

CARE Instruction Manual

INTRODUCTION

This manual provides instruction on how-to complete an assessment of an individual who has difficulty meeting his or her own needs and/or may be considering nursing facility placement for other reasons. As the assessor, remember that an individual usually wants to maintain his or her independence as long as possible and will do whatever they can to achieve this goal. Please take a non-threatening approach and be clear with the customer that you are there to help them remain independent as long as possible. Customers will be more honest with you if they know you are on their side, and that you will identify viable options based on their health care needs.

Another way that might ease your customer's stress during the assessment is to let them know that there are other individuals who have been in similar circumstances. Quite often the person does not want to deal with their health care issues and feels like they are alone. It is comforting and more importantly adds "hope" when they know there are other individuals who are in the same boat, and are able to remain independent in the community with some supports and services.

Please remember, you may be the last or only person the customer visits with prior to nursing facility placement. You have the knowledge about community-based services options and the ability to help the customer navigate a very confusing long-term care system. By addressing their needs, you may help them and their families investigate their care options so they are able to achieve their goal of living independently.

CRITERIA OF EVALUATION

Assess the customer's completion of the activity:

- On an average day;
- Within the last month, or last limiting event if it was sooner;
- In his/her home; and
- Without assistance from another person.

If in a Nursing Facility: consider their functioning without the assistance of another person.

Base your answers on the following:

- The customer;
- Family members/caregivers (especially for customers who have cognitive impairments);
- Health care professionals and clinical records; and
- Your observations.

Assess the customer's ability to perform the activity at a level that is generally accepted in the community. Remember the following:

- The standard is stated in the definition;
- Assess customer's abilities equitably and consistently;
- No personal bias; and
- The customer's personal choice is not included in the assessment.

More about personal choice

If the customer is too physically impaired to perform some aspects of bathing or has cognitive or mental health issues that make informed decisions about bathing questionable, then the customer is scored on his or her ability. For example, a customer may bathe far less frequently than is necessary to maintain generally acceptable hygiene and control odors. The issue is not whether this is the person's choice. As an assessor, you must determine whether the individual has the physical ability to conduct all aspects of the bathing activity without assistance, as well as the cognitive and/or mental capability to make an appropriate decision about how often s/he should bathe

The Kansas Department for Aging and Disabilities supports accommodating personal choice when determining types of assistance needed, such as during the care planning process.

Take into consideration any physical, cognitive, and/or mental impairments of the customer. A language barrier should not be a determining factor of how an ADL or IADL is coded.

TM *Mental health or cognitive impairments may make it difficult to carry out ADLs and IADLs.*

- Customers with cognitive impairments may need at least supervision to complete an activity.
- Customers with mental illnesses may not be able to manage some parts of their care. Is it caused by the mental illness or is it the customer's choice?

TM *Chronic and acute illnesses/impairments may seriously compromise a customer's ability to and/or safety in performing certain tasks.*

- A person with emphysema, congestive heart failure, neurological problems and many other conditions may not have the stamina, strength, or reserve lung/heart capacity to perform tasks safely. Watch for shortness of breath with minimal exertion, weakness, tremors or other conditions that may affect the individual's ability to perform tasks.
- Neurological conditions, inner ear problems, joint pain, and many other medical conditions may cause serious problems with ability to stand, maintain balance, and ambulate. Watch for signs of instability that may compromise the individual's safety in performing daily tasks.

A. IDENTIFICATION

A. IDENTIFICATION

1. Social Security # (Optional)
 _____ - _____ - _____

2. Customer Last Name

First Name _____ **MI** _____

3. Customer Address
 Street _____
 City _____ County _____
 State _____ Zip _____
 Phone _____

4. Date Of Birth ____/____/____

5. Gender Male Female

6. Date of Assessment ____/____/____

7. Assessor's Name

8. Assessment Location

9. Primary Language
 Arabic Chinese English
 French German Hindi
 Pilipino Spanish Tagalog
 Urdu Vietnamese
 Sign Language Other _____

10. Ethnic Background
 Hispanic or Latino
 Non Hispanic or Latino

11. Race
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian, or Other Pacific Islander
 White
 Other _____

12. Contact Person Information
Name _____
Street _____
City _____
State _____ **Zip** _____
Phone _____

Guardian Yes No

Review of unique fields:

- 1. Customer's Social Security Number**
 If the customer refuses to provide the number, enter 0's and a computer generated number will be used.
- 3. Customer's Address**
 Use County Codes in Reference Section
- 4. Date of Birth**
 Use MM/DD/YYYY format
- 6. Date of Assessment**
 Use MM/DD/YYYY format
- 8. Assessment Location**
 Use home, the name of the hospital, or the name of the NF, as appropriate.
- 9. Primary Language**
 Check the box of the primary language the customer understands
- 10. Ethnic Background**
 Check the box that the customer considers as his or her ethnicity. What does the customer choose for the Census?
- 11. Race**
 Check the box that the customer considers as his or her race. What does the customer choose for the Census?
- 12. Contact Person Information**
 If the customer has a guardian or durable power of attorney that is activated, list that person first. If the customer does not have either of those, list the customer's primary caregiver or the person who assists with or makes financial and/or legal decisions.

 Is the contact person also the guardian?
 Check yes or no

B. PASRR

1. Is the customer considering placement in a nursing facility?

Check	If...
Yes	The customer, family or other responsible person is considering NF or other placement.
No	The customer or responsible person is not considering NF placement. If the answer is no, then this is not a CARE assessment and a CARE certificate should not be issued.

Mental Illness

2. Has the customer been diagnosed as having a serious mental disorder?

Check	If...
Yes	The customer has one (1) of the following serious mental disorders (note for PASRR purposes, dementia, alcoholism, substance abuse, and brief depression episode)
	295.10 Schizophrenia, Disorganized Type
	295.20 Schizophrenia, Catatonic Type
	295.30 Schizophrenia, Paranoid Type
	295.60 Schizophrenia, Residual Type
	295.90 Schizophrenia, Undifferentiated Type
	295.70 Schizoaffective Disorder
	296.23 Major Depressive Disorder, Single Episode, Severe, without Psychotic Features
	296.24 Major Depressive Disorder, Single Episode, with Psychotic Features
	296.32 Major Depressive Disorder, Recurrent, Moderate
	296.33 Major Depressive Disorder, Recurrent, Severe, without Psychotic Features
	296.34 Major Depressive Disorder, Recurrent, Severe, with Psychotic Features
	296.35 Major Depressive Disorder, Recurrent, in Partial Remission
	296.36 Major Depressive Disorder, Recurrent, in Full Remission
	296.89 Bipolar II Disorder
	296.03 Bipolar I Disorder, Single Manic Episode, Severe without Psychotic Features
	296.04 Bipolar I Disorder, Single Manic Episode, Severe with Psychotic Features
	296.43 Bipolar I Disorder, Most Recent Episode Manic, Severe without Psychotic Features
	296.53 Bipolar I Disorder, Most Recent Episode Depressed, Severe without Psychotic Features
	296.54 Bipolar I Disorder, Most recent Episode Depressed, Severe with Psychotic Features
	296.63 Bipolar I Disorder, Most Recent Episode Mixed, Severe without Psychotic Features
	296.64 Bipolar I Disorder, Most Recent Episode Mixed, Severe with Psychotic Features
	297.10 Delusional Disorder
	298.9 Psychotic Disorder NOS
	300.21 Panic Disorder with Agoraphobia
	300.3 Obsessive-Compulsive Disorder
	301.83 Borderline Personality Disorder
No	The customer does not have one (1) of the above listed serious mental disorders.

3. What psychiatric treatment has the client received in the past 2 years (check all that apply)? The individual must have at least a mental illness diagnosis and one from either A, B, or C category.

A. Hospitalizations What hospital care has the customer had for mental illness?

Check	If...
2 Partial hospitalization	The customer participated more than one (1) day in a program offered by mental health entity, which included therapies and services during the daytime.
2 Inpatient hospitalization	The customer had two (2) or more hospitalizations in a psychiatric hospital or in a psychiatric unit of a hospital, and the hospital stays were for 24 hours or more. A stay in a state hospital for two (2) or more consecutive years count as two (2) inpatient hospitalizations.
1 Inpatient & 1 Partial	The customer had at least one (1) Inpatient and one (1) Partial hospitalization.

B. Supportive Services Has the customer received support services that significantly increased for a period of 30 consecutive days or longer in the last two years that were provided by a Community Mental Health Center (CMHC), the Veterans Affairs (VA) Hospital, or a correctional facility? (see page 10 of this section)

Check	If...
(Supportive Services)	<p>These services were provided to maintain functioning at home or in a residential treatment environment.</p> <p>Note: The assessor should contact the customer's case manager at the CMHC or VA to verify that supportive services have been received. For the purposes of the CARE assessment, supportive services do NOT include routine monitoring of psychotropic medications or seeing a QMHP for counseling or therapy on an outpatient basis.</p> <p>Contact KDADS CARE Program staff if you need more clarification.</p>

C. Intervention

Has at least one (1) of the following entities intervened due to an increase in the severity of the mental illness in the customer's situation?

