
VERMONT
INDEPENDENT LIVING ASSESSMENT (ILA)
MANUAL

Full ILA Version

Version 4.0

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VERMONT INDEPENDENT LIVING ASSESSMENT

PREFACE

The mission of the Department of Disabilities, Aging and Independent Living (DAIL) is to make Vermont the best state in which to grow old or to live with a disability ~ with dignity, respect and independence. It is extremely important in achieving that goal that we identify the strengths and needs of the people we aim to serve.

The Vermont Independent Living Assessment (ILA) was first created in October 1995 with assistance from the National Long Term Care Center at the University of Minnesota with funds from an Administration on Aging Demonstration Grant. Throughout the years, the ILA has been revised in collaboration with community partners, to reflect changes in data requirements and assessment needs.

The ILA is first and foremost a tool used to gather information used by assessors to better understand the strengths and needs of the individuals they serve. This information is essential defining an individual's needs and in the development of a plan.

Secondly, the information gathered through the assessment process will help determine an individual's eligibility for certain programs and services. For example, to be eligible for the Choices for Care program, an individual must meet certain clinical and financial criteria. Information that appears on the ILA is used to make that determination.

Thirdly, data gathered through the ILA is used by long-term care system planners and program analysts in designing systems to meet the needs of Vermonters. The data is merged into a central database at DAIL where information is generated for planning and analysis and to respond to requests from legislators, service provider organizations and the general public.

We continually look for ways to improve the assessment and the assessment process. This latest version of the ILA has been developed after a thorough review by users like you and is designed to be used in an automated assessment system called OMNIA. We encourage all providers who are interested in becoming fully automated in the OMNIA assessment system to contact the Department for assistance.

We hope that you, as the assessor, are able to use the assessment process to get to know the individuals you serve and that the process is a positive experience for both of you.

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CHAPTER 1 — ASSESSMENT TIPS

The comprehensive assessment interview can be a valuable tool in assessing the needs of older people and adults with disabilities. When done correctly the assessment can be rewarding experience for both the individual (client) and the assessor. When done incorrectly the assessment can be biased, frustrating, and a waste of everyone's valuable time. You should have confidence in the assessment tool and know the information you collect will help you and the individual plan how to best meet the needs identified. If you keep the following points in mind during the interview, you can avoid making some of the most common mistakes.

- Become familiar with the assessment.
- If utilizing the automated assessment, spend plenty of time becoming familiar with the computer and automated short-cuts.
- Introduce the assessment to the individual.
- Spend the time necessary to develop rapport with the individual.
- Allow the individual time to answer the questions without suggestions from you, the assessor.
- Take time to prompt in an appropriate and respectful way.
- Be prepared to encounter some difficult situations.

The responsibility for the quality of the assessment lies in your hands. With proper training, a better understanding of the tool, and support from your peers, your job can be made more productive and rewarding.

Recommended Approach for Becoming Familiar with the ILA

- ◆ First, review the ILA form itself.
- ◆ Notice how sections are organized and where information is to be recorded.
- ◆ Work through one section at a time.
- ◆ Examine item definitions and response categories.
- ◆ Review instructions for each section.
- ◆ Make notes about things that are unclear. Refer to the manual for clarification when necessary. Use the manual to increase the accuracy of your assessments. Feel free to contact a staff person from the Division of Disability and Aging Services (DDAS) for clarification.
- ◆ Shadow an experienced assessor.
- ◆ Gather as much information as you can from the individual, caregivers (formal and informal), physicians and others who are knowledgeable about the individual's strengths and needs.

INTRODUCING THE ASSESSMENT

Introducing the assessment tool to the individual is the first step to a successful interview. Assessors must take the opportunity to impress the importance of a thorough, professional assessment in helping the individual access the assistance they need to stay independent in the community. The assessment tool should be taken seriously. If the assessor gives the individual the impression that it is a waste of time, then it will not be worth the individual's time to answer questions honestly.

In an example of an introduction to the ILA, the assessor might say,

“Thank you for inviting me here today. In order to help you access the services that you need, I must first have a good understanding of your situation. Therefore, I have a series of questions for you. Some are basic questions about who you are. Others ask about your overall well-being, your physical health, your social activities, your emotional health and so forth. Please be sure to stop me if there are any questions you don't understand or want to know why I'm asking.”

ASK THE QUESTIONS

The assessment tool was designed with the purpose of permitting a fuller and better understanding of the needs of the individual. If the assessment is done correctly, you should be able to determine the individual's strengths and needs, eligibility for various programs and services and provide information to planners that will allow them to more accurately determine need on a community-wide basis.

It is important that questions not be overlooked. Making assumptions will lead to inaccurate information. For example, if Mrs. Smith has recently lost a spouse, you might assume that she is depressed and skip any questions dealing with mood and outlook. You have thereby lost valuable information about her. By assuming, you will never know whether Mrs. Smith is handling her situation within the normal range of grief, or if she is denying the situation and may need help. You just assume she is depressed. Depression, sadness, and grief are very different. It is far better to learn how to talk to the grieving person and how to ask questions in difficult situations than to answer for the individual. To base a care plan on guessing is unfair to the individual.

Another common problem is not asking the questions when they are embarrassing to you, the assessor. Interviewers are often uncomfortable talking about continence or income or both. The purpose of the comprehensive assessment is not to embarrass anyone, but to provide information to create an appropriate care plan.

DEVELOP RAPPORT

The time you invest to develop rapport can make or break an assessment. If the individual feels comfortable with you, she/he will speak more openly with you. Spending time to develop rapport can make the interview go more quickly. You will gather more valuable information, and the conversation will be more enjoyable. People develop rapport with one another in many different ways such as:

- speaking in a conversational tone;
- spending some time talking about something other than the assessment (small talk);
- reassuring individuals that this assessment is important and worth their time and that the information will be used to prepare a care plan that fits their needs;
- not being afraid to answer questions. Approach questions as an opportunity to explain further, not as an obstacle to overcome;
- listening to the individual and making a mental note of speech patterns. This will help you pace the assessment to the characteristics of the individual. (It is important early on to note whether the individual is talkative or quiet.);
- letting individuals know you are enjoying talking with them; it will help them relax;
- observing the individual's behavior in the presence of others. If there are other family members in the room, this will give you an opportunity to view how openly the individual speaks in front of others;
- spending some time talking about the assessment before you begin; and
- always being professional, but not afraid to enjoy yourself. You can laugh and be relaxed while doing your job. If you are relaxed the individual will know that she/he can be relaxed, too.

AVOID BIAS OR LEADING

A bias is any influence that changes an answer or an opinion from what it might have been without that influence. It is important to be aware of your own biases and how they might conflict with the assessment. Once you say to the individual, "so what you are trying to say is", you have given your opinion and biased the answer.

- DO NOT express your own opinions or how you think the individual should respond (i.e. "I think everyone should have physical therapy"). Individuals will change their answers to please you or change their answer to what you believe to be the correct answer. Try to reassure the individual that you really do want his/her opinion; that you are interested in what she/he experiences or feels about a certain situation. The whole purpose of a comprehensive assessment is defeated when you answer for an individual, lead the individual or bias the individual's responses.
- DO NOT suggest answers, even if the individual wants your help. Help the individual sort out his/her opinions or responses; do not give the answer. Repeat the question, read it through slowly, pause, and tell the individual to "take a moment and think about it." Rephrase the question if the individual is having trouble understanding the meaning. If you take your time and do not rush the individual you will be less likely to suggest an answer. The individual will appreciate your kindness and patience.

- DO NOT use leading prompts. Any prompt which suggests an answer is a leading prompt and can bias the interview. Do not make the assumption that you know what the individual is talking about; let the individual explain. Don't lead the individual to an answer or response you think seems right or fits his/her situation.
- DO NOT rush the individual. Some people need time to sort out their responses. If the individual is not answering do not take this as if she/he is objecting to the assessment, but allow a moment to think through his/her answers. If you jump in too soon, you will try to answer for him/her. You may think the individual does not understand or does not like the question when she/he is just trying to think of the answer. Do not appear impatient — appear interested. You can acknowledge that "it is sometimes difficult to decide these answers".

The obvious and most unfair way to bias the assessment is not to ask the questions. **ASK THE QUESTIONS**. Give the individual the opportunity to tell you his/her opinion, responses, and what type of care she/he wants or doesn't want. The only way you will find this out is if you let the individual tell you.

HOW TO PROMPT

A correct prompt is a question that encourages further conversation without biasing the response. One of the most common mistakes in making prompts during an interview is to use inappropriate questions that either leads the individual in a particular direction, or that bias the interview. Correct prompting is probably the most difficult part of the comprehensive assessment.

Some examples of appropriate prompting include:

- "What do you mean by that? You said that you were tired a lot. Tell me what that means to you." You want the individual to open up and talk to you. Does "tired" mean bored or sleepy, or you can't get out of the chair to answer the telephone when it rings? If the individual doesn't explain "tired" to you, it is left to you to interpret what "tired" means to you. It is much better to find out what it means to the individual.
- "Could you explain that, tell me more about that?" If you are interested in what the individual is saying, if the conversation is going smoothly, asking the individual to explain or tell you more will seem natural.
- "I'm not sure I understand." Simply direct the individual's comments by letting him/her know what you do not understand.

If you prompt in a pleasant, conversational manner your prompts will not seem repetitive or obtrusive. Keep telling the individual how important it is to get his/her views and what s/he feels are her/his needs.

CHAPTER 2 — OVERVIEW

ELECTRONIC ILA

The ILA assessments are currently available in both paper format and electronic OMNIA formats. It is the goal of the Department to encourage and assist provider agencies to become fully automated using the OMNIA system. There are many advantages to using the ILA in electronic OMNIA system:

- Reduction of paper and storage of assessments
- Efficient data collection and management of information
- Flexibility with creating “worksheets” or other helpful tool off the assessment information
- Ease of sharing information with other OMNIA users

NOTE: *This manual does not provide instruction on how to use the automated OMNIA assessment. Please contact DDAS for more information.*

Automated Features - Currently, the OMNIA system offers several automated features. They include:

- Potential Issues List – This feature automatically generates a list of “potential issues” from the assessment for care planning and follow-up.
- Personal Care Worksheet – This tool automatically generates a personal care worksheet for both the Choices for Care and Attendant Services Program.
- Poverty Assessment – This feature automatically calculates whether the individual falls within the current poverty limits using the financial information collected on the ILA.
- Preliminary Eligibility Screening – This feature automatically calculates a preliminary screening for public benefits using the financial information collected on the ILA.
- Nutritional Health Checklist – This feature automatically calculates the nutritional risk score from the NSI checklist on the ILA.
- Body Mass Index (MBI) – This feature automatically calculates the individual’s BMI using their height and weight information on the ILA

For more information about becoming automated using the OMNIA system, contact the Department of Disabilities, Aging and Independent Living, Division of Disability and Aging Services at (802) 241-2401 and ask for the Data and Planning Unit.

WHO COMPLETES THE ILA?

The ILA is an assessment tool and is used by a variety of different agencies for assessing needs, creating a plan, and determining eligibility for different programs. The following illustrates which agencies complete the ILA and for which services/programs.

The ILA is used by the following agencies:

- Adult Day Providers
- Area Agencies on Aging
- Designated Housing Authorities (HASS)
- Home Health Agencies

- VT Department of Disabilities, Aging and Independent Living (DAIL)

The following DAIL programs use the ILA:

A. Intake ILA: *Refer to the Intake ILA manual for more detailed information.* This is an abbreviated assessment tool used for the following:

- AAA Case Management and Advocacy
- Home Delivered Meals/Nutrition Services
- Housing and Supportive Services Sites
- Moderate Needs Homemaker Program

NOTE: The “Intake ILA” is now its own assessment tool and should be printed or downloaded separately from the Full ILA. ***DO NOT separate the Intake Section of the “Full ILA” for the purpose of completing the “Intake ILA”.***

B. Full ILA: This is a more in depth assessment used for the following:

- Choices for Care – Home-Based Options
- Attendant Services Program
- Adult Day Services/Day Health Rehab

NOTE: If an individual has recently had an “Intake ILA” completed prior to the “Full ILA”, the information in the “Intake ILA” may be used to complete the Intake Section of the “Full ILA” as long as the information is still accurate.

WHEN IS THE ILA COMPLETED?

Initial Assessments — An initial assessment is completed after an individual has contacted one of the above agencies for help. If the ILA is completed on paper, it is entered into the SAMS Database by the local AAA, DAIL or other authorized provider(s).

Reassessments — Each DAIL program requires a minimum annual reassessment be completed. For example, to participate in the Choices for Care program, an individual must be reassessed prior to the Service Plan end date (no longer than one year). The Moderate Needs homemaker program also requires that an annual reassessment be completed. However, assessors, regardless of the program, should be alert for changes in an individual’s condition or circumstances that may warrant a reassessment at an earlier date. Recent hospitalizations, loss of a caregiver, improvement or decline in functional ability are all examples that may trigger the need for a new assessment.

