

Adult Long Term Care Functional Screen

Updates to the LTC FS Clinical Instructions
Module 4: Instrumental Activities of Daily
Living

1

Updates to the LTC FS Clinical Instructions

- Updating the Clinical Instructions
 - Internal workgroup – OFCE, COP-W, CIP, ORCD, TMG
 - External Screen Consultation Group – MCOs, ADRCs, Waiver Agencies
- Content Changes
 - Expanded definitions
 - Additional clarification on when it is appropriate to select a need for assistance

2

Updates to the LTC FS Clinical Instructions

- Format Changes
 - Items in each section:
 - Definition
 - Check this for a person who:
 - Do not check this for a person who:

3

IADL Objectives: By the end of this Module, you should be able to:

- Define the six tasks that make up the Instrumental Activities of Daily Living section.
- Apply the rating system used with each IADL accurately and reliably. (This means that other screeners would select the same answer as you did.)
- Properly code “who will help in the next 8 weeks”.

4

The Six IADLs on the LTC FS

- Meal Preparation
- Medication Management and Administration
- Money Management
- Laundry and/or Chores
- Telephone
- Transportation

5

Tips for Completing the IADL Module

- If a screener is unsure about how to mark the IADL, he/she should consult with their screen liaison and/or assigned state staff.
- If a screener believes the need for assistance with a listed IADL does not clearly “fit” into one of the tasks listed, it should be described in the notes section.

6

Tips for Completing the IADL Module

- For a person residing in a nursing home or residential facility, assess the person's actual need for assistance. Do not select the level of assistance needed based on the services or equipment available as part of the residential facility package.
- If a person has an identified need, but for some reason is not receiving assistance (including refusing the service, etc.), the screener should still capture the need for the assistance with the task.
- When an individual's conditions and abilities fluctuate over time, reference Module 1.12 Strategies to Minimize Screening Limitations, Abilities Fluctuate, for assistance on how to complete the LTC FS.

7

Tips for Completing the IADL Module

- It is not uncommon for individual's to underrate their need for help or overstate their independence. Remember to use the following five steps when reviewing the level of help needed:
 1. Select the level of assistance needed based on need, not solely on diagnosis.
 2. Select the level of assistance needed and not solely on the report of the individual.
 3. Seek more details and consider asking for a demonstration on how a task is completed.
 4. Seek collateral informants, other people you could ask for additional screen information.
 5. Use your professional judgment and assessment skills to select the best answer. Follow the definitions and instructions for the screen.

8

IADL Rating System

- Unlike the ADL section which utilizes a consistent rating system for each ADL, the IADL's rating system varies by each IADL.

9

Choosing the Appropriate IADL Rating

- Each IADL has its own definition constructed for the purpose of the LTC FS. Screeners are to follow the definitions precisely in order to select the most accurate level of help needed.
- Always select the answer that most closely describes the person's need for help from another person – whether they are actually getting that help or not.

10

Choosing the Appropriate IADL Rating

- If a person can complete a task independently, but it takes them a very long time, you need to consider if the person needs any help with that task to complete it safely. If they are in fact completing tasks safely, it does not matter if it takes two or three times longer than for most people. However, if there are significant hardships or negative outcomes for that person doing the task slowly, than it would be correct to indicate the person is in need of help completing the task.

11

Meal Preparation



- **Definition:** The physical and cognitive ability to obtain and prepare basic routine meals, including the task of grocery shopping. What constitutes a meal is an individual choice. Meal Preparation includes the ability to make a simple meal, such as cereal, sandwich, heat frozen foods, or reheat food prepared by others.

12

Meal Preparation



○ The activity of Meal Preparation may include the following components:

- Open food containers
- Open the refrigerator and freezer
- Safely use their kitchen appliances
- Prepare a simple meal, such as cereal, sandwich, heat frozen foods, or reheat food pre-prepared by others
- Safely place food on a plate or in a cup, and carry it to a table
- Proper food preparation and storage
- Obtain groceries

13

Meal Preparation



○ The activity of obtaining groceries may include the following components:

- Selecting the food from the store shelves
- Moving items between a basket or cart to the checkout counter
- The money transaction to pay for the groceries (This need is captured in Module 4.13 Money Management)
- Bagging the food
- Getting the bags to a vehicle
- Getting the bags into the home
- Putting the groceries away

14

Meal Preparation



○ MEAL PREPARATION RATING SYSTEM

- 0: Independent
- 1: Needs help from another person weekly or less often
- 2: Needs help 2 to 7 times a week
- 3: Needs help with every meal

15

Meal Preparation



○ Reminder:

- A person may request assistance with Meal Preparation due to a gender, age, or cultural norm. To select a need for assistance with Meal Preparation, a person needs to have a **physical or cognitive limitation** impairing their ability to complete the task independently.
- A screener should not automatically assume assistance is needed because a person makes food choices consistent with their lifestyle and values, even if those food choices are not in agreement with professionals' advice and nutritional goals for the person.

