

LONG TERM CARE ELIGIBILITY ASSESSMENT

General Instructions: To qualify for Medicaid long-term care services, the recipient/applicant must have deficits in 2 of 6 Activities of Daily Living, ADLs, (2+ score) or require at least moderate (2+ score) in Behaviors or Memory/Cognition under Supervision.

ACTIVITIES OF DAILY LIVING

I. BATHING

Definition: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.

ADL SCORING CRITERIA

- 0=The client is independent in completing the activity safely.
- 1=The client requires oversight help or reminding; can bathe safely without assistance or supervision, but may not be able to get into and out of the tub alone.
- 2=The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain safety, adequate hygiene and skin integrity.
- 3=The client is dependent on others to provide a complete bath.

Due To: (Score must be justified through one or more of the following conditions)

<p><u>Physical Impairments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Visually Impaired <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Balance Problems <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Falls <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Muscle Tone <input type="checkbox"/>Amputation 	<ul style="list-style-type: none"> <input type="checkbox"/>Open Wound <input type="checkbox"/>Stoma Site <p><u>Supervision:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

II. DRESSING

Definition: The ability to dress and undress as necessary. This includes the ability to put on prostheses, braces, anti-embolism hose or other assistive devices and includes fine motor coordination for buttons and zippers. Includes choice of appropriate clothing for the weather. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.

ADL SCORE CRITERIA

- 0= The client is independent in completing activity safely.
- 1=The client can dress and undress, with or without assistive devices, but may need to be reminded or supervised to do so on some days.
- 2= The client needs significant verbal or physical assistance to complete dressing or undressing, within a reasonable amount of time.
- 3= The client is totally dependent on others for dressing and undressing

Due To: (Score must be justified through one or more of the following conditions)

<p><u>Physical Impairments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Balance Problems <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Fine Motor Impairment <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Bladder Incontinence <input type="checkbox"/>Bowel Incontinence <input type="checkbox"/>Amputation <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Muscle Tone <input type="checkbox"/>Open Wound 	<p><u>Supervision:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

III. TOILETING

Definition: The ability to use the toilet, commode, bedpan or urinal. This includes transferring on/off the toilet, cleansing of self, changing of apparel, managing an ostomy or catheter and adjusting clothing.

ADL SCORE CRITERIA

- 0=The client is independent in completing activity safely.
- 1=The client may need minimal assistance, assistive device, or cueing with parts of the task for safety, such as clothing adjustment, changing protective garment, washing hands, wiping and cleansing.
- 2=The client needs physical assistance or standby with toileting, including bowel/bladder training, a bowel/bladder program, catheter, ostomy care for safety or is unable to keep self and environment clean.
- 3=The client is unable to use the toilet. The client is dependent on continual observation, total cleansing, and changing of garments and linens. This may include total care of catheter or ostomy. The client may or may not be aware of own needs.

Due To: (Score must be justified through one or more of the following conditions)

<p><u>Physical Impairments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Visual Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Fine Motor_Impairment <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Bladder Incontinence <input type="checkbox"/>Bowel Incontinence <input type="checkbox"/>Amputation <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Physiological defect <input type="checkbox"/>Balance <input type="checkbox"/>Muscle Tone <input type="checkbox"/>Impaction 	<ul style="list-style-type: none"> <input type="checkbox"/>Ostomy <input type="checkbox"/>Catheter <p><u>Supervision Need:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

IV. MOBILITY

Definition: The ability to move between locations in the individual's living environment inside and outside the home. Note: Score client's mobility without regard to use of equipment other than the use of prosthesis.

ADL SCORE CRITERIA

- 0=The client is independent in completing activity safely.
- 1=The client is mobile in their own home but may need assistance outside the home.
- 2=The client is not safe to ambulate or move between locations alone; needs regular cueing, stand-by assistance, or hands on assistance for safety both in the home and outside the home.
- 3=The client is dependent on others for all mobility.

