

Uniform Instrument Assessment (UAI)

Policy Manual

Bureau of Long Term Care

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Overview

The purpose of the Uniform Assessment Instrument (UAI) is to create a sustainable, person-driven long-term support system in which people with disabilities and chronic conditions have choice, control and access to a full array of quality services that assure optimal outcomes. These outcomes include; independence, health and quality of life, as well as to determine an individual's medical eligibility, care and service needs. The UAI is a multidimensional assessment which evaluates individuals' functioning level, social skills, and physical and cognitive abilities. The UAI was designed to provide a standardized way of conducting an interview to ensure that all individuals have an objective assessment of their needs that ultimately results in the determination of medical eligibility, care and service needs.

Interview Instructions

The UAI is completed during a face-to-face interview with the participant. Any other information from medical records, family members, etc., may be used when available. The preferred source of information is the participant.

A telephone interview may be completed as approved by the Department following the approved guidelines outlined in the BLTC Telephone Redeterminations Help Aid.

The interview appointment must be scheduled by telephone and completed within the following timelines:

Initial Assessments – 15 calendar days following receipt of the Level of Certification (LCERT)

Annual Assessments – must be completed within 364 days of the previous UAI Assessment

Significant Change Assessments - A significant change is a major change in the participant's status that affects more than one area of the participant's functional or health status and requires a review or revision of the Service Plan.

Comprehensive Health Assessment

A systematic, deliberative and interactive assessment by which nurses use critical thinking to collect, validate, analyze and synthesize the information in order to assess the health status and life processes of the individual. These include:

- General Information
- Health Information
- Diet Information
- Nutritional Risk
- Assistive Devices
- Psychological/Social/Cognitive
- Sensory

Psychological/Social/Cognitive Assessment

This section is not meant to diagnose the participant but to record specific abilities and limitations which will assist in identifying appropriate resources. Some issues may be triggered in multiple areas in this section. The NR will document these triggers in all identified areas. Example: anxiety and depression or memory and delusions.

When assessing a participant with a mental illness diagnosis, it is important to assess and access other supporting and verifying information, specifically the participant's psychosocial assessment. To validate the participant's information, the NR may obtain clarification from collateral contacts.

For the purposes of this section:

- "Current" is defined as the last 6 months.
- "History of" is defined as when the participant has experienced at least one of the following:
 - Psychiatric treatment more intensive than outpatient care more than once in the past two years.
 - An episode of significant disruption to their normal living situation within the last two years due to mental illness or a related condition. Supportive services were required to maintain function at home or in a residential treatment environment, or resulted in intervention by housing or law enforcement officials.

Comments

After you have made an assessment for each of the categories listed, you can add narrative notes and comments. Use this space to note information such as:

- A situation where the nurse reviewer has concerns about his/her rating.
- Family problems, a recent death, stresses, etc.
- Any description of legal issues related to:
 - Disruptive/socially inappropriate behavior
 - Assaultive/destructive behavior
 - Alcohol /drug abuse
 - Quality of life issues.
 - Provider/physician input.
 - Positive/negative triggers which initiate certain behaviors (families may accept unusual behavior as normal for the participant).
 - Any other emotional problems or needs.

Interview Prompts & Scoring Examples

Orientation

In assessing orientation, it is important to determine if the participant has an understanding of person, place, time and situation. Adequate assessment of these areas is an important indicator of a participant's ability to function and care for themselves with minimal supervision.

Orientation Prompts

- May I ask you some standard questions we ask everybody?
- How old are you?
- Do you know the month and year?
- What city are we in?
- What year were you born?
- Who is the President?

Memory

There are several different types of memory that can be assessed. Short-term verbal memory is probably the most important type of memory to assess because it influences a participant's ability to communicate with others and to remember and subsequently follow instructions in a work, home, or care setting. Long-term memory is not as important for daily functioning but does affect the participant's quality of life. Written or visual memory, also, is not as important as short-term verbal memory, in terms of daily functioning, but is important for the participant in terms of being able to function well in a work situation. Also, visual memory, such as of written instructions, can be used to offset impairments in verbal memory.

Memory Prompts

- During the interview, determine if the participant can remember your name and why you are talking with him/her.
- You can also ask if the participant remembers details of a recent situation, such as, "What did you have for breakfast this morning?"
- To formally assess memory, explain to the participant that you will identify three common items which you will ask him/her to recall later in the interview.

Judgment

Judgment refers to the participant's ability to make choices or decisions that are in his/her best interest. Examples include: the types of people the participant chooses to be around, the way the participant spends resources, and risky situations the participant chooses for fun or thrill, but which endanger his/her safety. Often a participant's judgment is impaired because he/she cannot see the consequences of certain actions.

Judgment Prompts

- Where do you plan on living (where the participant has few options and cannot live alone)?

