

Assessment

All applicants for HCBS/PD waiver services must undergo an assessment to determine functional eligibility for the waiver. The Uniform Assessment Instrument (UAI) is the form that is used for this assessment.

D-1 Uniform Assessment Instrument

The UAI is divided into seven sections. For HCBS purposes, all diamond marked questions must be completed, with the exception of section II. A certified Independent Living Counselor (ILC) must complete the UAI within five working days from the date of referral, unless otherwise requested by the consumer. The primary source of information should be the consumer, although, if needed, the ILC may contact other sources for needed information when a Release of Information form has been completed. Other sources of information typically include physicians, other health care providers, or family members. The information obtained from the UAI is utilized to develop a complete Plan of Care for the consumer.

a. Conducting the Assessment

- i. The consumer should be assessed based on a typical day for that person. This is determined according to the normal rhythms of the day, that is, the average time for completion of any activity of daily living (ADL) or an instrumental activity of daily living (IADL). “Normal” is further defined as completion of activities within established time frames with personal and assistive services. In establishing what is normal or typical for any individual, consideration must be given to the difficulty of the task, the degree of discomfort experienced while completing the task, and the preferences of the consumer, including cultural differences.
- ii. When completing Section IV of the UAI, “Current or Recent Problems and Risks,” the person conducting the assessment should check numbers 5 (Self neglect) and/or 6 (Neglect, abuse, or exploitation experienced) only if there is suspicion of current self neglect, neglect, abuse, or exploitation. If either of these items is marked, a referral to Adult Protective Services is required.
- iii. Approval must be given by the Area Medicaid Management staff for more than one person to be reimbursed for meeting with the consumer to complete an assessment. Examples of when this might occur are: 1) when the consumer is suspected of fraud; 2) when the consumer is potentially violent; and 3) when the safety of the ILC is at risk.

Assessment

- iv. Life goals and activities such as telephone use, socialization, school, and employment should be considered, but should not be the thrust of the Plan of Care.

(See Section Q for a sample of the UAI form. For instructions on completing the UAI, please refer to the UAI Assessment Instructions, Revised April 1, 2000.)

D-2 Long Term Care Services Threshold Guide

The Long Term Care (LTC) Services Threshold Guide is to be completed after the ILC has completed the UAI. The LTC Services Threshold Guide is to be completed each time a UAI is completed. The total score calculated when using this form is very important because it determines whether or not the consumer is functionally eligible for the HCBS/PD waiver.

a. Scoring

As of November 1, 1999, the LTC Services Threshold Guide score used to determine eligibility for the HCBS/PD waiver is 26 or greater. Therefore, any consumer who is assessed for the HCBS/PD waiver on or after November 1, 1999, and has a score below 26 will not be eligible for waiver services. Consumers who began receiving waiver services before November 1, 1999 and had a score equal or greater than 15 will remain eligible for services after reassessment if they continue to have a score equal or greater than 15. When an HCBS case is closed, however, and the consumer reapplies, requiring a new assessment, an LTC Services Threshold Guide score of 26 or greater will be required for eligibility. (See also under Section C-1e.)

There are two ways in which a consumer can be assessed as functionally eligible for the waiver. The first way is when the consumer has the minimum number of impairments (ADL=2; IADL=3), and they have a minimum level of care weight of 26 (or equal or greater than 15 if grand fathered—see above), including risk factors in the total weight. The second way is for the consumer to have an IADL weight equal to or greater than 12 with a minimum total weight of 26 (or equal or greater than 15 if grand fathered—see above) including risk factors in the total weight.

b. Procedure

Each ADL, IADL, and Risk Factor should be examined and a score entered as appropriate. (That score will range from 0-10).

- i. ADLs & IADLs

Assessment

(1) Scores from Care Module of the UAI (pages 1 & 2) -

Enter in this column the scores from Page 1 (Section III, Functional Assessment A and B) of the UAI.

(2) Multiplier

Use the scores entered in the column labeled Scores from Care Module of the UAI to determine the number to enter for each ADL and IADL in the multiplier column.

- If UAI transferred score is 1 (independent) enter 0;
- If UAI transferred score is 2 (supervision needed) enter 1;
- If UAI transferred score is 3 (physical assistance needed) enter 1;
- If UAI transferred score is 4 (unable to perform) enter 2.

(3) Weight X Multiplier Total

For each ADL or IADL, multiply whatever number is in the multiplier column by the number in the weight column and enter the result in the Weight x Multiplier Total column.

