects, punching, biting, pushing, pinching, pulling hair, scratching, destroying property during attacks on others, threatening behavior. (Do NOT include self-injurious behaviors.) Describe behavior and intervention in comments.

Frequency of Behavior		Intensity of Intervention (Most Common Method)	
<input type="checkbox"/> 0.	No problems in this area or history of aggression; not a current problem [includes if chemically controlled – Describe in comments the controlled behavior(s)]	<input type="checkbox"/> 0.	Customer requires no intervention
<input type="checkbox"/> 1.	Incidents occur less than weekly; OR do not pose a threat to health or safety	<input type="checkbox"/> 1.	Customer is easy to verbally redirect
<input type="checkbox"/> 2.	Incidents occur weekly to every other day and MAY pose a threat to health or safety	<input type="checkbox"/> 2.	Customer can be verbally redirected with difficulty
<input type="checkbox"/> 3.	Incidents occur at least once a day; OR has had episode(s) causing serious injury requiring medical attention in the last year	<input type="checkbox"/> 3.	Customer requires physical intervention or restraints [includes chemical restraints]
Comments:			

#### RESISTIVENESS

Inappropriately stubborn and uncooperative, including passive or active obstinate behaviors. Refusing to participate in self care or to take necessary medications [Note – Do not include difficulties with auditory processing or reasonable expressions of self-advocacy. Also, do not include verbal threatening or acts of physical aggression to self or others.] Describe behavior and intervention in comments.

Frequency of Behavior		Intensity of Intervention (Most Common Method)	
<input type="checkbox"/> 0.	Problem does not occur or occurs at a level not requiring intervention [includes if chemically controlled – Describe in comments the controlled behavior(s)]	<input type="checkbox"/> 0.	Customer requires no intervention
<input type="checkbox"/> 1.	Behavior occurs less than weekly	<input type="checkbox"/> 1.	Customer is easy to verbally redirect
<input type="checkbox"/> 2.	Behavior occurs weekly to every other day	<input type="checkbox"/> 2.	Customer can be verbally redirected with difficulty
<input type="checkbox"/> 3.	Behavior occurs at least daily	<input type="checkbox"/> 3.	Customer requires physical intervention or restraints [includes chemical restraints]
Comments:			

### III. Emotional and Cognitive Functioning

### PreAdmission Screening Elderly/Physically Disabled

Customer Name

Person ID

#### DISRUPTIVE BEHAVIOR

Interferes with activities of others or own activities through behaviors. [Including but not limited to: putting on or taking off clothing inappropriately; sexual behavior inappropriate to time, place or person; excessive whining or crying; screaming; persistent pestering or teasing; constantly demanding attention; and urinating in inappropriate places]. Describe behavior and intervention in comment.

Frequency of Behavior		Intensity of Intervention (Most Common Method)	
<input type="checkbox"/> 0.	Problem does not occur or occurs at a low level not requiring intervention, or no history of disruptive behavior; not a current problem [includes if chemically controlled – Describe in comments the controlled behavior(s)]	<input type="checkbox"/> 0.	Customer requires no intervention
<input type="checkbox"/> 1.	Behavior occurs less than weekly	<input type="checkbox"/> 1.	Customer is easy to verbally redirect
<input type="checkbox"/> 2.	Behavior occurs weekly to every other day	<input type="checkbox"/> 2.	Customer can be verbally redirected with difficulty
<input type="checkbox"/> 3.	Behavior occurs at least daily	<input type="checkbox"/> 3.	Customer requires physical intervention or restraints [includes chemical restraints]
Comments:			

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## IV. Medical Assessment

### A. Medical Conditions

## PreAdmission Screening

### Elderly/Physically Disabled

Customer Name

Person ID

## IV. MEDICAL ASSESSMENT

### A. MEDICAL CONDITIONS

Select only those diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, skilled nursing care or risk of death.