- What are you going to do when your savings account is empty?
- On rainy day/bad weather, what would you wear for clothing if going outdoors?
- Tell me about some of the good decisions you have made?
- Who would you turn to for help?

Hallucinations

Hallucinations are perceptual distortions that people sometimes experience. Loss of sleep, too much caffeine, abuse of drugs, and even alcohol, head injury, and other causes can lead to hallucinations. People with mental retardation or schizophrenia sometimes report hallucinations. This item assesses if the participant has hallucinations which impair his/her ability to function. Auditory and visual hallucinations are most distracting to people compared to other types of distorted perceptions. If the participant experiences hallucinations, does this cause him/her significant problems in communicating with others, trusting others, making rational day-to-day decisions, concentrating, etc.?

Hallucination Prompts

- Most often the best approach during an assessment is to be direct and ask, "Do you hear voices that others do not hear, or experience things others do not experience?"
- Have you heard any sounds or people talking to you or about you when there is nobody around?
- Have you seen any visions or smelled any smells that others don't seem to notice?
- Have these experiences interfered with your ability to perform your usual activities or work?

Delusions

Delusions are false beliefs not based on reality. Sometimes people experience delusions of jealousy, persecution, or grandiosity, where they think they have special abilities others do not have. Sometimes there is a fine line between what is a delusion and an exaggerated opinion. Therefore, delusional thinking is not an all-or-nothing phenomenon, but can be viewed as a continuum. This item assesses if delusional thinking is obvious and if these delusional beliefs impair functioning so that more care and/or supervision is needed. Often by just talking with a participant, the nurse reviewer can recognize delusional beliefs without direct questioning. It is often difficult to assess delusional thinking in people with impaired language skills, and caution should be used.

Delusion Prompts

- Have things or events had special meanings for you?
- Did you see any references to yourself on TV or in the newspapers?
- Do you feel someone is inserting thoughts into your head that are not your own?
- Have you felt that you were under the control of another person or force?
- Do you get along with other people pretty well?
- Do you have special abilities or powers that others do not have?
- Is anyone out to get you or harm you?
- Do you ever hear things that other people don't hear or see things that other people

don't see?

- Do you feel that someone is watching you or trying to hurt you?

Anxiety

Anxiety can be very discomfoting and debilitating. We all have different levels of anxiety at different times, but here the focus is on anxiety that impairs a participant's functioning. Intense anxiety is experienced as worry, apprehension, fear, nervousness, or agitation. If a participant experiences panic attacks, he/she may have shortness of breath, palpitations, chest pain, choking or smothering sensations, fear of going crazy, impending doom, etc. Sometimes people experience agoraphobia, where they have intense anxiety and avoid places and situations. They may have a specific anxiety about a specific object or situation, like spiders, or riding in a bus, or anxiety about social situations and, consequently, avoid these situations to their own detriment.

Anxiety Prompts

- Have you felt worried or anxious?
- Is there anything that bothers you so much that you try to avoid it?
- Do you have chest pains? Are there times when your heart races? (may be the physical manifestation of anxiety)
- Do you worry enough that you find it difficult to make a meal or eat?
- Do you have trouble sleeping due to excessive worry?
- Do unpleasant thoughts constantly go round and round in your mind?

Depression

Depression can significantly impair a participant's quality of life and ability to function. Most people feel blue or depressed at times. The focus here is the severity and persistence of the depression and how it impairs a participant's ability to function. The American Psychiatric Association has published criteria that are helpful in assessing the presence of depression (from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition):

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% body weight in a month) or decrease or increase in appetite nearly every day.
- Insomnia or hypersomnia nearly every day.
- Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without

a specific plan, or a suicide attempt or a specific plan for committing suicide.

The NR should not arrive at a formal diagnosis of the participant, but assess if some of these symptoms are present and if they impair the participant's ability to function.

Depression Prompts

- Have you felt unhappy, sad, down or depressed? How often? How much of the time?
- Are you able to switch your attention to more pleasant topics when you want to?
- Have your interests in work, hobbies, social or recreational activities changed?
- Has it interfered with your ability to perform your usual activities or work?
- Are there some days you don't get out of bed? If so, what are the circumstances?
- Do you enjoy being alone?
- Did any special events happen this week for you?
- Do you have friends or loved ones who visit you often? How often? Who?
- What do you do for fun? Entertainment? Crafts?
- Do you belong to or attend any special gatherings (e.g., church, bridge club, bingo, or meal sites)?

Wandering

Wandering refers to a participant's not using good judgment and moving about without purpose or concern for his/her safety. In extreme cases, the participant may be disoriented, experiencing delirium and mental confusion. The participant may forget where he/she was going, or have an unreasonable idea of where he/she wants to go. The participant may get in harm's way by exposing himself/herself to severe weather, to people who would take advantage, or to dangerous situations. A participant who wanders, and potentially places himself/herself in danger, most likely would need a more intense level of supervision.

