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# AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

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**Form Name:** Personal Options Assessment (Policy Section 501.12)

**Purpose:** To assess the ADW participant's individual goals, healthcare, preferences, risks, service(s) and activities or other resources needed.

## SECTION I. CASE MANAGEMENT ASSESSMENT

### DEMOGRAPHICS:

- Complete the demographics section in full that apply to the ADW participant. **Example:** Only answer Personal Options sections if the person is on the Personal Options Program.
- Detailed directions to the home will provide information for a new person going to the home.

### GOALS AND RESOURCES:

- This section is the beginning of Person-Centered Planning. The Case Manager will begin to discuss the person's preferences, their goals for the program and the types of supports that are available or needed.
- It is best to ask open-ended questions and provide examples. Describe this area in the person's own words. **Example of Goals:** I want to stay in my own home as long as I can; I need someone to help me with meals and taking a bath; I never want to go back to the nursing home. Do not enter "help with ADL's" as this is not typical language that a person would use.
- **Finance:** The reason for asking this question is to determine the level of risk for this person around finances. If a person requires assistance, this can be a risk for the person. The Case Manager may want to suggest preventive measures.

### HEALTHCARE:

- **Coordination of Healthcare:** This is a new requirement for CMS and will be included in the provider monitoring. This area to assess the need for assistance with access medical care. If you mark "yes" for "Do you think you need referrals", you must list this on the Resources/Needs section of the Service Plan. **Example:** Person needs a new Primary Care Physician.
- **Legal Representative:** Indicate with an "x" beside the appropriate response and enter the name and contact information for the legal representative.
- Enter the date that a copy of the document is provided to the Resource Consultant. If the Resource Consultant requested a copy and did not receive it, indicate this response.
- Check the equipment in place currently and document the equipment that is needed. Example: Needs new wheel chair, etc.
- Enter the name and contact information of the person's primary care physician, physical therapist or other medical professionals.
- **What Medical Conditions Affect My Areas of Need or Assistance?**
  - Place an "x" beside areas that apply to the person.
- **What are the Services and Resources That You Need?**
  - This is a short list of potential areas of need for the person.

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## RISKS:

- Discuss each risk area and risk with the person. Discuss each area. Questions within each section are prompts to make the person aware of potential risks in that area.
- For each risk identified, document a plan to address the risk.
- **Example:** Risk identified is fall risk. **Risk Plan:** She will remove scatter rugs to prevent falling.

## IDENTIFIED SERVICE AND RESOURCE NEEDS:

- Mark an “x” in the box for those that apply.
- Enter name of provider or phone number when indicated.

## PERSONAL ATTENDANT SERVICES:

- For each area, document the level of assistance needed.
  - I = Independent
  - S = Supervised
  - P = Partial
  - T = Total
- Describe what the employee will need to do to assist the person with this activity. Example: If the person has left side paralysis. “Hand items to person’s right hand in shower”. “Meals for someone with hand tremors. “Assist with fork and knife when eating”; “Dressing for someone with arthritis. “ Assist with buttons and zippers shirts and pants”.
- In the Essential Errands and Community Activities Section, describe the activity, the destination and when the employee will take the person. **Example:** “Kroger in Charleston for grocery 1x/week on Fridays”; “South Charleston Rite Aid pharmacy pick up 1x/month on Mondays; “Hair dresser on Monday’s 1x/week”, etc.

## SIGNATURES:

- The ADW participant, legal representative (if applicable) and the Resource Consultant must sign and date the assessment.