Â

Medical Assistance Policy Manual (Archive) Part 4 of 4

Â

Table of Contents

Â

Medical Assistance Eligibility Policy Manual

Need help? Call 855-HEA-PLUS (855-432-7587).

Para recibir ayuda con la póliza en Español, por favor contacte Asistencia del Cliente al 855-HEA-PLUS (855-432-7587).

Visit Health-e-Arizona Plus for more information and to manage your benefits online.

Last Updated: 02/22/2024

Â

Â

Getting Started

Welcome to Arizona's Medical Assistance Eligibility Policy Manual.

View the **Quick Start** page for basic instructions.

View the **Navigating This Manual** page for additional instructions and tips.

Quick Start

To get to a specific policy manual section use the Table of Contents to the left and open the policy section followed by the appropriate chapter.

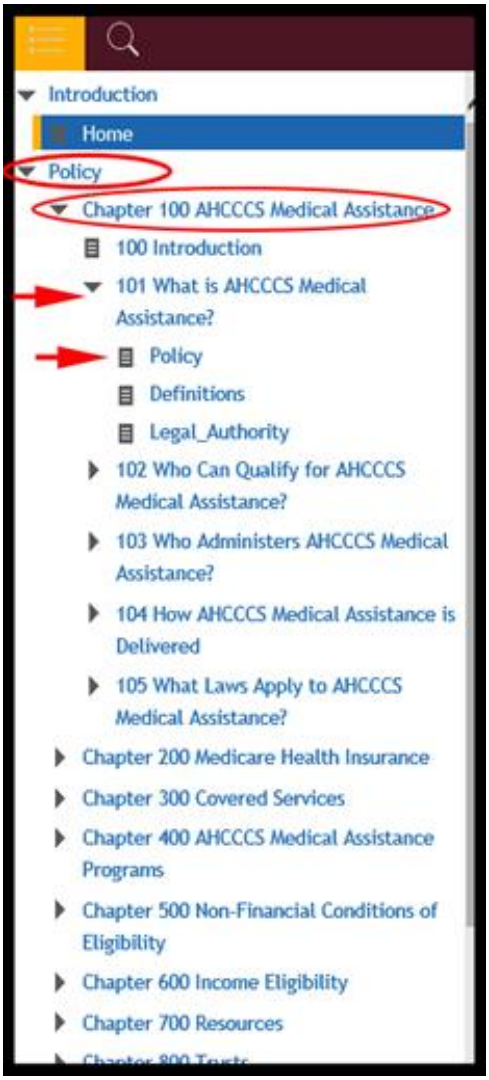
Example: To get to “Chapter 101 - What is AHCCCS Medical Assistance?” you would need to:

Click on policy

Click on Chapter 100 - Introduction

Click to open subchapter 101 - What is Medical Assistance

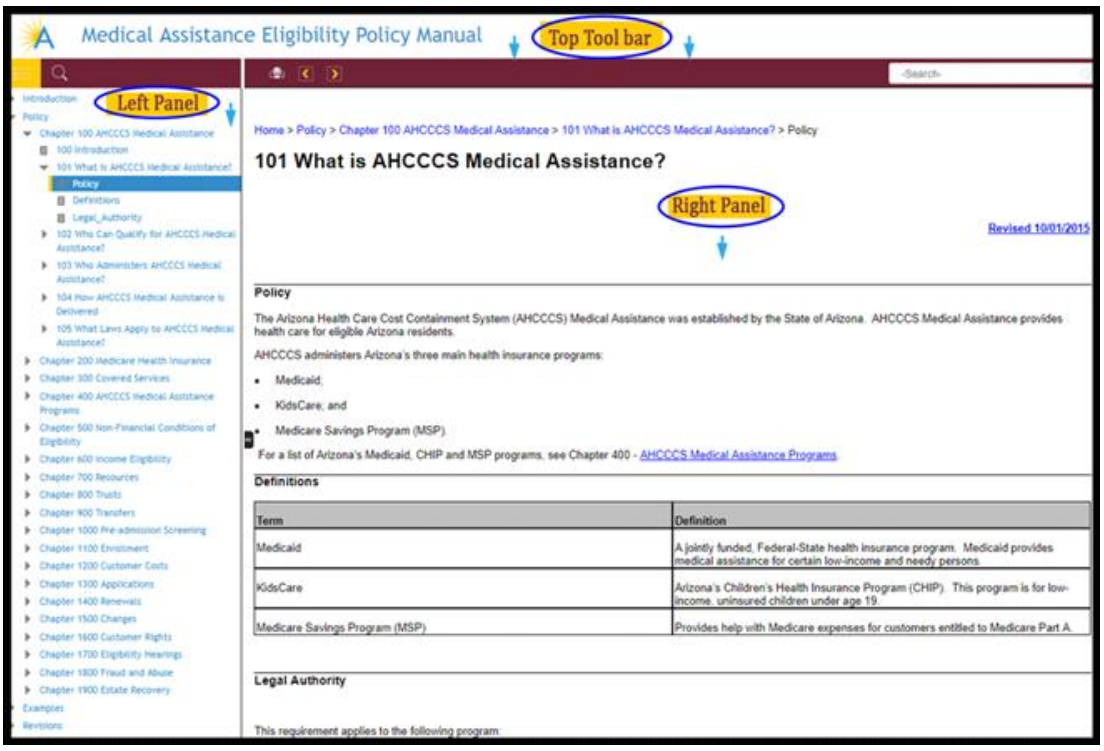
Click on subsections>> Policy>> Definitions>> Legal Authority…



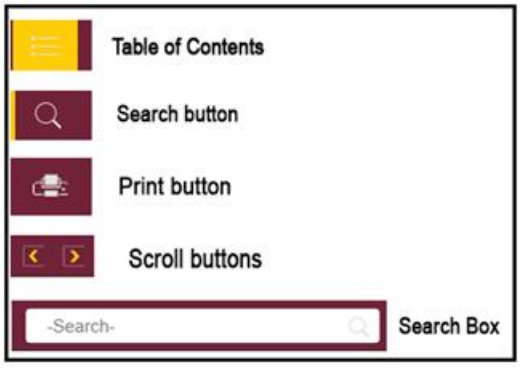
For more instructions on navigating this manual, click on the topic "Navigating This Manual" from the Table of Contents on the left.

Navigating this manual

The window of the Arizona's Medical Assistance Eligibility Policy Manual is divided into three panels: top, left and right.

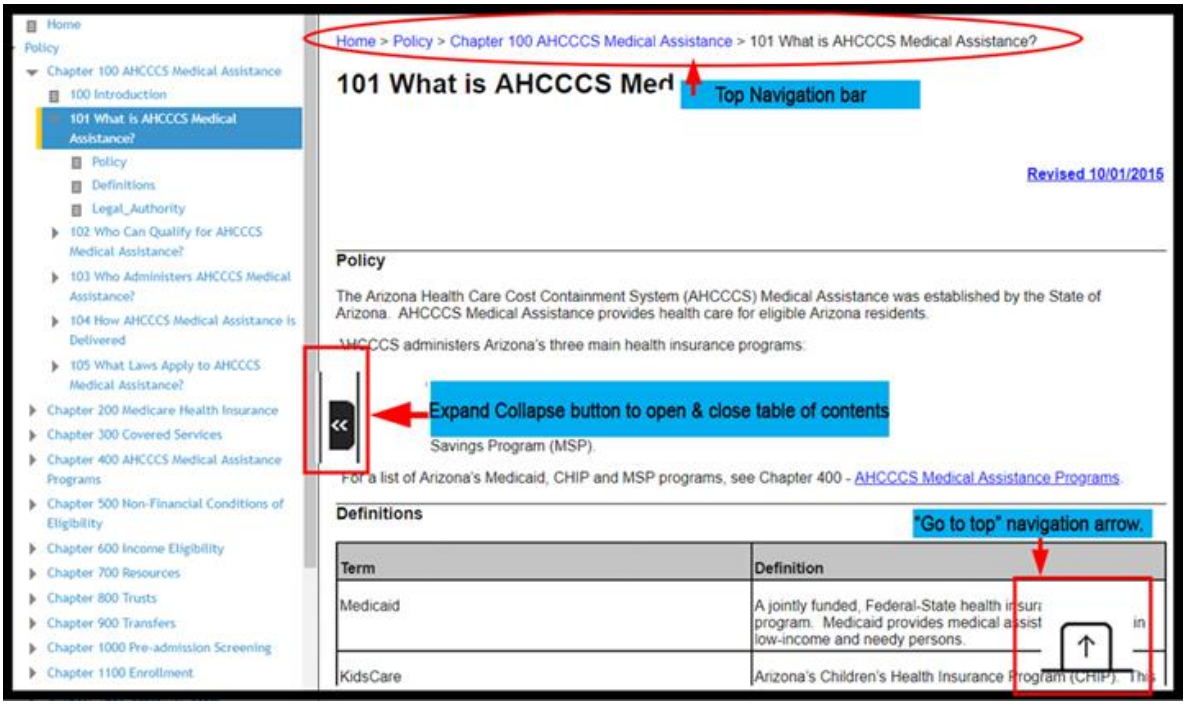


The top panel of the manual contains the following icons:



The left panel of the manual contains the table of contents and the search button.

The right panel is the main display window for the eligibility policy manual.

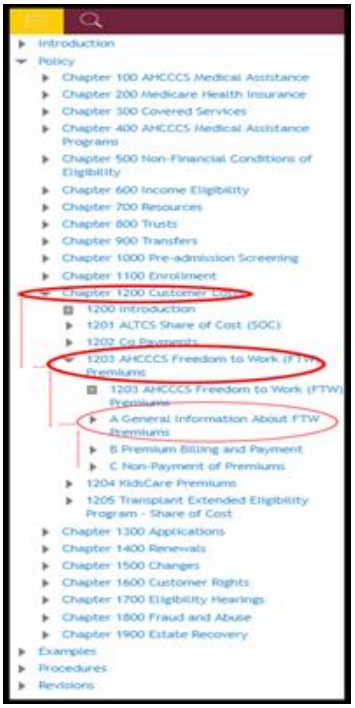


The expand and collapse button allows the user to hide or open the table of contents. This page also provides a secondary navigation at the top of the page.