Wandering Prompts

- Do you go outside alone?
- Have you ever gotten lost? If so, what did you do?
- Has there been a past history of elopement or exit seeking?
- Does the participant ever wander into other's rooms?

Disruptive/Socially Inappropriate

Determine the level of inappropriate behavior such as making excessive demands for attention, taking another person's property, being verbally abusive, disrobing in front of others, and displaying inappropriate sexual behavior.

Due to poor judgment, mental illness, or a character disorder, a participant may interact socially with others in an inappropriate fashion and stimulate fear, apprehension, hostility, and even retaliation. Examples include stealing, fighting, threatening gestures, and sexual misbehavior, such as masturbating or exhibiting oneself in public. A participant with these behaviors would need a fairly high level of supervision to caution, redirect, or manage his/her behavior. These maladaptive behaviors are displayed by participants in community settings as well as in nursing

home and other residential care facilities and, in either case, would need supervision. Records and observations from others are usually quite important in assessing the degree to which socially disruptive behavior is present.

Disruptive/Socially Inappropriate Prompts

- Have you done anything that has attracted the attention of others?
- Have you done anything that could have gotten you into trouble with the police?
- Have you done anything that seemed unusual or disturbing to others?
- Do you ever raise your voice to others in anger?
- Does the participant use inappropriate language in a group setting?

Assaultive/Destructive

Participants sometimes display assaultive/destructive behaviors toward others for various reasons. Sometimes they may become assaultive toward others or destructive of property because of organic disorders related to head trauma, epilepsy, mental illness, etc., and, therefore, may require intense supervision. Obviously, these participants would pose a threat in the community or in a residential care facility and would require a high level of supervision. Sometimes, these participants require a behavior management program that is designed and supervised by a mental health professional. If residential treatment is required, it can be very difficult finding appropriate settings with the required structure to serve the needs of these participants and maintain safety. Again, records and observations of others are quite important in assessing the degree to which assaultive/destructive behaviors are present

Assaultive/Destructive Prompts

- Have you ever hit or struck another person?
- Do you ever throw or break items on purpose?
- Do you destroy property or set fires intentionally?
- Have you ever been arrested for assault?

Danger to Self

Participants may have specific disorders that contribute to self-destructive behaviors. These behaviors can include self-neglect, suicidal thoughts and actions, and mutilation. For example, a participant may be depressed or have a borderline personality disorder that contributes to impulsive and self-destructive behaviors, or be mentally confused. It is important that the participant be assessed by a mental health professional and that a professionally supervised intervention is implemented. Records, observations of others, and information about successful interventions are all important in assessing the degree to which these behaviors are present and the degree to which the participant's level of functioning is impaired. The purpose of the UAI assessment is to determine the level of help and supervision necessary for this participant and to determine if the participant has been referred to the proper mental health professionals. The level of supervision for these individuals can be quite intense depending upon the severity and persistence of self-destructive behaviors.

Note: Identifying that the participant displays self-injurious behavior and requires constant supervision requires a referral for a specialized assessment and/or assistance.

Danger to Self Prompts

- Does the participant refuse to eat (may include Alzheimer's, dementia, or psychotic participants)?
- Does the participant refuse to take medications?
- Does the participant currently have suicidal thoughts and do they have a plan?
- Have they ever attempted suicide? If so, how, when, and how many times? Most recent?
- Have they ever felt like hurting or cutting their body?

Note: The participant still has the right to make choices (i.e., participant makes the decision to snack all day rather than eating balanced meals or chooses to live in a filthy environment). These issues should be addressed under the "Judgment" section.

Alcohol/Drug Abuse

Alcohol and or drug abuse can significantly interfere with a participant's ability to function in families, at work, and in the community. The purpose of this item is not so that the UAI administrator can arrive at a specific diagnosis of alcohol or drug abuse, but to again assess the degree to which alcohol and/or drug abuse impairs the participant's ability to function. This item also requires the UAI interviewer to inquire not only about alcohol-related problems, but also other drugs, such as marijuana, cocaine, amphetamines, and over-the-counter products that may be contributing to the participant's inability to function well. Besides asking questions about usage of drugs, review of records can be helpful to understand the degree of abuse/dependence and subsequent problems in living.

Alcohol/Drug Abuse Prompts

- How much do you currently drink or use drugs? When was the last time?
- Do you ever use alcohol or drugs while in the facility?
- Are you currently attending any kind of treatment program?
- Has alcohol or drug use ever caused you legal problems?

Self-Preservation/Victimization

The purpose of this section is not to identify any neglect, abuse, or victimization that may be occurring, although the UAI nurse reviewer needs to report any identified abuse/victimization to authorities, but to identify if a participant has the capacity and judgment to make decisions on his/her own behalf to protect him/her from abuse, neglect, and exploitation.

