

Adult Long Term Care Functional Screen

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

Updates to 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/clarified definitions
 - 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:

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LTC FS Clinical Instructions – Miscellaneous Instructions

- If a screener is unsure about how to mark an ADL, he/she should consult with their screen liaison and/or assigned state staff.
- If the screener believes the need for assistance with a listed ADL doesn't clearly "fit" into one of the tasks 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 the information entered.

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

- Define the six tasks that make up the Activities of Daily Living section.
- Apply the rating system used with each ADL 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" for each ADL.
- Identify the adaptive equipment included in the ADL section of the LTC FS.
- For someone preparing for discharge from a hospital or skilled healthcare facility, complete the ADLs tasks reflecting how the person would function at home.
- Utilize strategies to counter an individual's tendency to underrate/overrate their need for assistance with ADLs.

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The 6 ADLs on the FS

1. Bathing
2. Dressing
3. Eating
4. Mobility in Home
5. Toileting
6. Transferring

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ADL Rating System

- **0:** Person is **independent** in completing the activity safely.
- **1:** Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task.**
- **2:** Help is needed to complete the task safely and **helper DOES need to be present throughout the task.**

Note: Help can be supervision, cueing, and/or hands-on assistance (partial or complete).

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Tips for Completing the ADL Module

- Identify the need and select the level of help needed from another person.
- Be careful not to overlook deficits because of adaptations made. Consider a person's use of self-made assistive devices used in lieu of more standard medical equipment.
- 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.
- 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.

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Tips for Completing the ADL Module

- It is not uncommon for individuals 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 and not solely on a 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 information.
 5. Use your professional judgment and assessment skills to select the best answer. Follow the definitions and instructions for the screen.

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Choosing the appropriate ADL Level of Help

- Each ADL has its own definition constructed for the purposes 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. Always select ONLY ONE rating of help needed with each ADL.**
- For each ADL, **indicate the amount of help the person currently needs from another person--no matter who is providing the help and no matter where.** The only exception to this is when a person is about to change residences, estimate what assistance they'll need in their new residence.

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Choosing the appropriate ADL Level of Help

- 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 were significant hardships or negative outcomes for that person doing the task so slowly, than it would be correct to indicate the person is in need of help completing the task.
- A screener should document an individual's **NEEDS**, not just what services/assistance they are currently receiving. So, 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.

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Adaptive Equipment

- Some of the ADLs (Bathing, Mobility, Toileting, and Transferring) have some adaptive equipment listed. **Check any equipment the person currently has and is actually using.** Some people have equipment but they don't actually use it. And, sometimes a person will improvise to meet a need for equipment.
 - For example, instead of a shower chair they use a plastic lawn chair or other sturdy object during bathing. In this instance you would check the bathing equipment box. Capture the use of informal pieces of equipment which clearly substitute for the equipment on the list and reflect the need due to the functional deficit.
- **Do NOT check off any pieces of equipment the person seems to need but does not have yet.** Not all adaptive aids are included on the LTC FS. Their omission is intentional.

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Adaptive Equipment

- A person's untried potential for using assistive devices should not be considered. Note that the person may need help due to physical limitations, cognitive impairments, or both. **Screeners should focus on the person's level of assistance need, not just that the piece of equipment is in the home.**
- **REMINDER:** If the person does not currently have adaptive aids or safety equipment, indicate the level of help they need from another person now, without such equipment.

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Bathing



- **Definition:** The ability to safely shower, bathe, or take a sponge bath for the purpose of maintaining adequate hygiene. The activity of bathing consists of the following components:
 - Ability to get in and out of the bathtub/shower
 - Turning on and off the faucets
 - Regulating the water temperature
 - Washing and drying self fully
 - Shampooing hair

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Bathing



- **Check this for a person who:**
 - Requires supervision, cueing, and/or hands-on assistance (partial or complete) with any of the above mentioned components of bathing.
 - Requires regular cueing or would not bathe, due to a cognitive impairment.
 - Gives themselves a sponge bath because they are unable to get in and out of tub/shower.
 - Is able to bathe themselves but it takes additional time to do so and causes significant hardship or negative outcomes.
 - Examples of a person physically struggling with the task of bathing could be evidenced by the person experiencing any of the following results: out-of-breath, dizzy, chest pains, exhausted, incontinent, or increased pain.
 - Requires assistance with the aspects of bathing but can be left alone to soak in the tub.