NOTE: *It is important to note that the assessment may be completed at more than one interview. You may also need time to contact other providers and/or informal supports. Assessors should refer to specific program guidelines and procedures for more detail on when and where the ILA may be completed.*

HOW TO OBTAIN ACCURATE INFORMATION

It is critical that the assessor directly involve the individual in the assessment process. However, in order to obtain accurate and complete information, it is sometimes necessary to

gather information from other sources, including family and caregivers. The assessor shall always follow applicable rules of confidentiality when involving other individuals in the assessment process. When completing the assessment, the assessor will also be using professional skills in observation to obtain accurate assessment information. Note that some questions are specifically formatted to be asked to the individual directly and others are not. The assessor shall always note on the assessment tool when information gathered from the individual is in conflict with assessor observation or other reports.

SHARING INFORMATION

The ILA was created with the intent to share information between providers in order to reduce duplication of paperwork. With written permission from the individual, assessors may share information. For example, if an AAA case manager has assessed an individual and they decide that a referral to the local Adult Day program is necessary, the case manager may send the ILA to the Adult Day provider who will then use it in assessing for their services. *It is extremely important, however, that the assessor complete a Permission to Release Information prior to sharing information. A copy of the Permission must accompany the ILA at all times.*

BRIEF OVERVIEW OF THE ILA

Recording Information — It is important to record an answer for each and every question that applies. Program staff will assume that you forgot to ask the question and the assessment may be returned to you as incomplete. If the information is not available, make a note on ILA.

Permission to Release Information — The ILA will be shared with program staff and entered into a data system. Therefore, the Permission to Release Information form must accompany the ILA at all times. Under most circumstances, the law requires that the individual give informed consent before the assessor shares information. It also gives the assessor the opportunity to discuss how information will be shared and used for program eligibility. Agencies should refer to internal policies regarding other releases needed for their agency.

Cover Sheet — This page provides relevant information about the individual at a glance, including emergency contacts and directions to the home. It is important to record both the Social Security Number and the date of birth, since parts of those two pieces of information are used to create the "Unique Identifier" (UI) or ID for the individual. That number will be the same no matter which agency or provider is working with the individual.

Assessor Action — "Assessor Action" statements are provided when appropriate to assist assessors in identifying areas of potential next steps. It is critical that the ILA be used with the individual to identify areas of need which leads to the development of a plan.

SECTION 1: Intake

This section gathers the following information:

- Assessment Information,
- Legal Representative,

- Demographics,
- Health Related Questions: General,
- Nutritional Health Checklist,
- Service/program Checklist,
- Poverty Level Assessment,
- Financial Resources,
- Self-neglect, Abuse, Neglect, and Exploitation Screening

SECTION 2: Supportive Assistance— This section records information about the individual's in-home, unpaid (informal) support system. We know that family/friend supports are an invaluable part of the long-term care network. This section is critical in identifying who helps the individual on a regular basis as well as the caregivers' need for respite. An optional caregiver self-assessment tool is available as a resource at the American Medical Association web site if needed to further explore caregiver needs. <http://www.ama-assn.org/ama/pub/category/5037.html>

SECTION 3: Living Environment— This section collects information about the individual's living environment and gives you the opportunity to explore any concerns the individual might have about that situation. It also gives you the opportunity to provide information and referrals that might assist the individual in solving problems that are identified.

SECTION 4: Emotional/Behavioral/Cognitive Status— This section provides information about the individual's emotional well-being as well as cognitive and behavioral issues. The emotional well-being questions address evidence of depression and suicidal ideation. Assessors will need to be especially aware of the impact these issues may have on the individual's ability to perform his/her daily activities and whether crisis intervention is needed.

SECTION 5: Health Assessment— The health assessment expands on the basic health questions found in SECTION 1 - INTAKE. For all DAIL programs, this section must be completed by an RN or LPN. This section collects information concerning:

- Diagnosis/conditions/treatments,
- Pain status,
- Skin status,
- Elimination status.

SECTION 6: Functional Assessment— This section assesses the individual's "Self-Performance" and "Support Provided" with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) during the last 7 days. The format of this section directly crosswalks with the nursing home Minimum Data Set (MDS) and the Comprehensive Resident Assessment (CRA) tool used by licensed residential care homes and assisted living residences. Answers to this section will help assessors create a detailed plan for care and services.

CHAPTER 3 — USING THE ILA

Chapter 3 reviews each question in order of appearance on the ILA in detail, giving guidance to the assessor with tips and examples.

0. COVER SHEET

A. INDIVIDUAL IDENTIFICATION

0. **DAIL program** – Check which primary DAIL program the ILA is being completed for. Check only one.

1. **Date** — This is the date the assessment was completed.

2. **Unique ID#** — (OPTIONAL) The ID#, or Unique Identifier, is a confidential means of identifying an individual in the central database. The number is a combination of the individual's date of birth and last four numbers of their social security number. The SAMS database will automatically generate the ID#. Putting the ID in this space is optional. *Refer to specific program or agency procedures for guidance.*

<u>Example:</u>	<u>DOB</u>	<u>SS</u>	<u>Unique Identifier</u>
	12/14/23	008-32-7183	1214237183
	03/22/19	009-17-6312	322196312
	08/06/03	091-74-8692	806038692

3.a. **Last Name** — Enter the individual's **legal** last name. Make sure the spelling of the individual's name is correct.

3.b. **First Name** — Enter the individual's **legal** first name. Make sure the spelling of the individual's name is correct.

3.c. **Middle Initial** — (OPTIONAL) Enter the individual's **legal** middle initial if known. If not know this may be left blank.

4. **Phone** — Record the individual's phone number. If the individual does not have a phone, but can be reached through someone else, record that number and note the circumstances. (Example: "Neighbor will take messages" or "Granddaughter's phone number - home after 3 p.m.)

5. **Social Security Number** - The last four digits of the Social Security Number are used to create the individual's unique identifier. This information **must be accurate**. If the individual is unsure of his/her number, you will need to check other reliable sources. Record only the individual's SSN, not that of the spouse. Be careful not to drop any numbers or transpose them.

6. **Date of Birth** — Write the individual's date of birth in numbers, in the order of month, day, and then year.

Example: April 3, 1940 = $\frac{04}{\text{Month}} - \frac{03}{\text{Day}} - \frac{40}{\text{Year}}$

7. **Gender** — Mark the individual's gender in the appropriate box. "Transgendered" shall only be checked if the individual has voluntarily confirmed this status (a change in gender identity to the opposite sex).

- 8.a. **Mailing street address or post office box** — Record the individual's complete street address of post office box for which they receive mail. If their mail is sent to another person's address (family member or friend), make a note on the ILA.

- 8.b. **Mailing city or town** — Record the individual's city or town for which they receive mail. If their mail is sent to another person's address (family member or friend), make a note on the ILA.

- 8.c. **Mailing state** — Record the individual's state for which they receive mail. If their mail is sent to another person's address (family member or friend), make a note on the ILA.

- 8.d. **Mailing zip code** — Record the individual's zip code for which they receive mail. If their mail is sent to another person's address (family member or friend), make a note on the ILA.

- 9.a. **Residential street address or post office box** — Record the individual's complete street address where they reside.

- 9.b. **Residential city or town** — Record the individual's city or town where they reside.

- 9.c. **Residential state** — Record the individual's state where they live.

B. ASSESSOR INFORMATION

1. **Agency** — Record the name of the agency that the assessor works for.

2. **ILA completed by** — Record the name of the assessor completing the ILA.

C. EMERGENCY CONTACT INFORMATION

- 1.a. **Name of Emergency Contact #1** — Record the name of the individual's primary emergency contact. Write "none" or "NA" if the individual has no emergency contacts.

- 1.b. **Phone number of Emergency Contact #1** — Record the phone number of the individual's primary emergency contact. Leave blank only if there are no emergency contacts.

- 1.c. **Street address of Emergency Contact #1** — Record the street address of the individual's primary emergency contact. Leave blank only if there are no emergency contacts.
- 1.d. **City or town of Emergency Contact #1** — Record the city or town of the individual's primary emergency contact. Leave blank only if there are no emergency contacts.
- 1.e. **State of Emergency Contact #1** — Record the state where the individual's primary emergency contact lives. Leave blank only if there are no emergency contacts.
- 1.f. **Zip code of Emergency Contact #1** — Record the city or town of the individual's primary emergency contact. Leave blank only if there are no emergency contacts.
- 1.g. **Emergency Contact #1 relationship to client** — Record the relationship of the individual's primary emergency contact to the individual. Leave blank only if there are no emergency contacts. (for example spouse, daughter, neighbor, etc)
- 2.a. **Name of Emergency Contact #2** — Record the name of the individual's secondary emergency contact. Write "none" or "NA" if the individual has no secondary emergency contact.
- 2.b. **Phone number of Emergency Contact #2** — Record the phone number of the individual's secondary emergency contact. Leave blank only if there is no secondary emergency contact.
- 2.c. **Street address of Emergency Contact #2** — Record the street address of the individual's secondary emergency contact. Leave blank only if there is no secondary emergency contact.
- 2.d. **City or town of Emergency Contact #2** — Record the city or town of the individual's secondary emergency contact. Leave blank only if there is no secondary emergency contact.
- 2.e. **State of Emergency Contact #2** — Record the state where the individual's secondary emergency contact lives. Leave blank only if there is no secondary emergency contact.
- 2.f. **Zip code of Emergency Contact #2** — Record the city or town of the individual's secondary emergency contact. Leave blank only if there is no secondary emergency contact.
- 3.a. **Primary Care Physician name** — Write the name of the individual's primary care physician. If the individual does not have a primary physician, write "none" or "NA".
- 3.b. **Primary Care Physician phone number** — Write the phone number of the individual's primary care physician. Leave blank only if the individual has no primary care physician.
4. **Does the individual know what to do if there is an emergency** — This is an opportunity

to briefly review whether the individual knows how to obtain help in an emergency. Ask the individual what they would do if there was a fire or other emergency such as a fall or medical emergency. If they can provide a reasonable answer, mark “Yes”. If the individual is not able to describe any means of obtaining assistance in an emergency, mark “No”. ***If the answer is “no”, this would be an area for further discussion and planning.***

5. **In the case of an emergency, would the client be able to get out of his/her home safely?** If the individual is able to independently get out of the home (with or without assistive devices), or if another person is readily available (not including emergency responders) to assist the individual to get out of the home, the answer is “Yes”. If the individual is not able to get out of their home independently (with or without assistive devices), or there is not another person readily available to help them to get out of the home, then the answer is “No”. ***If the answer is “no”, this would be an area for further discussion and planning.***
6. **In the case of an emergency, would the client be able to summon help to his/her home?** After further discussion with the individual, the assessor will determine if the individual is capable of using the telephone, Personal Emergency Response system or other reliable method available to summon emergency assistance. ***If the answer is “no”, this would be an area for further discussion and planning.***
7. **Does the individual require immediate assistance from Emergency Services in a man-made or natural disaster?** This question refers to individuals who may have critical care needs that rely on public services such as running electricity, water, passable roads to receive critical care etc. If these services were not available due to a disaster, this individual would be a priority for Emergency Services. For example, if the individual lives alone and relies solely on a paid caregiver for all personal care and relies on electricity for medical treatments, then the answer would be “Yes”. ***If the answer is “yes”, this would be an area for further discussion and planning.***
8. **Who is the client’s provider for emergency response services?** Write in the name of the local emergency response services that the individual will use in an emergency.
9. **Comments regarding Emergency Response** – Use this comment space to indicate anything that is relevant to the individual and emergency response services.

D. DIRECTIONS TO HOME

Directions to Home — Because the ILA may be shared among agencies or case managers it is helpful to have these directions for other people who will be making home visits. Write directions as clearly as possible in the box provided.

SECTION 1: INTAKE

NOTE: Effective November 2008, the “Intake ILA” (short form) is considered a separate assessment tool from the “Full ILA”. Though most of the questions are identical, the Intake section of the “Intake ILA” and contains some questions that do not appear in the Intake section of the “Full ILA”. Additional “ILA Intake” only questions are noted when applicable.

A. ASSESSMENT INFORMATION

1. **Type of assessment**— Check the appropriate box to indicate whether this assessment is an:
 - A. **Initial assessment:** The first assessment being completed with an individual by a given agency.
 - B. **Reassessment:** Completed one time a year or when there has been a significant change in the individual’s circumstances warranting a complete, new assessment
 - C. **Update for significant change in status assessment (change):** Updates to the ILA may occur when there has been a change to a specific part of the ILA that does not require a full reassessment.

NOTE: Refer to specific program guidelines for detailed procedures on reassessments and updates/changes.

