



**North Carolina Department of Health and Human Services
Division of Medical Assistance**

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Deputy Secretary for Medicaid

Memo# 2015-001

Guidance Memorandum

DATE: March 9, 2015

TO: Liberty HealthCare Corporation- NC

FROM: Cassandra McFadden, PCS Policy Analyst

Through: Sabrena Lea, Associate Director for Facility, Home and Community Based Services

RE: **Guidance Memo: Updates to Adult Care Home Preadmission Screening and Annual Resident Review (PASRR) Verification**

DMA updates guidance provided to LHC-NC when verifying PASRR. This guidance is effective March 9, 2015

When verifying the beneficiaries PASRR number, LHC must ensure that the beneficiary has a PASRR number with an ACH code. The authorization code which appends the PASRR number denotes the level of care for which the applicant is approved. See the table below for an explanation of authorization codes.

Codes for ACH	Definition
G	Dementia Primary (requires documentation see above)
LEVEL II: REFERRAL NOTIFICATIONS	
K	Level II: Positive evidence of SMI/SPMI individual is medically and psychiatrically stable. This individual is being referred to the LME-MCO for community housing options and care coordination/informed choice. The individual may be served in several community settings.
U	Level II: Medically unstable – Individual has SMI/SPMI and is medically unstable; medical needs cannot be met in the ACH.
R	Level II: Psychiatrically unstable – Individual has SMI/SPMI and is psychiatrically unstable; behavioral health needs cannot be met in the ACH.
T	Time-Limited : 6 Months – Individual has terminal illness (requires MD Certification)
O	Level II : No evidence of SMI/SPMI after the evaluation

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

An Equal Opportunity / Affirmative Action Employer



P	Cancelled : Private Pay
X	Cancelled (No longer seeking placement/Consent not granted)
	A PASRR number will not have an expiration date unless there is a change in status.

LHC shall provide a PCS prior approval to beneficiaries who are determined eligible through result of the independent assessment and have a verified ACH PASRR number.

LHC may refer individuals seeking an ACH PASRR Screen to the following DMH/DD/SAS staff:

PASRR Contacts:

Barbara Flood – EAST - 919-218-3872, barbara.flood@dhhs.nc.gov

Patricia McNear – CENTRAL – 919-981-2580, patricia.mcnear@dhhs.nc.gov

Bill Joyce – CENTRAL & FLOATING – 336-312-0212, bill.joyce@dhhs.nc.gov

If you have additional questions please contact Cassandra McFadden, PCS Policy Analyst or Sabrena Lea, Associate Director for Facility, Home and Community Based Services, at 919-855-4365.

Approval: _____
Sabrena Lea, Associate Director

Date: _____





North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Deputy Secretary for Medicaid

Memo# 2015-002

Guidance Memorandum

DATE: April 2, 2015
TO: Liberty HealthCare Corporation- NC
FROM: Cassandra McFadden, PCS Policy Analyst
Through: Sabrena Lea, Associate Director for Facility, Home and Community Based Services
RE: **Guidance Memo: When conducting Independent Assessments**

DMA provides the following guidance for Liberty Nurse Assessors when conducting Independent Assessments to address specific concerns:

Bathing: Clinical Coverage Policy 3L requires the need for assistance to be tied to a documented medical condition. Not being able to reach ones back due to normal range of motion does not qualify for needing assistance with bathing. Assessors should verify that there is a documented medical condition before scoring as needing assistance.

Dressing: Liberty nurses should not score dressing ADL's as "needs assistance" if the only assistance needed or requested from beneficiary is with putting on their bra. If the inability to put on a bra is related to normal range of motion and not related to a medical condition/abnormal range of motion, the assessor should mark as not needing assistance.

*Assessors should emphasize what physical or cognitive deficit prevents beneficiary from being able to conduct this task.

Medication Assistance: In accordance with 10A NCAC 13F. 1005 an adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident's record; and (2) specific instructions for administration of prescription medications are printed on the medication label.