At the bottom of the page there is a cursor arrow to navigate to the top of the page

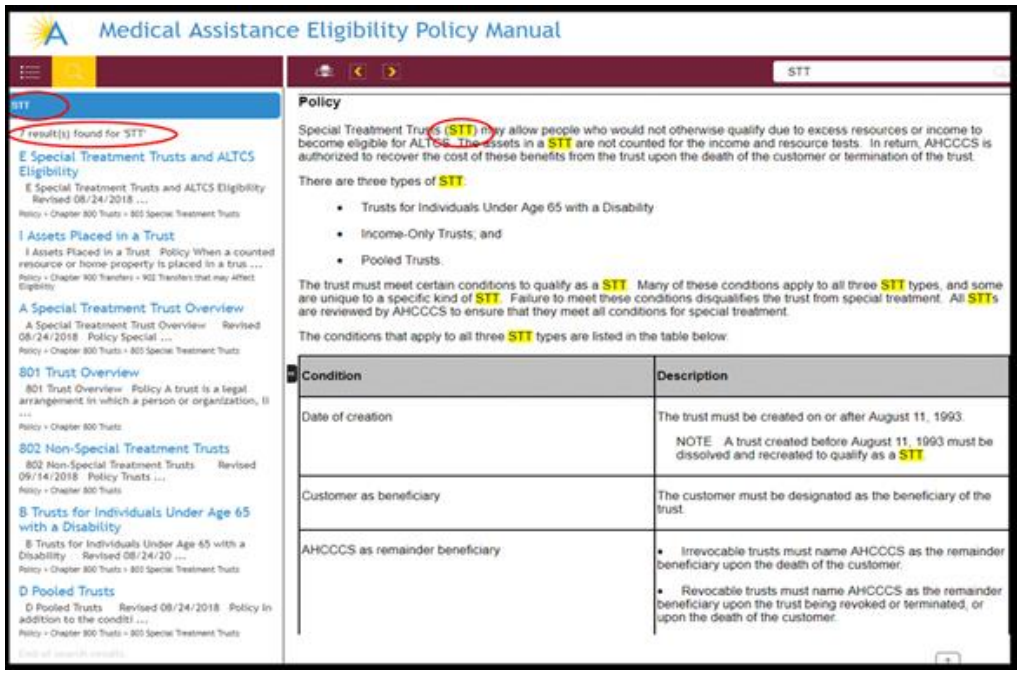
Table of Contents

The Table of Contents can be accessed by clicking the “Contents” button, if it’s not already displayed. It is organized into three levels. The first two levels are “books” and the third level contains “pages”. Books organize content by chapters (1st level) and subchapters/topics (2nd level), while pages contain the actual policy. Clicking on a book will load the pages related to that section of the chapter.



Search

The search option allows you to find all policy sections that contain a word or phrase. You can use the search button on the left of the screen of the search box. Type the word or phrase you are looking for in the Search field and click enter. (When you start typing a word or topic, a set of suggestions will start appearing and you may not have to enter the full search string).



The results of the search is displayed below the search box. A ranking system displays the most relevant sections first. Click on the title of results you want to look at and the manual section will open in the right panel. Your search term will be highlighted wherever it appears on the page.

Â

Â

Cash Assistance and Nutrition Assistance Policy

Please see the Cash and Nutrition Assistance Policy Manual located at https://DBMEFAAPolicy.azdes.gov for policy and procedures.

Â

Â

Elderly and Physically Disabled (EPD) PAS-Overview

Introduction

In this chapter, you will learn about:

• The Preadmission Screening (PAS) Process and Purpose;

• Standards and best practices for PAS documentation; and

• Investigative interviewing.

For each section in this chapter, you will find:

• An overview of the topic;

• Any definitions needed; and

• Best practices or examples.

Â

Â

The Preadmission Screening (PAS) Process and Purpose

Purpose

The purpose of the PAS is to determine medical eligibility for long term care services.

The PAS tool contains a combination of functional and medical factors that are assigned weighted, numerical values. The customer is evaluated on these factors and the assessed scores are added together to get a total score.

The EPD PAS tool is used to assess:

• Functional
• Medical
• Nursing; and
• Social needs of the customer.

In general, a customer scoring at or above a threshold score on the PAS is considered to be at immediate risk of institutionalization. This means that the customer needs the level of care typically provided in an institution, like a skilled nursing facility.

Process

Step	Action
1	Schedule the ALTCS PAS Appointment. Take the following actions: • Explain the ALTCS program and the purpose of the PAS. • Ask if any accommodations are needed. • Enter a case note in HEAplus that this was completed.
2	At the beginning of the PAS interview, take the following actions: • Reexplain the ALTCS program and the purpose of the PAS to everybody attending the PAS interview. • If the DE-202 has not already been obtained, explain the reason it is needed. Obtain a signature for the DE-202 using DocuSign. If DocuSign is not available, use another method to get the DE-202 signed, such as fax or mail.
3	Use the appropriate PAS tool to conduct the PAS interview. Follow the guidance in Investigative Interviewing.
4	Ask the customer or representative for the names of providers needed for medical records.
5	At the end of the PAS interview, explain the following to the customer or representative: • What happens next in the PAS Process; • They may hear from the ALTCS Benefits and Eligibility Specialist; • The Appeal Process; and • The customer's right to reapply at any time if they are medically ineligible.

6	Provide a list of Community Resources for the customer and representative and include a statement in the PAS summary that the list was provided.
7	Inform the customer and representative that they will receive a call and a letter telling them of the medical eligibility determination.

Process for Posthumous, Prior Quarter, and Private Request PAS

A PAS may be requested for a deceased person, a prior quarter month, or before applying for ALTCS. There is a special process when a PAS is requested for one of these reasons. Information for each process is found below.

1) Posthumous PAS

A posthumous PAS is completed after a customer has passed away. Reasons for a posthumous PAS are:

- The customer passed away after the application was made; or
- Someone applied for the deceased customer.

Things to Keep in Mind When Completing a Posthumous PAS:

- For a posthumous PAS, the date of death must be entered on the application before the PAS is opened. Without a date of death, the PAS is completed as an Initial PAS and all questions must be answered.
- No comments are required when scoring. However, a brief summary must be included on the PAS Summary screen.
- Since it is not possible to assess the orientation questions for a deceased customer, score as a 0 “unable to assess”. It is possible to answer the “Caregiver judgment” questions and score based on the caregiver’s response, if known. If a caregiver is not available for interview, score as a 9 “No caregiver”.
- The following are not required:
  - Deterioration in overall function;
  - Medications, assistance required for administration, and any allergies to medications;
  - Therapeutic diet;
  - Number of hospitalizations, ER visits, and falls; and
  - Whether the client was hospitalized or had plans for discharge.
- A posthumous PAS can be completed for a deceased customer regardless of the living arrangement.
- It is the PAS assessor’s responsibility to notify the financial Benefits and Eligibility Specialist when the customer dies after the PAS referral has been made. Give the financial Benefits and Eligibility Specialist the following information:
  - The date of death;
  - The place of death; and
  - The person who provided this information.

2) Prior Quarter PAS

Prior Quarter (PQ) coverage provides medical coverage for up to three months prior to the month of application. Children under age 19 and women ages 19-60 who are pregnant or in the postpartum period may qualify for prior quarter coverage. To be eligible the customer must:

- Have a medical expense in the PQ month. The medical expense can be paid or unpaid; and
- Meet all eligibility requirements in the month the medical expense was incurred.

Things to Keep in Mind When Completing a Prior Quarter (PQ) PAS:

- To get the PQ PAS to autofill the answers, enter the Initial PAS first, then open the oldest PQ PAS, then the next oldest PQ, and then the most recent PQ.
- If the Initial PAS and all the PQs score Eligible and do not need Physician Review (PR), select “Complete PAS” starting with the Initial PAS, then the oldest to most recent PQ PAS.
- When the Initial PAS and PQ months need PR, do NOT select “Complete PAS” on the Initial or PQ months until the case is returned from PR.

3) Private Request PAS

A Private Request PAS (PRP) is a courtesy provided to see if the customer is at risk of institutionalization before an ALTCS application is submitted. Because the PRP does not include an application, a decision notice is not sent and the customer cannot appeal the decision.

An eligible PAS, including a Private Request PAS, may be used for up to 180 days when a customer is denied financially and later reapplies. An ineligible PAS is never used for a new application.

A PRP may be requested when the customer:

- Plans to move to Arizona and wants to know if they are medically eligible;
- Knows they are within the financial limits, but are not sure about medical eligibility; or
- Knows they are over the resource limit and wants to know if they are likely to be medically eligible before they consider reducing resources.

Things to Keep in Mind When Completing a Private Request PAS:

When the customer is a resident of Arizona	• Make an appointment and complete the PAS just as you would any other PAS. • Request medical records as usual. • After completing the PAS in the system, tell the customer that based on the courtesy assessment, they do or do not meet medical eligibility criteria. • An eligible PRP can be used when the customer applies within six months from the date the PRP was completed.
When the customer is NOT a resident of Arizona	• Contact the customer and any caregivers to obtain PAS information. • Request medical records as usual. • If a PR is needed but the customer does not have solid plans to move to Arizona, discuss the case with your Benefits and Eligibility Manager. • Tell them that it appears they do or do not meet the medical eligibility criteria. • Make it clear that when they apply for ALTCS, another PAS assessment may need to be completed.

Â

Â

PAS Documentation

Overview

Documentation is the critical key to PAS decisions that are objective, accurate, and easily understood by everyone who may review the decision. Information from the PAS is shared with the ALTCS Program Contractor and may be shared with federal and state auditors, the customer, the Office of Administrative Hearings, and when authorized, with other parties.

As you review records and documents, add your observations, and score the PAS, make sure the documentation in the file and on the PAS meet the “three C’s”. Is it clear, complete, and correct?

Anyone reviewing the PAS should be able to understand how each score was reached. The documentation should support the score given to the customer. Documentation may include:

• Medical records;

• Lab results;

• Previous PAS records;

• PAS comments;

• PAS summary;

• Therapy reports;

• School reports; and

• Any other records that indicate the customer’s need for services.

Things to keep in mind when documenting the PAS

When making comments on the PAS, remember to:

• Make sure that the customer’s name is on all records and is correct;

• For records that include the customer’s date of birth, check that it matches the DOB on file. If it does not, determine which one is correct. As needed, change the customer’s DOB on file, or contact the provider about the discrepancy in the DOB.

• Review the dates on medical records used to support your scores and decision. The records should be current and relevant to the customer’s condition. When older records are relevant, include the explanation in comments. For example, a customer was diagnosed with dementia years ago and that is the most current record of the diagnosis;

NOTE Review the EPD PAS Appendix for what to include in comments. It includes best practices and documentation standards for every part of the PAS tool.

The PAS, with all comments and documents, is the legal basis for ALTCS medical eligibility decisions.

