

*Vermont Department of Disabilities, Aging and Independent Living*  
**Choices for Care – High Needs Wait List Score Sheet**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:** This tool is to be used when there is a wait list for Choices for Care applicants who meet the High Needs Group clinical criteria. Utilizing the individual's clinical assessment and referral form, fill in the answers to the attached questions. Insert the score for each category into the table below. Add the column for a total score.

	<b>Score</b>
<b>1. ADL's</b> (score 0-8)	
<b>2. Cognition</b> (score 0-8)	
<b>3. Behavior</b> (score 0-9)	
<b>4. Medical Conditions/Treatments</b> (score 0-27)	
<b>5. Risk Factors</b> (score 0-20)	
<b>Priority Score (0-72):</b>	

The team shall consider unmet needs for ADL and IADL assistance, behavioral symptoms, cognitive functioning, formal support services, informal supports, date of application, need for admission to a nursing facility, wait list score and other risk factors when determining who receives the available funding.

**Comments/discussion:**

DAIL Staff Signature: \_\_\_\_\_

REGION: \_\_\_\_\_ Date Funding allocated: \_\_\_\_\_

1. **Activity of Daily Living (ADL):** (non-late loss-from Clinical Assessment)

Check level of need for each activity and total all. From Clinical Assessment, page 1 & 2.

- a. Toilet Use:       0- Independent                       1- Supervision                       2- Limited Assist
- b. Eating:             0- Independent                       1- Supervision                       2- Limited Assist
- c. Bed Mobility:     0- Independent                       1- Supervision                       2- Limited Assist
- d. Transferring:     0- Independent                       1- Supervision                       2- Limited Assist

**ADL Score:** \_\_\_\_\_

2. **Cognition:** Select the **one** answer that **best fits** the applicant’s current cognitive skills for daily decision-making. (From Clinical Assessment)

- 0 – Independent – decisions consistent/reasonable
- 4 – Modified independence – some difficulty in new situations only
- 8 – Moderately impaired – decision poor/cues/supervision required

**Cognition Score:** \_\_\_\_\_

3. **Behavior:** Score each behavior frequency and alterability then total all scores. (From Clinical Assessment)

**Frequency:** Never= 0, Less than Daily=1, Daily=2                      **Easily Altered:** Yes=0, No=1

Behavior	Frequency	Easily Altered?
a. Wandering		
b. Physically Abusive to others		
c. Resisting Care		
Totals:		

**Behavior Score:** \_\_\_\_\_ (frequency score + easily altered score)

4. **Medical Conditions/Treatments:** Check **all** conditions/treatments that require skilled nursing and total. (From Clinical Assessment)

- 3 – Severe Daily Pain Management
- 3 – End Stage Disease – less than daily
- 3 – Parenteral Feedings – less than daily
- 3 – Naso-gastric Tube Feeding – less than daily
- 3 – Wound Care – less than daily
- 3 – Medication Injections – less than daily
- 3 – Suctioning – less than daily
- 3 – Skilled Rehabilitation (PT/OT/ST)- daily
- 3 – Bladder or Bowel Retraining -daily

**Medical Conditions/Treatments Score:** \_\_\_\_\_

5. **Risk Factors:** Select **all** that apply and total all. From Eligibility Assessment page 3, E.

- 3 – Person has had multiple hospital admissions (3 or more) in last 6 months
- 3 – Person has had multiple Emergency Room visits (3 or more) in last 6 months.
- 3 – Person has fallen more than once in the last month. *Number of falls:* \_\_\_\_\_
- 3 – Person takes 5-7 prescription medications. *Number of medications:* \_\_\_\_\_
- 5 – Person takes 8 or more prescription medications. *Number of medications:* \_\_\_\_\_
- 3 – Primary caregiver is expressing burnout or is at risk of imminent harm, ill health, or loss of job
- 3 – Recent loss (past 3 months) of primary caregiver
- 3 – No informal caregivers

**Risk Factors Score:** \_\_\_\_\_ (combine all)