When completing the Independent Assessment, Nurse Assessors shall consider the above requirement. If the beneficiary does not meet the above requirement, they should be scored as "Cannot do at all, full staff assistance

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

An Equal Opportunity / Affirmative Action Employer



required” due to the DHSR requirement that medications are prepared and administered in accordance with 10A NCAC 13F .1004(a)(1) and (2).

Liberty shall update its internal Medication Administration guidance dated 1-23-2015 to have assessors determine if self-administration is appropriate for the beneficiary prior to scoring as “Cannot do at all, full staff assistance”.

Narratives: DMA agrees with the guidance Liberty currently provides to Independent Assessors dated 3-20-2014. LHC nurses should ensure that beneficiaries “demonstrate” task and nurses must document what they “observed.”

*Nurses should keep in mind that the assessment may be used as evidence during court proceedings and should be written in a way that others can appropriately interpret. If the narrative is unclear and written incomprehensibly it does not demonstrate and document a thorough assessment of the individual’s ability to perform Activities of Daily Living and is not defensible in court.

When completing narratives for EPSDT beneficiaries, LHC nurses should be sure to capture the names and ages of the other children in the home and if they are receiving IHC/Other HCBS Services. Nurses should identify the name of the beneficiary’s school and if they have a current IEP. Nurses should also capture the name of the beneficiary’s physician if the request is an annual or COS. This information can be placed in section R of the assessment.

Caregiver Availability

LHC nurses should capture as much information as possible when documenting caregiver availability. Documenting “varies” is not sufficient. If the parent/responsible party works, their place of employment and work schedule should be documented.

Completed Independent Assessment

LHC nurses shall ensure that the IA is completed in its entirety. All sections and fields should be complete as applicable.

Approval: _____
Sabrena Lea, Associate Director

Date: _____





North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Deputy Secretary for Medicaid

Memo# 2015-003

Guidance Memorandum

DATE: April 20, 2015
TO: Liberty HealthCare Corporation- NC
FROM: Cassandra McFadden, PCS Policy Analyst
Through: Sabrena Lea, Associate Director for Facility, Home and Community Based Services
RE: **Guidance Memo: When LHC is unable to schedule a Result of Mediation (ROM) Assessment**

DMA provides the following guidance:

If the assessment cannot be scheduled, LHC will contact the AG's office to inform them of beneficiary's name and MID and that they are unable to reach the beneficiary to schedule the assessment. The AG's office will investigate the case. If appropriate the AG's office will complete the affidavit utilizing the information that is available in the communication log of QiReport and send to Barb Matthews, Director of Clinical Services, for her signature.

Once the affidavit is signed, the AG's office will review and file a motion. The Office of Administrative Hearings will decide on next steps, either granting the motion and closing the case or the AG's will provide other instructions to Liberty.

Approval: _____
Sabrena Lea, Associate Director

Date: _____

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

An Equal Opportunity / Affirmative Action Employer





North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Dave Richard
Deputy Secretary for Medical Assistance

Memo# 2015-004

Guidance Memorandum

DATE: July 15, 2015
TO: Liberty HealthCare Corporation- NC
FROM: Cassandra McFadden, PCS Policy Analyst
Through: Sabrena Lea, Associate Director, Long term Services and Supports
RE: **Guidance Memo:** Discharges performed by Liberty Healthcare Corporation.

DMA provides the following guidance when generating the monthly report of LHC discharges:

Liberty Healthcare Corporation of NC will report to DMA Program Integrity monthly the Provider name and NPI of any provider who is delinquent in discharging via the Provider Interface 5 or more beneficiaries after 7 business days of the beneficiary physical discharge.

LHC will send the provider information to DMA Program Integrity through the intake unit. LHC will maintain a file of all information sent to DMA Program Integrity.