Medical Records

Review all available medical records and use the information when scoring the PAS. A few examples of medical records that are very useful in the PAS assessment include:

• Discharge summary if the customer was hospitalized;

• Consultations by specialists (for example, psychology, psychiatry, neurology, or cardiology reports);

• Therapy notes;

• Nursing notes, when they address a specific incident or condition;

• Home health care or home hospice evaluation and progress notes;

• Laboratory results, EEG, EKG or MRI results;

• Physician Progress Notes relating to current condition or need for long term care;

• MDS (Minimum Data Set) when the customer is in NF;

• For reassessments, the long-term care case manager's quarterly assessments.

Scoring when medical records are not available or conflict with reported function

Follow the steps below when the information provided by the customer, caregiver, or representative during the PAS conflicts with the medical records, or medical records are not available:

Step	Action
1	Were medical records provided for the customer? • If YES, continue to step 2. • If NO, STOP. Score based on the what the customer, caregiver or representative reported, note any differences between what was reported by each person or between what was reported and what you observed, and have a Benefits and Eligibility Manager review the PAS.
2	Do the medical records support the customer's responses? • If YES, STOP. Score based on the customer's responses. • If NO, continue to step 3.
3	Does the customer have a valid reason for why the medical records contradict what is being reported? • If YES, score based on the customer's report and add comments describing the reason for using the reported information instead of the medical records. • If NO, scored based on the most relevant records and add comments explaining why the reported information was not used. NOTE When medical records conflict with information gathered during the PAS interview, see EPD Investigative Interviewing.

Definitions

Term	Definition

Documentation	For eligibility, this means all entries in HEAplus screens, written comments and notes, and any documents in HEAplus or DocuWare.
Valid reason for why the medical records contradict what is being reported…	For purposes of this section, means that, based on the PAS Assessor's knowledge and experience, the reason given is a logical explanation of why the reported information conflicts with the medical records. Reasons may vary and could cover dozens of scenarios. Two sample reasons are given below, just to demonstrate: • The customer says that he can walk "just fine" with his cane. Recent medical records state the customer cannot walk at all without weight-bearing support due to advanced Alzheimer's. Caregiver notes say the customer tries to get up from the wheelchair daily, causing two falls in the last six months. The PAS Assessor does not find a valid reason to use the customer's statement instead of medical records and explains why in the comments. • A neurological assessment from nine months ago indicates the customer's ADLs are moderately impacted by her recently diagnosed Parkinson's Disease. She is mainly independent but needs limited hands-on assistance with transfers in and out of chairs, bed and the shower, and stand-by assistance for mobility. The caregiver reports that the customer has declined in the past few months and now needs daily set-up and limited hands-on assistance with eating, grooming and bathing. Another neurology appointment is scheduled next week about the decline. The PAS Assessor finds the explanation a valid reason to use the statement instead of medical records, explains why in the comments, and makes a note to follow-up on the results from the customer's neurology appointment next week.

Â

Â

Investigative Interviewing

Overview

Investigative interviewing involves collecting detailed and accurate information about the customer's functional, medical, nursing, and social needs. Use your knowledge and expertise of the PAS assessment to do this.

NOTE Tips for collecting accurate, complete information for specific functions and conditions have been added to the Appendix sections for those areas.

Before scheduling the PAS visit

It is important to be prepared. Always check to see if there is a previous PAS for the customer. If so, take the following actions:

- Review the previous PAS.
  - Do the comments and records support the scores?
  - Was a Physician Review completed on the previous PAS? If so, what was the physician's decision?
- Review the previous medical records.
  - Make note of the customer's medical conditions.
  - Look for any functional limitations mentioned.
- If there is no previous PAS, review the current PAS referral and gather as much information as possible.

During the PAS Interview

Use the tips below for the PAS Interview:

Tip	Steps
Build rapport with the customer and others involved.	• Be on time. If you are running late, call the customer and let them know. The PAS may need to be rescheduled to ensure there is enough time to do a thorough interview. • Extend a warm greeting and introduce yourself. • Be prepared. Make sure your equipment is working properly before the interview begins. Have all needed paperwork available. • Review and describe the medical criteria for eligibility, the PAS, and its purpose, and what will be covered during the interview. • Make sure the customer and others involved have a clear understanding of the interview and ask if they have any questions.

Review the PAS questions and information with the customer and others involved.	• Read the PAS questions as written. When needed or asked, paraphrase the question, or use an example to clarify the meaning. • When a response needs more detail or explanation, use the tips in the “Investigative Interviewing Skills” section below to get a clear, complete response. Avoid asking closed-ended or leading questions. • Give the person time to answer each question. Make sure to get enough information to provide a clear, complete, and correct picture of the question being asked. • If the customer has a previous PAS, discuss any information that has changed since the previous PAS. Make sure changes in the customer’s status are clearly and accurately explained in summary. • Ask about any decline in health or ADL skills. Does the customer have a new or progressing medical condition or illness that explains the decline? Has the customer addressed the decline with a medical provider?

Investigative Interviewing Skills

Ask questions and use statements that encourage the person to give information. The tips in the table below give ways to gather clear, correct, and complete information.

Skill Type	Description	Examples
Open-ended questions	• Are worded so the question cannot be answered with “yes,” “no” or just one-word. • Encourage discussion. • Begin with words like "who", "what", "where", "when", and "how".	• Who helps the customer get out of bed? • What steps are taken to complete shaving needs? • Where was the customer when he fell? • When was the last time the customer fell? • Describe the process for the customer to get dressed and undressed.
Inquiry statements	• Encourage the person to volunteer information • Allow for a wide range of answers	• Tell me more about the issues that prevent the customer from using the toilet on his own. • Please explain how you complete your showering or bathing task.

Clarifying questions	Prevent or correct misunderstanding and confusion. You may need to ask more than one question to clarify the information.	Customer said: “I only shower once a week because I’m not very active, but it’s hard to do by myself. I fell last week and hurt my arm.” You say: “So you hurt your arm last week. Did that fall happen when you were showering? Is it difficult for you to shower on your own because you hurt your arm, or did you fall because you were showering on your own?"
Restating information	Repeating exactly what the customer said to be sure it was heard correctly. This confirms what the customer said and avoids misunderstanding.	You said you “help transfer him into the shower by holding onto his arm for balance.” Is that right?
Paraphrasing	Restating information using your own words. Paraphrasing confirms that the information is understood correctly.	Customer said: “I have to give myself insulin after I eat or I get really sick.” You say: “So you take your insulin after every meal? Is that correct?”

After the PAS Interview

When medical records obtained after the PAS interview conflict with information obtained during the interview, differences must be explained. Use the tips below when addressing conflicting information:

- Review the medical records.
- Make sure they are current, typically within the past six months.
- Highlight areas in the records that conflict with the reported information.
- Call the customer, representative, or caregiver to discuss and clarify the differences.
- Reaffirm the person understands the questions being asked.
- Add comments in each section that has a discrepancy. The comments should give a complete explanation of the discrepancy.
- Once the discrepancies are addressed, a Benefits and Eligibility Manager reviews the explanations and records available. The Benefits and Eligibility Manager determines if the PAS scores are accurate, if able. When the Benefits and Eligibility Manager is unable to determine the accuracy of the scores, a M.A.R.S. Inquiry is sent to PAS Policy.

NOTE Refer to PAS Documentation for guidance on how to write supporting comments, and how to score when there is conflicting information.

Â

Â

Intake Information

Introduction

In this chapter, you will learn about setting up the PAS in the following HEAplus batteries:

• Open PAS;

• Developmental Disabilities;

• Assessment;

• DD/EPD Information; and

• Ventilator.

Â

Â

Open PAS Battery

Overview

Most of the fields on this screen are automatically populated by the system. See the table below for a list and descriptions of fields on the Open PAS screen:

Question	Description
Application IDs	There may be more than one application for the customer
Person ID number (PID)	Select “Yes” when the customer is in an acute care facility when the PAS is completed. Otherwise, select “No”.
Assessment Date	Not automatically populated. Enter the PAS appointment date.
Assessment type	Shows one of the following assessment types: • Initial • Posthumous • Prior Quarter • Private Request • Reassessment
PAS tool used	Lists the PAS tool appropriate for the person’s DD status and age.
DD status of each application	• Potential DD: May have a developmental disability, but eligibility has not been determined by DES/DDD. • DD: DES/DDD determined the customer is eligible for DD services. • DD in NF: The customer is eligible for DD services and is living in a nursing facility. • Not DD - DES/DDD determined the customer is not eligible for DD services.
Status of the PAS	• Open PAS – a PAS has not been started. Click the “Open PAS” link to begin. • Continue PAS - the PAS has been started but not completed. Click the “Continue PAS” link to continue. • View PAS – the PAS was completed and is closed. Click the “View PAS” link to view the PAS. • Incomplete – the PAS is not complete but is closed. Generally used when the customer missed the PAS appointment, voluntarily withdrew, or had mail returned and could not be contacted.
PAS Records link	The link goes to the PAS History screen where you can review other PAS assessments for the customer.

DD Status Changes

Take the following steps when the customer's DD status has changed:

Step	Action
1	On the Open PAS screen, click the pencil icon in the DD Status box.
2	On the DD History screen, click the edit icon in the line that needs updated.
3	Enter the date the status ended in the End Date field. Click "Save."
4	Click on the "Add DD" link.
5	Select the new DD Status from the drop-down list in the DD Status field.
6	Enter the date the status began in the Begin Date field and click "Save". This date must be at least one day after the end date for the previous DD Status.

Definitions

Term	Definition
Qualifying developmental disability	For DES/DDD eligibility, a qualifying developmental disability means the customer has been diagnosed with at least one of the following: • Intellectual Disability • Cerebral Palsy • Seizure Disorder • Autism • Down Syndrome

Â

Â

Developmental Disabilities

Overview

The Developmental Disabilities page tells whether the customer has or had a DD qualifying diagnosis and gives the DD history. The fields on this page are automatically populated by the system.

When the DD diagnosis question is answered “Yes”, the DD Case Status is also shown. Click the Focus Response button to view the DD Case Status report. Any changes to the DD status will be listed in the DD history. The DD history includes the following information:

- DD status
  - Not DD – the customer does not have a DD status
  - DD – the customer has or had a DD status
  - Potential DD – the customer is potentially eligible for DDD.
  - DD in NF – the customer has or had a DD status while in a skilled nursing facility.
- Begin date – the date the DD Status began.
- End date – when a customer has a change to DD Status, this is the date the previous DD Status ended.

NOTE It is very important to make sure the DD status is correct before completing the PAS.

