

Functional Status related to Health Conditions:

Sections III – XII are scored. These sections primarily provide information about the resident’s functional status as related to his/her health conditions. A critical component to assist with planning the best environment for a person with medical and/or physical disabilities is an assessment of these areas. In general, residents will meet the medical necessity criteria for long term care services with a total score of 15 or more points in these areas:

The following provides a description of each item per category.

| Score | Status | Description |
|-------|----------|---|
| 30 | Comatose | Unable to be aroused by external stimuli. |

Vision/Hearing/Speech:

| Score | Status | Description |
|-------|--|--|
| 0 | Has normal or minimally impaired vision/hearing/speech with or without a device. | May wear a hearing aid, glasses, or may have minimal speech impairment. |
| 1 | Needs some assistance with hearing, being able to see, and being able to speak. | Requires some help of another because of vision/hearing/speech impairment. |
| 2 | Has absence of hearing, vision, and/or speech. | Requires help of another, resident is deaf, is legally blind, and/or has complete absence of speech. |

Communication:

| Score | Status | Description |
|-------|---|--|
| 0 | Adequately communicates needs/wants with or without the assistance of communication enhancing devices or techniques (i.e. sign board; sign language). | May wear glasses or hearing aids, and/or use communication devices, but impairment does not restrict self-care of communication. |
| 1 | Needs some assistance to communicate needs/wants. | Requires some help of another because of communication impairment. |
| 2 | Requires complete assistance in areas of communication. | Unable to communicate without help of another person. |

Memory:

| Score | Status | Description |
|-------|--|--|
| 0 | Normal or minimal impairment of memory. | Able to recall recent and long term situations with cueing. |
| 1 | Problem with long term or short term memory | Unable to recall long term situations or unable to recall recent situations. |
| 2 | Individual has problems with both long term and short term memory. | Unable to recall long term and recent situation. |

Mental/Behavior (circle all that apply). Make only one selection for orientation – score 0 through 2. Aggressive and/or abusive and wandering may also be checked with the appropriate orientation:

| Score | Status | Description |
|-------|--|--|
| 0 | Oriented (mentally alert and aware of surroundings). | Oriented to person, place, time; understands and if needed, can direct needs that must be met to maintain self-care. Does not exhibit behavior that is disruptive, aggressive or dangerous to self/others. |
| 1 | Disoriented (partially or intermittently). | Intermittently confused and/or agitated. Behavior is sporadic with an unpredictable pattern. Need occasional reminders as to person, place, or time. May have difficulty understanding needs that must be met but will cooperate when given direction or explanation. No major safety concern. |
| 2 | Disoriented and/or disruptive. | Recurrent episodes (1-3 times per day) of being confused, forgetful, agitated, disruptive or aggressive (either physically or verbally). Needs special tolerance/management and assistance with reorientation. Has difficulty understanding needs that must be met but will cooperate when given direction or explanation. Past history or present problem of substance abuse, including alcohol or prescription drugs, alone or combined. No major safety concerns. |
| 3 | Aggressive, abusive or disruptive. | Recurrent episodes (1-3 times per day). Requires intensive supervision and physical/mechanical/medication intervention because of behavior. <u>Caregiver judgment is required to determine appropriate intervention, based on MD order (e.g. when to apply restraints).</u> Episodes documented daily with MD intervention(s) documented monthly. |

| | | |
|---|---|---|
| 4 | Ambulatory Wanderers and/or in danger of self-inflicted harm or self-neglect. | Recurrent episodes (1-3 times per day). Serious safety concerns because of forgetfulness and/or wandering. Causes harm to self because of physical or mental condition i.e. repetively hits self. Judgment is poor and requires environmental/physical/mechanical/medication intervention. <u>Needs constant caregiver protection and intensive supervision because of unsafe or inappropriate behavior.</u> Episodes documented daily with MD intervention(s) documented quarterly. Non Ambulatory wanderers will be given consideration if the individual has documented elopement(s) off caregiver's site within one year from assessment date. |
|---|---|---|

Scenarios for aggressive, abusive or disruptive

Requirement: Recurrent episodes (1-3 times per day). Requires intensive supervision and physical/mechanical/medication intervention because of behavior. Caregiver judgment is required to determine appropriate intervention, based on MD order (e.g. when to apply restraints). Episodes documented daily with MD intervention(s) documented monthly.

