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Adult Long Term Care Functional Screen

Updates to the LTC FS Clinical
Instructions
Module 8: Behaviors/Mental Health
July 1, 2008

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Updates to LTC FS Clinical Instructions

- Updating the Clinical Instructions
 - Internal group – OFCE, COP-W, CIP, ORCD, TMG
 - External Screen Consultation Group – MCOs, ADRCs, Waiver Agencies
- Content Changes
 - Expanded/clarified definitions, particularly offensive and violent behaviors
 - Additional examples

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Updates to LTC FS Clinical Instructions

- Format Changes
 - Items in each section:
 - Definition
 - Check this for:
 - Do not check this for:
 - Options
 - Addition of contents section
 - Ability to hyperlink to specific sections of module

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LTC FS Clinical Instructions – Miscellaneous Instructions

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

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LTC FS Clinical Instructions – Miscellaneous Instructions

- Examples included in each section of this module are not all-inclusive.
- A screener should document an individual’s NEEDS, not just what services/assistance they are currently receiving.
- Eligibility logic is triggered by information entered.

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LTC FS Clinical Instructions – Miscellaneous Module 8 Instructions

- Just because an individual has a certain diagnosis (CMI or DD) does not mean that items in this module should automatically be checked.

- The behaviors/mental health module also relates to the HRS module. Screeners should review both modules to assure the individuals needs have been accurately checked.

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LTC FS Clinical Instructions – Definitions

- Interventions in this module include:
 - Monitoring the person when he/she exhibits the behavior
 - Having someone (a caregiver, spouse, etc.) present to prevent the person from exhibiting the behavior
 - Redirecting the person when he/she exhibits the behavior
 - Physically preventing the person from exhibiting the behavior
 - Responding to problems caused by the person's behavior

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LTC FS Clinical Instructions – Definitions

- Cognitive impairment includes impairment of thought due to:
 - severe mental illness,
 - dementia,
 - brain injury,
 - developmental disabilities,
 - or other organic brain disorders
- It does not include temporary impairment due to intoxication.

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LTC FS Clinical Instructions – Definitions

- Cognitive impairment:
 - Required for wandering in Module 8
 - Not required for self-injurious, offensive or violent behaviors in Module 8
 - Required for HRS table

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LTC FS Clinical Instructions – Wandering

- For a person with cognitive impairment, unsafely leaving *or attempting to leave* an immediate area (*home, community, workplace, etc.*) without informing others, *that requires intervention.*
- *The person may still exhibit wandering behaviors even if elopement is impossible due to preventative measures, such as facility security systems, bed and wheelchair alarms, etc.*

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LTC FS Clinical Instructions – Wandering

- **Check this for a person who:**
 - Wanders and requires intervention
 - Individual is fine in routine, familiar situations, but wanders in new situations, the community, etc.
 - Elopes or attempts to elope from a residence and requires interventions
 - Interventions can include: redirection from staff/family, door, bed or wheelchair alarms, or other security systems, etc.

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LTC FS Clinical Instructions – Wandering

■ Do NOT check this for a person who:

- Does not have a cognitive impairment, but is purposely trying to leave, escape, etc.
 - Doesn't want to live there so keeps trying to elope
- Paces within their residence due to anxiety, nervousness or boredom
- Wanders, but does not require interventions
 - May “wander” within residence by going from room to room, but not trying to elope.

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LTC FS Clinical Instructions – Wandering

■ Wandering Options:

- Does not wander
- Daytime wandering but sleeps nights
- Wanders at night or day or night

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LTC FS Clinical Instructions – Self-Injurious Behaviors

- *For a person with or without a cognitive impairment, self-injurious behaviors include those that cause or are likely to cause injury to one's own body AND that require interventions.*
- Self-injurious behaviors are defined as physical self-abuse and do not include the absence of self-care or behaviors that may have unhealthy consequences.