16

Meal Preparation



○ Reminder:

- When there is a need for assistance with grocery shopping only, the frequency of assistance should be selected as a 1: (Needs help from another person weekly or less often), as more frequent grocery shopping is not necessary.

17

Meal Preparation



○ Check this for a person who:

- Has a physical or cognitive limitation impairing their ability to complete the task of Meal Preparation independently.
- Is able to independently complete the tasks involved in preparing a meal and grocery shopping, but doing so causes significant hardship or negative outcomes. Examples of a person physically struggling with their meal preparation or grocery shopping could be evidenced by the person experiencing any of the following results: shortness of breath, dizziness, chest pains, exhaustion, incontinence, or increased pain.

18

Meal Preparation



○ Check this for a person who:

- Needs assistance to have food pureed, minced, thickened, or to prepare a mechanical soft diet.
- Needs assistance preparing their liquid nutrition for their tube or intravenous feedings.
- Needs assistance placing food on plate or with carrying a plate and/or cup to the table.
- Needs assistance to open food containers, even with adaptive aids (e.g. electric can opener).

19

Meal Preparation



○ Check this for a person who:

- Due to a physical impairment, needs assistance opening the refrigerator or freezer, even with adaptive aids.
- Needs assistance preparing meals due to their inability to stand long enough to cook food even when taking breaks to sit down during the task of making a meal.
- Is unable to safely use at least one of their appliances to cook or heat food.

20

Meal Preparation



○ Check this for a person who:

- Has Prader-Willi Syndrome.
- Needs assistance with Meal Preparation tasks due to a cognitive impairment related to their Severe and Persistent Mental Illness.
- Is unable to determine when food is spoiled.

21

Meal Preparation



○ Do NOT check this for a person who:

- Does not have a physical or cognitive limitation impairing their ability to complete the task of Meal Preparation independently.
- Chooses to only eat cold foods.
- Is able to independently complete the tasks involved in preparing a meal and grocery shopping, but it takes additional time to do so WITHOUT causing significant hardship or negative outcomes. Examples of a person physically struggling with their meal preparation or grocery shopping could be evidenced by the person experiencing any of the following results: shortness of breath, dizziness, chest pains, exhaustion, incontinence, or increased pain.

22

Meal Preparation



○ Do NOT check this for a person who:

- Needs assistance planning a menu, making a grocery shopping list, requires transportation to the grocery store, or wants to grocery shop more than once a week.
- Receives Home Delivered Meals (HDM), but is cognitively or physically able to prepare meals. There is a variety of reasons why a person may receive HDMS that do not relate to a cognitive or physical limitation to prepare meals independently.
- Can make a simple meal (cereal, sandwich, etc.), can heat food (frozen, leftovers, or food prepared by others), or chooses to eat only cold foods.

23

Meal Preparation



○ Do NOT check this for a person who:

- Needs to use the grocery store's scooter or wheelchair to shop.
- Needs assistance from a grocery store employee or fellow shopper to retrieve items from high or low shelves because they cannot reach them without assistance.
- Can shop independently when their groceries are bagged in smaller and lighter bags so they can manage them.
- Chooses not to eat according to the food pyramid, eats more than three meals a day, or eats fewer than three meals a day.

24

Meal Preparation



- **Do NOT check this for a person who:**
 - Resides in a substitute care setting or nursing home and solely because of where they reside they are not allowed to use the kitchen to prepare their meals.
 - Does not prepare their meals solely because meals are provided as part of the services in the facility where they reside.
 - Only needs assistance getting food out of a refrigerator or freezer located in their garage or basement.
 - Can prepare a meal if they take breaks to sit down during the task.
 - Is only able to cook or heat up food in a microwave oven.

25

Meal Preparation



- **Do NOT check this for a person who:**
 - Needs assistance cleaning up after a meal. (This need is captured in Module 4.14 Laundry and/or Chores).
 - Is on a special diet (diabetic, low-cal, low-sugar, low-sodium, etc.)
 - Needs to have their food pureed, minced, cut, or thickened and can do so independently with or without adaptive aids.
 - Has a vision impairment that does not affect their ability to independently prepare meals.

26

Meal Preparation



- **Do NOT check this for a person who:**
 - Needs assistance cleaning the inside of their refrigerator, including the removal of spoiled food. (This need is captured in Module 4.14 Laundry and/or Chores.)
 - Receives nutrition by tube or intravenous feedings and can independently prepare their liquid nutrition.
 - Has fluctuating abilities grocery shops on their good days. For additional information on screening a person with fluctuating abilities, review Module 1.12 Strategies to Minimize Screening Limitations, D. Abilities Fluctuate.