Check	If...
(Intervention)	<ul style="list-style-type: none">• <u>Housing</u>- When the individual has been evicted (including from a shelter) for situations which include:<ul style="list-style-type: none">• Inappropriate social behavior (<i>i.e.</i>, screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior and etc.); and• Abuse or neglect of physical property (<i>i.e.</i>, failure to maintain property as outlined in the lease, intentional destruction of property such as through kicking or hitting walls or doors, etc.).Note: Nonpayment of rent, substance abuse, and other such situations can only be included in this category if a direct relationship between the activity and an increase in the severity of the mental illness can be shown.
	<ul style="list-style-type: none">• <u>Law enforcement officials</u>- When the individual has been arrested and/or taken into custody due to:<ul style="list-style-type: none">• Harm to self, or property; inappropriate social behavior (<i>i.e.</i>, screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior, etc.); or• Evidence of impairment so severe as to require monitoring for safety.Note: Substance abuse can only be included in this category if a direct relationship between the activity and an increase in the severity of the mental illness can be shown.• <u>Adult protective services (APS)</u>- When the individual has been determined by an APS worker to be a danger to self or others due to the severity of the mental illness. For example, the individual threatens harm to self or others, is not eating, exhibits extreme weight loss or is non-compliant with medications.

Check	If...
None	The customer did not receive any of the above mentioned treatments.

If none are checked, then no referral for a Level II assessment unless a intellectual disability or developmental disability exists.

**Comments
Section**

You must indicate the customer's serious mental disorder, if any, and applicable treatment history during the last two years:

**(on page 2 of the
assessment form)**

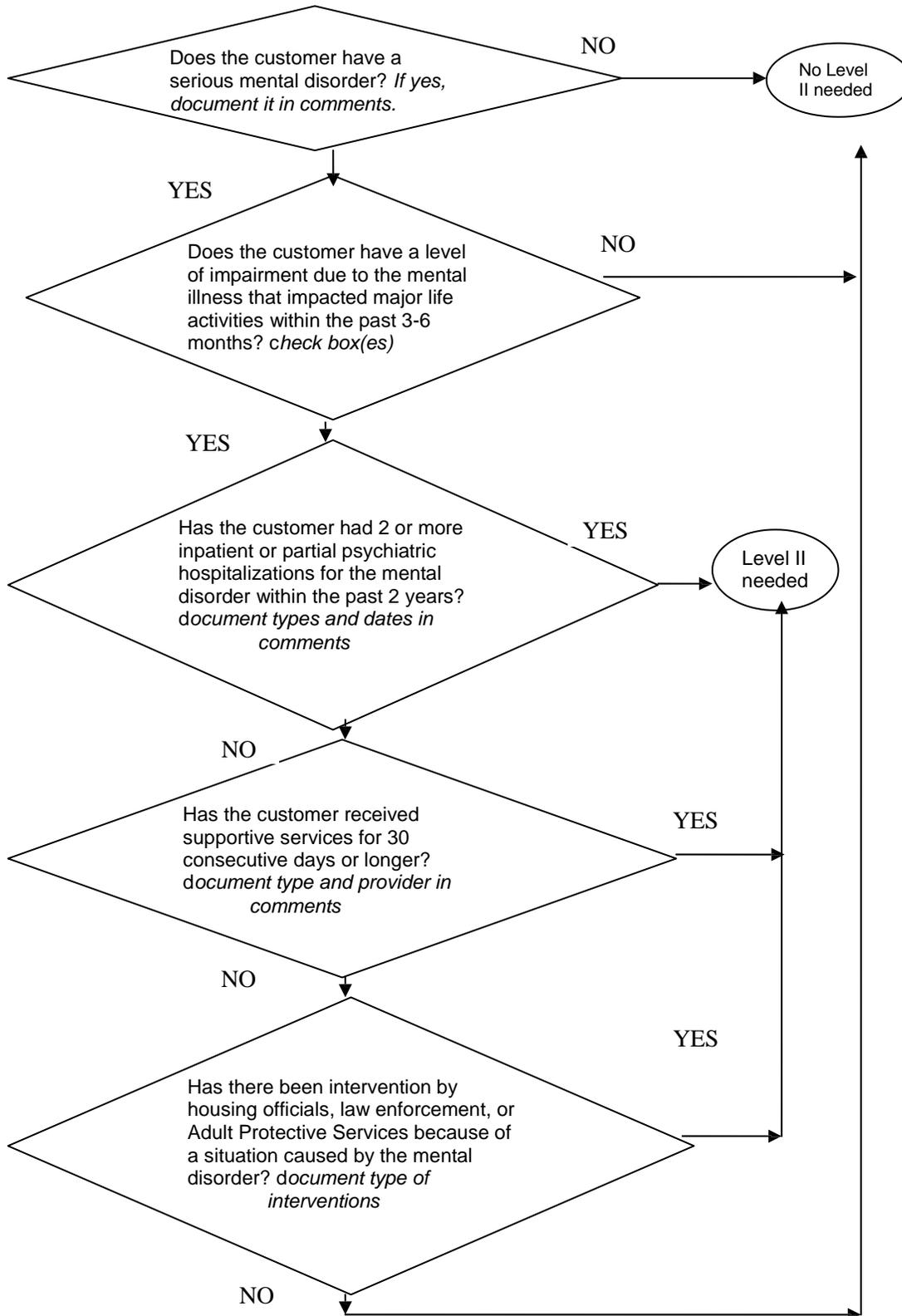
- The dates and location(s) of hospitalization;
- The supportive services;
- The timeframe during which the services were received;
- The intervention by housing, law enforcement, and/or Adult Protective Services; and
- Whether they are being served by a CMHC, if not, their county of responsibility, where they have lived for the last six continuous months. (residence in a state hospital does not change the county of responsibility)

Note: Upon receipt of the assessment at the KDADS the CARE Program staff will review the assessment for completeness. If the assessment does not contain appropriate documentation of the customer's mental disorder and treatment history, the CARE Program staff will request that additional comments be added or that the assessment be revised to reflect the customer's situation.

4. Level of Impairment The customer must have a level of impairment in one of the following within the last 3-6 months due to mental illness.

Check	If...
Interpersonal Functioning	The customer has serious difficulty interacting appropriately and communicating effectively with other persons. There may be a history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships, and social isolation.
Concentration/ Persistence/ Pace	The customer has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in structured activities occurring in the school or home. The customer has difficulties in concentration, an inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.
Adaptation to Change	The individual has serious difficulty adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.
None	The customer does not meet any of the above impairment levels.

Level II Decision Tree- Serious Mental Illness



intellectual disability(Intellectual Disability) / Developmental Disability

5. Has the client been diagnosed with one of the following conditions prior to age 18 for intellectual disability/Developmental Disability, or age 22 for related condition/other Developmental Disability, and the condition is likely to continue indefinitely?

Check	If...
Developmental Disability	The customer has significantly sub average, intellectual functioning as evidenced by an IQ score of 70 or below on a standardized measure of intelligence prior to the age of 18.
Related Condition	<p>The customer has a condition such as autism, cerebral palsy, epilepsy, Spina Bifida, Down’s syndrome, or other similar physical and/or mental impairment that is:</p> <ul style="list-style-type: none"> • Evidenced by a severe, chronic disability; • Manifested before the age of 22; • Will likely continue indefinitely; • Reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration and are individually planned and coordinated; and • Results in substantial functional limitations in three or more major life activities. <p>Do not include individuals who are solely severely emotionally disturbed, seriously and persistently mentally ill, or have disabilities as a result of the infirmities of aging.</p>
None	The customer does not meet one (1) of the above conditions.