For example, perhaps the participant does not have the proper judgment and displays inappropriate gullibility toward others so that people may take advantage of him/her financially or sexually. This vulnerability to victimization/exploitation may lead to the participant's safety being jeopardized. A participant with this vulnerability would need supervision, whether in the community or in a residential setting.

Records or observations of friends or family members are very helpful in evaluating this potential. Direct questions such as, “Have you been abused by anyone in your life?” may be helpful. However, frequently people will not share this information because of embarrassment, and collateral information is always helpful.

Definitions

- **Abuse** - The non-accidental infliction of physical pain, injury, or mental injury.
- **Neglect** - Failure of a caretaker to provide food, clothing, shelter, or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide these services for him/herself.
- **Exploitation** - An action which may include, but is not limited to, the misuse of a vulnerable adult’s funds, property, or resources by another person for profit or advantage.
- **Vulnerable Adult** - A person, 18 years of age or older, who is unable to protect him/herself from abuse, neglect, or exploitation due to physical or mental impairment which affects the person’s judgment or behavior to the extent that he/she lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his/her person.

IMPORTANT: IF ABUSE IS SUSPECTED, REPORT IT!

Self-Preservation/Victimization Prompts

- Have you ever bought things over the phone from telemarketers?
- Do you open your door to strangers?
- Do your family members or caregivers ask to borrow money from you?
- Has anyone ever taken advantage of you?
- Do you know your neighbors?
- Have you ever been abused or touched inappropriately? Do you know who to contact if this should happen?
- Have you had others steal things from you?

Assessing Functional Abilities

Evaluation of Functional Abilities is divided among Attendant Care and Homemaker needs. The assessment determines available supports, and related information. Measurements of functional abilities and supports are commonly used across the country as a basis for differentiating among levels of long-term care. Functional abilities and supports are the degrees of independence with which a participant performs activities of daily living (ADL).

Following are the areas of assessment for each area:

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 (actually 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

There are three important points to remember when assessing functional abilities and supports:

1. Functional abilities and supports are measures of the participant's impairment level and need for personal assistance. In many cases, impairment level and need for personal assistance are described by the help received, but this could lead to an inaccurate assessment. For example, a disabled participant needs help to perform an activity in a safe manner, but he/she lives alone, has no formal supports, and receives no help. Coding the participant's performance as independent because no help is received is very misleading in terms of the actual impairment level. In order to avoid this type of distortion, interpret the ADLs in terms of what is usually needed to safely perform the entire activity.
2. An assessment of functional abilities and supports are based on what the participant is able to do, not what he/she prefers to do, regardless of the living situation. In other words, assess the participant's ability to do particular activities, even if he/she doesn't usually do the activity. Lack of capacity should be distinguished from lack of motivation, opportunity, or choice. This is particularly relevant for the instrumental ADLs mentioned

above. In rating an able but unwilling participant, document discrepancies between stated and observed abilities.

For example, when asking someone if he/she can prepare light meals, the response may be “No”, he/she does not prepare meals, even though the participant may be able to do so. The participant should be coded as not needing help. If a participant refuses to perform an activity, thus putting himself/herself at risk, it is important to probe for the reason why the participant refuses, in order to code the activity correctly.

The emphasis in this section is on assessing whether ability is impaired. Physical health, mental health, and cognitive or functional disability problems may manifest themselves as the inability to perform ADL and instrumental ADL activities. If a participant is mentally and physically free of impairment, there is not a safety risk to the participant, and the participant chooses not to complete an activity due to personal preference or choice, indicate that the participant does not need help.

3. The emphasis of measurement of each of the functional activities should be how the participant usually performed the activity over the past two weeks. For example, if a participant usually bathes with no help or reminding/cueing, but on the date of the interview requires some assistance with bathing, code the participant as not requiring help unless the participant’s ability to function on the date of the assessment accurately reflects ongoing need.

There are several components to each functional activity, and the coded response is based on the participant’s ability to perform all the components. For example, when assessing the participant’s ability to bathe, it is necessary to ask about his/her ability to do all of the bathing activities such as getting in and out of the tub, preparing the bath, washing, and towel drying. Therefore, nurse reviewers will need to probe in detail in order to establish actual functional level. Information reported by a participant regarding functioning abilities should be verified with secondary sources if the accuracy of the information is in question. For example, a participant may state that they are able to complete a task but in reality may have problems doing so.

Some questions in this section are personal and the participant may feel somewhat embarrassed to answer (e.g., toileting, bladder and bowel control). Ask these questions in a straightforward manner and without hesitation. If you ask the questions without embarrassment or hesitation, the participant will be more likely to feel comfortable. If the participant is embarrassed, it is your responsibility to reassure the participant that it is alright and that you understand how he/she could feel that way. Let the participant know that answers to these questions are important because they will help you better understand his/her needs and provide a care plan that is right.

