NEW MEXICO HUMAN SERVICES DEPARTMENT
MEDICAL ASSISTANCE DIVISON
DISABLED AND ELDERLY WAIVER PROGRAM

Comprehensive Individual Assessment
Instruction Manual
Effective July 1, 2004

This document is to be used in conjunction with the Comprehensive Individual Assessment (CIA), Medical Assistance Division form number 098 (MAD 098).

The CIA is an assessment process completed by Disabled and Elderly (D&E) Waiver case managers to determine a person's need for waiver services and serves as a basis for developing the Individual Service Plan (ISP). The information for the CIA should be obtained from the person directly during a face-to-face interview whenever possible. If the person is an unreliable reporter or is unable or unwilling to provide the information, the person's family, guardian, caregivers and other relevant individuals, as applicable, may provide the information with the person's consent. It is important to obtain a comprehensive understanding of the person's needs so information may be obtained from more than one source. The information obtained through the assessment process must be reflected on the person's ISP, Waiver Review form (MAD046) and Plan of Care.

The CIA must be completed annually. Section X. of the CIA, Homemaker Assessment, must also be completed if there is a change in the amount of homemaker services requested for the person, and the amount requested is outside the range of hours that correspond with the person's existing Homemaker Assessment Score (See D&E Waiver Service Standards for Homemaker Services).

For providers who are familiar with the former version of the CIA, note that the content in this version of the CIA is not substantively different from the previous version, except in the Homemaker Assessment section, Section X. The Homemaker Assessment has been completely rewritten so the person's needs are quantitatively measured through a scoring system. The order of the remaining sections and some minor components of the content of the CIA may be different from the previous version. Also, sections or subsections that are no longer relevant have been deleted.

The CIA is organized into eleven (11) sections including:

I. Demographic Information;
II. Consent and Advance Directives;
III. Assessment Type;
IV. Third Party Liability;
V. Medical Information;
VI. Medical Risk Factors;
VII. Support and Social Resources;
VIII. Environmental Assessment;
IX. Nutrition;

X. Homemaker Assessment; and
XI. Assessment Summary.

Within each section are several subsections. When checkboxes (☐) are available in a subsection, place a ✓ or X in the box to record the appropriate response. The instructions on the CIA form will identify when more than one box may be selected. If the number of boxes that may be selected is not specified, then only one box may be chosen.

On the top of each page beginning on page 2., list the person's name and social security number.

Following are instructions for completing each section of the CIA:

I. DEMOGRAPHIC INFORMATION

This section provides basic information regarding the person for whom the assessment is completed.

1. Subsection Ethnicity - The person's ethnicity should be identified through self-report if possible. More than one box may be selected.

2. Subsection Language - The person's ability to speak, read and write any languages should be identified. The person's preferred language must be specified. If communication in English is a problem for the person and the case manager cannot speak the person's preferred language, alternate arrangements for effective communication should be made. Options may include enlisting the aid of an interpreter. All boxes that apply should be selected.

3. Subsection - Person Can Convey Needs. If Yes or Sometimes are marked, all applicable modes of communication should be selected.

II. CONSENT AND ADVANCE DIRECTIVES

This section of the assessment evaluates the person's ability to provide informed consent. Informed consent refers to the person's ability to consider the facts being proposed, to consider the options or alternatives, and to make decisions or choices based on the facts and alternatives. Case managers should provide a copy of all legal documents referenced in this section to direct-service staff.

1. Subsection Informed Consent - Identifies whether the person can provide informed consent. A determination about the person's ability should be made by the case manager after analyzing all information available about the person including self-report, report of others, observation and current legal documents.

   If a current legal document(s) exists that states that the person is not able to provide informed consent or names another to provide consent, the directives in the document(s)

must be followed. The case manager must maintain a copy of the document(s) in the person's file.

The case manager may use a mental status questionnaire to identify possible cognitive impairments. The case manager should use his/her professional judgment to determine a person's ability to provide informed consent if current legal documents are not available. The case manager should consider age of the person and whether the person's consent is voluntary.

The case manager should assess the person's ability to provide informed consent, not the value or quality of the decisions the person makes when the person is able to provide informed consent.

2. Subsection Legal Authority - Indicates who has the authority to provide informed consent and make decisions regarding the person's care if the person is not able to provide informed consent. Select the type of legal authority that has been granted, if any. Also, list the legal entity's (individual or agency) name, address and phone number, if applicable.