Approval: _____
Sabrena Lea, Associate Director

Date: _____

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

An Equal Opportunity / Affirmative Action Employer





North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Richard O. Brajer
Secretary

Dave Richard
Deputy Secretary for Medical Assistance

Guidance Memorandum

Memo# 2015-005

DATE: August 26, 2015
TO: Liberty HealthCare Corporation- NC
FROM: Cassandra McFadden, PCS Policy Analyst
Through: Sabrena Lea, Associate Director for Long Term Services and Supports
RE: **Guidance Memo: Medicaid Eligibility Coverage allowed for PCS**

When determining appropriate Medicaid Eligibility for PCS, LHC should reference the NCTracks Benefit Plans mapped to DMA Eligibility Coverage Codes available at <https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>.

Eligibility Coverage Codes that have the following NC Tracks Benefit Coverage are allowed for PCS:

- Full Medicaid Coverage
- Full Medicaid Coverage, Medicare Part B premiums
- Full Medicaid Coverage, Medicare premiums, deductibles and co-payments

Eligibility Coverage Codes that have restrictions and are **not** allowed have the following NC Tracks Benefit Coverage:

- Medicare Part B premiums only
- Medicare premiums deductibles and co-payments
- Medicaid, pregnancy related emergency coverage only
- Medicaid Emergency coverage only
- Family planning services only

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

An Equal Opportunity / Affirmative Action Employer



When verifying eligibility, if the eligibility status is “S-Soft Del” or “Hard Del” the beneficiary does **not** have active Medicaid.

Note: In accordance with policy, Provider(s) are responsible for verifying each Medicaid beneficiary’s eligibility each time a service is rendered.

Approval: _____
Sabrena Lea, Associate Director

Date: _____



North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Richard O. Brajer
Secretary

Dave Richard
Deputy Secretary for Medical Assistance

Guidance Memorandum

Memo# 2015-006

DATE: September 3, 2015
TO: Liberty HealthCare Corporation- NC
FROM: Cassandra McFadden, PCS Policy Analyst
Through: Sabrena Lea, Associate Director for Long Term Services and Supports
RE: **Guidance Memo: Updated Assessor Guidance**

DMA provides the following guidance to IAE schedulers and assessors:

Scheduling the assessment

LHC will update their scheduling script “explaining the day of the assessment” to read, “During the assessment the assessor will ask you to demonstrate and/or simulate how you perform activities of daily living (bathing, dressing, eating, toileting, and mobility) to assist the Assessor in determining your level of need, none of which will require you to undress. The assessor will ask that you move through your living space to demonstrate your performance of ADLs.”

Day of the assessment

Upon arrival, nurse assessor will again repeat to the beneficiary, legal guardian, and those participating in the assessment that the beneficiary will be asked to demonstrate and/or simulate how they perform, bathing, dressing, eating, toileting, and mobility to help the Assessor determine the level of need, none of which will require undressing.

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

An Equal Opportunity / Affirmative Action Employer



Section A – Assessment Identification

- Assessment start and completion time – Assessors should ensure that they are correctly documenting the start and completion time of an assessment. Typically, a thorough assessment should not require less than 60 minutes to complete.
- Name of persons attending – This section should include anyone who viewed all or part of the assessment and/or provided input before, during, or after the assessment regarding the care of the beneficiary. Nurse assessor should request the name of the person. If the person refuses to provide their name, the nurse assessor will document the presence of the person and their role during the assessment (even if it's just observation). A full description of the level of participation should be documented in Section P of the assessment.

Section B – Beneficiary Identification

Alternate contact – Assessor should complete each box under this section. Example: If there are no other children in the home, the assessor should key in “0” to reflect. Do not leave boxes empty.

Section C – Referral Summary

Referral contact information – If this is a new referral, should obtain as much information concerning referring provider as possible. On an annual, MOS, or ROM assessment, this information is grayed out. Assessors will document the information obtained in Section R of the assessment.

