

AGED AND DISABLED WAIVER- RN PERSON CENTERED ASSESSMENT

RN PERSON-CENTERED ASSESSMENT

Initial	6-Month	Annual/Anchor Date	Other
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Last Name:	First Name:
Date of Assessment:	Current PAS Date:

1. **NURSING ASSESSMENT Conditions:** Mark an X in the box for all that applies. **Specific Status:** For specifics, describe the status of the condition. Example: If you marked tremors, you could describe "left hand tremors."

Nursing Assessment	Condition(s)		Specific Status											
NEUROMUSCULAR <i>Musculoskeletal, Neurological, Orientation, Mobility/Posture/Gait</i> ___ No Problem	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Language- Expressive</td> <td style="width: 50%;">Language-Receptive</td> </tr> <tr> <td>No communication</td> <td>Weakness</td> </tr> <tr> <td>Intellectual or developmental delay</td> <td>Paralysis</td> </tr> <tr> <td>Orientation/Memory</td> <td>Tremors</td> </tr> <tr> <td>Tingling, Pain, Numbness, Neuropathy</td> <td>Unsteady Gait, Mobility</td> </tr> <tr> <td>Other:</td> <td>Seizures</td> </tr> </table>	Language- Expressive	Language-Receptive	No communication	Weakness	Intellectual or developmental delay	Paralysis	Orientation/Memory	Tremors	Tingling, Pain, Numbness, Neuropathy	Unsteady Gait, Mobility	Other:	Seizures	
Language- Expressive	Language-Receptive													
No communication	Weakness													
Intellectual or developmental delay	Paralysis													
Orientation/Memory	Tremors													
Tingling, Pain, Numbness, Neuropathy	Unsteady Gait, Mobility													
Other:	Seizures													
CARDIO-PULMONARY <i>Cardiovascular, Respiratory</i> ___ No Problem	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Shortness of breath</td> <td style="width: 50%;">C-Pap, Bi-Pap</td> </tr> <tr> <td>Chest discomfort</td> <td>Oxygen</td> </tr> <tr> <td>Inhaler, Nebulizer</td> <td>Ventilator</td> </tr> <tr> <td>Edema: (describe location)</td> <td>Other:</td> </tr> </table>	Shortness of breath	C-Pap, Bi-Pap	Chest discomfort	Oxygen	Inhaler, Nebulizer	Ventilator	Edema: (describe location)	Other:					
Shortness of breath	C-Pap, Bi-Pap													
Chest discomfort	Oxygen													
Inhaler, Nebulizer	Ventilator													
Edema: (describe location)	Other:													
GI/GU <i>Gastrointestinal, Renal, Incontinence (Bowel/Bladder), Diet, Weight Change</i> ___ No Problem	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Appetite (Good, Fair, Poor)</td> <td style="width: 50%;">Difficulty chewing</td> </tr> <tr> <td>Special diet- Type:</td> <td>Difficulty swallowing</td> </tr> <tr> <td>Total Incontinence</td> <td>History of choking</td> </tr> <tr> <td>Partial incontinence</td> <td>Weight gain</td> </tr> <tr> <td>Catheter</td> <td>Weight loss</td> </tr> <tr> <td>Dialysis, port, shunt</td> <td>Dental- carries, lost or broken teeth, dental prosthesis</td> </tr> </table>	Appetite (Good, Fair, Poor)	Difficulty chewing	Special diet- Type:	Difficulty swallowing	Total Incontinence	History of choking	Partial incontinence	Weight gain	Catheter	Weight loss	Dialysis, port, shunt	Dental- carries, lost or broken teeth, dental prosthesis	
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ADW Participant's Name: _____ Date of Assessment: _____