2. **Communication barriers**— Ask the individual if they have any communication barriers for which they need assistance. If the individual answers “yes” or the assessor clearly notes a need for communication assistance, the answer is “Yes”. If the individual answers “no” and the assessor concurs that the individual is having no difficulty with communicating, the answer is “no”. ***If the answer is “yes”, this may be an area for further discussion and planning.***
3. **Type of communication assistance**— If the answer to #2 is “Yes”, indicate here what type of assistance is needed.
4. **Primary language** – Indicate here the individual’s primary language.
 - 4.a. **Other primary language** –Write in the individual’s primary language if it did not appear on the list for question #4 and the answer was “other”.

B. LEGAL REPRESENTATIVE

It is important to know if the individual has legal representation in the categories listed in this section. This is also an opportunity to discuss different types of legal representation with the individual. Put a checkmark next to the type of legal representative(s) that the individual has.

Indicate the name and phone number(s) of each legal representative in the spaces provided.

NOTE: If the assessor or assessor's agency is going to collaborate with or take direction from any of the legal representatives, it is advisable to obtain a copy of the legal document for the assessor's records. *Refer to program and agency policy for further information on working with legal representatives.*

1.a. Power of Attorney (POA) — Check “Yes” or “No” to whether the individual has a “Power of Attorney” (PAO). A POA is a legal document that allows a person to authorize an agent to transact specified business on his/her behalf. Powers of Attorney are traditionally used for financial and other business affairs and, unless specified, are usually only effective as long as the individual is able to voluntarily direct the agent. Before working directly with the Power of Attorney, you must obtain a copy of the legal document as verification of their authority. For more information about POA's, contact your local VT Legal Aide or other legal counsel.

1.b. Name of Power of Attorney (POA) – If the answer was “Yes” to 1.a., write the name of the POA here. If there is no POA, this question may remain blank.

1.c. Work phone number of Power of Attorney (POA) – If the answer was “Yes” to 1.a., write the work phone number of the POA here. If there is no POA, this question may remain blank.

1.d. Home phone number of Power of Attorney (POA) – If the answer was “Yes” to 1.a., write the home phone number of the POA here. If there is no POA, this question may remain blank.

2.a. Representative Payee — Check “Yes” or “No” to whether the individual has a “Representative “Payee”. A Representative Payee is a person who manages income received from the Social Security Administration, such as Social Security, civil service, railroad retirement and Veterans Administration checks. Rather than the beneficiary receiving the income directly, checks are sent to the Representative Payee who is responsible for using the funds in the best interest of the beneficiary. For more information about Representative Payees, contact your local Social Security or Veterans Administration.

2.b. Name of Representative Payee – If the answer was “Yes” to 2.a., write the name of the Representative Payee here. If there is no Representative Payee, this question may remain blank.

2.c. Work phone number of Representative Payee – If the answer was “Yes” to 2.a., write the work phone number of the Representative Payee here. If there is no Representative Payee, this question may remain blank.

2.d. Home phone number of Representative Payee – If the answer was “Yes” to 2.a., write the home phone number of the Representative Payee here. If there is no Representative

Payee, this question may remain blank.

3.a. Legal Guardian – Check “Yes” or “No” to whether the individual has a “Legal Guardian”.

A legal guardian is a person who has been appointed by Probate Court, either voluntarily or involuntarily to manage financial, medical and/or personal decisions of an individual. Guardianship may be limited or all-inclusive. Once in place, a legal guardian has the authority to act on behalf of the individual within the boundaries stated within the legal guardianship document. Before working directly with the guardian, the assessor must obtain a copy of the legal document as verification of their authority. For more information about guardianship, contact the local County Probate Court.

3.b. Name of Legal Guardian – If the answer was “Yes” to 3.a., write the name of the Legal Guardian here. If there is no Legal Guardian, this question may remain blank.

3.c. Work phone number of Legal Guardian – If the answer was “Yes” to 3.a., write the work phone number of the Legal Guardian here. If there is no Legal Guardian, this question may remain blank.

3.d. Home phone number of Legal Guardian – If the answer was “Yes” to 3.a., write the home phone number of the Legal Guardian here. If there is no Legal Guardian, this question may remain blank.

4.a. Advanced Directive - Check “Yes” or “No” to whether the individual has “Advanced Directive”. Advance Directives includes both a Living Will and/or a Durable Power of Attorney for Health Care (DPOA). This enables adults to retain control over their own medical care during periods of incapacity (i.e., unable to speak for oneself). With a DPOA for Health Care, the individual may designate an “agent” who will be able to make decisions regarding the individual's health care only if she/he is unable to speak for him/herself. For more information about DPOA for Health Care or Living Will contact the local AAA or the VT Ethics Network.

4.b. Name of Agent – If the answer was “Yes” to 4.a., and the individual has appointed an agent, write the name of the agent here. If there is no agent, this question may remain blank.

4.c. Work phone number of Agent – If the answer was “Yes” to 4.a., and the individual has appointed an agent, write the work phone number of the agent here. If there is no agent, this question may remain blank.

4.d. Home phone number of Legal Guardian – If the answer was “Yes” to 4.a., and the individual has appointed an agent, write the home phone number of the agent here. If there is no agent, this question may remain blank.

4.e. If no Advanced Directives—If the individual does not have a DPOA for Health Care or Living Will, ask if they would like information. Mark “Yes” or “No” if information was provided. Advanced Directive booklets may be obtained from the local Home Health

Agency, AAA or the VT Ethics Network.

C. DEMOGRAPHICS

Health related questions should be asked to the individual first, but if unable to answer may be asked of other sources (with appropriate permissions) including legal representatives, family and caregivers. The goal is to record information that is as accurate as possible. If the assessor knows the facts to be different than the individual is reporting, make a note on the assessment.

1. **Marital Status** – Mark the answer that corresponds with the individual’s current marital status. In the state of Vermont, a Civil Union has the same legal status as married.

- 2.a. **Race/Ethnicity** – This information must be collected for federal reporting requirements. Ask the individual *"What is your race or ethnicity?"* Be sure to read all of the ethnic/racial background categories to the individual before recording the answer. Use the "other" category only for combinations or different types of racial categories; do not use it for combinations, which indicate countries of origin such as *German/Irish* or to indicate a religion. Make sure it is the individual who determines the answer, not the assessor. Don’t guess yourself – you may be wrong.

- 2.a. **Other Race/Ethnicity** – This information must be collected for federal reporting requirements. If the answer to #2.a. is “other”, then indicate here the self-described race/ethnicity of the individual.

- 2.b. **Hispanic or Latino ethnicity** – This information must be collected for federal reporting requirements. Mark the answer that correctly identifies whether the individual is of Hispanic or Latino ethnicity.

- 2.c. **Race** – This information must be collected for federal reporting requirements. Choose all answers that correctly identify the individual’s race.

3. **Type of Residence** – This question refers to individual’s usual living situation. For example, if the individual is in a nursing home for a short stay, but usually lives in an apartment in senior housing, record the usual living situation as the apartment.

NOTE: *Assisted Living was implemented in VT in 2003 and refers specifically to a home that has been licensed by the Division of Licensing and Protection (DLP) as an Assisted Living Residence.*

4. **Living Arrangements** – This question addresses whether the individual lives alone or with other people within the same household unit. Mark the answer that correctly identifies the person’s living arrangements.

Example: If an individual resides alone in an independent apartment attached to their daughter’s home, the answer is “lives alone”. If the individual has a room within the daughter’s household, the answer is “other”. If the individual has a room in a private (unlicensed) care home or in a licensed care home, the answer is “other”. If an individual

rents a room in their household to an unrelated person, the answer is “other”.

D. HEALTH RELATED QUESTIONS

Health related questions should be asked to the individual first, but if unable to answer may be asked of other sources (with appropriate permissions) including legal representatives, family and caregivers. The goal is to record information that is as accurate as possible. If the assessor knows the facts to be different than the individual is reporting, make a note on the assessment.

D.1. General Questions

- 1. Were you admitted to a hospital for any reason in the last 30 days?** – Ask the individual the question. If they are unable to answer, you may get this information from other sources, such as family or caregivers. This question will give the assessor an idea of the individual’s health and risk of hospitalization. It is also considered when determining nursing home level of care. NOTE: A visit to the emergency room is NOT considered an “admission”.
- 2. In the past year, how many times have you stayed overnight in a hospital?** – Ask the individual the question. If they are unable to answer, you may get this information from other sources, such as family or caregivers. This question will give the assessor an idea of the individual’s health and risk of hospitalization. It is also considered when determining nursing home level of care. NOTE: A visit to the emergency room is NOT considered an “overnight” stay.
- 3. Have you ever stayed in a nursing home, residential care home or other institution?** – Ask the individual the question. If they are unable to answer, you may get this information from other sources, such as family or caregivers. For this question, institution includes the VT State Hospital and former Brandon Training School.
- 4. Have you fallen in the last 3 months?** – Ask the individual the question. If they are unable to answer, you may get this information from other sources, such as family or caregivers. The answer to this question will give the assessor an idea of their level of risk at home and risk for hospitalization.
- 5. Do you use a walker or four-pronged cane (or equivalent), at least some of the time, to get around?** – Ask the individual the question. If they are unable to answer, you may get this information from other sources, such as family or caregivers. An example of a walker or four-pronged cane “equivalent” is when a person pushes a household chair like a walker as they ambulate from place to place. Holding onto furniture is not the equivalent to a walker or four-pronged cane.
- 6. Do you use a wheelchair, at least some of the time, to get around?** – Ask the individual the question. If they are unable to answer, you may get this information from other sources, such as family or caregivers.

Example: “Some of the time” may refer to using a wheelchair at the grocery store or

physician's office only.

7. **In the past month how many days a week have you usually gone out of the house/building where you live?** – Ask the individual the question. If they are unable, you may get this information from other sources, such as family or caregivers. This question gives the assessor information regarding the individual's level of independence and isolation.

Example: If the individual answers “one day a week or less”, the assessor may further explore why they do not go out often, and whether the individual would like to explore opportunities for socialization.

8. **Do you need any assistance obtaining or repairing any of the following?** – This question pertains to assistive devices, medical equipment and home modifications. Ask the individual the question and check all that apply. If the individual is unable to answer, you may get this information from other sources, such as family or caregivers.

E. The NSI Determine Your Nutritional Health Checklist

The NSI checklist is a nationally recognized tool. It was adapted from the “DETERMINE Your Nutritional Health” checklist developed by the Nutrition Screening Initiative (NSI). The purpose of this tool is to generate a score that helps the individual determine if they are at nutritional risk and whether nutritional intervention is necessary.

Ask the individual the questions. If they are unable to answer, you may get this information from other sources, such as family or caregivers. If there are not other sources to help answer the questions indicate this on the assessment. If the individual answers “Yes” to any question, add the corresponding scores.

1. **Have you made changes in lifelong eating habits because of health problems?**

“Yes” = 2 score

To help you get an accurate response, you may ask:

- “Do you find yourself avoiding certain foods because they make you feel lousy?”
- “Have you been told by a doctor or a dietitian not to eat certain foods for health reasons such as diabetes or high blood pressure?”

2. **Do you eat fewer than 2 complete meals a day?**

“Yes” = 3 score

Many people may state that they TRY to eat three meals a day, but in reality, they only eat one or two meals a day. A “meal” must include a source of protein along with some complex carbohydrate and a little fat. Examples of protein foods include peanut butter, eggs, cheese, milk, yogurt, meat, fish, poultry, kidney beans, etc. A cup of coffee and a piece of toast is NOT a meal!

To help you get an accurate response, you may ask:

- “Tell me about what you usually eat for breakfast.”
- “Tell me about what you usually eat for supper.”
- “Do you ever find yourself saving half of your lunch meal from the meal site for supper?”

3. Do you eat fewer than 5 servings (1/2 cup each) of fruit or vegetables each day?

“Yes” = 1 score

To help you get an accurate response, you may ask:

- “Tell me about the fruit (& fruit juice) that you eat each day.”
- “Tell me about the serving sizes of fruit that you eat each day.”
- “Are there any fruits that you don’t eat because they bother you or you simply “don’t enjoy eating them?”
- “Tell me about the vegetables that you eat each day.”
- “Tell me about the serving size of the vegetables that you eat each day.”
- “Are there any vegetables that you avoid eating?”

4. Do you have fewer than 2 servings of dairy products (milk, yogurt, cheese) or tofu every day? (1 serving of milk or yogurt=1 cup; 1 serving of cheese=1 ounce; 1 serving of tofu=1/2 cup)

“Yes” = 1 score

To help you get an accurate response, you may ask:

- “Tell me about the milk that you buy from the store. Is it skim, 1%, 2% or whole milk?”
- “Do you avoid milk because it bothers you when you drink it?”