27

Meal Preparation



- **Do NOT check this for a person who:**
 - Could prepare meals safely and independently using a toaster oven, toaster, stove top, stove, oven, microwave oven, or electric frying pan, but they don't currently have any of these appliances.
 - Needs assistance with the money transaction to pay for the groceries with cash, credit card, debit card, gift card, personal check, or by store charge account. (This need is captured in Module 4.13 Money Management.)
 - Independently orders their groceries online, calls-in, or e-mails-in their grocery order for convenience.

28

Meal Preparation Example



- Sylvia has many health issues that impact her stamina/endorance to shop for groceries. Family members do her weekly grocery shopping. She is able to prepare her own coffee, toast, cereal, soup and sandwich. She lacks the stamina to make a dinner meal. Every morning her daughter brings over a dinner meal Sylvia is able to reheat in her microwave that evening.
- What should the screener select for meal preparation on the LTC FS?

29

Meal Preparation Answer



- 1 – Needs help from another person weekly or less often.
 - Sylvia needs assistance with grocery shopping, but she is able to make basic meals and microwave a meal put together for her. This is similar to buying frozen or prepared meals.

30

Medication Management and Administration



- A medication is a drug used to treat disease, symptoms, or injury that enters the body in the prescribed manner. On the LTC FS, a “medication” is defined more precisely. The screener must read the section carefully to ensure the LTC FS is completed accurately.

31

Medication Management and Administration



- **A medication on the LTC FS must meet these three criteria:**

- 1. Approved by the U.S. Food and Drug Administration
- 2. Prescribed by a Medicaid-recognized prescriber (physician, psychiatrist, nurse practitioner, physician's assistant, optometrist, or dentist)
- 3. Regularly scheduled and used. Regularly scheduled medications are typically taken daily, 4 times a day, or every 8 hours.

32

Medication Management and Administration



- *Excluded* as regularly scheduled and used medication is an “as needed” (PRN) medication. A PRN medication is taken only when needed based on symptoms.
 - a. Exception: Sliding scale insulin (where the exact dosage is adjusted according to the blood sugar level) can be treated as a regularly scheduled medication, because it is regularly given, with the dose merely adjusted to blood sugar level.
 - B. Exception: If a medication is ordered as needed (PRN), but it is taken regularly and frequently, then it can be treated the same as a regularly scheduled medication on the LTC FS. An example of this is pain medication order PRN but taken every 4 to 6 hours, every day.

33

Medication Management and Administration



- Note: Over-the-counter medications are included if they meet all of the above conditions 1 through 3.
- Note: On the LTC FS, a vitamin is a medication only if it is **injected** (e.g. vitamin B-12 injection).

34

Medication Management and Administration



- A medication on the LTC FS **DOES NOT** include the following:
 - 1. Vitamin (unless injected), mineral, supplement, and alternative or complementary medicines, even if prescribed by a Medicaid-recognized prescriber (physician, psychiatrist, nurse practitioner, physician's assistant, optometrist, or dentist).

35

Medication Management and Administration



- A medication on the LTC FS **DOES NOT** include the following:
 - 2. Non-vitamin, non-mineral natural substances such as Omega 3 or fish oil, glucosamine, ginkgo, anti-oxidants, ginseng, Echinacea, chondroitin, Coenzyme Q-10, flaxseed, cranberry, garlic, soy, melatonin, green tea, saw palmetto, grape seed, milk thistle, lutein, barkwater, shark cartilage, etc., even if prescribed by a Medicaid-recognized prescriber (physician, psychiatrist, nurse practitioner, physician's assistant, optometrist, or dentist).

36

Medication Management and Administration



- A medication on the LTC FS **DOES NOT** include the following:
 - 3. Other complementary or alternative medicines such as homeopathic, naturopathic, or herbal therapy; or other treatment such as aromatherapy, flower remedies, crystal or magnet therapy, chelation, bowel cleansing, detoxifier, acupuncture, acupressure, etc.
 - 4. Other dietary supplements with calories, minerals, vitamins, and/or other additives.

37

Medication Management and Administration



- Medication Management
 - This task focuses on the individual's need for assistance in order to take medication as prescribed and to identify and report problems to the prescriber. It does not include medication reviews done in the prescriber's office, clinic, pharmacy, or health care facilities.

38

Medication Management and Administration



- Medication Management has two components: Medication Set-Up and Medication Monitoring.
 - A. Medication set-up: To set-up a medication is to separate out the proper dosage and **set it aside** in an assigned place **for later use**. This is also called "pre-selection".

39

Medication Management and Administration



- Set-up is done for two reasons:
 - 1. To ensure the **proper medication at the proper dosage** is selected when the individual is unable to select it due to their cognitive or physical limitations.
 - 2. To **arrange** the medications to **help the person remember** to take them at proper times, and to make it easier for them to visually see what medications were or were not taken. An example of this is putting numerous pills into a medication box containing slots for morning, noon, dinner and bed time pills, for each day of the week.