   - General Durable Power of Attorney is a document that allows the person to give another the authority to make decisions on their behalf, when the person is incapacitated or when otherwise unable to make decisions.
   - Durable Power of Attorney for Health Care Decisions is a document that allows the person to give another the authority to make health care decisions on their behalf. The document is authorized once the person's signature is notarized. The Power of Attorney is not granted through the courts.
   - Durable Power of Attorney for Financial Decisions is a document that allows the person to give another the authority to make financial decisions on their behalf. The document is authorized once the person's signature is notarized. The Power of Attorney is not granted through the courts.
   - Treatment Guardian is a specific type of legal guardian. It gives another the authority to make decisions regarding the person's medical treatment for both physical and mental health. The authority is granted through the courts.
   - Conservatorship gives another the authority to manage property and make financial decisions for the person. This authority is granted through the courts.
   - Legal Guardian grants full guardianship over the person. This authority is granted through the courts.

3. Subsection Advance Directives - Identifies whether Advance Directives exist for the person. The case manager should ask the person if they or a representative have made provisions to obtain any of the documents listed. If the person has no advance directives, the case manager must provide him/her with a copy of the advance directives and explain the intent of this authorization. A current copy of any completed documents should be maintained in the person's case management file.

   If private duty nursing waiver services are provided to this person, the nursing agency must have a copy of any advance directives documentation.

III. ASSESSMENT TYPE

This section identifies the logistics of how the assessment was completed including from whom the information was obtained, why the assessment is occurring and location where the assessment was completed.

IV. THIRD PARTY LIABILITY

Information in this section will indicate potential payment sources for health care including alternatives to Medicaid waiver services. Medicaid is the payer of last resort and other sources of payment should be sought prior to using Medicaid funds. Options may include Medicare funded-services and private insurance.

Medicare coverage may be checked though the New Mexico Medicaid Automated Voice Response Systems (AVRS).

V. MEDICAL INFORMATION

The purpose of this section is to answer questions concerning the person's medical care. If the person's medical record is available, transfer all pertinent information to the CIA.

1. Subsection Primary Care Physician (PCP) - Lists the name, address and phone number of the person's primary physician. Usually, the PCP is a family practitioner, general practitioner, nurse practitioner or internist.

2. Subsection Secondary Physician - Identifies any other physician(s) who provides care to the person. If there are multiple secondary physicians, have the person select the one who provides the most significant care or who they see most frequently, after the PCP. List any additional physicians the person sees on page seven (7) of the CIA.

3. Subsection Medical Diagnosis - Lists the primary diagnosis that must be taken from the person's current Level of Care Abstract (ISD379). Other medical diagnoses should also be listed.

4. Subsection Medical History - Records health problems and conditions the person currently experiences or has previously experienced and that may interfere with current functioning ability. Medical information may be obtained from the person, reliable family members or the History and Physical exam data provided by the primary care physician.

5. Subsection Medications Administered - Identifies who administers the person's medications. If the person uses a medication box, indicate who prepares the box.

6. Subsection Medications - Lists information about medications the person is taking. Information from this section should be taken from the person directly, family members, caregivers, current nursing service providers, or others who are knowledgeable about the person's medications. Information may also be taken directly from the prescription bottle or over-the-counter medication packaging. Check the appropriate box to identify the source of the information recorded.

   Note that medications should not be administered by private duty nursing services from this list, since the information contained was not necessarily provided by a medical professional and may not be accurate.

   - In the first table, list all prescription medications. Remember to list oxygen if applicable.
     - In the first column, record the name of the medication.
     - In the second column, record the dose of the medication (the amount of the medication taken at one time). For example, the dose may include 1500 mg, 1 tablespoon, 2 pills, etc.
     - In the third column, record the method of administration of the medication. Medications may be administered through the following modes: swallowing- by mouth (PO); under the tongue - sublingual (SL); intravenous (IV); feeding tube (PEG, PEJ); intramuscular injection (IM); subcutaneous (subQ); or suppository.
     - In the fourth column, record the frequency (how often the person takes the medication). For example, the person may take the medication once a day, every four hours, at bedtime, etc.
     - In the fifth column, record the reason the person takes the medication, if known. Sometimes medications are taken for reasons other than their primary intent. If the information is not known, write UNKNOWN in the column.
     - In the last column, record the name of the person who prescribed the medication, if known. Be sure that the prescriber's name is also listed in the Primary Care Physician or Secondary Physician subsections on page 2 of the CIA.

   - In the second table, list all over-the-counter medications, herbal or homeopathic remedies or other non-prescription treatments the person takes regularly and that may be obtained without a prescription. Remember to include nutritional supplements, vitamins, topical cream and eye drops, if applicable. This is regardless of whether the medications or remedies have been prescribed or provided by a medical practitioner.
     - In the first column, record the name of the medication or remedy.
     - In the second column, record the dose of the medication or remedy. This is the amount of the medication taken at one time. For example, the dose may include 1500 mg, 1 tablespoon, 2 pills, etc.
     - In the third column, record the method of administration of the medication or remedy. Medications may be administered through the following modes: swallowing- by mouth (PO); under the tongue - sublingual (SL); intravenous (IV); feeding tube (PEG, PEJ); intramuscular injection (IM); subcutaneous (subQ); or suppository.