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Ostomy</td> <td style="width: 50%; text-align: center;">Other:</td> </tr> </table>	Ostomy	Other:											
Ostomy	Other:													
<p>Integumentary</p> <p><i>Skin, Sensory, Dental</i></p> <p style="text-align: center;">___ No Problem</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Pale</td> <td style="width: 50%; text-align: center;">Jaundice</td> </tr> <tr> <td style="width: 50%; text-align: center;">Cyanotic</td> <td style="width: 50%; text-align: center;">Ruddy/Red</td> </tr> <tr> <td style="width: 50%; text-align: center;">Warm/Dry</td> <td style="width: 50%; text-align: center;">Decubitus (describe in specific status)</td> </tr> <tr> <td style="width: 50%; text-align: center;">Rash</td> <td style="width: 50%; text-align: center;">Cuts</td> </tr> <tr> <td style="width: 50%; text-align: center;">Surgical wounds</td> <td style="width: 50%; text-align: center;">Pain or Pressure</td> </tr> <tr> <td style="width: 50%; text-align: center;">Protective or preventive foot care</td> <td style="width: 50%; text-align: center;">Other:</td> </tr> </table>	Pale	Jaundice	Cyanotic	Ruddy/Red	Warm/Dry	Decubitus (describe in specific status)	Rash	Cuts	Surgical wounds	Pain or Pressure	Protective or preventive foot care	Other:	<p style="text-align: center;"><i>Describe type, drainage and location of any decubitus, skin or foot care.</i></p>
Pale	Jaundice													
Cyanotic	Ruddy/Red													
Warm/Dry	Decubitus (describe in specific status)													
Rash	Cuts													
Surgical wounds	Pain or Pressure													
Protective or preventive foot care	Other:													
<p>Other</p> <p><i>Hearing, Vision, Mental Health, Substance Abuse, Challenging Behaviors</i></p> <p style="text-align: center;">___ No Problem</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Hearing</td> <td style="width: 50%; text-align: center;">Vision</td> </tr> <tr> <td style="width: 50%; text-align: center;">Substance Abuse (describe in specific status)</td> <td style="width: 50%; text-align: center;">Mental Illness (describe in specific status)</td> </tr> <tr> <td style="width: 50%; text-align: center;">Challenging behaviors (describe in specific status)</td> <td style="width: 50%; text-align: center;">Other:</td> </tr> </table>	Hearing	Vision	Substance Abuse (describe in specific status)	Mental Illness (describe in specific status)	Challenging behaviors (describe in specific status)	Other:							
Hearing	Vision													
Substance Abuse (describe in specific status)	Mental Illness (describe in specific status)													
Challenging behaviors (describe in specific status)	Other:													
<p>Comments:</p>														

2. FUNCTIONAL ASSESSMENT *(Based upon what I am able to do, how do I need the PA to assist me?) Levels of Assistance: I = Independent; S = Supervision; P = Partial; T = Total*

Functional Assessment	Level of Assist	Describe Any Specific Directions for the Personal Assistant
Bathing		
Grooming		
Dressing		
Ambulation		
Transfer/Repositioning		

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Toileting		
Medication Prompting		
Meal Preparation <i>Special Directions:</i>		
Laundry		
Environmental (housekeeping, dishes, trash, etc.)		
Transportation For:		
Essential Errands: Describe in Comment Section		
Community Activities: Describe in Comment Section		
Comments:		
Describe any other treatments and/or healthcare provided for the ADW participant.		
Describe any RN recommendations based upon findings from the Nursing Assessment (referrals to physicians, home health services, etc.):		

3. CHANGES IN NEEDS *(Reminder: Document changes in needs below when requesting a change in level of service. RN Contact Form may include additional information for changes in levels of service).*

Has the ADW participant's needs for assistance changed since the last completed PAS? (Please include any hospitalizations, nursing home admissions, respite admissions, etc. Since last assessment).

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Arrival Time:	Departure Time:	Total Time:
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By signing, I certify that the reported information is complete and accurate. I understand that payment for the services certified on this form will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under Medicaid Fraud.

ADW Member/Legal Representative Signature

Date

Personal Attendant RN Signature

Date

<p>Comments: (Example: Justification of personal assistant hours such as a person with shortness of breath will take longer for an activity or a higher acuity level).</p>

Copy of the assessment was provided to the ADW member and Case Management Agency on: _____

Note: Assessment is required to be uploaded to member's record in CareConnection.