5. Do you have trouble eating well due to problems with biting/chewing/swallowing?

“Yes” = 2 score

To help you get an accurate response, you may ask:

- “Tell me about any problems that you have with your teeth when you are eating.”
- “If you have dentures, do you wear them?”
- “Do you ever have problems swallowing, such as getting food caught in your throat or being unable to swallow certain foods?”
- “How often do you have the above-mentioned problems? Every day?”

6. Do you sometimes not have enough money to buy the food?

“Yes” = 4 score

To help you get an accurate response, you may ask:

- “Tell me about any difficulties that you’re experiencing with buying food each month.”
- “Does the amount of money you are required to spend on medicine ever interfere with the money you have left to buy food each month?”
- “Would you like me to find assistance with the money you have to buy food?”

7. Do you eat most meals alone?

“Yes” = 1 score

If the only time the participant eats with others is at the congregate meal site, then they eat alone most of the time.

8. Do you take 3 or more prescribed or over-the-counter medications each day? (Including aspirin, laxatives, antacids, herbs, inhalers, vitamin/mineral supplements)

“Yes” = 1 score

If the participant is unsure what you mean, go back to the health problems mentioned in

question #1 and go from there.

To help you get an accurate response, you may ask:

- “Tell me about the medications that you take for your heart problem or diabetes, etc.”
- “Tell me about any nutrition supplements or herbal remedies that you take each day.”
- “Tell me about any laxatives or antacids that you use each day.”

9. Without wanting to, have you lost or gained 10 pounds in the last 6 months?

“Yes” = 2 score

Make sure to check “Loss” or “Gain”. Stress to the participant that the weight loss/gain refers to involuntary change and NOT something they were trying to do.

To help you get an accurate response, you may ask:

- “Tell me about your weight. Has it been staying the same or changing a lot?”
- “Tell me about what caused this change in your weight.”

10. Are there times when you are not physically able to shop, cook and/or feed yourself (or get someone to do it for you)?

“Yes” = 2 score

To help you get an accurate response, you may ask:

- “Tell me about your shopping. Does someone else shop for you or do you do it yourself?”
- “Is transportation a difficult factor involved with your shopping?”
- “Tell me about your cooking habits. Do you usually cook for yourself?”
- “Do you find it difficult to open cans, open or close your stove, or lift containers in and out of the stove by yourself?”
- “Do you find it difficult to hold or use regular silverware by yourself?”
- “Do you feel that you would benefit from assistance with your shopping, cooking or eating?”

11. Do you have 3 or more drinks of beer, wine or liquor almost every day?

“Yes” = 2 score

To help you get an accurate response, you may ask:

- “Tell me about any alcoholic beverages that you drink (beer wine, hard liquor such as gin, whiskey, rum, etc.).
- “Tell me about the serving sizes of alcoholic beverages that you drink.”

12. Total “Yes” Scores

After all questions have been answered, add the scores from each “Yes” answer to determine a nutritional risk score. If using the OMNIA assessment system, this will automatically calculate. Review the score with the individual/family/caregiver(s) and recommend referrals if necessary.

Nutritional Risk Score Means:

<u>Score</u>	<u>Rating</u>	<u>Recommendation</u>
0-2	GOOD	Re-check your score in 6 months
3-5	MODERATE RISK	Re-check your score in 3 months
6+	HIGH RISK	May need to talk to a doctor or dietitian

- 13. Nutritionist Referral** – Indicate here whether the individual is interested in talking to a nutritionist about food intake and diet needs. The local AAA provides nutritional evaluation and counseling for individuals 60 and over. In addition, the individual's physician or local Home Health Agency may offer nutritional evaluation and counseling. (excluding alcohol)? (One glass=8 ounces) Many sodas contain varying amounts of caffeine, including non-colas.
- 14. Number of prescription medications** – Indicate here the number of prescriptions medications the individual takes on a regular basis.
- 15. Height** – Ask the individual about how tall they are without their shoes on. This together with their estimated weight (#16.) will allow the assessor to calculate the individual's Body Mass Index, an indicator of weight issues and obesity.
- 16. Weight** – Ask the individual about how much they weight without their shoes on. This together with their estimated height (#17.) will allow the assessor to calculate the individual's Body Mass Index, an indicator of weight issues and obesity.

F. SERVICE/PROGRAM CHECKLIST

This section of the ILA Intake attempts to list the majority of all VT community services that are available to elder adults and adults with disabilities. This is the assessor's opportunity to explore the individual's participation and interest in local programs and services.

1.a. Is the client participating in any of the following services or programs?

Go through each service/program with the individual. If the individual is unable to answer, information may be gathered from family/caregiver(s) or legal representative. Check all that apply. If the individual is not receiving a services and it appears they would benefit from the service/program, ask if they would like to apply. If so, check the corresponding box in the next list of services under 1.b. ***The assessor shall then make appropriate referral(s) or arrangements for service/program application.***

ANSWERS A – F ~ Home Health Services: Each region of the state has local Medicare Certified Home Health Agencies. In addition, a few private nursing agencies offer similar services that are not reimbursable by Medicare or Medicaid. ***Answers A-F refers specifically to in-home services provided by a home health agency. Check all that apply.***

A. Home Health Aide – Provides personal care including assistance with bathing, dressing, toileting, grooming, and other personal care activities. A physician's order is required for coverage by insurance. Only Medicare Certified Home Health Agencies may provide this service under Medicare and Medicaid.

B. Homemaker Services– Home Health Agencies provide services to help with "housekeeping chores" such as housecleaning, laundry, shopping and errands to individuals who are unable to perform these tasks and yet wish to remain in their own homes. Individuals may pay privately for these services or apply for the Choices for Care,

Moderate Needs funding. Funds are limited therefore there may be a waiting list for services. A physician's order is not required. **Contact your local AAA or home health agency to check available funding for Moderate Needs homemaker services.**

C. Hospice Services – Provide end of life care at home for individuals diagnosed with a terminal illness. Services include nursing, aide, homemaker, therapy, social services, and volunteers. Hospice staff are trained specifically to support and comfort the individual and family with the primary goal of dying at home. A physician's order is required for coverage by insurance.

D. Nursing – Skilled medical care and treatment, provided by a licensed professional designed to meet specific medical needs. This service is provided by home health agencies and private nursing services. A physician's order is required for coverage by insurance. Only Medicare Certified Home Health Agencies may provide this service under Medicare and Medicaid.

E. Social Work Services – Local home health agencies offer social work services to individuals who require short-term counseling and service coordination. A physician's order is required for coverage by insurance.

F1, F2, F3 Therapies – Therapeutic treatment provided by a licensed professional to promote recovery or rehabilitation from an illness or injury by both physical and mechanical means. Types of therapy include Physical (PT), Occupational (OT), and Speech (ST). Check the type of therapy the individual is currently receiving. Physician's orders are required for coverage by insurance. This service may be obtained through the local home health agency.

ANSWERS G –L ~ Community-Based Care Programs: The programs provide some type and amount of care and services to individuals who meet the program requirements for participation. **Check all that apply.**

G. Adult Day Services/Day Health Rehab – State certified day programs provide personal care, meals, planned activities and companionship for older persons and persons with disabilities. Medicaid pays for eligible individuals (Day Health Rehab). This service is also an option under the Choices for Care Medicaid Waiver Program. The local Area Agency on Aging and Home Health Agency has information about the Adult Day Services available in any particular area.

H. Attendant Services Program (ASP) – ASP is a state administered program which provides funding to help pay for a personal care attendant to assist with daily personal care such as dressing, bathing, eating and other activities which will help individuals remain at home. Individuals may apply directly to the Vermont Department of Disabilities, Aging and Independent Living (DAAIL), the local Area Agency on Aging (AAA), or the Vermont Center for Independent Living (VCIL).

I. Developmental Disability Services – Funding is available to serve individuals with

developmental disabilities in the community. Contact the local Community Mental Health office, Developmental Disabilities office, or the Vermont Department of Disabilities, Aging and Independent Living (DAIL) for more information.

J. Choices for Care Medicaid Waiver – HB or ERC – There are two Community-Based options available under the Choices for Care programs. Both are administered by the Division of Disabilities and Aging Services (DDAS) at the Department of Disabilities, Aging and Independent Living (DAIL).

- Home-Based Option — Provides in-home personal care, case management, respite, companion, adult day, personal emergency response, and assistive devices/home modifications to an eligible person who needs nursing home level of care, but who wants to remain at home. In order to be eligible, the individual must be financially eligible for Long-Term-Care Medicaid and must require the level of care provided in a nursing home. Contact the local Long-Term Care Clinical Coordinator, AAA, Home Health Agency, hospital or nursing home for an application.
- Enhanced Residential Care Option— Provides increased residential care options for adults who need nursing home level of care while residing in a participating licensed Residential Care Home or Assisted Living Residence. Services include nursing oversight, personal care services, case management, medication assistance, recreational and social activities, support for individuals with cognitive impairments, 24-hour on-site supervision, laundry and household services. Contact the local Long-Term Care Clinical Coordinator, Residential Care Home, AAA, Home Health Agency, hospital or nursing home for an application.

K. Medicaid High-Tech – Individuals who have at least two modalities (e.g. ventilator, trache, tube feeding), have a need for skilled nursing care, and qualify for Vermont Medicaid, may be eligible for in-home nursing care paid for by Medicaid. Contact the VT Department of Disabilities, Aging and Independent Living (DAIL) for more information.

L. Traumatic Brain Injury Waiver (TBI) – Are state administered services provided to individuals who have had a traumatic brain injury and require rehabilitation and personal care specific to the brain injury. Short-term services are provided to eligible individuals who have had a recent injury and are currently in a rehab facility. Long-term services are limited to individuals identified as a priority due to specific long-term TBI issues. To apply, contact the VT Department of Disabilities, Aging and Independent Living (DAIL).

ANSWERS M -Q1 ~ Nutrition Services: A variety of different nutrition services are available state-wide. ***Check all that apply.***

M. Commodity Supplemental Food Program – Individuals who are 60 years or older may be eligible for a monthly package of food, including nutrition education, recipes and information about a range of health and social services. Contact your local Area Agency on Aging (AAA) for more information.

N. Congregate Meals – Hot meals and companionship are available to persons 60 or older and their spouses at over 90 meal sites across the state. Most meal sites also offer services like nutrition education, transportation to and from the meal site, information about senior programs, and recreational activities. The local Area Agency on Aging has information about congregate meal services in their area.

O. Emergency Food Shelf/Pantry – Provide food in an emergency by offering groceries to take home. Some communities offer food kitchens that provide food by serving sit-down meals at various locations throughout the state. Contact your local Area Agency on Aging (AAA) or Community Action for more information.

P. Home Delivered Meals – Often referred to as “Meals on Wheels”, are delivered to the home of individuals who are frail and/or homebound. The meals are usually provided by a senior center or congregate meal site. Type and frequency of meals available vary by region. The local Area Agency on Aging (for persons 60 and older) and the Vermont Center for Independent Living (for adults under 60 with disabilities) can assist with arranging for home delivered meals.

Q. Senior Farmer’s Market Nutrition Program – Provides low income seniors with fresh, nutritious, locally grown fruits, vegetables and herbs from farmers’ markets and farms. Contact your local AAA or Community Action agency for more information.

Q1. Nutrition Counseling – Nutrition counseling is available through the local AAA and some home health agencies. Nutrition counseling may also be available through local physicians’ offices or hospital/clinic programs.

ANSWERS R – BB ~ Social Service Programs: Check all that apply

R. Area Agency on Aging Case Management – Area Agencies on Aging provide professional case managers to help people age 60 and older assess their situation, explore available options, obtain community services and benefits, and protect their rights. Call 800-642-5119 for more information.

S. Community Action Program – Each community statewide has a Community Action Program that offers assistance to low-income individuals. Individual may receive help in regards to public benefits, housing, utilities, and food assistance among other things. Contact the local Community Action for more information.

T. Community Mental Health Services – Each region of the state has a Community Mental Health office that offers variety of in-home and office-based mental health services. Contact your local Community Mental Health office or AAA for more information.

U. Dementia Respite Grant Program/NFCSP – A limited amount of funding is available through the Dementia Respite Grant and the National Family Caregiver Support Program (NFCSP) to provide supportive services for primary caregivers. Contact your local Area Agency on Aging (AAA) for more information.

V. Eldercare Clinician – Local Area Agencies of Aging (AAA) offer free in-home mental health counseling (Eldercare Clinician) for adults 60 and over. Contact the local AAA for more information.

W. Job Counseling/Vocational Rehabilitation – Job training, and help in finding a job are available to persons with disabilities at the Division of Vocational Rehabilitation. In addition, there are also programs offering employment counseling, aptitude testing, retraining, and information about available jobs at the local office of the Vermont Job Service.

X. Office of Public Guardian – The Department of Disabilities, Aging and Independent Living (DAIL) provides guardian services for a limited number of adults who are deemed “incompetent” by a court of law. Contact DAIL or the local AAA for more information.