40

Medication Management and Administration



- Medication Box
 - A medication box is commonly used for convenience in organizing and remembering one's medications, even by people with no cognitive or physical impairments. When a person uses a medication box, the screener needs to determine whether due to a cognitive or physical impairment, the person **needs** to use the medication box, and/or needs the assistance of another person to fill it.

41

Medication Management and Administration



- Reminder: The filling of the medication box should typically be indicated at the "1 to 3 times/month" frequency, since two or more medication boxes can be pre-filled at one time. If this usual method does not work well for an individual, more frequent medication set-up may be necessary.
- Reminder: Pre-filling insulin syringes can typically be done 2 to 3 times per month, since pre-filled syringes can be stored in the refrigerator for at least 10 days. This task should be indicated at the "1 to 3 times/month" frequency.

42

Medication Management and Administration



o B. Medication Monitoring

- Medication monitoring includes two components:
 - o 1. The ability to report a problem related to medication use, should it arise, and
 - o 2. The ability to collect medication-related data as ordered by the prescriber, such as vital signs, weights, blood sugar levels, response to pain medications, etc. Data collection also includes in-home assistance to draw blood for a lab test.

43

Medication Management and Administration



o Frequency of Medication Monitoring:

- The frequency of medication monitoring is usually far lower than the frequency that the medication is taken. Most data collection for medication monitoring is done less often than daily. One exception to this is blood sugar checks, which are commonly done 3 or 4 times a day.

44

Medication Management and Administration



o Frequency of Medication Monitoring:

- If the person's condition is unstable and medication is frequently adjusted, then the need for medication monitoring may be several times per week or even daily. It is expected the condition and treatment will stabilize over several weeks, and the frequency of medication monitoring will drop. A Change in Condition screen should be done when the person's condition stabilizes to reflect this and other changes.

45

Medication Management and Administration



o Medication Administration:

- Definition: For the purposes of the LTC FS, Medication Administration is the physical and cognitive ability to get a medication into or onto the body as prescribed.
- The task of Medication Administration includes:
 - o The self-administration of the medication.

46

Medication Management and Administration



- The task of Medication Administration includes:

- o The need for assistance from another person with medication. A person can assist someone with the taking of their medication in two ways:
 - a. With a verbal prompt or reminder to take medication (in person or by telephone). The verbal cue is a reminder for the person to take their medication at a certain time.
 - o Asking the question, "Did you take your pills?" only counts as a verbal reminder when it is asked timely enough for the person to take the missed dose. Asking this question hours after a dose was due, or asking it once a week, does not count as help with taking medication.
 - b. Hands-on assistance to take medication.

47

Medication Management and Administration



- Reminder: A person's use of an automated pill dispenser (e.g. Compu-med) is not included as a need for Medication Administration.
- Reminder: Leaving a written reminder for a person is not included as a need for Medication Administration.

48

Medication Management and Administration



- MEDICATION MANAGEMENT and ADMINISTRATION RATING SYSTEM:
 - NA: Has no medications.
 - 0: Independent (with or without assistive devices).
 - 1: Needs help 1 to 2 days per week or less often. Includes having someone set-up medications, pre-fill syringes, or the administration of medication.
 - 2: Needs help at least once a day 3-7 days per week-CAN DIRECT the task and can make decisions regarding each medication.
 - 3: Needs help at least once a day 3-7 days per week-CANNOT DIRECT the task; is cognitively unable to follow through without another person to administer each medication.

49

Medication Management and Administration



- N/A: Has no medications
- Check this for a person who:
 - Takes no medications
 - Only takes PRN (as needed) medication on an irregular basis.

50

Medication Management and Administration



- 0: Independent
- **Check this for a person who:**
 - Receives assistance with their medication but does not need that assistance due to a physical or cognitive impairment.
 - Takes medication as directed and has medication monitoring done outside of their home at their physician's office, clinic, pharmacy, or healthcare facility.
 - Requires medication management and/or administration less often than monthly.
 - Takes medication as directed and is able to contact the prescriber with concerns and follow their recommendations.

51

Medication Management and Administration



- 0: Independent
- **Check this for a person who:**
 - Independently sets-up and uses his/her medication box.
 - Independently uses a medication box primarily as a convenience.
 - Is cognitively intact and chooses not to take prescribed medications.
 - Is limited solely by a language barrier or illiteracy, not a cognitive or physical impairment.
 - Is independent using adaptations such as large-print or Braille labels, "talking" glucometer, easy-open pill bottles, etc.
 - May have an unorthodox system of organizing medications, but has no history of medication misuse or errors.

52

Medication Management and Administration



- 0: Independent
- **Check this for a person who:**
 - Has blood drawn at their physician's office, clinic, health care facility, or laboratory, and follows through with any changes as instructed by the prescriber.
 - Takes medication as instructed and is able to independently check their blood sugar level, blood pressure, weights, pulse, etc.
 - Has a cognitive impairment, but has learned to take medication as directed, and only needs Medication Management assistance less than monthly.