**Note:** Do not indicate inactive diagnoses.

A1) Hematologic/Oncologic:	A2) Cardiovascular:	A3) Musculoskeletal:
<input type="checkbox"/> Anemia	<input type="checkbox"/> Angina (chest pain)	<input type="checkbox"/> Amputation
<input type="checkbox"/> Solid Cancers	<input type="checkbox"/> Atherosclerotic Heart Disease	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Leukemia/Lymphoma	<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Degenerative Joint Disease
<input type="checkbox"/> HIV Positive/AIDS (Include Viral Load and T cell count in comments)	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Fracture
	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Joint Replacement
	<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Muscular Dystrophy
	<input type="checkbox"/> Cardiac Arrhythmia	<input type="checkbox"/> Osteoporosis
		<input type="checkbox"/> Contracture
		<input type="checkbox"/> Lower Back Pain
		<input type="checkbox"/> PARALYSIS

A4) Respiratory:	A5) Metabolic:	A6) Neurological:
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes (Include HgA1C in comments)	<input checked="" type="checkbox"/> Neurocognitive Disorder
<input type="checkbox"/> Emphysema/COPD/ Chronic Bronchitis	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Polio
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Electrolyte Imbalance	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Respiratory Failure	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> Autism
		<input type="checkbox"/> Intellectual Cognitive Disability
		<input type="checkbox"/> Encephalopathy
		<input type="checkbox"/> CVA/Stroke
		<input type="checkbox"/> TIA - Transient Ischemic Attack
		<input type="checkbox"/> Parkinson's Disease
		<input type="checkbox"/> Multiple Sclerosis



# **IV. Medical Assessment** **A. Medical Conditions**

# **PreAdmission Screening** **Elderly/Physically Disabled**

Customer Name

Person ID

		<input type="checkbox"/> ALS - Amyotrophic Lateral Sclerosis
		<input type="checkbox"/> Head Trauma

Comments:	
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A7) Genitourinary:	A8) Gastrointestinal:	A9) Ophthalmologic/EENT:
<input type="checkbox"/> Urinary Tract Infection	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Blindness
<input type="checkbox"/> Chronic Renal Failure/Insufficiency	<input type="checkbox"/> Hernia	<input type="checkbox"/> Cataract
<input type="checkbox"/> Benign Prostatic Hypertrophy	<input type="checkbox"/> Colitis	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Neurogenic Bladder	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Hearing Deficit
<input type="checkbox"/> Urinary Incontinence	<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Macular Degeneration
	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diabetic Retinopathy
	<input type="checkbox"/> Intestinal Obstruction	

A10) Psychiatric:	A11a) Current Skin Condition(s):	A11b) History of a Skin Ulcer Resolved in the last year?
<input type="checkbox"/> Major Depression	<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Yes
<input type="checkbox"/> Other Depression (311)	<input type="checkbox"/> Pressure Ulcers	<input type="checkbox"/> No
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Stasis Ulcers/Other	<input type="checkbox"/> Unable to Determine
<input type="checkbox"/> Schizophrenia		
<input type="checkbox"/> Alcohol Abuse		
<input type="checkbox"/> Drug Abuse		
<input type="checkbox"/> Behavior Disorder (Includes ADHD/ADD)		

<b>A11c) If customer has ulcer(s), indicate pressure ulcer(s) using the following definitions: (select all that apply)</b>
<input type="checkbox"/> Any area of persistent skin redness (without a break in the skin) that does not disappear when pressure is relieved
<input type="checkbox"/> Partial loss of skin layers that presents as an abrasion, blister or shallow crater
<input type="checkbox"/> A full thickness of skin is lost, exposing the underlying tissue (presents as a deep crater) or the underlying tissue is lost (exposing muscle or bone)
<input type="checkbox"/> Scab (eschar) over ulcer Number of current pressure ulcers

**IV. Medical Assessment**  
**A. Medical Conditions**

**PreAdmission Screening**  
**Elderly/Physically Disabled**

Customer Name

Person ID

(Describe size and location(s) in comments section)

Comments:

**A12) Other Conditions (ICD-10):**


**Description**

**A13) Major Diagnoses:**

Category

Diagnosis

Comments:

**IV. Medical Assessment**  
**B. Medications/Treatments/Allergies**

**PreAdmission Screening**  
**Elderly/Physically Disabled**

Customer Name

Person ID

**B. MEDICATIONS/TREATMENTS/ALLERGIES**  
(currently being received)

**MEDICATIONS/TREATMENTS**

B1) Medications/Treatments/Comments:	
1 –	
2 –	
3 –	
4 –	
5 –	
6 –	
7 –	
8 –	
9 –	
10 –	
11 –	
12 –	
13 –	
14 –	
15 –	
16 –	
17 –	
18 –	
19 –	
20 –	

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Comments:	
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**INSULIN**

Select "Yes" to all that apply.