Y. Senior Companion – This program provides support for low-income seniors to visit and provide assistance to other seniors who are isolated. Senior Companions visit for several hours each week to write letters, prepare an occasional meal, play cards, or just talk. The companions receive a small stipend, but there is no cost to the person being visited. The local Area Agency on Aging can assist with referrals to this program.

Z. VCIL Peer Counseling – The Vermont Center for Independent Living (VCIL) offers Peer Advocate Counselors (PACs) who work with Vermonters with disabilities, helping them to learn about the choices available to enable them to live more independently. Contact VCIL for more information.

AA. VT Association for the Blind and Visually Impaired (VABVI) – Provides consultation, education and referrals for visually impaired individuals. Home evaluations are available. Contact your local VABVI or AAA for information.

BB. VT Legal Aid Services – Vermont Legal Aid provides a variety of legal services to low-income individuals who require certain legal services. Referral services are available to individuals not eligible for VT Legal Aid services. Contact the local VT Legal Aid office for information.

ANSWERS CC – FF ~ Housing Programs: Check all that apply.

CC. Assistive Community Care Services (ACCS) – Medicaid pays for eligible individuals to receive services at a licensed Level III Residential Care Home (RCH) or Assisted Living Residence (ALR). This program reimbursement is called ACCS and is only available at participating RCH's or ALR's. Contact the Department for Children and Families, the Department of Disabilities, Aging and Independent Living (DAIL) or local AAA for more information.

DD. Housing and Supportive Services – The Housing and Supportive Services (HASS) program provides supportive services in congregate housing settings for elders and adults with disabilities. Contact DA&D for information regarding participating housing sites.

EE. Section 8 Voucher – The VT State Housing Authority and certain local Housing Authorities offer vouchers to eligible low-income individuals. The voucher pays a portion of their monthly apartment rent. Individuals must contact the VT Housing Authority or local housing authority to apply.

FF. Subsidized Housing – Many communities statewide offer congregate (group) housing to low-income individuals. The rent is reduced (subsidized) depending on the individual's finances and the type of housing subsidy being offered. Contact the local AAA or community action for information on local subsidized housing.

ANSWERS GG – QQ ~ DCF Benefit Programs: The VT Department for Children and Families (DCF) offers a variety of needs-based programs for low income Vermonters. Contact the local regional district DCF office for more information on the following benefits/programs. ***Check all that apply.***

GG. Aid to Needy Families with Children (ANFC) – ANFC is the program which provides financial assistance for medical care, food, and other needs to families with dependent children.

HH. Essential Person – Brings extra income into the home of an eligible low-income person and his/her live-in caregiver. DCF sets specific requirements as to who may qualify as an "essential person" and the income and resource limits for applicants.

II. Food Stamps - The Food Stamp program is designed to provide financial assistance to purchase food for households with limited income and resources.

JJ. Fuel Assistance - Low-income people who need on-going or one-time assistance to pay for their heat and related energy costs can apply for this program.

KK. General Assistance – Emergency financial assistance for housing, utilities, food and medical expenses.

LL. Medicaid – Medicaid is a State program of medical assistance for low-income persons. Medicaid does not directly provide health care services or money for individuals to purchase health services. Instead, it reimburses health care providers directly (pharmacists, physicians, hospitals, etc.) who provide covered services.

MM. QMB/SLMB – Qualified Medicare Beneficiaries (QMBs) and Special Low Income Medicare Beneficiaries (SLMBs) are individuals entitled to Medicare Part A whose income and resources fall below the limits set for this program. Medicaid will pay for their Medicare premiums and, depending on their income and resources, may also pay for their Medicare deductibles and co-payments.

NN. Telephone Lifeline – Monthly telephone credit is available to income eligible people over the age of 65 or households of any age that are eligible and receive any benefits through DCF. Apply on the VT State Tax form or by contacting your local DCF office.

OO. VHAP – (VT Health Access Program) – Provides health insurance to Vermonters who do not have health insurance and are not eligible for Medicaid. Participants must meet certain financial criteria. Premiums are on a sliding scale and there may be a small co-pay. Call 1-800-250-8427 for more information.

PP. VHAP Pharmacy –Helps low-income individual’s who are 65 and older or disabled pay for medications. Call 1-800-250-8427 for more information.

QQ. V-Script - State-funded pharmaceutical assistance program offers a subsidy for older Vermonters and individuals with disabilities who have limited income. Call 1-800-250-8427 for more information.

ANSWERS RR – UU1 ~ Other Services: Check all that apply.

RR. Emergency Response System – Sometimes referred to as Lifeline or Life Alert, this is an emergency system that connects an individual's telephone directly to a local hospital. If the individual is alone at home and needs help, she/he can push a button which will automatically call the hospital for assistance. The local Area Agency on Aging, Home Health agency and hospital have information about this service.

SS. Supplemental Security Income (SSI) – Provides income to low-income individuals who are considered aged (age 65 and older), blind or disabled. Eligibility for SSI means a person is automatically eligible for Medicaid. Apply at the Social Security Administration.

TT. Veteran’s Benefits – The Veterans Administration (VA) offers income and medical benefits to qualified military veterans. Contact the VA for more information.

UU. Weatherization Program – This is a program to help low-income persons by providing labor and materials to help insulate and winterize their homes. Applications for assistance should be made at the local Community Action agency.

UU1. Assistive Devices – Assistive devices are generally tools to help a person with day to day activities, such as a grab bar for transferring or adapted utensils for eating. Contact your local medical supply store, VCIL, home health agency, or AAA for more information.

1.b. Does the client want to apply for any of the following services or programs?

If the individual indicates they are not receiving a service/program and it appears they would benefit from the service/program, ask if they would like to apply. If so, check the corresponding box in the next list of services under 1.b. Check all that apply. ***The assessor shall then make appropriate referral(s) or arrangements for service/program application.***

G. POVERTY LEVEL ASSESSMENT

These questions are required for federal reporting purposes.

1. **Are you employed** – Ask the individual, "Are you currently employed?" and check "Yes"

or “No”. Do not assume that the individual does not have some type of employment just because she/he is elderly and/or disabled.

2. **How many related people reside together in your household** – This question specifically relates to the federal definition of household as it pertains to the federal poverty guidelines. For this question, a household is defined as related individuals who reside together in the same home and includes the individual.

Example: If an individual lives with their spouse, they are considered a household of two (2). If the individual resides with their daughter, son-in-law, and their 3-year-old child, they are considered a household of four (4). If an individual rents a room in a private care home with other unrelated people, they are considered a household of one (1). If an individual lives alone in a separate apartment attached to their daughter’s home, they are considered a household of one (1).

3. **Household income** – This question is used to determine whether the individual falls within the federal poverty limits and is reported to the federal government as requirement for certain funding. For this question, household income is defined as the total income of the related individuals counted in question #2. Ask the individual to estimate the monthly income of their household. This question does not require that the assessor verify the answer with financial records.
4. **Client’s income** –For this question, ask the individual to estimate their own monthly income. This question does not require that the assessor verify the answer with financial records.
5. **Is the client’s gross monthly income level below the national poverty level at time of assessment?** Using the current year poverty level, answer “Yes” or “No” based on the individual’s gross monthly income in #4. If using the OMNIA assessment system, this will automatically calculate.

H. FINANCIAL RESOURCES

Financial information is important in order to determine eligibility for many programs and services as well as being used to determine the individual's share of costs under some programs. It is also a useful tool for case managers to understand their individual's financial status. This information may have a direct impact on decisions about whether to pursue public benefits programs, stability of the individual's housing situation and the ability to improve or maintain his/her health status, etc.

NOTE: Complete only those portions of this section that are beneficial to obtaining services for the individual and which are necessary for program or service participation. The individual may decline to give financial information. However, under certain circumstances, refusing to give this information may limit program eligibility or participation.

1. Monthly Income

These items are possible sources of monthly income to the individual and/or spouse.

Read each item, asking the individual whether she/he receives social security, SSI, retirement/pension, interest income, VA benefits or wages/salaries/earning. Ask the individual whether there are any other sources of income, and record the response in the space for "Other". If the individual is unable to answer, you may obtain the information from other sources if needed and with proper permission. Record the gross monthly amount for each item in the "Amount" column. "Gross" income is the amount before taxes, insurance or other deductions are made from the source of income. If there is a spouse in the household, obtain the same information for the spouse. If no monthly income, mark "0".

2. Monthly Expenses

Read each of the seven items, determining whether each item is a monthly cost to the individual. Be sure to ask whether the individual has any additional monthly costs. Describe them in the space provided. For each item indicate the amount on a **monthly** basis in the space provided. If the individual is unable to answer, you may obtain the information from other sources if needed and with proper permission. If no monthly expenses, mark "0".

3. Savings/Assets

Record only the information that is relevant for the program/service that the individual is applying for or information that is needed to assist the individual in receiving services. If the individual is unable to answer, you may obtain the information from other sources if needed and with proper permission. If no savings/assets, mark "0".

For each type of asset, enter the name of the bank or insurance company. Ask the individual whether she/he has any other assets in addition to the three you have just listed (savings accounts, checking accounts, burial accounts). Use the "Other" category for that information. Enter the information about these assets as well. Enter the face value and cash surrender value of any life insurance policies.

NOTE: *Bank savings/assets refers to bank accounts and other liquid assets such as IRAs. It generally does **not** include the home, automobile and personal belongings.*

4. Health Insurance

Ask the individual about each type of insurance. If needed, ask to verify the information by looking at a copy of their insurance card. If the individual is unable to answer, you may obtain the information from other sources if needed and with proper permission. It may take some time to obtain this information, however it is worth the effort since it could be very important in determining whether the individual is making full use of all available resources to maintain his/her health status.

For Medicare, Parts A, B, C, and/or D enter the effective date, policy number and premium.

For Medigap and Long-Term Care insurance, enter the name of the company and the monthly premium.

For “Other” health insurance ask the individual whether s/he has any type of health insurance other than those you have listed. Enter **Yes** or **No** for this item, and any pertinent information such as monthly premium and issuing company.

For VPharm insurance, ask the individual if they have this benefit. Enter “Yes” or “No”. If “Yes”, enter the effective date of coverage.

Comment space is provided if needed to further describe the individual’s current financial situation.

I SELF-NEGLECT, ABUSE, NEGLECT, AND EXPLOITATION SCREENING

When completing an assessment, it is extremely important to identify when an individual is placing themselves, or others, at risk of harm (“self-neglect”) or are being abused, exploited or neglected by another individual. This section is not intended to be asked directly to the individual, but is answered by the assessor based on their observations and reports from others. However, the assessor may decide to ask other questions to help identify whether there are any issues of abuse, neglect or exploitation.

Self-Neglect – Questions #1-3 will help assessors identify individuals who are “self-neglect”. The Senior Helpline phone number (800 642-5119) is provided for referral of “self-neglect” individuals who are 60 years and over. Individuals under 60 may be referred to Adult Protective Services (800 5643-1612). If an individual clearly understands the consequences of their decisions, in some cases, a “negotiated risk contract” may be necessary in order to provide services.

Abuse, Neglect, Exploitation – Question #4 will act as a trigger in cases of possible abuse, neglect, and exploitation. All health care providers and program administrator for DA&D are “mandated reporters”. This means that by law, suspected abuse, neglect and exploitation of a “vulnerable adult” must be reported to Adult Protective Services (APS) immediately (within 48 hours). The APS phone number (800 564-1612) is provided for mandated reports. Refer to Vermont Title 33 for more information regarding the mandatory reporting law.

Information for this section may be obtained from the assessor’s observations or reports from other people involved with the individual.

Assessor Action – Space is provided to describe action taken regarding self-neglect or abuse, neglect or exploitation.

1. Is the client refusing services and putting him/herself or other at risk of harm? –

Many individuals chose to refuse services. It is very important to note here whether the refusal of services is actually placing the individual or others at risk of physical harm. This question does not assume that the individual is or is not capable of understanding the consequences of their decision.

Example: *The individual has lost a large amount of weight, is unable to walk to the bathroom and is soiling themselves. The assessor has suggested a visit to the doctor and services such*

as a nutrition evaluation and home health services. If the individual is refusing these services, they are placing themselves at risk of physical harm. Therefore, the answer to this question is “Yes”.

2. Does the client exhibit dangerous behaviors that could potentially put him/her or others at risk of harm? – “Dangerous behaviors” refers to actions by the individual such as striking out, wandering outside of the home, smoking in bed, keeping a loaded gun nearby (when the individual has dementia or paranoia), keeping an unpenned dog that bites, etc. If behaviors such as these are placing the individual or others at risk of immediate physical harm the answer is “Yes”.

3. Can the client make clear, informed decision about his/her care needs? – All legally competent adults in the state of Vermont have the right to make all decisions regarding their own life. This includes decisions that have negative consequences. This question is asking whether the individual appears to understand the decisions they are making and the consequences of these decisions (good or bad).