Section E - Medications

- Medications – If assessor checks anything other than totally able, include in the comment “why” they need this level of assistance. Note – In-home aides may only assist with self-administrations (verbal cueing and supervision).
- In accordance with 10A NCAC 13F. 1005 an adult care home shall permit residents who are competent and physically able to self-administer their medications if the following requirements are met: (1) the self-administration is ordered by a physician or other person legally authorized to prescribe medications in North Carolina and documented in the resident’s record; and (2) specific instructions for administration of prescription medications are printed on the medication label.
- When completing the Independent Assessment in an adult care home, Nurse Assessors shall consider the above requirement. If the beneficiary does not meet the above requirement, they should be scored as “Cannot do at all, full staff assistance required” due to the DHSR requirement that medications are prepared and administered in accordance with 10A NCAC 13F .1004(a)(1) and (2).



Beneficiary Declaration and Assessor Observation of ADL and related IADL Self-performance Capacities

Note: Every assessment should clearly document evidence that the beneficiary demonstrated ADL tasks and was scored accordingly. Each applicable task should be demonstrated/simulated/performed. Comments should accurately reflect what was demonstrated during the assessment. Assessors should review entire assessment before completion to ensure that comments and selections made do not contradict information provided in other areas of the assessment. **The ADL being assessed is required to be completed in the setting where the ADL occurs. (Refer to Appendix A for examples of guidance provided.)**

- **Overall self-performance capacity rating** – When determining the assessors overall self-performance capacity rating the IAE should consider the scoring of each ADL category (demonstrated ability, check if required, assistance level, frequency, needs fully met, PCS need frequencies, weekend). **The overall self-performance capacity rating cannot be determined solely by the scoring of the “assistance level” category.**
- **Demonstrated Ability** = did you see the beneficiary demonstrate/simulate/perform the task? If “yes”, indicate yes in the column and if hands on assistance is needed to complete “check if required” and select the “assistance level” needed.
- Do not select N/A if the task was completed (demonstrated or simulated). N/A should only be selected if the task is not applicable to the beneficiary. (See Appendix A)

Examples:

- If the beneficiary sees a podiatrist for nail care – the demonstrated ability would be N/A.
- If there are not stairs in the home – assist with stairs inside the home would be N/A.

If aide or person participating in assessment states that the aide or someone else performs the tasks, the beneficiary should still be asked to demonstrate/simulate the task. If they cannot, the assessor should inquire why the beneficiary is unable to demonstrate and complete the task independently. Nurse assessor should document response in comment section of the ADL. **Note:** The inability to perform tasks should be directly related to a diagnosis.

Example:

- If the majority of demonstrated abilities are scored as “yes” and the “check if required” is blank (indicating totally able), then the overall self-performance capacity rating should not be greater than limited.

Frequency (days/week) – Assessors should be mindful of tasks that are not ordinarily required on a daily basis i.e., nail care, shampoo, shaving, etc. Generally these tasks should not indicate a frequency of 5 or 7.

Note: If others are actively present and participating – assessor should document whether they agree with demonstration and discussion regarding ADL abilities. Assessor should capture the name of person commenting.

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

An Equal Opportunity / Affirmative Action Employer



Activities of Daily Living Performance Levels

Note: Beneficiary must need “hands-on” assistance in completing the ADL task to qualify for “limited hands-on, extensive hands-on, and cannot do at all”. A “taxing effort” or a beneficiary slowly completing a task, does not qualify as “hands-on” assistance.

Section K – Mobility Tasks

- If there is an assistive device, assessor should notate use of the device. If there isn’t an assistive device, would the use of a device assist with completion of the task? If so, task should not be scored as limited. The assessor will notate the need for identified assistive device in section R of the assessment. The accepting provider should work with beneficiary in obtaining appropriate DME equipment.
- If the assessor observes that the beneficiary is able to demonstrate the ADL tasks without hands on assistance from aide, participant, or assessor, then scoring must be totally able or verbal cueing and supervision.
- Example – if they were able to transfer and ambulate safely but they identified a history of falls, verbal cueing and supervision should be selected.

