

## **(CMI) Instructions**

The CMI is an assessment and its purpose is to gather information about the consumer, their condition, situation and environment. This instrument will assist the CM/SC with the development of a care plan and ongoing service coordination/care management for each individual consumer.

This instrument is to be used to supplement the Level of Care Assessment (LOCA). for every consumer whose CM/SC is responsible for the ongoing reassessment of the consumer's ISP in one or more of the following programs

1. **Aging Waiver**
2. **Attendant Care Waiver**
3. **COMMCARE Waiver**
4. **Independence Waiver**
5. **OBRA Waiver**
6. **OPTIONS- NFCE and NFI**
7. **Family Caregiver Support Program**
8. **Domiciliary Care**
9. **Act 150**

**PLEASE NOTE:** Much of the information captured in the LOCA will populate into the CMI. It is the responsibility of the CM/SC to ensure that all sections of the CMI are accurate and completed in the manner described in the instructions below, which correspond with the LOCA Instructions.

### **Section 1: Introduction**

#### **1A: Consumer Identification**

##### **Questions 1-11**

The purpose of this section is to document the following consumer identification information:

**Question 1: Date of Interview:** This is the date that the CM/SC conducted the face-to-face interview with the consumer, completed the CMI and reviewed and signed by the nurse consultant and supervisor.

**Question 2: Consumers Last Name:** Document the last name of the consumer as it appears on his/her birth certificate or SS card.

**Question 3: Consumer's First Name:** Document the first name of the consumer as it appears on his/her birth certificate or SS card.

**Question 4: Consumer's nickname or alias if used:** Document any alias or nickname that the consumer uses

**Question 5: Consumer's middle initial:** Document the consumer's middle initial as it appears on his/her SS card.

**Question 6: Consumer's name suffix:** Document name suffix (e.g. Sr. or Jr.)

**Question 7: Gender:** Document if the consumer is a male or female

**Question 8: Ethnicity:** Document the consumer ethnicity as described by the consumer. Choose only one response (box).

**Question 9: Race:** Document the consumer's race as described by the consumer. Choose only one response (box).

**Question 10: Consumers Social Security Number:** Document the consumer's social security number. The consumer must present their SS number to apply for services in the community or nursing facility.

**Question 11: Medicaid Number:** Document the consumer's Medicaid number.

The Notes sections are to be used to document information that supports the assessment determination and must include the assessor's observations and/or judgments.

## **1B: Consumer Demographics**

### **Questions 1-8**

The purpose of this section is to document the following consumer demographic information:

**Question 1: Consumer's Date of Birth: Using the MM/DD/YYYY format,** document the consumer's date of birth.

**Question 2: Type of Residence:** Document the type of residence that the consumer currently resides in. Check only one response (box).

**Question 3: Consumer's Current Living Arrangements:** Document the consumer's current living arrangements by choosing the appropriate response (box). Check response (box) 0, if the consumer lives alone. Check response (box) 1, if the consumer lives with his/her spouse. This response should be chosen regardless if anyone else also resides with the consumer and his/her spouse (e.g. The consumer lives with his/her spouse and their daughter). Check response (box) 2, when the consumer lives with a child (not spouse). Check

response (box) 3, when the consumer lives with another family member (not spouse or child). Check response (box) 4, when the consumer lives with another person (not a spouse, child or another family member) or resides in a nursing facility, personal care home or domiciliary home

**Question 3: Marital Status:** Record the marital status of the consumer. Choose only one response (box).

**Question 4: Who was the Consumer Referred by:** Document the referral source by choosing the appropriate response (box). If the consumer independently contacted the agency, check the response (box) entitled Self. If the consumer was referred to the agency by a family member, check the response (box) entitled Family. The CM/SC should check the response (box) entitled Hospital, if the consumer was referred to the agency by hospital staff. If staff of a nursing or rehabilitation facility referred the consumer to the agency, the CM/SC should check the response (box) entitled Nursing/Rehab facility. The response (box) entitled Other should be checked if the consumer was referred to the agency by any other persons (other than the ones identified earlier in this listing). If the referral source is unknown or the consumer does not/cannot provide the referral source, the CM/SC should check the response (box) entitled Unavailable.

**Question 5: Is Consumer a Veteran:** Document whether or not (yes or no) the consumer is a veteran.

**Question 6: Type of Communication Assistance Required:** Document the amount of assistance that the consumer requires for communication. If the consumer is unable to communicate, the CM/SC should check the response (box) entitled Unable to communicate. If the consumer can communicate without any assistance, the CM/SC is to check the response (box) entitled No assistance required. If the consumer requires language assistance the CM/SC is to check the response (box) entitled Language assistance. If the consumer requires mechanical assistance with communication, the CM/SC is to check the response (box) entitled Mechanical assistance. The response (box) entitled Language and mechanical assistance should be checked if the consumer requires both language and mechanical assistance with communication.

Use the Notes: clarify type of language assistance, ie interpreter, or mechanical assistance, ie, letter board

**Question 7: Primary Language:** Choose one response (box). Document the consumer's primary language understood and used by the consumer if listed. Use the Notes to document if Primary Language is not already listed.

**1C: Consumer's Residential Address Questions 1-11**

The purpose of this section is to document both the consumer's residential address and the correct address where their mail is to be sent to. The residential and mailing address for consumers is not always the same.

Document completely and accurately the following consumer addresses information:

**Question 1: Residential county: Document consumer's county of residence.**

**Question 2: Residential Street Address:** Document the street address of the consumer's residence.

**Question 3: Residential Address second line if needed: Postal location:** (which should be the city or town).

**Question 4: Residential Municipality (Usually a Township or Boro where consumer votes, pays taxes):**

**Question 5: Residential City/Town:**

**Question 6: Residential State:**

**Question 7: Residential Zip code:**

**Question 8: Directions to the home:** Document the directions the worker would utilize to travel to the consumer's home.

**Question 9: Rural area:** Document if the consumer's residence is in a rural area or not.

**Question 10: Telephone number:** Document the telephone number where the consumer can be most readily reached. This can be the consumer's home or cell phone number.

**Question 11: Voter Registration:** Document outcome when consumer is offered a Voters Registration form.

**1D: Consumer's Mailing Address Questions 1-6**

The purpose of this section is to document the consumer's mailing address which may not be the same as their residential address.

Document completely and accurately the following consumer addresses information:

**Question 1: Postal county: Document consumer's county where mail is sent.**

**Question 2: Postal Street Address: Document the street address of the consumer's residence.**

**Question 3: Postal Address second line if needed: Postal location: (which should be the city or town).**

**Question 4: Postal City/Town:**

**Question 6: Postal State:**

**Question 7: Postal Zip code:**

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#### **Questions 1-4**

The purpose of this section is to document information regarding including who conducted the interview, where the interview was conducted and who was present at the time of the interview.

**Question 1: Planning Service Area (PSA) Number: Document the planning service area number assigned to the agency completing the assessment or document the Service Coordination Agency.**

**Question 2: Where was the Consumer Interviewed: Document the location where the consumer was interviewed. If the consumer was interviewed at his/her home, the CM/SC is to check the response (box) entitled Home. If the consumer was interviewed at the hospital, the CM/SC is to check the response (box) entitled Hospital. The CM/SC is to check the response (box) entitled Nursing facility if the consumer was interviewed at a nursing facility. If the consumer was interviewed at an office, the CM/SC is to check the response (box) entitled Office. Check the response (box) entitled Domiciliary care home if the consumer was interviewed in a Dom Care Home. If the consumer was interviewed in a Personal care home, the CM/SC is to check the response (box) entitled Personal care home. If the consumer was interviewed in a mental health establishment, the CM/SC is to check the response (box) entitled Mental Health establishment. If the consumer was interviewed in a home of a relative or caregiver, check the response (box) entitled Home of relative/caregiver. If the consumer was**

interviewed in a place other than the above listed, check the response (box) entitled Other.

**Question 3: Legal guardian or Durable Power of Attorney:** Document if the individual has a Guardian and or Durable Power of Attorney. Indicate name of guardian and/or Durable Power of Attorney in Notes section.

**Question 4. Representative present at the time of the interview:** Document whether or not (yes or no) a representative was present with the consumer at the time of the interview. In the Notes section, document the first and last name of the representative that was present with the consumer at the time of the interview and their relationship to the consumer.

### **1F: Consumer Emergency Contacts**

#### **Questions 1-9**

The purpose of this section is to document contact information for the person whom the consumer would like to have notified in the event of an emergency. Document the name, relationship to the consumer, address and telephone number of the person that the consumer wants to be contacted in the event of an emergency. In most instances, the primary caretaker or closest significant other's name and address would be entered. If the consumer has a legal guardian or a designated power of attorney, this person should be identified. The information documented must reflect the address or telephone number where the contact can most readily be reached in the case of an emergency.

Document completely and accurately the following consumer emergency contact information:

**Question 1: Name of the emergency contact person:**

**Question 2: Relationship of the person to the consumer:**

**Question3: County:** Document the county the emergency contact resides in.

**Question 4: Address of the emergency contact person**

**Question 5: City or Town:** Document city or town of the emergency contact's location.

**Question 6: State:** Document the state of the emergency contact's location.

**Question 7: Zip Code:** Document the emergency contact's zip code.

**Question 8: Telephone number of the emergency contact person**

If the Emergency Contact's primary telephone number is their cell number, record that\.

**Question 9: Work Telephone number of the emergency contact person**

## **Section 2: Physical Health**

### **2A: Physician Contacts**

#### **Questions 1-11**

The purpose of this section is to document contact information on the physicians who are treating the consumer.

**Question 1: Consumer has primary care physician:** Document whether or not (yes or no) the consumer has a primary care physician.

**Question 2: Primary Care Physician's Name:** Document the first and last name of the consumer's primary care physician.

**Question 3: Primary Care Physician's Work Phone Number:** Document the phone number for the consumer's primary care physician.

**Question 4: Primary Care Physician's Address (Optional):** Document the address of the consumer's primary care physician.

**Question 5: Secondary care (Specialist) Physician's Name:** Document the first and last name of the consumer's secondary care physician.

**Question 6: Secondary care (Specialist) Physician's Work Phone Number:** Document the phone number for the consumer's secondary care physician.

**Question 7: Tertiary care Physician's Name:** Document the first and last name of the consumer's tertiary care physician.

**Question 8: Tertiary care Physician's Phone Number:** Document the phone number for the consumer's tertiary care physician.

**Question 9: How often usually see physician:** Document how frequently the consumer visits their primary care physician.

**Question 10: Reason for Last Visit:** Document the reason for the consumer's last visit to or by his/her primary care physician.

**Question 11: Date of Last Visit:** Document the date that the consumer last visited or was seen by his/her primary care physician. If the exact date is unknown, document an approximation of when the last visit occurred and indicate that that date is an approximation in the Notes section.

**2B: Use of Alternative Care**

**If there is no use of Alternative Care skip to 2C.**

**Questions 1-8 (if combo done between 1 and 2 etc or skip pattern, will have to change this number)**

**Question 1: Uses an alternative medical care practitioner(s):** Document whether or not (yes or no) the consumer uses an alternative medical care practitioner. In the Notes section, the CM/SC is to document the first and last name of the alternative medical care practitioner.

**Question 2: Type of alternative Practitioner:** Document the type of alternative medicine practiced by the practitioner.

**Question 3: Address of Alternative Medical Practitioner:** Document the address of the alternative medical care practitioner.

**Question 4: Telephone Number of Alternative Medical Practitioner:** Document the telephone number of the alternative medical care practitioner.

**Question 5: Name of Secondary Alternative Medical Care Practitioner:** Document the first and last name of the secondary alternative medical care practitioner

**Question 6: Type of alternative Practitioner (Secondary):** Document the type of alternative medical care practitioner for the Secondary Practitioner.

**Question 7: Address of Second Alternative Medical Practitioner:** Document the address of the secondary alternative medical care practitioner.

**Question 8: Telephone Number of Second Alternative Medical Practitioner:** Document the telephone number of the secondary alternative medical care practitioner.

**2C: Use of Medical Services**

## **Questions 1-6**

The purpose of this section is to document all information on the consumer's recent care provided in a hospital or nursing facility.

### **Question 1: Has Received Treatment in a Hospital in the Past 12 Months:**

Document whether or not (yes or no) the consumer received emergent or in-patient treatment as a patient in a hospital in the past 12 months. The Notes section will be used to document the specific type of treatment received in the hospital

Frequent or repeated hospitalizations may indicate that the consumer has an unstable medical condition, or need, that requires different treatment than the consumer is currently receiving.

### **Question 2: In the past 12 months, how Many Times has the Consumer Stayed Overnight In Hospital:**

Document the number or occasions that the consumer stayed overnight in the hospital in the past 12 months. The Notes section must be used to detail the number of times the consumer stayed overnight during each occasion.

### **Question 3: Why was the Consumer Hospitalized in the Past 12 Months:**

Document the reasons for each admission (primary/secondary diagnoses), each date of admission and the name of the facility where the care was received.

### **Question 4: Has the Consumer Resided in a Nursing Facility in the Past 12 Months: Document whether or not (yes or no) the consumer resided in a nursing facility in the past 12 months**

**Question 5: In the Past 12 Months, How Many Days was the Consumer a Resident in a Nursing Facility:** Document the number of days the consumer resided in the nursing facility in the past 12 months. In the Notes section, the assessor/CM/SC is to expand upon this response by adding the actual dates of residency.

**Question 6: Why did the Consumer stay in a Nursing Facility in the Past 12 Months:** Document the reason(s) for admission (primary/secondary diagnoses) and the name(s) of each facility. Include any relevant treatment the consumer received while at the facility that has an impact on their current status.

## **2D: Illness and Conditions**

Questions 1 - 9

The purpose of this section is to document whether or not the consumer has diagnoses or conditions specified in each question and indicate whether or not

the consumer is being treated for the same. The assessor is to choose only one response (box).

The assessor is to document whether the consumer is currently being treated for each diagnosis or condition.

***Not present*** = *The individual has not been diagnosed with a specific medical condition by a skilled medical professional.*

***Present*** = *The individual has a specific diagnosis of a medical condition from a skilled medical professional and is currently being treated for that condition.*

***Consumer reported*** = *The individual and/or supports indicate that the individual has a specific condition, but, the condition has not been formally diagnosed by a physician and/or is not currently being treated. Past medical history or condition can be documented as reported by the individual.*

Past medical history e.g. polio, stroke, fractures and other conditions that produced residual effects on the cognitive and functional levels of the consumer also provide important information and must be documented. The prompting questions were added to assist the assessor in further explaining illnesses/conditions/symptoms during the assessment.

In the Notes section(s) that follow each question the assessor/CM/SC is to document the details of each illness/condition including if and how the illness/condition impacts on the consumer's cognitive and/or functional capacity. The assessor/CM/SC is to document the medical needs created by each illness/condition. The documentation should also include the consumer's prognosis, ongoing treatments and therapies, rehabilitation potential, the severity of all conditions listed and whether medication is given as treatment  
***Simply documenting diagnoses without listing impact and need(s) created is not sufficient information on which to base a level of care and service need recommendation, particularly nursing facility clinically eligible.***

The prompting questions in each section are suggested and not inclusive nor meant to capture all possible conditions.