Example: *If the woman in example #1 has been informed that by refusing services she may end up in the hospital or die as a result, and she clearly understands these consequences, the answer is “Yes”. In this case, the assessor or other providers may want to consider a “negotiated risk contract” with the individual if it seems necessary. If, however, the same woman has been showing signs of confusion, has responded inappropriately to the assessor’s description of possible consequences, the answer is “No”. In this case, the woman may be considered “self-neglect” and a referral is made to the local AAA (60 years +) if it has not already been done. Action may be necessary regarding emergency medical care or legal guardian.*

4. Is there evidence (observed or reported) of suspected abuse, neglect, or exploitation by another person? – It is important that the assessor listen to the individual, family, other providers, as well as their own observations regarding “suspicions” of abuse, neglect, or exploitation. It is not necessary for mandated reporters to confirm or investigate these suspicions. Mark “Yes” if the assessor or other people suspect any abuse, neglect, or exploitation of the individual by another person. Refer to “Assessor Actions” in regards to APS reporting.

Example: *The assessor notices that the individual has no food in the fridge. In helping them apply for food stamps, they notice there is no money in the individual’s bank account. It is the beginning of the month and the grandson has been staying with the individual periodically. The individual admits that they loaned the grandson their ATM card about two months ago, but he will not return it. The individual does not want to get the grandson “in trouble”. In this case, the answer to question #4 is “Yes”. The assessor will help arrange for food assistance and make a referral to APS regarding suspected exploitation.*

SECTION 2: SUPPORTIVE ASSISTANCE

Questions 1-7 are asked of the individual. If the individual is unable to answer, information may be obtained from family/caregiver(s) or legal representative. Question #8 is specifically designed to ask directly to the primary (unpaid) caregiver that has been identified in question #1.

1. **Who is the primary unpaid person who usually helps the client?** – Ask the individual the question and check one answer. If the individual is unable to answer, you may ask the family/caregiver(s) or legal representative. *If the answer is “NONE”, skip questions #2-9 and go to Section 3: Living Environment Hazards.*
2. **How often does the client receive help from his/her primary unpaid caregiver?** – Ask the individual the question and check one answer. If the individual is unable to answer, you may ask the family/caregiver(s) or legal representative.
3. **What type of help does the client’s primary unpaid caregiver provide?** – Ask the individual the question and check all that apply. If the individual is unable to answer, you may ask the family/caregiver(s) or legal representative.
4. **What is the name of the client’s primary unpaid caregiver?** – Record the name of the primary unpaid caregiver referred to in question #1.
5. **What is the relationship of the primary unpaid caregiver to the client?** – Record the unpaid caregiver’s relationship to the individual such as spouse, child, sibling, neighbor or friend.
6. **What is the phone number of the client’s primary unpaid caregiver?** – Record the phone number of the unpaid caregiver. If they live with the individual, indicate that in the

space.

7. **What is the address of the client's primary unpaid caregiver?** – Record the address of the unpaid caregiver. If they live with the individual, indicate that in the space.
8. **In your role as a caregiver do you need assistance in any of the following areas?**
This question must be asked directly to the unpaid caregiver referred to in question #1.
9. **Assessor Action** – Assessor Action notes refers to a “Caregiver Self-Assessment Questionnaire” that is an optional resource to the caregiver and assessor in identifying caregiver stress and burnout. The questionnaire can be found online at the American Medical Association web site <http://www.ama-assn.org/ama/pub/category/5037.html>.

Comments: Space is provided for further comments regarding caregiver support.

SECTION 3: LIVING ENVIRONMENT

This section is an excellent opportunity for the assessor to identify health or safety issues that may need to be addressed within the individual's home. Ask the individual the questions directly. If the individual is unable to answer, information may be obtained from family/caregiver(s), legal representative, or the assessor's observations.

1. **Do any structural barriers make it difficult for you to get around your home?** – Mark all of the following issues that apply to the individual's home. If the assessor observes an issue that is not reported by the individual, make a note of this and discuss with the individual.
2. **Do any of the following safety issues exist in your home?** – Mark all of the following safety issues that apply to the individual's home. If the assessor observes an issue that is not reported by the individual, make a note of this and discuss with the individual.
 - 2.a. **Other safety hazards found in the client's current place of residence.** – List other safety hazards that are not listed in questions #1 and 2. This refers back to box 2.K. “Other”.
3. **Do any of the following sanitation issues exist in your home?** – Mark all of the following other health/safety issues that apply within the individual's home. If the assessor observes an issue that is not reported by the individual, make a note of this and discuss with the individual.
 - 3.a. **Other sanitation hazards found in the client's current place of residence.** – List other sanitation hazards that are not listed in questions #3. This refers back to box 3.L.

“Other”.

SECTION 4: EMOTIONAL/BEHAVIORAL/COGNITIVE STATUS

This section is divided into three parts – Emotional Well-Being, Cognitive Status, and Behavioral Status.

The second and third parts that address Cognition and Behavior are designed to crosswalk with the nursing home MDS assessment. In order to obtain this information, you will need to use your own powers of observation in addition to talking to any caregivers and health professions who are involved with the individual. In most cases, the only way you will be able to determine the frequency of behaviors and manifestations of cognitive deficits is to talk to other people who know the individual well. This information is particularly important when determining nursing home level of care.

A. EMOTIONAL WELL-BEING

These questions give the assessor a quick look at the individual’s emotional health such as depression and anxiety in the last 30 days. ***They are identical to those asked in the Intake ILA Section 1.D.3.***

TIPS: Ask each question directly to the individual. If the individual is unable to answer these questions, mark “no response”. Answers about feeling “depressed” or having difficulty sleeping may relate to a wide variety of problems, such as medication side effects, stress, vitamin deficiencies, or vascular disease. Answers to some of the items, may suggest the need for follow-up by a physician or mental health professional for a full assessment. *It is extremely important that if the individual indicates thoughts of suicide at any time, that the assessor refer to the appropriate crisis authorities immediately.*

Questions 1.-6. –If the individual answers “Yes” to any of the questions, then continue and ask questions #7-11. If the individual answers “No” to all of the questions, then questions #7-

11 may be skipped. If the individual is not able to respond to the questions at all, then the answer is “no response”, and the assessor may skip to question #12.

1. **Have you been anxious a lot of bothered by your nerves?** – Ask the question and mark the appropriate response, “Yes”, “No”, or “No response”.
 2. **Have you often felt down, depressed, hopeless or helpless?** – Ask the question and mark the appropriate response, “Yes”, “No”, or “No response”.
 3. **Are you bothered by little interest or pleasure in doing things?** – Ask the question and mark the appropriate response, “Yes”, “No”, or “No response”.
 4. **Have you felt satisfied with your life?** – Ask the question and mark the appropriate response, “Yes”, “No”, or “No response”.
 5. **Have you had a change in your sleeping patterns?** – Ask the question and mark the appropriate response, “Yes”, “No”, or “No response”.
 6. **Have you had a change in your appetite?** – Ask the question and mark the appropriate response, “Yes”, “No”, or “No response”.
- Questions 7.-11.** – These questions are specific to thoughts of suicide. These questions may be skipped if the individual answered “No”, or “No response” to questions #1.-6. Ask the questions directly to the individual. ***If the individual answers “Yes” to questions #7-10, refer to the appropriate crisis authorities.***
7. **Have you ever thought about harming yourself?** – Ask the question and mark the appropriate response, “Yes” or “No”. If the answer is “Yes” then continue to #8. If the answer is “No” or “No response”, skip questions #8-11 and go to questions #12.
 8. **Do you have a plan?** – Ask the question and mark the appropriate response, “Yes” or “No”.
 9. **Do you have the means to carry out your plan?** – Ask the question and mark the appropriate response, “Yes” or “No”.
 10. **Do you intend to carry this out?** – Ask the question and mark the appropriate response, “Yes” or “No”.
 11. **Have you harmed yourself before?** – Ask the question and mark the appropriate response, “Yes” or “No”.
 12. **Are you currently receiving psychiatric and/or counseling services?** – Ask the question and mark the appropriate response, “Yes”, “No”, or “Info. Unavailable”. If “No” or “Info. Unavailable”, skip #11.
 13. **If “Yes”, are you receiving services?** – If the individual answered “Yes” for questions

#12, ask if they are receiving services “At home”, “In the community”, or “Both”.

NOTE: *If the individual answers “Yes” to questions #8, 9, or 10, refer to the appropriate local crisis authorities.*

14. Assessor Action – This space is provided for the assessor to indicate any action taken in response to suicidal ideations.

15. Narrative and Comments – This question provides the assessor with an optional narrative to document follow-up assistance to the individual around emotional health issues. More space is provided for comments.

B. COGNITIVE STATUS

Cognition is how a person thinks (judgment), remembers, and makes decisions about their daily lives. Cognition is one of the hardest areas to assess. Consider that many things impact on an individual’s cognition; new settings, medications, time of day, infections. Conversing with the individual and listening to their response will give you clues on how they think (judgment), if they understand their strengths and weaknesses (insight) and whether they are repetitive (memory). Keep in mind that questions about cognitive function and memory can be sensitive issues for some residents. Some individuals may become defensive, agitated or very emotional which is a common reaction to performance anxiety. Asking about these issues in a private area and using a nonjudgmental approach will help develop a needed sense of trust between staff and the resident.

Questions 1-3: The questions may be awkward or sensitive for some individuals. The assessor should gently introduce the questions by assuring the individual that the questions are asked of everyone and they simply help provide a little bit of information about memory. Ask each question directly to the individual. It is OK if the individual uses a calendar or other tool to help them answer one or more of the questions. If the individual is not able to answer the question correctly, or is not able to independently use a calendar or other tool to help them with the answer, then the answer is “incorrect answer”. The assessor must use their professional judgment to determine whether the individual has a memory deficit requiring follow-up. If the individual is not able to respond, the answer is “no response”.

- 1. What year is it?** – Ask the question directly to the individual. If they are unable to respond, check “No response”.
- 2. What month is it?** – Ask the question directly to the individual. If they are unable to respond, check “No response”.
- 3. What day of the week is it?** – Ask the question directly to the individual. If they are unable to respond, check “No response”.

Questions 4-7: The answers to the following section must be obtained from the assessor’s observations, in addition to any caregivers and health professions who are involved with the individual. In all cases code the cognitive items with answers that reflect your best

professional judgment.

4. **Memory and use of information** – Check one answer that best fits the individual's memory and use of information.
5. **Global confusion** – Check one answer that best fits the individual's global confusion.
6. **Verbal communication** – Check one answer that best fits the individual's verbal communication status.
7. **Cognitive skills for daily decision –making** –
Examples of Daily Decision Making: Choosing items of clothing; knowing when make and eat meals; knowing how to schedule and follow-through with appointments; using environmental cues to organize and plan (e.g., clocks, calendars, posted listings of upcoming events); in the absence of environmental cues, seeking information appropriately (i.e., not repetitively) from others in order to plan the day; using awareness of one's own strengths and limitations in regulating the day's events (e.g., asks for help when necessary); making the correct decision concerning how to get to appointments and using transportation.

Answers: Check one answer that best fits the individual's cognitive skills for daily decision-making.

A. Independent- the resident's decisions in organizing daily routine and making decisions were consistent, reasonable and organized reflecting lifestyle, culture and values.

B. Modified Independence- The resident organizes their daily routine and makes safe decisions in familiar situations and surroundings, but experiences some difficulty in decision-making when faced with new tasks, situations, or surroundings.

C. Moderately Impaired - The resident makes poor decisions that put his/her health and safety at risk. The resident requires reminders, cues and supervision in planning, organizing and correcting daily routines.

D. Severely Impaired – The resident's decision making is severely impaired. The resident rarely or never makes decisions.

Assessor Action: Space is provided to indicate assessor action and comments for regarding the individual's emotional well-being and/or cognitive status.

C. BEHAVIORAL STATUS

The answers to the following section must be obtained from the assessor's observations, in addition to any caregivers and health professions who are involved with the individual. Each behavior is measured by its frequency in the last 7 days and how easily the behavior was altered.

- 1.a. **How often does the individual get lost or wander?** – Wandering is defined as "locomotion with no rational purpose, seemingly oblivious to needs or safety." A wandering individual may be unaware of his or her physical or safety needs. Wandering

behavior should be differentiated from purposeful movement (e.g. a hungry person moving about the home in search of food). Wandering may be manifested by walking or by wheelchair. Answer “Never”, “Less than daily”, or “Daily”.