Section L – Toileting

Generally if the ADL abilities are completed independently in the dressing ADL, the toileting tasks should also indicate that they can do those tasks on their own. The ability to remove, pull up, fasten garments should match the dressing ADL section.

Section M – Eating Tasks

- If a beneficiary has demonstrated the ability to use their utensils and feed themselves then the overall self-performance capacity rating should not be higher than limited.
- If beneficiary is able to use the microwave, Task 9 meal prep – heat/assemble food demonstrated ability should be scored as “able” or “verbal cueing and supervision”
- If assessor documents that the beneficiary only needs assistance with performing task 6-7-8-9, the overall self-performance capacity of eating should be scored at no more than limited, even if the assistance level indicated on each individual tasks are extensive or total



Section N – Delegated Medical Monitoring

Assessors should ensure the selection made for medication self-administration reminders reflects what was selected in Section E Assessors overall assessment of beneficiary's ability to self-manage medications.

Section O – Conditions Affecting Beneficiary's ADL Self-Performance Assistance

Conditions checked in this section should match the scoring and comments in the ADL section. If a condition is present, condition should be documented in the ADL section or comment section.

Section Q - EPSDT

In an attempt to avoid multiple change of status requests for frequency, the assessor should be clear in identifying the daily schedule of PCS services requested by Beneficiary's parent or legally responsible person. This schedule should only indicate the request of the parent/legally responsible person for PCS services.

Section R – Additional Assessor Comments

There are several questions that should be asked during each assessment and documented in this section.

- Initial assessment – what do you need the aide to help you with?
- Reassessment – what does your aide do for you?
- Is this a typical day? If not, describe.
- If they are not asking for help 7 days a week, why?
- If they live alone, who helps you when your aide is not there?
- If there are young children in the home, who assists your children with their ADLs?
- Document whether the beneficiary is alert and oriented.
- Date of last doctor's visit, name of the doctor and phone number (if available).
- Does the beneficiary, person or persons participating in assessment agree with all findings?(Document by name who agrees)

Section S - Other Beneficiary Documents Reviewed

If an assessor identifies that a document was reviewed, the assessor must comment on whether it supports or conflicts with your assessment observations.



Section U. Reassessment Plan

If the ADL assistance is due to an acute or exacerbating condition and beneficiary is expected to resolve or recover within a reasonable amount of time for that condition, the reassessment time frame should be reflected appropriately.

Example:

- Beneficiary submits a Medical COS due to a fractured arm. If all other conditions remain stable, the assessor should identify the “next reassessment” based on anticipated resolution of the condition. A Medical COS for a fractured arm should not identify the “next reassessment” date as 52 weeks.

Approval: _____
Sabrena Lea, Associate Director of Long Term Services and Supports

Date: _____



Appendix A (Examples of guidance provided)

Screenshot 1: Incorrect use of "N/A"

Section I. Beneficiary Declaration and Assessor Observation of ADL and Related IADL Self-Performance Capacities – Bathing and Personal Hygiene

Assistive Devices Used (check all that apply)

1. Shower chair	
2. Long handle scrub brush	
3. Grab bars	
4. Handheld shower	
5. Tub bench	
6. Transfer bench	
7. Other, Specify below:	

Comments

Takes sponge bath daily and needs assistance to bathe back and feet as observed. Daughter Shirley present for assessment but lives in NY and only comes down every three months. States her hair dresser comes to her house once a month to shampoo and she needs assistance to grease scalp but does not do this once a week. She wears pulled back and has difficulty so will need aide to assist to comb and pull back daily. Needs assistance to apply lotion to back, feet and legs. Wears dentures and takes out at night to soak and rinses mouth out in am. Goes to foot doctor for toenails and does own fingernails when they get long. Recipient stands at sink and demonstrates bathing self with difficulty reaching arms over head and discomfort noted. Cannot keep arms up long. Some slubility