Â

Â

Assessment Battery

Overview

This section is used to gather information about:

• The PAS tool used

• The assigned assessor

• Where the customer is located at the time the PAS is conducted

• The phone number for the location where the PAS interview is conducted

• The customer's living arrangement

Assessment Information

Complete these fields as described below:

Field Name	Field Information
DD Status	The field is pre-filled by HEAplus with the DD status selected when the application is registered.
Tool Used	The field is pre-filled by HEAplus with the DD status selected when the application is registered and the PAS created.
Assessor (the first of two Assessor fields)	Use the dropdown list to select the name of the assessor who creates the PAS and conducts the interview.
Assessor (the second of the two Assessor fields)	When another assessor helps complete the PAS, use the dropdown list to select the name of the assessor who helped. NOTE It is not common that another assessor needs to help with a PAS, and this field is usually blank.
Location	Use the dropdown list to select the setting where the in-person PAS interview is conducted. When the interview is conducted by telephone, select the setting the customer is located at the time of the PAS interview.

Telephone	Enter the telephone number for the location where the PAS interview is conducted. When the interview is conducted by telephone, enter the telephone number for the customer's location at the time of the PAS interview.

Living Arrangement

Complete these fields as described below:

Field Name	Field Information
Usual Living Arrangement	Use the dropdown list to select the usual living arrangement as follows: • Community: Customer lives in a private home, mobile home, apartment, or is homeless, which includes staying in a homeless shelter. • Group Home: The customer lives in a residential placement with a large group of other people. • ICF/ IID: The customer lives in an Intermediate Care Facility for Individuals with Intellectual Disability, or related conditions. • Nursing facility: The customer lives in a nursing facility. This includes both certified and uncertified facilities. • Other supervised setting: The customer lives in an adult foster home, adult care home, apartment for assisted living, or similar setting. • Residential Treatment Center: The customer lives in a facility that provides behavioral health services to people under age 21 or under age 22 when admitted prior to age 21. NOTE "Usual living arrangement" means the customer's living arrangement for the last six months or the current living arrangement when there is no plan to make a change.

Usual Living Situation	Use the dropdown list to select the appropriate usual living situation as follows: • Lives Alone • With Non-Relative: The customer lives with others not related to him or her. Also select this option when the customer lives in the same nursing facility or assisted living setting as a spouse or other family member. • With Other Relative: The customer lives with a relative other than a spouse or parent. • With Parents • With Spouse NOTE “Usual living situation” means the people with whom the customer has lived for the last six months or currently lives with when there is no plan to make a change.

Â

Â

DD/EPD Information

Overview

This section is used to gather information about the customer's:

• Medical assessment

• Physical measurements

Medical Assessment

Question	Answer
Currently Hospitalized/rehab	Select "Yes" when the customer is in the hospital or an intensive rehabilitation facility. Otherwise, select "No".
Imminent discharge from acute care facility	Select "Yes" when the customer is in an acute care facility when the PAS is completed. Otherwise, select "No".
Discharge Date	• When there is a planned discharge date, enter the date provided by the representative or facility. • When there is no firm discharge date, enter the date of the PAS interview.
Ventilator Dependent	Select "Yes" when the customer is ventilator dependent. Otherwise, select "No".
Number of emergency room visits in last 6 months	Enter the number in the space provided. Include actual or approximate dates and the reasons for the visits in the PAS summary. NOTE Count all emergency room visits, even when it resulted in being admitted to a hospital.
Number of hospitalizations in last 6 months	Enter the number in the space provided. Include actual or approximate dates and the reasons for the hospitalizations in the PAS summary.
Number of falls in the last 90 days	Count the total number of falls. For each fall, document the approximate date, any injuries and treatment received, and a description of what happened in the PAS summary.

Physical Measurement

Complete the physical measurements section. Use approximate height and weight if the actual measurement is unknown. To enter the height and weight using metric units, select the check box next to "Enter in Metric Units".

Definitions

Term	Definition
Acute care facility	Means: • A hospital, when the customer is not in a long-term care bed, or • An intensive rehabilitation facility.
Intensive rehabilitation facility	A free-standing rehabilitation hospital or a rehabilitation unit within a hospital that provides an intensive rehabilitation program. Patients admitted must be able to tolerate three hours of intense rehabilitation services per day.

Â

Â

Ventilator

Overview

This screen is used to gather information about the ventilator for customers that are ventilator dependent. The Ventilator Dependent question on the DD/EPD Information screen must be marked “Yes” to fill out the information on the Ventilator screen. Ventilator dependent means the customer is on a ventilator at least six hours a day for 30 consecutive days.

NOTE Not all devices that provide breathing support are ventilators. See the definitions of CPAP and BiPAP devices for more information.

Ventilator Information

To open the Add/Edit Ventilator Details page, click on the “Add Ventilator Details” link. Complete the fields as described below:

Field Name	Field Information
Completed Date	Enter the date of the PAS.
Hours per day on ventilator	Enter the number of hours per day the customer is on the ventilator. This information can be found on the Respiratory Flow Sheets. NOTE The customer must be on the ventilator for at least six hours in a 24-hour period. The six hours do not have to be consecutive.
Name and model of ventilator	Enter the name and model of the ventilator. This information can be found on the ventilator, on the Respiratory Flow Sheet, or can be given by a caregiver, respiratory therapist, or nurse.
Settings • Rate • Tidal Volume • Oxygen Concentration	These settings may be a set number or a range. There are two data entry fields for each setting. Complete both fields for each setting. When the setting is a range, enter the low and high setting. When the setting is constant, enter the same setting in both fields. The rate, tidal volume, and oxygen concentration can be found on the Respiratory Flow Sheet.
• Living Arrangement • Begin Date • End Date	Add each living arrangement that the customer was in while on the ventilator. Include the begin date and the end date for each living arrangement. Click on the “Add” button after each arrangement is entered. When there is more than one living arrangement, the dates cannot overlap. NOTE You may need to get information from more than one facility to get the anctual date the customer started on the ventilator.

Total Consecutive Days	This number will auto-populate using the data from the living arrangements.
Registered Nurse	Select the name of the person completing the worksheet from the dropdown list. NOTE Even though the field is titled “Registered Nurse” the worksheet can be completed by any PAS Assessor.
Date Worksheet Sent	Enter the date the worksheet is filled out.
Comments	This is not a mandatory field. Include anything that is important that is not included in the fields above. Include your name when it is not available in the Registered Nurse dropdown list.

Definitions

Term	Definition
Bi-level Positive Airway Pressure (BiPAP)	A device that applies air flow at a higher pressure when a person breathes in than when the person breathes out. A BiPAP is considered a ventilator when the device has a third breath rate setting. Select CPAP under Services/Treatments when the customer uses BiPAP machine that does not have a set back-up rate. For example, the rates are set as IPAP 15, EPAP 6. Select Ventilator under Services/Treatments when the BiPAP has all three breath settings.
Continuous Positive Airway Pressure (CPAP)	A device that applies air flow at a constant pressure throughout the respiratory cycle. CPAP is never considered a ventilator since no mechanical assistance is provided for inhalation.
Expiratory Positive Airway Pressure (EPAP)	The set rate of pressure while exhaling.
Inspiratory Positive Airway Pressure (IPAP)	The set rate of pressure while inhaling.
Respiratory Flow Sheet	Also known as a Ventilator Flow Sheet. This sheet is used to record ventilator treatment details, including rate, volume, oxygen concentration, and other information.
Tidal volume	The amount of air going in and out in one breathing cycle.

Ventilator	A device that mechanically assists the patient's respiration, doing part or all of the work the body would normally do.
Ventilator dependent	When a person is unable to breathe well enough to maintain normal levels of oxygen and carbon dioxide in the blood.
Ventilator rate	The number of breaths per minute (BPM) delivered by the ventilator. It can be a range or a set number.

Â

Â

Functional Scores

Introduction

In this chapter, you will learn about:

• Activities of Daily Living (ADLs);

• Continence;

• Deterioration in overall function;

• Communication/Sensory function;

• Behaviors;

• Medical conditions;

• Medications;

• Services/Treatments;

For each section in this chapter, you will find:

• An overview of the topic;

• Definitions;

• (other)

Â

Â

Activities of Daily Living (ADLs)

Overview

The ability or inability to perform ADLs can be used as a practical measure of a person’s need for long-term care services and risk of institutionalization.

The ADLs include:

• Mobility

• Transferring

• Bathing

• Dressing

• Grooming

• Eating

• Toileting

Things to Keep in Mind When Scoring Activities of Daily Living (ADLs):

• Gather information about the customer's ADLs in the past 30-days with emphasis on current performance.

• When it is clearly evident that a customer needs more assistance than is received, that may be considered when scoring. This should be done conservatively, as it may be difficult to determine the exact amount of assistance needed. Comments must include a thorough explanation of this need and must state “scored based on need”.

NOTE Generally a score based on need would not be higher than 1.

• When the customer spends a major part of the day in a setting other than the customer’s living arrangement, the customer’s ability to complete the ADLs in that setting may also be considered. For example, the customer goes to an adult day care center Monday through Friday from 8:00 a.m. until 5:00 p.m.

• ADLs may consist of several smaller tasks. Consider ALL parts of the ADL that are relevant to the customer when scoring. Do not score just on the performance of part of the task. See the scoring section of the specific ADL for more details.

• When the customer's ADL performance is not consistent throughout the 30-day period, score based on the most typical ADL performance. Describe any deviations from typical performance in the comment section, including:

◦ How often the deviations occurred;

◦ In what circumstances deviations occurred; and

◦ The customer’s functioning level during the deviation.

• Short-term deviations from typical ADL performance such as having the flu or otherwise being temporarily “under the weather” would NOT be scored as typical performance.

• Consider the use of a service animal in scoring when the animal has been trained to assist in specific ADL functions exclusively for the individual. This excludes emotional therapy animals and household pets.

Definitions

Term	Definition
Cooperation	Actions taken by the customer that allow the caregiver to perform a task for the customer but are not an actual part of the task.
Limited Hands-On Assistance	Hands-on help needed to do a portion of the task each time, but not needed for the entire task each time.
Occasional Hands-On Assistance	When the customer needs hands-on help to complete an entire task less than daily.
Physical Lift	When a caregiver actively bears some part of the customer's weight during movement or activity. NOTE This does not include steadying or guiding the customer.
Physical Participation	The customer's active participation, not just being passive or cooperative. This includes the ability to complete a part of the task.
Service Animal	A dog or miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals
Supervision	When a caregiver observes the customer and is readily available to provide assistance, including verbal cues or reminders and set-up activities
Typical performance	In general, means the level of skill or function the customer achieves most of the time.