For those individuals who have a development disability or related condition please record that information:	<ul style="list-style-type: none"> • IQ score and date of testing; • Related condition diagnosis and the age when it manifested; and • Any relevant information. <p>• Note: Upon receipt of the assessment at the KDADS, the CARE Program staff will review the assessment for completeness. If the assessment does not contain appropriate documentation of the customer’s intellectual disability or development disability, the CARE Program staff will request that additional comments be added or that the assessment be revised to reflect the customer’s situation.</p>
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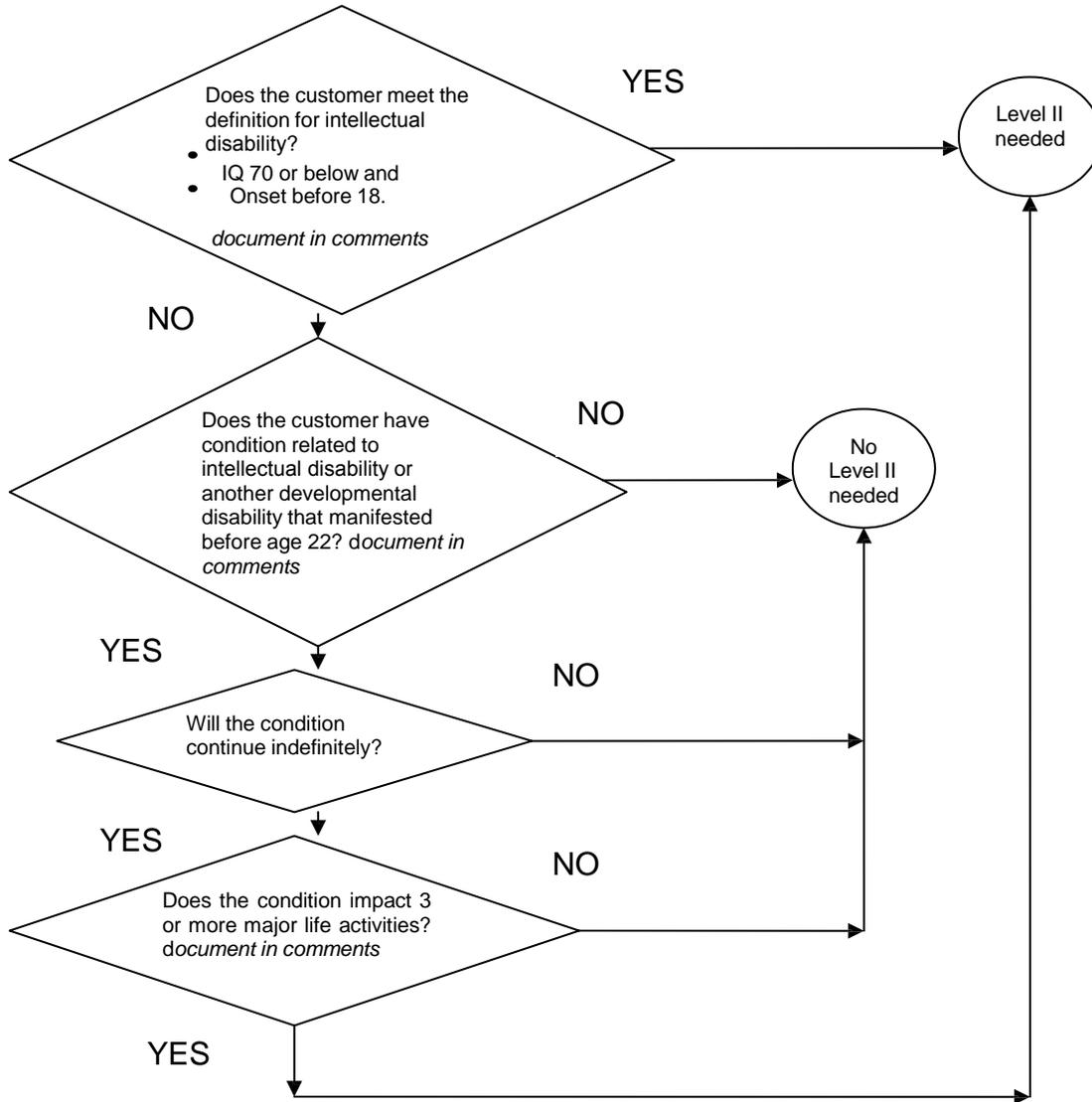
Comments Section

(add comments as needed)

What are the major life activities?

- Self-care: Performance of basic personal care activities;
- Understanding and the use of language: Either receptive and expressive; communication involving both verbal and nonverbal behavior enabling the individual both to understand others and to express ideas and information to others;
- Learning: General cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations;
- Mobility: The ability to move throughout one's residence and to access and utilize typical settings in one's community;
- Self-direction: Management and taking control over one's social and personal lives; ability to make decisions affecting and protecting one's own interests;
- Capacity for independent living: Age appropriate ability to live safely without assistance from other persons includes: housekeeping, participation in leisure time activities, and use of community resources; and
- Economic self-sufficiency: The ability to pay for basic needs and services through employment or other financial resources.

Level II Decision Tree- intellectual disability/Developmental Disability



6. Referred for a Level II assessment?

Check	If...
Yes	The customer meets the criteria in either the Level II Decision Tree for Serious Mental Illness or intellectual disability/ Developmental Disability.
No	The customer does not meet the criteria of either decision tree.

C. SUPPORTS

1. Does the customer live alone?

Check	If...
Yes	The customer lives alone.
No	The customer lives with a spouse, family member, or friend, or is in a housing arrangement that provides service 24-hours a day, <i>i.e.</i> , an assisted living facility, residential health care facility, or homes plus.

2. Does the customer have informal supports?

Informal Supports are services provided to assist with ADLs and/or IADLs at no cost, generally from family, friends, or neighbors.

Do not include formal supports when answering this question, *i.e.*, services covered by insurance, Medicaid, Medicare, and Senior Care Act.

Instructions:

- Check the box that represents the customer's level of informal support.

Considerations while Coding

- Are there enough informal supports to assist the customer with ADL and IADL impairments?
- Is there more than one caregiver?
- Is the caregiver in good physical and mental health?
- Is the caregiver overwhelmed or exhausted?
- Does the caregiver have several responsibilities that make it difficult to be more available during an illness?

Code	Definition	Example
Yes	Support meets the customer's needs, or supplements formal supports, to protect the customer who has physical, cognitive, and/or mental health limitations	Mr. King has strained relations with his children. His neighbor takes him shopping when needed. He is currently not at risk due to limited informal supports.
Inadequate	Support is available but not in enough quantity and/or quality to adequately safeguard the customer who has physical, cognitive, and/or mental health limitations.	Mr. Kabel's daughter is his primary caregiver and is overwhelmed. Mr. Kabel's cognitive abilities are declining and his family is unable to meet all of his needs.
No	Support does not exist to protect the customer who has physical, cognitive, and/or mental health limitations.	Mr. Reed has six children but does not speak to any of them. He has no dependable friends.

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3. Does the customer have formal supports?

Formal Supports are services provided to assist with ADLs and/or IADLs at a cost to the customer, family, or entity. May include services covered by insurance, Medicaid, Medicare, and Senior Care Act.

Instructions:

- Check the box that represents the customer's level of informal support.

Check	If...
Yes	The customer has formal supports or is receiving long-term care services from a program such HCBS, Medicare home health, etc
No	The customer does not have formal supports.

D. COGNITION

1. Is the customer comatose or in a persistent vegetative states?

Check	If...
Yes	The customer appears to be in a deep sleep and unresponsive to stimuli; or his/her responses are inconsistent and not specific to stimuli, often has the same response regardless of stimuli; response may be physiologic, gross body movement, or vocalization; response may be delayed; earliest response is to pain.
No	The customer is not comatose or in a persistent vegetative state.

* **Stop assessment here and note in comments on second page.**

2. Memory / Recall

This assessment focuses on four measures that are often used to identify cognitive impairment:

- Orientation;
 - Registration and Recall (3-word recall);
 - Spelling Backwards (attention and calculation); and
 - Clock Draw (Visuospatial and Executive Function).
- *Coding Clarification: Whenever Code (9) is chosen, the assessor must write the reason in the comment section on page 2 of the assessment form.*
 - *If the customer refuses to participate and you do not suspect cognition issues, let them know it may affect their eligibility for services.*

In the event that an individual cannot be tested using the following strategies and there is reason, by history or observation, to believe the individual has cognitive impairments that may limit functional abilities, it is advisable to refer the individual for a professional evaluation (a neurologist or neuro-psychologist are appropriate referrals for difficult cognitive evaluations).

(1) Orientation

Ask the customer to tell you the following:

- The day of the week, *i.e.*, Monday or Tuesday;
- The month;
- The year; and
- The current President of the United States.

Code as (0) "No Impairment" if the customer answers at least 3 out of 4 of questions correctly.

Code as (1) "Impairment" if the customer misses 2 or more of the above questions.

*Code as (9) "Unable to test" if you cannot test the customer.**

(2) 3-word recall

- Name three unrelated objects (such as “pen,” “car,” “watch,” OR “cat,” “rug,” “lock” OR “key,” “star,” “dog”).
- Have the customer repeat these three objects.
- The first repetition determines the score; however keep saying the objects until the customer can repeat all three, up to 6 trials. (You may need to repeat if they say it wrong to see if the customer can hear the words.)
- If the customer consistently says a word incorrectly (such as “den” instead of “pen”) then move forward as if the words were correct and substitute in the new word.
- Ask the customer to remember those objects as you’ll ask them to repeat them later.
- After a period of five minutes during which other questions are asked or topics discussed, ask the customer to tell you what the three words were that you told them earlier. Do not give hints as to what the words are.
- Give the customer a few moments to recall if needed. The words can be provided in any order.

Code as (0) “No Impairment” if the customer repeats all 3 words.

Code as (1) “Impairment” if the customer cannot repeat all 3 words.

Code as (9) “Unable to test” if you cannot test the customer.

(3) Spelling backward

- Ask the customer to verbally spell “table” forwards and then backwards.
- If the spelling is close to the correct word when spelled forward and is spelled backward using the same letters in reverse order, then it is considered correct, and enter a 0 in the blank. For example, the customer misspells “table” as “tabel,” and spells it back “lebat,” there is no impairment.

Code as (0) “No Impairment” if the customer can spell “table” backwards.

Code as (1) “Impairment” if the customer cannot spell “table” backwards.

Code as (9) “Unable to test” if you cannot test the customer.

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(4) Clock Draw

Executive memory function and visuospatial abilities are usually the first noticeable areas affected in Alzheimer's disease and other dementias, often before other types of memory impairment are easily discernable. The person's ability to make judgments about his/her personal care or direct others in providing care may be compromised.