**Question 1: Eyes:** The purpose of this question is to determine whether or not the consumer has eye problems.

Prompting questions: Do you have glaucoma? Do you have or have you ever had cataracts? Have you had any eye surgeries? Do you have macular degeneration?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts their functional and/or cognitive abilities.

In the Notes section, the CM/SC is to document any medication(s) that are currently being taken by the consumer to treat the consumer's eye problems.

**Question 2: Vision Quality (with glasses or contacts if regularly used):**

Rate the quality of the consumer's eyesight (while wearing his/her contacts or glasses if regularly used) as reported by the consumer or indicated by any other source. If the consumer's vision is good, the CM/SC is to check the response (box) entitled Good. If the consumer's vision is fair, check the response (box) entitled Fair. If the consumer's vision is poor, check the response (box) entitled Poor. If the consumer is blind, the CM/SC is to check the response (box) entitled Blind. If the consumer uses a visual aid to correct impaired vision, the CM/SC is to check the response (box) entitled Aid.

Use the Notes to clarify vision impairments in right, left or both eyes when checking quality as Fair, Poor or Blind. Also record in Notes what type of aide is used, ie reading glasses and if the aid improves vision.

**Question 3: Hearing Ability:** Rate the consumer's hearing (while wearing his/her hearing appliance, if regularly used) as reported by consumer or indicated by any other source. . If the consumer's hearing is good, the CM/SC is to check the response (box) entitled Good. If the consumer's hearing is fair, check the response (box) entitled Fair. If the consumer's hearing is poor, check the response (box) entitled Poor. If the consumer is deaf, the CM/SC is to check the response (box) entitled Deaf. If the consumer uses a hearing aid to correct impaired hearing, the CM/SC is to check the response (box) entitled Uses hearing aid.

Use the Notes to clarify hearing impairments in right, left or both ears when checking quality as Fair, Poor or deaf. Also record in Notes what type of aide is used and if the aid improves hearing or if there are issues/problems with the aid.

**Question 4: Hearing Problems not corrected with aids/devices** The purpose of this question is to determine whether or not the consumer has hearing problems that are not corrected by the use of hearing aids.

Prompting questions: Has your hearing problems been evaluated by a physician? If so, what did he/she determine was the cause of your impaired hearing? Have any aids been tried? Has a physician told you that hearing aids will not correct your hearing impairment?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts their functional and/or cognitive abilities.

In the Notes section, the CM/SC is to document any medication(s) that are currently being taken by the consumer to treat the consumer's hearing problems.

**Question 5: Nose Conditions:** The purpose of this question is to determine whether or not the consumer has nasal (nose) problems.

Prompting questions: Do you have a deviated septum? Have you ever had a broken nose? Do you get frequent nose bleeds?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts their functional and/or cognitive abilities.

In the Notes section, the CM/SC is to document any medication(s) that are currently being taken by the consumer to treat the consumer's nasal problems.

**Question 6: Throat:** The purpose of this question is to determine whether or not the consumer has problems with his/her throat.

Prompting questions: Any difficulty swallowing? Frequent sore throat? Vocal hoarseness? Any surgeries on your throat?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts their functional and/or cognitive abilities.

In the Notes section, the CM/SC is to document any medication(s) that are currently being taken by the consumer to treat the consumer's throat problems.

**Question 7: Speech Quality:** Rate the quality of the consumer's speech as reported by consumer or indicated by any other source. If the consumer's speech quality is good, the CM/SC is to check the response (box) entitled Good. If the consumer's speech quality is fair, check the response (box) entitled Fair. If the consumer's speech quality is poor, check the response (box) entitled Poor. If the consumer is unable to speak or express himself/herself vocally, the CM/SC is to check the response (box) entitled Aphasic.

This question is specific to ability to make sounds for speech. Ability to communicate where expressive aphasia would be an issue should be captured under the diagnosis that prompted the expressive aphasia and/or in question 1, B, 6.

**Question 8: Mouth Conditions:** The purpose of this question is to determine whether or not the consumer has problems with his/her mouth.

Prompting questions: Any ulcers in your mouth? Any blistered areas in your mouth? Any problems with your tongue?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts their functional and/or cognitive abilities.

In the Notes section, the CM/SC is to document any medication(s) that are currently being taken by the consumer to treat the consumer's mouth problems.

**Question 9: Dentition** The purpose of this question is to determine whether or not the consumer has problems with his/her teeth.

Prompting questions: Any difficulty chewing? Do you use denture or a partial plate? Any caps or crowns? Any untreated cavities? Have you had any teeth fall out or break recently? When was your last dental examination?

Rate the quality of the consumer's dentition as reported by consumer or indicated by any other source. If the consumer's dentition is good, the CM/SC is to check the response (box) entitled Good. If the consumer's dentition is fair, check the response (box) entitled Fair. If the consumer's dentition is poor, check the response (box) entitled Poor.

In the Notes section, the CM/SC is to document any medication(s) that are currently being taken by the consumer to treat the consumer's teeth problems.

## **2E: Illness and Conditions, Breast, Cardio-Pulmonary and other Internal Organs**

### **Question 1: Breast Conditions:**

The purpose of this section is to determine whether or not the consumer has any breast conditions.

**Prompting Questions:** Have you ever been told that you have cysts, lumps or nodules in your breasts?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's breast conditions.

**Question 2: Lung/Breathing Problems:**

The purpose of this section is to determine whether or not the consumer has lung/breathing problems.

**Prompting questions:** Do you have difficulties breathing (dyspnea)? Do you have to sit up to breath (orthopnea) more easily? Have you ever suffered sleep apnea (transient loss breath while sleeping)? Do you become short of breath or have difficulty breathing when you complete your normal daily routine (bathing, eating, grooming, dressing)?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's lung/breathing problems.

**Question 3: Heart:**

The purpose of this question is to determine whether or not the consumer has heart problems.

**Prompting questions:** Any heart problems? Angina? Previous heart attack? High blood pressure?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's heart problems.

**Question 4: Circulation Problems:**

The purpose of this question is to determine whether or not the consumer has circulatory problems.

**Prompting questions:** Any circulation problems? Do you ever get much swelling (especially in the ankles)? Any pain or discoloration of your feet? Varicose veins? Blood clots (thrombus (stationary); embolus (moving))?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's circulatory problems.

**Question 5: Lymph Nodes:**

The purpose of this question is to determine whether or not the consumer has any problems with Lymph Nodes.

**Prompting Questions: Have you ever had** Any enlargement of your glands? If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's problems with his/her glands/lymph nodes.

**Question 6: Extremities:**

The purpose of this question is to determine whether or not the consumer has any problems with his/her extremities.

**Prompting Questions:** Is there any paralysis, missing limbs or weakness? If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's problems with his/her extremities. In the Notes section, also specify which extremity has the

problem, the type of problem and extent of impact, ie, right upper extremity limited ROM to 20%

**Question 7: Gastrointestinal Problems:**

The purpose of this question is to determine whether or not the consumer has gastrointestinal problems.

**Prompting questions:** Any stomach or bowel problems? Ever any regurgitation of food or heartburn? Do you have black or bloody bowel movements?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's gastrointestinal problems.

**Question 8: Hernia:**

**The purpose of this question is to determine whether or not the consumer has a hernia(s).**

**Prompting questions:** Have you ever been told that you have a hernia? If so, where? Do you have any problems related to the hernia?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any treatment or medication(s) that are currently being taken by the consumer to treat the consumer's hernia(s).

**Question 9: Prostate Problems (Males Only): This question is skipped if consumer is female**

The purpose of this question is to determine whether or not the consumer has prostate problems.

**Prompting questions:** Any problems urinating? Frequent urination? Have you ever been told that you have an enlarged prostate?

If the consumer does not have this problem, document that the problem is not present. If the consumer does have this problem, determine and document if the consumer is being treated for the problem. Document how the problem impacts on his functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's prostate problems.

**Question 10: Gynecological Problems (Females Only This question is skipped if the consumer is a male.**

The purpose of this question is to determine whether or not the consumer has gynecological problems.

**Prompting Questions: Do you have any vaginal bleeding or discharge? Any gynecological surgeries in the past?** When was your last gynecologic examination?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on her functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's gynecological problems.

**Question 12: Anorectal Disorders:**

The purpose of this question is to determine whether or not the consumer has anorectal problems.

**Prompting Questions: Do you have hemorrhoids? A rectal prolapse? Any type of anal or rectal fistula? Any other anorectal disorder?**

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's anorectal problems.

**2F: Illness and Conditions, General**

**Question 1: Musculoskeletal:**

The purpose of this question is to determine whether or not the consumer has musculoskeletal problems. The Musculoskeletal system is the muscles, tendons, ligaments, bones, joints and associated tissues that move the body and maintain its form.

**Prompting questions:** Do you have pain in your joints? Any aches or pains in old (previous) fracture sites? Any fractures? Any residual effects? Any trouble with your feet? Bunions? Corns?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor/CM/SC is to document any medication(s) that are currently being taken by the consumer to treat the consumer's musculoskeletal problems. Also, specify where the musculoskeletal problem is ie, contractures of right and left hands.

**Question 2: Foot Condition:** The purpose of this question is to determine whether or not the consumer has foot problems that may impair his/her mobility. Prompting questions: Do you have any problems with your feet? Do you see a podiatrist? If so, how often and when was your last visit? Do you have any open areas on your feet? Any amputations?

Rate the quality of the condition of the consumer's feet as reported by consumer or indicated by any other source. If the condition of the consumer's feet is good, the CM/SC is to check the response (box) entitled Good. If the condition of the consumer's feet are fair, check the response (box) entitled Fair. If the condition of the consumer's feet are poor, check the response (box) entitled Poor

In the Notes section, the assessor is to document any treatments or medication(s) that are currently used to treat the consumer's foot problems.

**Question 3: Skin Condition:**

The purpose of this question is to determine whether or not the consumer has any type of skin conditions.

**Prompting questions:** Do you have any skin problems like rashes or pressure sores? Any open wounds? Draining? Weeping?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any treatments or medication(s) that are currently used to treat the consumer's skin problems.

**Question 4: Nervous System:**

The purpose of this question is to determine whether or not the consumer has any type of nervous system problem, which includes the brain, spinal cord, and nerves. A number of diseases can cause impaired function of the nervous system. Parkinson's disease, Huntington's disease, myasthenia gravis, and amyotrophic lateral sclerosis (commonly known as Lou Gehrig's disease) are some of the more severe diseases affecting the nervous system. Strokes, which are related to circulatory disorders, also may have permanent effects on the nervous system.

The assessor is to choose only one response (box).

**Prompting questions:** Have you ever had a stroke (CVA) or mini-stroke (TIA)? Any residual effects? Any tremors? Any seizures? Any paralysis (paraplegia or quadriplegia)?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any treatments or medication(s) that are currently used to treat the consumer's nervous system problems.

**Question 5: Blood disease:**

The purpose of this section is to determine whether or not the consumer has blood diseases. Blood diseases affect the production of blood and its components, such as blood cells, hemoglobin, blood proteins, the mechanism of coagulation, etc. Some examples of blood diseases include anemia, sickle cell disease, conditions affecting the number of platelets or white blood cells, lymphomas, leukemias, myelomas and clotting diseases such as hemophilia.

**Prompting questions:** Any bleeding or blood problems? Have you ever been told that you have "low blood" or a low blood count (anemia)? Do you take an iron supplement? Any blood transfusions?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's blood disease(s).

**Question 6: Endocrine (Glandular) Disorders:**

The purpose of this question is to determine whether or not the consumer has endocrine or glandular problems. Diseases of the endocrine system are common, such as diabetes mellitus and thyroid disease.

**Prompting questions:** Do you have Diabetes Mellitus or high blood sugar? If yes, for how long? Do you take insulin? Do you monitor your blood sugar regularly or as ordered by your physician? Are you on a special diet? Any problems with your thyroid gland? Do you take thyroid medicine? Do you have any swelling under you arms, neck or groin? Do you have an enlarged Prostate gland (for males only)?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's endocrine (glandular) disorders.

**Question 7: Kidney/Urinary Tract Problems:**

The purpose of this question is to determine whether or not the consumer has kidney or urinary tract problems.

**Prompting questions:** Frequent/repeated urinary tract infections? Ever any blood in your urine, frequent burning or itching? Continent or Incontinent? Any kidney or bladder problems? Any urinary retention or frequent urination?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

Incontinence in older persons is usually caused by another medical condition and warrants investigation. Incontinence is not a normal process of aging and many times can be treated. If the consumer is incontinent and it is unclear why the consumer is incontinent, this may warrant a medical evaluation.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's kidney/urinary tract problems.

**Question 8: Cancer, Tumors, Leukemia, Lymphoma, and Hodgkin's:**

The purpose of this question is to determine whether or not the consumer has any type of cancer or tumors.

**Prompting questions:** Has anyone ever told you that you have any type of cancer? What kind? Where? Did you receive treatment?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's cancer.

**2G: Communicable Diseases, Disabilities and Surgeries**

**Question 1: Communicable Diseases:**

The purpose of this question is to determine whether or not the consumer has any communicable diseases

**Prompting Question:** Has the consumer ever had a communicable disease?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the communicable disease.

**Question 2: Other Disabilities or Health Problems**

The purpose of this question is to determine and document other disabilities or health problems not identified elsewhere in the Physical Health section.

Prompting questions: Do you have any other medical problems or needs that have not been previously addressed during this assessment?

If the consumer does not have any other disabilities or health problems, choose the response (box) entitled, not present. If the consumer does have these problems, choose the response (box) entitled Present and document if the consumer is being treated for the problem. Document how this problem impacts their functional and/or cognitive abilities. However, if the consumer reports that he/she has been diagnosed with a disability or reports that he/she is not being treated by a regular plan of care, choose the response (box) entitled Consumer reported.

The Notes section is to be used to describe the disability or health problems and how the problem affects the consumer's functional or cognitive status. this problem impacts on their functional and/or cognitive abilities.

**Question 3: Recent Outpatient Surgeries:** Document whether or not the consumer has had any recent outpatient surgeries. Recent is defined as occurring in the last 3 months. If the consumer has not had any recent outpatient surgeries check the response (box) entitled None. If the consumer has had a recent outpatient surgery, determine if the consumer is still receiving treatment for the problem or surgical site. If the consumer is still receiving treatment, check the response (box) Yes, still being treated. If the consumer is no longer being treated, check the response (box) entitled Yes, no longer being treated.

**Question 4: Describe any recent surgeries:** If the CM/SC indicated in #3 that the consumer did have a recent outpatient surgery, document the date and type of surgery that was performed on the consumer.