- o In the fourth column record the frequency or how often the person takes the medication or remedy. For example, the person may take the medication once a day, every four hours, at bedtime, etc.
- o In the fifth column, record the reason the person takes the medication or remedy, if known. Sometimes medications are taken for reasons other than their primary intent. If the information is not known, write UNKNOWN in the column.
- o In the last column, record the name of the medical practitioner who prescribed the medication, if known and if applicable. Be sure that the name of the medical practitioner who prescribed the medication is also listed in the Primary Care Physician or Secondary Physician subsections on page 2 of the CIA.

7. Subsection Allergies - Lists any known allergies or sensitivities the person has to prescription or over-the-counter medications. Environmental allergies or sensitivities should also be listed. Note that food allergies should be listed in Section IX. Nutrition.

8. Subsection Medication Review - Records which physician regularly reviews the person's prescription and over-the-counter medications and the date of the last review. Generally, the person's Primary Care Physician reviews medications. If no physician is currently reviewing the person's medications, refer the person to his/her Primary Care Physician and ask that the person's medications be reviewed.

VI. MEDICAL RISK FACTORS

The purpose of this section is to answer questions concerning medical risk factors. Information must be obtained directly from the person in a face-to-face interview or from current, available medical records. If Yes is marked for any risk factor, describe implications for the person's Individual Service Plan in the Comments column.

The Medical Risk Factors table contains four columns.
1. In the first column, list possible medical risks the person may currently have.
2. In the second column, place a checkmark or X in this, the Yes column, to indicate that the person has the corresponding risk factor.
3. In the third column, place a checkmark or X in this, the No column to indicate that the person does not have the corresponding risk factor.
4. In the fourth column, record any comments and implications for the Individual Service Plan. If the Yes column has been checked, describe the extent of the risk and implications for the Individual Service Plan, and record any relevant comments.

VII. SUPPORT AND SOCIAL RESOURCES

The purpose of this section is to identify the person's current support and social resources. Information should be gathered to allow the case manager to identify gaps in the person's support system and to evaluate the strength of the person's current support system.

1. Subsection Primary Caregiver - Indicates whether the person has a primary caregiver. A primary caregiver is the individual who assists the recipient on a daily or weekly basis (See the D&E Waiver Homemaker Respite Service Standards). The primary caregiver is the individual who provides care to the person when waiver services are not being provided. The primary caregivers may be employed outside the home or reside elsewhere. If there is a primary caregiver identified, list the name of the individual and his/her relationship to the person in the Comments section.

    - Indicate if the person lives alone. If the person does not live alone, list the name and relationship of any individual(s) who lives with the person.
    - Indicate if the person is homebound.
    - Indicate if there are any other household members who receive waiver services and which waiver they receive. Note that an individual who receives waiver services may NOT be a primary caregiver for another person who receives waiver services. For example, if a husband and wife both receive waiver services, neither may serve as or be listed as the primary caregiver for the other.
    - Note any comments or implications to the Individual Service Plan in the last column. For example, include the amount of time the primary caregiver is available or an assessment of the caregiver's ability to provide safe care.

2. Subsection Ability to Remain Alone - Indicates how much supervision the person requires in order to maintain his/her health and safety.

    - Examples of implications for the Individual Service Plan may include arranging for care by non-waiver providers or scheduling homemaker services during the times when the person needs supervision and the primary caregiver is not available. Another example may include identifying how the person can be supervised when waiver services are not available.
    - Homemaker services may not be scheduled solely for the purpose of companionship or supervision. Companionship and supervision should only be provided while other approved homemaker services such as personal care services are being provided.
    - If a person requires twenty-four (24) hour supervision or can be left alone for less than eight (8) hours, and does not have a primary caregiver, the person's needs may be too great for waiver services to maintain his/her health and safety. Other options including a nursing home should be considered and discussed with the person and his/her family.

3. Subsection Current Supports - Records whether the specified supports are currently available to the person, how often they are provided, the relationship of the individual who provides the support, comments, and implications to the person's Individual Service Plan.

    - The first column specifies the type of support that may be provided.
        - If a support is provided that is not in the list, add it to the list under Other.
        - At the end of the list, identify if the person needs additional supports that have not already been arranged. Specify the type of support needed. An example of implications for the Individual Service Plan may include the need to arrange

additional supports through waiver services or alternative non-waiver services to fill gaps in supports.

- Place a check in the second column (Yes) if the person currently receives this support from someone.
- Place a check in the third column (No) if the person currently does not receive this support from someone.
- In the fourth column, record how frequently the supports (visits, meals, hours) are provided in a typical week. If the support is provided less than weekly, specify the frequency. For example, write “Monthly” or “Every other Week” in the column.
- In the last column, record any comments and describe any implications to the person’s Individual Service Plan. Also in the last column, record the relationship of the individual who provides the support, if support is provided. For example, write “Husband”, “Paid Caregiver”, “Neighbor” or “Friend” in the Comments column. If the individual who provides the support is employed by an agency, list the name of the agency.