Executive function is an interrelated set of abilities that includes the ability to:

- Form concepts,
- Self-monitor, and
- Plan and execute detailed activities.

Impairments in executive function may make instrumental activities beyond the person's capacity, even if memory impairment is mild. Types of IADLs affected include:

- Driving,
- Money management,
- Shopping and
- Medication management.

If an individual has impairments, such as blindness or paralysis, that prevents the use of the clock draw test, it will be necessary to proceed with other aspects of the cognitive assessment. *Code as (9) "Unable to Test."*

- Hand the customer a piece of paper with a large circle and tell him/her it is the face of a clock.
- Ask the customer to put the numbers on the clock in the correct position.
- Then ask the customer to draw the hands on the clock at ten minutes after eleven o'clock.

Code as (0) "No Impairment" if the customer completes the following tasks.

- Includes all 12 numbers
- Places numbers in correct positions
- Places hands in correct positions

Code as (1) "Impairment" if the customer cannot perform all of the tasks.

Code as (9) "Unable to test" if you cannot test the customer.

E. COMMUNICATION

1. **Is the customer able to express information content, or communicate requests, needs, opinions, urgent problems, and social conversations, either verbally, in writing, using sign language, or combination of these methods?**

Check	If the customer...
Understandable	<ul style="list-style-type: none"> Expresses ideas clearly.
Usually understandable	<ul style="list-style-type: none"> Has difficulty finding the right words or finishing thoughts resulting in delayed responses; Requires some prompting to make self understood.
Sometimes understandable	<ul style="list-style-type: none"> Has limited ability to communicate, but is able to express concrete requests regarding basic needs (e.g. food, drink, sleep, toilet).
Rarely or never understandable	<ul style="list-style-type: none"> Is difficult to understand; or Used specific sounds or body language to communicate with caregiver(s).

2. **Is the customer able to understand others' verbal communication?**

Emphasis is on comprehension rather than hearing.

Check	If the customer...
Understands	<ul style="list-style-type: none"> Comprehends the speaker's message; and Demonstrates comprehension by words, actions, or behaviors.
Usually understands	<ul style="list-style-type: none"> Misses some part or intent of the message, but comprehends most of it; or Has periodic difficulties integrating information but generally demonstrates comprehension by responding in words or actions.
Sometimes understands	<ul style="list-style-type: none"> Demonstrates frequent difficulties integrating information; or Responds adequately to only simple and direct questions or directions; rephrasing or simplifying the message(s) and/or using gestures enhances comprehension.
Rarely or never understands	<ul style="list-style-type: none"> Demonstrates very limited ability to understand communication; or it is difficult to determine whether the customer comprehends messages, based on verbal and nonverbal responses; or the customer can make sounds but does not understand messages.

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F. RECENT PROBLEMS / RISKS

...FALLS

A fall constitutes the customer physically landing on the ground or floor, not unsteadiness which is already captured in the ADLs and IADLs.

Instructions:

- Enter the number of falls the customer has experienced in the last month in the blank next to the measure. (If the fall was completed while the customer was completing an ADL, it may be carried forward to that ADL.)
- Enter the total number of falls the customer has experienced within the last 6 months in the blank next to the measure. (Include the fall in the last month)



Using a fixed date in time or a holiday, such as Mother's day, may help the customer remember a 6 month history.

... INJURED HEAD DURING FALL(S)

Instructions:

Check the box if the customer hit his or her head during a fall and experienced problems with thinking, reasoning, memory, hearing, vision, speech, balance and coordination, attention, behavior, or learning.

Considerations while Coding

In addition to the above symptoms, did the customer experience one (1) of the following signs of an injury to the head?

- Loss of consciousness
- Headache
- Dizziness
- Drowsiness
- Nausea/vomiting
- Confusion
- Slurred speech
- Difficulty walking
- Seizures
- Amnesia
- Poor coordination
- Irrational or aggressive behavior
- Numbness or paralysis in any part of the body?

... ABUSE/ NEGLECT/ EXPLOITATION

Abuse, neglect, abuse and/or exploitation are considered a risk factor when at least 1 of the following category definitions is met.

Is there a reason to believe the customer has been taken advantage of and is unable to protect their own interest? If you suspect this is the case, it is better to caution on the side of making a report than not.

If you suspect Abuse, Neglect, or Exploitation (ANE) you are required by K.S.A. 39-1431 to report.

- The statewide phone number for reporting ANE in the home is 1-800-922-5330.
- The statewide phone number for reporting Exploitation of a person in an adult facility where the perpetrator lives in the community is 1-800-922-5330.
- The statewide phone number for reporting ANE in an adult facility is 1-800-842-0078.

Instructions:

- Check the box if the customer is experiencing abuse, neglect, or exploitation, and report it to the authorities.

Note: Please follow your agency's policies and procedures.

For the UAI only, check "by others" if someone besides the customer is suspected.

Category	Definition (K.S.A. 39-1431)	Example
Abuse	Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraints, isolation, medications; threats or menacing conduct; fiduciary abuse or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.	Mrs. Plate's wandering has increased in the past couple of months. Her primary caregiver is exhausted, and to get a good night's sleep she has been known to give Mrs. Plate sleeping pills. The caregiver has had the health risks associated with this practice explained to her, but the caregiver continues to give Mrs. Plate the sleeping pills and alcohol.

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Category	Definition (K.S.A. 39-1431)	Example
Neglect	Failure or omission by one's self, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.	Mr. Carr's daughter is his primary caregiver. Since his health has declined, his care needs have increased. His daughter reports she does not give him his Lasix daily as prescribed to avoid the need to take him to the bathroom or change his incontinence supplies as often.
Exploitation	Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources. This also includes fiduciary abuse which occurs when any person who is the caretaker of, or who stands in a position of trust to an adult takes, secretes or appropriates their money or property to any use or purpose not in the due and lawful execution of the adult's trust.	Mrs. Clark's son is her Representative Payee for Social Security. The facility she has resided in for six months reports the son has not paid the bill for over four months.

Adult Protective Services (APS) are intervention activities directed towards safeguarding the well-being and general welfare of adults in need of protection. Intervention is available to adults age 18 and above who are unable to protect themselves and who need assistance in dealing with abusive, neglectful or exploitative situations.

BEHAVIOR RISKS

The behavior risks include the following:

- Wandering;
- Socially Inappropriate/ Disruptive Behavior; and
- Decision Making/ Judgment.

Instructions:

- Check the box if the customer meets the definition in the category.

Category	Definition	Example
Wandering	Movement with no identified rational purpose; customer appears oblivious to needs or safety. Behavior must be differentiated from purposeful movement (e.g., a hungry person moving about an area in search of food).	Mr. Johnson wanders around his home, looking into rooms and opening doors for no apparent reason.
Socially Inappropriate/ Disruptive Behavior	Verbal abuse (<i>i.e.</i> , threatened, screamed, or cursed at others); physical abuse (<i>i.e.</i> , hit, shoved, scratched, or sexually abused others); made disrupting sounds, scream, self-abusive acts, sexual behavior or disrobing in public, smeared or threw food or feces, or rummaged through other's belongings. Impulsive, apparently uncontrollable behavior that disrupts their lives or others' lives on a regular basis.	Mrs. Roll screams at staff in the hospital and shouts out words throughout the night. This behavior disrupts other patients. Mr. White yells to the point where visitors, outside his door, wonder who he is fighting with, only to discover Mr. White is alone.
Decision Making/ Judgment	Determine whether the customer is making decisions or judgments that are reasonable, consistent, and do not jeopardize his/her health and/or safety. Does the customer rely on others to consistently assist in making health care or routine decisions?	Mr. Dean does not feel that he should take his psychotropic medication that was prescribed by his doctor. It is his opinion that if he eats vegetables his mental illness will be cured.

Considerations while Coding

- Review available medical records.
- Interview staff or caregivers for additional information.
- Is the customer currently receiving any mental health services?
- Has the customer been diagnosed by a professional as having a mental illness?
- Is the behavior a recent change or something that has been occurring for years?
- Is the living environment safe for the customer?

... UNWILLING/UNABLE TO COMPLY WITH RECOMMENDED TREATMENT

Instructions:

Check the box if the customer indicates he or she has trouble following a prescribed medical treatment(s).

Considerations while Coding

- Signs of non-compliance:
- Inconsistent medication adherence
- Poor appointment follow through
- Poor compliance with medical homework assignments
- Poor adherence with exercise regiment
- Inconsistent medical data collection
- Disease specific measures of control, i.e., insulin dependent diabetes
- Discontinues taking medication without consulting with doctor, i.e., “didn’t like the side effects” or “couldn’t afford the prescription.”

For more information please consult the Reference Section of this manual.