The Rating Scale

For each of the Adult Daily Living questions located on the Attendant and Homemaker tabs, you will need to assess the participant in two categories: “Assistance Required” and “Available Support”. Once you have entered an assessment for each category, the UAI tool will automatically fill in the “Unmet Needs” category in this section.

Assistance Required

Base the selection of the appropriate code on the participant's ability to perform each activity on the day of the review and the performance over the last 14 days.

- If the participant is in a custodial facility, base the selection according to how the participant would perform each item if the participant lives on his/her own.
- If the participant has a temporary problem on the day of the review which interferes with how the activity is usually performed, base the selection on the participant's most typical performance.
- If the participant has a chronic condition with wide variations in performance of the activity, base the selection on the participant's most typical performance.

Available Support

Indicate the degree of existing supports; paid or unpaid, or services that are paid for by the Department of Health and Welfare that will continue. This support can be from families, friends, neighbors, volunteers, church, caregivers, etc.

- "Available" refers to help that an agency or family/others has agreed to provide. If a family member is providing services to the participant, he/she will be counted as an available support.
- A participant receiving meals on wheels, CBRS (Community Based Rehabilitation Services), or attendant care shared by two participants paid by Medicaid, will be identified as available supports. If Department paid services are counted as an available support, the NR will document in the activities of daily living comment box the name of the agency and services provided.

For each of the numbered activities listed in Assistance Required and Available Support, use the drop-down menu to assess the participant's functional abilities and supports. **Use the following descriptions to choose the best option for each activity from the drop-down menus provided:**

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 of the activity

ADL Interview Prompts & Scoring Examples

Interview questions may require a prompt to encourage the participant to clearly understand and answer the question.

Preparing Meals Prompts

- What is a normal breakfast for the participant? Lunch? Supper?
- Does the participant need a specially equipped stove or specially arranged kitchen?
- Consider the participant's ability to carry food items from the refrigerator to the counter. If they have a walker, ask how they manage to prepare meals.
- Are there foul odors in the kitchen?
- Inquire what the participant fixed for breakfast, lunch, or dinner the day preceding the interview or what they will be preparing for their next meal. Have them give you details on how they prepare the meals.
- Request to observe the kitchen, meal prep area, and refrigerator. Check for dust on cans or expired food.
- How is the participant getting meals? Home delivered meals? How many? Does a facility provide the meals?
- Are they on a special diet?
- What is the most difficult for them to fix? Easiest?
- How do they get the foods they need to fix a meal?
- How do they open jars? Cans? Can they peel potatoes?
- Do they ever forget and leave a burner on? When was the last time? What happened?
- Observe for mental concentration during the interview.
- Does anyone ever help with meals? Who?
- What types of foods do they keep on hand?

A participant residing in a certified family home or residential assisted living facility should be evaluated as if the participant were residing in their own home.

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 Prompts

- Does the participant need special utensils such as built-up spoon, fork, non-spill cup, or plate guard?
- Does the participant need to be monitored while eating because of choking, chewing, or swallowing difficulties?
- Ask the participant if they have dentures. Do they cause any difficulties with eating?
- Are there some types of foods they can no longer eat?
- What are they? Why? (dentures, missing teeth, swallowing)
- How do they get meals from the stove or counter to the table?
- Can the participant serve up their own plate? (Observe for tremors, strength of grasp by holding out your index and middle finger and have them squeeze.)
- Have they ever gagged or choked while eating? When was the last time?
- Observe how the participant's clothes fit (i.e., to identify weight changes)
- Set-up: Participant requires the containers to be opened, food cut up, bread buttered, adding salt/pepper, and food brought to the table.
- If the participant lives in a certified family home setting or residential assisted living facility, it does not mean that he/she cannot functionally set up their own meal. Assess the participant's ability as if they were residing in their own home.

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 Prompts

- Does the participant have the awareness of the need to toilet?
- Does the participant recognize the need to toilet but cannot do so without the assistance of another person?
- Inquire if the participant has any bowel or bladder accidents.
- Are there strong urinary or fecal odors present?
- Does the participant take a "water" pill?
- Does the participant wear protective garments? Pads or pull-ups? How do they dispose of these? Note for odors, cleanliness, and proper disposal of toileting items.
- Is the participant able to clean after toileting? Does anyone ever help him/her with this activity? Who?
- Catheter care: Who helps the participant with this activity? Last UTI?
- Ostomy Care: Who helps the participant with this activity? Who does set up? Clean up? Disposal?

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 Prompts

- Did the participant answer the door?
- Ask the participant if they would mind standing up and walking about 10 steps, turn around and return to their chair (it's easier to observe transfers, balance, pace, gait, posture, and orientation in this manner).
- Ask what type of equipment the participant uses to get where they need to go inside and outside.
- How far can the participant walk without having to stop and rest?
- What does the participant do when he/she gets too tired or short of breath?
- When was the last time the participant fell? What happened?
- Does the participant ever have periods of extreme weakness or fatigue? How often? Can you describe the circumstances?