53

Medication Management and Administration



- 0: Independent
- **Check this for a person who:**
 - Only needs help getting refills from the pharmacy. (Note: Automatic medication refills may be arranged with the pharmacy. The need for assistance with getting the medication from the pharmacy to the person is captured in Module 4.14 Laundry and/or Chores.)
 - On a regular basis, receives routine monitoring for general health, behavior, etc. by agency/facility staff because that monitoring is provided to all residents.

54

Medication Management and Administration



- 1: Needs help 1 to 2 days per week or less often.
 - Reminder: The minimum frequency of needed assistance is once a month. A frequency of less than once a month should not be indicated on the LTC FS, but could be recorded in the Notes section.

55

Medication Management and Administration



- 1: Needs help 1 to 2 days per week or less often.
- **Check this for a person who:**
 - Due to a physical or cognitive impairment, needs someone to fill their medication box(es) or to dispense or to pre-fill insulin syringes.
 - Needs someone to monitor them for specific medication effects and side-effects and report to the prescriber as needed because of a cognitive impairment.
 - Is medically unstable and frequent medication and health status monitoring is warranted.

56

Medication Management and Administration



- **Do NOT check this for a person who:**
 - Is able to fill their own medication box(es) or could take medications without using a medication box.
 - Takes their medication and does not need frequent monitoring for medication effects or side effects.
 - Has blood drawn at their physician's office, clinic, health care facility, or laboratory, and follows through with any changes as instructed by the prescriber.
 - Is able to monitor and report effects and side effects themselves.

57

Medication Management and Administration



- 2a: Needs help at least once a day 3-7 days per week- CAN DIRECT the task.
- **Check this for a person who:**
 - Needs **physical help** taking medication but is able to instruct helpers. An example of this is a person with quadriplegia who instructs their helper, "Please put 1 of those 3 pills on my tongue and give me a drink."

58

Medication Management and Administration



- **Do NOT check this for a person who:**
 - Needs help taking medication and is cognitively unable to instruct their helpers.
 - Is unable to communicate in order to direct their helpers.
 - Is non-English speaking and is unable to communicate in order to direct their helper(s) in order to direct the helper(s).
 - Is able to take medication with less frequent assistance. An example of this is a person able to independently take their medication once another person assists them in setting up their medication box(es). In this case, select 1: (Needs help 1 to 2 days a week or less often.)

59

Medication Management and Administration



- When to consider 'can direct the task' versus 'cannot direct the task'
 - As listed on the LTC FS, the distinction between 'can direct the task' and 'cannot direct the task' applies only if the person needs help at the higher frequency of 'at least once a day 3-7 days per week.' If the person needs help less often than 3-7 days per week, the screener does not need to make a determination about the person's ability to direct the task of taking or withholding of their medications.

60

Medication Management and Administration



- 2b: Needs help at least once a day 3-7 days per week – CANNOT direct the task.
- **Check this for a person who:**
 - Needs help taking medication and is unable to instruct their helpers because of a physical or cognitive impairment.

61

Medication Management and Administration



- **Do NOT check this for a person who:**
 - Needs help taking medication due to a physical limitation, but is able to direct helpers in selecting and taking the medication appropriately.
 - Has a cognitive impairment but takes medication as directed, without misuse or error, once the medication is set-up.
 - Is blind or vision impaired, without assessing how they manage and administer their medications with reasonable accommodations (e.g. Use of Braille on a pill bottle to indicate what the medication is.)

62

Medication Management and Administration Example



- Shari is a 27 year old woman that has cognitive disabilities. She lives in a supported apartment. Without any reminders, she takes her birth control pill with breakfast every day, and occasionally one or two aspirins for a low back ache or headache. She knows not to take more than two aspirins every four hours.
- What should the screener select for Medication Management and Medication Administration on the LTC FS?

63

Medication Management and Administration Answer



- 0: Independent
- Shari has a cognitive impairment, but she has learned to take her medication as directed independently.

64

Break



65

Questions



66

Money Management



- **Definition:** The physical and cognitive ability to handle money, pay bills, and complete financial transactions needed for basic necessities (food, shelter, and clothing). These transactions include any of the following types of money transactions: cash, credit card, debit card, personal check, money order, automatic withdrawal, automatic deposit, or the exchange of currency.

67

Money Management



- **Reminder:**
 - A person is independent with the task of Money Management if they do not have a physical disability or cognitive impairment preventing them from learning the task. Do not indicate a need for assistance when the limitation is due to a language barrier, illiteracy, or a gender, age, or cultural norm.

68

Money Management



- **Reminder:**
 - A person without a cognitive impairment is independent with the tasks of Money Management if they manage their money consistent with their lifestyle, values, goals, while those financial choices may not necessarily be in agreement with professionals' values or goals.

69

Money Management



- **Reminder:**
 - The selection of the frequency of needed assistance with the task of Money Management should be determined by the person's ability to manage their finances, not the frequency with which their finances are managed.