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LTC FS Clinical Instructions – Self-Injurious Behaviors

- **Check this for a person who:**
 - Exhibits self-abuse that causes or is likely to cause self-injury (hitting, biting, head banging, etc.)
 - Has pica (eating inedible objects)
 - Polydipsia (engages in water intoxication)
 - Self-mutilation that requires intervention
 - Examples include: picking skin until infections occur, biting fingers to bone, taking objects and gouging skin, severe cutting, etc.
 - Intervention is the key

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LTC FS Clinical Instructions – Self-Injurious Behaviors

■ Do NOT check this for a person who:

- Smokes, drinks alcohol, misuses drugs (legal and illegal)
- Is sexually promiscuous
- Makes poor eating choices (eating high sugar-content foods despite diabetes)
 - Not following recommended low-fat diet, limiting salt intake, etc.
 - Poor portion control

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LTC FS Clinical Instructions – Self-Injurious Behaviors

■ Do NOT check this for a person who:

- Has habits that are innocuous and do not result in injury, such as repetitive head tapping or self-stimulation
- Self-mutilation that does not require interventions
 - Someone who has tattoos, piercings, etc.
 - Someone who picks but just has scabs
- Recently attempted or has a history of attempting suicide or has suicidal ideations
 - This would be captured in the MH section

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LTC FS Clinical Instructions – Self-Injurious Behaviors

- Self-Injurious Behaviors Options:
 - No injurious behaviors demonstrated
 - Some self-injurious behaviors that require interventions weekly or less
 - Self-injurious behaviors that require interventions 2 to 6 times per week OR 1 or 2 times per day
 - Self-injurious behaviors that require intensive 1-on-1 interventions more than twice each day

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Break



Back in 15 Minutes

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Questions?



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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

- LTC FS is eligibility tool, so need to focus on behaviors that would lead to someone being institutionalized.
 - “High Bar”
- *This section is intended to capture behaviors of individuals with or without cognitive impairment that impact others in the person’s community; including other residents in a facility, neighbors or people in the community at large AND that require intervention.*

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

- **Offensive behavior:** Behavior that causes *or can be reasonably expected to cause discomfort* or distress to others.

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

- **Check this for a person who:**
 - Disrobes or masturbates in front of others
 - Engages in inappropriate touching, sexual advances toward others
 - Spits at or on others
 - Urinates or defecates in inappropriate places (e.g. living room, front porch, etc.) or on another person or the act of spreading urine or feces

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

■ Check this for a person who:

- Reacts/responds to stimuli with incessant screaming or another behavior response that disturbs or disrupts his/her community.
 - Individual with CMI who walks into stores, etc and is verbally offensive to others.

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

■ Do NOT check this for a person who:

- Uses profanity in conversation
 - Uses vulgar/colorful language on routine basis
- Hoards or who has poor housekeeping skills/practices
- Has poor personal hygiene, body odor, incontinence
 - Doesn't shower/bathe
 - Is ill-mannered

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

■ Do NOT check this for a person who:

- Intrudes into another’s living space, office, etc.
 - The “busy body”
- Has a difficult personality (e.g., is obstinate, vulgar, does not get along with his/her caregivers, staff, etc.)
 - Verbally abusive or makes inappropriate comments
 - Ill-tempered, difficult to work with, etc.

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

■ Do NOT check this for a person who:

- Exhibits behavior(s) that may indicate a need for medical treatment/mental health services but that do not require intervention (e.g., anxiety disorder, OCD)
 - “Checks the lights” by turning on/off frequently
 - Needs frequent reassuring, asks same questions over and over

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

■ **Do NOT check this for a person who:**

- By appearance or mannerisms, etc. may elicit social prejudices such as avoidance, stigmatization, etc. (e.g., Tourette's Syndrome)
 - Mutters, talks to themselves, makes noises, has body tics or movements, etc.

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

- **Violent Behavior:** *Behavior of individuals with or without a cognitive impairment that causes or threatens to cause physical harm to another person or is a risk to the community and requires intervention.*

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

■ Check this for a person who:

- Strikes out at or strikes, kicks, bites, or otherwise batters others
- Commits/has a history of sexual aggression, pedophilia, arson, etc.
 - Continues to be an active concern
- Tortures, maims or otherwise abuses animals
- Verbally, aggressively threatens others; includes aggressive gestures, raised fists, etc.

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

■ Do NOT check this for a person who:

- Expresses anger, frustration using profanity
- Threatens/commits self injury
(see Section 8.4)
- Vaguely threatens others (e.g., “somebody’s going to pay...”)