**Question 5: Physical Health Score:** Document the consumer's physical health score based on the findings of this assessment. Health is defined as a complete state of physical, mental and social well-being, not just the absence of disease and infirmity. If the consumer is in good physical health, the CM/SC is to check the response (box) entitled Good physical health. If the consumer's physical health is minimally impacted, check the response (box) entitled Mildly impaired. If the consumer's physical health is moderately impacted, check the response (box) entitled Moderately impaired. If the consumer's physical health is severely impacted, check the response (box) entitled Severely impaired.

## **2H: Cognitive and Mental Health Conditions**

The purpose of this section is to gather and document the consumer's cognitive and mental health conditions.

The assessment questions and/or prompting questions included in this section do not include every condition or illness that a consumer may have been diagnosed with by his/her physician. The conditions or illnesses listed represent the more common or well-known diagnoses.

The assessor is to document in the notes section following each question any other diagnosed condition or illness. If the assessor does not know or has questions about where specific medical information should be documented, he/she must speak to the R.N. consultant and obtain further direction.

For questions 3, 4, and 5 of this section: If the consumer indicates that he/she was previously diagnosed with a traumatic brain injury (TBI), mental retardation (MR) or mental illness (MI) but is not being treated at this time, the assessor must document, in the notes sections, the type of treatment recommended and the reason that the consumer is not receiving treatment.

### **Questions 1 – 7**

**Question 1: Psychiatric Disorders:** Determine whether or not the consumer has any type of psychiatric disorders/mental illness. Mental illness is defined as a mental or bodily condition marked primarily by sufficient disorganization of personality, mind, and emotions to seriously impair the normal psychological functioning of the individual. The illness may result in a disruption in a person's thinking, feeling, moods and ability to relate to others.

Prompting questions: Have you ever seen a psychiatrist? Been told that you have any psychiatric problems? Did you receive treatment?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts on their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's psychiatric disorder.

### **Question 2: Dementia:**

The purpose of this question is to determine whether or not the consumer has any type of dementia. Dementia is a deterioration of intellectual faculties, such as memory, concentration and judgment, resulting from an organic disease or a disorder of the brain. It is sometimes accompanied by emotional disturbance and personality changes.

Prompting questions: Do you have problems with your memory? Behavior? What kind? Do you receive treatment?

If the consumer does not have these problems, document that the problems are not present. If the consumer does have these problems, determine and document if the consumer is being treated for the problem. Document how this problem impacts their functional and/or cognitive abilities.

In the Notes section, the assessor is to document any medication(s) that are currently being taken by the consumer to treat the consumer's Dementia.

**Question 3: Traumatic Brain Injury (TBI):**

The purpose of this question is to determine whether or not the consumer has any type of traumatic brain injury. The consumer must have a medically determinable diagnosis of traumatic brain injury. TBI is defined as a sudden insult or damage by an external physical force to the brain or its coverings, not of a degenerative, congenital or post-operative nature, which is expected to last indefinitely and results in substantial functional limitation in three or more of the following major life activities before the age of 22: mobility, behavior, communication, self-care, self-direction, independent living, cognitive capacity (judgment, memory and reasoning).

If the consumer does not have a diagnosis of a TBI by a skilled medical professional, the assessor is to choose the Not Present response (box). If the consumer has been diagnosed with a TBI and is under the regular plan of care by a skilled medical professional, the assessor is to choose the Present response (box).

The Notes section is to be used to document the cause and date of the TBI, the treatment received (including medications) and the extent of which the injury impacts the consumer's functional or cognitive abilities. If the consumer indicates that he/she was previously diagnosed with a traumatic brain injury, however is not being treated at this time, the assessor is to document the type of treatment recommended and the reason that the consumer is not receiving treatment.

**Question 4: Mental Retardation (MR):**

The purpose of this question is to determine if the consumer has mental retardation. Mental retardation is defined as a consumer with sub-average intellectual ability equivalent to or less than an IQ of 70 that is accompanied by significant deficits in abilities (as in communication or self-care) necessary for independent daily living, is present from birth or infancy (condition occurred between the individual's birth and 22<sup>nd</sup> birthday), and is manifested especially by

delayed or abnormal development, by learning difficulties and by problems in social adjustment.

Prompting questions: Were you in special classes when you were in school?

If the consumer does not have a diagnosis of mental retardation (MR) by a skilled medical professional, the assessor is to choose the Not Present response (box). If the consumer has been diagnosed with MR and is under the regular plan of care by a skilled medical professional, the assessor is to choose the Present response (box).

The Notes section is to be used to document the cause of the retardation, the treatment received and the extent of which the injury impacts the consumer's functional or cognitive abilities. If the consumer indicates that he/she was previously diagnosed with MR however is not being treated at this time, the assessor is to document the type of treatment recommended and the reason that the consumer is not receiving treatment.

**Question 5: Autism:**

The purpose of this question is to document if the consumer has any type of autism. Autism Spectrum Disorder ("autism") is a lifelong neurologically based developmental disability characterized by impairment in reciprocal social interactions, impairment in communication, a restricted repertoire of activities and interests, and abnormal or inconsistent responses to sensory stimuli. Sensory-motor impairments cause difficulty in interacting with other people and with the environment

Autism is a distinct developmental disability. Autism differs from mental retardation in that there are uneven areas of strengths and challenges, rather than a generalized delay. A person with autism may have a tested IQ score above 70, the cutoff for mental retardation, and still be functionally disabled.

Prompting questions: Has anyone ever told you that you have any type of autism? What kind? Do you receive treatment?

If the consumer does not have a diagnosis of autism by a skilled medical professional, the assessor is to choose the Not Present response (box). If the consumer has been diagnosed with autism and is under the regular plan of care by a skilled medical professional, the assessor is to choose the Present response (box). If the consumer indicates that he/she was previously diagnosed with autism, however is not being treated at this time, the assessor is to choose the response box entitled Consumer Reported.

The Notes section is to be used to document the treatment received (including medications) and the extent of which the illness impacts the consumer's functional or cognitive abilities.

**Question 6: Irreversible Conditions:**

The purpose of this question is to determine if a consumer that is cognitively impaired has been medically evaluated to rule out that a reversible condition is not causing the impairment.

The assessor is to choose the Yes response (box) if the consumer is cognitively impaired and has been medically evaluated to determine if the cause of the impairment is reversible. If the resident has been medically evaluated, document that the evaluation occurred (yes) and explain the results of the evaluation in the notes section.

The assessor is to choose the No response (box) if the consumer is cognitively impaired, however the impairment has not been medically evaluated to ensure that he condition is not reversible.

If the consumer is unaware if the impairment has been medically evaluated, the assessor is to choose the Unknown response (box).

**Question 7: Supervision:**

The purpose of this question is to document how long the consumer can safely and routinely be left alone at home.

Choose one response (box) that best describes the consumer.

If the consumer can be safely left alone indefinitely, check the response (box) entitled Indefinitely.

If the consumer can be safely left alone for an entire day and overnight, check the response (box) entitled Entire day and overnight.

If the consumer can be safely left alone for eight hour or more – day or night, check the response (box) entitled Eight hours or more – day or night.

If the consumer can be safely left alone for eight hours or more - daytime only, check the response (box) eight hours or more- daytime only.

If the consumer can be safely left alone for a few hours, check the response (box) entitled A few hours.

If the consumer cannot be safely left alone, check the response (box) entitled Cannot be left alone.

**2I: Alcohol, Tobacco and Drug Use:**

The purpose of this section is to ascertain if the consumer has a substance abuse problem.

**Question 1: SUBSTANCE USE: Alcohol:** Document the level of the consumer's alcohol use by selecting the most appropriate response in the answer selection.

**Question 2: SUBSTANCE USE: Tobacco:** Document the level of the consumer's tobacco use by selecting the most appropriate response in the answer selection.

**Question 3: SUBSTANCE USE: Drugs:** Document the level of the consumer's drug use by selecting the most appropriate response in the answer selection.

**Question 4: Treatment/Therapy Status for Alcohol/Drug Program:** Document the status by selecting the most appropriate response in the answer selection.

**2J: Current Medications**

**Questions 1 through 8**

The purpose of this section is to gather all relevant information related to prescription and non-prescription medications.

Document what medications the consumer is currently taking, when and how often they are taken and how they are taken. All medications (non-prescription and prescription) that the consumer is taking must be listed. Prescribed medications include those ordered by a physician to be taken regularly and/or taken on an as needed (PRN) basis.

If a consumer takes different dosages of a certain medication at various times throughout the day, the assessor is to separately list each variation including the name of the medication with the dosage, route, number of tablets, capsules, puffs, etc. and the frequency in which the medication is administered.

The consumer's ability to self-administer medications and his/her ability to comply with a medication regimen may be an important factor in determining level and locus of care and service needs. If the consumer does not self-

administer his/her medications, ask and document who administers the medications, when they are administered and how they are administered.

For consumers that are unable to administer their own medications and has no supports to assist with medication administration there may be an increased possibility that the consumer requires the care and services of a health care professional.

The assessor is to consult with the Nurse Consultant and document the outcome of the consultation when:

- A consumer is exhibiting confusion, depression, or certain physical disorders. These symptoms may actually be the effects of over-medication or drug interaction.
- A consumer is taking more than four prescription medications and/or non-prescription medications. Poly-pharmacy may be an indication of a larger problem.
- Unmet needs, including but not limited to: a lack of monitoring of medications or their respective potential side effects are identified.
- A consumer is not taking his/her medications as directed.
- There is any concern or evidence of possible medication misuse, drug interaction, side effects or multiple prescriptions and document the outcome of the consultation.
- Any other possible medication problems are identified including but not limited to the concerns already described, as well as discrepancies; medications which the consumer does not take as prescribed or does not understand the purpose of; prescriptions over one year old which the consumer continues to use; double prescriptions of the same drug prescribed by different physicians; and non-prescription drugs taken inappropriately or excessively. Non-prescription drugs may include vitamins, laxatives aspirin, cold remedies, sleeping pills, diet medicines, antacids, etc.

If the Nurse Consultant continues to have questions or concerns relative to the above listing, he or she must contact the physician consultant for further guidance and document the outcome of the consultation.

If the assessment is taking place during a home visit, it is advisable to remind the consumer to have all the medication containers ready in advance of the assessment visit. The interviewer can then simply copy the names, dosages, and frequency and administration route from the label of each drug bottle or

container. Ask the consumer to describe his/her medication regime, and document whether the medications are being taken as directed.

Ask whether or not any drugs are kept in a separate place e.g. in the refrigerator. Be sure to ask and document any over-the-counter drugs such as aspirin, laxatives or vitamins and herbs or any other remedies that are being taken. The assessor may assist the consumer in getting medications from cabinets or closets as necessary, but only with the consumer's permission.

If the consumer is institutionalized at the time of the assessment, determine what medications will be taken after discharge. At the time of the interview, the post-discharge medication regimen may not yet be established. If possible, however, the assessor should attempt to distinguish between current medications taken in the institution and medications that may be prescribed after discharge. The consumer is not usually aware of what will be prescribed after discharge; therefore, it may be necessary to obtain this information from a nurse or physician responsible for the consumer's care.

Consumer's who are in a hospital or nursing facility at the time of the assessment may not be permitted to administer his or her own medications. These consumers should be coded based on what they have the ability to do rather than what they actually demonstrate.

**Question 1: Prescribed medications:**

**In section a:** document the name of each prescribed medication and the dosage ordered.

**In section b:** document the code designated to indicate the route of administration for each medication listed in section a.

**In section c:** document the number of tablets/capsules/puffs/etc. taken at the time of each administration.

**In section d:** document the number of times each medication is administered using the designated coding system.

**In section e:** the assessor, SC/CM may document any other relevant or important information provided by the consumer regarding his/her medicinal regime.

**Question 2: Over the counter medications:**

**In section a:** document the name of each prescribed medication and the dosage ordered.

**In section b:** document the code designated to indicate the route of administration for each medication listed in section a.

**In section c:** document the number of tablets/capsules/puffs/etc. taken at the time of each administration.

**In section d:** document the number of times each medication is administered using the designated coding system.

**In section e:** the assessor, SC/CM may document any other relevant or important information provided by the consumer regarding his/her medicinal regime.

**Question 3: Date of Medication Review by Doctor: Document the most recent date that the consumer's medications were reviewed by the physician.** If the exact date of the last review is unknown, an approximation may be used or the CM/SC is document unknown in the Notes section.

**Question 4: Managing Medications:** The purpose of this question is to document the level of assistance the consumer requires in managing his/her medications.

The assessor, SC/CM is to choose only one response (box).

Assistance is defined as the consumer requiring/needing the help of another person for reminders or cueing to take the medications or set up of the medications.

Independently manage his/her medications means that the consumer understands why he/she is taking each medication, when the medication is to be taken, has the ability to set-up and administer each medication and can monitor himself/herself for potential side effects.

If the consumer is able to independently manage his/her own medications, check the response (box) entitled Independent. If this box is chosen, the computer will skip Question 8 of this section. If the consumer requires assistance in managing his/her medications, check the response (box) entitled Assistance needed. If it is unknown if the consumer can manage his/her own medications, check the response (box) entitled Unknown.

**Question 5: Assistance with Medications:**

The purpose of this question is to document the type of help that the consumer needs with his/her medications.

The assessor, SC/CM may choose as many responses that are appropriate to describe the consumer's needs.

Check the Information response (box) if the consumer needs information regarding his/her medications.

Check the Verbal reminders response (box) if the consumer needs verbal reminders to administer his/her medications.

Check the Setup response (box) if the consumer needs his/her medications prepared by another individual.

Check the Administration response (box) if the consumer needs to have the medications administered to him/her by another individual.

Administration is defined as having another individual physically provide (in any form or route) the medications (e.g. place the medications in the consumer's mouth and ensure that the medications are swallowed).

Check the Regular monitoring of effects response (box) if the resident needs another individual to monitor the effects of his/her medications.

**Question 6: Name of Person who Assists with Medications:** Document the name of the person(s) who assist the consumer in the administration of medications as prescribed by the consumer's physician.

**Question 7: Does the Consumer Report Drug Allergy:** Document whether or not (yes or no) the consumer has drug allergies. NEED SKIP PATTERN INFO HERE

**Question 8: Type of reaction:** Document the name of the drug which caused an allergic reaction, the type of reaction experienced and the treatment obtained to address the reaction.

## **2K: Use of Herbs and Other Remedies**

**Question 1: Use of Herbs or Other Remedies to Improve Health:** Document whether or not (yes or no) the consumer uses herbs or other remedies to maintain or improve his/her health.

**Question 2: Describe Herbs and Other Remedies Used:** Document the names of the herbs and/or other remedies taken by the consumer. For each herb or other remedy taken, document the following: the amount that the

consumer takes or dosage, the frequency in which it is taken, the rationale for taking and the effects obtained from each

**Question 3: Why herbs/other remedies taken: Why Herbs and/or Other Remedies Used and How they Help:** Document the consumer's response to the reason for taking herbs and/or other remedies and describe how the consumer feels they help.

