

## SPA Training Review Activity

Today is November 18, 2016 and you have been assigned to be the Supports Planner for Mrs. Jane Doe. You will be going out to meet with Mrs. Doe later today. Mrs. Doe is not currently receiving personal care services, but is in need. Mrs. Doe lives with her spouse in an apartment.

Review the attached eligibility information for Mrs. Doe and answer the following questions:

1. When is your Plan of Service (POS) due to be submitted to the Department for review?
2. Does Ms. Doe have Community or LTC Medicaid? When does her coverage expire?
3. Is Mrs. Doe participating in any other Medicaid funded programs? If yes, which program(s)?
4. What Level of Care (LOC) does Mrs. Doe have?
5. What program is Mrs. Doe eligible for?

Review the recommended Plan of Care (POC) and InterRAI results page.

1. What recommended services would be provided through the program that Mrs. Doe is applying for?
2. Which of these services come out of the flexible budget?

It is time to meet with Mrs. Doe. Discuss with your applicant their preferences for providers. What will you need to do to support Mrs. Doe's preference?

Talk to the client about their needs for personal assistance. The flexible budget is \$16,753.00. Are you able to support Mrs. Doe's needs within the flexible budget? If not, what will your next steps be?

You have completed your meeting with Mrs. Doe and are working on completing the POS in the LTSSMaryland Tracking System.

1. When completing your POS, what program type will you choose?
2. What plan type?
3. If Mrs. Doe was also attending Medical Day Care, what else would be important to submit with the POS?

Your initial POS has been approved.

1. What will your next step be?

## Eligibility Information

### Medicaid Eligibility

Current MA # 22211133300

Eligibility Span			View Coverage Group Details
Coverage Group	Start Date	End Date:	LTC/Community
S02	03/01/2004	12/31/9999	Community

Special Program Code				View Special Program Code Details
Special Program	Start Date	End Date	Disenrollment Reason	Disenrollment Source
No data available in table				

### Level of Care

LOC Type	Status	Effective Date	UCA Validation Date
NF LOC	Generated Based On interRAI HC MD Assessment	11/16/2016	N/A
CPAS LOC	Generated Based On interRAI HC MD Assessment	11/16/2016	N/A

### MFP Eligibility

MFP Eligible? N/A

Current MFP Participant? No

**Maryland Department of Health and Mental Hygiene  
 Comprehensive Evaluation - Part II - Clinical Assessment  
 Statewide Evaluation and Planning Services (STEPS)  
 Preadmission Screening and Annual Resident Review (PASRR)  
 Local Health Department (LHD)**

**Client's Name:** JANE DOE  
**Social Security #:** 333-22-1111

**Date:** 11/16/2016

## Plan of Care

### Significant Findings and/or Rationale

### Recommendations / Needed Services

Service	Item Description	Service Type	Units	Frequency	Reason for Service Details
Supports Planning		Community First Choice	36 hours per year	1 year	or as advised.
Physician Visit		State Plan Service	1 day per month	12 months	or as ordered
Nurse Monitoring		Community First Choice	8 hours per year	1 year	or as ordered
Transportation		State Plan Service	365 days per year	1 year	
Technology — Over the bed table		Community First Choice	1 item	(N/A)	
Disposable Medical Supplies	incontinent and diabetic testing supplies.	State Plan Service	365 items	1 year	
Personal Assistance		Community First Choice	(N/A)	(N/A)	requesting hours.