4. Subsection Changes That Have Occurred - Should describe why the person needs an additional service at this point in time and how the current lack of support impacts the person’s health and safety. If the support has been needed for a long time, indicate how the person has coped or managed without the support. Also indicate what implications these circumstances have for the person’s Individual Service Plan.

VII. ENVIRONMENTAL ASSESSMENT

The purpose of this section is to evaluate the person's physical environment to identify problems or potential problems of personal safety and accessibility. Information should be obtained through observation, direct questioning techniques, and professional judgment.

1. Subsection Housing Type - Specifies in what kind of housing the person resides. Senior housing is a specialized housing area for seniors. This may include a private, public or subsidized area.

2. Subsection Safety or Accessibility Problems - Identifies actual or potential safety and accessibility problems for the person in their home environment. Entrances, yards and driveway should be evaluated in addition to the inside of the residence. Information should be obtained through observation, through questioning the person, family members or caregivers, and through professional judgment.

   In the Comments column, provide specific details about the problem(s) and area(s) that need attention. Indicate the severity of the danger or threat to the person’s health or safety and options for how the problem(s) can be resolved. If applicable, be sure to notify landlord of problem before requesting a modification from waiver services.

Following are possible indicators of problems relating to each area listed in the table:

- Structural Damage and Dangerous Floors
  - Exposed Wiring
  - Floors creak or are uneven
  - Ceilings have watermarks
  - Door opens with difficulty
  - Windows cannot be opened
  - Outside Structure looks crooked
  - Age of structure

- Barriers to Access
  - Lives above first floor
  - Lives in building with more than one floor and with no elevator
  - Person has limited or deteriorating mobility
  - Two story home with bedrooms upstairs
  - Person cannot climb stairs
  - Person uses wheelchair and entrance to home has steps, doorways are too narrow, rooms are too small to maneuver

- Electrical Hazards
  - Frayed electrical cords
  - Over use of extension cords
  - Plugs partially hanging out of wall
  - Poor wiring in the home
  - Shocks occur when plugging or unplugging appliances
  - Fuses are replaced frequently
  - Electric bill has increased without apparent cause

- Fire Hazards
  - See electrical hazards above
  - Wall-to-wall clutter
  - Person smokes and appears to be careless
  - Person forgets to turn off stove
  - No smoke alarms or alarm's batteries have not been changed within a year
  - No fire extinguisher
  - Person uses unvented space heater

- Unsanitary Conditions/Odors
  - House has an obvious odor
  - House is dirty
  - Wall-to-wall clutter
  - Bathroom dirty & odorous
  - Carpet or furniture are soiled

- Infestations of Insects or Other Pests
  - Pest or pest's droppings
  - Odor of dead rodents
  - Bug spray, roach tablets, rodent traps are used regularly

- Poor Lighting
  - House dark even with lights on
  - Covers of light fixture dusty or dirty

- Insufficient Hot Water
  - Excessive amount of dirty dishes from lack of water
  - Person is dirty or has body odor from lack of water
  - Person’s clothes are dirty from lack of water
  - Determine if there is running water
  - Determine if there is hot water readily available

- Insufficient Heat/Air Conditioning
  - Determine source(s) of heat
  - Determine if space heaters are used
  - Determine if there is an air conditioner and if it is used (Note air conditioning may not be used to keep electric bill low)
  - Determine if fans are used
  - Home is too hot or cold inside
  - Home is stuffy during the summer
  - Identify if person knows how to operate heating or air conditioning
  - Determine if there is a energy savings plan in place with the utility company
  - Determine if sufficient wood is available for heat if applicable
  - Wood stove or fireplace can be appropriately operated

- Plumbing Problems
  - No water faucets in kitchen
  - No bathroom in the house, Determine if an outdoor- toilet or outhouse available
  - Toilet, shower, tub or sinks are not accessible to person
  - Water must be brought into the home
  - Toilets or sinks clog frequently

- Laundry Facilities
  - If no laundry facilities, identify distances to nearest laundry facilities
  - Washing machine is outside in yard, on porch, etc.
  - No dryer
  - Laundry facilities are not accessible to person

- Cooking Facility Problems
  - No stove or oven
  - Wood Stove or oven and wood is not readily available
  - Stove, oven or microwave are not accessible to person

- Accessible Shopping
  - Record distance to nearest grocery store
  - There is little food in cabinets or pantry
  - Prescriptions are not refilled
  - Person is not able to get to the grocery store
  - Person is not able to get groceries home

- Accessible Transportation
  - Person is unable to get to local transportation pickup
  - Person does not drive or have others who will drive them
  - Person is not able to arrange for transportation such as Safe Ride
  - Bus or taxi services are not available