**Question 4: Who Recommended the Herbs/Other Remedies:** Document who recommended that the consumer take the herbs and/or other remedies. If the consumer independently initiated taking the herbs/other remedies, check the response (box) entitled Self. If another person or source recommended taking the herb/other remedies, check the response (box) entitled Other and document the person(s) name or the source in the Notes section.

## **2L: Pharmacy**

**Question 1: Name of Pharmacy:** Document the name of the pharmacy that the consumer routinely uses.

**Question 2: Address of Pharmacy:** Document the address of the pharmacy that the consumer routinely uses.

**Question 3: Telephone Number of Pharmacy:** Document the telephone number of the pharmacy that the consumer routinely uses.

## **SECTION 3: Activities of Daily Living (ADLs)**

The purpose of this section is to identify the consumer's ability to perform activities of daily living.

The Notes sections are to be used to document information that supports the assessment determination and must include the assessor's observations and/or judgments.

Deficits in activities of daily living alone will not meet the criteria for nursing facility clinically eligible. The consumer must have a medical condition that is "currently being treated", creates a medical need that requires care and services of a health care professional. The care and services required must be ordered by and provided under the direction of a physician. The services must be required on a regular (scheduled/planned) basis by or under the supervision of a medical professional and required to assist the individual in the context of a planned program of health care management.

### **3A: Activities of Daily Living (ADLs):**

#### **Questions 1-11**

A set of eight items, called ADLs, measure the consumer's ability to perform daily living tasks with reasonable safety. The ADLs include bathing, dressing/undressing, grooming, eating, transferring, toileting and bladder and bowel management.

Each ADL item is rated on a 1 to 5 point scale from "1" which indicates that the consumer performs the task safely and without assistance, to "5" which indicates that the consumer requires maximum assistance or is unable to complete the task at all. The assessor/care manager is to check the response box which best describes the consumer's ability to perform each task.

Consumers who are in a hospital or nursing facility at the time of the assessment may not be permitted to perform certain ADL tasks without assistance. These consumers should be assessed on what they have the ability to do rather than what they actually demonstrate. Although there are situations when the assessor /CM/SC can assess an ADL item without asking the consumer, they are strongly encouraged to review all ADL items with each consumer unless other reliable information is available. It is always better to ask than to assume.

When boxes numbered 2-5 are checked, indicate in the notes section, any additional help or relevant information provided by the consumer regarding his/her ADLs. If a consumer's level of assistance for questions 1-8 are the same rating of responses, ie 4 is checked for questions 1-8, the assessor/CM/SC can document explanation of consumer's needs under question 9 versus repeating the responses under each individual question in the Notes.

The assessor/CM/SC is to select one numbered response (box) for each Activity of Daily Living (ADL) that represents the consumer's level of functioning, regardless of medical condition and prognosis.

#### **Question 1: Bathing:**

Document the consumer's ability to bathe independently. Bathing includes preparing the bath (e.g., turning on the water) and actually washing oneself.

Prompting questions: Do you take a bath by yourself or does someone usually help you? Who helps? How does he/she help? Do you need more help than you usually have? Do you need any special equipment to help you?

If the consumer does not require assistance with bathing or independently takes a sponge bath or bathes at the sink, check the response (box) entitled Independent.

Assistive devices, which are frequently used in bathing, may include tub stool, grab bars, or handle bars at the sink. Small items like mitten wash cloths, long handled brushes or non-slip soap dishes are not considered an assistive device.

If the consumer requires the use of an assistive device, takes a long time to complete the task or does so with great difficulty, check the response (box) entitled Uses assistive device and document the type of device used in the Notes section.

The assessor/CM/SC should check the response(box) entitled Does with supervision, if the consumer is able to bathe, however, requires some help, supervision, set-up, and cueing or coaxing.

If the consumer is able to bathe with hands-on assistance, check the response (box) entitled Does with hands-on help and describe the additional help required in the Notes section.

If the consumer requires maximum assistance (helper does more than one-half of the task) and/or the consumer does not participate in the task, check the response (box) entitled Does with maximum help or does not do at all.

### **Question 2: Dressing:**

Document the consumer's ability to dress independently.

Independence in dressing is defined as getting clothes from closets or drawers and putting them on (including outer garments and utilizing any assistive devices required) and managing fasteners such as buttons, snaps, hooks or zippers.

Prompting questions: Are you able to dress yourself or does someone usually help you? Who helps? How does he/she help? Do you need more help than you usually have? Do you need any special equipment to help you?

If the consumer does not require assistance with dressing and can independently utilize assistive devices, check the response (box) entitled Independent.

If the consumer takes a long time to complete the task or does so with great difficulty, check the response (box) entitled Uses assistive devices.

The assessor/CM/SC should check the response (box) entitled Does with supervision, if the consumer is able to dress however, requires some help, supervision, set-up, cueing or coaxing only.

If the consumer is able to dress with hands-on assistance, check the response (box) entitled Does with hands-on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) and/or does not participate in the task, check the response(box) entitled Does with maximum help.

**Question 3: Grooming:**

Document the consumer's ability to perform daily grooming tasks such as combing and brushing hair, brushing teeth, shaving and putting on makeup.

Prompting questions: Are you able to groom yourself or does someone usually help you? Who helps? How does he/she help? Do you need more help than you usually have? Do you need any special equipment to help you?

If the consumer does not require assistance with grooming and performs the task safely, check the response (box) entitled Independent.

If the consumer uses assistive devices, takes a long time to complete the task or does so with great difficulty, check the response (box) Uses assistive devices.

The assessor/CM/SC should check the response (box) entitled Does with supervision the consumer is able to groom himself/herself however, requires some help, supervision, set-up, cueing or coaxing only.

If the consumer is able to groom himself/herself with hands-on assistance, check the response (box) entitled Does with hands on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) and/or does not participate in the task, check response (box) Does with maximum help.

**Question 4: Eating:**

Document the consumer's ability to feed himself/herself. This item does not refer to meal preparation.

Prompting questions: Are you able to feed yourself or does someone usually help you? Who helps? How does he/she help? Do you need more help than you usually have? Do you need any special equipment to help you?

If the consumer is able to feed himself/herself without assistance, check response (box) entitled Independent.

Assistive devices that may be used include specialized utensils, plates or cups. If the consumer uses assistive devices, takes a long time to complete the task or

does so with great difficulty, check the response (box) entitled Uses assistive device.

The assessor /CM/SC should check the response (box) entitled Does with supervision if the consumer is able to feed himself/herself however requires some help, supervision, set-up, cueing or coaxing only.

If the consumer is able to feed himself/herself with hands-on assistance, check the response (box) entitled Does with hands on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) and/or does not participate in the task, check the response (box) entitled Does with maximum help.

### **Question 5: Transfer:**

Document the level of assistance the consumer needs in transferring.

Prompting questions: Are you able to transfer yourself from the bed to the chair for example or does someone usually help you? Who helps? How does he/she help? Do you need more help than you usually have? Do you need any special equipment to help you?

If the consumer does not require assistance with transfers, check the response (box) entitled Independent.

Special equipment used in transferring includes lifts, hospital beds, sliding boards, trapezes, or pulleys. It does not include the use of a cane, walker or ordinary furniture used for support.

If the consumer uses assistive devices, takes a long time to complete the task or does so with great difficulty, check the response (box) entitled Uses assistive device.

The assessor/CM/SC should check the response (box) entitled Does with supervision if the consumer is able to transfer himself/herself however, requires some help, supervision, set-up, cueing or coaxing only.

If the consumer is able to transfer himself/herself with hands-on assistance, check the response (box) entitled Does with hands on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) and/or does not participate in the task, check the response (box) entitled Does with maximum help.

### **Question 6: Toileting:**

Document the level of assistance the consumer needs with toileting including getting to the bathroom, getting on/off the toilet, performing personal hygiene, managing his/her clothing, and flushing the toilet.

Prompting questions: How do you usually go to the toilet, by yourself or does someone usually help you? Who helps? How does he/she help? Do you need more help than you usually have? Do you need any special equipment to help you? Bedside commode? Bedpan? What do you use during the night?

If the consumer does not require assistance with toileting or independently uses a bedpan or portable commode at night only, the assessor should check the response (box) entitled Independent.

If the consumer uses specialized equipment for toileting including grab bars, a raised toilet seat or a transfer board or takes a long time to complete the task or does so with great difficulty, check the response (box) entitled Uses assistive device.

The assessor/CM/SC should check the response (box) entitled Does with supervision if the consumer is able to toilet himself/herself however, requires some help, supervision, set-up, cueing or coaxing only.

If the consumer is able to toilet himself/herself with hands-on assistance, check the response (box) entitled Does with hands on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) and/or does not participate in the task, check the response (box) entitled Does with maximum help.

### **Question 7: Bladder Management:**

Document the level of assistance that the consumer needs regarding bladder management.

Prompting questions: How often do you urinate? What about at night? Do you ever leak urine when you cough, sneeze or laugh? Do you have a urinary catheter? If so, do you take care of it by yourself or does someone usually help you to care for it? Do you ever have accidents on the way to the bathroom because you couldn't get there fast enough? How often does this happen? Do you use any incontinence products such as pads? If the consumer is incontinent has the consumer been evaluated by a physician to determine cause and/or treatment for the incontinence?

If the consumer is able to manage their bladder function independently and has infrequent or no incontinence episodes, check the response (box) entitled Independent.

If the consumer is able to independently care for or use assistive devices including catheters and/or incontinence products and has no incontinent episodes, check the response (box) entitled Self care.

The assessor /CM/SC should check the response (box) entitled Does with supervision if the consumer is able to manage his/her bladder function however, requires some help, supervision, set-up, cueing or coaxing only and experiences incontinence less than daily.

If the consumer requires hands-on assistance in order to manage his/her bladder function and experiences incontinence less than daily, check the response (box) entitled Does with hands-on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) and/or has daily incontinence episodes, check the response (box) entitled Does with maximum help.

### **Question 8: Bowel Management:**

Document the level of assistance that the consumer needs regarding bowel management.

Prompting questions: Do you have any problems with your bowels? Constipation? Diarrhea? Accidents? How often does this happen? What do you usually do to manage your bowels? Do you have a colostomy or ileostomy? If so, do you take care of it yourself or do you usually have someone help you to care for it?

If the consumer is able to manage their bowel function independently and has infrequent or no incontinence episodes, check the response (box) entitled Independent.

If the consumer is able to independently care for or use assistive devices including medications and/or incontinence products and has no incontinent episodes, check the response (box) entitled Self care.

The assessor/CM/SC should check the response (box) entitled Does with supervision if the consumer is able to manage his/her bowel function however, requires some help, supervision, set-up, cueing or coaxing only and experiences incontinence less than daily.

If the consumer requires hands-on assistance in order to manage his/her bowel function and experiences incontinence less than daily, check the response (box) entitled does with hands on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) and/or has daily incontinence episodes, check the response (box) entitled Does with maximum help.

**Question 9 Additional comments regarding ADLs:**

Document any additional comments regarding the consumer's ADLs.

**Question 10 ADL questions answered:**

No response is required. This indicator is generated from the responses to questions Section 3A, question 1 through 8 and Section 4A, question 1.

If all PA ADL questions were answered, the computer will enter True as a response.

If no response is entered (area is blank), one or more of the PA ADL questions were not answered. If this occurs, the assessor is to review each ADL and answer any and all questions previously left unanswered.

**Question 11: ADL Score:** Document the consumer's ADL capacity, based on this assessment, by indicating the most appropriate response in the answer selection. If the consumer is independently capable of performing ADLs, check the response (box) entitled Excellent ADL capacity. If the consumer's requires minimal assistance while performing ADLs, check the response (box) entitled Good ADL capacity. If the consumer requires moderate assistance while performing ADLs, check the response (box) entitled Moderately impaired ADL capacity. If the consumer's ability to perform ADLs is severely impaired, check the response (box) entitled Severely impaired ADL capacity. If the consumer requires total assistance with ADLs, check the response (box) entitled Completely impaired ADL capacity.

**SECTION 4: Mobility**

**4A: Consumer Mobility**

**Questions 1-8**

The assessor /CM/SC is to choose one numbered response (box) for each question regarding mobility status that best describes the consumer's ability to perform each task.

A bed bound consumer is defined as an individual who cannot get out of the bed/chair without the assistance of another person. Without this assistance, the consumer would remain in the bed/chair. This definition should not be confused with how the consumer transfers or moves about once the consumer is out of the bed/chair.

Non-ambulatory means the consumer, after rising from the bed/chair (assisted or non-assisted) cannot walk without the assistance of another person.

The assessor/CM/SC can evaluate a consumer's mobility through observation and questioning. If the consumer is willing, the assessor must ask for a demonstration of walking or wheeling ability across a room and back.

Evaluate the consumer's ability to walk steadily. Ask about endurance, i.e., can the consumer walk distances (approximately 100 feet on a level ground or a city block can be used as examples). Describe the details of indoor/outdoor mobility if there are significant differences.

If boxes numbered 2-5 are checked, indicate in the Notes section, how the consumer currently manages the task and any additional help or relevant information provided by the consumer regarding his/her mobility.

The notes sections are to be used to document information that supports the assessment determination and must include the assessors' observations and/or judgments.

### **Question 1: Walking indoors:**

Document the level of assistance that the consumer requires while walking indoors.

Prompting questions: How do you usually get around indoors? Do you use a walker? Cane? Quad cane? Wheelchair? Hold onto the furniture? How difficult is it? Who helps you get around indoors?

If the consumer is able to independently and safely walk indoors, check the response box entitled Independent.

If the consumer uses assistive devices including a cane or walker, takes a long time to complete the task or does so with great difficulty, check the response (box) entitled Uses assistive device.

The assessor /CM/SC should check the response (box) entitled Does with supervision if the consumer is able to walk indoors however, requires some help, supervision, set-up, cueing or coaxing only.

If the consumer requires hands-on assistance in order to walk indoors, check the response (box) Does with hands-on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) or the consumer is unable to perform or complete the task at all, check the response (box) entitled Does with maximum help.

**Question 2: Bed Bound:**

Document if the consumer is bed bound and non-ambulatory (yes or no). *If the assessor chooses Yes as the response, the computer will skip to 5A - Question 1.*

**Question 3: Walk Outdoors:**

Document the level of assistance that the consumer requires while walking outdoors.

Prompting questions: How do you usually get around outdoors? Do you walk as far as one city block?

If the consumer is able to independently and safely walk outdoors, check the response (box) entitled Independent.

If the consumer uses assistive devices including a cane or walker, takes a long time to complete the task or does so with great difficulty, check the response (box) entitled Uses assistive device.

The assessor /CM/SC should check the response (box) entitled Does with supervision if the consumer is able to walk outdoors however, requires some help, supervision, set-up, cueing or coaxing only.

If the consumer requires hands-on assistance in order to walk outdoors, check the response (box) entitled does with hands-on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) or is unable to perform or complete the task at all, check the response (box) entitled Does with maximum help.

**Question 4: Climb Stairs:**

Document the level of assistance that the consumer requires while climbing a flight of stairs.

Prompting questions: Do you usually go up and down a flight of stairs? Do you go up and down a few stairs? Who helps you? How difficult is it? Do you have handrails on both sides of the stairs?

If the consumer lives in a dwelling unit without stairs, determine whether or not he/she can climb stairs if necessary.

If the consumer is able to independently and safely climb stairs, check the response (box) entitled Independent.

If the consumer uses assistive devices such as lift chair, takes a long time to complete the task or does so with great difficulty, check the response (box) entitled Uses assistive device.

The assessor /CM/SC should check the response (box) entitled Does with supervision if the consumer is able to climb stairs however, requires some help, supervision, set-up, cueing or coaxing only.

If the consumer requires hands-on assistance in order to climb stairs, check the response (box) entitled Does with hands-on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) or is unable to perform or complete the task at all, check the response (box) entitled Does with maximum help.

### **Question 5: Wheel in Chair:**

Document the consumer's ability to use a wheelchair independently.

Prompting questions: Do you usually wheel in the chair by yourself or with help? Who helps you? Do you wheel up curbs and over thresholds? When did you start using the wheelchair? Why? Did you have physical therapy to show you how to use it safely?

If the consumer is able to independently and safely use a wheelchair, check the response (box) entitled Independent.

If the consumer takes a long time to complete the task or does so with great difficulty, check the response (box) entitled Uses assistive device.

The assessor / CM/SC should check the response (box) entitled Does with supervision if the consumer is able to use the wheelchair however, requires some help, supervision, set-up, cueing or coaxing only.

If the consumer requires hands-on assistance in order to use the wheelchair, check the response (box) entitled Does with hands-on help.

If the consumer requires maximum assistance (helper does more than one-half of the task) or is unable to perform or complete the task at all, check the response (box) entitled Does with maximum help.

**Question 6: At Risk of Falling:**

Document if the consumer is at risk of falling (yes or no).

Factors that may render a consumer at risk for falls include but are not limited to: poor health or declining health, impaired balance, decreased strength and/or flexibility, decreased vision, improper footwear or assistive equipment, medications, or environmental hazards such as wet or slippery floors, clutter or throw rugs. This item requires the assessor/CM/SC to make a judgment, regarding the consumer's risk for falls, based on observations or information provided by the consumer or significant others.

**Question 7: Fallen Recently:**

Document whether or not the consumer has fallen recently (yes or no). Recently is defined as within the last three months.

Prompting questions: Have you fallen during the past three months? How often? Where did you fall? What were you doing at the time? Did you faint or lose consciousness? Were you injured in the fall(s)? Could you get back up by yourself? Did a physician see you or did you go to the emergency room to be evaluated after your fall? Do you do anything special to prevent falls?

**Question 8: Comments on mobility**

Document any additional comments regarding the consumer's mobility. If there are any medical restrictions on the consumer's mobility, they can be recorded here e.g., although the consumer may be able to climb stairs, the physician may limit stair climbing to once per day: or the consumer may be able to walk outdoors but due to medication or other complications, the physician's order may indicate that the assistance of another person is to be utilized when the consumer is outdoors. If there is an unmet need or potential for the use of an assistive device, the assessor must record the information in the Notes section.

**Question 9: Mobility Score:** Document the consumer's mobility capacity, based on this assessment, by indicating the most appropriate response in the answer selection. If the consumer is independently mobile, check the response (box) entitled Independent. If the consumer uses an assistive device for mobility or does independently but with great difficulty, check the response (box) entitled Assistive device. If the consumer has difficulty with mobility and requires supervision, check the response (box) entitled With difficulty. If the consumer

requires hands-on assistance for mobility, check the response (box) entitled Hands-on assistance. If the consumer is totally dependent for mobility, check the response (box) entitled Maximum assistance.

## **SECTION 5: Instrumental Activities of Daily Living (IADLs)**

### **Questions 1-10**

Deficits in instrumental activities of daily living (IADLs) will not meet the criteria for nursing facility clinically eligible.

**The information obtained in this section, including deficits in IADLs, will not be used to determine level of care however, will be taken into consideration while planning care and services for consumers that are Nursing Facility Ineligible (NFI).**

IADLs include tasks which are not necessarily done everyday, but which are important to independent living. These tasks include preparing meals, doing housework, laundry, shopping, using transportation, managing money, using the telephone and doing home maintenance. The ability to perform IADL tasks can help an assessor determine the impact of physical and mental impairments, since performance of these tasks requires a combination of memory, judgment and physical ability.

There may be instances in which the consumer has no opportunity to perform IADL tasks. For example, some consumers do not prepare meals because a spouse or other relative (who lives with them) routinely does this task. In the same way, consumers who are in an institution at the time of the assessment have no regular opportunity to cook, clean, do laundry or shop. Therefore, when administering the IADL questions, it is very important for the assessor to stress the ability of the consumer to perform the task.

The assessor/CM/SC is to choose one response (numbered box) for each IADL that best describes the consumer's ability to perform each task. Record the identity of helpers, if any, in the additional space provided.

If boxes numbered 2-4 are checked, indicate in the Notes section how the consumer currently manages the task and any additional help or relevant information provided by the consumer regarding his/her IADLs. . If a consumer's level of assistance for questions 1-8 are the same rating of response, ie 3 is checked for questions 1-8, the assessor/CM/SC can document explanation of consumer's needs under question 9 versus repeating the responses under each individual question in the Notes.

The notes sections are to be used to document information that supports the assessment determination and must include, the assessor's observations and/or judgments.

**Question 1: Meal Preparation:**

Document the consumer's ability to prepare meals.

Prompting questions: Do you prepare light meals and snacks? Do you prepare whole meals? Do you have trouble using any of your kitchen appliances? Can you use a microwave oven?

If the consumer is able to independently prepare, cook and serve meals, check the response (box) entitled Independent.

If someone brings meals to the consumer, which the consumer reheats, this is considered help with meal preparation and the assessor/CM/SC should check the response (box) entitled Independent but the great difficulty.

The assessor/CM/SC should check the response (box) entitled With the Assistance of a helper if the consumer is able to prepare meals however needs the assistance of a helper to complete the task.

If the consumer is unable to prepare meals of the consumer's helper does this task, check the response (box) entitled Unable.

**Question 2: Doing Housework:**

Document the consumer's ability to do housework.

Prompting questions: Are you able to do light housework, such as washing dishes or straightening up? Are you able to do heavy housework, such as cleaning floors, vacuuming?

If the consumer is able to independently do light housework such as dusting and washing dishes, check the response (box) entitled Independent.

If the consumer does light housework with great difficulty or with mechanical help, check the response (box) entitled Independent but with great difficulty.

The assessor/CM/SC should check the response (box) entitled With the assistance of a helper if the consumer is able to do housework however needs the assistance of a helper to complete the task.

If the consumer is unable to do housework and consumer's helper does this task, check the response (box) entitled Unable.

**Question 3: Doing Laundry:**

Document the consumer's ability to do laundry.

Prompting questions: How do you do your laundry? Where do you do it?

If the consumer lives with others and does not do his/her own laundry, be sure to ask and document whether he/she could do laundry.

If the consumer is able to independently do laundry, check the response (box) entitled Independent.

If the consumer does laundry with great difficulty or with mechanical help, check the response (box) entitled Independent but with great difficulty.

The assessor/CM/SC should check the response (box) entitled With the assistance of a helper if the consumer is able to do housework however needs the assistance of a helper to complete the task.

If the consumer is unable to do laundry and consumer's helper does this task, check the response (box) entitled Unable.

**Question 4: Shopping:**

Document the consumer's ability to shop. This item does not include transportation to and from the store. It is important to determine and record whether the consumer would be able to shop by himself or herself, regardless of whether he/she currently has help with transportation.

Prompting questions: How do you usually do your grocery shopping? Other shopping?

If the only assistance required is transportation and the consumer is able to independently grocery shop and complete errands, check the response (box) entitled Independent and record in the Notes section, that transportation is needed.

However, if the person who provides the transportation also carries the groceries to the car and into the home (great difficulty or with mechanical help), the response (box) entitled Independent but with great difficulty should be checked.

The assessor/CM/SC should check the response (box) entitled With the assistance of a helper if the consumer is able to shop however needs the assistance of a helper to complete the task.

If the consumer is unable to shop and consumer's helper does this task, check the response (box) entitled Unable.

**Question 5: Using Transportation:**

Document the consumer's ability to use transportation taking into account both the consumer's access to a means of transportation, as well as his/her physical or mental ability to use transportation.

Prompting questions: What kind of transportation do you usually use? Do you drive? Own a car? Can you travel in a car, van or taxi if someone goes with you? If the consumer says he/she never goes out, ask how do you get to the doctor?

For a consumer who is completely able to travel in a car, bus, taxi or senior van without assistance and has access to at least one of these methods on a regular basis, check the response (box) entitled Independent.

If a consumer requires help with transportation, check the response (box) entitled Independent but with great difficulty. Help with transportation may include but is not limited to: the use of a senior van or bus services, a volunteer or friend who drives the consumer to or from his/her destination, help in/out of a cab or other vehicle, an escort on public transportation, etc.

The assessor/CM/SC should check the response (box) entitled With the assistance of a helper for the consumer who requires transportation and/or escort services.

If a consumer is completely unable to travel, check the response (box) entitled Unable. This type of consumer is usually a severely impaired individual who requires occasional specialized or medical transport to doctor's appointments.

**Question 6: Managing Money:**

Document the consumer's ability to keep track of their money including paying bills, writing checks, handling cash transactions and making change.

Prompting questions: Do you usually manage you own money or does someone help you? Do you write checks and pay bills?

If the only help a consumer needs is transportation (to the bank for example) however, the consumer is able to handle routine financial transactions independently, check the response (box) entitled Independent.

If a consumer's can make day-to-day purchases, handle cash and are able to count money and make change; however, cannot write checks and/or pay bills

without help, check the response (box) entitled Independent but with great difficulty.

The assessor/CM/SC should check the response (box) entitled With the assistance of a helper for consumers who need the assistance of another person for money management. If a consumer is completely unable to manage money, check the response (box) entitled Unable.

**Question 7: Using Telephone:**

Document the consumer's ability to use the telephone including getting telephone numbers and placing calls independently. If the consumer does not have a telephone, ask about his/her ability to use a telephone in another location.

Prompting questions: Do you answer the telephone yourself? Can you call the Operator? Do you use any special equipment on you telephone? Need any?

If the consumer can use the telephone independently, check the response (box) entitled Independent.

If the consumer uses the telephone with great difficulty or with mechanical help, check the response (box) entitled Independent but with great difficulty. Common mechanical assistive devices include amplifiers for consumers with speech or hearing impairments, enlarged dials or push buttons for consumers who are visually impaired. If a consumer uses specialized equipment, note which type and code the answer based on his/her ability to use the telephone with the specialized equipment.

The assessor /CM/SC should check the response (box) entitled With the assistance of a helper if the consumer is able to use the telephone however, needs the assistance of a helper to complete the task.

If the consumer is unable to answer the telephone or dial the operator in an emergency, check the response (box) entitled Unable.

**Question 8: Home Maintenance:**

Document the consumer's ability to do home maintenance. Home maintenance is defined as chores/activities, including yard work and washing windows that are completed less frequently than routine tasks such as dusting, vacuuming, etc.

Prompting questions: Do you usually do the household chores, such as taking out the garbage? Do you do minor repairs around the house? Yard work? Gardening?

Revised 11/03/2010

If the consumer does home maintenance or household chores independently, check the response (box) entitled Independent.

If the consumer does these tasks independently but with great difficulty or with mechanical help, check the response (box) entitled Independent but with great difficulty.

The assessor /CM/SC should check the response (box) entitled With the assistance of a helper if the consumer does the home maintenance with the assistance of a helper.

If the consumer is unable to complete the tasks or the tasks are done by a helper, check the response (box) entitled Unable.

**Question 9: Additional comments regarding IADLs:**

Document any additional comments regarding the consumer's IADLs.

**Question 10: IADL questions answered:**

No response is required.

If all PA IADL questions were answered, the computer will enter True as a response.

If no response is entered (area is blank), one or more of the PA IADL questions were not answered. If this occurs, the assessor is to review each ADL and answer any and all questions previously left unanswered.

**Question 11: IADL Score:** Document the consumer's IADL capacity, based on this assessment, by indicating the most appropriate response in the answer selection. If the consumer is independently capable of performing IADLs, check the response (box) entitled Excellent IADL capacity. If the consumer's requires minimal assistance while performing IADLs, check the response (box) entitled Good IADL capacity. If the consumer requires moderate assistance while performing IADLs, check the response (box) entitled Moderately impaired IADL capacity. If the consumer's ability to perform IADLs is severely impaired, check the response (box) entitled Severely impaired IADL capacity. If the consumer requires total assistance with IADLs, check the response (box) entitled Completely impaired IADL capacity.

**Section 6: Nutrition**

**6A: Dietary Habits**

The purpose of this section is to obtain information regarding the consumer's dietary habits. These habits may influence or be influenced by the consumer's physical health. The assessor/CM/SC needs to get a general sense of the significance of these habits in order to determine whether a problem exists.

**Question 1: Appetite:** Document whether or not (yes or no) the consumer has a good appetite as reported by the consumer.

**Question 2: Describe typical breakfast:** Document what the consumer typically has for breakfast.

**Question 3: Describe typical Lunch:** Document what the consumer typically has for lunch.

**Question 4: Describe typical Dinner:** Document what the consumer typically has for dinner

**Question 5: Food not eaten:** Document whether or not (yes or no) the consumer does not eat certain foods due to religious practices/cultural norms In the Notes section, document the specific food item(s) that the consumer will not eat because of religious or cultural reasons.

**Question 6: Uses dietary supplements:** Document whether or not (yes or no) the consumer uses any dietary supplements. If the consumer does use dietary supplements, indicate who recommended the supplements in the Notes section.

**Question 7: Food Allergies:** Document whether or not (yes or no) the consumer has food allergies. If the consumer reports that he/she does have allergies to certain foods, document the specific foods, the associated reaction and the type of treatment(s) obtained to address the reaction

**Question 8: Special diet for medical reasons:** Document whether or not (yes or no) the consumer was prescribed a special diet by a physician. If the consumer was prescribed a certain diet, document the reason for the special diet and the type of diet in the Notes section.

**Question 9: Ability to follow special diet:** Document the level of compliance maintained by the consumer regarding the physician ordered special diet. If the consumer is not ordered a special diet, check the response (box) entitled Not applicable. If the consumer does not always or fully adhere to the specialized diet, check the response (box) entitled Partial adherence. If the consumer always adheres fully to the specialized diet, check the response (box) entitled Full adherence. If the consumer has been ordered to maintain a special diet, however the consumer does not follow the diet at all, check the response (box) entitled Ordered, not followed.

**Question 10: Height in inches:** Document the consumer's height in inches

**Question 11: Weight in pounds:** Document the consumer's weight in pounds.

**Question 12: Comments/concerns regarding the consumer's nutritional status:** Document any identified concerns regarding the consumer's nutritional status.

## **6B: Nutritional Risk Assessments**

**Question 1: Changes in lifelong eating habits because of health problems:** Document whether or not (yes or no) the consumer has had any changes in their eating habits due to a health problem. If the consumer indicates that there have been changes, document the reason for the changes and any treatments/interventions used to address the problem(s) in the Notes section.

**Question 2: Eats fewer than two meals per day:** Document whether or not (yes or no) the consumer eats at least two meals per day. If the consumer indicates that he/she does not eat at least two meals per day, document the reason in the Notes section.

**Question 3: Eats fewer than two servings of dairy products every day:** Document whether or not (yes or no) the consumer eats fewer than two servings of dairy products (such as milk, yogurt or cheese) per day. If the consumer indicates that he/she eats less than two servings each day, document the reason in the Notes section.

**Question 4: Eats fewer than 5 servings of fruits or vegetables per day:** Document whether or not (yes or no) the consumer eats less than five servings (1/2 cup each) of fruits or vegetables each day. If the consumer indicates that he/she eats less than five servings each day, document the reason in the Notes section.

**Question 5: Has three or more drinks of beer, liquor or wine almost every day:** Document whether or not (yes or no) the consumer has three or more drinks of beer, liquor or wine almost every day. If the consumer indicates that he/she does have three or more drinks almost daily, document the type and the amount of each type of each drink that is consumed each day.

**Question 6: Trouble eating well due to problems with chewing/swallowing:** Document whether or not (yes or no) the consumer has trouble eating due to difficulty with chewing and/or swallowing. If the consumer indicates that he/she does have trouble, document the reason for the difficulty and what treatment/intervention is used to address the cause.

**Question 7: Not enough money to buy food:** Document whether or not (yes or no) the consumer is sometimes unable to buy food because he/she does not have enough money.

**Question 8: Eats alone most of the time:** Document whether or not (yes or no) the consumer eats alone most of the time. Document in the Notes section if the consumer chooses to eat alone or would prefer not to eat alone.

**Question 9: Takes 3 plus different prescribed or OTC drugs per day:** Document whether or not (yes or no) the consumer takes three or more different prescription or over-the-counter (OTC) drugs per day

**Question 10: Weight loss or gain:** The purpose of this question is to determine if the consumer has had a change (increase or decrease) in his/her weight. Weight changes can be caused by undiagnosed medical conditions, medications or worsening of a current medical condition. Weight changes can be a symptom that may indicate instability of the consumer's conditions.

Document if the consumer has lost or gained ten pounds in the past six months without attempting to do so.

Prompting questions: Have you recently (last six months) lost or gained weight without any changes to your diet or exercise? Do you know why your weight has gone up or down?

Check the appropriate (yes) box indicating whether the consumer has gained or lost ten pounds or check the response (box) (no) that indicates that the consumer has not gained or lost ten pounds in the past six months.

**Question 11: How many pounds lost or gained in last 6 months:** Document the number of pounds lost or gained in the last six months.

**Question 12: Reason for weight change in past 6 months:** Document the weight increase or decrease as reported by the consumer.

**Question 13: Physically able to shop, cook and/or feed themselves:** Document whether or not (yes or no) the consumer is always able to shop, cook and feed themselves or get someone to do the tasks for them. If the consumer indicates that he/she cannot always complete these tasks (or have someone do the tasks for them), document which task(s) cannot be consistently completed and the reason why they can't be completed in the Notes section.

**Question 14: No response is required.** This indicator is generated .

## **Section 7: Cognitive Functioning**

### **7A: Consumer Cognitive**

#### **Questions 1 - 4**

**Question 1: Consumer alert and without cognitive impairment:** Document the consumer's cognitive status. If the consumer presents as alert, oriented and without cognitive impairment, check the response (box) entitled No apparent problem. If the consumer has some degree of cognitive impairment however, most of the time is alert and oriented, check the response (box) entitled Sometimes a problem. If the consumer is frequently or routinely cognitively impaired and/or not oriented, check the response (box) entitled Often a problem.

Document in the notes if boxes 1 or 2 are checked, how the consumer presents with a cognitive impairment, ie, alert and oriented to self only.

**Question 2: Consumer's ability to judge safety:** Document the consumer's ability to judge safety. If the consumer is able to consistently make good safety judgments, check the response (box) entitled No apparent problem. If the consumer at times has poor safety awareness or makes poor safety judgments, check the response (box) entitled Sometimes a problem. If the consumer has poor safety awareness or judgment, check the response (box) entitled Often a problem.

Document in the notes if there have been indications of unsafe judgment and impact on consumer's ability to function. Include examples when available.

**Question 3: Consumer understands the consequence of decisions:** Document the consumer's ability to understand the consequences of his/her decisions. If the consumer is always able to understand the consequences, check the response (box) entitled No apparent problem. If the consumer at times would not be able to understand the consequences, check the response (box) entitled Some times a problem. If the consumer is or would be consistently unable to understand the consequences, check the response (box) Often a problem.

Document in the Notes if there is indication of difficulty understanding consequences and the impact on the consumer's functioning. Include examples when available.

**Question 4: Information sources for consumer's cognitive status:** Please indicate the information source that was used to assess the consumer's cognitive status. If the consumer answered questions 1 –3 in this section, check the response (box) entitled Consumer. If a family member answered the previous questions (1-3) regarding the consumer's cognitive status, check the response

(box) entitled Family. If the assessor/CM/SC reviewed the consumer's medical record or case record to answer the questions, check the response (box) entitled Case record/medical record. If a provider was the source of the information, check the response (box) entitled Provider. If the assessor/CM/SC observed the consumer during the interview, check the response (box) entitled Observation. If the assessor/CM answered the questions by obtaining information from another source, check the response (box) entitled Other and document the source in the Notes section.

## **7B: Short Portable Mental Status Questionnaire**

Question 1: Consumer knows today's date: The answer is correct if the person provides the exact month, day, and year. If the person offers only the month and date, the interviewer should ask, "And what is the year?"

Question 2: Consumer knows the day of the week: The correct day, Monday, Tuesday, etc., must be given.

Question 3: Consumer knows the location: Any accurate description of the location is considered correct. For example, if the interview is taking place in the person's home, and the person says "my home," this is considered correct. The name of the town or city, or (if institutionalized) the name of the hospital or nursing facility can also be accepted as correct answers.

Question 4: Consumer knows the telephone number: The person's telephone number can be considered correctly answered when the interviewer can verify the number the person offers. The interviewer can verify the number via the phone console, the phone book, or other records. If none of these methods are possible, the phone number can be checked by asking the person to repeat his/her phone number later during the interview. If the person repeats the same number as earlier, the interviewer should consider this correct.

Question 4a: If the person has no phone, the interviewer should ask question 4a, "WHAT IS YOUR STREET ADDRESS" in place of the phone question. Do not ask question 4a if the person has a phone.

Question 5: Consumer knows age: Score correct or incorrect according to person's actual age on the day of the interview.

Question 6: Consumer knows date of birth: Score correctly if the person gives the correct month, day and year. Interviewer should be able to verify this date based on Intake data, report of significant other, or hospital/medical records.

Question 7: Consumer knows current President: The correct last name of the current President is required.

Question 8: Consumer knows previous president: Only the last name of the previous President is required.

Question 9: Consumer knows mother's maiden name: Score the person correct if a female first name is given with a last name other than the consumer's last name.

Question 10: Subtraction Test: Subtract 3 from 20 etc.: Read this question exactly as printed. You may repeat it if necessary or you may offer the probe, "Can you subtract three from 20? And three from that?" The person must get the entire series correct to be scored correct (17, 14, 11, 8, 5, 2).

### **7C: SPMSQ Results**

Question 1: Consumer Subtraction Test Result: Record whether the client correctly answered the test.

Question 2: Highest grade consumer completed in school

Before determining the SPMSQ score be sure to ask the person what is the highest grade completed in school.

Add up the total number of errors checked in the far right-hand column. Put the total at the bottom on the line designated "Total Number Errors." The facing page provides a scoring guide developed by Eric Pfeiffer to help evaluate the results of the SPMSQ. Subtract one point from the number of errors if the person has had a grade school education (up to an 8th grade education or less). Add one point to the error score if the subject has had education beyond high school (e.g., one or more years of college or professional school). Information relating to education may be found in the previous section, Social Participation. For example, a person with 3 errors on the SPMSQ who had received one year of college education would be given a score of 4. A person with 3 errors who dropped out of school in the 5th grade would be given a score of 2. This scoring technique adjusts in the SPMSQ for the biasing effects of educational background. This adjusted score can be compared to the recommended scoring guidelines provided:

- 0 -2 errors -intact intellectual functioning
- 3 -4 errors -mild intellectual impairment
- 5 -7 errors -moderate intellectual impairment
- 8 -10 errors -severe intellectual impairment

Interviewers should note that these are only guidelines. The SPMSQ should not be used to make a definitive diagnosis of cognitive impairment, dementia, O8S,

etc. However, poor performance on the SPMSQ is highly correlated with the presence of cognitive disorders and therefore, high SPMSQ error scores suggest a possible need for further medical and/or psychiatric evaluation.

### **Section 8: Emotional Status and Behavior**

The assessment instrument contains a series of questions that enable the interviewer to evaluate the consumer's overall emotional health and to look for evidence of potential problems. If the consumer is unable to answer the questions, attempt to gather the information from a provider or informant.

A strong relationship exists between physical and mental functioning; individuals with physical impairments frequently experience a decline in emotional health. This interdependence is particularly acute among the elderly, given the higher incidence of physical disability among the elderly population. Some disorders (e.g. confusion, memory loss, anxiety) can result from acute or chronic illnesses. Hearing and vision loss, common among the elderly, can create confusion. In addition, medications prescribed for physical health problems may have side effects which create other problems, particularly when certain medications are taken in combination with others and/or when medical supervision of the medication program is inadequate. Finally, social isolation may create problems for the elderly and disabled who are frequently widowed, living alone, or lacking physical mobility to get out as often as they would like.

Although these are not the only causes of emotional health problems among the elderly, they are the most significant. Interviewers should be aware of these issues when conducting an assessment in order to determine whether a referral to a mental health professional is necessary for evaluation and/or treatment.

**Question 1: Able to assess emotional status and behavior:** Document whether or not (yes or no) the consumer is responsive. If the consumer is non-responsive check the box (no), then proceed to section 11.

**Question 2: List from drop-down menu any behaviors the consumer is experiencing that are affecting their physical and emotional well-being:** Generally, an assessor/CM/SC will identify behavioral disorders through observation or from a family member, referral source, or service provider (although a consumer may self-report behaviors such as getting lost). Assessors/CM/SCs should ask someone who is in regular contact with the consumer whether any behavioral problems are in evidence.

While a consumer who is unhappy or who has symptoms of depression may be treated effectively at home, a consumer with behavioral disorders is possibly at high risk of institutionalization.

Check all the boxes that apply or are reported by the consumer, in their medical records, or by other sources. Document in the Notes the frequency and extent of impact the behaviors have on consumer's ability to function and if and how they are being managed.

**Question 3: Name of the counselor the consumer goes to for advice and counsel:** Document the name of the counselor and whether they are formal or informal counselor.

**Question 4: Information sources for emotional/behavioral:** Document who the source was and the relationship to the consumer. Check all the boxes that apply.

**Question 5: Emotional Behavioral score:** Document the consumer's emotional behavioral score, based on this assessment, by indicating the most appropriate response in the answer selection.

### **Section 9: Social Participation**

The presence of family, friends or neighbors who are available to provide help can have a great impact on a consumer's ability to remain at home.

**Question 1: Is the consumer satisfied with his/her level of socialization:** Does the consumer voice contentment with their current group of friends and/or content with amount of visits outside the home. Indicate yes or no.

**Questions 2: Enter any additional comments** regarding social participation including names and phone numbers of the consumer's social supports, such as clergy, neighbors, and friends.

### **Section 10: Informal Supports**

#### **10A: Primary Helper/ Caregiver Section**

**Question 1: Has identified primary (informal) helper/caregiver who provides care on a regular basis:** The consumer reports that a person helps them with completing their ADL's and IADL's on a regular basis, record yes, if not record no.

**Question 2: Primary helper's last name:** Document the last name of the primary helper.

**Question 3: Primary helper's first name:** Document the first name of the primary helper.

**Question 4: Primary helper's address:** Document the home address of the primary helper.

**Question 5: Primary helper's home phone number:** Document the complete home phone number for the primary helper.

**Question 6: Relationship of the primary helper:** Indicate the relationship of the primary helper to the consumer.

**Question 7: Primary helper's age:** Document the age of the primary helper at the time of the care management assessment.

**Question 8: Type of help provided by primary unpaid helper:** The purpose of this question is to document the type of help that the primary caregiver provides on a regular basis.

The assessor/CM/SC may choose as many responses that are appropriate to describe the caregiver's activities for the consumer.

#### **10B: Caregiver Information (Mandatory for FCSP)**

**Question 1: Caregiver's First Name:**

**Question 2: Caregiver's Last Name:**

**Question 3: Caregiver's Date of Birth:**

**Question 4: Caregiver's Social Security Number (SSN):**

**Question 5: Caregiver's Race/Ethnicity:** Document the caregiver's reported race/ethnicity. If Other is checked, indicate what caregiver reports as their race/ethnicity.

**Question 6: Caregiver's Street Mailing address or PO box:**

**Question 7: Caregiver's Postal Location:** Document the caregiver's postal city or town.

**Question 8: Caregiver's State:** Document the caregiver's state of residence.

**Question 9: Caregiver's Zip Code:**

**Question 10: Caregiver's primary or preferred telephone number:**

**Question 11 Alternate or Secondary number for caregiver:**

**10C: Status of Primary Caregiver**

**Question 1: Factors that might limit the primary caregiver: Indicate the factors that would limit a consumer in completing his/her ADL's and IADL's.** Indicate the most appropriate responses (there may be more than one answer) in the answer selection.

**Question 2: What is the caregiver's employment status:** Indicate the current employment status of the caregiver at the time of the care management assessment.

**Question 3: How has your care giving and social life and/or employment affected each other:** The caregiver voices concerns of not being able to perform all of the duties for the consumer because of demands of employment. Or the demands of care giving have impacted on their ability to earn a living or cause a strain in his personal life. In either of these cases, record yes and the nature of the strain.

**Question 4: Primary caregivers other care giving responsibilities:** The caregiver indicates that they have dependent children and/or other adults to care for then record yes and the list what the responsibilities.

**Question 5: Hours a day primary caregiver available to provide care:** Record the number of hours the caregiver reports that would be available to provide care to the consumer.

**Question 6: Hours a day primary caregiver provides care:** Record the number of hours the caregiver reports that they provide care to the consumer.

**Question 7: Describe problems with continued care giving (if any):** Record any problems the caregiver reports with care giving.

**Question 8: Overall, how stressed does the caregiver feel in caring for a consumer:** Indicate what stress level the caregiver reports from care giving.

**Question 9: Does the primary caregiver desire service or support:** If the caregiver reports the need for service and report, record the nature and type of support/service being requested in the narrative section.

**10D: Primary Caregiver Status Continued, Mandatory for FCSP**

**Question 1: Respite (relief) for caregiver when she/he is unable to provide care:** Respite can be provided to a consumer to allow a caregiver to take care of other personal needs. If respite is needed record yes, if not, record no.

**Question 2: Is respite to primary caregiver available on short notice:** Because of family responsibilities or other obligations, the caregiver would need to have respite with short notice. If respite would be available on a short notice please indicate yes, if not, report no.

**Question 3: Significant changes in the caregiver's life in the last six months:** Has the caregiver reported any deaths, serious injury or other life changing events in there life, if so, record yes, if not, record no.

**Question 4: Is the consumer experiencing any emotional concerns/difficulties:** Has the caregiver voiced any comments on having a difficult time emotionally because of the stress of care giving, if so record yes, if not record no.

**Question 5: Is caregiver currently receiving assistance to deal with emotional concerns/difficulties:** If the caregiver reports receiving assistance for emotional concerns/difficulties record yes, if not, record no.

**Question 6: Does caregiver participate in support or discussion group:** If the caregiver reports activity with a support group or discussion group to alleviate some of the stress related to care giving record no, if not, record yes. Describe the group and the frequency of the meetings.

**Question 7: Has the caregiver been so upset that she/he did something to consumer that she/he now regrets:** If the caregiver reports such an action, record yes and explain in the narrative section the action that occurred. If no report, then record as no.

**Question 8: Consumer so upset that she/he did something to the caregiver she/he regrets:** If the consumer reports such an action, record yes and explain in the narrative section the action that occurred. If no report, then record as no.

**Question 9: Describe all caregiver supplies, their total average monthly cost, and indicate who pays for the supply:** List all of the supplies, the average monthly cost for them and the person who pays for them.

**Question 10: Average monthly cost to family/consumer for consumable supplies:** Record the average monthly cost for consumable supplies.

**Question 11: Enter any comments regarding the caregiver:** Record any comments on the caregiver not previously addressed in the previous questions.

**Question 12: Is Caregiver Stress Interview being completed:** If the Caregiver Stress Interview is being completed record yes, if not, record no. Please note that the Caregiver Stress Interview is Mandatory and must be completed for both State and Federal FCSP programs.

### **10E: Caregiver /Representative Cognitive**

**Question 1: Caregiver presents alert and without cognitive impairment:** The CM/SC observes the caregiver to be alert and oriented and without cognitive impairment, record yes, if not record no.

**Question 2: Caregiver's ability to judge safety:** CM/SC is to assess ability of caregiver to comprehend a situation and understand the safety aspects of the scenario.

**Question 3: Caregiver understands consequences of decisions:** Need to determine that caregiver is aware that there are consequences for actions and must understand the impact of the consequences.

### **10F: Short Portable Mental Status Questionnaire-Caregiver**

1. Caregiver knows today's date: The answer is correct if the person provides the exact month, day, and year. If the person offers only the month and date, the interviewer should ask, "And what is the year?"
2. Caregiver knows the day of the week: The correct day, Monday, Tuesday, etc., must be given.
3. Caregiver knows the location: Any accurate description of the location is considered correct. For example, if the interview is taking place in the person's home, and the person says "my home," this is considered correct. The name of the town or city, or (if institutionalized) the name of the hospital or nursing facility can also be accepted as correct answers.
4. Caregiver knows the telephone number: The person's telephone number can be considered correctly answered when the interviewer can verify the number the person offers. The Interviewer can verify the number via the phone console, the phone book, or other records. If none of these methods are possible, the phone number can be

checked by asking the person to repeat his/her phone number later during the interview. If the person repeats the same number as earlier, the interviewer should consider this correct. If the person has no phone, the Interviewer should ask question 4a, "WHAT IS YOUR STREET ADDRESS" in place of the phone question. Do not ask question 4a if the person has a phone.

5. Caregiver knows age: Score correct or incorrect according to person's actual age on the day of the interview.
6. Caregiver knows date of birth: Score correctly if the person gives the correct month, day and year. Interviewer should be able to verify this date based on Intake data, report of significant other, or hospital/medical records.
7. Caregiver knows current President: The correct last name of the current President is required.
8. Caregiver knows previous president: Only the last name of the previous President is required.
9. Caregiver knows mother's maiden name: Score the person correct if a female first name is given with a last name other than the person's last name.
10. Subtraction Test: Subtract 3 from 20 etc.: Read this question exactly as printed. You may repeat it if necessary or you may offer the probe, "Can you subtract three from 20? And three from that?" The person must get the entire series correct to be scored correct (17, 14, 11, 8, 5, 2).

**10G: Caregiver SPMSQ score: Complete only if Section 10F is completed.**

Before determining the SPMSQ score be sure to ask the person what is the highest grade completed in school.

**Question 1: Caregiver Subtraction Test Result:** Record whether the client correctly answered the test.

**Question 2: Highest grade caregiver completed in school:**

Add up the total number of errors checked in the far right-hand column. Put the total at the bottom on the line designated "Total Number Errors." The facing page provides a scoring guide developed by Eric Pfeiffer to help evaluate the results of the SPMSQ. Subtract one point from the number of errors if the person has had a grade school education (up to an 8th grade education or less). Add one point to the error score if the subject has had education beyond high school (e.g., one or

more years of college or professional school). Information relating to education may be found in the previous section, Social Participation. For example, a person with 3 errors on the SPMSQ who had received one year of college education would be given a score of 4. A person with 3 errors who dropped out of school in the 5th grade would be given a score of 2. This scoring technique adjusts in the SPMSQ for the biasing effects of educational background. This adjusted score can be compared to the recommended scoring guidelines provided:

- 0 -2 errors -intact intellectual functioning
- 3 -4 errors -mild intellectual impairment
- 5 -7 errors -moderate intellectual impairment
- 8 -10 errors -severe intellectual impairment

Interviewers should note that these are only guidelines. The SPMSQ should not be used to make a definitive diagnosis of cognitive impairment, dementia, OAS, etc. However, poor performance on the SPMSQ is highly correlated with the presence of cognitive disorders and therefore, high SPMSQ error scores suggest a possible need for further medical and/or psychiatric evaluation.

#### **10 H. Caregiver FNM Scores (Mandatory for FCSP and OPTIONS programs for wait list)**

**Question 1: Caregiver availability:** Document level of support provided by caregiver/informal support based on information provided by caregiver and consumer.

**Question 2: Caregiver Burden Score:** Document level of burden experienced by the caregiver/informal support based on information provided by caregiver.

**Question 3: Caregiver Stress Score:** Document the level of stress as reported by the caregiver.

**Question 4: Caregiver respite availability:** Document whether respite is available to the caregiver.

#### **Section 11: Protective Services Abuse/Domestic Violence:**

**Question 1: Does consumer feel safe in his/her current living situation:** If the consumer indicates that they feel safe in their home situation then record yes, if not, report no.

**Question 2: Consumer wants to talk to someone at the domestic violence program:** The consumer voices concerns that his/her spouse is being abusive to them then record yes, if not, record no.

**Question 3: Consumer want to talk with a protective service:** If the consumer answered yes to the previous question, explain what PS is and file a report of need if appropriate.

**Question 4: Consumer afraid to stay in his/her current location:** The consumer vocalizes concern for his/her safety then record yes, if not, record no.

**Question 5: Weapons present in the consumer's location:** Weapons are within view or the consumer acknowledges weapons on the premise, then record yes, if not, record no.

**Question 6: Consumer needs a safe place to stay:** The consumer reports concern about their safety and the need to reside elsewhere to be safe, then record yes, if not, record no.

**Question 7: Consumer wants help from the police:** The consumer indicates that a potential crime has been done against them or feels that a police officer's intervention is necessary for their safety then record yes, if not, record no.

**Question 8: Is a referral to protective services indicated:** The CM/SC believes that an older adult is in imminent risk of abuse, exploitation neglect, and abandonment then record yes, if not, then record no.

## **Section 12: Caregiver/Informal Stress Interview (Non paid)**

### **12A: Caregiver Concerns**

**Question 1: Consumer asks for more help than needs:** Indicate how often caregiver reports this as occurring with the consumer by selecting the appropriate response in the answer selection.

**Question 2: Does not have enough time due to caring for consumer:** Indicate how often caregiver reports this as occurring with the consumer by selecting the appropriate response in the answer selection.

**Question 3: Stressed between caring for consumer and other responsibilities:** Indicate how often caregiver reports that this is occurring by selecting the appropriate response in the answer selection.

**Question 4: Embarrassed over consumer's behavior:** The caregiver reports that the consumer's behavior has caused embarrassment, indicate how often the caregiver reports this by selecting the appropriate response in the answer selection.

**Question 5: Angry when around consumer:** How often does the caregiver indicate that he becomes angry around the consumer, because of demands and/or behavior? CM/SC needs to indicate how frequently this is occurring by selecting the appropriate response in the answer selection.

**Question 6: Consumer affects relationship with family/friends negatively:** The behavior of the consumer has caused strained relationships with family/friends. The CM/SC will need to indicate how frequently this is occurring by selecting the appropriate response in the answer selection.

**Question 7: Afraid of what future holds for consumer:** Caregiver expresses concerns for the client's future because of behavior/physical health. The CM/SC will need to indicate how frequently this is occurring by selecting the appropriate response in the answer selection.

**Question 8: Consumer dependent on caregiver:** Caregiver relates that consumer has vocalized that without the caregiver, the consumer would need to be placed into a nursing home to the extent that the caregiver would feel guilt. CM/SC needs to indicate how frequently this is occurring by selecting the appropriate response in the answer selection.

## **12B: Effect on Caregiver**

**Question 1: Strained when around consumer:** Caregiver reports that the relationship between the consumer and caregiver has become strained. CM/SC needs to indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 2: Health suffered due to involvement with consumer:** The caregiver reports that their health has declined as a result of taking care of the consumer. The CM/SC will need to indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 3: Not enough privacy due to caring for the consumer:** The caregiver reports that the amount of privacy they previously had has become less, because of caring for the consumer. The CM/SC will need to indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 4: Social life suffered due to caring for the consumer:** Caregiver reports that the amount of time they previously had for their social life has declined as a result of the caring for the consumer. The CM/SC will need to indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 5: Uncomfortable having friends over due to caring for consumer:** Caregiver reports discomfort when having friends over while the consumer is present. This discomfort is caused by the consumer's behavior/appearance. This has resulted in the caregiver not having friends over as often. The CM/SC will need to indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 6: Believes only one the consumer could depend:** The caregiver reports that the consumer has told him that the caregiver is the only person the consumer can count on. This causes the caregiver to feel additional stress/guilt if something were to occur that they wouldn't be able to provide assistance to the consumer. The CM/SC will need to indicate how often this is occurring by selecting the appropriate response in the answer selection.

**12C: Caregiver Problems (Mandatory for FCSP recommended for all other programs)**

**Question 1: Not enough money to care for consumer and other expenses:** The caregiver reports that there is not enough income to cover the expenses that are being incurred in the operation of the household and provision of care for the consumer. The CM/SC will need to indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 2: Unable to care for consumer much longer:** Caregiver says that they will not be able to keep continuing to care for the consumer much longer because of various reasons, such as emotional and financial strain on the caregiver. The CM/SC will need to indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 3: Lost control of life since consumer became ill:** Caregiver reports to CM/SC that they no longer feel in control of their life because of the demand of caring for the consumer. CM/SC will need to indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 4: Wishes could leave care of consumer to someone else:** The caregiver reports that the demands of care giving have caused the caregiver to feel like he wants to abandon the consumer. The CM/SC will indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 5: Uncertain what to do about consumer:** The caregiver expresses uncertainty with the client. The CM/SC will ask the caregiver to expand on what is causing the uncertainty and what services might be used to alleviate the uncertainty. The CM/SC will indicate how often this is occurring by selecting the appropriate response in the answer selection.

**Question 6: Should be doing more for consumer:** The caregiver reports that they feel like they should be doing more for the consumer than they currently are doing. The CM/SC will need to document how often this is occurring by selecting the appropriate response in the answer selection.

**Question 7: Could be doing better job for caring for the consumer:** Caregiver states that they are not doing as a good as a job as they should be doing for the consumer. They are wondering how they can do more, which will put an additional strain on the caregiver. The CM/SC will need to document how often this is occurring by selecting the appropriate response in the answer selection.

**Question 8: Burdened caring for consumer:** Caregiver reports that caring for the consumer has become a burden on them. The CM/SC will need to document how often this is occurring by selecting the appropriate response in the answer selection.

**Question 9: Caregiver Zarit Stress Score.** This is an automatic calculation.

### **Section 13: Formal Services**

In order to determine whether the consumer could possibly remain or be placed in the community, this section gathers information concerning the formal services available to or used in the past by the consumer.

Formal services are those provided by an agency or organization and are usually paid services. Services provided by the staff in a Dom Care Home and PCH are considered formal services.

Some services, therapies and helpers may have been mentioned in the Physical Health, ADL, and IADL sections. Ask any additional information about the quality of those services and about the consumer's satisfaction with providers.

In addition, obtain identifying information about each provider agency or organization; they can often be good sources of information about the consumer's condition, prognosis, and ability to live independently.

Read the instructions as printed at the top of the page, and use the general questions suggested on the facing page. Do not read the entire list to the consumer unless it seems necessary to do so. For each service mentioned, ask whether it is received currently, during the past 6 months, or whether it is ordered for future receipt. Indicate these, respectively, with a "C", "P", or "O". Write identifying information about each provider, such as name and phone number. If the consumer does not know the name or phone number, ask if he/she has a card or letter from the agency.

Ask how often the provider comes and note that in the frequency column. Record the consumer's comments about the services in the narrative section.

### **13A: General**

**Question 1: Is consumer receiving, has recently received or scheduled to receive formal services:** Please indicate whether the consumer has or will be receiving services.

**Question 2: Participating in the following programs:** Indicate in which programs the consumer is currently participating.

**Question 3: Formal services consumer has received in past 6 months:** Indicate which services the consumer has received in this time frame and record in the narrative section and problems with the providers of these services.

**Question 4: Formal services on order/scheduled to being:** Indicate which services that have been ordered/scheduled for consumer. Any provider problems should be noted in the narrative section.

**Question 5: After hospital or facility placement discharge are services scheduled to begin:** Please indicate who will be providing services to consumer after discharge. Any problems will need to be recorded in the narrative section.

### **Section 14: Physical Environment**

The intent of the physical environment assessment is to evaluate the appropriateness of a community living arrangement for a consumer who might be able to remain or be placed in a community living situation. Questions 1-4 of this section should be completed on everyone. Where a living arrangement is governed by existing standards and regulations, as with Dom Care Homes and PCH's, a skip pattern is provided to assess environmental problems. However, if Dom Care or PCH placement is being considered, make note of special needs which must be considered in the placement decision, such as need for placement on the first floor or near a bathroom.

### **14A: Current Dwelling Unit**

**Question 1: Own his/her residence:** Indicate whether the consumer owns their residence.

**Question 2: Able to remain in current living arrangement:** Indicate whether the consumer can safely remain in their current living arrangement and are able to perform the items for up-keep of the residence. If no, please explain in the narrative section.

### **14B: Condition of Home**

Based on observations, report, and the consumer's opinion, the interviewer should evaluate the safety, security and support of the environment for the consumer if he/she were to remain or be placed there. If FCSP is being considered, a walk-through inspection is required of rooms/areas where consumer spends most of time and receives care and where the caregiver provides care and performs care giving activities e.g. kitchen -meal preparation. If the environment is not conducive to continue inhabitation, note any possible places where the consumer could go. These might include relatives' or friends' homes or a new apartment or home. Many environmental problems are remediable, so that the environment is made safe, secure and supportive to a person's needs.

**Question 1: Assessor, SC/CM able to check condition of living environment:** Indicate whether the assessor was able to review the living arrangement.

**Question 2: Specify conditions making home environment hazardous or uninhabitable:** Mark the reasons in the list that would make this residence uninhabitable.

**Question 3: Check places with accessibility problems (Optional):** Indicate which of the places in the list pose accessibility problems. In the narrative section please record what the problem is.

**Question 4: Condition of neighborhood and potential modifications to improve living conditions:** Record the condition of the neighborhood and what modifications could be done to improve the living conditions.

**Question 5: Repairs or additional devices needed:** Document all repairs, additional devices or modifications the consumer would need to remain in their home.

**Question 6: Physical Environment score:** Document overall rating for the individual's environment.

### **Section 15: Financial Resources**

The Financial Assistance Eligibility for FCSP can be determined by reviewing the Cost Sharing Guide published annually by the Department of Aging. Total household income is required to determine Financial Assistance Eligibility for FCSP. Consumer income and assets is required information for the Aging Waiver Program. Consumer and co-habiting spouse income and asset information is required for OPTIONS cost share determination.

For each category listed in the income section, note whether the consumer received income in that category and the monthly amount.

Sometimes, individuals will be reluctant to divulge information about income and assets. You should assure them that the information is strictly confidential, and will be used to determine eligibility for various programs and services. In addition, consumers or proxies may not know exact amounts of income. If an estimate is given, be sure to indicate by writing "est" next to the amount that the figure given is an estimate.

If the individuals refuse to provide this information after the purpose is fully explained, the interviewer should record this in the comments section and continue with the assessment.

### **15A: Consumer Income – Required for FCSP and OPTIONS**

1. Medicaid Application Pending/PA-600L being completed: Indicate whether the consumer is in the process of having the PA-600L completed.
2. Refuse to give financial information: The implementation of mandatory cost sharing requires the consumer to disclose what their income is for the year. If the client refuses to disclose this information, they will cost share at 100% or not receive any services. Indicate whether the client refuses to disclose the information.
3. Consumer's monthly Social Security income: Record the amount.
4. Consumer supplemental Social Security Income (SSI) eligible: Indicate whether the consumer is eligible for this supplement.
5. Consumer's monthly Supplemental SSI Income: Record this amount if eligible.
6. Consumer's monthly retirement/pension income: Record this amount.
7. Consumer's monthly interest/dividend income: Record this amount.
8. Consumer's monthly public assistance: Record this amount.

9. Consumer's monthly VA benefits income: Record this amount.
10. Consumer's monthly black lung income: Record this amount. This figure is not to be used as income for FCSP determination.
11. Consumer's monthly wage/salary/earning's income: Record this amount.
12. Consumer's monthly rental income: Record this amount.
13. Consumer's other monthly income: Record this amount and in the narrative section, record the source of this income.

**15B: Consumer's Assets**

1. Consumer's primary savings account balance: Record the amount.
2. Consumer's primary checking account balance: Record the amount.
3. Consumer's certificates/other retirement accounts: Record the amount.
4. Consumer's real estate value: Record the amount.
5. Cash surrender value of consumer's primary life insurance policy: Record the amount.
6. Consumer's stock and bond account balances: Record the amount.
7. Other account balances: Record the amount and specify the types of accounts in the narrative section.
8. Any unusual/excessive expenses: Record any expenses that are excessive and/or unusual.
9. Comments on consumer's financial situation: Summarize the total household situation when considering the consumer for FCSP.

**15C: Caregiver Income (If caregiver is spouse all entries are zero)**

1. Caregiver's monthly Social Security Income: Record this amount.
2. Caregiver's monthly SSI income: Record this amount.
3. Caregiver's monthly pension income: Record this amount.
4. Caregiver's monthly interest/dividend income: Record this amount.

5. Caregiver's monthly income from public assistance: Record this amount.
6. Caregiver's monthly VA benefits: Record this amount.
7. Caregiver's monthly black lung benefits: Record this amount.
8. Caregiver's monthly wage income: Record this amount.
9. Caregiver's monthly rental income: Record this amount.
10. Caregiver's monthly rental income: Record this amount and in the narrative section, record the source of this income.

**15D: Other Family Member's Income –Includes Spouse and Other Family Members residing in the home.**

1. Monthly social security income of other family members residing in the home: Record this amount.
2. Monthly SSI income of other family members residing in the home: Record this amount.
3. Monthly retirement/pension income of other family members residing with the consumer: Record this amount.
4. Monthly interest/dividend income of other family members residing in the house: Record this amount.
5. Monthly public assistance income from other family members residing in the house: Record this amount.
6. Monthly VA benefits of other family members residing in the house: Record this amount.
7. Monthly Black Lung income from other family members residing in the house: Record this amount.
8. Monthly wage/salary/earnings income of other family members residing with the consumer: Record this amount.
9. Monthly rental income of other family members residing with the consumer: Record this amount.

10. Other family income of other family members residing with the consumer: Record this amount and in the narrative section, record the source of this income.

**15E: Household Income**

2. Does the consumer have direct deposit for checks: Indicate whether or not the consumer has direct deposit? If yes, give details in the notes on what bank and what the date of the deposit occurs.
3. Total annual income of consumer's household: Record this amount based on information collected from previous questions.
4. Consumer's level of financial eligibility for FCSP: Record the amount of reimbursement the consumer is entitled to under the FCSP program.
5. Financial Resource Score: Mandatory for FCSP and OPTIONS when there is a wait list)

**15F: Consumer Health Insurance – Required for all programs**

1. Consumer's Medicare A policy number: Record the policy number.
2. Consumer's Medicare B policy number: Record the policy number.
3. Consumer's Medigap policy number: Record the number.
4. Consumer's Medicare HMO policy number: Record the number.
5. Consumer's Medical Assistance number: Record the number.
6. Consumer's Long Term Care insurance policy number: Record the number.
7. Consumer's other health insurance: Record the names and policy numbers of any other health insurance not previously noted.

**15G: Spouse Health Insurance – Required for FCSP**

1. Spouse's Medicare A policy number: Record the policy number.
2. Spouse's Medicare B policy number: Record the policy number.
3. Spouse's Medigap policy number: Record the number.
4. Spouse's Medicare HMO policy number: Record the number.

5. Spouse's Medical Assistance number: Record the number.
6. Spouse's Long Term Care insurance policy number: Record the number.
7. Spouse's other health insurance: Record the names and policy numbers of any other health insurance not previously noted.

#### **15H: Benefits and Entitlements**

Question 1: Document all benefits and entitlements consumer is eligible for and/or receiving.

#### **15 I: Financial/Legal Management**

1. Check all applicable assistance with legal/financial matters: Indicate what assistance the consumer receives with legal/financial matters from the list. Specify in narrative section who is providing that service and what is their phone number.
2. If used name of legal/financial assistant: Record the name of the person or persons providing this assistance.
3. Has Durable Power of Attorney (DPOA) for finances: Indicate yes or no.
4. What is the name of the DPOA for finances: Record the name of the DPOA for finances.
5. Has advanced medical directives (i.e. do not hospitalize): Indicate yes or no. If yes, please specify in narrative section.
6. Has a living will: Indicate yes or no.
7. Name of the person holding a second copy of DPOA/Living Will: Record the name of the person who is in possession of this document.
8. Telephone number of person holding second copy of DPOA/Living Will: Record the phone number of the person who is possession of this document.
9. Does the consumer have a pre-paid funeral/burial fund: Indicate yes or no.
10. What is the name of the bank/institution where the consumer's burial account is located: Record the name, address and phone number of the financial institution holding this account.

## **Section 16: Preferences**

The preferences the consumer and family have with regard to the type and place of care are a very important component of the placement determination. It is appropriate at this point in the interview to talk about options, particularly community options, which might be possible for the consumer. Often, preferences are expressed without knowledge about available options. It is the interviewer's responsibility to discuss and explore the range of alternatives with the consumer and family so that the decisions are made in the best interest of the consumer and with full support and understanding of the family involved.

### **16A: Care Preferences**

#### **Question 1: Preference about who assists with activities of daily living:**

Indicate whether the consumer has a preference about who assists them with activities of daily living, if they do, indicate yes, if not check no. Record the name, relationship and phone number of the individual who the consumer prefers to assist them.

#### **Question 2: Consumer's Service Programs desired/preferred if NFCE:**

Indicate which Service Program the consumer prefers from the list. If the consumer selects something not on the list, please indicate that in the narrative section.

**Question 3: Consumer's Service Program desired/preferred if NFI:** Indicate which Service Program the consumer prefers from the list. If the consumer selects something not on the list, please indicate in the narrative section.

**Question 4: Additional information regarding consumer service preferences:** Record any other preferences not previously noted in the narrative section.

## **Section 17: Care Management Instrument Results**

### **17A: Decision Information**

**Question 1: Purpose of the assessment:** Indicate if the assessment is the initial or an annual/updated/critical revision.

**Question 2: CMI completion time in hours and minutes:** Record the amount of staff time it took to complete this instrument.

**Question 3: Is the consumer clinically eligible for nursing facility (NFCE):** Document yes or no.

**Question 4: Nursing Facility Clinically Eligible (NFCE) consumer contact plan category:** Indicate what category the NFCE consumer will be in regards to the consumer contact plan.

**Question 5: If NFCE what services programs were recommended to the consumer:** Indicate which of the community services were recommended to the consumer from the list.

**Question 7: If NFI what service programs were recommended to the consumer:** Indicate which of the community services were recommended to the consumer from the list.

**Question 8: If NFCE and short term when should consumer be reassessed:** Indicate next scheduled reassessment only if the individual is determined NFCE short term (6 months or less).

**Question 9: Consumer special needs during public emergency:** Indicate all of consumer's needs that apply in the event of a public emergency.

#### **17B. Care Management Certification**

**Question 1: Name of SC/CM completing CMI:**

**Question 2: Date assessor/SC/CM signed off on the CMI as complete.**

**Question 3: Name of SC/CM agency RN reviewing CMI:**

**Question 4: Date RN reviewed CMI**

**Question 5: Name of SC/CM supervisor reviewing the CMI**

**Question 6: Date Supervisor reviewed and approved CMI**

**Section 18: Placement Options Information -PCH and Dom Care Placement Only**

**18A: Housing Preferences – Complete if considering PCH or Dom care**

1. Willing to share a room: Indicate whether the consumer would be willing to share a room. Note any potential problems in the narrative section.
2. Willing to live in home with pets: Indicate whether the consumer would be willing to live in a home with a cat, dog or some other form of domesticated pet. Note any problems in the narrative section.
3. Willing to live in a home with children: Indicate consumer's willingness to live in a home with dependent children. Note any problems in the narrative section.
4. Willing to live with someone who drinks alcohol: Indicate consumer's willingness to live in a residence with someone who drinks alcohol. The consumer could be a recovering alcoholic and does not wish to reside in place where alcohol is consumed. Note any problems in the narrative.
5. Willing to live with someone who smokes: Indicate consumer's willingness to live in a residence where someone smokes. Consumer might have quit smoking in the past and does not wish to reside in a residence where smoking occurs. Note any problems in the narrative.

**18B: Additional Housing Preferences**

1. Is the consumer in a relationship: Indicate whether the consumer states that they are in a committed relationship.
2. Wants to live in a particular area: Indicate whether the consumer has stated a preference to live in a particular area within the PSA. If so, indicate the area in the narrative section.
3. Requires first floor bedroom: Indicate whether or not the consumer needs a first floor bedroom because of physical/medical reasons. If so, please note the needs in the narrative section.
4. Care about religion of provider/others consumer lives with: Indicate if the consumer has stated that he wishes to reside in a residence only with

- individuals of the same religion has he/she. If so, please indicate the preference in the narrative section.
5. Describe any other preferences or special needs: Notate any needs or preferences not already noted in the narrative section.
  6. Further comments on behavior affecting placement: Notate any other behaviors that occurred during the completion of this instrument that would help to determine placement for the consumer.

### **Assessment Narrative**

The purpose of the Decision Narrative is to clearly and concisely document, in detail, validation of the level of care determination, as indicated in the most recent LOCA, and to identify the care needs of the consumer to validate the proposed care plan of services under the care program that the consumer is enrolled in.

Information included in the narrative must be based on facts obtained from various sources during the assessment process. These sources may include but may not be limited to the verbal information provided by the consumer, review of the consumer's medical record, medication bottles, MA-51, etc. A comprehensive assessment narrative is required for continuation of services.

A template has been provided to assist the assessor/SC/CM in documenting information necessary to validate the level of care determination (NFI or NFCE) and identify and validate proposed care plan.

1. Medical diagnosis/illness or condition
  - 1a. Document, in detail, the consumers medical diagnosis/illness or condition and include its impact on the consumer's functioning
  
2. Medical care or skilled services-Currently Receiving
  - 2a. Document all skilled medical care or services the consumer is currently receiving. Make sure to list the payer and describe all service(s) including frequency and amount.
  
3. Medical care or skilled services -Required
  - 3a. SKILLED MEDICAL CARE/SERVICES the consumer will require in the proposed care plan. Make sure to list the payer and describe all service(s) including frequency and amount.

4. Consumer's Special Medical Consideration

4a. Document the special medical considerations such as: monitoring intake and output, accu-checks, range of motion exercises, incontinence care, turning and positioning, medication administration, special diet, etc in the context of a planned program of health care management.

5. Consumer's Physical Environment

5b. Document the consumer's physical environment and any impact it will have on the care plan and consumer's health and safety.

6. Consumer's Informal Support Structure

6a. Document the consumer's informal support structure and any impact they will have on the care plan and the consumer's health and safety. Include what the caregiver(s) currently provide for with consumer's care and frequency and when indicated limitations.