
AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Person-Centered Assessment (Policy Section 501.12)

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.

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.

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. 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.

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.

ENVIRONMENTAL:

- Mark an "x" indicating the residence of the ADW participant.
- Enter the name of those living in the residence, phone and relationship. Some family members have separate cell phone numbers.
- Mark an "x" beside lives alone if this applies to the person.

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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 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.

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 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.

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 name of provider or phone number when indicated.

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SECTION II: PERSONAL ATTENDANT RN SECTION

Nursing Assessment:

- This nursing assessment is a systemic review of the person.
- Mark an “x” beside each condition that applies to the person.
- Indicate the “specific status” in the right hand column. **Example:** Tremors. Document that it is hand tremors. This information is helpful for the worker who will know that the person may need additional assistance with eating. This is important information for the RN to develop the Personal Attendant Log (Service Plan).

Functional Assessment:

- The RN will assess the person’s ADL’s and IADL’s. Indicate the level of assistance that the person will need:
 - I = Independent
 - S = Supervised
 - P = Partial
 - T = Total
- Describe what the worker will need to do to assist the person with this activity. Example: “Left side paralysis. Hand items to person’s right hand in shower”. “Hand tremors. Unable to hold fork when eating”; “Dressing – Person needs help to button or zip clothes”.
- In the comment section, describe the essential errands and community activities in detail. 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. Always include a back-up plan for community activities if needed. For example, if person likes to go to yard sale, in case of bad weather, back-up plan could be that person goes to an indoor flea market.

Describe any other:

- Examples: outline equipment that needs cleaned (wheelchair, etc.) or anything not covered above.

Describe RN Recommendations:

- This area may include medical information that is critical to the planning process and is one of the primary purposes of having the RN as a part of the planning team.

Changes in Needs:

- Document any changes in the ADW recipient since last assessed or the last PAS. Example: Hospital admission, recent change in condition or functional ability, etc.
- This area is useful for requests for Changes in Service Level.

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SIGNATURES:

- The ADW participant and the RN must sign and date the RN Assessment section.
- **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.