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 Prompts

- Identify if the participant needs an overhead frame, slide board, etc.
- Does the participant need equipment to assist with transfers?
- Who helps the participant in and out of vehicles?
- How much help does the participant need to get from the chair to the bed, etc.?

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 of 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 of 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 Prompts

- Who does the participant's hair? (If they say they do it, you can ask them to raise their arms as high as they can to determine range of motion).
- How does the participant clean his/her glasses?
- How does the participant care for fingernails/toenails?
- How does the participant take care of dentures?
- How does the participant set up and prepare items for shaving?
- Is the participant diabetic? Does he/she daily inspect feet? Ever go barefoot?

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 Prompts

- Identify if the participant needs special consideration with manipulating closures (i.e., zippers, Velcro, etc.)
- How do they decide what to wear for the day (appropriate attire for situation and cleanliness)?
- What is the most difficult part about getting dressed?
- Where do they put soiled clothing?
- Do they wear special garments? TED hose or orthotics?
- How do they put the TED hose on?
- Can they snap, button, and zip clothing? Does anyone ever help with this? Who?
- Has anyone complained about their grooming or dress?
- Observe for clothing that is appropriate for the season.
- Are they able to get their closet or dresser?

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 Prompts

- Does the participant shower or bathe? How often?
- Can they shampoo their hair? Reach their feet and backside? If no special equipment, who would they ask?
- What would they do to keep from falling in the tub or shower?
- Do they feel safe getting in and out of the tub or shower?
- Does anyone ever help with this activity? Who? How often?

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 Prompts

- Identify if the participant needs a specially equipped van or car.
- How do they get to where they need to go?
- Are there family members or support from the community who help with transportation? Are they able to continue to help?
- If family or friends are not available, how would the participant get there?
- Has the participant experienced problems trying to arrange for a ride?

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 Prompts

- How do they get to the store to buy groceries or personal items?
- How do they get the items into the house/apartment and put them away?
- Do they enjoy shopping?
- Does anyone ever help with this activity? Who?

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 Prompts

- Where are the washer and dryer?
- How many times a week/month does the participant do laundry?
- How often are bed linens and towels laundered?
- How does laundry get folded and put away?
- Does anyone help with this activity? Who?

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 Prompts

- Does the participant do the dishes after each meal?
- Do they have a vacuum cleaner? Can they use it?
- How do they get the tub, shower, toilet, or sinks cleaned?
- How do the floors get swept or mopped?
- Who changes the linen on your bed? Turns the mattresses?
- How do they clean out the refrigerator? Does it automatically defrost?
- How does the garbage get taken care of? Who takes it out?
- Does anyone ever help you with housecleaning? Who?

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, pickup 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 Prompts

- When was the last time the participant got up at night and felt confused about where they were? What did they do?
- How many times do they toilet at night? Do they need help?
- Do they have any regular or PRN medications at night?
- Do they wake up at night with pain?
- Have they recently had any falls during the night?
- Do they wake up short of breath?
- What is their normal bed time and wake up time?

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 Prompts

- Has the participant ever called 9-1-1 in an emergency? Anyone else?
- How would they leave the home/apartment in the event of an emergency? Who would they call?
- Have they had an emergency situation in the past? Recently?
- Ask them to tell you how they would handle an emergency such as falling in the bathtub or their bedroom.

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 Prompts

- What medications is the participant taking OR what are they taking the medications for (many people know this but not the technical names)?
- How often are they taken?
- Do any medications need to be broken/crushed?
- When was the last PRN medication taken?
- Are the medications kept in a bottle or a medi-set? Who fills it?
- Does the participant have trouble opening medicine bottles?

- When was the last time they forgot to take medications? What happened?
- Does anyone ever help with medications? Who?
- Do they need assistance with ordering medication refills or picking up medications from the pharmacy?

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.

Note: If the participant receives an injection once a month or once a week, they do not meet the definition for Total score.

Important: Whenever possible, family members, neighbors, community resources, or public transportation shall be utilized prior to the NR authorizing caregiver time or miles to pick up medications. The waiver states that participants in their own home will be able to administer their own medications. A score indicating an inability in this area could cause waiver services in the home to be denied as not being safe and effective.

If the participant meets the IDAPA medication critical indicator (12 points for Extensive or Total assistance with medications which require decision making prior to taking, or assessment of efficacy after taking), NR documents in comments box who is performing the medication decisions and assessment and any supports required.

Note: This function cannot be done by the caregiver.

If Skilled Nursing Services are required for medication administration, the Assistance Required and Available Support scores would be "Total".

If Skilled Nursing Services are required for medication assistance (i.e. fill mediset) the Assistance Required and Available Support scores should correspond.