Examples

Important! Examples only provide guidance on scoring. They do not cover every possible situation.

Cooperation vs. Participation

The following table gives examples of cooperation as compared to participation

Cooperation	Participation
The customer raises her arms, and the caregiver threads the customer's hands and arms through shirtsleeves and pulls the shirt down.	The caregiver holds the customer's shirt so that the sleeves are easy to get to. The customer threads her arms through and tugs her shirt into place.
The customer turns his face toward the caregiver when asked to do so during face washing.	The customer washes his face once the caregiver prepares the washcloth and hands it to him.

The customer allows the caregiver to lean her to the side and place a slide board under her.	The customer leans over to her side, the caregiver places the slide board under her, and the customer slides onto the slide board.

Limited Hands-on Assistance

Example 1:

The customer's spouse reports that he combs his wife's hair every morning. The customer has limited range of motion in her right arm, which is her dominant arm, due to a torn rotator cuff. The spouse reports that each morning he sets up a basin and a cup with fluoride, she rinses her mouth and he cleans out the basin. She does not have teeth to brush. The customer has no shaving needs.

Explanation: The customer needs hands-on help to do a part of the grooming task but does not need hands-on help for the whole task. She needs help combing her hair, which is only one part of the task. No hands-on assistance is needed for oral care, only set up, and there are no shaving needs.

Example 2:

Each day, the customer sets the water temperature before showering and gets in and out of the walk-in shower on his own. He washes most of his upper and lower body and rinses with a hand-held shower head. The customer cannot reach down to wash his lower legs and feet, even when using a shower chair. The customer has fallen seven times in the past 30 days while trying to bend to wash his feet. To maintain safety and prevent falls, the customer calls his wife to wash his feet every time he showers. After showering, the customer dries himself with a towel independently.

Explanation: The customer needs hands-on help to do a part of the bathing task but does not need hands-on help for the whole task. He needs help to wash his lower legs and feet, which is only one part of the task. He is able to complete the rest of the task without hands-on assistance.

Occasional Hands-on Assistance

The customer has end stage renal disease and gets dialysis three times a week. On dialysis days he is too weak to walk or use a wheelchair independently. His caregiver reports that on those days she pushes him in a wheelchair for all mobility. On the days that the customer does not receive dialysis, he is able to walk with a walker, and the caregiver provides supervision to maintain safety and prevent falls.

Explanation: The customer needs hands-on help completing an entire task, but it is less than daily. He needs hands-on assistance for all mobility three days a week. He does not need hands-on assistance the other four days.

Â

Â

Mobility

Overview

The score for Mobility is based on how well the individual moves within the residence or other routine setting, with emphasis on purposeful movement.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Mobility Components	Tips to gather the correct information
How does the customer move?	• Use open-ended questions. • Ask how the customer moves around the residence or other routine setting. Here are some suggestions: ◦ How does the customer move around the home? ◦ What assistive devices does the customer use to help with mobility? • Gather information about how far the customer moves or is moved as it could impact the score.
Who is involved?	When the customer gets assistance with mobility, ask: • Who provides assistance; and • What assistance does each person provide?
How often?	Ask how often the customer moves around the residence or setting AND how often assistance is provided. For example, the customer uses a wheelchair for all mobility. The spouse pushes the wheelchair for his wife. • Is that help given every time? • If the help is not given every time, how often does the spouse assist by pushing the wheelchair for her?

What's the reason for any help provided?	Use statements that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Please tell me more about the customer's need for a walker. • Tell me what prevents the customer from self-propelling the wheelchair. • You said that you have trouble walking from the bedroom to the kitchen. What makes this difficult for you?

Scoring

Follow the steps below to determine the Mobility score.

Step	Action
1	Does the customer completely rely on another person for all mobility? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE Walking or movement for therapy only may not be purposeful movement, and may not significantly affect the mobility score. For example, the customer is bedfast with the exception of three physical therapy sessions a week for 20 minutes each.
2	Is the customer mobile with hands-on assistance, but still able to participate in some way most of the time? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3. NOTE The actual distance the customer is mobile impacts scoring.
3	Is the customer independently mobile most of the time with set-up, standby assistance, and limited or occasional hands-on assistance? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Is the customer independently mobile most or all of the time, with or without assistive devices? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Assistive Devices	Devices that are designed, made, or adapted to help a person perform a particular task. Examples: walkers, canes, handrails, wheelchairs
Hands-on Assistance	Physical contact to support a person so that the activities of daily living can be carried out without fall or injury.
Purposeful Movement	The act of intentionally moving from one place to another.
Set-up	Involves placing the assistive device where the customer can reach. Examples include charging an electric wheelchair or adjusting the wheelchair safety belt.
Supervision	Observing the customer and being readily available to provide assistance, including giving verbal cues or reminders.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The caregiver reports she pushes the customer in his wheelchair every day because he is too weak to move himself due to Multiple Sclerosis (MS). The customer is unable to stand on his own, so when no one is around, he lays in bed unable to move.

Example 2:

The hospital nurse reports that the customer was in a motorcycle accident and has a serious head trauma and several broken bones. He has been bedridden since his admission to the hospital more than 30 days ago. The nurse reports it is unclear how long it will take before he is able to be moved from the bed.

Score of 2: Hands-on Assistance

Example 1:

The customer has severe shortness of breath that gets worse as the day goes on. He self-propels his wheelchair only for the first trip of the day to the dining room. Due to fatigue and shortness of breath, his spouse pushes him in the wheelchair for all other mobility for the remainder of the day.

Example 2:

The nursing assistant reports that the customer is in a secured unit due to advanced Alzheimer's disease. The customer walks independently, but cannot find her own way to any of the areas in the facility. She needs a caregiver to hold her arm and lead her in the right direction.

Example 3:

The customer's daughter reports that her mother has muscular dystrophy (MD) and uses a walker to move around her home. The customer has fallen 10 times in the past three months when trying to use the walker on her own. Because of these falls

and risk of injury, the daughter now walks directly behind her holding onto a gait belt fastened around the customer's waist at all times.

Score of 1: Supervision, Limited Hands-on or Occasional Hands-on Assistance

Example 1:

The customer reports that she walks unsteadily and has fallen three times in the past 30 days due to dizziness. Since these falls, she always uses a walker, and her spouse supervises all mobility to prevent further falls.

Example 2:

The caregiver says that she sets up the customer's walker and reminds the customer to use it on a daily basis. Once or twice a day the customer receives hands-on assistance to turn her walker around to lead her in the right direction. She gets confused and lost going from room to room. No other help is provided. The caregiver says the customer needs help because she has Alzheimer's disease and is forgetful.

Score of 0: Independent

The customer reports that he has spina bifida, which has led to weak leg muscles and uneven hips. He is unable to walk because of his condition. He is able to maneuver around his home using a motorized wheelchair. His caregiver offers to plug in the chair for him, but he declines the offer and charges it himself without problems.

Â

Â

Transferring

Overview

The score for Transferring is based on how well the customer moves between two surfaces within a residential environment. Transferring includes getting into and out of a chair, sofa or bed, but does not include transfers to a toilet, bath, or shower.

Things to consider when assessing how well a customer transfers include:

• Level of assistance needed on a consistent basis;

• Specific assistance needed to transfer between different surfaces like a wheelchair, bed, chair, and couch;

• Set-up of assistive devices;

• Assistance needed to get the customer to a sitting position to transfer from bed;

• Assistance needed to lift or position the customer's legs when transferring into bed.

NOTE The transferring score must consider and include all transferring activities.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Transferring Components	Tips to gather the correct information
How does the customer move between surfaces?	Use open-ended questions • Ask what happens during the transferring process. Here are some suggestions: ◦ Please describe how the customer gets out of bed? ◦ Would you describe how the customer gets into bed? ◦ Please describe how the customer gets up from a chair. ◦ How does the customer get out of their wheelchair? ◦ Please describe what the customer does to sit down on a couch?
Who is involved?	For each type of transfer where the customer needs assistance, ask the customer and caregiver about: • Who provides assistance; • What assistance the person provides; • How the customer participates in the transfer.
How often does it happen?	Ask how often the transfers occur AND how often assistance is provided for each type of transfer.

What's the reason for any help provided?	Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Can you tell me more about how much help the customer needs getting out of bed in the morning? • Tell me more about the limitations that prevent the customer from being able to get out of the wheelchair on his own. • You said that you have trouble getting up from the couch. Please tell me what makes this difficult for you.

Scoring

Follow the steps below to determine the Transferring score. Refer to the example section for more information on how each score may be applied.

Step	Action
1	Does the customer rely completely on others for transfers, OR is the customer bedfast? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the customer need to be physically lifted or moved, but does physically participate most of the time? For example: participates by pivoting, or sits up and swings legs over the side of the bed. • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Does the customer transfer with just supervision, physical guidance, set-up, or limited or occasional hands-on assistance most of the time? (or a combination of these) • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Is the customer able to complete the activity independently, with or without assistive devices most or all of the time?: • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions

Assistive Devices	Devices that are designed, made, or adapted to help a person perform a particular task. Examples include canes, walkers, slide boards, gait belts, Hoyer lifts, and wheelchairs
Bedfast	Confined to a bed due to illness or injury.
Physical Guidance	Means physical contact that helps the customer start or complete a task but does not involve bearing any of the customer's weight. Examples include: • Pulling the customer up from a seated or laying position; • Physically guiding the customer; • Physically steadying the customer.
Physical Lift	Actively bearing some part of the customer's weight during movement or activity
Set-up	Means placing assistive devices for the customer's use, and includes locking any brakes for safe transferring activity.
Supervision	Observing the customer and being readily available to provide assistance, including verbal cues and reminders.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The CNA reports that the customer is bedfast. He is paralyzed from the chest down and does not have enough upper body strength to participate in transfer activities. Caregivers turn and position the customer every two hours, but he is not currently being moved from the hospital bed.

Example 2:

The customer's hospice nurse reports that the customer makes only two transfers a day, both using a Hoyer lift. The caregiver transfers him out of bed to a wheelchair for an hour when the hospice nurse takes him outside for some fresh air. Then he is transferred back into bed using the Hoyer lift. The customer is not able to participate in the transfers due to advanced dementia and atrophy.

Score of 2: Hands-On Assistance

Example 1:

The customer's husband reports that a Hoyer lift is used to transfer his wife out of bed each morning. She holds onto a bar on her hospital bed and shifts her bottom from side to side to assist in the transfer. A Hoyer lift is then used to transfer the customer from her bed to a wheelchair. The customer reaches out and holds onto the wheelchair arm to help guide her into the wheelchair. The Hoyer lift is also used to transfer the customer back into her bed each time. The customer is transferred using

a Hoyer lift due to severe morbid obesity and venous insufficiency.