70

Money Management



- For example, a person with a diagnosis of dementia and a guardian of their person lives in an Adult Family Home (AFH) and once a month, their guardian writes the needed checks for their AFH room/board, and pharmacy bill, and balances their checkbook. Although their monthly assistance is provided to managed their finances, the person's need for assistance is actually with every transaction. The screener should select option 2: (Needs help from another person daily or more often (e.g. with every transaction)).

71

Money Management



- **Reminder**
 - Selecting 1: (Needs help from another person weekly or less often) is indicated when the person can independently handle minor money transactions and smaller amounts of currency.
 - Selecting 2: (Needs help from another person daily or more often (e.g. with every transaction)) is indicated when the person requires assistance anytime they handle money or with all of their financial matters.

72

Money Management



- MONEY MANAGEMENT RATING SYSTEM
 - 0: Independent
 - 1: Needs help from another person weekly or less
 - 2: Needs help from another person daily or more often

73

Money Management



- **Check this for a person who:**
 - Has a physical or cognitive limitation impairing their ability to complete the task of Money Management independently.
 - Lacks or has limited fine motor dexterity.
 - Has a cognitive impairment (brain injury, developmental disability, severe and persistent mental illness, or Alzheimer's disease/dementia) limiting their ability to manage their money.

74

Money Management



- **Check this for a person who:**
 - Needs assistance with the money transaction to pay for purchases with cash, credit card, debit card, gift card, personal check, money order, or by store charge account.
 - Needs assistance recognizing money denominations.
 - Needs assistance to write a personal check or balance a checkbook, due to a physical or cognitive impairment.

75

Money Management



- **Do NOT check this for a person who:**
 - Does not have a physical or cognitive impairment limiting their ability to complete the task of Money Management independently.
 - Has inadequate income to meet their basic needs.
 - Needs assistance related to a lack of experience with managing money due to their gender, age, or a cultural norm.
 - Is blind or vision impaired, without assessing how they manage their money with reasonable accommodations (e.g. Use of a debit card instead of writing a check.)

76

Money Management



- **Do NOT check this for a person who:**
 - Hasn't had experience managing money and their ability to complete this task has yet to be tested. Examples of a person with the cognitive ability to manage their money, but not the experience of doing so could include but is not limited to a person: with a severe and persistent mental illness, a developmental disability, young adult, recent immigrant, or even a recent widow/widower whose partner handled all of the couple's finances.

77

Money Management



- **Do NOT check this for a person who:**
 - Has a representative payee or money manager due to a history of poor money management related to personal choices or issues with alcoholism, a drug addiction, or a gambling addiction.
 - Has a representative payee, durable power-of-attorney, power-of-attorney, authorized representative, activated power-of-attorney for health care decisions, designated power-of-attorney for health care decisions, conservatorship, or a guardian of the person and/or estate without reviewing their ability to handle at least some money transactions.

78

Money Management



- **Do NOT check this for a person who:**
 - Does not speak, read, or write English.
 - Is illiterate.
 - Needs transportation to the bank. (This need is captured in Module 4.14 Transportation.)
 - Has a diagnosis of a cognitive impairment (e.g. brain injury, developmental disability, severe and persistent mental illness, or Alzheimer's disease/dementia) without reviewing their ability to manage their money.

79

Money Management



- **Do NOT check this for a person who:**
 - Needs assistance budgeting their income. How a person plans or doesn't plan to spend their money is not a Money Management task included in the LTC FS.
 - Uses a charge account at a store (e.g. grocery store) without reviewing their ability to manage their money. The charge account may be set up as a convenience for the person paying the account's tab.

80

Money Management Example



- Mark is 22 years old and has mental retardation. He just moved into a new apartment with a roommate. He is trying to be as independent as possible, but his parents still need to manage his finances. He gets \$30 a week which he can spend as "fun" money.
- How should the screener complete the Money Management IADL for Mark?

81

Money Management Answer



- 1: Needs help from another person weekly or less.
 - Mark needs assistance with larger financial transactions, such as paying bills, rent, etc. which do not occur on a daily basis. Mark is able to independently manage daily transactions such as buying items from a store.

82

Laundry and/or Chores



- **Definition:** The physical and cognitive ability to complete one's personal laundry, routine housekeeping, and basic home maintenance tasks, including the tasks of snow shoveling and lawn mowing.

83

Laundry and/or Chores



- Assistance with Laundry and/or Chores tasks is not typically provided on a daily basis. On the rating system, a 1 would be selected for the frequency of assistance needed with the following Laundry and/or Chores tasks:
 - Laundry (unless the person is incontinent and in need of more frequent laundry assistance)
 - Snow shoveling
 - Lawn mowing
 - Vacuuming (unless the person has a documented medical reason and is in need of more frequent vacuuming)
 - Floor washing (unless the person has incontinence or other documented medical reason and is in need of more frequent floor washing)

84

Laundry and/or Chores



○ Reminders:

- Screener need to acknowledge the person's lifestyle choices, values, and goals related to their level of laundry and/or household cleanliness may not necessarily be in agreement with the professionals'.
- The frequency of needed assistance with the tasks of Laundry and/or Chores is to be based on need, not the availability of staff to assist the person.