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Bathing



- **Do NOT check this for a person who:**
 - Has no cognitive impairment and chooses not to bathe.
 - Bathes independently with the use of a hand held shower aid.
 - Requires assistance with grooming tasks (shaving, brushing hair, mouth care, nail care, etc.).
 - Prefers to have a sponge bath and can do so independently.
 - Is able to bathe independently but doesn't bathe unless a family member/staff is present somewhere in the home, "just in case."
 - Is able to bathe independently but it takes additional time to do so WITHOUT significant hardship or negative outcomes.

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Bathing



- Equipment that **can** be counted:
 - Shower chair
 - Tub bench
 - Grab bars
 - Mechanical lift

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Bathing Example



- You interview 88 year old Elvira in her farmhouse. She has a diagnosis of a recent CVA with resultant right sided paralysis. During the interview she reports she enjoys taking a tub bath every Sunday evening. While taking a tour of her home you notice her bathtub space is being used for the storage of clothing and toiletries. You inquire if Elvira has difficulty removing these items for her weekly bath. She reports no problems removing these items to take her weekly bath.
- Does Elvira need help with Bathing?

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Bathing Answer



- No, although at first glance it might appear that Elvira does not bathe in her tub, upon further inquiry the screener determined she does move her possessions in and out of the tub as needed, and does bathe in her tub.

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Dressing



- **Definition:** The ability to dress and undress as necessary, with or without the aid of adaptive devices. The activity of dressing consists of the following components:
 - Dressing the top half of the body (includes putting on undergarments).
 - Dressing the bottom half of the body (includes putting on undergarments).
 - Getting shoes and socks on and off
 - The ability to put on or remove prostheses, braces, and/or anti-embolism hose (e.g., TED stockings).
 - The ability to work fasteners (e.g., snaps, buttons, and zippers) except at the back of a dress or blouse.
 - Choosing the appropriate clothing for the weather

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Dressing



- **Check this for a person who:**
 - Requires supervision, cueing, and/or hands-on assistance (partial or complete) with any of the above mentioned components of dressing
 - Needs clothes laid out for them, but can put them on
 - Is able to dress themselves but it takes additional time to do so and causes significant hardship or negative outcomes. Examples of a person physically struggling with the task of dressing could be evidenced by the person experiencing any of the following results: out-of-breath, dizzy, chest pains, exhausted, incontinent, or increased pain.

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Dressing



- **Do NOT check this for a person who:**
 - Only requires assistance with a zipper or button(s) at the back of a dress or blouse.
 - Does not have a cognitive impairment, but chooses not to wear appropriate clothing.
 - Can dress, but refuses to change their clothes, even when clothes are stained or carry an odor.
 - May mismatch clothes
 - Is able to dress themselves but it takes additional time to do so WITHOUT significant hardship or negative outcomes.

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Dressing Example



- Adam is a 25 year old man recuperating from a gunshot wound that resulted in amputation of his left leg below the knee. His wound is still healing and at this time, he is unable to be fitted for a prosthesis. He is currently using a wheelchair to get around his home but is unable to get through the bedroom doorway where his clothes are kept. As a result, his wife lays his clothes out on the couch every morning.
- Does Adam need help with Dressing?

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Dressing Answer



- o No, Adam is able to independently dress himself.

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5 Minute Break



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Questions



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Eating



- o **Definition:** The act of getting food or drink from a plate or cup to the mouth (chewing if necessary and swallowing) using routine or adaptive utensils. This also includes the ability to cut the food. Assess the individual's actual need for assistance.
- o Do not select the level of assistance needed based solely on a diagnosis.

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Eating



- o Adaptive utensils can consist of:
 - weighted and/or built-up eating utensils,
 - scooper plates/bowls,
 - food bumpers,
 - special cups,
 - etc.
- o Note: If the person is fed via tube feedings or intravenously, check Box 0 if they can independently complete that task, or Box 1 or 2 if they require assistance from another person.