OVER THE LAST FEW WEEKS/MONTHS, EXPERIENCED ANXIETY/DEPRESSION

Instructions: Check the box if the customer has experienced at least half of the following signs of anxiety and/or depression in the last week or month.	
Signs of Anxiety	<ul style="list-style-type: none"> • Has felt more nervous than usual • Afraid, or excessively worried, for no reason • Easily upset or feels panicky • Expresses feelings of nervousness, fear, or panicky • Feels like they are falling apart
Signs of Depression	<ul style="list-style-type: none"> • An “empty” feeling or ongoing sadness • Tired or lack of energy • Loss of interest or pleasure in everyday activities, including sex • Sleep problems, including trouble getting to sleep • Very early morning waking or sleeping too much • Eating more or less than usual • Crying too often or too much • Aches and pains that did not go away when treated • Difficulty focusing, remembering, or making decisions • Feeling guilty, helpless, worthless, or hopeless • Being irritable or angry • Thoughts of death and/ or suicide

Considerations while Coding

- Does the customer have physical symptoms such as shaky/ trembling arms and legs; weak/tires easily, dizzy spells and fast beating heart?
- Has the customer started a new medication that has side effects such as breathing problems, irregular heartbeat, or tremors?

For more information please consult the Reference Section of this manual.

OVER THE LAST FEW WEEKS/MONTHS, EXPERIENCED FEELING WORTHLESS

Instructions:

Check the box if the customer indicates they have these risk factors:

- Loss of interest in things or activities previously found enjoyable
- Social isolation, lack of attention to grooming
- Breaking medical regimens
- Having experienced or expecting to experience a personal loss
- Feeling hopeless or worthless-feeling they are no longer needed
- Giving personal possessions away or putting affairs in order
- Stock-piling medication or obtaining other lethal means
- Recent loss of a spouse or significant other

Considerations while Coding

- Has the customer attempted suicide in the past?
- Is there a family history of suicide?
- Is there a history of substance abuse?
- Does the customer have a serious illness?
- Does the customer exhibit impulsive and/or aggressive tendencies?

For more information please consult the Reference Section of this manual.

G. Customer Choice for LTC

What is the customer's, or his or her responsible party's, choice for long-term care?

Check	If the customer...
Home without services	Plans to return home without services.
Home with services	Plans to return home with formal and/or informal services.
ALF / Residential / Boarding Care	Plans to move into or remain living in an assisted living facility, residential health care facility, homes plus, or boarding care facility.
Nursing Facility	Plans to move into or remain living in a NF. Please write the name, address, and city of the facility in blanks provided.

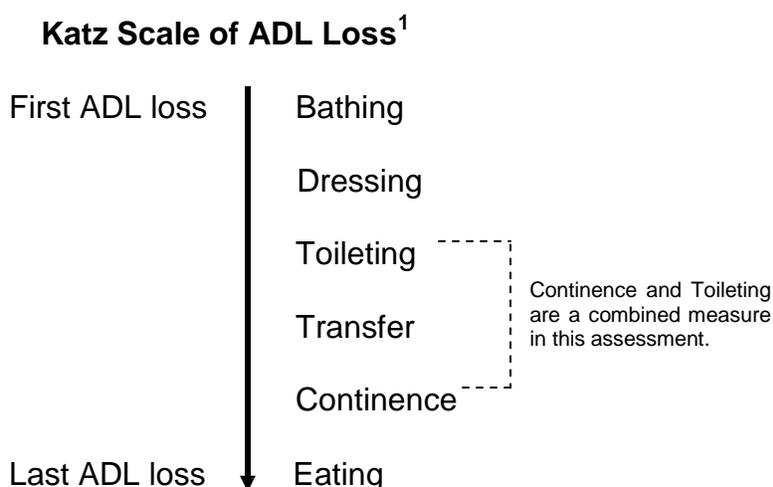
Check the box if the nursing facility stay is anticipated to be three (3) months or less and fill in the address and telephone of the nursing facility

FUNCTIONAL ASSESSMENT (ADLS/IADLS)

HIERARCHICAL RELATIONSHIP OF IMPAIRMENTS

Please remember these hierarchical relationships when assessing ADLs and cross-reference your answers for consistency. If there are inconsistencies between what you have recorded and the above hierarchical relationships, reconsider your answers to ensure you have completed an accurate assessment of the customer.

In general, as a person's physical health declines, the first ADL they need assistance with is usually bathing and the last activity they need assistance with is eating.



Transferring into a bath tub or shower is difficult for an older adult who has poor balance and/or little strength. Unfortunately, many accidents happen in the bathroom. One of the first activities many of our customer's need assistance with is bathing. As some customers deteriorate, they need assistance with transferring activities, such as toileting, transfers, and walking/mobility. There is an interrelationship between these ADLs because they require balance and strength.

Customers that have cognitive impairments are often able to complete the physical portion of an ADL, however they may need to be supervised. For example, a customer with Alzheimer's disease may be able to transfer, walk, and be mobile, however they may need to be cued or even fed at times.

¹ Katz S, Ford A.B., Moskowitz R.W., et al. "Studies of illness in the aged." The Index of the ADL: a standardized measure of biological and psychosocial function." Journal of the American Medical Association 1963; 185: 914-919.

DEFINITIONS

Adequate(ly) - The activity is performed and completed in a manner that is generally considered to be satisfactory based on the standard provided under each activity.

Appropriate(ly) –The activity is performed and completed in a manner that would generally be deemed appropriate for the time, circumstances, and environmental conditions.

Safely – The customer’s physical status, cognitive status, or judgment does not put them at high risk for accident, injury, or adverse health consequences when performing the activity. Problems with balance or unsteadiness may lead to safety issues.

Reasonable Time – It does not take an excessive amount of time for the customer to perform the activity because of physical limitations (such as a mobility impairment or endurance) or due to cognitive/mental health issues.

Oversight, coaxing, cuing – Visual or verbal supervision/input is needed to ensure or encourage the individual to perform the activity adequately, appropriately, and safely.

Assistive Equipment – Equipment that can stand repeated use, is primarily used to compensate for a physical impairment, is appropriate for use in a customer’s home, and is generally not required by a person in the absence of illness or injury.

CODES FOR ADLS AND IADLS

Code	Definition
(1) Independent	<ul style="list-style-type: none"> • The customer is able to perform activity safely, adequately, appropriately, and within a reasonable time without assistance from another person. • Customer is Independent if s/he performs the activity as stated, but does so with the use of an assistive device.
(2) Supervision needed	<ul style="list-style-type: none"> • To perform the activity adequately, appropriately, safely, and within a reasonable amount of time, the customer needs: <ol style="list-style-type: none"> (1) Set-up assistance to perform some portion of the activity; or (2) Requires oversight, cuing or coaxing, including reminding to use assistive devices.
(3) Physical assistance needed	<ul style="list-style-type: none"> • To perform some aspects of the activity adequately, appropriately, safely, and within a reasonable time, the customer requires some hands-on assistance, but is: <ol style="list-style-type: none"> (1) Able to physically perform some components of the activity; or (2) Although customer has limited physical participation, they are able to direct the activity, in other words make known how they prefer the activity be performed.
(4) Unable to perform	<ul style="list-style-type: none"> • The customer is unable to participate in this activity in any significant manner due to cognitive, physical, and/or mental health limitations and needs total assistance.

If customer is in a hospital or other placement, ask how they would do the tasks if they were home.

H. ACTIVITIES OF DAILY LIVING

BATHING

You are assessing the customer's ability to complete all of the following:

- Take a full body bath or shower at least once a week or more frequently to prevent odor or skin health issues; and
- Set-up and put away bathing supplies, *i.e.* towel, washcloth, soap, shampoo, assistive equipment, or long handled brush and adjust bath bench or other assistive devices; and
- Transfer in and out of the tub or shower; and
- Remove clothing; and
- Turn on the water and adjust the water temperature; and
- Wash and dry all body parts, including back, feet, and hair.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while bathing in the last month.

Considerations while Coding

- This definition excludes the customer's ability to take sponge baths. If your customer takes a sponge bath, ask why? Is it a preference or is it safety issue because they are unable to transfer in and out of the tub or shower?
- Does the customer have balance problems, unsteadiness, or a history of recent falls or near falls? Cross-reference with falls.
- If the customer has her hair washed at the beauty shop, can she wash her own hair?
- Is the bathing area accessible?
- Are there any safety concerns?
- Can the customer adjust water to a safe temperature for bathing?
- Does the customer have sensory problems that impair the ability to feel heat or cold?
- What remedies have been attempted in the past?
- Does the customer have incontinence issues?

Examples

- (Code 1) Ms. Applehauz has a bath bench in the bathtub. She has never fallen, slipped, or been unsteady when using the equipment.
- (Code 2) Mr. Johnson is able to transfer in and out of the bath tub, but he is scared that he may fall while trying to take a full body bath. He will only take a full body bath when his brother visits, which is about once a week.
- (Code 3) Mr. Smith needs help washing areas his arms can not reach. He has difficulty maintaining his balance while drying off.
- (Code 4) Mr. McDonald is in the end stages of Alzheimer's. He doesn't understand the process of bathing.

DRESSING

You are assessing the customer's ability to complete all of the following:

- Change clothes often enough that the customer appears clean and is odor free; and
- Select, obtain, and set-up clothing for dressing; and
- Select clothes that are safe and appropriate for the temperature and usual activities inside and outside the home, not special occasions; and
- Put on, adjust, fasten (includes buttons, snaps, zippers, ties, etc.), and take off all items of clothing; OR the customer **has** and **wears** adapted clothing that allows s/he to dress for most public occasions without needing to use buttons, snaps, ties, etc.; and
- Put on and remove prosthesis and/or medically needed clothes or devices, such as TED hose.