Scenario #1: Recipient can ambulate and is physically aggressive, abusive and/or disruptive to others during all hours of the day. Caregiver is constantly at the side of the recipient when he/she is ambulating to ensure that the recipient does not harm others. Restraints may be needed to ensure safety of others.

Scenario #2: Recipient pushes his wheelchair into others, throws objects in order to hit others, throws human waste at others during all hours of the day. Caregiver has to provide constant supervision ensuring the safety of others. Restraints may be needed to ensure safety of others.

Scenarios for wanders and/or in danger of self-inflicted harm or self-neglect

Requirement: Recurrent episodes (1-3 times per day). Serious safety concerns because of forgetfulness and/or wandering. Causes harm to self because of physical or mental condition i.e. restively hits self. Judgment is poor and requires environmental/physical/mechanical/medication intervention. Recipient requires constant caregiver protection and intensive supervision because of unsafe of inappropriate behavior. Episodes documented daily with MD intervention(s) documented quarterly.

Scenario #1: Recipient wanders either during the day, evening, and/or night. There is a risk for serious safety concerns due to the recipient wandering off a caregiver's location/site. Constant caregiver protection needed to ensure safety of the recipient.

Scenario #2: Recipient ambulates and will drink and/or eat inappropriate items, i.e. Drano, gasoline, small jacks, marbles, etc. all hours of the day. Caregiver must consistently provide supervision to ensure that the recipient does not ingest any harmful items. Constant caregiver protection needed to ensure safety of the recipient.

Scenario #3: Recipient constantly hurts self by punching his/her head. Recipient requires a helmet and mitten for self-protection, but constantly takes the helmet and mitten off. Caregiver must constantly tend to recipient all hours of the day to ensure that the recipient does not hurt himself/herself. Constant caregiver protection needed to ensure safety of the recipient.

Feeding. Observation of this activity occurred at least five out of seven days:

| Score | Status | Description |
|-------|--|--|
| 0 | Independent with or without an assistive device. | Independently feeds self. Needs no intervention. |
| 1 | Needs supervision or assistance to assure nutritional needs are met. | Unable to plan and prepare meals. May need constant encouragement and prompting to eat. |
| 2 | Is spoon/syringe/tube fed and does not participate. | Cannot or will not feed self. Requires constant attention and hand feeding by assistant. Tube feeding prepared and administered by another person. |

Transferring (How a person moves between surfaces – to/from: bed, chair, wheelchair, car standing position, excludes to and from bath). Observation of this activity occurred at least five out of seven days:

| Score | Status | Description |
|-------|--|--|
| 0 | Independently able to transfer with or without a device. | Does not require assistance of another person. |
| 2 | Transfers with minimal/stand by help or another person. | Able to transfer with minimal or stand by assistance due to occasional loss of balance on transferring. |
| 3 | Transfer with supervision and physical assistance of another person. | Requires the presence of another when transferring because of e.g. unsteadiness and/or weakness. |
| 4 | Does not assist in transfer or is bedfast. | Completely dependent due to physical or mental condition. Frequent transfer and/or positioning. May require 2-person transfer of lifting equipment because of person's size or disability. |

Mobility/Ambulation. Check a maximum of 2 for score 1 through 4. If an individual is either mobile or unable to walk, no other selections can be made. Activity observed and documented to occur at least daily:

| Score | Status | Description |
|-------|--|--|
| 0 | Independently mobile with or without device. | May use cane, crutches, walker or wheelchair and does not require assistance of another person. |
| 1 | Ambulates with or without device but unsteady/subject to falls | Can walk/be mobile, but requires stand by assistance. |
| 2 | Able to walk/be mobile with minimal assistance. | Can walk/be mobile, but requires the presence of another person for minimal assistance. |
| 3 | Able to walk/be mobile with one assist. | Requires assistance in mobility and requires another person for physical assistance. |
| 4 | Able to walk/be mobile with more than one assist. | Requires assistance in mobility and requires more than one person physically for assistance to walk/be mobile. |
| 5 | Unable to walk. | Unable to walk/be mobile. |