Example 2:

The customer's husband reports that the customer needs assistance sitting up in bed and getting out of bed in the morning. He lifts her upper body until she is in a sitting position, then turns her while lifting her legs out of bed. He then holds the customer under both arms and lifts her to a stand, bearing most of the customer's weight until she is standing. The customer pivots and her husband supports her back until she is safely in the chair. When she gets out of the chair, he holds her under both arms and lifts her to a stand, bearing most of her weight until she is standing. At night, the customer sits on the edge of the bed, then her husband lowers her upper body onto the bed and lifts her legs into bed. The customer needs this assistance daily due to the residual effects of a stroke.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

The customer reports that she gets out of bed on her own every day. The customer's sister is with her from 5pm until 8pm every evening. Once the customer is in bed and before leaving each night, the sister puts the customer's walker right next to the bed and makes sure it is locked. In the morning, the customer uses the walker for support to lift herself out of bed. She uses the walker throughout the day to stabilize herself when she gets in and out of her chair.

The customer becomes more fatigued and unsteady at the end of the day, so her sister supervises transfers from 5 p.m. until she helps the customer into bed. When the customer goes to bed, the sister holds her arm and guides her onto the bed, then lifts the customer's legs into bed. The customer is already weak due to chemotherapy and needs more help at the end of the day.

Score of 0: Independent

The customer lives by himself. He has a high-rise bed so he is able to get in and out on his own without fear of falling. He notes that his dining room chair is lower, and he struggles to come to a stand. He holds onto the table for support and gets in and out of the chair on his own. He has a lift chair in the living room, which makes it easy for him to get in and out of. The customer has not had any falls in the past 90 days.

Â

Â

Bathing

Overview

The score for Bathing is based on the customer's ability to wash, rinse, and dry all body parts. It includes the following:

• Transferring in and out of shower or bath

• Taking sponge baths for the purpose of maintaining adequate hygiene and skin integrity

• Set-up including gathering equipment, running the water, and setting the temperature

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Bathing Components	Tips to gather the correct information
How does the customer bathe?	• Use open-ended questions • Ask what happens for each part of the bathing process. Here are some suggestions: ◦ How are bathing supplies gathered? ◦ Who turns the water on and sets the temperature? ◦ Please describe how the customer gets in and out of the shower or tub. ◦ Describe how the customer's body and hair are being washed. ◦ Who is drying the customer's body? ◦ Tell me about the customer's bathing routine. ◦ Please describe any assistive devices the customer uses; such as grab bars, shower chair or washing aides. • Make sure you get all the information that is needed.
Who is involved?	Ask the customer and caregiver: • Who provides assistance; • What assistance does each person provide; and • How does the customer participate?
How often does it happen?	Ask how often the customer bathes AND how often assistance from others is provided.

What is the reason for any help provided?	Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Please tell me the reason that you do that for him. • Please describe what prevents the customer from being able to complete the task on her own.

Scoring

Follow the steps below to determine the Bathing score. Refer to the example section for more information on how each score may be applied.

NOTE If hair is routinely washed by a beautician due to personal preference exclude from scoring

Step	Action
1	Does the customer completely rely on another person for all bathing tasks? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the customer need help with bathing as described below most of the time? (include sponge baths) • Assistance transferring in and out of the tub or shower (not considered for sponge baths), AND • Moderate hands-on help; OR • Standby assistance throughout bathing activities in order to maintain safety? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Does the customer require set-up or reminding most of the time, but can bathe safely without continuous assistance or supervision? OR Does the customer require limited hands-on assistance or occasional hands-on assistance most of the time? • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 4.
4	Is the customer able to complete the activity independently most of the time, with or without assistive devices? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions
Assistive Devices	Devices that are designed, made, or adapted to assist a person to perform a particular task. Examples: grab bars, long-handled loofah, shower chair
Limited Hands-On Assistance	Hands-on help needed to do a portion of the task each time, but not needed for the entire task each time.
Occasional Hands-On Assistance	When the customer needs hands-on help to complete an entire task less than daily.
Stand-by Assistance	The presence of another person within arm's reach with the purpose of maintaining one's safety
Supervision	Observing the customer and being readily available to provide assistance, including verbal cues or reminders and set-up activities

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

The customer states that she became paralyzed six months ago in a car accident and has lost the use of her limbs. The customer is given a shower two to three times per week. Her caregiver transfers her onto a chair in the shower using a Hoyer lift. The caregiver washes, rinses and dries the customer's body and hair. The caregiver then uses the Hoyer lift to transfer the customer out of the tub.

Explanation: The customer relies completely on someone else for all of her bathing needs.

Score of 2: Hands-On Assistance

Example 1:

The customer is a 94 year old male who lives by himself. He said that he bathes three days per week, but is unable to get in and out of the shower on his own. A CNA comes to the home on the days that he bathes and sets the water temperature. The CNA then holds onto the customer's arm and torso to ensure a safe transfer in and out of the shower. The CNA sets the water temperature and lathers a washcloth with soap. The customer is able to wash his upper torso. The CNA washes the customers back, legs and feet. The CNA dries the customer's body with a towel.

Explanation: The customer receives hands-on assistance transferring in and out of the shower each time; and receives moderate hands-on assistance, washing his back, legs, and feet, each time. The customer needs assistance with two of the three criteria every time justifying the score of 2.

Example 2:

The customer has been bedridden since falling from a building two months ago and breaking both legs in several places. His wife reports that she brings a bowl of warm, soapy water to the customer's bedside every morning. The customer is able to wash his face, upper torso and private area. She washes the customer's hair, back side, legs and feet, and then dries him with a towel.

Explanation: The customer receives moderate hands-on assistance, washing his hair, backside, legs and feet each time. He also receives set up for all bathing supplies. Without this help he would not be able to maintain adequate hygiene.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

Example 1:

The customer's nurse reports that the customer was recently diagnosed with dementia. Every morning the nurse reminds the customer that it is time to take a bath. The nurse fills the tub with water and makes sure that it is a safe temperature. The customer gets in the tub on her own. Once seated, the nurse leaves the bathroom to give the customer privacy. The customer is able to wash her entire body with a soapy washcloth prepared and placed on the edge of the tub by her nurse. The nurse comes back to the bathroom after 15 minutes and holds onto the customer's arm to safely pull her to a stand. The nurse wraps a towel around the customer, and the customer dries herself off. The customer has had her hair washed and styled every Friday for the past 15 years. She does not wash her hair on the other days.

Explanation: The customer receives daily reminders when it is time to take a bath. She requires set-up, which includes filling the tub with water and making sure the water temperature is safe. The customer bathes safely without assistance and supervision, but needs limited hands-on assistance getting out of the tub.

Example 2:

The customer is 90 years old and lives alone. She is frail, and at risk for falls. Three times per week a caregiver comes to her home to assist with bathing. The customer does not bathe on the other days. The caregiver reports that she sets up all bathing supplies on a table close to the customer's shower chair and stays in the bathroom to ensure that the customer transfers safely from her walker to the shower chair. Once the customer is sitting on the chair, the caregiver goes into the other room so the customer has privacy. The customer washes her body and hair on her own. The caregiver comes back into the bathroom when the customer is done bathing and makes sure that the customer transfers safely out of the tub. The caregiver wraps a towel around the customer and then the customer dries herself.

Explanation: The customer needs standby assistance to ensure safety for all transfers in and out of the shower, but she is able shower without assistance and supervision. She needs to have her bathing supplies set-up within reach to maintain safety and avoid falls.

Score of 0: Independent

The customer has a full-time caregiver at his home due to early onset Alzheimer's disease and the risk of forgetting things or getting lost. The caregiver reports that the customer showers daily and does not need any help with his bathing routine. He does not need to be reminded and does not get any reminders. He gets in and out of the shower, and wash, rinse, and dry himself. The caregiver said that she is always in the home when the customer showers but is not in the bathroom with him.

Explanation: The customer is able to complete his bathing routine independently.

Â

Â

Dressing

Overview

The score for Dressing is based on the customer's ability to dress and undress.

Dressing includes:

- Choosing and putting on clean clothes and footwear; including assistive devices such as prostheses, braces, and anti-embolism stockings
- Fine motor coordination for buttons and zippers
- Choosing appropriate clothing for the weather

Dressing does not include:

- Difficulties with zippers or buttons at the back of a dress, blouse, or bra
- Concerns such as matching colors
- The use of diapers, which would be considered for Toileting

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Dressing Components	Tips to gather the correct information

How does the customer get dressed and undressed?	Use open-ended questions • Ask how a customer dresses and undresses. Gather enough detail to be able to describe all parts of the task. Here are some suggestions: ◦ Describe the set-up process before the customer gets dressed. ◦ How does the customer put on and remove upper body clothing (shirt, bra, dress)? ◦ How does the customer put on and remove lower body clothing (underwear, pants, skirts, socks)? ◦ Please describe how the customer opens fasteners (ties, zippers, snaps, buttons, and clasps). ◦ How does the customer close fasteners? ◦ Tell me how the customer puts on and removes shoes. This includes slip on shoes, tying shoes, and fastening Velcro straps. ◦ How long does it take the customer to dress and undress?
Who is involved?	Ask: • Who provides assistance with dressing and undressing; • What assistance does each person provide; and • How does the customer participate?
How often does it happen?	Ask how often a task occurs AND how often assistance is provided. • Find out the frequency that the customer dresses and undresses. For example: Daily, four days a week, once a week; and • Identify how often the customer receives assistance from others.
What's the reason for any help provided?	Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • You told me you get the clothing out of the closet for your wife each morning. What is the reason for this? • Tell me more about the limitations that prevent the customer from being able to fasten buttons and snaps. • You told me you have trouble dressing the lower part of your body. Please tell me what makes this difficult.

Scoring

Follow the steps below to determine the Dressing score. Refer to the example section for more information on how each score may be applied.