B2a) Does the customer take insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**IV. Medical Assessment**  
**B. Medications/Treatments/Allergies**

**PreAdmission Screening**  
**Elderly/Physically Disabled**

Customer Name

Person ID

B2b) Does customer require any assistance drawing up insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No	B2c) Does customer require any assistance self-injecting insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No
B2d) Does customer require any assistance with finger sticks? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments (including who assists and why):	
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**MEDICATION ASSISTANCE**

B3) Assistance with taking medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments:	
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**THERAPEUTIC DIET**

B4) Therapeutic diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diet order:	

Comments:	
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**MEDICATION ALLERGIES**

B5) Medication Allergies? (If yes, please list) NKMA	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments:	
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# IV. Medical Assessment

## C. Services & Treatments

# PreAdmission Screening

## Elderly/Physically Disabled

Customer Name

Person ID

### C. SERVICES & TREATMENTS

(currently being received – unmet need must be supported in comments)

<b>C1) Injections/IV:</b>	<b>C2) Medications/Monitoring:</b>	<b>C3) Skin Care:</b>
<input type="checkbox"/> Intravenous Infusion Therapy	<input type="checkbox"/> Drug Regulation	<input type="checkbox"/> Pressure/Other Ulcers
<input type="checkbox"/> Intramuscular/Subcutaneous Injections	<input type="checkbox"/> Drug Administration	<input type="checkbox"/> Non Bowel/Bladder Ostomy Care
		<input type="checkbox"/> Wound Care

<b>C4) Feedings:</b>	<b>C5) Bladder/Bowel:</b>	<b>C6) Respiratory:</b>
<input type="checkbox"/> Parenteral Feedings/TPN	<input type="checkbox"/> Catheter Care	<input type="checkbox"/> Suctioning
<input type="checkbox"/> Tube Feedings	<input type="checkbox"/> Ostomy Care	<input type="checkbox"/> OXYGEN
	<input type="checkbox"/> Bowel Dilatation	<input type="checkbox"/> Small Volume Nebulizer
		<input type="checkbox"/> Ventilator
		<input type="checkbox"/> Trach Care
		<input type="checkbox"/> Chest Physio-Therapy
		<input type="checkbox"/> CPAP

<b>C7) Therapies:</b>	<b>C8) Rehabilitative Nursing:</b>	<b>C9) Other Services &amp; Treatments:</b>
<input type="checkbox"/> Physical	<input type="checkbox"/> Teaching/Training Program	<input type="checkbox"/> Peritoneal Dialysis
<input type="checkbox"/> Occupational	<input type="checkbox"/> Bowel/Bladder Training	<input type="checkbox"/> Hemodialysis
<input type="checkbox"/> Speech	<input type="checkbox"/> Turning & Positioning	<input type="checkbox"/> Chemotherapy/Radiation
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Range of Motion	<input type="checkbox"/> Restraints
<input type="checkbox"/> Alcohol/Drug Treatment	<input type="checkbox"/> Other Rehab Nursing	<input type="checkbox"/> Fluid Intake/Output
<input type="checkbox"/> Vocational Rehabilitation		<input type="checkbox"/> Other:
<input type="checkbox"/> Individual/Group Therapy		

Comments:	
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### Informal Supports

1. Does the customer have a primary caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, name & relationship to applicant	
<input type="checkbox"/> Same as informant/personal contact	

**IV. Medical Assessment**  
**C. Services & Treatments**

**PreAdmission Screening**  
**Elderly/Physically Disabled**

Customer Name

Person ID

**Personal Contacts/Source of Information**

Name:	Relationship:	Phone:
Physician:		Phone:
Case Manager:		Phone:
Other:		Phone:

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**IV. Medical Assessment**  
**D. Summary Evaluation**

**PreAdmission Screening**  
**Elderly/Physically Disabled**

Customer Name

Person ID

**D. SUMMARY EVALUATION**

Include information on Medicare Part D, ER visits, Hospitalizations and falls.

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ELIGIBILITY REVIEW REQUESTED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE	
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Signature	Title	Date
Signature and Title	Title	Date

Reassessment Requested?	<input type="checkbox"/> 6 months <input type="checkbox"/> 1 year	
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