Due To: (Score must be justified through one or more of the following conditions)

<p><u>Physical Impairments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Fine or Gross Motor Impairment <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Amputation <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Balance <input type="checkbox"/>Muscle Tone 	<p><u>Supervision Need:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <input type="checkbox"/>History of Falls <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

LONG TERM CARE ELIGIBILITY ASSESSMENT: ADLS (continued)

V. TRANSFERRING

Definition: The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices for transfers. Note: Score client's mobility without regard to use of equipment.

ADL SCORE CRITERIA

- 0=The client is independent in completing activity safely.
- 1=The client transfers safely without assistance most of the time, but may need standby assistance for cueing or balance; occasional hands on assistance needed.
- 2=The client transfer requires standby or hands on assistance for safety; client may bear some weight.
- 3=The client requires total assistance for transfers and/or positioning with or without equipment.

Due To: (Score must be justified through one or more of the following conditions)

<p>Physical Impairments:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Balance Problems <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Falls <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Amputation <input type="checkbox"/>Oxygen Use 	<p>Supervision Need:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <p>Mental Health:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

VI. EATING

Definition: The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew and swallow food. Note: If a person is fed via tube feedings or intravenously, check box 0 if they can do independently, or box 1, 2, or 3 if they require another person to assist.

ADL SCORE CRITERIA

- 0=The client is independent in completing activity safely
- 1=The client can feed self, chew and swallow foods but may need reminding to maintain adequate intake; may need food cut up; can feed self if food brought to them, with or without adaptive feeding equipment.
- 2=The client can feed self but needs line of sight standby assistance for frequent gagging, choking, swallowing difficulty; or aspiration resulting in the need for medical intervention. The client needs reminder/assistance with adaptive feeding equipment; or must be fed some or all food by mouth by another person.
- 3=The client must be totally fed by another person; must be fed by another person by stomach tube or venous access.

Due To: (Score must be justified through one or more of the following conditions)

<p>Physical Impairments:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Visual Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Amputation <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Fine Motor Impairment <input type="checkbox"/>Poor Dentition <input type="checkbox"/>Tremors <input type="checkbox"/>Swallowing Problems <input type="checkbox"/>Choking <input type="checkbox"/>Aspiration 	<ul style="list-style-type: none"> <input type="checkbox"/>Tube Feeding <input type="checkbox"/>IV Feeding <p>Supervision Need:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <p>Mental Health:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

LONG TERM CARE ELIGIBILITY ASSESSMENT: Supervision

VII. SUPERVISION

Behaviors

Definition: The ability to engage in safe actions and interactions and refrain from unsafe actions and interactions (Note, consider the client's inability versus unwillingness to refrain from unsafe actions and interactions).

Scoring Criteria:

- 0=The client demonstrates appropriate behavior; there is no concern.
- 1=The client exhibits some inappropriate behaviors but not resulting in injury to self, others and/or property. The client may require redirection. Minimal intervention is needed.
- 2= The client exhibits inappropriate behaviors that put self, others or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors.
- 3=The client exhibits behaviors resulting in physical harm for self or others. The client requires extensive supervision to prevent physical harm to self or others.

Due To: (Score must be justified through one or more of the following conditions)

<p>Physical Impairments:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Chronic Medical Condition <input type="checkbox"/>Acute Illness <input type="checkbox"/>Pain <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Choking <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Communication Impairment (not inability to speak English) <p>Mental Health:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia <input type="checkbox"/>Mood Instability <p>Supervision needs:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Short Term Memory Loss <input type="checkbox"/>Long Term Memory Loss 	<ul style="list-style-type: none"> <input type="checkbox"/>Agitation <input type="checkbox"/>Aggressive Behavior <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Verbal Abusiveness <input type="checkbox"/>Constant Vocalization <input type="checkbox"/>Sleep Deprivation <input type="checkbox"/>Self-Injurious Behavior <input type="checkbox"/>Impaired Judgment <input type="checkbox"/>Disruptive to Others <input type="checkbox"/>Disassociation <input type="checkbox"/>Wandering <input type="checkbox"/>Seizures <input type="checkbox"/>Self Neglect <input type="checkbox"/>Medication Management
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Comments:

VIII. MEMORY/COGNITION DEFICIT

Definition: The age appropriate ability to acquire and use information, reason, problem solve, complete tasks or communicate needs in order to care for oneself safely.

