

Personal Care

Pre-Admission Screening (PAS) Instructions

When completing the PAS for Personal Care the following definitions and guidelines must be followed:

At the top left under Reason for Screening:

Choose Personal Care Initial or Reevaluation

At the top right:

Fill in your name or agency name

Agency Address

Contact Person

Phone Number and Fax Number

I. Demographic information:

Numbers 1 to 19 All areas must be completed.

All of the information in this section deals directly with the individual who is being assessed for services.

Number 12: If there is no Spouse put N/A.

Number 16: If the person is a recipient of Medicaid Waiver Services, mark which Waiver he/she is receiving.

Number 18: This form **MUST** be signed and dated by the member, legal representative, or person acting for the applicant. If someone other than the member is signing the document their relationship must be documented,

II. Medical Assessment:

Numbers 20 to 29. All areas must be completed unless noted below.

Number 21: Nurse may choose whether or not to do vital signs.

Number 22: If there are no abnormalities, put N/A at the end of the list.

Number 23: If there are no Medical Conditions/Symptoms, put N/A at the end of the list.

Number 26: The following definitions must be used when completing this section. **If evaluating a minor child consider if the activity is one which is considered a normal child care activity performed by a parent or guardian of a child of a similar age.**

Eating:

Does not include the individual's ability to prepare a meal or meals.

Self/Prompting – individual can eat independently but may need a reminder to do so. (Does not apply to children under the age of 3).

Physical/Assistance- individual needs some assistance with eating, such as cutting, chopping and pureeing foods. (Does not apply to children under age the of 3).

Total Feed-Individual cannot feed himself/herself. (Does not apply to children under the age of 3).

Tube Fed-Individual uses some type of tube feeding devise in order to get nutrition.

Bathing/Dressing/Grooming:

Self/Prompting: Individual needs no assistance to accomplish the task or can perform the task independently when prompted to do so. (Does not apply to children under the age of 3).

Physical Assistance: Hands-on assistance with an activity; however, the members can participate to a limited degree.

Total Care: Hands-on activity where member is incapable of participating in the activity and the provider must perform all services. (Does not apply to children under the age of 3).

Cont./Bladder/Bowel:

Continent: Individual has complete control of bladder and/or bowels. (Does not apply to children under the age of 3).

Occasional Incontinent: Individual experiences episodes of bladder and/or bowel incontinence at less than 3 times per week. (Does not apply to children under the age of 3).

Incontinent: Individual experiences episodes of bladder and/or bowel incontinence three or more times per week.

May require the use of adult disposable briefs. (Does not apply to children under the age of 3).

Orientation:

Oriented: Individual is oriented to date, time, place, name, etc. (Does not apply to children under the age of 3).

Intermittent Disoriented: Individual has periodic episodes of not knowing date, time, place, name, etc. (Does not apply to children under the age of 3).

Totally Disoriented: Individual has no knowledge of date, time, place, name, etc. (Does not apply to children under age of 3).

Comatose: Unconscious

Transferring/Walking:

Supervised/Assistive Device: Individual can perform activity either under supervision or by using an assistive device such as a walker, cane, wheelchair, scooter, etc. (Does not apply to children under the age of 3).

One Person Assistance: Individual can perform activity with hands-on assistance of one person. (Does not apply to children under the age of 3).

Two Person Assistance: Individual needs the assistance of two people in order to perform activity. (Does not apply to children under the age of 3).

Wheeling:

Wheels Independently: Individual does not need assistance when using wheelchair in the home. (Does not apply to children under the age of 3).

Situational Assistance: Individual needs assistance in order to get through doorways of home, move close to the sink, etc. (Does not apply to children under the age of 3).

Total Assistance: Individual cannot use the wheelchair independently. (Does not apply to children under the age of 3).

Vision/Hearing:

Impaired/Correctable: Individual's vision and/or hearing is impaired, however it is correctable with eyeglasses, hearing aid, etc.

Impaired/Not Correctable: Individual's vision and/or hearing is impaired, however it is not correctable through the use of eyeglasses, hearing aid, etc.

Communication:

Impaired/Understandable: Individual is able to communicate, however must have assistance either by a murmuring, stammering, etc. Understandable with Aids: Individual is able to communicate, however must have assistance either by a communications device such as a computer, speech board, family member, etc.

Inappropriate/None: Individual either cannot communicate at all or when he/she does it is inappropriate to the situation being addressed.

Number 27: If there are no professional and technical care needs for the individual note N/A in this section.

Number 28: If the individual is not taking any medications, document N/A in the Comments section.

III. MI/MR Assessment:

Numbers 30 to 34: All areas must be addressed. Again you are only addressing the individual who you are assessing.

Number 34: If the applicant has not displayed any of these behaviors in the last two years, put N/A at the end of the list.

Physician Recommendation:

Numbers 35 to 39 can only be completed by a M.D., D.O., Physician's Assistant or Nurse Practitioner who must sign and date the forms. The signature must be an original signature.

Eligibility Determination:

Numbers 40 to 44: The agency RN completes this section only AFTER the M.D., D.O., Physician's Assistant, or Nurse Practitioner signs and returns the form. The signature of the RN must be an original signature and the form must be dated.

Medical orders such as range of motion, position, and blood pressure readings, etc.

Additional Nursing Documentation Instructions: Effective May 15, 2014

Registered Nurses completing Initial or re-evaluation assessments for Personal Care Service need to provide specific, accurate and consistent documentation related to all areas of the PAS: This information should be consistent with the Level of Care reflective of the individuals PAS to include their functional abilities in the areas of: Eating, Bathing, Dressing, Grooming, Bladder/Bowel Incontinence, Orientation, Transferring, Walking, Wheeling, Vision, Hearing, Communication, Medication administration. Detailed information regarding the above areas could be beneficial to the member when being reviewed for Level 1 and Level 2 Personal Care Services.