- Accessible Bathroom
  - Person is not able to into or out of bathroom safely
  - Person is not able to get to bathtub, toilet, sink or shower safely
  - Person is not able to get into or out of bathtub or shower safely
  - Person is not able to get on or off toilet safely
  - Person is not able to use sink safely

- Accessible Entry/Exit
  - Person is not able to get to entry or exit safely
  - Person is not able to get through entry or exit safely
  - Person is not able to get up or down stairs or steps safely
  - Person is not able to get from entry or exit to a vehicle safely

- Other Accessibility Issues
  - Person is not able to access one or more rooms he/she must be able to use
  - Person is not able to climb stairs or steps inside the home safely
  - Person is not able to get to or use kitchen appliances safely

- Accessible Telephone
  - There is no phone service in home and person does not have cell phone
  - If no phone service is available, identify the distance to the nearest available phone
  - The phone is not in an accessible position
  - There is no message number available for the person
  - Person cannot access emergency services

- Ability to Evacuate in Emergency
  - Doors or windows boarded up
  - Person cannot walk, transfer to a wheelchair, open doors (locked or unlocked), manage stairs (if necessary) which would make it possible for them to evacuate in an emergency
  - A care giver is constantly present and able to assist the person to safely evacuate
  - Access to an exit from the building is obstructed
  - Bedroom does not have at least two means of accessible exit

- Concerns about Safety in Home or Neighborhood
    - Person is concerned about his/her safety in the home or neighborhood
    - Identify reasons for concerns
    - Case manager is concerned about his/her safety in the home or neighborhood
    - There are no locks on windows or outside doors
    - Windows are barred
    - Home has been burglarized
    - Neighbors have been burglarized
    - Person does not know any neighbors
    - Emergency services (911) have been called for reasons other than health

- Other (specify)
    - Specify any other safety issues that can be identified and that have been left off this list

IX. NUTRITION

The purpose of this section is to identify concerns about the person's nutrition. Information should be obtained from medical records, if possible.

1. Subsection Current Weight - Indicates the person's current weight. Check whether this is the person's actual weight or an estimate.

2. Subsection Height - Indicates the person's height. Check whether this is the person's actual weight or an estimate.

3. Subsection Weight Change - Identifies whether the person has had a ten (10) pound or more weight gain or loss in the past six months. If the person has had a weight gain or loss, specify the reason. In the event of an unintentional gain or loss, refer the person to his/her doctor for evaluation.

4. Subsection Eating Issues - Indicates whether the person has any physical or health related problems that make it difficult for him/her to eat. If any food allergies are life threatening, also list the food allergy under Section V. Medical Information, Allergy, on page 3 of the CIA.

5. Subsection Doctor-Ordered Diet - Identifies special diets prescribed by a doctor. Obtain this information from medical records if possible. In the Comments column, record any problems the person is having with the diet.

6. Subsection Typical Meals - Lists the foods the person eats in a typical day. List any diet preferences or needs the person has that have not been prescribed by a doctor. For example, the person may be vegetarian, lactose-intolerant, etc.

The remainder of the page contains lines to note any comments or to use as extra space to record additional assessment information.

X. HOMEMAKER ASSESSMENT

The purpose of the Homemaker Assessment is to determine the person's actual ability to perform various activities of daily living (ADL) and instrumental activities of daily living (IADL). Each ADL and IADL item has a corresponding score based on the person's ability to perform the activity. Once the selected scores are totaled, the amount of homemaker hours will be determined from the approved range of hours corresponding to the total score (See the D&E Waiver Homemaker Service Standards for details).

The Homemaker Assessment is divided into four subsections:

1. Communication and Cognition;
2. Behaviors/Mental Health;
3. Activities of Daily Living (ADL); and
4. Instrumental Activities of Daily Living (IADL).

Each subsection is further divided into boxes with three to five items per box.

Read the directions in the shaded area of each box. If possible, observe the person performing the task. The directions indicate how many items per box may be selected. For each box, there are four choices to describe the person's functioning ability.

Select the item that best describes the person. Put a checkmark or X in front of the selected item. More than one box may be selected for some items. A numeric value between 0 and 10 is listed for each item; this is the score for that item. On the bottom of each page of the Homemaker Assessment is a line to total the score for that page. The score for each item selected on the page should be added to obtain the total for the page. If more than one answer may be selected in a box, scores for all items selected should be added for the total.

If the person appears to fall between two choices, use professional judgment to select the one that more closely describes the person's abilities. Examples are given for items to illustrate some possible descriptions of the person's ability, not as an all-inclusive definition of the item. Note that the ADLs subsection cover two pages. There is a subtotal for each page of ADLs, with an ADL total on the second of the two pages. Further explanations for each item follow:

1. Subsection Communication and Cognition
    - Communication assesses a person's ability to express oneself in one's own language including non-English languages, formal sign languages or other widely recognized non-verbal communication. When completing this section of the assessment, consider the person's ability to communicate with the use of assistive devises. Each item in the Communication box is explained below:
        - Effectively communicates needs, can carry on conversations and give and follow multi-step directions.