Supervision

Supervision will auto-populate based on the scoring from the Psychological/Social/Cognitive assessment.

The scoring determinations are as follows:

None: 0-15 points

Minimal: 16-30 points

Moderate: 31-45 points

Extensive: 46-60 points

Total: 61-100 points

Unmet Needs

This section will be automatically populated by the assessment tool based on the selection of Assistance Required and Available Support.

Comments

Following are requirements for narrating comments

- ADLs and IADLs comments should include the type of equipment used/needed to perform the activity and/or information about caregivers. The higher the level of need the more documentation the nurse reviewer should chart in the comment fields.
- Record any problems with the continued care giving related to that specific functional area. These may include, but are not limited to, poor health of the caregiver, employment of the caregiver, the caregiver's lack of knowledge about ways to appropriately care for the participant, or a poor relationship between the participant and the caregiver.
- Record whether the caregiver has a "backup" or someone who can provide for the participant when the caregiver is not available.
- Document any explanatory information related to the rating, as well as the names of any available informal care and paid, unpaid, or natural supports.
- Informal care or natural supports refers to services that the participant's spouse, relative, or other individual(s) are both physically and mentally able to provide.

SUPPORT PLAN

The Support Plan is the culmination of appropriate services for the participant based on the assessment. The Attendant Care and Homemaker Unmet Needs will automatically calculate based on the assessment.

Adult Daily Living Services

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 (actually performing a task for the person) or cuing to prompt the participant to perform a task.

Authorization Information: The first 277 units of Attendant Care will be authorized to Personal Care Services (T1019)

Personal Care Services

PCS services include medically-oriented tasks related to a participant's physical or functional requirements, as opposed to housekeeping or skilled nursing care, provided in the participant's home or personal residence.

Adult Residential Care

Adult residential care services consist of a range of services provided in a homelike, non-institutional setting that include residential care or assisted living facilities and certified family homes. Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.

- a. Adult residential care services consist of a range of services provided in a congregate setting licensed under IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho," that include: Medication assistance, to the extent permitted under State law; Assistance with activities of daily living; Meals, including special diets; Housekeeping; Laundry) Transportation; Opportunities for socialization; Recreation; and). Assistance with personal finances. Administrative oversight must be provided for all services provided or available in this setting. A written individual service plan must be negotiated between the participant or his legal representative, and a facility representative.
- b. Adult residential care services also consist of a range of services provided in a setting licensed under IDAPA 16.03.19, "Rules Governing Certified Family Homes," that include: Medication assistance, to the extent permitted under State law; Assistance with activities of daily living; Meals, including special diets; Housekeeping; Laundry; Transportation;. Recreation; and viii. Assistance with personal finances. Administrative oversight must be provided for all services provided

Homemaker Services

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.

Supplemental Services

Specialized Medical Equipment and Supplies

Specialized medical equipment and supplies include: Devices, controls, or appliances that enable a participant to increase his abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which he lives; and Items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the Medicaid State plan and exclude those items that are not of direct medical or remedial benefit to the participant.

Environmental Accessibility Adaptations

Environmental accessibility adaptations include minor housing adaptations that are necessary to enable the participant to function with greater independence in the home, or without which, the participant would require institutionalization or have a risk to health, welfare, or safety. Such adaptations may include:

- a.** The installation of ramps and lifts, widening of doorways, modification of bathroom facilities, or installation of electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but must exclude those adaptations or improvements to the home that are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, or central air conditioning.
- b.** Unless otherwise authorized by the Department, permanent environmental modifications are limited to a home that is the participant's principal residence, and is owned by the participant or the participant's non-paid family.
- c.** Portable or non-stationary modifications may be made when such modifications can follow the participant to his next place of residence or be returned to the Department.

Personal Emergency Response System (PERS)

PERS is an electronic device that enables a waiver participant to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. This service is limited to participants who: Rent or own a home, or live with unpaid caregivers, are alone for significant parts of the day, have no caregiver for extended periods of time and would otherwise require extensive, routine supervision.

Authorization Information: PERS Installation includes the install and first month's rent.

Adult Day Health

Adult day health is a supervised, structured service generally furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week. It is provided outside the home of the participant in a non-institutional, community-based setting, and it encompasses health services, social services, recreation, supervision for safety, and assistance with activities of daily living needed to ensure the optimal functioning of the participant. Adult day health services provided under this waiver will not include room and board payments.

Authorization Information: 14 hours per day is the maximum amount to be authorized

Companion Services

Companion services include non-medical care, supervision, and socialization provided to a functionally impaired adult. Companion services are in-home services to ensure the safety and well-being of a person who cannot be left alone because of frail health, a tendency to wander, inability to respond to emergency situations, or other conditions that would require a person on-site. The service provider, who may live with the participant, may provide voice cuing and occasional assistance with toileting, personal hygiene, dressing, and other activities of daily living. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. However, the primary responsibility is to provide companionship and be there in case they are needed.