Considerations while Coding

- Is there assistive equipment and is it used appropriately/safely?
- Does the customer have a prosthesis?
- Does the customer use zipper pulls and/or sock grabbers?
- Can the customer wear pants and a shirt/blouse? If not, does the customer have and wear adaptive clothing?
- If the customer is unsteady, does s/he have good strategies to dress and avoid injury?

Examples

(Code 1) Mrs. O'Connell has considerable pain and some deformity in her fingers from arthritis. She is able to dress to go to the store, doctor's office and other activities by wearing clothing with Velcro attachments and using assistive devices for buttoning and zipping.

(Code 2) Mr. Lowery lives alone in an apartment and has become more disoriented. When someone tells him he is not dressed appropriately, he will change his clothing.

(Code 3) Mrs. McCormick has always dressed conservatively, as evidenced in pictures around her apartment. She has arthritis and needs help with putting on a bra, buttoning blouses, and tying shoes. She has no adaptive clothing or assistive devices.

(Code 4) Mrs. Smith has advanced dementia. At one time, she could help with buttons, snaps, and pulling up her pants, but for the past couple of months she just sits and stares. The daughter reports that if she didn't dress her mother, it wouldn't get done.

TOILETING

You are assessing the customer's ability to complete all of the following:

- Transfer on and off the toilet; and
- Complete bowel/bladder elimination; and
- Cleanse self and adjust clothing; and
- Manage incontinence and supplies, bedpan, commode, ostomy, and catheter.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while toileting in the last month.

Considerations while Coding

- Is the customer able to manage her/his incontinence?
- Is there unsteadiness while getting on or off the stool?
- Does the customer need to utilize incontinence supplies?
- Are there any odor issues?
- Is the customer able to adjust clothing after toileting?

Examples

(Code 1) Mr. Butter has bladder incontinence. He uses incontinence supplies and changes them frequently. While there is a slight odor in the apartment, there is no evidence of wet or soiled furniture or clothing. The odor is coming from the trash where he puts his incontinence supplies.

(Code 2) Ms. Merle has bladder leakage, but is so depressed she has little motivation to change her clothing or use pads, but with encouragement she will do so.

(Code 3) Mrs. Arnette is an obese woman with limited mobility in her shoulder and difficulty reaching her arms across her body (as if to hug herself). When asked about wiping she states she uses a handle that she wraps with toilet paper. She admits she doesn't do a good job wiping and there is a strong odor of urine and feces.

(Code 4) Mr. Johnson has a colostomy bag. His dementia has left him unable to care for the colostomy and stoma. His wife takes care of all aspects of the colostomy.



Household odor issues should be addressed under housekeeping.

TRANSFERRING

You are assessing the customer's ability to complete all of the following:

- Move between surfaces, e.g., to and from the bed, chair, wheelchair, or to a standing position; and
- Rise from a sitting/laying position; and
- Recline to a sitting/laying position.

Transfer does not include moving to and from the bath, shower, or toilet.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while transferring in the last month.

Considerations while Coding

- If sleeping in a bed, can the customer swing legs in or out of bed?
- Once standing, can the customer obtain and maintain balance before moving?
- Is assistive equipment adequate for safe transfers to occur?
- Does the customer need several attempts to come to a standing position from a solid, regular size chair with arms? Does the customer need supervision or physical assistance?
- When using assistive equipment has the customer had any problems?
- Is there an emergency plan for falls?

Examples

(Code 1) Mrs. Baxter uses a rail attached to her bed to turn at night and get out of bed. She is also able to get out of her favorite chair, as well as other chairs, without difficulty.

(Code 2) Mr. Lane uses a walker to assist him with transferring. During the past week, he knocked the walker over twice because his hands were shaking from Parkinson's disease. He wears a call button and pushes it to alert his neighbor when he needs help setting up the walker. When he has the walker, he is able to stand and sit on his own.

(Code 3) Mr. Jones has fallen while trying to sit in a lower chair and sit on the bed, someone must help him sit and lay down.

(Code 4) Mrs. Snow has confusion and physical limitations that require the full assistance of her caregiver to recognize the need to transfer and provide the weight bearing for the transfer.

WALKING / MOBILITY

You are assessing the customer's ability to complete all of the following:

- Move within all locations of his or her living environment to accomplish ADLs; and
- Ambulate safely from one area to another; and
- Place or set-up assistive equipment in usable location; and
- Obtain equipment and use the equipment safely and effectively at all times; and
- Maneuver cane, walker, and/or wheelchair, if needed.

Walking/Mobility does not include the ability to walk, or be mobile, outdoors.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while completing the task of walking/mobility in the last month.

Considerations while Coding

- Does the customer consistently use assistive equipment? If not, what is the reason it is not used consistently? May need set-up.
- Is safety compromised?
- Does the customer use safe strategies to manage her/his unsteadiness?
- Is any part of the home inaccessible due to narrow halls, doors, or stairs?

Examples

(Code 1) Ms. Schaffer has had an inner ear condition her entire life. She has positioned the couch and a few other solid structures strategically around her home to occasionally steady herself. She manages well in her home and has no history of falls in the last 6 months.

(Code 2) Ms. Norton has had a lifelong battle with depression. Without encouragement to get out of bed she would stay there all day and would not be mobile. Last year bedsores developed on the back of her heels due to lack of movement.

(Code 3) Mr. Weeks has used a walker ever since his last stroke, but he needs someone to hold onto his belt to help keep him steady while walking.

(Code 4) Mrs. Cook stays in bed most of the time because of ALS (Lou Gehrig Disease). At one point, she could let her caregiver know if she wanted to be moved to another location through eye movement. Since the muscles in her eyes have weakened, she can no longer direct the movement.

EATING

You are assessing the customer's ability to complete all of the following:

- Prepare food by cutting into bite size pieces, chopping, or pureeing, buttering bread, opening single serving containers, and pouring liquids; and
- Transfer food and drink from plate or cup to mouth; and
- Chew and swallow safely; and
- Manages tube feeding without assistance, if fed through a tube.

Considerations while Coding

- If the customer was served a meal at a restaurant, could they eat the meal as prepared and served, or would someone need to manipulate the meal so the customer can consume it?
- Has the customer ever choked? If so, how often does this occur?
- Has the customer lost or gained weight recently?
- Has a weight change been related to the ability to eat?
- Is the customer aware of when to eat?

Examples

(Code 1) Mr. Wood's nerve damage causes his arms and hands to shake without warning. He still manages his own food, feeds himself, and has not suffered an illness or lost weight.

(Code 2) Ms. Parker has had a stroke and has difficulty getting food onto utensils and into her mouth. She is able to feed herself with the help of plate guards and adapted utensils if someone sets these up for her.

(Code 3) Mrs. Farmer forgets to eat and misuses her dinnerware. She has used her fork to eat soup and poured her drink on her plate. On an average day, she needs someone to either feed her or continually direct her on how to feed herself.

(Code 4) Mrs. Flower is in the late stages of Alzheimer's disease. She will not eat unless someone else puts the food in her mouth, prompts her to chew, and stays with her the entire time.

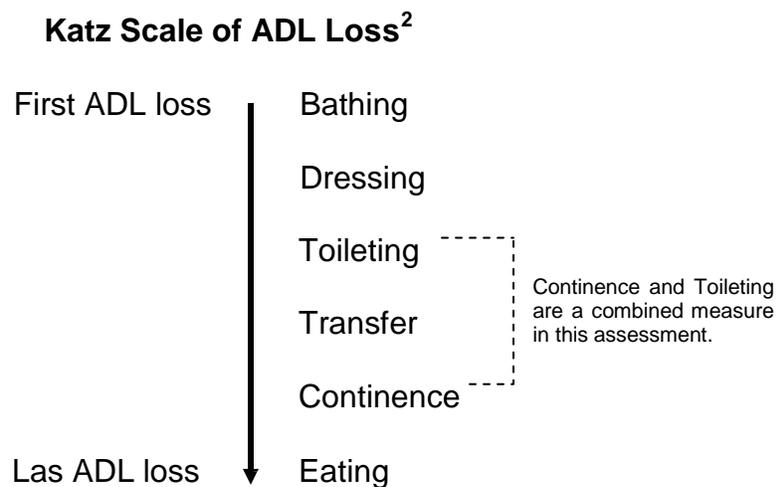


ADL CHECK UP

You have just completed the ADL section of the assessment.

Please check your answers for the following:

- Do answers accurately reflect what you observed?
- Do the answers factor in the customer's cognitive impairments? Remember that person's with cognitive impairments may need at least supervision to complete an ADL.
- Do the answers factor in mental health issues the customer may be experiencing?
- Are the answers consistent with the Katz scale of ADL loss?



² Katz S, Ford A.B., Moskowitz R.W., et al. "Studies of illness in the aged." The Index of the ADL: a standardized measure of biological and psychosocial function." Journal of the American Medical Association 1963; 185: 914-919.

H. SERVICE CODES FOR ADLS

Which of the following services would help the customer remain living in the community?