85

Laundry and/or Chores



○ LAUNDRY and/or CHORES RATING SYSTEM

- 0: Independent
- 1: Needs help from another person weekly or less often
- 2: Needs help more than once per week

86

Laundry and/or Chores



○ Check this for a person who:

- Has a physical or cognitive limitation impairing their ability to complete their laundry and/or household chores.
- Hoards personal items or food and this behavior creates a potential health or safety issue.
- Needs assistance cleaning up after a meal.
- Needs assistance cleaning the inside of their refrigerator.
- Needs assistance to re-order medications.

87

Laundry and/or Chores



○ Do NOT check this for a person who:

- Does not have a physical or cognitive limitation impairing their ability to complete their laundry and/or household chores.
- Needs assistance with window washing, gardening, weatherization, grooming the yard (including weeding, pruning hedges, raking leaves, and aerating or fertilizing the grass).
- Needs housecleaning assistance more than weekly due to having a pet(s) in their home and has related allergies.
- Needs assistance with home repairs that are beyond basic cleaning but enhance the dwelling's appearance (e.g. painting).

88

Laundry and/or Chores



○ Do NOT check this for a person who:

- Resides in a residential facility or institution and the provision of Laundry and/or Chores services is available as part of the facility package, without reviewing their need for assistance with these tasks.
- Needs assistance completing other household member's laundry (e.g. spouse's or children's laundry) or the cleaning of living spaces not used by the individual (e.g. teenager's bedroom or bathroom).

89

Laundry and/or Chores



○ Do NOT check this for a person who:

- Needs assistance with heavy-duty cleaning done infrequently, such as carpet, drapery, and window cleaning or wall washing.
- Needs assistance related to a lack of experience completing their laundry and/or household chores due to their age, gender, or cultural norm and does not complete these tasks.

90



Laundry and/or Chores Example

- Due to poor physical health, Jose is not longer able to mow his lawn or shovel his snow. Jose lives up north and during the winter months snow removal is often needed more than once a week.
- How should the screener complete the Laundry and/or Chores IADL for Jose?

91



Laundry and/or Chores Answer

- 1: Needs help from another person weekly or less often.
 - Assistance with Laundry and/or Chores is typically not provided on a daily basis. On average, snow shoveling and lawn mowing would occur weekly or less often.

92



Telephone

- **Definition:** The physical and cognitive ability of a person to use their personal telephone to make and receive a routine telephone call with or without assistive devices. What constitutes a routine telephone call is very person-specific. They are the familiar and frequent telephone calls a person makes and receives.

93



Telephone

- The ability to use the telephone **does not include** the assistance a person may need to make or receive a non-routine telephone call. The need for assistance with non-routine telephone calls is captured in the Cognition for Daily Decision Making task in the Communication and Cognition Section of the LTC FS.

94



Telephone

- Examples of non-routine telephone calls can include, but are not limited to a person's need for assistance making an appointment with the Income Maintenance Unit for an annual financial review; making an appointment with a health care specialist every three months; or responding to their doctor's office sporadic phone calls to change an appointment time.

95



Telephone

- TELEPHONE RATING SYSTEM
 - 1a: Independent. Has cognitive and physical abilities to make calls and answer calls
 - 1b: Lacks cognitive or physical abilities to use phone independently
 - and -
 - 2a: Currently has working telephone or access to one
 - 2b: Has no phone and no access to phone

96

Telephone



- **Independent. Has cognitive and physical abilities to make calls and answer calls. Check this for a person who:**
 - Needs assistance with a telephone other than their personal telephone, but can independently use their personal telephone.
 - Independently uses a telephone with preprogrammed numbers or list of frequently called numbers.
 - Independently uses a telephone with an assistive device or with assistance from a telecommunications relay service.

97

Telephone



- **Independent. Has cognitive and physical abilities to make calls and answer calls. Check this for a person who:**
 - Does not have a landline, but does use a cell phone.
 - Does not speak or understand spoken English.
 - Does not use a telephone due to their age, gender, or cultural norm.
 - Needs assistance with non-routine telephone calls.

98

Telephone



- **1b: Lacks cognitive or physical abilities to use phone independently. Check this for a person who:**
 - Would be independent with this task if they used an assistive device, but they don't currently have it. A person's untried potential for using an assistive device should not be considered when assessing the person's current need for assistance.
 - Will answer a ringing telephone but is not able to place a call.

99

Telephone



- **1b: Lacks cognitive or physical abilities to use phone independently. Check this for a person who:**
 - Is hard of hearing, deaf, or has speech impairment, and does not have a teletypewriter (TTY) or other adaptive device to use with their telephone.
 - Is unable to make themselves understood due to significant communication impairment (e.g. aphasia).