Bathing & Personal Hygiene Tasks	Demonstrated Ability?	Check if Required	Assistance Level	Frequency (days/wk)	Need Fully Met (days/wk)	PCS Need Frequency (days/wk)	Weekend (Y/N)
ADL Task Needs							
1. Tub bath or shower	N/A						
1 a. Upper body	N/A						
1 b. Lower body	N/A						
2. Tub/shower transfer/position	N/A						
3. Bed bath	N/A						
4. Sponge bath	N/A						
5. Additional transfer, i.e., reposition in bed, change occupied bed	N/A						
6. Shampoo/hair care	Yes	✓	1 - limited	7	0	7	Yes
7. Skin care (includes wash face/hands, foot care)	Yes	✓	1 - limited	7	0	7	Yes
8. Nail care	Yes						
9. Mouth/oral/denture care	Yes						
10. Shave	N/A						
IADL Task Needs							
1. Change linens	Yes						
2. Make bed	Yes	✓	1 - extensiv	7	0	7	Yes
3. Tidy/clean bathroom	Yes	✓	1 - extensiv	7	0	7	Yes
4. On-site laundry tasks	Yes	✓	1 - extensiv	1	0	1	No

Assessor's Overall Self-Performance Capacity Rating: Can do with limited hands-on assistance

Screenshot 1 shows the incorrect use of N/A and incomplete documentation. Task 4 (Sponge bath) should not be listed as N/A. The narrative states the beneficiary takes a sponge bath daily.



Screenshot 2: Conflicting information in an assessment

Section J. Beneficiary Declaration and Assessor Observation of ADL and Related IADL Self-Performance Capacities – Dressing

Assistive Devices Used (check all that apply)	
1. Sock aide	<input type="checkbox"/>
2. Reacher	<input type="checkbox"/>
3. Button hook device	<input type="checkbox"/>
4. Velcro shoes	<input type="checkbox"/>
5. Other, Specify below	<input type="checkbox"/>

Comments

Beneficiary is cognitively unable to dress herself and choose clothing for the day. She does follow simple commands of threading arms. SHE is unable to manage fasteners.

Dressing Tasks	Demonstrated Ability	Check if Required	Assistance Level	Frequency (days/wk)	Need Fully Met (days/wk)	PCS Need Frequency (days/wk)	Weekend (Y/N)
ADL Task Needs							
1. Don clothing/socks/shoes	Cogn Unable	✓	1 - extensiv	7	2	5	Yes
2. Remove clothing/socks/shoes	Cogn Unable	✓	1 - extensiv	7	2	5	Yes
3. Clothing and shoe fasteners	Cogn Unable	✓	1 - extensiv	7	2	5	Yes
4. Assist with TEDS	N / A						
5. Assist with braces/splints	N / A						
6. Assist with binders							
7. Assist with prosthetics	N / A						
IADL Task Needs							
1. Hang/retrieve clothing	Cogn Unable	✓	1 - total	7	2	5	Yes
2. On-site laundry tasks	-- select --						

Assessor's Overall Self-Performance Capacity Rating:	Can do with extensive hands-on assistance
--	---

Screenshot 3: Conflicting information in an assessment

Delegated Medical Monitoring Tasks	Check if Required	Assistance Level	Frequency (days/wk)	Need Fully Met (days/wk)	PCS Need Frequency (days/wk)	Weekend (Y/N)
1. BP monitoring						
2. Blood glucose monitoring						
3. Medication self-administration reminders						
4. Other treatment monitoring. Specify to right.						
Do delegated medical monitoring activities require more than five minutes of assistance each PCS visit?	No					
Comments						

Beneficiary prepares her mediplanner weekly, administers her insulin. States she remembers to take her medications. Beneficiary checks her blood sugar 1 to 2 times a day.