- This is your recommendation.
- Complete this section even if the customer has chosen NF placement.
- Select a code even if it is not available or the customer and/or family would not accept the service.
- Service code definition can be found in the references section.

CODE	DEFINITION	EXAMPLE
0	Assessor does not know if the service is available in the community	The customer has need of a particular community-based service and the assessor does not know whether or not the service is available in the community. Note: If the assessor is using this code, it is because you have already made calls, including your CARE Coordinator, and no one within your provider base knows whether there are other service providers providing the service.
1	Service is available in the community	The customer needs a service such as homemaking, and if referred for the service, the customer could begin receiving the service without delay, within the program's regular administrative timeframe (allows for application, assessment, etc.)
2	Service is available in the community, but needs to be referred to be placed on a waiting list	The customer needs homemaking services but the assessor learns there is a waiting list for this service in the customer's community. A referral is made but the customer will be placed on a waiting list and there will be a delay in the service.
3	Service exists and is available but customer does not have resources to pay for the service	The customer needs homemaking service but the only agency offering it charges a fee and the customer cannot afford to pay for the service.
4	Service is not available in the community, either due to lack of providers, lack of funding, or lack of adequate units	The customer needs homemaking services but there is no provider offering this service in the customer's community or the provider does not have the ability to provide the additional hours needed.
5	Service exists and is available but the customer and/or family do not wish to utilize the service	The customer/family state they do not want the service, even though it is available in the community.
6	Service does not exist	There are no providers in the customer's community providing homemaking services.

I. INSTRUMENTAL ACTIVITIES FOR DAILY LIVING

MEAL PREPARATION

You are assessing the customer's ability to complete all of the following:

- Plan, prepare, and serve a meal; and
- Safely use stove or microwave to heat or cook foods; and
- Open containers, turn stove on and off, use can opener; and
- Opening the ingredients, peeling, cutting, chopping, measuring, baking, and/or cooking the meal; and
- Follow a doctor prescribed diet, when applicable (*i.e.*, low sodium, low sugar, or low fat).

Coding Clarification: Code (2) if the customer only needs set-up to prepare a meal, which includes putting out pans and placing ingredients on the counter.

Considerations while Coding

- If the customer receives home-delivered meals or heats pre-prepared meals, determine why. Is it because the customer needs supervision or physical assistance? Or does he/she prefer those types of meals?
- Is the customer able to organize for the preparation of the meal?
- Have there been any medical problems as a result of the customer's chosen diet? *May be a supervision issue.*
- Does the customer use any assistive equipment to cook?
- Does the customer experience fatigue or unsteadiness while cooking? *May need physical assistance.*
- Are there any safety concerns while cooking? *May be a supervision issue.*
- Does the customer need supervision to cook with any of the appliances?
- Is the customer able to carry food items to the eating area?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?
- Have there been any medical problems as a result of the customer's chosen diet?
- Do all of the appliances work?
- Can the customer grasp items with her/his fingers?

Examples

(Code 1) Mr. Cooper is a recent widower and does not like to cook for one person. While he can cook a meal, he prefers to reheat a frozen meal because they are less expensive and take less time. He is not on a doctor-prescribed diet.

-- Continued on next page --

- (Code 2) Ms. Boots has difficulty choosing foods that accommodate her doctor prescribed diet. A nutritionist provides her sample menus because of cognitive problems. Ms. Boots needs support to maintain her diet.
- (Code 3) Ms. Haid has arthritis and carpal tunnel syndrome; therefore, her daughter prepares her meals and leaves them in the refrigerator for Ms. Haid to reheat. Ms. Haid also has frozen dinners as a meal option, without this type of help Ms. Haid would not have any meal.
- (Code 4) Mrs. Chase forgets whether or not she has turned off the stove and puts her face close to a burner to see if it is on. Her family has disabled the stove and microwave for safety reasons. They currently pay a neighbor to prepare and bring in her meals.

SHOPPING

You are assessing the customer's ability to complete all of the following:

- Develop a list of needed items, go to store, locate items to be purchased, place them in a cart, or shop effectively by phone or on-line for all items.
- Carry five pounds of canned goods or bulky items.
- Move purchased items from vehicle or doorway into home

Considerations while Coding

- How often does the customer go shopping?
- Does the customer utilize assistive equipment to help with shopping?
- If the customer uses a shopping cart for stability, can the customer safely let go to reach for items on shelves.
- If the customer receives assistance in a store, is it for convenience or because the customer needs the assistance?
- Does the customer have any cognitive or mental health issues that may impact her/his choices and abilities to perform this activity?
- Does the customer tire easily (within 20 minutes of shopping)?
- Does the customer have any difficulty reaching or stooping for items?

Examples

(Code 1) Mrs. Davis lives on a fixed income. She purchases inexpensive foods in order to afford her medications. She cannot drive so she either rides with a family member, friend, or takes a bus. Mrs. Davis does not need help once she arrives at her destination.

(Code 2) Mrs. Streeter is able to shop once a week to get perishable items, such as milk, bread, and eggs at a small market near her house. Because of Mrs. Streeter's visual problems, her daughter goes with her to the supermarket to assist her in locating items. When her daughter is not available, someone in the store helps her locate the items. She is able to place the items in her shopping cart.

(Code 3) Mrs. Kirk is able to make out her grocery list and manages her shopping budget, but has limited endurance and cannot tolerate much walking. She is also unable to carry packages because she uses a walker with no basket. Her son usually does her shopping.

(Code 4) Mrs. Canon does not let anyone know of her shopping needs. Her daughter picks up what she believes her mother needs. Occasionally, Mrs. Canon requests an item but she is not actively engaged in shopping or completing a shopping list.

 Financial ability to purchase items is not factored. Transportation limitations to complete shopping must be addressed under transportation and not under shopping.

MONEY MANAGEMENT

You are assessing the customer's ability to complete all of the following:

- Budget according to income or personal funds; and
- Deposit checks and manage account balances; and
- Evaluate the accuracy/legitimacy of bills received; and
- Pays bills and pays for merchandise by check, cash, credit/debt card, money orders, or online payments; and
- Tracks expenditures so as not to overdraw accounts or incur unintended debt.

Coding Clarification:

Code as (2) "Supervision" if the customer needs oversight/cuing to ensure the tasks in the definition are completed. This includes:

- *Sorting mail;*
- *Providing advice on which bills to pay;*
- *Reviewing the checkbook (not physical act of balancing it);*
- *Reminding to pay bills; and*
- *Assuring the customer/providing guidance or advice.*

Code as (3) "Physical Assistance" if the customer needs assistance to ensure the tasks in the definition is completed. This includes:

- *Writing checks;*
- *Balancing the checkbook (not just reviewing it); and*
- *Preparing and maintaining a system to track expenditures.*

Code as (4) "Unable to Perform" if the customer has a conservator or is not involved in money management decisions.

Considerations while Coding

- Who currently manages the finances?
- Does the customer have difficulty writing a check?
- Has the customer received any late notices on bills?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?

Examples

(Code 1) Mrs. Bugg has a limited income. She carefully manages her expenditures to cover her bills, groceries, and prescriptions, but rarely has money remaining for clothes or emergencies. On occasion she has been unable to pay bills when they are due and had to wait until her next check.

-- Continued on next page --

- (Code 2) Mrs. Limits recently bounced several checks because she forgot to write down the amounts. Her son now reviews her check book every month for missing entries. She continues to pay her bills and manage her purchases.
- (Code 3) Mrs. Daniel has limited vision. She is able to direct her finances, but her daughter reads the bills to her mother and then writes the checks for her.
- (Code 4) Mrs. Token turned over all aspects of her finances to her daughter years ago after a diagnosis of Alzheimer's disease. She does not know her current income or expenses.

TRANSPORTATION

You are assessing the customer's ability to complete all of the following:

- Safely drive own car OR has available and can arrange for and use private or public transportation.
- Able to enter, adjust position, and leave the vehicle without assistance from another person (may use assistive devices).
- Manage getting assistive equipment, if needed, into and out of the vehicle.

Coding Clarification: Code as (2) for set-up, if the customer only needs someone to arrange transportation.

Considerations while Coding

- Is the customer able to get in, out and seated in the vehicle?
- Can the customer manage assistive equipment *i.e.*, folding and storing walker or wheelchair?
- Does the customer have any cognitive or mental health issues that may impact her/his choices and abilities to perform this activity?
- How often does the customer leave the home and need transportation?
- What transportation options are currently used?
- Does the customer need other people to arrange appointments, such as medical or mental health, to accommodate transportation needs?
- Does the customer require special arrangements, such as a two person transfer in and out of the vehicle?

Examples

(Code 1) Mrs. Smith has a restricted license that only allows her to drive during the day. All the places she would go on an average day are open and available during the day.

(Code 2) Ms. Delane has severe hearing problems and needs someone to make phone calls to arrange for the senior van or a taxi for her. She is able to direct the taxi/van driver, get in and out of the vehicles, pay, and manage other aspects of her transportation.

(Code 3) When Mrs. Freeze travels she needs someone to help her into the vehicle. She uses a walker and needs assistance putting the walker into the vehicle.

(Code 4) Ms. Alfrey needs total assistance transferring from her wheelchair into vehicles. Because of her cognitive limitations, Ms. Alfrey never identifies her transportation needs.