    - Needs prompting, cueing or other assistance on an occasional basis, can give and follow simple directions, can carry on a few sentence conversation, can clearly convey needs.
    - Can convey basic needs, struggles to give or follow simple directions, is unable to carry on a conversation.
    - Cannot effectively communicate basic needs on a regular basis.

- Memory assesses the person's ability to remember information. Both the type of information the person can remember and the amount of time the person can remember the information should be considered. The case manager may use a mental status questionnaire to identify possible memory impairments; however, this is optional.
    - Memory is reasonably intact and person's life is not impacted by memory deficits.
    - Usually able to remember necessary information such as appointments, directions or names, can learn new information and remember it over time. Person may remember with the use of prompting, cueing or tools such as written notes. Person's life is minimally impacted by memory deficits.
    - Struggles to remember necessary information or tasks he/she has completed for years, even with assistance such as cueing or written notes. Person's life is moderately impacted by memory deficits.
    - Health or safety is negatively impacted by memory deficits. Person may be confused or struggle to remember caregivers or forget to turn off the stove.

- Cognition assesses the person's cognitive ability to make daily decisions. The case manager could use a mental status questionnaire to identify possible cognitive impairments. The case manager must assess the person's ability to make decisions, not judge the quality of decisions that the person makes.
    - Adequate cognitive ability to make daily decisions.
    - Usually able to make routine decisions, but may need prompting, cueing, explanations, notes or other assistance to make less routine decisions.
    - Sometimes able to make routine decisions with assistance.
    - Rarely able to make routine decisions even with assistance. Someone else must make routine decisions in order for the person to be safe.

- Compliance with Care assesses the person's ability and desire to comply with care. This includes following instructions of caregivers or others, keeping appointments, participating in treatment and treating caregivers with respect.
    - Reasonably compliant with care.
    - Generally compliant with care, but sometimes refuses care, misses appointments, or is disrespectful.
    - Often refuses care, misses appointments or fails to follow instructions, may occasionally be verbally aggressive toward caregivers.
    - Resistant to care more that 50% of the time, usually misses appointments, may be verbally or physically aggressive toward caregivers.

- Total the scores for the Communication and Cognition subsection and record the total at the bottom of the page.

2. Subsection Behaviors/Mental Health - Assesses self-injurious or disruptive behaviors. Descriptions of the choices provided are included on the assessment form. The intent of this section is to report information that can assist the case manager in identifying problem behaviors that must be addressed in the Individual Service Plan and may require a referral to other professionals for further evaluation or treatment. The case manager must inform direct service providers of any self-injurious or disruptive behaviors or risk factors identified in this subsection.

   - Self-injurious behaviors include repeated behaviors that may cause injury such as biting, scratching, picking, putting inappropriate objects into ear, mouth or nose, head slapping or banging, regularly taking medications inappropriately. Suicidal thoughts, threats or attempts are included as self-injurious behaviors and should be noted in the mental health needs section.
     - Disruptive behaviors include putting on or taking off clothing inappropriately, stubbornness, sexual behavior inappropriate to time, place or person, excessive whining or crying, screaming, persistent pestering or teasing, constantly demanding attention, or urinating in inappropriate places.
     - Aggressive or violent behaviors directed towards others including physical attacks, throwing objects, punching, biting, pushing, pinching, pulling hair, scratching, destroying property or threats.
     - Comments should identify the problematic behaviors, the frequency of the behaviors, whether the behaviors interfere with the person's safety or the safety of others, and strategies to address the behaviors. The case manager should determine the most effective strategies to address the problem behaviors and inform direct service staff of the strategies.

   - Mental Health Needs identifies the person's mental health status. In this section, stable means that the person is functioning well with routine periodic oversight or support and is currently receiving such oversight or support. If a person is not stable, the person's symptoms or effects of the illness routinely interfere with his/her ability to function.
     - List any current mental health diagnosis, services received, concerns and additional services recommended. Elderly persons often experience depression that may include persistent feelings of sadness, hopelessness, helplessness, or loss of self-worth. Symptoms of depression may be accompanied by decreasing concentration, appetite or energy, sleep problems or weight changes.
     - Indicate if the person has a history of suicidal thoughts, threats or attempts. If the person currently has suicidal thoughts, threats or attempts, the case manager must refer the person to a mental health professional and to his/her primary care physician.

   - Substance Abuse identifies a person's use or abuse of legal or illegal substances including prescription medications. The information may come from the person, primary caregivers, family members or others, or from direct observation from the case manager. Descriptions of the choices provided are included on the assessment form.

- Health and Safety Risks identify significant health or safety risks or the imminent possibility of health or safety risks. If there are no significant or imminent health or safety risks, the case manager should check "No Risk Factors". Descriptions of the choices provided are included on the assessment form.