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Eating



- o **Check this for a person who:**
 - Requires monitoring, supervision, hands-on assistance, or cueing to even complete the process of eating.
 - Requires supervision due to a risk of choking
 - Requires assistance from another person to cut food
 - Has Prader-Willi Syndrome
 - Requires assistance to put on or remove a splint with which they can then hold a utensil and independently feed themselves.

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Eating



- Do NOT check this for a person who:
 - Has no history or risk of choking but is monitored "just in case."
 - Needs portion control for weight reduction
 - Is on a special diet (diabetic, low-cal, low-sugar, low fat, etc.)
 - Must have food pureed, minced, or follows a mechanical soft diet (these needs are captured in Module 4.11 Meal Preparation tasks).
 - Needs assistance placing food on a plate or with carrying a plate/cup to the table (these needs are captured in Module 4.11 Meal Preparation).

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Eating



- Do NOT check this for a person who:
 - Needs to have a plate "set up" with food due to their visual impairment.
 - Is a messy eater
 - Takes other people's food
 - Needs the refrigerator, pantry, etc. to be locked to deter snacking or stealing (except for a person with Prader Willi Syndrome).
 - Has pica or polydipsia (these needs are captured in Module 8 Behaviors/Mental Health as Self-Injurious Behaviors).
 - Is able to feed themselves independently with adaptive utensils.

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Eating Example



- Cameron is 29 years old with Muscular Dystrophy. He needs help putting on his hand splint that allows him to hold his adaptive eating utensils. Once his plate has been set up he can eat independently but tends to be a messy eater.
- Does Cameron need help with Eating?

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Eating Answer



- Yes, Cameron would be a 1 because he needs assistance putting on his hand splint and can then eat independently.
- Setting up Cameron's plate is a Meal Preparation task and should be captured there.
- Being a messy eater does not prevent him from eating.

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Mobility in Home



- **Definition:** The ability to move between locations (including stairs) in the individual's living space.
- Living space is defined as kitchen, living room, bathroom, and sleeping area.
- A person's living space *does not include* the basement, attic, garage, yard, and places outside of the home.
- Excluded from the task of Mobility in Home is the need for assistance with a transfer to get up to a standing position to walk (this need is captured in Module 4.10 Transferring).

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Mobility in Home



- The only equipment that can be counted under Mobility in Home includes:
 - Walker
 - Cane/quad cane*
 - Crutches
 - Wheelchair (used in the home)
 - Scooter (used in the home)
 - Artificial foot or leg(s)
- *A cane intended solely as a probe to identify obstacles or as an indicator of visual impairment does not count as an aid for Mobility in Home.

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Mobility in Home



- Do not include the following types of equipment or medical supplies used by an individual as a type of equipment counted under Mobility in Home:
 - Ace bandage
 - Leg brace
 - Foot brace
 - Anti-embolism hose
 - Neoprene Wrap
 - Orthotic shoes
 - Walker, cane, crutches, wheelchair, scooter, prostheses *only* used when ambulating outside of their home.

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Mobility in Home



- Check this for a person who:
 - Uses the furniture or walls for balance
 - Requires standby** or hands-on assistance with mobility
 - Is able to walk (or wheel) themselves with or without equipment, but it takes additional time to do so with significant hardship or negative outcomes. Examples of a person physically struggling with their mobility could be evidenced by the person experiencing any of the following results: out-of-breath, dizzy, chest pain, exhausted, incontinent, or increased pain.
 - Can independently move about their home, but needs assistance to use steps in their living space (limited to the kitchen, bathroom, bedroom, and living room).

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Mobility in Home



- Do NOT check this for a person who:
 - Is able to walk (or wheel) themselves when using adaptive equipment.
 - Is able to walk (or wheel) themselves but needs direction on where to go due to a cognitive impairment.
 - Requires assistance with mobility outside of the home.
 - Is able to walk independently once assisted to a standing position (this need is captured in Module 4.10 Transferring).
 - Is able to walk (or wheel) themselves but has had a joint replacement surgery.
 - Is able to walk (or wheel) themselves, but has an uncontrolled seizure disorder.
 - Is able to walk (or wheel) themselves but has a vision impairment.
 - Is able to walk (or wheel) themselves but has a fear of falling.
 - Is able to walk (or wheel) themselves but does so slowly and safely.