If the customer needs telephone assistance to arrange the transportation, capture that in telephone.

TELEPHONE

You are assessing the customer's ability to complete all of the following:

- Obtain needed telephone numbers; and
- Dial the phone; and
- Answer and hang-up the phone;
- Converse over the phone; and
- Arrange and schedule appointments.

Coding Clarification:

Code as (2) "Supervision" if the customer needs oversight/cuing to ensure tasks in the definition are completed. This includes looking up phone numbers in the phone book, and/or providing a small list of frequently called numbers because the customer can not find them in the phone book.

Code as (3) "Physical Assistance" if the customer needs physical assistance to ensure the tasks in the definition are completed. This includes dialing the phone, answering and/or hanging up the phone, and arranging or making calls to schedule appointments.

Code as (4) "Unable to Perform" if the customer is not able to converse on the phone.

Considerations while Coding

- Can the customer access telephone numbers in local directory or own telephone book?
- How would the customer obtain the phone number of a fictitious person like Brian Smith? If the customer has poor vision, what is their strategy?
- Can the customer dial telephone numbers or use an automated system?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?
- Can they hold the telephone (or use hands-free method) and talk on the telephone?
- Are phone numbers available that the customer can read?
- Can the customer call directory assistance?
- Does the customer have a hearing problem?
- Does the customer use other communication devices?

Examples

(Code 1) Mrs. Cooper can use a phone but currently her phone service is turned off.
(Note: See Key below.)

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- (Code 2) Mrs. Griffin's daughter set up the phone for speed dial, and Mrs. Griffin uses the speed dial numbers. Normally, she does not call other numbers, but when she does she uses directory assistance when needed.
- (Code 3) Mrs. Beasley enjoys talking to her daughter and grandchildren. Her vision is poor and her arthritis impairs the use of her hands. Lately she's either had to wait for others to call or have her neighbor dial the phone for her.
- (Code 4) Mr. Wegner no longer understands how to use the phone to call other people. He rarely talks on the phone, even if someone else calls him.



The customer's ability to afford telephone service must not be factored into this code. Universal Access may be available for person's who can't afford phone service, please contact the local phone company for further details.

LAUNDRY / HOUSEKEEPING

You are assessing the customer's ability to complete all of the following:

- Determine when clothes need to be washed and complete all of the laundry steps, e.g., takes clothes to wash area, determines the amount of detergent needed, able to properly set the washing machine; and
- Place clean clothes into storage/closet area; and
- Perform routine tasks, e.g., bed making, putting items away, dishwashing, and taking out trash; and
- Keep pathways in the home clear for mobility; and
- Understand methods to kill germs and bacteria; and
- Sweep, vacuum, and mop.

Considerations while Coding

- Does the customer know how to use the laundry and cleaning equipment?
- Are all areas of the home accessible?
- Has the customer fallen while performing laundry or housekeeping tasks?
- Is there an unpleasant odor in the home?
- Does the customer tire easily, and is not able to adequately complete cleaning and/or laundry?
- Does the customer have stairs that make it difficult to complete some housekeeping or laundry tasks?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?
- Can the customer reach and/or stoop?
- Does the customer have problems gripping things?

Examples

(Code 1) Mrs. Brown has hired a neighbor to clean her home for the past five years. Mrs. Brown is physically and cognitively able to do the work but hired her neighbor when the neighbor was going through a divorce and needed the money. She's never had the heart to stop the help.

(Code 2) Mr. Rodriguez is physically able to clean his house and do the laundry, but he needs to be constantly reminded to wash clothes, dishes, etc..

(Code 3) Mrs. Mouse tires easily. She does manage to get her laundry done, but it is not safe for her to carry her laundry down to the wash area. Her granddaughter vacuums, cleans the bathroom, and changes the sheets. Mrs. Mouse washes her dishes and picks up after herself.

(Code 4) Mrs. Castle reports she can do her own housekeeping. Her daughter states Mrs. Castle is confused and unable to perform any of the house work.

MEDICATION MANAGEMENT / TREATMENT

You are assessing the customer's ability to complete all of the following:

- Obtain medications from containers; and
- Determine the proper dosage of the medication and prepare it (cut pills in half or draw up medication in syringe if necessary); and
- Administer own medication; and
- Remember to take medication as prescribed; and
- Recognize possible side effects of the medications when this is essential for safety; and
- Set up materials for treatments and conduct treatment procedures; and
- Store medication correctly and understand risks of taking outdated medications; and
- Recognize when medication is running out, seeks refills, or follows-up with provider.

Coding Clarification:

- Code as (2) "Supervision" if the customer can administer his/her medication once it is set-up in a pill-box, the pill container is opened, or he/she is reminded or cued to take medication.
- Code as (3) "Physical Assistance" if the customer must have the medication handed to him/her.

Considerations while Coding

- Does the customer have any cognitive or mental health issues that may impact her/his choices and abilities to perform this activity?
- Is the customer able to complete any necessary preparation?
- Do the medications appear to be set-up correctly according to directions on the bottle?
- Does the customer understand why s/he takes a particular medication?
- What techniques/methods does the customer use to keep track of medication needs?
- Has there been an adverse effect from taking medications?
- Has the customer taken too much or too little of what is prescribed on a regular basis? If other than as prescribed, is the difference due to an impairment or because the customer cannot afford the medication?
- Does the customer obtain medications from more than one pharmacy?
- Is the customer taking any over-the-counter or holistic medication?
- Does the customer save old medication for a later use?

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Examples

- (Code 1) Mrs. Douglas fills her prescriptions for pain pills. She does not have physical or cognitive limitations that prevent her from being able to complete the task.
- (Code 2) Mrs. Bennett's daughter sets up the medications in a pill box once a week. There are no concerns whether she takes her medications appropriately.
- (Code 3) Mrs. Ellis's daughter administers her insulin because Mrs. Ellis cannot manage the syringe due to tremors in her hands.
- (Code 4) Mrs. June needs her daughter to go with her to all doctor appointments. She cannot provide nor receive information to manage her own medical needs. All of Mrs. June's medications are put into pudding and fed to her.



IADL CHECK UP

You have just completed the IADL section of the assessment.

Please check your answers for the following:

- Do answers accurately reflect what you observed?
- Are the answers consistent with other reported abilities or impairments?
- Do the answers factor in the customer's cognitive impairments, if any? Remember that person's with cognitive impairments may need at least supervision to complete an IADL.
- Do the answers factor in mental health issues the customer may be experiencing?

I. SERVICE CODES FOR IADLS

Which of the following services would help the customer remain living in the community?

- This is your recommendation.
- Complete this section even if the customer has chosen NF placement.
- Select a code even if it is not available or the customer and/or family would not accept the service.
- Service code definition can be found in the references section.

J. OTHER SERVICES CODES

Which of the following services would help the customer remain living in the community?

- This is your recommendation.
- Complete this section even if the customer has chosen NF placement.
- Select a code even if it is not available or the customer and/or family would not accept the service.
- Service code definition can be found in the references section.

K. ADDITIONAL RESOURCES / NEEDS

Which of the following resources would help the customer remain living in the community?

- This is your recommendation.
- Complete this section even if the customer has chosen NF placement.
- Select a code even if it is not available or the customer and/or family would not accept the service.
- Definition of the resources can be found in the references section.

(Availability codes to use for each of these are the same as the ADL section and found on the next page.)

Availability Codes

CODE	DEFINITION	EXAMPLE
0	Assessor does not know if the service is available in the community	The customer has need of a particular community-based service and the assessor does not know whether or not the service is available in the community. Note: If the assessor is using this code, it is because you have already made calls, including your CARE Coordinator, and no one within your provider base knows whether there are other service providers providing the service.
1	Service is available in the community	The customer needs a service such as homemaking, and if referred for the service, the customer could begin receiving the service without delay, within the program's regular administrative timeframe (allows for application, assessment, etc.)
2	Service is available in the community, but needs to be referred to be placed on a waiting list	The customer needs homemaking services but the assessor learns there is a waiting list for this service in the customer's community. A referral is made but the customer will be placed on a waiting list and there will be a delay in the service.
3	Service exists and is available but customer does not have resources to pay for the service	The customer needs homemaking service but the only agency offering it charges a fee and the customer cannot afford to pay for the service.
4	Service is not available in the community, either due to lack of providers, lack of funding, or lack of adequate units	The customer needs homemaking services but there is no provider offering this service in the customer's community or the provider does not have the ability to provide the additional hours needed.
5	Service exists and is available but the customer and/or family do not wish to utilize the service	The customer/family state they do not want the service, even though it is available in the community.
6	Service does not exist	There are no providers in the customer's community providing homemaking services.

COMMENTS

What should be included in the comments section?

- Pertinent information that relates the customer's situation that is not recorded on the assessment.
- Information that would be useful to others reading the assessment, especially those making referrals on behalf of the customer.
- Contacts that have been made on behalf of the customer, i.e., attending physician, other health care providers, community-based service providers, and/or family and friends.
- You may attach additional pages of comments by making note of the additional pages the comments section on page two.
- Remember this is your opportunity to "fill-in" the rest of the customer's picture.