- Total the scores for the Behaviors/Mental Health subsection and record the total at the bottom of the page.

3. Subsection Activities of Daily Living (ADL) - Assesses the person's ability to perform tasks that are essential for self care such as bathing, feeding oneself, dressing, toileting, transferring from a bed to a chair, etc. The case manager should consider whether the person needs physical assistance or supervision to perform these tasks in order to ensure his/her health or safety, when determining the services to be provided, determine appropriate placements and determining appropriate referrals.

   - Ambulation identifies how well the person can walk or move about from place to place including climbing up or down stairs. If a person uses a wheelchair (electric or manual), select the option that best describes the person's ability to move about from place to place in the wheelchair. This information can often be obtained by direct observation.
     - Walks and gets around safely, without assistance from another individual or an assistive device.
     - Walks or gets around safely with an assistive device such as a cane, walker or wheelchair, with verbal prompting or cueing, and without physical assistance from another individual.
     - Sometimes cannot get around safely without the support of another individual, regardless of the use of an assistive device including a wheelchair.
     - Can rarely or never get around safely without the assistance of another individual.

   - Falls record how often a person falls. Select the choice that most reflects the frequency of a person's falls. Descriptions of the choices provided are included on the assessment form.

   - Transfers identify a person's ability to move one in or out of bed, chair or wheelchair, etc. Assistance may include cueing, prompting, a cane, a walker or a lift.
     - Independent includes transferring without assistance from another individual or an assistive device.
     - Transfers with verbal assistance (cueing or prompting), an assistive device (cane, walker), or occasionally with someone standing-by.
     - Transfers with regular stand-by assistance or requires physical assistance.
     - Transfers only with an attendant and special equipment such as a transfer board or belt.

   - Bladder identifies the person's ability to exercise self-control over urination. If a catheter is used, select one of the choices with a score in addition to checking Catheter. Also be sure that bowel and bladder services, or private duty nursing services are listed

on the Individual Service Plan. Descriptions of the choices provided are included on the assessment form.

- Bowel identifies the person's ability to exercise self-control over defecation. If the person is on a specified bowel program, whether with partial assistance or total assistance, select one of the choices with a score in addition to checking Specified Bowel Program. Also be sure that bowel and bladder services, or private duty nursing services are listed on the Individual Service Plan. Descriptions of the choices provided are included on the assessment form.

- Toileting identifies the person's ability to complete all tasks associated with toileting including getting to the toilet, getting on and off the toilet, cleaning genital area, washing hands and arranging clothes.
  - No assistance is needed.
  - Assistance may be needed occasionally including cueing or prompting, or with some activities of toileting such as adjusting clothes.
  - Assistance may be needed regularly, or with many of the tasks of toileting.
  - Toileting cannot be done without total assistance.

- Bathing identifies the person's ability to bathe him/herself including getting in or out of the tub or shower. Difficulty with bating may be due to a mental impairment, physical impairment or access issues.
  - No assistance is needed.
  - Assistance may be needed occasionally through cueing or prompting, or with some activities of bathing such as washing a single part of the body.
  - Assistance is needed regularly through cueing or prompting, or with many of the tasks of bathing such as washing hair, getting in and out of the tub, and dressing self.
  - Bathing cannot be done without total assistance from another.

- Subtotal the scores for the first part of the ADL subsection and record the subtotal at the bottom of the page.

- Grooming/Hygiene assesses the person's ability to wash him/herself, manage menstruation, brush hair, shave or apply makeup. Does not include washing hair and taking a bath or shower.
  - No assistance is needed.
  - Assistance may be needed occasionally through cueing or prompting, or with some activities such as washing face or brushing hair.
  - Assistance is needed regularly through cueing or prompting, or with many of the tasks of grooming or hygiene.
  - Grooming/Hygiene cannot be done without total assistance from another.

- Skin Care assesses a person's skin care needs as well as the person's ability to care for his/her skin. While skin care needs should be considered, note that a homemaker may only assist the person in applying lotion and repositioning. Other skin care needs

should be done through private duty nursing services. If there are skin infections or ulcers, check the Skin infections/ulcer box in addition to selecting an item with a score. Also, there must be private duty nursing services on the Individual Service Plan if the person has skin infections or ulcers.
  - No assistance is needed to care for skin and there are no significant skin care issues.
  - Assistance with applying lotion is needed.
  - Assistance with applying lotion or some repositioning is needed and there are significant skin care issues such as an infection or ulcers.
  - Frequent repositioning is needed.

- Dressing assesses a person's ability to dress and undress. This includes getting clothes out of the closet or dresser, and putting on, fastening and adjusting clothes, shoes and outer garments.
  - No assistance is needed.
  - Assistance may be needed occasionally including cueing or prompting, or with some activities such as putting on shoes or fastening pants.
  - Assistance is needed regularly including cueing or prompting, or with many of the tasks of dressing.
  - Dressing cannot be done without total assistance from another.