- 1.b. In the last 7 days, was the wandering alterable?** – Answer “Behavior was not present OR was easily altered” or “Behavior was NOT easily altered”. For example, if the individual does not respond to redirection or is aggressive when attempts are made to redirect unsafe wandering, then the behavior was “NOT easily altered”.
- 2.a. How often is the individual verbally abusive to others?** – Verbal abuse is defined as “Others were threatened, screamed at, cursed at.” Answer “Never”, “Less than daily”, or “Daily”.
- 2.b. In the last 7 days, was the verbal abuse alterable?** – Answer “Behavior was not present OR was easily altered” or “Behavior was NOT easily altered”. For example, if the individual does not respond to distraction or redirection or becomes aggressive when attempts are made to stop verbal abuse, then the behavior was “NOT easily altered”.
- 3.a. How often is the individual physically abusive to others?** – Physical abuse is defined as “Others were hit, shoved, scratched, sexually abused.” Answer “Never”, “Less than daily”, or “Daily”.
- 3.b. In the last 7 days, was the physical abuse alterable?** – Answer “Behavior was not present OR was easily altered” or “Behavior was NOT easily altered”. For example, if the individual does not respond to distraction, physical intervention or becomes more aggressive when attempts are made to stop physical abuse, then the behavior was “NOT easily altered”.
- 4.a. How often does the individual exhibit socially inappropriate/disruptive behavior?** – Socially inappropriate/disruptive behavior is defined as “Makes disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared or threw food/feces, hoarding, rummaged through others belongings.” Answer “Never”, “Less than daily”, or “Daily”.
- 4.b. In the last 7 days, was the socially inappropriate/disruptive behavior alterable?** – Answer “Behavior was not present OR was easily altered” or “Behavior was NOT easily altered”. For example, if the individual does not respond to distraction, physical intervention or becomes aggressive when attempts are made to stop the behavior, then the behavior was “NOT easily altered”.
- 5.a. How often did the individual display symptoms of resisting care?** – Resisting care is defined as “Resists taking medications/injections, ADL assistance or eating.” *This does not include instances where the resident has made an informed choice not to follow a course of care.* Signs of resistance may be verbal and or physical.
Answer “Never”, “Less than daily”, or “Daily”.

5.b. In the last 7 days, was the resisting care behavior alterable? – Answer “Behavior was not present OR was easily altered” or “Behavior was NOT easily altered”. For example, if the individual does not respond to redirection or becomes aggressive when attempts are made to provide care, then the behavior was “NOT easily altered”.

Comments – Space is provided for comments regarding behaviors.

SECTION 5: HEALTH ASSESSMENT

This section covers diagnoses, medication use, nutrition, alcohol and tobacco use, current health conditions, treatments and therapies. Many of the questions in this section have been designed to crosswalk with questions that appear on the nursing home MDS assessment and the residential care home/assisted living residence Resident Assessment tool.

NOTE: Refer to specific program guidelines regarding who may complete this section. For example, the Choices for Care program requires that this section be completed by a registered nurse (RN) or LPN.

A. DIAGNOSIS /CONDITIONS/TREATMENTS

- 1. Diagnosis** – List the primary diagnosis for which the individual is receiving services and/or treatment. **Note: This may be different than the diagnosis being used for the purpose of billing Medicare or other insurance.**
- 2. Other Disease Diagnosis** – Check all of the diseases that have a relationship to the current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. Do not list any inactive diagnoses. If none, check “NONE OF THE ABOVE”. If there are others that do not appear on the list, check “OTHER” and write in the specific disease diagnosis.

2.a. Comments – Use this space for comments on the diagnosis or to list other serious

illnesses not present on the list in question #2.

3. **Infections** – Check all the infections that apply. If none, check “NONE OF THE ABOVE”. If there are others that do not appear on the list, check “OTHER” and write in the specific infection.
4. **Problem Conditions** – Check all of the problems that have been present in the last 7 days.
5. **Special Care/Treatments** – Check all of the treatments that were received in the last 14 days.
6. **Therapies** – Check all of the therapies that were received in the last 7 days.
7. **Does the individual currently receive at least 45 minutes/day for at least 3 days/week of PT or a combination of PT, ST, or OT?** – Many individuals receive at least one or a combination of physical therapy, speech therapy or occupational therapy following an injury or illness. If the individual has any of the therapies for a total of 45 minutes/day over 3 days in one week, the answer is “Yes”.
8. **Check all nutritional issues in the last 7 days** – Check all of the nutritional issues that have applied to the individual in the last 7 days. If none, check NONE OF THE ABOVE.
9. **Oral and dental status** – Check all that apply to the individual’s current oral or dental status. If none, check NONE OF THE ABOVE.
10. **Check all current high risk factors characterizing this individual** – Check all of the risk factors that currently apply to the individual. If there is a characteristic not listed, check “other” and the specific risk. If none, check “NONE OF THE ABOVE”.

B. PAIN STATUS

1. **Frequency of pain interfering with the client’s activity or movement** – Check one answer that most closely represents the individual’s frequency of pain.
2. **IF the client experiences pain, does its intensity disrupt their usual activities?** - Is the individual experiencing pain that is not easily relieved, occurs at least daily, and affects the individual’s sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity? Answer “Yes” or “No”.

C. SKIN STATUS

1. **a. – 1. b. Ulcers** – Code for the highest stage of both Pressure and Stasis ulcers in the last 7 days. Use the key provided (Stage 1, State 2, Stage 3, and Stage 4) and mark the stage in the boxes provided.
2. **Other Skin Problems** – Check all other skin problems that have applied to the individual

in the last 7 days. If none, check “NONE OF THE ABOVE”.

D. ELIMINATION STATUS

1. **Has the individual been treated for a Urinary Tract Infections (UTI) in the last 14 days?** –Occasionally an individual will experience frequent UTI’s which may have a significant impact on other issues such as cognition and urinary continence. Check “Yes” or “No”.
2. **Does the individual have Urinary Incontinence?** – There are many reasons an individual may have urinary incontinence. A medical evaluation is often necessary to determine if the incontinence is reversible. Check the appropriate response “Yes”, “No incontinence and no urinary catheter”, or “No incontinence, individual has urinary catheter”. If the answer is “No”, skip question #3 and 4. *Note that when an individual uses a urinary catheter, they are not considered “incontinent”. If accidents occur related to a malfunction or misuse of the individual’s catheter, refer the problem to the individual’s physician or nurse for follow-up.*
3. **What is the frequency of the individual’s urinary incontinence?** – Individuals vary greatly in the frequency of urinary incontinence that occurs. Check the answer that best describes the individual’s frequency of urinary incontinence.
4. **When does urinary incontinence occur?** – Check the answer that best describes when the individual usually has urinary incontinence, “during the day only”, “during the night only”, or “during the day and night”.
5. **Does the individual have bowel incontinence?** – There are many reasons an individual may have bowel incontinence. A medical evaluation is often necessary to determine if the incontinence is reversible. Check the appropriate response “Yes”, “No incontinence and no ostomy”, or “No incontinence, individual has an ostomy”. If the answer is “No”, skip question #6 and 7. *Note that when an individual uses an ostomy, they are not considered “incontinent”. If accidents occur related to a malfunction or misuse of the individual’s ostomy, refer the problem to the individual’s physician or nurse for follow-up.*
6. **What is the frequency of bowel incontinence?** – Individuals vary greatly in the frequency of bowel incontinence that occurs. Check the answer that best describes the individual’s frequency of bowel incontinence.
7. **When does bowel incontinence occur?** – Check the answer that best describes when the individual usually has bowel incontinence, “during the day only”, “during the night only”, or “during the day and night”.
8. **Has the individual experienced recurring bouts of diarrhea in the last 7 days?**– Frequent diarrhea can be an indication of other significant health problems. If the answer is “Yes”, recommend the individual follow-up with their physician or nurse.
9. **Has the individual experienced recurring bouts of constipation in the last 7 days?** – Frequent constipation can be an indication of other significant health problems. If the

answer is “Yes”, recommend the individual follow-up with their physician or nurse.

Comments: Space is provided for further comments regarding the individual’s urinary/bowl health status.

E. COMMENTS AND RN/LPN SIGNATURE

Space is provided for comments regarding Medicaid conditions. In addition, the agency name of the RN/LPN and the signature of the RN/LPN must both be recorded here.

SECTION 6: FUNCTIONAL ASSESSMENT

In order to be able to promote the highest level of functioning and assess for services, it is very important that the assessor use this section to accurately identify what the individual actually does for him/her self. Code each activity based on the individual’s self-performance and support provided in the last 7 days.

FUNCTIONAL ASSESSMENT TIPS

- ***Observe, observe, observe!*** Watch how the individual actually performs activities such as transferring and mobility. For example: Did the person answer the door when you came? Did they use the restroom while you were there?
- Assess and gather information **from the individual first**. If needed, speak with others involved with the individual's care such as spouse, family, paid caregivers, adult day, home health, etc.
- Ask the individual to **describe a typical day** from getting up in the morning to going to bed at night.
- Ask the person how they have been **over the last week**.
- **Recognize** the individual's abilities.
- **Self-Performance** is the individual's ability to perform part of all of an activity.
- Using the Key, score the individual's **Self-Performance**. Use comment space to further describe what the individual can and can not do.
- **Support Provided** is the type and amount of support provided by another paid or unpaid person in the last 7 days.
- Note the variation in the measure of self-performance for **Bathing**.
- Use comment space to explain who is providing the assistance and how often.
- **Never** choose the level of self-performance based on the volume of services desired.
- If the activity **did not occur** in the last seven days, score an "8". Use comment space to explain.

Minutes/Day & Days/Week – *If the assessor is using the paper format of the ILA, these spaces are to remain blank.* The space provided for "Minutes/day" and "Days/week" is only to be used in the electronic OMNIA format only of the ILA for the Choices for Care and Attendant Services Program ONLY. In the electronic OMNIA format, these questions are linked directly to a personal care worksheet for creating a plan for services.

Comments – Comment space is provided for each ADL and IADL. It is important to use this space to describe any unusual circumstances and to describe who is currently helping the individual with that activity.

A. ACTIVITIES OF DAILY LIVING (ADL's)

Become familiar with the ADL definitions before assessing the individual. Do NOT simply read each activity and ask the person to score themselves. Observe the individual, gather information, and then code each activity based on the individual's self-performance in the last 7 days using the ADL Self-Performance and Support Provided Keys.

1. **Dressing**: How the individual puts on, fastens, and takes off all items of clothing, including donning/removing a prosthesis. Dressing includes putting on and changing pajamas, and housedresses.
2. **Bathing**: How the individual takes a full body bath, shower or sponge bath, excluding washing back or hair.
3. **Personal Hygiene**: How the individual maintains personal hygiene, including combing hair, brushing teeth, shaving and washing/drying face, hands and perineum. Exclude from this definition personal hygiene in baths and showers which is covered under Bathing.
4. **Bed Mobility**: How the individual moves to and from a lying position, turns side to side, and positions body while in bed, in a recliner, or other type of furniture that the individual sleeps in, rather than a bed. This does not include the process of getting in and out of bed.
5. **Toilet Use**: How the individual uses the bathroom, commode, bedpan, or urinal, transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, and adjusts clothes. Do not limit assessment to bathroom use only.
6. **Adaptive Devices**: Putting on and/or removing braces, splints, and other adaptive devices.
7. **Transferring**: How the individual moves between surfaces – i.e., to/from bed, chair, wheelchair, standing position. Exclude from this definition movement to/from bath or toilet, which is covered under Toilet Use and Bathing.
8. **Mobility**: How the individual moves between locations in his/her home. If in a wheelchair, mobility is defined as self-sufficiency once in chair.
9. **Eating**: How the individual eats and drinks, regardless of skill. Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition). Even an individual who receives tube feedings and no food or fluids by mouth is engaged in eating and shall be coded. The individual shall be evaluated for his/her level of assistance in the process.

A. ADL Self-Performance – “Self-performance” measures the individual’s ability to perform an activity (not what they might be capable of doing) within each ADL category. In other words, what the individual actually did for themselves in the last 7 days. (This is not what caregivers or family believes the individual might be capable of doing.)

Each of the ADL self-performance measures is exclusive; there is no overlap between categories. Changing from one self-performance category to another demands an increase or decrease in the number of times that help was provided in the last 7 days.

ADL Self-Performance Coding KEY: *Dressing, Personal Hygiene, Bed Mobility, Toilet Use,*

Adaptive Devices, Transferring, Mobility, and Eating. See Bathing Coding KEY on next page.

0 = Independent – No help or oversight –**OR-** help/oversight provided only 1 or 2 times during the last seven days.

1 = Supervision – Oversight, cueing, encouragement and direction (**Eyes only, no touching**) provided 3 or more times during last seven days –**OR -**Supervision plus staff assistance provided only 1 or 2 *times* during last seven days.

2 = Limited Assistance – Client highly involved in activity, receiving physical help/assistance in guided maneuvering of limbs (touch to guide) or help with maneuvering of limbs but not supporting weight of limbs on 3 or more occasions during last seven days –**OR-** providing weight-bearing support only 1 or 2 *times* during last seven days. *Example:* Do to limited Range of Motion client is able to hold up arm to attempt to put arm in sleeve of shirt but not able to hold high enough so staff supports and guides the arm into the sleeve. Staff **is not** supporting total weight of affected arm.