Examples:

Bathing has a 2 entered in the multiplier column. 2 times 4 (the amount in the weight column for this ADL) equals 8. "8" is the amount to enter for bathing in the Weight x Multiplier Total column. ($2 \times 4 = 8$)

Eating has a 0 entered in the multiplier column. 0 times 4 (the number in the weight column for this ADL) equals 0. "0" is the amount to enter for eating in the Weight x Multiplier Total column. ($0 \times 4 = 0$)

Laundry/housekeeping has a 1 entered in the multiplier column. 1 times 3 (the number in the weight for this IADL) equals 3. "3" is the amount to enter for laundry/housekeeping in the Weight x Multiplier Total column. ($1 \times 3 = 3$)

(4) ADL and IADL Total

(a) Add together all the numbers listed in the Weight x Multiplier Total column and enter in the box. You have information missing if there is not a number for each ADL and each IADL.

Examples:

Assessment

Using the two ADL examples given above, the number entered in the ADL Total would be 8. ($8 + 0 = 8$)

Using the IADL example given above, the number entered in the IADL Total would be 3.

ii. Risk Factors

(1) Scores from Care Module of the UAI column -

Bladder Continence (UAI Page 1 Section III, Functional Assessment C) -
If the UAI score is 1 enter nothing in this column. If the UAI score is 1 there is no bladder incontinence.

If the UAI score is 2,3,4, or 5 enter a checkmark (✓) in the column. If the UAI score is 2,3,4, or 5 there is some bladder incontinence.

(2) Cognition (UAI page 1 Section III, Functional Assessment D) -

If, through assessment, the independent living counselor (ILC) detects any level of cognitive impairment which, in the judgement of the ILC, substantially impairs functional ability, enter a checkmark (✓) in this column.

If the ILC detects no cognitive impairment enter nothing in this column.

(3) Falls (UAI Page 2 Section IV. Current or Recent Problems and Risk #1) -

If falls are indicated on the UAI as a current or recent problem for the consumer, enter a checkmark (✓) in this column.

If falls are not a problem enter nothing in this column.

(4) Abuse/Neglect/Exploitation By Others (UAI Page 2 Section IV. Current or Recent Problems and Risks #7) -

If the UAI indicates that abuse and/or neglect and /or exploitation is being experienced currently or recently by the consumer, enter a checkmark (✓) in this column. Please refer to UAI instruction manual for further direction if this is checked.

If there is no indication of abuse/neglect/exploitation, enter nothing in this column.

Assessment

(5) Support (UAI Page 2 Section V) -

If the UAI indicates there is no support or inadequate support available to the consumer at the time of the initial assessment enter a checkmark (✓) in this column.

If at the time of any subsequent assessment the consumer's level of care score which is required for services is not met due to a change in the support score, considering the services the consumer is currently receiving, the case will remain open.

If there is adequate support indicated enter nothing in the column.

(6) The Weight and Multiplier column numbers are completed on the form. Do not change any of the numbers.

(7) Weight x Multiplier Total

If any of the risk factors has a checkmark in the Scores From UAI column, multiply the number in the Weight column times the number in the Multiplier column and enter the result in the Weight x Multiplier Total column.

Examples:

Bladder continence has nothing in the Scores From UAI column. Do not multiply anything for Bladder continence; the Weight x Multiplier Total would remain empty.

"Falls" has a checkmark (✓) in the Scores From UAI column. Multiply 3 (the number in the Weight column for falls) time 1 (the number in the Multiplier column for falls) equals 3 ($3 \times 1 = 3$). Enter 3 in the Weight x Multiplier Total column.

(8) Risk Total

Add together the numbers in the Weight x Multiplier Total column, and enter in the Risk Total box.

(9) Total

Add together the numbers in the ADL, IADL, and RISK Total boxes and enter in the Total space.

- iii. The purpose of the bottom box of questions is to determine if the consumer meets

Assessment

the functional criteria for HCBS and/or nursing facility placement.

- (1) Does this individual meet the ADL criteria requirement?

There must be impairment in at least 2 ADLs with a combined weight of not less than 6. Examine the Activities of Daily Living section. If there are at least 2 numbers in the Weight x Multiplier Total column and the number in the ADL Total box is at least 6, the answer is “yes.”

- (2) Does this individual meet the IADL criteria requirement?

There must be impairment in at least 3 IADLs with a combined weight of not less than 9. Examine the Instrumental Activities of Daily Living section. If there are at least 3 numbers in the Weight x Multiplier Total column and the number in the IADL Total box is at least 9, the answer is yes.

- (3) Does this individual meet the total weight criteria requirement?