**Evaluated By:**

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Reviewed By:**

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

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## Application

### SECTION A. Identification Information

Question	Answer
1. Name	
a. First Name:	JANE
b. Middle Initial:	A
c. Last Name:	DOE
d. Suffix:	
2. Gender	Female
3. Birthdate	02/15/1939
4. Marital Status:	2 - Married
5. National Numeric Identifier:	
a. Social Security Number:	333221111
b. Medicare Number:	333221111M
c. Medicaid Number:	33322211100
d. INS Number:	
6. Facility / Agency Provider Number:	773402600
7. Current Payment Sources	
a. Medicaid	1 - Yes
b. Medicare	1 - Yes
c. Self or family pays for full cost	0 - No
d. Medicare with Medicaid co-payment	0 - No
e. Private insurance	0 - No
f. Other per diem	0 - No
8. Reason for Assessment	1 - Initial assessment
a. Referral for Medical Day Care Waiver	0 - No
9. Assessment Reference Date:	11/16/2016
10. Person's Expressed Goals of Care	
a. Full Transcript:	"We just try to keep her going with every day tasks."
b. Primary Goal:	We just try to keep her going with every day tasks, per caregiver.
11. Address of Usual Living Arrangement	
a. Street Address 1:	300 MAIN STREET
b. Street Address 2:	
c. City:	BALTIMORE
d. State:	Maryland
e. Zip:	21201
f. Phone Number:	(443) 555-1000
12. Residential / Living Status at Time of Assessment	2 - Apartment / rented room
13. Living Arrangement	
a. Lives	2 - With spouse / partner only
b. As compared to 90 DAYS AGO (or since last assessment), person now lives with someone new	0 - No
c. Person or relative feels that the person would be better off living elsewhere:	2 - Yes, institution
14. Time Since Last Hospital Stay	0 - No hospitalization within 90 days

15. Comments:	Daughter reports that client may eventually need to be in either assisted living or nursing facility.
16. Verification of pre-populated fields	1 - Yes

## SECTION B. Intake and Initial History

Question	Answer
1. Date Case Opened (this agency)	11/16/2016
2. Ethnicity and Race	
Ethnicity	
a. Hispanic or Latino	0 - No
Race	
b. American Indian or Alaska Native	0 - No
c. Asian	0 - No
d. Black or African American	1 - Yes
e. Native Hawaiian or other Pacific Islander	0 - No
f. White	0 - No
3. Primary Language	1 - English
Interpreter Name:	
4. Residential History Over Last 5 Years	
a. Long-term care facility	0 - No
b. Board and care home, assisted living	0 - No
c. Mental health residence	0 - No
d. Psychiatric hospital or unit	0 - No
e. Setting for persons with intellectual disability	0 - No
f. Living in Community	1 - Yes
5. Employment	
a. Are you currently employed?	0 - No
b. Are you currently involved in volunteer activities?	0 - No
c. Are you currently involved in educational or training activities?	0 - No
Are you interested in any of the following?	
a. Obtaining a full time or part time job	0 - No
b. Finding a volunteer work opportunity	0 - No
c. Obtaining more education or training	0 - No
6. Education	2 - High School/GED
7. Section B. Comments:	
8. Verify Pre -populated fields in Section B	1 - Yes

## SECTION C. Cognition

Question	Answer
1. Cognitive Skills For Daily Decision Making:	4 - Severely impaired — Never or rarely makes decisions
2. Memory/Recall Ability:	
a. Short-term memory OK?	1 - No, has memory problem
b. Procedural memory OK?	1 - No, has memory problem
c. Situational memory OK?	1 - No, has memory problem

3. Periodic Disordered Thinking Or Awareness:	
a. Easily distracted?	0 - Behavior not present
b. Episodes of disorganized speech?	0 - Behavior not present
c. Mental function varies over the course of the day?	1 - Behavior present, consistent with usual functioning
4. Acute Change In Mental Status From Person's Usual Functioning:	0 - No
5. Change In Decision Making As Compared To 90 Days Ago (or since last assessment):	1 - No change
Brief Interview for Mental Status	
6. Repetition of Three Words:	3 - Three
7. Temporal Orientation:	
Able to report correct year?	0 - Missed by more than 5 years, or no answer
Able to report correct month?	0 - Missed by more than 1 month, or no answer
Able to report correct day of the week?	1 - Correct
8. Recall	
Able to recall "sock"?	0 - No could not recall
Able to recall "blue"?	0 - No could not recall
Able to recall "bed"?	0 - No could not recall
9. Scoring	Total Score: 4
10. Section C. Comments:	

## SECTION D. Communication and Vision

Question	Answer
1. Making Self Understood (Expression)	1 - Usually understood — Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
2. Ability to Understand Others (Comprehension)	1 - Usually understands — Misses some part / intent of message BUT comprehends most conversation
3. Hearing	0 - Adequate — No difficulty in normal conversation, social interaction, listening to TV
4. Vision	1 - Minimal difficulty — Sees large print, but not regular print in newspapers/books
5. Section D. Comments:	