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Mobility in Home



- Do NOT Check This for A Person Who:
 - Is able to walk (or wheel) themselves but has a shuffling gait and walks safely.
 - Is able to walk (or wheel) themselves but it takes additional time to do so WITHOUT significant hardship or negative outcomes. Examples of a person physically struggling with their mobility could be evidenced by the person experiencing any of the following results: out-of-breath, dizzy, chest pains, exhausted, incontinent or increased pain.
 - Is able to walk (or wheel) themselves but needs assistance using steps or ramp outside of living space.
 - Is able to walk (or wheel) themselves but does not get up and walk in the home unless a family member/staff is present somewhere in the home, "just in case."
 - Is able to walk (or wheel) themselves but needs assistance putting on or taking off braces, anti-embolism hose, or orthotic shoes. These needs are captured in Module 4.6 Dressing.

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Mobility in Home



- For an individual able to independently move about the home while using one of the types of equipment listed above, select 0 – Person is independent in completing the activity safely. Then check the corresponding box to indicate what equipment the individual uses.
- **Standby assistance is defined as the need for a person to walk next to the individual in order to be readily available to help the individual in the event they fall or lose balance. In other words, the assisting person is within arm's length away in order to catch the individual if they were to lose balance and by doing so will prevent the individual from being injured.

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Mobility in Home Example



- Stacey is a 84 year old woman who has dementia. She lives in a dementia care CBRF. Stacey ambulates independently with a wheeled walker. At mealtime staff must walk next to Stacey to ensure she gets to her seat in the dining hall. Without this assistance she would not find the dining hall.
- Does Stacey need help with Mobility in Home?

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Mobility in Home Answer



- No, Stacey can independently use her wheeled walker to get to the dining hall. Even though someone has to direct her to the dining hall.

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Toileting



- **Definition:** The ability to use the toilet, commode, bedpan, or urinal for bowel and/or bladder management. The activity of toileting consists of the following components:
 - Locating the bathroom facility
 - Transferring on/off the toilet, commode, bedpan, or urinal
 - Maintaining regular bowel program*
 - Cleansing of self
 - Changing of menstrual products and/or incontinence products (if applicable)
 - Managing a condom catheter or the ostomy or urinary catheter collection bag (including the emptying and/or rinsing the collection bag)
 - Adjusting clothes
 - Emptying the commode, bedpan, or urinal

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Toileting



- *A regular bowel program includes using suppositories, enemas, and digital/manual stimulation with the goal of having regular bowel movements at a predictable time and frequency.
- This **does not** include the use of oral laxatives, fiber, or medications (Metamucil, Ex-lax, etc.) used by a person not on a formal bowel program.

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Toileting



- Equipment that can be counted under Toileting includes:
 - Toilet grab bars/rails
 - Commode
 - High rise/accessible toilet
 - Elevated/adaptive toilet seat
 - Ostomy or catheter collection bags
 - Bed pan
 - Urinal
 - Transfer board or other transfer aids that assist the person to get on/off the toilet
- If there are interventions to prevent incontinence (e.g. cueing or scheduled toileting) indicate the frequency of the intervention being provided.

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Toileting



- **Check this for a person who:**
 - Requires supervision, cueing, and/or hands-on assistance (partial or complete) with any of the above mentioned components of toileting.
 - Requires regular assistance or cueing to use the bathroom or would be incontinent.
 - Is incontinent and requires assistance with changing incontinence pads.

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Toileting



- **Do NOT check this for a person who:**
 - Is incontinent and is **independent** with managing their incontinence pads. However, do select the appropriate frequency related to the person's incontinence in the sub-section dealing with incontinence.
 - Only requires assistance with skilled tasks associated with ostomy or urinary catheter care (see Sections 6.14 and 6.24 in the Health Related Services Module).
 - Utilizes oral laxatives, fiber, or other medications
 - Needs assistance or reminders only with flushing the toilet or the amount of toilet paper to be used.