- Eating assesses the person's ability to get food from plate to mouth, chew and swallow. If a nasal or gastric tube is used, select an item with a score in addition to checking Fed with nasal/gastric tube. Also, there must be private duty nursing services on the Individual Service Plan if the person needs tube feeding. Preparation of food is addressed in IADLs and must not be included here.
  - Independent with or without assistive device such as special utensils or plate.
  - Assistance from another may be needed occasionally including cueing or prompting, or with some activities.
  - Assistance from another is regularly needed such as cutting food, or requires a special diet.
  - Fed all meals or fed with nasal/gastric tube.

- Medications assess the person's ability to take medications by identifying the type, amount and frequency of taking medications. While the person's ability to take medications should be assessed, note that a homemaker may only prompt or cue the person, get a glass of water for the person, open the medication container or give hand-over-hand assistance to take medication. A homemaker may not prepare a medication box or give a person medication. Descriptions of the choices provided are included on the assessment form.
  - Note that the last option, "All medications need to be set-up or administered" does not have a score. This is because a homemaker cannot provide these services. Since this assessment assesses a person's need for homemaker services, a score is not needed for a task that a homemaker cannot perform.

- Impact of Disability and Disability-Related Behaviors on ADLs assesses how the person's disability impacts his/her ability to complete ADLs.

- o If no impact is selected, the case manager should consider whether the person needs homemaker services.
- o Some impact would indicate that the person's disability has some impact on a few ADLs.
- o Moderate impact would indicate that the person's disability has significant impact on a few ADLs or some impact to many ADLs.
- o Severe impact would indicate that the person's disability has significant impact on many ADLs. For example, a person cannot move his/her arms in a controlled manner so he/she cannot bathe, dress, eat, toilet or take medications without total assistance from another. This person's disability severely impacts his/her ability to independently complete ADLs.

- Subtotal the scores for the second part of the ADL subsection and record the subtotal at the bottom of the page.

- Add the subtotals for two pages of ADLs and record the total at the bottom of the page.

4. Subsection Instrumental Activities of Daily Living (IADL) - Assesses the person's ability to care for household and social tasks to meet their needs within his/her home and the community including shopping, cooking, doing laundry, using the phone, etc.

- If the person can complete the task on his/her own with or without an assistive device, select independent.
- If the person can complete the task with assistance from another individual, select requires assistance.
- If the person is unable to complete the task, select requires total assistance.

5. Subsection Scoring - Records the person's score for each subsection of the Homemaker Assessment and the total score for the Homemaker Section of the CIA. Once the total Homemaker Assessment score is calculated, the case manager should identify the approved range of homemaker hours that correlates with the score (See D&E Waiver Homemaker Services Service Standards). Following are the homemaker assessment score ranges and the approved range of homemaker hours for each score range:

Need	Assessment Score Range	Approved Range of Homemaker Hours
No Need*	0-2	0 hours per week
Minimal	2-60	1-10 hours per week
Moderate	61-141	11-21 hours per week
Extensive	142-246 (or higher)	22-35 hours per week

* If the person's total score is below 2, the person is not in need of homemaker services and may not need waiver services.

- If the person's total score is above 230, the person's need may be too great for waiver services and other options including a nursing facility placement should be considered to ensure the person's health and safety.

- If homemaker hours are required beyond the approved range hour hours to maintain the person's health and safety, additional hours may be requested by the case manager. If additional hours are requested, one or more additional criteria must be met and the case manager must explain the need and provide supporting and substantiating medical justification. Following is a list of criteria that may support additional homemaker hours. Note that the list is not comprehensive and other criteria may also apply (See D&E Waiver Homemaker Services Service Standards):
  - Person has no primary caregiver or the primary caregiver has full-time employment
  - Person requires assistance for all transfers;
  - Person is incontinent all the time and cannot change him/her self;
  - No daytime support services are available in the community and the case manager has provided documentation showing that attempts have been made to link recipient to services;
  - Person receives Medicare hospice services;
  - Person has dementia and has a primary caregiver;
  - Person is blind with recent onset;
  - Person is bed bound and has a primary caregiver; or
  - Person has uncontrolled chronic medical needs.

- Additional lines on page 13 may be used to record notes or additional justification.

XI. ASSESSMENT SUMMARY

The case manager should summarize the CIA and the implications for the person's Individual Service Plan in this section. The person's strengths, gaps in services, significant health and safety issues, and descriptions of supports the person needs to remain in his/her home and community should be addressed. Other concerns or relevant assessment information not included in the CIA should also be listed here.

The name, title and signature of the person completing the CIA and the date the CIA was signed must be recorded. The CIA must be reviewed by the Case Manager Supervisor. The signature of the supervisor and the date of the review must be recorded.