## SECTION E. Mood and Behavior

Question	Answer
1. Indicators of possible depressed, anxious, or sad mood	
a. Made negative statements	0 - Not present
b. Persistent anger with self or others	3 - Exhibited daily in last 3 days
c. Expressions, including nonverbal, of what appear to be unrealistic fears	1 - Present but not exhibited in last 3 days
d. Repetitive health complaints	0 - Not present
e. Repetitive anxious complaints/concerns (non-health related)	0 - Not present
f. Sad, pained, or worried facial expressions	0 - Not present

g. Crying, tearfulness	0 - Not present
h. Recurrent statements that something terrible is about to happen	0 - Not present
i. Withdrawal from activities of interest	0 - Not present
j. Reduced social interactions	3 - Exhibited daily in last 3 days
k. Expressions, including nonverbal, or a lack of pleasure in life	0 - Not present
<b>2. Self-Reported Mood</b>	
a. Little interest or pleasure in things you normally enjoy?	0 - Not in the last 3 days
b. Anxious, restless, or uneasy?	2 - In 1-2 of last 3 days
c. Sad, depressed, or hopeless?	0 - Not in the last 3 days
<b>3. Behavior Symptoms</b>	
a. Wandering	0 - Not present
b. Verbal abuse	0 - Not present
c. Physical abuse	0 - Not present
d. Socially inappropriate or disruption behavior	0 - Not present
e. Inappropriate public sexual behavior or public disrobing	0 - Not present
f. Resist care	0 - Not present
g. Self-injurious	0 - Not present
<b>4. Section E. Comments:</b>	

## SECTION F. Psychosocial Well-Being

Question	Answer
<b>1. Social Relationships</b>	
a. Participation in social activities of long-standing interest	4 - In last 3 days
b. Visit with a long-standing social relation or family member	4 - In last 3 days
c. Other interaction with long-standing social relation or family member	3 - 4 to 7 days ago
d. Conflict or anger with family or friends	4 - In last 3 days
e. Fearful of a family member or close acquaintance	8 - Unable to determine
f. Neglected, abused, or mistreated	8 - Unable to determine
<b>2. Lonely</b>	0 - No
<b>3. Change in social activities in last 90 days (or since last assessment if less than 90 days ago)</b>	0 - No decline
<b>4. Length of time alone during the day (morning and afternoon)</b>	0 - Less than 1 hour
<b>5. Major life stressors in last 90 days</b>	0 - No
<b>6. Section F. Comments:</b>	Caregiver reports some conflict with dad, "He is not handling her illness well, and sometimes it causes arguments."

## SECTION G. Functional Status

Question	Answer
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1. IADL Self-Performance And Capacity:	
a. Meal preparation — How meals are prepared	
Performance:	8 - Activity did not occur
Capacity:	6 - Total dependence
b. Ordinary housework — How ordinary work around the house is performed	
Performance:	8 - Activity did not occur
Capacity:	4 - Extensive assistance
c. Managing finances — How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored	
Performance:	8 - Activity did not occur
Capacity:	6 - Total dependence
d. Managing medications — How medications are managed	
Performance:	8 - Activity did not occur
Capacity:	6 - Total dependence
e. Phone use — How telephone calls are made or received	
Performance:	8 - Activity did not occur
Capacity:	3 - Limited assistance
f. Stairs — How full flight of stairs is managed (12-14 stairs)	
Performance:	8 - Activity did not occur
Capacity:	2 - Supervision
g. Shopping — How shopping is performed for food and household items	
Performance:	8 - Activity did not occur
Capacity:	6 - Total dependence
h. Transportation — How travels by public transportation	
Performance:	8 - Activity did not occur
Capacity:	6 - Total dependence
2. ADL Self-Performance:	
a. Bathing — How client takes a full-body bath/shower	
	3 - Limited assistance
b. Personal hygiene — How client manages personal hygiene	
	3 - Limited assistance
c. Dressing upper body — How client dresses and undresses (street clothes, underwear) above the waist	
	2 - Supervision
d. Dressing lower body — How client dressed and undresses (street clothes, underwear) from the waist down	
	2 - Supervision
e. Walking — How client walks between locations on same floor indoors	
	0 - Independent
f. Locomotion — How client moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair	
	0 - Independent
g. Transfer toilet — How client moves on and off toilet or commode	
	0 - Independent
h. Toilet use — How client uses the toilet room (or commode, bedpan, urinal)	
	0 - Independent
i. Bed mobility — How moves to and from lying position, turns from side to side, and positions body while in bed	
	0 - Independent
j. Eating — How eats and drinks (regardless of skill)	
	0 - Independent