100

Telephone Example



- Bertha has dementia but is still able to independently use the telephone to make and receive telephone calls to/from her family and friends. On occasion, Bertha receives a telephone call from her doctor's office asking to change the time or date of her appointment. Bertha can get confused by these calls and does not often remember the changed time or date.
- What should the screener select for Telephone IADL on the LTC FS?

101

Telephone Answer



- 1a: Independent. Has cognitive and physical abilities to make calls and answer calls.
- 2a: Currently has working telephone or access to one.
 - The ability to use the telephone does not include the assistance a person may need to make or receive non-routine telephone calls. This need should be captured under Cognition for Daily Decision Making.

102

Transportation



- **Definition:** The physical and cognitive ability to **drive** a regular or adapted vehicle.
- A **regular vehicle** is one the person rides in or operates without any needed adaptations in order to drive the vehicle.
- A regular vehicle may be equipped with modifications that allow the person to enter/exit the vehicle, be a passenger in the vehicle, or allow their mobility device to be transported with them. While these modifications may be needed in order for the person to ride in the vehicle to meet their transportation needs, they are not needed for the person to operate the vehicle.

103

Transportation



- Examples of such modifications made to a regular vehicle include, but are not limited to, a car top carrier for a wheelchair, trunk lift for carrying an unoccupied wheelchair or scooter, grab bar, automatic door opener, or a van lift used by a person to enter/exit the van when sitting in their wheelchair or scooter.

104

Transportation



- An **adapted vehicle** is one the person operates with adaptations made to the vehicle that are needed in order for the person to **DRIVE** the vehicle.
- These adaptations help the driver control the vehicle's speed and direction. Examples of such vehicle adaptations include, but are not limited to, hand controls, pedal extensions, switch pad controls, or an extended gearshift handle.

105

Transportation



- **Serious Safety Concerns**
 - The determination of whether the person is driving with or without serious safety concerns should be based on their physical and cognitive ability to drive a vehicle. The screener will need to use their professional judgment when reviewing how a person's limitations may be affecting their ability to safely drive a vehicle.

106

Transportation



- **Serious Safety Concerns**
 - There may be *serious safety concerns* about a person who drives with a diagnosis of dementia or low vision or they drive under the influence of alcohol or a controlled substance.
 - *Serious safety concerns* should not be marked for a person who has made a reasonable accommodation to limit their driving to only daylight hours, non-rush hours (typically weekdays, 9:00 a.m. to 3:00 p.m.), or to locations they are familiar with, or short distances from their home.

107

Transportation



- **TRANSPORTATION RATING SYSTEM**
 - 1a: Person drives regular vehicle
 - 1b: Person drives adapted vehicle
 - 1c: Person drives regular vehicle, but there are serious safety concerns
 - 1d: Person drives adapted vehicle, but there are serious safety concerns
 - 2: Person cannot drive due to physical, psychiatric, or cognitive impairments
 - 3: Person does not drive due to other reasons

108

Transportation



- Reminder: Do not select 1b: (Person drives adapted vehicle), when the person could drive an adapted vehicle but does not currently have the needed assistive devices in their vehicle.
- Reminder: Do not select 2: (Person cannot drive due to a physical, psychiatric, or cognitive impairment), when a person does not drive due solely to their age, gender, or cultural norm.

109

Transportation



- Reminder: The following are examples of when it would be correct to select option 3: (Person does not drive due to other reasons):
 - Person never learned to drive.
 - Person does not have a valid driver license due to a reason other than a physical or cognitive impairment.
 - Person does not own a vehicle or have access to one.
 - Person cannot afford to maintain a vehicle.
 - Person cannot afford vehicle insurance coverage.
 - Person only utilizes mass transit or taxi service.
 - Person could drive, but is driven by family members or friends.

110

Transportation Example



- Stan uses a manual wheelchair in the community. He is able to drive himself, but his car is equipped with a lift to help get Stan's manual wheelchair in and out of the car trunk. Stan feels safer only driving during the day when there is good light.
- What should the screener select for the Transportation IADL?

111

Transportation Answer



- 1a: Person drives regular vehicle.
 - Stan drives a regular vehicle because no adaptations have been made to the driving mechanism of the vehicle. In addition, even though Stan only drives during the daytime hours, this does not in itself indicate serious safety concerns with his driving ability.

112

If you have any questions, please contact your clinical contact:

- Family Care, PACE/Partnership, and ADRCs
Nancy Rusch
Nancy_Rusch@dhs.wisconsin.gov
(608) 266-9303
- Community Options Program Waiver (COP-W and CIP II)
The Management Group, Inc.
(608) 255-6441
- Community Integration Program (CIP 1A/1B)
Kim Nelson
Kimberly.Nelson@dhs.wisconsin.gov
(608) 873-0007

113

Questions



114