Screenshots 2 and 3 document conflicting information in different sections of an assessment. The assessor documents that the beneficiary is cognitively unable to dress themselves but identifies that the beneficiary prepares her med planner weekly, administers her insulin in section N of the assessment, and checks her own blood sugar. This information does not support beneficiary being cognitively unable to perform ADLs. Assessors should review assessment prior to completion for any inconsistencies in information obtained and document in assessment.



Screenshot 4: Overall Self-Performance Capacity Rating

ASSISTIVE DEVICES USED (check all that apply)

1. Braces and crutches	
2. Wedges/Positioning devices	
3. Trapeze	
4. Bed cane	
5. Walker/stroller	✓
6. Rollator	
7. SP cane/Quad cane	
8. Manual or electric scooter	
9. Hoyer lift	
10. Transfer board	
11. Stander	
12. Wheelchair	✓
13. Pressure relief device	
14. Gait belt	
15. Protective helmet	
16. Other, Specify below	

Comments

Beneficiary has a walker to use but does not - she also has a wheelchair that she does not use - she has an unsteady gait and holds onto surfaces while walking

Mobility Tasks	Demonstrated Ability	Check if Required	Assistance Level	Frequency (days/wk)	Need Fully Met (days/wk)	PCS Need Frequency (days/wk)	Weekend (Y/N)
ADL Task Needs							
1. Transfer to/from bed	Yes						
2. Transfer to/from chair	Yes						
3. Ambulation room to room	Yes	✓	1 - limited	5	0	5	No
4. Assist with stairs inside the home	-- select --						
5. ROM	-- select --						
6. Turn/reposition	Yes						
IADL Task Needs							
1. Clear pathways/minimize clutter	Yes	✓	1 - limited	5	0	5	No
2. Retrieve/return equipment	-- select --						

Assessor's Overall Self-Performance Capacity Rating: Can do with limited hands-on assistance

Screenshot 4 identifies the beneficiary has assistive devices available to them and they choose not to use devices to assist with the performance of ADL. The scoring should not be limited. This should be scored as totally able. Additionally, Tasks 4 and 5 should be labeled as N/A.



Screenshot 5: Overall Self-Performance Capacity Rating

Assistive Devices Used (check all that apply)

1. Adaptive utensils	
2. Adaptive dishes	
3. Tube feeding supplies	
4. Pump	
5. IV pole	
6. Bag/tubing, etc.	
7. Other, Specify below	

Comments

He was able to demonstrate a knife and fork without difficulty. He was able to demonstrate how he opens a jar. I observed him lift his hand to his mouth and simulate eating. He could not stand long enough to demonstrate any food prep. He states he would be afraid to handle hot food due to his gait pattern.

Eating Tasks	Demonstrated Ability?	Check if Required	Assistance Level	Frequency (days/wk)	Need Fully Met (days/wk)	PCS Need Frequency (days/wk)	Weekend (Y/N)
ADL Task Needs							
1. Assist with cutting food	Yes						
2. Assist with feeding	Yes						
3. Assist with utensil usage	Yes						
4. Lift limb to mouth	Yes						
5. Tube feeding	N / A						
6. Clean meal service area	Phys Unable	✓	1 - total	5	0	5	No
7. Clean utensils/dishes, empty trash	Phys Unable	✓	1 - total	5	0	5	No
8. Meal Preparation: Open packages	Yes						
9. Meal Preparation: Heat/assemble food	Yes	✓	1 - extensiv	5	0	5	No
IADL Task Needs							
1. Equipment setup	N / A						
2. Chop/grind/puree/thicken	N / A						

Assessor's Overall Self-Performance Capacity Rating: Cannot do at all

Screenshot 5 shows that the beneficiary demonstrated an ability to assist with cutting food, assist with feeding, assist with utensil usage and lift limb to mouth (Tasks 1-4). The Assessor's Overall Self-Performance capacity rating scored at "cannot do at all" is incorrect. Instead, the score should have been limited because the beneficiary is able to complete the majority of the task without assistance.