3. Locomotion/Walking:	
a. Primary mode of locomotion	0 - Walking, no assistive device
b. Timed 4-meter (13-foot) walk	15 seconds
c. Distance walked — Farthest distance walked at one time without sitting down in the LAST 3 DAYS with support as needed	3 - 150-299 feet (50-99 meters)
d. Distance wheeled self — Farthest distance wheeled self at one time in the LAST 3 DAYS	8 - Did not use wheelchair
4. Activity Level:	
a. Total hours of exercise or physical activity in LAST 3 DAYS	2 - 1-2 hours
b. In the LAST 3 DAYS, number of days went out of the house or building in which he/she resides	3 - 3 days
5. Physical Function Improvement Potential:	
a. Person believes he/she is capable of improved performance in physical function	0 - No
b. Care professional believes person is capable of improved performance in physical function	0 - No
6. Change in ADL Status:	1 - No change
7. Driving:	
a. Drove car (vehicle) in the LAST 90 DAYS	0 - No
b. If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving	0 - No, or does not drive
8. Section G. Comments	

## SECTION H. Continence

Question	Answer
1. Bladder Continence	2 - Infrequently incontinent — Not incontinent over last 3 days, but does have incontinent episodes
2. Urinary Collection Device [Exclude pads / briefs]	0 - None
3. Bowel Continence	0 - Continent — Complete control; DOES NOT USE any type of ostomy device
4. Pads or Briefs Worn	1 - Yes
5. Section H. Comments	

## SECTION I. Disease Diagnoses

Question	Answer
1. Disease Diagnoses:	
Musculoskeletal	
a. Hip fracture during last 30 days (or since last assessment if less than 30 days)	0 - Not present
b. Other fracture during last 30 days (or since last assessment if less than 30 days)	0 - Not present
Neurological	
c. Alzheimer's disease	0 - Not present
d. Dementia other than Alzheimer's disease	2 - Diagnosis present, receiving active treatment

e. Hemiplegia	0 - Not present
f. Multiple sclerosis	0 - Not present
g. Paraplegia	0 - Not present
h. Parkinson's disease	0 - Not present
i. Quadriplegia	0 - Not present
j. Stroke / CVA	0 - Not present
Cardiac or Pulmonary	
k. Coronary heart disease	0 - Not present
l. Chronic obstructive pulmonary disease	0 - Not present
m. Congestive heart failure	0 - Not present
Psychiatric	
n. Anxiety	3 - Diagnosis present, monitored but no active treatment
o. Bipolar disorder	0 - Not present
p. Depression	3 - Diagnosis present, monitored but no active treatment
q. Schizophrenia	0 - Not present
Infections	
r. Pneumonia	0 - Not present
s. Urinary tract infection in last 30 days	0 - Not present
Other	
t. Cancer	0 - Not present
u. Diabetes mellitus	2 - Diagnosis present, receiving active treatment
Disease Diagnosis 1	
Description:	Essential (primary) hypertension
Disease Code:	2 - Diagnosis present, receiving active treatment
ICD Code:	I10
Disease Diagnosis 2	
Description:	Hyperlipidemia, unspecified
Disease Code:	2 - Diagnosis present, receiving active treatment
ICD Code:	E785
Disease Diagnosis 3	
Description:	Mild intermittent asthma, uncomplicated
Disease Code:	2 - Diagnosis present, receiving active treatment
ICD Code:	J4520
Disease Diagnosis 4	
Description:	Gastro-esophageal reflux disease without esophagitis
Disease Code:	2 - Diagnosis present, receiving active treatment
ICD Code:	K219
Section I. Comments	