There is a total weight criteria requirement for PD LTC Services Threshold and NF Threshold. For the Physical Disabilities LTC Services Threshold Guide there must be a minimum total weight of 26 (if assessed before 11/1/1999 it is 15). 12 of these points must be from IADLs with the remaining minimum of 14 points from ADLs, and/or IADLs, and/or Risk Factors.

Nursing Facility Threshold: there must be a minimum total weight of 26. 12 of these points must be from IADLs, with the remaining minimum of 14 points from ADLs, and/or IADLs, and/or Risk Factors.

Examine the IADL section. The number in the IADL Total box must be at least 12. Examine all 3 sections, ADL, IADL, and Risk Factors to find the remaining 14 points for the LTC Services Threshold Guide.

- (4) Does this individual meet the functional criteria for Medicaid long term threshold?

There are 2 ways in which a consumer can meet the functional criteria for Medicaid LTC:

- (a) There must be impairment in a minimum of 2 ADL’s with a minimum combined weight of 6; AND impairment in a minimum of 3 IADL’s with a minimum combined weight of 9.

Assessment

OR

- (b) There must be total minimum weight of 26 (if assessed before 11/1/1999 it is 15), with at least 12 of the 26 being IADL points and the remaining 14 being any combination of IADL, ADL, and/or Risk Factors.

Examine the answers to the previous 3 questions. If the answer to all 3 is yes, the answer to the question is yes; if the answer to all 3 is no, the answer to this question is no. If the answer to question 1 and 2 is yes, the answer to this question is yes. If the answer to question 1 and 2 is no, but the answer to question 3 is yes the answer to this question is yes.

- (5) Does this individual meet the functional criteria for Medicaid Nursing Facility threshold?

There are 2 ways in which a consumer can meet the functional criteria of the nursing facility threshold:

- (a) There must be impairment in a minimum of 2 ADLs with a minimum combined weight of 6; AND impairment in a minimum of 3 IADLs with a minimum combined weight of 9.

OR

- (b) There must be a total minimum weight of 26, with at least 12 of the 26 being IADL weight.

- ii. Examine the totals for the ADLs, IADLs and Risk Factors. The totals must meet either 1 or 2 as listed directly above.
- iii. If the functional LTC Services Threshold is not met the consumer is not eligible for HCBS services.
- iv. If the functional Nursing Facility Threshold is not met the consumer is not eligible for Medicaid participation in the payment of nursing facility expenses.
- v. If the functional nursing facility threshold is met the consumer may choose nursing facility or HCBS services with Medicaid participation in the payment.

D-3 Reassessment

a. When to complete a reassessment

Assessment

- i. Annually - A reassessment is to be conducted annually to determine if the consumer's needs continue to be met by the waiver program and if they continue to meet the Long Term Care Services Threshold Score. This assessment is to be completed one year from the date of the last UAI, however due to scheduling factors, it may be completed 30 days prior to their annual date or 30 days following their annual date. On any reassessment the financial module of the UAI does not need to be completed, as SRS ESS staff will complete the annual assessment of financial eligibility. If the level of care score should change based solely on the support score, please see D-2, b., ii., (5).
- ii. The following documents should be completed at the annual assessment:
 - (1) UAI (see Section 2.6 for the UAI Requirements);
 - (2) Attendant Care Worksheet (ACW), or if a new ACW is not necessary and still applies, the consumer and ILC must sign and date the ACW;
 - (3) Plan of Care (POC), or if a new POC is not necessary and still applies, the consumer and ILC must sign and date the POC;
 - (4) Notice of Action (NOA) indicating continued eligibility;
 - (5) ES-3161, which is sent to the SRS EES Specialist; and
 - (6) Review of the Consumer Choice form and the Consumer's Rights and Responsibilities. Indication must be signed and dated by both the customer and the ILC.
 - (7) If there are changes related to consumer choices or health maintenance activities, a new Consumer Choice Form and a new Physician/R.N. statement are required, if applicable.
- iii. Change in Conditions - A reassessment should also be completed when there is a change in the consumer's physical condition. An example of a change in physical condition is when a consumer has been hospitalized for a fractured arm and needs additional assistance. Upon discharge, a new UAI would need to be completed with the LTC Services Threshold Guide.

b. Cost caps

- i. When the annual review involves a cost cap exception that has not increased in costs, the ILC should send the following information to the appropriate AMM to update the cost cap exception request.
 - (1) Current and prior Long Term Services Care Threshold Guide
 - (2) Plan of Care
- ii. If the cost has increased, a new exception request packet should be sent for

Assessment

approval. *(See Section H for further information on cost caps.)*