

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Case Management Person-Centered Assessment

Purpose: To assess the ADW participant's risks, Activities of Daily Living (ADL's), Instrumental Activities of Daily Living (IADL's), healthcare and need for ADW services and other services, resources and support network.

CASE MANAGEMENT ASSESSMENT

TYPE OF ASSESSMENT:

- Choose Initial, 6-Month, Annual/Anchor Date or Other

DEMOGRAPHICS:

- Complete the demographics section in full that apply to the ADW member. **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.

HEALTHCARE AND INSURANCE INFORMATION:

- Complete this section. Enter the Medicaid number and the Medicare or other information. The insurance information will assist the Case Manager when linking with resources for medical needs.
- Enter an "x" in the box that correctly describes the legal representative. This section is not required as everyone does not have a legal representative. The CM must request a copy of the document verifying the legal representative for their files, if applicable. Document if the verification was requested and the ADW person did not provide a copy to the CM. Ensure that the name and phone number of the legal representative is included.

MEDICAL EQUIPMENT:

- Enter an "x" in the box for all medical equipment that the member currently has.
- If additional medical equipment is needed, document it in the space provided and make sure the need is carried over to the Service Plan.
- Document who is responsible for cleaning the equipment, for example, the Personal Attendant, informal support, etc.

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

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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.

- **Employment:** Ask if the member is interested in seeking employment, and if so, describe what assistance they will need to accomplish this. This activity must also carry over to the Service Plan.
- **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.
- **Informal and Formal Support:** It is very important that the Case Manager find out what support the member has, if any, in addition to the formal support from various agencies.

ENVIRONMENTAL:

- Mark an “x” indicating the location, type and whether or not the residence of the ADW member is owned or leased/rented.
- Ask the member if they reside with someone unrelated who owns or leases the residence and if that person is their paid caregiver. **If yes, this indicates a Provider-Owned Setting and you must notify the BMS Program Manager.**
- Ask the member if they reside with someone who owns or leases the residence and if that person is their informal support.
- If the member leases or rents their residence, is their name on the lease? If no, indicate whose name is on the lease. **If no, this indicates a Provider-Owned Setting and you must notify the BMS Program Manager.**
- Enter the name(s) of those living in the residence, phone and relationship. Some family members have separate cell phone numbers.
- Mark an “x” beside “I live alone” if this applies to the person.

RISKS:

- Discuss each risk area and risk with the person. Mark an “x” for yes or no.
- For yes, you may mark an “x” for no plan needed. However, a reason is required in the comment section to the right.
- Example: Person smokes. However, he is not interested in smoking cessation. Mark “no plan needed”. Document that education was provided and the person chooses not to stop smoking at this time. It is not required to add this type of risk to the Service Plan as the Service Plan is intended for risks that are being addressed.
- This new option allows the Case Manager to address the risk, document that the person does not want to address the risk and document the reason for accountability purposes.
- It is expected that any health and safety risk must be addressed on the Service Plan, even if the person does not want to address it. **Example:** Smoking with oxygen.

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MEDICAL:

- Enter the information for the person's primary care physician or medical specialists such as a physical therapist, cardiologist, etc.
- **Coordination of Healthcare:** This is a new requirement for CMS and will be included in the provider monitoring. This area should be used to assess the need for assistance with access to 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.

SOCIAL:

- The purpose of including social in the assessment is that it is an opportunity to determine the person's level of interaction with others and their community. This is useful when you begin to address community activities on the Service Plan.
- This information is valuable to understand the person. The person is more than their medical issues or their functional abilities. This is another area that builds in "person-centered".
- Example: If the person never leaves the home, community integration is important.
- **Type of Work/Education:** Example: If you have a person who was a nurse, this person will have a good understanding of the assessment process and the medical aspect of the program. Example: If the person was a business manager before retiring, this person was accustomed to making their own decisions about employees. You will want to offer opportunities where this person has some control over their services.

IDENTIFIED SERVICE AND RESOURCE NEEDS:

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

LIST OF PEOPLE PRESENT DURING ASSESSMENT:

- List everyone who was present during the assessment, and include their relationship to the member.

COMMENTS:

- **Comments:** The RN may use this section to document a justification for an activity that may take longer or need additional assistance. **Example:** Shortness of breath - showering, walking to and from the car for essential errands may take longer, etc.

SIGNATURES:

- The ADW member and the Case Manager must sign and date the Assessment.