## SECTION J. Health Conditions

Question	Answer
1. Falls:	0 - No fall in last 90 days
2. Problem Frequency: Balance	

a. Difficult or unable to move self to standing position unassisted	0 - Not present
b. Difficult or unable to turn self around and face the opposite direction	0 - Not present
c. Dizziness	0 - Not present
d. Unsteady gait	0 - Not present
Cardiac or Pulmonary	
e. Chest pain	0 - Not present
f. Difficulty clearing airway secretions	0 - Not present
Psychiatric	
g. Abnormal thought process	0 - Not present
h. Delusion – Fixed false beliefs	0 - Not present
i. Hallucinations – False sensory perception	0 - Not present
Neurological	
j. Aphasia	0 - Not present
GI Status	
k. Acid reflux – Regurgitation of acid from stomach to throat	4 - Exhibited daily in last 3 days
l. Constipation – No bowel movement in 3 days or difficult passage of hard stool	0 - Not present
m. Diarrhea	0 - Not present
n. Vomiting	0 - Not present
Sleep Problems	
o. Difficulty falling asleep or staying asleep, waking up too early, restlessness, non-restful sleep	3 - Exhibited on 2 of last 3 days
p. Too much sleep – Excessive amount of sleep that interferes with person's normal functioning	0 - Not present
Other	
q. Aspiration	0 - Not present
r. Fever	0 - Not present
s. GI or GU bleeding	0 - Not present
t. Hygiene – Unusually poor hygiene, unkempt, disheveled	0 - Not present
u. Peripheral edema	0 - Not present
3. Dyspnea:	0 - Absence of symptom
4. Fatigue:	0 - None
5. Pain Symptoms:	
a. Frequency with which person complains or shows evidence of pain	0 - No pain
b. Intensity of highest level of pain present	0 - No pain
c. Consistency of pain	0 - No pain
d. Breakthrough pain - Times in LAST 3 DAYS when person experienced sudden, acute flare-ups of pain	0 - No
e. Pain control	0 - No issue of pain
6. Instability of conditions:	
a. Conditions / diseases make cognitive, ADL, mood, or behavior patterns unstable (fluctuating, precarious, or deteriorating)	1 - Yes

b. Experiencing an acute episode, or a flare-up of a recurrent or chronic problem	0 - No
c. End-stage disease, 6 or fewer months to live	0 - No
7. Self-Reported Health:	2 - Fair
8. Tobacco and Alcohol:	
a. Smokes tobacco daily	0 - No
b. Alcohol – Highest number of drinks in any “single sitting” in LAST 14 DAYS	0 - None
c. Substance abuse	0 - None
9. Section J. Comments:	

## SECTION K. Oral and Nutrition Status

Question	Answer
1. Height and Weight [inches and pounds — country specific]:	
a. Height	62 in.
b. Weight	138 lb.
2. Nutritional Issues:	
a. Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS	0 - No
c. Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day)	0 - No
d. Fluid output exceeds input	0 - No
3. Mode of Nutrition Intake:	0 - Normal — Swallows all types of foods
4. Dental or Oral:	
a. Wears a denture (removable prosthesis)	0 - No
b. Has broken, fragmented, loose, or otherwise non-intact natural teeth	0 - No
c. Reports having dry mouth	0 - No
d. Reports difficulty chewing	0 - No
5. Section K. Comments:	

## SECTION L. Skin Condition

Question	Answer
1. More severe pressure ulcer:	0 - No pressure ulcer
2. Prior Pressure Ulcer:	0 - No
3. Presence of Skin Ulcer Other Than Pressure Ulcer:	0 - No
4. Major Skin Problems:	0 - No
5. Skin Tears or Cuts:	0 - No
6. Other Skin Conditions or Changes in Skin Condition:	0 - No
7. Foot Problems:	1 - Foot problems, no limitation in walking
8. Section L. Comments	Caregiver reports hammertoes left foot, followed by podiatrist.