Step	Action
1	Does the customer receive a combination of full hands-on assistance by the caregiver for BOTH dressing AND undressing? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the customer need physical assistance or significant verbal assistance most of the time, but is able to physically participate? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3. NOTE If the customer needs hands-on assistance or significant verbal assistance every time they dress, but can undress independently, it would warrant a score of 2. This is due to the amount of the activity the caregiver performs and the frequency.
3	Does the customer need supervision, reminding, or set-up assistance; or need limited or occasional hands-on assistance most of the time? OR Does the customer need 30 minutes or more to complete the task independently due to medical or functional limitations? (Do not include behavioral concerns) • If YES to either or both questions, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 4.
4	Is the customer able to complete the activity independently most of the time, with or without assistive devices: • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions
Anti-embolism stockings (TED Hose)	Specialized hosiery designed to help reduce the threat of blood clots forming in the legs. They improve blood circulation in the leg veins by applying graduated compression
Assistive Devices	Mechanical aids, such as zipper pulls, long-handled shoe horns, stocking aids, Velcro fasteners; and adaptive clothing, such as elastic waist pants, slip-on shoes or non-tie shoes

Cooperation	Includes actions that allow the caregiver to perform a task for the customer, but are not an actual part of the task Example: The customer raises his arms, but the caregiver threads hands and arms through shirt sleeves and pulls the shirt down.
Limited Hands-On Assistance	Hands-on help needed to do a portion of the task each time, but not needed for the entire task each time.
Occasional Hands-On Assistance	When the customer needs hands-on help to complete an entire task less than daily.
Physical Participation	The customer's active participation, not just being passive or cooperative. This includes the ability to complete a small portion of the task Example: The caregiver holds shirt so sleeves are easy to get to. The customer threads her arms through and tugs her shirt into place.
Set-up	Includes laying clothes out for the customer, placing shoes where the customer is able to put them on easily, and placing assistive devices within reach
Supervision	Observing the customer and being readily available to provide assistance, including verbal cues or reminders and set-up activities

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

The customer is in the advanced stages of Lou Gehrig's disease. He needs help daily dressing and undressing because he has lost a lot of his motor skills. To get dressed, the customer raises his arms and his wife threads his hands and arms through the shirtsleeves, pulls the shirt over his head and then pulls it down. She then slides on the customer's pants and pulls them up, puts the customer's socks and shoes on for him, and ties the shoes. To get undressed, the customer raises his arms and his wife pulls the shirt over his head and guides his arms out of the shirtsleeves. As the customer lies on the bed, she pulls his elastic pants down over his hips as she rolls the customer from side to side. She removes his shoes and socks each time.

Explanation: The customer receives a combination of full hands-on by the caregiver for BOTH dressing and undressing.

Score of 2: Hands-On Assistance

Example 1:

The customer says her hands are very shaky due to tremors. Each day the CNA puts a dress over her head. The customer pushes her arms through the dress sleeves as the CNA guides the dress over her arms. The customer pulls the dress down once it's over her head and arms. The CNA puts the customer's socks and shoes or slippers on her every day. The customer does not wear a bra or underwear and never wears anything with fasteners due to her hand tremors. The CNA helps the

customer undress by pulling the dress up above the customer's hips. The customer is then able to slide her arms out of the dress and over her head. The customer can slide her slippers or shoes off, and the CNA removes her socks.

Explanation: The customer needs hands-on assistance from her CNA to put on her dress, socks, and shoes. The customer is able to actively participate by pushing her arms through the dress sleeves and pulling her dress down once over her head and arms. The customer needs similar hands-on assistance when undressing, and actively participates by sliding her shoes or slippers off, and taking her dress off once the CAN lifts the dress over her hips.

Example 2:

The customer's spouse reports that her husband has advanced dementia and needs step by step direction and reminders to put on each article of clothing. She places all articles of clothing on the bed each morning. She tells the customer what article of clothing to put on next, and provides some hands-on assistance if needed. The spouse said she has to be specific; she holds the shirt with the left arm hole open, touches his left arm and says "now put your arm through this hole." She offers the same step by step guidance for the other arm and to pull his head through the shirt hole. She gives step by step guidance for putting on his underwear, pants, socks and shoes in the same order each time. The customer is able to undress himself before he goes to bed without verbal assistance. The spouse said she is not sure why he is still able to undress himself without the verbal assistance.

Explanation: The customer receives significant verbal assistance each time he dresses, as well as some hands-on assistance when he struggles. Without this assistance, he would not be able to dress himself.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

Example 1:

The customer reports that she picks out her clothes every morning and puts her bra and shirt on by herself. She puts on her underwear and pants by herself. She said that her daughter puts her socks on her every morning because if she bends down too far she gets dizzy. She wears slip on shoes, which she puts on by herself. It takes her more than 30 minutes to dress due to shortness of breath. Every night the customer undresses herself, except for her socks, which are removed by her daughter. After undressing, she puts on a nightgown. Undressing also takes more than 30 minutes due to her shortness of breath.

Explanation: It takes the customer more than 30 minutes to dress herself each time; she receives limited hands-on assistance with her socks each time; and it takes more than 30 minutes for her to undress at night and put on her nightgown.

Example 2:

The customer's husband reports that his wife only wears dresses. She chooses what she is going to wear and takes it out of her closet every morning. She puts the dress on by herself. She chooses not to wear a bra or underwear. Her husband puts her socks and shoes on her every morning. She is unable bend over that far due to osteoarthritis in her hips. She takes off her dress and puts on a nightgown, while her husband removes her socks and shoes each night.

Explanation: The customer is receiving limited hands-on assistance from her husband. He is putting her socks and shoes on every morning and removing her socks and shoes every night.

Score of 0: Independent

The customer lives by herself. She says she has dizzy spells about 5 days each week due to vertigo. It takes her about 15 to 20 minutes to get dressed on those days because she has to do it slower, but she does it on her own. On the two days she does not have dizziness, she says she dresses and undresses in about 5 to 10 minutes. Approximately, two times a month the customer will call her daughter because she needs help taking off her pants because she is too dizzy to do so.

Explanation: The customer dresses and undresses herself in less than 30 minutes, most of the time.

Â

Â

Grooming

Overview

The score for Grooming is based on how well the customer is able to manage grooming tasks, including: combing or brushing hair, shaving, and oral care. If the customer uses an assistive device, the score is based on how well the customer manages the grooming task with the use of the device.

Grooming does not include:

• Nail care

• Cosmetic grooming such as styling hair, skin care and applying make-up

• Shaving that is routinely done by a barber or beautician due to personal preference rather than necessity

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Grooming Components	Tips to gather the correct information
How does the customer groom?	Use open-ended questions or inquiry statements • Ask what happens for each part of grooming. Here are some suggestions: ◦ How does the customer's hair get combed or brushed? ◦ Tell me about the customer's oral hygiene routine. ◦ What steps are taken to complete shaving needs? • Make sure you get all the information that is needed for each task.
Who is involved?	Ask the customer and caregiver: • Who provides assistance; • What assistance each person provides; and • How the customer participates in the grooming task.
How often does it happen?	For each grooming task, ask how often it is done AND how often assistance from others is provided.

What is the reason for any help provided?	Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Please tell me the reason that you do that for him. • Please describe what prevents the customer from being able to complete the task on her own.

Scoring

Follow the steps below to determine the Grooming score. Score is based on all grooming tasks that the customer requires. If the customer does not need the task done at all, do not consider it in scoring. Refer to the Example section for more information on how each score may be applied.

Step	Action
1	Does the customer completely rely on another person for all grooming tasks? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the customer need hands-on physical assistance with all grooming tasks most of the time, but can participate physically? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 3.
3	Does the customer need set-up, supervision, reminding, limited hands-on assistance, or occasional hands-on assistance most of the time? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4. NOTE Give the customer a score of 1 even when set-up, supervision, limited hands-on assistance, and occasional hands-on assistance occur in combination.
4	Is the customer able to complete the activity independently, with or without assistive devices most of the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1

Definitions

Term	Definitions

Assistive Devices	Devices that are designed, made, or adapted to assist a person to perform a particular task. Examples: universal ADL cuffs; adapted holders and long handles for toothbrushes, razors, and hairbrushes; electric razor; tube dispenser for toothpaste
Grooming	The process of tending to one's appearance.
Oral Care	Cleaning the mouth and teeth, including dentures, of food debris and dental plaque. For people without teeth or dentures, oral care includes cleaning the mouth and gums.
Set-up	Scoring for set-up involves more than simply making grooming items available. Examples of set-up include: putting toothpaste on a toothbrush and cleaning up after each use, adding a new razor blade to a razor and cleaning up after each use, setting up adaptive holders and long handles for toothbrushes, razors, hair brushes.
Shaving	To remove hair from the face, legs, or underarms by cutting it close to the skin with a razor.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The CNA reports that the customer is bedfast and is unable to participate in grooming tasks because he is in a coma. A soft toothbrush is used daily to clean the customer's teeth. The CNA explained that the customer is positioned with his head turned to the side to prevent aspiration during oral care. The CNA also reported that the staff will comb the customer's hair two to three times per week and shave his face weekly.

Example 2:

Both of the customer's arms were broken in a car accident and are in casts. Every day, her daughter brushes her mother's hair, then brushes her teeth. The customer can rinse and spit out toothpaste into a cup that her daughter holds close to her mouth. There are no shaving needs currently.

Score of 2: Hands-On Assistance

Example 1:

The spouse reports that the customer removes her dentures before she goes to bed every night. He sets up the denture cup with cleaning tablets and puts the dentures in the cup. Each morning, when she wakes up, he places her dentures in her mouth. She suffers from dementia and does not remember how to place her dentures in her mouth. Spouse reports that his wife attempts to comb her hair, but she is only able to comb the front of her hair. He combs the sides and back of her hair each time. He does this every day. She has limited range of motion due to severe arthritis and is not able to reach the sides and back of her hair. The customer has no shaving needs.

Example 2:

The customer has dialysis five days a week. The customer's spouse reports that on the days the customer has dialysis she is too weak to complete her grooming tasks. On those days he brushes her teeth and combs her hair. On the weekends the customer can set up her own supplies, brush her teeth and comb her hair without assistance. Shaving occurs approximately twice a month. The spouse reports that he shaves her legs and underarms because she has a tremor and will easily cut herself.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

Example 1:

The customer's wife reports that the customer was recently diagnosed with multiple sclerosis. He has tremors in his hands which makes it difficult for him to complete his grooming tasks. His toothbrush and hairbrush both have adaptive holders, which do help him keep his hands steady. The wife said that the customer is still able to brush his hair, which is kept short for convenience. Although the toothbrush holder helps and he can brush his front teeth, he is not able to brush the back and bottom teeth, so she brushes them for him. These tasks are completed every morning. He is at risk of cutting himself when shaving because of the tremors, so his wife lathers his face with shaving cream and shaves his face and neck once a week.