Bowel Function/Continence:

| Score | Status | Description |
|-------|--|--|
| 0 | Continent | Resident is able to perform bowel care/needs, including colostomy without the assistance of another person. |
| 1 | Continent with cues. | Resident only requires cues/reminders to perform bowel care/needs. |
| 2 | Incontinent (at least once daily). | Occasional incontinence requires toileting or reminders by another; needs help to clean self. Requires the help of another on a regular basis to maintain bowel cleanliness. |
| 3 | Incontinent (more than once daily, # of times ____). | Frequent to total incontinence; unable to participate in a training program; completely dependent upon another for bowel care. |

Bladder Function/Continence:

| Score | Status | Description |
|-------|--|--|
| 0 | Continent | Resident is able to perform bladder care/needs, including ileostomy or indwelling catheter care without the assistance of another person. |
| 1 | Continent with cues. | Resident only requires cues/reminders to perform bladder care/needs. |
| 2 | Incontinent (at least once daily). | Occasional or stress incontinence requires toileting or reminders by another; needs help to clean self. Requires the help of another on a regular basis to maintain bladder cleanliness. |
| 3 | Incontinent (more than once daily, # of times ____). | Frequent to total incontinence; unable to participate in a training program; completely dependent upon another for bladder care. |

Bathing. Observation of this activity occurred at least five out of seven days:

| Score | Status | Description |
|-------|---|---|
| 0 | Independent bathing | May require someone to prepare bathroom. |
| 1 | Unable to safely bathe without minimal assistance and supervision. | Needs supervision while bathing to ensure safety. Needs assistance to maintain cleanliness. |
| 3 | Cannot bathe without total assistance (tub, shower, whirlpool or bed bath). | Totally dependent for bathing because of physical or mental disability. |

Dressing and Personal Grooming. Observation of this activity occurred at least five out of seven days:

| Score | Status | Description |
|-------|--|--|
| 0 | Appropriate and independent dressing, undressing, and grooming. | Can perform dressing and personal grooming activities with little or no assistance. |
| 1 | Can groom/dress self with cueing (can dress, but unable to choose or lay out clothes). | Can dress, but unable to choose or lay out clothes or manipulated fasteners. Can brush teeth, wash face, comb/brush hair with some assistance. |
| 2 | Physical assistance needed on a regular basis. | Always requires help in most areas of dressing and grooming. Can do small tasks alone. |
| 3 | Requires total help in dressing, undressing, and grooming. | Cannot dress or undress or groom without help or another. |

Complete for At-Risk only:

Housecleaning:

| Score | Status | Description |
|-------|---------------------------------|---|
| 0 | Independent | Member able to do and does not require assistance. |
| 2 | Needs Assistance | Member able to complete some tasks with some assistance, includes oversight/cueing. |
| 3 | Unable to safely clean the home | Member unable to complete task on own and needs assistance to complete task. |

Shopping:

| Score | Status | Description |
|-------|------------------------------|--|
| 0 | Independent | Member able to do and does not require assistance. |
| 2 | Needs Assistance | Member able to complete but needs assistance to complete task. |
| 3 | Unable to safely go shopping | Member unable to complete task on own and needs assistance to complete task. |

Laundry:

| Score | Status | Description |
|-------|---------------------------------|--|
| 0 | Independent | Member able to do and does not require assistance. |
| 1 | Needs Assistance | Member able to complete but needs assistance to complete task. |
| 2 | Unable to safely do the laundry | Member unable to complete task on own and needs assistance to complete task. |

Meal Preparation:

| Score | Status | Description |
|-------|---------------------------------|--|
| 0 | Independent | Member able to do and does not require assistance. |
| 1 | Needs Assistance | Member able to complete but needs assistance to complete task. |
| 2 | Unable to safely prepare a meal | Member unable to complete task on own and needs assistance to complete task. |