## SECTION M. Medications

Question	Answer
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Medication 1	
a. Name	complete multivitamin
b. Dose	1
c. Unit	OTH (other)
d. Route	PO (by mouth/oral)
e. Frequency	Daily
f. PRN	0 - No
g. DrugCode	
Medication 2	
a. Name	calcium 600 D3
b. Dose	1
c. Unit	OTH (other)
d. Route	PO (by mouth/oral)
e. Frequency	BID (2 times daily, includes every 12 hrs)
f. PRN	0 - No
g. DrugCode	
Medication 3	
a. Name	hctz
b. Dose	12.5
c. Unit	mg (milligram)
d. Route	PO (by mouth/oral)
e. Frequency	Daily
f. PRN	0 - No
g. DrugCode	
Medication 4	
a. Name	donepezil hcl
b. Dose	10
c. Unit	mg (milligram)
d. Route	PO (by mouth/oral)
e. Frequency	Daily
f. PRN	0 - No
g. DrugCode	
Medication 5	
a. Name	vit E
b. Dose	400
c. Unit	units
d. Route	PO (by mouth/oral)
e. Frequency	BID (2 times daily, includes every 12 hrs)
f. PRN	0 - No
g. DrugCode	
Medication 6	
a. Name	atorvastatin
b. Dose	20
c. Unit	mg (milligram)
d. Route	PO (by mouth/oral)
e. Frequency	BED (at bedtime)
f. PRN	0 - No
g. DrugCode	

Medication 7	
a. Name	asa
b. Dose	81
c. Unit	mg (milligram)
d. Route	PO (by mouth/oral)
e. Frequency	Daily
f. PRN	0 - No
g. DrugCode	
Medication 8	
a. Name	lisinopril
b. Dose	10
c. Unit	mg (milligram)
d. Route	PO (by mouth/oral)
e. Frequency	Daily
f. PRN	0 - No
g. DrugCode	
Medication 9	
a. Name	metformin
b. Dose	500
c. Unit	mg (milligram)
d. Route	PO (by mouth/oral)
e. Frequency	Daily
f. PRN	0 - No
g. DrugCode	
Medication 10	
a. Name	omeprazole
b. Dose	40
c. Unit	mg (milligram)
d. Route	PO (by mouth/oral)
e. Frequency	Daily
f. PRN	0 - No
g. DrugCode	
Medication 11	
a. Name	albuterol
b. Dose	1
c. Unit	puffs
d. Route	IH (inhalation)
e. Frequency	Q6H (every 6 hours)
f. PRN	1 - Yes
g. DrugCode	
2. Allergy To Any Drug:	0 - No known drug allergies
3. Adherent With Medications Prescribed By Physician:	0 - Always adherent
4. Section M. Comments:	
5. Verification of pre-populated fields	1 - Yes

## SECTION N. Treatments and Procedures

Question	Answer
<b>1. Prevention</b>	
a. Blood Pressure measured in LAST YEAR	1 - Yes
b. Colonoscopy test in LAST 5 YEARS	0 - No
c. Dental exam in LAST YEAR	1 - Yes
d. Eye exam in LAST YEAR	1 - Yes
e. Hearing exam in LAST 2 YEARS	0 - No
f. Influenza vaccine in LAST YEAR	0 - No
g. Mammogram or breast exam in LAST 2 YEARS (for women)	0 - No
h. Pneumovax vaccine in LAST 5 YEARS or after age 65	0 - No
<b>2. Treatments and Programs Received/Scheduled</b>	
<b>Treatments</b>	
a. Chemotherapy	0 - Not ordered AND did not occur
b. Dialysis	0 - Not ordered AND did not occur
c. Infection control – e.g. isolation, quarantine	0 - Not ordered AND did not occur
d. IV medication	0 - Not ordered AND did not occur
e. Oxygen therapy	0 - Not ordered AND did not occur
f. Radiation	0 - Not ordered AND did not occur
g. Suctioning	0 - Not ordered AND did not occur
h. Tracheostomy care	0 - Not ordered AND did not occur
i. Transfusion	0 - Not ordered AND did not occur
j. Ventilator or respirator	0 - Not ordered AND did not occur
k. Wound care	0 - Not ordered AND did not occur
<b>Programs</b>	
l. Scheduled toileting program	0 - Not ordered AND did not occur
m. Palliative care program	0 - Not ordered AND did not occur
n. Turning / repositioning program	0 - Not ordered AND did not occur
<b>3. Formal Care</b>	
a. Home Health Aide / Personal or Attendant Care (please estimate based on # of ADLs)	0 day(s), 0 total minutes
b. Home nurse	0 day(s), 0 total minutes
c. Homemaking services (please estimate based on # of IADLS)	0 day(s), 0 total minutes
d. Meals	0 day(s), 0 total minutes
e. Physical therapy	0 day(s), 0 total minutes
f. Occupational therapy	0 day(s), 0 total minutes
g. Speech language pathology and audiology services	0 day(s), 0 total minutes
h. Psychological therapy (by any licensed mental health professional)	0 day(s), 0 total minutes
i. Adult / Medical Day Care	0 day(s), 0 total minutes
<b>4. Hospital Use, Emergency Room Use, Physician Visit</b>	
a. Inpatient acute hospital with overnight stay	0 times
b. Emergency room visit (not counting overnight stay)	0 times
c. Physician visit (or authorized assistant or practitioner)	1 times