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Toileting: Incontinence



- Select the applicable level of bowel and/or bladder incontinence in this sub-section. Urge incontinence is the sudden uncontrollable urge to frequently urinate. Do not count stress incontinence, which is leakage of urine during sneezing, coughing, or other exertion. Incontinence options include:
 - Applicant does not have incontinence
 - Has incontinence daily
 - Has incontinence less than daily but at least once per week
- If there are interventions to prevent the incontinence, e.g., cueing, scheduled toileting, indicate the frequency of intervention being provided.
- If the individual has an ostomy or indwelling or straight urinary catheter, screeners should review Sections 6.14 and 6.24 in the Health Related Services Module to assure the individual's needs have been accurately identified.

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Toileting Example



- Nolan is 72 years old with end-stage renal failure. He lives in an apartment with no adaptive aids in the bathroom. He tells you that to get off the toilet he grabs onto the sink to pull himself up.
- Does Nolan need assistance with Toileting?

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Toileting Answer



- No, Nolan does not need assistance with Toileting.
- Even though he uses the sink to help transfer off the toilet, a sink is not a safe substitution for grab bars.
- Additionally, because he does not yet have grab bars they should not be marked as adaptive equipment.

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Transferring



- **Definition:** The physical ability to move between surfaces. The task of Transferring includes the ability to move from a bed, usual sleeping place, chair, to a wheelchair, or up to a standing position. Excluded from the task of Transferring is the need for assistance with a transfer to bathe or use a toilet (these needs are captured in Module 4.5 Bathing and 4.9 Toileting).

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Transferring



- The **only** equipment that can be counted under Transferring includes:
 - Mechanical lift or power stander
 - Transfer board
 - Grab bars, bed bar, or bed railing (if used for transferring)
 - Trapeze
 - Transfer pole

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Transferring



- **Check this for a person who:**
 - Needs to wear a gait belt used during transfers.
 - Needs hand-on assistance to complete safe transfers.
 - Does not need assistance with transfers but it takes them a significant amount of time to do so and results in hardship or negative outcomes. Examples of a person physically struggling with a transfer could be evidenced by the person experiencing any of the following results: out-of-breath, dizzy, chest pains, exhausted, incontinent, or increased pain.
 - Needs cueing or step-by-step directions to transfer.
 - Has a lift chair or other mechanical device (e.g. electric hospital bed), and **cannot** independently transfer without it.

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Transferring



- Do **NOT** check this for a person who:
 - Has a lift chair or other mechanical device (e.g. electric hospital bed), but **can** independently transfer without it.
 - Is independent with transfers by pushing on chair arms, other furniture, wheelchair, walker, or cane.
 - Is independent with transfers after rocking back and forth to gain momentum to get up from a seated position.
 - Is independent with transfers but needs additional times to do so WITHOUT significant hardship or negative outcomes.
 - Gets up independently when prompted
 - Requires transfer assistance getting in or out of a vehicle.
 - Doesn't transfer in the home unless a family member/staff is present somewhere in the home, "just in case."

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Transferring



- For an individual able to transfer independently, while using one of the types of equipment listed above, select 0 – Person is independent in completing the activity safely and check the corresponding box to indicate what equipment the individual uses.
- An example of when the selection of a 1 – Help is needed to complete the task safely but helper does not have to be physically present throughout the task, would be applicable is for a person needing assistance at night when they are fatigued from the day, but for the rest of the day, they complete all other transfers independently.

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Transferring Example



- Ella lives alone and spends all of her time in a lift chair. During the interview you ask why she has a lift chair and she informs you her doctor suggested she get one to keep her legs elevated. While interviewing her, the phone rang and she got out of the lift chair without using the lift mechanism but did push herself up using the chair's arms.
- Does Ella need assistance with Transferring?

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Transferring Answer



- No, she is able to get out of the lift chair without using the lift mechanism.
- Do not select use of a Mechanical lift as a piece of adaptive equipment for Transferring.

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If you have any questions, please contact your Clinical contacts:

- **Family Care, PACE/Partnership, and ADCRCs**
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Questions



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