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LTC FS Clinical Instructions – Offensive and Violent Behavior to Others

- Offensive or Violent Behaviors to Others Options:
 - No offensive or violent behaviors demonstrated
 - Some offensive or violent behaviors that require occasional interventions weekly or less
 - Offensive or violent behaviors that require interventions 2 to 6 times per week OR 1 to 2 times per day
 - Offensive or violent behaviors that require intensive 1-on-1 interventions more than twice each day

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LTC FS Clinical Instructions – Correlation to HRS Table

- Two items in the **Behaviors/Mental Health Module** of the LTC FS can be marked for persons **who do not have a cognitive impairment**.
 - Self-Injurious Behavior
 - Offensive and Violent Behavior to Others

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LTC FS Clinical Instructions – Correlation to HRS Table

- To mark **behaviors on the HRS Table**, however, requires that the individual **have a cognitive impairment**. The HRS Table weighs heavily in determining whether or not someone has a NH LOC.
 - Logic matches between NH/HCBW LOC determination
 - In determining LOC in NH, only can count behavioral problems for individuals with cognitive impairments.

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LTC FS Clinical Instructions – Correlation to HRS Table

- **To check this row, all the following must be present:**
 - Person has a cognitive impairment, and
 - Interventions are required, and
 - There is a behavior plan to prevent and/or respond to the behavior

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LTC FS Clinical Instructions – Mental Health and Substance Abuse Questions

- Tips for completing this section:
 - A current diagnosis of mental illness does not need to be limited to a major mental illness, but can include anxiety disorders, depression, and personality disorders, etc.
 - Screeners should not deduce a diagnosis from a list of medications, or accept a “label” applied by family or another person.
 - Need to verify diagnosis from health care provider or medical record

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LTC FS Clinical Instructions – Mental Health and Substance Abuse Questions

- Unstable does not equate with Community Support Program (CSP) enrollment.
- This section has no role in eligibility logic, but should still be filled out.

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LTC FS Clinical Instructions – Mental Health and Substance Abuse Questions

- **Mental Health Needs Options:**
 - No known diagnosis of mental illness – no mental health problems or needs evident.
 - No known diagnosis of mental illness – person may be at risk and in need of some services
 - Person has current diagnosis of mental illness that is currently stable
 - Person has current diagnosis of mental illness that is currently not stable

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LTC FS Clinical Instructions – Mental Health and Substance Abuse Questions

- **Substance Abuse Options:**
 - No active substance abuse problems evident at this time
 - Person or others indicate a current problem, or evidence suggests possibility of a current problem or high likelihood of recurrence without significant on-going support or interventions
 - In the past year, the person has had significant problems due to substance abuse.

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LTC FS Clinical Instructions – Question and Answers

- Tom has alcohol induced dementia. He resides with family. He tries to leave his residence on a daily basis during the day to find alcohol. Family members have to monitor his actions to ensure he does not leave the home unattended as he will get lost. Is it appropriate to select that this person exhibits wandering behavior?

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LTC FS Clinical Instructions – Question and Answers

- **Yes.** Tom has a cognitive impairment. Leaving the home is unsafe and puts him at risk. The family has to intervene by redirecting him or monitoring him. The screener should select “Daytime wandering but sleeps nights”.
- Please note: The screener will also be asked to make a corresponding selection on the HRS chart in the Behavior row.

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LTC FS Clinical Instructions – Question and Answers

- William is competent but has many health related concerns. He used to reside in his own apartment. A year ago he moved into a CBRF because there were concerns about the amount of assistance he began to require at night. He does not like living at the CBRF. He always tries to leave the CBRF particularly when he feels staff are being too rigid or they don't let him do what he wants to do. Is it appropriate to select that William exhibits wandering behavior?

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LTC FS Clinical Instructions – Question and Answers

- **No.** William has no cognitive impairment. He just wants to leave the CBRF because he doesn't like living there.

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LTC FS Clinical Instructions – Question and Answers

- Ben is competent, but has a long history of alcohol and substance abuse. After years of self-abuse, lack of self-care and living on the streets, he now resides in an AFH. As a result, he no longer drinks or uses drugs. Family members, staff at the facility... even Ben himself indicate that if it wasn't for the structure and monitoring at the AFH, Ben would drink or use drugs and in fact overdose if it wasn't for the help he receives. Is it appropriate to select that this person exhibits self-injurious behavior because of his alcoholism or drug abuse?

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LTC FS Clinical Instructions – Question and Answers

- **No.** Self-injurious behaviors do not include behaviors that may have unhealthy consequences. As a result, making bad choices regarding alcohol or drug intake is not considered self-injurious behavior on the LTC FS.

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LTC FS Clinical Instructions – Question and Answers

- Margaret has a diagnosis of Korsakoff's Syndrome – dementia as a result of chronic alcoholism. She now resides in an AFH. As a result she no longer has access to alcohol and is monitored so she doesn't drink. Family members, the care managers, staff at the AFH indicate if it weren't for the structure and monitoring at the AFH, she would drink again. Is it appropriate to select that this person exhibits self-injurious behavior because she would drink again and the dementia is such that she doesn't even know/realize how it is detrimental to her?

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LTC FS Clinical Instructions – Question and Answers

- **No.** Self-injurious behaviors on the LTC FS do not include behaviors that may have unhealthy consequences. As a result, making bad choices regarding alcohol intake is not considered self-injurious – even if the person is cognitively impaired.

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LTC FS Clinical Instructions – Question and Answers

- Abby has a diagnosis of mental retardation. She also has obesity and diabetes. However, she loves to eat sweets and does so anytime she can. Is it appropriate to select that this person exhibits self-injurious behavior because she is eating food that is not good for her and her diagnosis of MR suggests that she doesn't understand the ramifications of her poor food choices/poor diet and her diabetes?

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LTC FS Clinical Instructions – Question and Answers

- **No.** Self-injurious behaviors on the LTC FS do not include behaviors that may have unhealthy consequences. As a result, making bad food choices that may impact your health or medical condition is not considered self-injurious – even if the person is cognitively impaired.

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LTC FS Clinical Instructions – Question and Answers

- If a person has a mental illness that causes him/her to be self-injurious to him/herself; or be offensive or violent toward others, is it appropriate to select one of the appropriate frequencies of intervention needed?

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LTC FS Clinical Instructions – Question and Answers

- **Yes** – if the person exhibits these behaviors. Mental illness can cause a cognitive impairment.

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LTC FS Clinical Instructions – Question and Answers

- If a person has a mental illness, but he/she has never hurt him/herself, or hurt others, or shown any of those tendencies, is it appropriate to select one of the appropriate frequencies of interventions?

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LTC FS Clinical Instructions – Question and Answers

- **No.** Just because a person has a mental illness, does not automatically mean he/she is self-injurious or exhibits offensive/violent behavior.

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LTC FS Clinical Instructions – Question and Answers

- If a person has a mental illness, or a cognitive impairment and their history is such that he/she used to hurt themselves or others, but their current physical health condition is such that it limits them from hurting themselves or others, is it appropriate to select offensive or violent behaviors to others?

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LTC FS Clinical Instructions – Question and Answers

- **No.** If a person's physical health condition is such that the person is unable to hurt him/herself or be offensive or violent to others, it is not correct to select that the person is self-injurious or is offensive or violent to others. The behavior will not be able to occur due to physical limitations.

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LTC FS Clinical Instructions – Question and Answers

- If a person has a mental health illness and a history of physically hurting him/herself, or being offensive or violent toward others, but because he/she is on medications and these behaviors are “controlled” and the person does not currently harm him/herself or others, is it appropriate to select one of the appropriate frequencies or intervention?

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LTC FS Clinical Instructions – Question and Answers

- If a person hasn't hurt themselves or others in years and has lived alone in the community, but sees a mental health professional and takes medications to “control” the behavior and it is felt the person is “stable”, then it is **not appropriate** to select that behavior.
- However, if the person has hasn't hurt themselves or others but still needs to be supervised 24/7 due to the high risk to him/herself or others and is given medication to help control the behavior, then it **would be appropriate** to select that behavior and the amount of intervention needed.

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LTC FS Clinical Instructions – Question and Answers

- Is the administering and ensuring that a person takes his/her medications that assist in modifying/adjusting a person's behavior considered an "intervention"?

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LTC FS Clinical Instructions – Question and Answers

- **No.** Making sure someone takes their medications is not considered a form of "intervention" as defined in the clinical instructions. However, if appropriate, a screener may select the person needs assistance with med admin/med management in the IADL section or HRS section.

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LTC FS Clinical Instructions – Question and Answers

- Dan is a young man who has a physical disability. In addition, he also has schizophrenia. Usually, the mental illness is successfully managed by anti-psychotic medications. However, when he stops taking his medications and his mental illness is not properly managed, he will become verbally offensive to others. For example, he will yell profanities and threats to people in the grocery store, restaurants, mall, at the bus stop, etc. This usually occurs 3 or 4 times/year and after each episode it takes about 2 weeks for him to stabilize. Is it appropriate to select that he has offensive/violent behaviors to others?

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LTC FS Clinical Instructions – Question and Answers

- **Yes.** Dan does exhibit offensive/violent behaviors to others. In this scenario, the correct intervention would be “requires interventions weekly or less”.

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Questions?



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