3 = Extensive Assistance – while resident performed part of activity over last seven day period, help of following type(s) was provided 3 or more times in the last seven days. Weight-bearing support (caregiver needs to lift or pick up limb(s) or needs to bend legs to support the weight). Full staff performance 3 or more times in last seven days but not for all seven days. *Example:* Due to a stroke the client is unable to move their right arm and leg. Staff must pick up and support the total weight of the right arm to put in the sleeve of the shirt and total weight of the right leg to place in pants.

4 = Total Dependence –Full caregiver performance of the activity each time the activity occurred during the entire seven-day period. There is complete non-participation by the individual in all aspects of the ADL definition task. If the caregiver performed an activity for the individual during the entire observation period, but the individual performed part of an activity him/herself, it would NOT be coded as a “4” Total Dependence.

8 = Activity did not occur in the last 7 days –OR – Unknown – If the activity did not occur at all in the last seven days, or the Self-Performance of the individual is unknown, score an “8”.

Bathing Self-Performance Coding KEY: Due to the nature and frequency of the bathing activity, the following self-performance scale is used.

0 = Independent – No help or oversight provided.

1 = Supervision – Oversight, encouragement or cueing only.

2 = Limited Assistance – Individual highly involved in activity, received physical help to transfer only.

3 = Extensive Assistance – While individual performed part of activity, physical help in part of the activity was provided.

4 = Total Dependence – Full caregiver performance of the activity each time the activity occurred during the entire seven-day period. There is complete non-participation by the individual in all aspects of the ADL definition task. If the caregiver performed an activity for the individual during the entire observation period, but the individual performed part of an activity him/herself, it would NOT be coded as a “4” Total Dependence.

8 = Activity did not occur in the last 7 days –OR– Unknown – If the activity did not occur at all in the last seven days, or the Self-Performance of the individual is unknown, score an “8”.

B. ADL Support Provided– “Support provided” measures the highest level of support provided by others in the last seven days, even if that level of support only occurred only once.

ADL Support Provided Coding KEY:

0 = No Setup or Physical Help – The individual was totally independent and had no need for support in the last seven days.

1 = Set-Up Help Only – The type of help characterized by providing the individual with articles, devices or preparation necessary for greater individual self-performance in an activity. This can include giving or holding out an item that the individual takes from the caregiver. Examples of Set up help only:
 For personal hygiene – providing grooming articles, wash basin, cloth, and towel
 For locomotion – handing resident a walker or locking wheels on wheelchair.
 For eating - cutting meat and opening containers at meals.
 For dressing – retrieving clothes from closet and laying out on residents bed.
 For bathing – placing bathing articles at tub side within resident’s reach.

2 = One person physical assist – Hands on help from one person in order to complete an activity.

3 = Two + Persons Physical Assist –Hands on physical help from two or more people at the same time in order to complete an activity.

8 = ADL did not occur in the last 7 days-OR- Unknown– If the activity did not occur or Support Provided is unknown, score an “8”.

EXAMPLES: ADL Self-Performance and Support Provided	Self	Staff
<p><u>BED MOBILITY</u> -Individual was physically able to reposition self in bed but had a</p>		

<p>tendency to favor and remain on left side; needed frequent reminders and monitoring to reposition self while in bed.</p> <p>-Received supervision and verbal cueing for using a trapeze for all bed mobility. On two occasions when arms were fatigued, resident received heavier physical assistance of two persons.</p> <p>-Individual was physically able to bend knees and hold on side rails to assist in repositioning up in bed but required the assist of two to hold under arms and pull up in bed while resident pushed with legs.</p> <p>-Because of severe and painful joint deformities, individual was totally dependent on two persons for all bed mobility. Although unable to contribute physically to positioning process, individual was able to cue staff for the position she wanted to assume and at what point she felt comfortable.</p>	<p>1</p> <p>1</p> <p>3</p> <p>4</p>	<p>0</p> <p>3</p> <p>3</p> <p>3</p>
<p><u>TRANSFER</u></p> <p>-Despite bilateral above the knee amputations, individual always moved independently from bed to wheelchair (and back to bed) using a transfer board while a staff member locked wheelchair and observed transfer.</p> <p>-Individual move independently in and out of armchairs but always received light physical guidance of one person to get in and out of bed safely.</p> <p>-Transferring ability varied throughout each day over the last 7 days. Received no assistance at times and heavy weight-bearing assistance from one person on at least three occasions.</p>	<p>0</p> <p>2</p> <p>3</p>	<p>1</p> <p>2</p> <p>2</p>
<p><u>MOBILITY</u></p> <p>-Individual ambulated slowly on unit pushing a wheelchair for support; stopped to rest every 15-20 feet; has good safety awareness and has never fallen. Staff felt she was reliable enough to be on her own.</p> <p>-Ambulated independently around socialized with others and attended activities during the day. Loves dancing and yoga. Because she can become afraid at night, she received contact guidance of one person to walk her to the bathroom at least twice every night.</p> <p>-During last week individual was learning to walk short distances with new leg prosthesis with heavy partial assistance of two</p>	<p>0</p> <p>2</p> <p>3</p>	<p>0</p> <p>2</p> <p>3</p>

<p>people. Refused to ride in a wheelchair.</p>		
<p><u>DRESSING</u> -Usually dressed self. After a seizure, received total help from several staff members once during the week. -Nursing assistant provided weight-bearing help with dressing every morning(supporting weight of limbs) over the last week. Later each day, as resident felt better (joints were more flexible), she required staff assistance only to undo buttons and guide her arms in/out of sleeves every pm. -Individual received total care by two persons in dressing. Individual did not participate by putting arms through sleeves or lifting legs into shoes.</p>	<p>0 3 4</p>	<p>0 2 3</p>
<p><u>EATING</u> -Individual arose daily after 9 am; preferred to skip breakfast and just munch on fresh fruit late in the morning. She ate lunch and dinner independently in the facility’s dining room. -Individual is blind and confused. He ate independently once staff opened containers, oriented him to the location and types of food on his tray and instructed him to eat. -Over the course of a week the individual feeds himself during breakfast and lunch with staff monitoring and encouragement but is tired later in the day so is fed at the supper meal.</p>	<p>0 1 3</p>	<p>0 1 2</p>
<p><u>TOILETING</u> -Individual used bathroom independently once up in a wheelchair; used bedpan independently at night after it was set up on bedside table. -When awake, individual was toileted every two hours with minor assistance of one person for all toileting activities (e.g., contact guard for transfers to/from toilet, drying hands, pulling up and zipping/buttoning pants. -Individual received heavy assist of two persons to lower and raise off toilet. Individual was able to wipe self. Once toilet tissue was handed to him.</p>	<p>0 2 3</p>	<p>1 2 3</p>
<p><u>PERSONAL HYGIENE</u> -Individual likes to sleep in his clothes in case of fire and remained in the same clothes for 2-3 days at a time. He cleaned his hands</p>	<p>0</p>	<p>0</p>

and face independently and would not let others help with any personal hygiene activities.		
-Individual able to carry out personal hygiene but was not motivated; received daily cueing and positive feedback from staff to keep self clean and neat. Once started, could be left alone to complete tasks successfully.	1	1
-Individual required total daily help combing her long hair and arranging it in a bun; otherwise resident was independent in personal hygiene.	4	1
<u>BATHING</u>		
-On Monday, one staff member helped transfer the individual into the tub but the individual washed self completely after the staff member handed her the soap and her cloth. On Thursday, the individual, by physical help of one person got into the tub but needed assist washing her back and hair.	2	2
-Individual received verbal cueing and encouragement to take twice-weekly showers. Once staff walked individual to bathroom, he bathed himself with periodic oversight.	1	0
-Individual is afraid of Hoyer lift; was given a full sponge/ bed bath by staff twice weekly; individual was involved in this activity.	3	2

B. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

Become familiar with the following IADL definitions before assessing the individual. Do NOT simply read each activity and ask the person to score themselves. Observe the individual, gather information, and then code each activity based on the individual's self-performance and support provided in the last 7 days using the IADL Self-Performance and Support

Provided Keys.

1. **Phone Use:** Answering the phone, dialing numbers, and effectively using the telephone to communicate.
2. **Meal Prep:** Planning and preparing light meals or reheating delivered meals.
3. **Medications:** Preparing and taking all prescribed and over the counter medications reliably and safely, including the correct dosage at appropriate times/intervals.
4. **Money Management:** Payment of bills, managing checkbook/account(s), being aware of potential exploitation, budgets, plans for emergencies, etc.
5. **Household Maintenance:** Household maintenance chores such as washing windows, shoveling snow, taking out the garbage and scrubbing floors.
6. **Housekeeping:** Housekeeping tasks such as dusting, sweeping, vacuuming, dishes, light mop, and picking up.
7. **Laundry:** Carrying laundry to and from the washing machine, using washer and dryer, washing small items by hand.
8. **Shopping:** Planning, selecting, and purchasing items in a store and carrying them home or arranging delivery.
9. **Transportation:** Safely using a car, taxi, or public transportation.
10. **Care of Equip:** Cleaning, adjusting or general care of adaptive/medical equipment such as wheelchairs, walkers, nebulizer, IV equipment etc.
11. **Child Care (ASP only):** Bathing, dressing and feeding of own child/children (to the extent that the dependent child cannot perform the tasks for him/herself).
12. **Sup. Animals (ASP only):** Feeding, grooming and a minimum of walking of seeing-eye dogs, hearing-ear dogs, or other support animals.
13. **Mob. Guide (ASP only):** For individuals who are blind or visually impaired, the ability to get from place to place in and around the home, shopping, and in medical or educational facilities.

A. IADL Self-Performance—“Self-performance” measures the individual’s ability to perform an activity (not what they might be capable of doing) within each IADL category. In other words, what the individual actually did for themselves in the last 7 days. Each of the IADL self-performance measures is exclusive; there is no overlap between categories.

The following defines the measure of self-performance for all IADLs.

IADL Self-Performance Coding KEY:

0 = Independent – The individual received no help at all from another person in performing IADL’s in the last seven days.

1 = Done with Help – The individual was involved in the activity but received some help including supervision, reminders, and/or physical help in the last seven days.

2 = Done by Others – The individual was not involved at all in performing the IADL in the last seven days. The activity was performed completely by another person.

8 = Activity did not occur in the last 7 days – If the activity did not occur at all in the last seven days, score an “8”. If the individual needed help, but did not receive any in the last seven days, note this in the *Comments* space as an unmet need.

B. IADL Support Provided– “Support provided” measures the highest level of support provided by others in the last seven days, even if that level of support only occurred only once. The following defines the measures for support provided for each IADL.

IADL Support Provided Coding KEY:

0 = No Support Provided – The individual was totally independent and had no need for support in the last seven days.

1 = Supervision/Cueing – The individual required only limited supervision or cueing to perform the activity in the last seven days.

2 = Set-Up Only – The type of help characterized by providing the individual with articles, devices or preparation necessary for greater individual self-performance in an activity. This can include giving or holding out an item that the individual takes from the caregiver.

3 = Physical Assist – This is if the individual scored a 1 or 2 under “Self-Performance” and required physical assistance from another person in order to complete an activity.

8 = IADL did not occur in the last 7 days – If the activity did not occur at all in the last seven days, score an “8”. If the individual needed help, but did not receive any in the last seven days, note this in the *Comments* space as an unmet need.

Examples: IADL Self-Performance and Support Provided	Self	Staff
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<p><u>PHONE USE</u> Individual was able to talk on the phone and hold a conversation, but must have assistance from his caregiver to dial the phone and answer it when it rings.</p> <p><i>Coding rationale: The individual was able to use the phone as long as the caregiver assisted with set-up (dialing the phone) and handing him the phone receiver.</i></p>	<p>1</p>	<p>2</p>
<p><u>LAUNDRY</u> Individual was unable to carry any items of laundry because she is unsteady on her feet and must use a walker. Her lack of stamina does not allow her to assist with folding or putting away items. Her caregiver did all of the laundry tasks in the last seven days.</p> <p><i>Coding rationale: Due to their physical limitations, the individual was unable to participate in laundry activities at all in the last seven days. The caregiver provided total physical assistance with laundry.</i></p>	<p>2</p>	<p>3</p>
<p><u>ADAPTIVE EQUIPMENT</u> Individual has a wheelchair that he uses on occasion when he goes to his doctor about one-time per month. His daughter wiped off the wheels after bringing him back from an appointment about six months ago. The chair was not cleaned at all in the last seven days. <i>Write in the comment space that about six months ago the chair was wiped off by his daughter.</i></p> <p><i>Coding rationale: The activity did not occur at all in the last seven days. Brief comments are written to elaborate on the infrequent need for help with this activity.</i></p>	<p>8</p>	<p>8</p>