Scoring Criteria:

- 0= Independent no concern
- 1= The client can make safe decisions in familiar/routine situations, but needs some help with decision making support when faced with new tasks, consistent with individual's values and goals.
- 2= The client requires consistent and ongoing reminding and assistance with planning, or requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision, or is unable to make safe decisions, or cannot make his/her basic needs known.
- 3= The client needs help most or all of time.

Due To: (Score must be justified through one or more of the following conditions)

<p>Physical Impairments:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Metabolic Disorder <input type="checkbox"/>Medication Reaction <input type="checkbox"/>Acute Illness <input type="checkbox"/>Pain <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Alzheimer's/Dementia <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Chronic Medical Condition <input type="checkbox"/>Communication Impairment (does not include ability to speak English) <input type="checkbox"/>Abnormal Oxygen Saturation <input type="checkbox"/>Fine Motor Impairment <p>Supervision Needs:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Disorientation <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Memory Impairment 	<ul style="list-style-type: none"> <input type="checkbox"/>Self-Injurious Behavior <input type="checkbox"/>Impaired Judgment <input type="checkbox"/>Unable to Follow Directions <input type="checkbox"/>Constant Vocalizations <input type="checkbox"/>Perseveration <input type="checkbox"/>Receptive Expressive Aphasia <input type="checkbox"/>Agitation <input type="checkbox"/>Disassociation <input type="checkbox"/>Wandering <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Seizures <input type="checkbox"/>Medication Management <p>Mental Health:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia <input type="checkbox"/>Mood Instability
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Comments:

Assessment Demographics:

Location of Assessment:	Present at Interview:
<input type="checkbox"/> Applicant's private residence/home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital/other health care facility <input type="checkbox"/> Assisted Living <input type="checkbox"/> Agency Office <input type="checkbox"/> Relative's home <input type="checkbox"/> Other: _____	<input type="checkbox"/> Applicant Only <input type="checkbox"/> Caregiver(s) only <input type="checkbox"/> Applicant and caregiver(s) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Applicant and others

Most of the interview information was provided by:

<input type="checkbox"/> Applicant <input type="checkbox"/> Caregiver <input type="checkbox"/> Applicant and Caregiver equally	<input type="checkbox"/> Medical record <input type="checkbox"/> Facility Staff <input type="checkbox"/> Other: _____
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Living Environment:

Safe	<input type="checkbox"/>	Services cannot be delivered here	<input type="checkbox"/>
Safe with feasible modifications	<input type="checkbox"/>	Client needs to move so services can be delivered	<input type="checkbox"/>
Services can be delivered here	<input type="checkbox"/>	Client needs to move to a safer environment	<input type="checkbox"/>
		Special home assessment needed	<input type="checkbox"/>

Adult Protective Services Risk:

Person is known to be a current client of Adult Protective Services (APS) Yes No

Risk Evident During Assessment: (Check any that apply.)

- No risk factors or evidence of abuse or neglect apparent at this time.
 The individual is currently failing or is at high risk of failing to obtain nutrition, self-care, or safety adequate to avoid Significant negative health outcomes.
 Risk factors present; however, LTC services may resolve issues. No APS referral being made at this time.
 There are statements of, or evidence of, possible abuse, neglect, self-neglect, or financial exploitation.

Referring to APS now? Yes No

Advance Directives and Legal Documents:

<input type="checkbox"/>	Living Will: _____
<input type="checkbox"/>	Power of Attorney Financial Power of Attorney: _____ General Power of Attorney: _____ Medical Power of Attorney: _____
<input type="checkbox"/>	Conservator: _____
<input type="checkbox"/>	Guardian: _____

Comments/Narrative: