

Bureau of Long Term Care

Participant Assessment Score

Provider Help Aid

PURPOSE

This Help Aid is designed to aid the *Home and Community Based Service (HCBS) Provider in the development of the Service Plan. These providers include Personal Assistance Agencies, Certified Family Home and Residential Assisted Living Facilities.

**Providers delivering services to Medicaid participants on the Aged & Disabled (A&D) Waiver or State Plan Personal Care Services*

ACTIVITIES OF DAILY LIVING (ADL)

Activities of daily living (ADL) are routine activities that people tend to do every day without needing assistance. A person's ability to perform ADLs is important for determining what type of long-term care (Community based or Nursing Facility) the participant needs.

Attendant Care

Services provided under a Medicaid Home and Community-Based Services waiver that involve personal and medically oriented tasks dealing with the functional needs of the participant and accommodating the participant's needs for long-term maintenance, supportive care, or activities of daily living (ADL). These services may include personal assistance and medical tasks that can be done by unlicensed persons, or delegated to an unlicensed person by a licensed health care professional or the participant. Services are based on the participant's abilities and limitations, regardless of age, medical diagnosis, or other category of disability. This assistance may take the form of hands-on assistance (performing a task for the person) or cuing to prompt the participant to perform a task.

- § Bathing
- § Dressing
- § Eating Meals
- § Emergency Response
- § Medication
- § Mobility
- § Night Needs
- § Personal Hygiene
- § Supervision
- § Toileting
- § Transferring

Homemaker

Homemaker services consist of performing for the participant, or assisting him with, or both, the following tasks: laundry, essential errands, meal preparation, and other routine housekeeping duties if there is no one else in the household capable of performing these tasks.

- § Access to Transportation
- § Housework
- § Laundry
- § Preparing Meals
- § Shopping

GENERAL SCORING GUIDELINES

The service plan should be developed based on the Unmet Needs score on the Assessment Findings. Each of the ADL's should have a clear plan for how the service will be delivered to the participant based on the Unmet Needs score and the narrative provided by the Medicaid Nurse Reviewer. Below is a general guideline and description for each available score:

N = None: No help or caregiver support needed.

MI = Minimal: Capable of participating in the activity with caregiver support, oversight, encouragement, cueing, or standby assistance.

MO = Moderate: Capable of participating in the activity, but limited hands-on caregiver support needed to complete the activity.

E = Extensive: Capable of minimal participation in the activity; only able to complete the activity with hands-on or weight bearing assistance from the caregiver or support.

T = Total: Incapable of completing any part of the activity, the caregiver or support must complete all the activity

SPECIFIC SCORING GUIDELINES

Preparing Meals Scoring

None: Should be able to use a can opener, open jars (with or without an adapter), remove protective cover from freezer packs, heat leftovers in microwave or conventional oven, peel carrots and potatoes, prepare their own meals, and feel they can do so and maintain nutritional needs and, furthermore, doesn't want anyone preparing their meals. If they are just having coffee and doughnuts, you need to find out why – *Home delivered meals are not to be authorized by NR.*

Minimal: Should be able to do most tasks. Requires cueing to complete tasks for meal preparation. May need reminders to start the meal. Caregiver may need to be present for oversight – no hands-on assistance with actual food preparation – *Home delivered meals are not to be authorized by NR.*

Moderate: Needs assistance with main meal, can heat soup, prepare toast, make lunch meat or peanut butter sandwiches, and eats some raw fruits and vegetables. May need to have meals prepared ahead

for easy retrieval and heated in microwave or on the stove (assuming it is safe) – *NR may authorize in-home delivered meals if meets IDAPA criteria listed below.*

Extensive: Needs assistance with completion of all meals. May be able to assist with some meal preparation but is unable to sequence the complete task. Is able to complete small tasks such as peeling potatoes or cutting up lettuce while the caregiver prepares the rest of the meal – *NR may authorize in-home delivered meals if meets IDAPA criteria listed below.*

Total: this would be an individual who is unable to access and prepare any food. The person would be unable to intake nutrition without the physical assistance of another person.

Eating Meals Scoring

None: Can feed self, chew, and swallow solid foods without difficulty or can feed self by gastrostomy tube or catheter. Is able to dish up own food, transfer to table, no choking or swallowing problems, independent with special utensils. Should be feeding self at least two meals a day with consistency.

Minimal: Can feed self, chew, and swallow foods without difficulty but needs reminding/cueing to maintain adequate intake. Requires encouragement to follow dietary needs (i.e. Diabetic, low salt, low fat). May be in training program to learn ADLs. May need encouragement from caregiver to eat.

Moderate: Can feed self but requires hands on assistance to complete the meal. Participant is unable to get their food to the table without help. This includes someone who tires very easily while eating (i.e., lung problems, oxygen therapy). This would include a participant who is bed bound and able to feed self with set up or may need assistance with fluids.

Extensive: Can feed self but is unsafe without routine assistance to complete all meals. May have occasional gagging, choking, or swallowing difficulty, or require assistance with feeding appliances. Participant may have problems with swallowing due to stroke and is at risk for choking. May have Parkinson's and feeds self but requires constant cleanup or someone to steady their hand.

Total: May be fed by another person by mouth or gastrostomy tube.

Toileting Scoring

None: Can toilet self without physical assistance or supervision. May need grab bars or raised toilet seat or can manage own closed drainage system if has a catheter or sheath or protective aids. Has no bladder or bowel problems, is slow but able to get to the bathroom on time. Or, has occasional bladder incontinence but able to take care of own needs with cleaning self and proper disposal of incontinence supplies. If the participant can manage the catheter but requires assistance with a monthly catheter change, the nurse reviewer may authorize a skilled nursing visit.

Minimal: Needs cueing or stand by assistance for safety or task completion.

Moderate: Needs physical assistance with parts of the task completion. Needs caregiver assistance with toileting and clothing, pericare, protective garments, ostomy care, or drainage bags. Needs assistance with disposal of soiled items (i.e., needs caregiver to remove soiled items daily from living quarters).

Extensive: Cannot get to the toilet unassisted. May or may not be aware of need. Needs to be physically assisted to the bathroom and with toileting tasks. May need to have a toileting schedule; unaware of need. May need additional person and/or mechanical lift.

Total: Physically unable to be toileted. Requires continual observation and total cleansing. Needs someone else to manage care of closed drainage system if they have catheter or sheath. Requires protective garments to be checked, changed, and pericare done on a regular basis.

Mobility Scoring

None: Can get around independently inside and outside with or without assistive devices. May be in a wheelchair but can get around independently in or out of the home. May have assistive devices to help reach items, transferring out of a chair, etc. May use other devices for ambulating, walker, cane, prosthetics, but they can manage independently.

Minimal: Can get around inside without assistance. May need cueing or oversight to routinely use assistive devices.

Moderate: Due to variable status requires assist with mobility on some days inside. Always requires help when outside on outing and/or on uneven surfaces.

Extensive: Requires physical assist with mobility at all times. May be in a wheelchair and unable to self-propel.

Total: Immobile or bed bound.

In-home Range of Motion (ROM) program can be authorized under Mobility if:

- § A formal plan containing amount, frequency and duration of service is present
- § The plan is signed by a licensed physical therapist or physician and updated annually
- § The caregiver has been trained by the provider agency via the formal plan submitted by a licensed physical therapist or physician

Transferring Scoring

None: Can transfer independently and can manage own position changes. Consistently transfers safely and independently from sitting to standing position and back again.

Minimal: Transfers and changes position but needs standby assistance/cueing/encouragement. Includes participants with lift chairs, trapeze, or side rails. Needs reminders to use assistive devices.

Moderate: Can assist with own transfers and position changes but needs hands on assistance with part of the tasks to do so safely. Able to push self-up from chair, but requires hands on assist to maintain balance during the position change. Needs assistance in/out of vehicles.

Extensive: Can assist with own transfers and position changes but needs hands on assistance all the time. May be unsteady, tremulous or dizzy and requires physical assist with position changes or transfers. Participant able to bear weight or pivot when standing but has physical deficits (one sided

weakness) and requires assistance all the time. Additional person and or mechanical lift may be needed. Assessor may consider adding additional units.

Total: Must have another person transfer or change participant's bed or chair positions. Participant unable to assist at all. Participant may be bed bound or requires a mechanical lift. If the participant is able to assist using arms (i.e., using trapeze or side rails) then not a total.

Personal Hygiene Scoring

None: Maintains hygiene by themselves. Can manage personal hygiene without reminders, assistance, or supervision.

Minimal: Can manage personal hygiene but must be reminded or cued. Requires prompting or reminding to complete general hygiene tasks.

Moderate: Participant performs personal hygiene but caregiver may provide physical assistance. Requires hands on assistance with some tasks including set-up and clean-up. Caregiver may need to physically assist with completion of cares.

Extensive: Caregiver performs most personal hygiene but participant assists. Someone who tires easily or has limited range of motion or shortness of breath.

Total: Dependent on others to provide all personal hygiene; physically or cognitively unable to complete tasks.

Dressing Scoring

None: Can dress and undress and select clothing without help or supervision.

Minimal: Can dress and undress and select clothing but may need to be reminded or supervised. Requires cues to change clothes or put on appropriate clothing.

Moderate: Can dress and undress and select clothing with assistance. Some hands-on assistance is needed including assisting with TED hose, braces, splints, bra, shoes and stockings, zippers and fasteners, etc. Needs clothing brought from the dresser or closet.

Extensive: Caregiver must dress and undress the participant but the participant assists. Can only dress with hands on assistance. Only able to put arms in sleeves or legs in pants.

Total: Not able to assist with any dressing.

Bathing Scoring

None: Can bathe safely as needed without reminders and without assistance or supervision.

Minimal: Can bathe without physical assistance but may need reminding or standby assistance due to history of falls, fear of falling, or episodes of dizziness. Will not bathe while home alone.

Moderate: Requires assistance with parts of bathing (hard to reach areas washing feet or rinsing hair, etc.). Needs assistance getting in or out of the tub or shower or needs help with any other bathing tasks.

Could include caregiver support set up and clean up. Only requires assistance with washing ones back does not qualify as moderate.

Extensive: Caregiver must bathe the participant with the participant's assistance. Requires caregiver assistance with entire bath. Only able to wash face or limited areas if handed a washcloth. Additional person and/or mechanical lift may be needed (assessor may consider adding additional units).

Total: Dependent on others to provide complete bath, including shampoo.

Transportation Scoring

None: Can arrange their own transportation needs. Can drive safely or is capable of using alternate transportation without assistance.

Minimal: Can use available transportation but needs assistance arranging rides.

Moderate: Requires physical assistance getting in and out of vehicle.

Extensive: Needs assistance by the caregiver getting into the vehicle and during the ride.

Total: Cannot be transported unless by ambulance.

Important: Providers must have a Medicaid transportation provider number prior to authorization of transportation units. The NR may only authorize up to 1800 miles per year. The NR may add units for attendant care to cover non-medical transportation if the participant is not safe to be left unattended.

If a participant is physically not able to go to the store with the attendant (i.e., has a medical diagnosis which prohibits the participant from leaving the house) and there is not family, neighbors, friends, or community agencies which can provide this service without charge, the NR will authorize non-medical mileage.

A narrative note will be entered into Section 2, Question 9, "Access to Transportation". Transportation services authorized under the A&D Waiver must be in the participant's service plan.

If a participant is physically able to get into the automobile, does not have family, neighbors, friends, or community agencies which can provide this service without charge, but chooses not to go shopping or run errands with the caregiver, non-medical transportation services will not be authorized.

Shopping Scoring

None: Can shop without assistance. Is able to get to the store, take items off the shelf, purchase and carry items independently.

Minimal: Needs supervision and cueing to make appropriate shopping choices and expenditures. May spend money on junk food instead of nutritious food. Needs help with completing grocery list.

Moderate: Can shop with physical assistance. Can make purchase decisions but unable to get the items off the shelf, needs help with paying or carrying bags into the house.

Extensive: Cannot complete without caregiver assistance. Caregiver must shop but participant assists. Only able to help with making the list or item selection. May or may not accompany the caregiver to the store.

Total: Totally dependent upon others for shopping. Unable to go to the store or make needs known.

Laundry Scoring

None: Able to sort, carry, load washer and dryer, fold and put away laundry independently.

Minimal: Does laundry without assistance but may need to be supervised or cued. Can follow verbal or written instructions to sort clothes, measure detergent, turn on washer/dryer, or reminders to fold and put away clothes.

Moderate: Can do laundry but needs physical assistance from caregiver to complete. Needs help taking clothes to the laundromat.

Extensive: Caregiver must do the laundry but participant assists. Able to fold or put away small items. May have steep stairs and unable to get to basement to do laundry. Limited access to laundry facilities.

Total: Unable to do any laundry tasks.

Housework Scoring

None: Able to complete all housekeeping tasks independently.

Minimal: Physically capable of performing all housecleaning but needs supervision or cueing. Needs reminded to make bed, pick up dirty clothes, or take out the trash.

Moderate: Performs light housecleaning but caregiver must handle physically difficult housecleaning. Independently can wash dishes, make own bed, pick up dirty clothes, dust, etc. but can't vacuum, mop floors, change bed linen, or scrub the toilet or tub.

Extensive: Only able to complete cleaning tasks with hands on assistance including washing dishes, making own bed, picking up dirty clothes, dusting, vacuuming, mopping floors, changing bed linens, or scrubbing toilet/tub.

Total: Unable to complete any housekeeping tasks.

Night Needs Scoring

None: Needs no assistance from another person during the night.

Minimal: Requires hands on or standby assistance 1-2 times per night for care.

Moderate: Requires hands on or standby assistance 3-4 times per night for care.

Extensive: Requires hands on or standby assistance 5 or more times per night for care.

Total: Requires continuous hands on or standby assistance throughout the night for care.

Night time is the time period after bed time cares have been completed and before normal waking hours. PM cares are not authorized under night needs. The NR should not authorize in-home units if caregiver is unavailable.

Emergency Response Scoring

None: Able to get self out of the home and/or call 9-1-1 in an emergency.

Minimal: Needs supervision and/or verbal cueing to get outside of present dwelling or get emergency help. Easily confused, may have cognitive deficits, and requires verbal cues during an emergency.

Moderate: Participant can get out of present dwelling with limited physical assistance. Needs hands on assistance to get out of the home. A very sound sleeper and needs to be awakened during emergency drill or actual emergency – *NR may consider authorization of PERS if in-home only.*

Extensive: Needs help out of bed or into wheelchair. Cannot be left alone after an emergency evacuation.

Total: Requires total physical assistance to get outside of present dwelling. Unable to transfer self out of bed or into wheelchair. Must be propelled to safety – *NR may consider authorization of PERS.*

Medication Scoring

None: Can self-administer medication without assistance.

Minimal: Requires minimal assistance (i.e. open containers or use a mediset); understands medication routine.

Moderate: Requires occasional assistance or cueing to follow medication routine or timely medication refills.

Extensive: Requires daily assistance or cueing; must be reminded to take medications; does not know medication routine; may not remember if took medications.

Total: Requires licensed nurse to administer and/or assess the amount, frequency, or response to medication or treatment. A treatment is defined as an in home skilled nursing treatment.

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