

Medicaid Home and Community-Based Services Waiver Programs Caregiver Assessment

Participant Name: _____

Service Date: _____

Nurse Monitor - Use the Caregiver Assessment (CA) to observe and evaluate the caregiver's ability to correctly perform Caregiver Service Plan (CSP) tasks. Complete a CA during each visit. If multiple caregivers are used, assess each caregiver according to program requirements. Write "yes" or "no" in the box next to each task observed during the visit. Give detailed information on concerns, findings, or training in the comment section. Attach additional pages as needed. Immediately contact the case manager to report health and safety concerns or recommend Caregiver Service Plan or Plan of Care/Service changes. Immediately report abuse, neglect or exploitation to Adult Protective Services 1-800-917-7383.

Task		Observed (Yes/No)	Comment
A D C T I V I T Y L I V I N G O F	Bathing		
	Personal Hygiene (i.e. hair, oral, nail, and skin care)		
	Toileting (i.e. bladder, bowel, bed pan routines, etc.)		
	Dressing & Changing Clothes		
	Mobility & Transfers		
	Eating & Drinking		
	Medications (Review MAR - Medication Admin. Report)		
Task		Observed (Yes/No)	Comment
I N A C T I V I T Y A S S E S S M E N T	Meal Preparation		
	Light Housekeeping		
	Grocery Shopping		
	Transportation/Traveling in the Community		
	Laundry		
	Handling Money		
	Using the Telephone		
	Reading of Specific Items		
	Wash Equipment		
	Other		
Nurse Name:		Signature:	Date:
Caregiver Name:		Signature:	Date:

DHMH 4658 C (N - CA) Approved 7/01/06