5. Physically Restrained	0 - No
6. Complexity of the patient or existing conditions require additional services?	0 - No
7. Section N. Comments:	caregiver/provider reports 4 hrs/day, 6 days/wk

## SECTION O. Responsibility

Question	Answer
1. Legal Guardian:	0 - No
2. Do you have an Advance Directive or Life Sustaining Treatment Orders?:	0 - No
3. Section O. Comments:	Daughter reports she is healthcare representative and POA.
4. Verification of pre-populated fields	1 - Yes

## SECTION P. Social Supports

Question	Answer
1. Two Key Informal Helpers:	
a. Relationship to person	Helper1: 1 - Child or child in-law Helper2: 9 - No informal helper
b. Lives with person	Helper1: 0 - No Helper2: 8 - No informal helper
Areas of Informal Help during Last 3 Days	
c. IADL help	Helper1: 1 - Yes Helper2: 8 - No informal helper
d. ADL help	Helper1: 1 - Yes Helper2: 8 - No informal helper
2. Informal Helper Status:	
a. Informal helper(s) is unable to continue in caring activities e.g. decline in health of helper makes it difficult to continue	0 - No
b. Primary informal helper expresses feeling of distress, anger, or depression	0 - No
c. Family or close friends report feeling overwhelmed by person's illness	1 - Yes
3. Hours of Informal Care and Active Monitoring During Last 3 Days:	Total Hours: 27 Hours
4. Strong and Supportive Relationship with Family:	0 - No
5. Section P. Comments:	

## SECTION Q. Environmental Assessment

Question	Answer
1. Home Environment	
a. Disrepair of the home	0 - No
b. Squalid condition	0 - No
c. Inadequate heating and cooling	0 - No

d. Lack of personal safety	0 - No
e. Limited access to home or rooms in home	0 - No
2. Lives in Apartment or House Re-engineered Accessible for Persons with Disabilities	1 - Yes
3. Outside Environment	
a. Availability of emergency assistance	1 - Yes
b. Accessibility to grocery store without assistance	0 - No
c. Availability of home delivery of groceries	1 - Yes
4. Finances	0 - No
5. Section Q. Comments:	
6. Verification of pre-populated fields	1 - Yes

## SECTION R. Discharge Potential and Overall Status

Question	Answer
1. Care Goals Met:	0 - No
2. Overall Self-Sufficiency has changed:	1 - No change
6. Section R. Comments:	

## SECTION S. Discharge

Question	Answer
1. Last Day of Stay:	
2. Residential / Living Status After Discharge:	
3. Section S. Comments:	

*Section T on next page.*

**SECTION T. Assessment Information**

Question	Answer
Person Coordinating / Completing the Assessment	
1. Assessor:	NURSE
2. Date assessment completed:	11/16/2016
3. How long did this assessment take to complete?	
In person	1 hours 0 minutes
Additional	0 hours 30 minutes
Section T. Comments:	