

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: RN Person Centered Assessment

Purpose: To assess the ADW member's Activities of Daily Living (ADL's), Instrumental Activities of Daily Living (IADL's) and review health care needs.

RN PERSON CENTERED ASSESSMENT

Type of Assessment:

- Indicate if the Assessment is the Initial, 6-Month, Annual/Anchor Date or Other.

Member Information:

- Complete member name, Date of Assessment and Current PAS Date.

Nursing Assessment:

- This nursing assessment is a systematic review of the member.
- Mark an "x" beside each condition that applies to the member.
- 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 member may need additional assistance with eating. This is important information for the RN to develop the Personal Attendant Log (PAL).

Functional Assessment:

- The RN will assess the member's ADL's and IADL's. Indicate the level of assistance that the member will need:
 - I = Independent
 - S = Supervised
 - P = Partial
 - T = Total
- Describe what the worker will need to do to assist the member with this activity. Example: "Left side paralysis. Hand items to member's right hand in shower". "Hand tremors. Unable to hold a fork when eating"; "Dressing – Member needs help to button or zip clothes".
- In the comment section, describe the essential errands and community activities in detail. Example: "Charleston area grocery shopping 1 day per week"; "South Charleston area pharmacy pick up 1 day per week"; "Local hairdresser 1 day per week", etc. Always include a back-up plan for community activities if needed. For example, if the member likes to go to yard sales, in case of bad weather, a back-up plan could be that member goes to an indoor flea market.
- All essential errands/community activities must be within the members local community.

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Describe any other treatments and/or health care provided for the member:

- Examples: Dual Services, Home Health, Mental Health, etc.

Describe RN Recommendations:

- This area may include referrals to physicians, home health services, etc.

Changes in Needs:

- Document any changes in the ADW member 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.

Arrival/Departure/Total Time:

- Record the time you arrive for the Assessment, the time you leave after the Assessment and the total time spent completing the Assessment.

Signatures:

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

Date Assessment was Shared with member and Case Management Agency:

- Enter the date the Assessment was shared with the member and the member's Case Management agency.