Chore Service

Chore services include the following services when necessary to maintain the functional use of the home, or to provide a clean, sanitary, and safe environment. Intermittent assistance may include the following; Yard maintenance, minor home repair, heavy housework, sidewalk maintenance, trash removal to assist the participant to remain in the home. Chore activities may include the following; washing windows, moving heavy furniture, shoveling snow, chopping wood when wood is the participant's primary source of heat and tacking down loose rugs and flooring. These services are only available when neither the participant, nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community volunteer, agency, or third-party payer is willing to provide them or is responsible for their provision. In the case of rental property, the landlord's responsibility under the lease agreement will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant.

Supported Employment

Supported employment consists of competitive work in integrated work settings for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred, or for whom competitive employment has been interrupted or intermittent as a result of a severe disability. Because of the nature and severity of their disability, these individuals need intensive supported employment services or extended services in order to perform such work.

Habilitation

Habilitation services assist the participant to reside as independently as possible in the community, or maintain family unity.

Residential habilitation

a. Residential habilitation services consist of an integrated array of individually tailored services and supports furnished to eligible participants. These services and supports are designed to assist the participants to reside successfully in their own homes, with their families, or in certified family homes. The services and supports that may be furnished consist of the following: Self-direction consists of identifying and responding to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities. Money management consists of training or assistance in handling personal finances, making purchases, and meeting personal financial obligations. Daily living skills consist of training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, as well as following home safety, first aid, and emergency procedures. Socialization consists of training or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the participant to his community. Socialization training associated with participation in community activities includes assisting the participant to identify activities of interest, working out arrangements to participate in such activities, and identifying specific training activities necessary to assist the participant to continue to participate in such activities on an on-going basis. Socialization training does not include participation in nontherapeutic activities that are merely diversional or recreational in nature. Mobility consists of training or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community; or Behavior shaping and management consist of training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors, or extension of therapeutic services that consist of reinforcing physical, occupational, speech, and other therapeutic programs. Personal assistance services necessary to assist the individual in daily living activities, household tasks, and such other routine activities as the person or the person's primary caregiver(s) are unable to accomplish on his or her own behalf. Personal assistance activities include direct assistance with grooming, bathing, and eating, assistance with medications that are ordinarily self-administered, supervision, communication assistance, reporting changes in the waiver participant's condition and needs, household tasks essential to health care at home to include general cleaning of the home, laundry, meal planning and preparation, shopping, and correspondence.

Day habilitation

b. Day habilitation consists of assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills that take place in a non-residential setting, separate from the home or facility in which the participant resides. Services will normally be furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week, unless

provided as an adjunct to other day activities included in a participant's plan of care. Day habilitation services will focus on enabling the participant to attain or maintain his or her maximum functional level and will be coordinated with any physical therapy, occupational therapy, or speech-language pathology services listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

Consultation

Consultation services are services to a participant or family member. Services are provided by a Personal Assistance Agency to a participant or family member to increase their skills as an employer or manager of their own care. Such services are directed at achieving the highest level of independence and self-reliance possible for the participant and the participant's family. Services include consulting with the participant and family to gain a better understanding of the special needs of the participant and the role of the caregiver.

Home Delivered Meals

Home delivered meals are meals that are delivered to the participant's home to promote adequate participant nutrition. One (1) to two (2) meals per day may be provided to a participant who: Rents or owns a home, is alone for a significant part of the day, has no caregiver for extended periods of time and is unable to prepare a meal without assistance.

Respite

Respite care includes short-term breaks from care giving responsibilities to non-paid caregivers. The caregiver or participant is responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other services that are duplicative in nature. Respite care services provided under this waiver do not include room and board payments. Respite care services may be provided in the participant's residence, a certified family home, a developmental disabilities agency, a residential care or assisted living facility, or an adult day health facility.

Non-Medical Transportation

Specialized medical equipment and supplies include:

- a.** Devices, controls, or appliances that enable a participant to increase his abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which he lives; and items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan.
- b.** Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the Medicaid State plan and exclude those items that are not of direct medical or remedial benefit to the participant.

Skilled Nursing

Skilled nursing includes intermittent or continuous oversight, training, or skilled care that is within the scope of the Nurse Practice Act. Such care must be provided by a licensed registered nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in Idaho. These services are not appropriate if they are less cost effective than a Home Health visit.

Authorization of Services

Authorizations are interfaced from the Assessment Certification Tool to the Medicaid Management Information System (MMIS) via a nightly file. Most interfaced authorizations are created on a monthly basis and all information is available in the MMIS.

The nightly interface also provides participant Case File information to be housed in the MMIS.

VERSION HISTORY

Date	Version
1/2017	V2.3