Example 2:

The customer said that he is bedbound due to a recent car accident which left him paralyzed from the waist down. He said an aide brings a basin of water, soap and washcloth, toothbrush, toothpaste, and an electric razor and sets it on a tray in front of him in his hospital bed. The customer puts toothpaste on the toothbrush and brushes his teeth. He also shaves his face and neck. He does not use shaving cream, just the razor. He finishes his daily grooming by washing his face with the washcloth and basin of water. The CNA then removes the grooming supplies and cleans the tray on his hospital bed. No hair care is necessary, he is bald.

Score of 0: Independent

The customer lives by herself and reports that all her grooming supplies are readily available on her bathroom counter. She said that she has limited grip in her hands due to severe arthritis. She has an assistive device, a universal ADL holder, which she straps around her hand to secure her toothbrush and brush into place. She can brush her teeth, which she does daily. She combs her own hair daily. She said without this device she would not be able to complete her grooming tasks. She said that she does not shave her underarms or legs because she prefers not to.

Â

Â

Eating

Overview

The score for Eating is based on the customer's ability to eat and drink, with or without adaptive utensils. It also includes the customer's ability to cut, chew and swallow food.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Eating Components	Tips to gather the correct information
How does the customer eat?	Use open-ended questions • Ask what happens during the eating process. Here are some suggestions: ◦ What is the customer's method of eating? For example, is it by mouth, feeding tube, or another method? ◦ How is food set-up for the customer? For example, does the customer need help cutting food or opening containers? ◦ Describe the customer's eating routine from the time the food is plated until the completion of the meal.
Who is involved?	Ask the customer and caregiver: • Who provides assistance; • What assistance does each person provide; and • How does the customer participate?
How often does it happen?	Ask how many meals the customer eats each day AND how often assistance is provided for each meal.
What is the reason for any help provided?	Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • What difficulties does the customer have while eating, if any? • Please tell me more about how much help the customer needs during each meal. • Tell me about any limitations that prevent the customer from being able to cut their food and open containers. • You said that you have trouble swallowing your food. Please tell me more about the trouble you have.

Scoring

Follow the steps below to determine the score for Eating. Refer to the example section for more information on how each score may be applied.

Step	Action
1	Is the customer totally fed by another person, including being fed by another person through a stomach tube or vein access? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the customer need assistance with the following most of the time? • Eating on their own, but needs stand-by assistance for frequent gagging, choking, difficulty swallowing, or aspiration; OR • Need assistance being fed some food by mouth by another person ◦ If YES to either question, STOP. Give the customer a score of 2. ◦ If No to both questions, continue to step 3.
3	Does the customer need assistance with the following most of the time? • Feed, chew, and swallow foods on their own, but need reminding to maintain adequate intake; OR • Need set-up (includes mechanically altered diet) ◦ If YES to either question, STOP. Give the customer a score of 1. ◦ If NO to both questions, continue to step 4.
4	Is the customer able to complete the activity independently, with or without assistive utensils, without safety issues most of the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1. NOTE If a customer is fed through a feeding tube or vein, score a 0 if the person administers the feeding independently

Definitions

Term	Definitions
Assistive Utensils	Utensils that are designed, made, or adapted to help a person with eating. Examples: curved utensils, universal cuff utensil holder, bendable utensils, weighted utensils

Mechanically altered diet	Food prepared with the purpose of changing the consistency to make it easier for a person to eat by mouth. Examples: soft foods, pureed foods, ground meat, thickened liquids
Parenteral Nutrition	A method of getting nutrition into the body through the veins
Serving Food	Bringing food to a person
Set-up	Actions taken before a meal to make it easier for a person to eat. Examples include: opening milk cartons, cutting food, clockwise arrangement for the visually impaired, cutting or pureeing of food. Set-up does NOT include: serving food, delivering a meal, preparing food (for example, cooking).
Stand-by Assistance	The presence of another person within arm's reach required to prevent injury during the performance
Tube Feeding	Nutrition administered through a tube. Examples include nasogastric (NG) tube, gastrostomy (g-tube) or jejunostomy (j-tube).

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The customer's hospice nurse reports that the customer is fed by a caretaker for each meal due to weakness from advanced cancer. The customer eats three small meals a day. The caregiver cuts all food into small pieces; sets the meal in front of the customer; and uses a spoon to bring each bite of food to the customer's mouth. The customer is only able to open her mouth, chew and swallow the food.

Example 2:

The customer receives all nutrition and hydration through a feeding tube. The customer is unable to feed himself due to his diagnosis of Amyotrophic Lateral Sclerosis (ALS). The feeding tube is needed because the customer cannot safely take nutrition by mouth without choking or aspiration. The customer is unable to feed himself using the feeding tube due to hand weakness and clumsiness. The caregiver feeds the customer through the feeding tube five times a day, then cleans the customer's skin around the tube after each meal.

Score of 2: Hands-On Assistance

Example 1:

The customer's caregiver reports that the customer needs help eating every day. The caregiver cuts up food into bite-size pieces. During each meal, the customer uses thick-handled silverware to feed herself for about five to ten minutes, and then asks the caregiver to feed her due to tremors in the arms and hands from stage three Parkinson's disease. The caregiver holds a cup with thickened liquids up to the customer's mouth and the customer drinks from a straw every time due to swallowing difficulty caused by Parkinson's disease.

Example 2:

The customer's spouse reports that the customer recently had a stroke, which resulted in severe difficulty swallowing. The spouse cuts the customer's food into small pieces and sets the plate in front of the him for each meal. The customer feeds himself and drinks from a cup. Because the customer is at high risk for choking, the spouse sits next to him for each meal. She is trained in emergency first aid and has had to perform the Heimlich maneuver four times in the past three months.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

Example 1:

The caregiver reports that the customer needs assistance with setting up each meal due to rheumatoid arthritis. The caregiver plates the food, opens a carton of milk and places both on a tray with a cup before bringing it to the customer. Once the tray is in front of the customer, the caregiver needs to pour the milk into the cup and cut the customer's food into small pieces. After this is done the customer can eat without further assistance.

Example 2:

The customer lives by himself and said that he does not have anybody to help him manage his activities of daily living. He has been diagnosed with COPD and gets short of breath very easily. He also has diabetic neuropathy in his hands and feet. It is very difficult for him to get from his reclining chair to the kitchen, so he is only eating one meal a day. He said that he can only eat foods that do not need to be cut because he is unable to cut food due to the neuropathy in his hands. He has lost 15 pounds in the past month. While the customer is not getting help with eating, the score is based on need to maintain adequate food intake and help with cutting food.

Score of 0: Independent

Example 1:

The customer reports that he lives alone and receives Meals on Wheels during the week, but not on weekends. During the week, every time a meal is delivered the Meals on Wheels volunteer sets the food on a tray in front of the recliner where the customer sits. The customer opens containers and cuts food without issue. As soon as the volunteer leaves, he feeds himself. On Friday extra meals are delivered to last for the next two days. On Saturday and Sunday, the customer heats a meal in the microwave when he is hungry and eats three times a day. He gets himself a drink each time he is thirsty and drinks from a cup without any issues.

Example 2:

The customer's spouse brings all of the customer's meals on a tray. For breakfast, lunch, and dinner he plates the food, pours a glass of ice water, and places them on the tray before bringing it to the customer. The customer sits in a recliner chair for all meals due to severe back pain. Once given the tray, the customer cuts her food and eats and drinks independently. The customer opens containers without any issues.

Â

Â

Toileting

Overview

The score for Toileting is based on the customer's ability to empty their bowel and bladder in the appropriate places. It includes all of the following:

• Using a toilet, bedpan, or urinal;

• Transferring on and off the toilet;

• Wiping and washing hands;

• Changing protective garments;

• Managing a colostomy bag or catheter;

• Adjusting clothing; and

• Flushing the toilet.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Toileting Components	Tips to gather the correct information
How does the customer empty their bowel and bladder?	Use open-ended questions • Ask what happens during the toileting process. Here are some suggestions: • How does the customer get on and off the toilet? • How does the customer adjust their clothing to use the toilet? • Please describe any assistance provided with set-up. For example, lifting the toilet lid, turning on water to wash hands, or emptying a bedpan. • Please describe any assistive devices the customer uses; such as grab bars or a high-rise toilet seat. Also, how often are those devices used? • How does the customer clean himself or herself?

Who is involved?	Ask the customer and caregiver: • Who provides assistance; • What assistance does each person provide; • How does the customer participate; and • How often is assistance provided for toileting?
What's the reason for any help provided?	Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • What limits you from completing the task independently? • Tell me more about the limitations that prevent the customer from being able to use the toilet on his own.

Scoring

Follow the steps below to determine the toileting score. Refer to the example section for more information on how each score may be applied.

NOTE Toileting should be scored based on the customer's ability to complete a task independently. When a customer is able to complete a task, but refuses, score on the ability.

Step	Action
1	Does the customer completely rely on others for the entire toileting process? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE When a customer relies on somebody for one step of the task but not another, continue to step 2. For example, a customer relies on somebody completely to care for a catheter, but they are able to use the toilet for a bowel movement.
2	Does the customer need hands-on physical assistance with most of the toileting components or stand-by assistance for safety most of the time? OR Is the customer at risk due to the inability to keep themselves clean? • If YES to either question, STOP. Give the customer a score of 2. • If No to both questions, continue to step 3.

3	Does the customer need supervision, reminders, limited hands-on assistance or occasional hands-on assistance most of the time? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4. NOTE Parts of the task include clothing adjustment, changing protective garments, washing hands, limited or occasional wiping, and emptying bedpan or urinal.
4	Does the customer safely complete the toileting task without assistance from another person with or without the use of assistive devices? • All of the time; • Most of the time; OR • Needs supervision, limited hands-on assistance, or occasional hands-on assistance LESS than the majority of the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions
Assistive Devices	Devices that are designed, made, or adapted to assist a person to perform a particular task. Examples: grab bars, raised toilet seat, self-wipe toilet aide, safety rails, bedside toilet
Catheter	A flexible tube inserted through a narrow opening into a body cavity, particularly for removing fluid from the bladder. Common types of catheters: Foley, Suprapubic, Straight or Intermittent, Nephrostomy tube
Ostomy	A surgical procedure that creates an opening, called a stoma, from an area inside the body to the outside. This procedure changes the way urine or stool exits the body. Common types of ostomies: Colostomy, Ileostomy, Jejunostomy, Nephrostomy
Set-up Activities	Ensuring assistive devices are in place; emptying bedpans, commode chairs, and urinals. NOTE Set-up does not include cleaning the bathroom.
Stand-by Assistance	The presence of another person within arm's reach with the purpose of maintaining one's safety
Supervision	Observing the customer and being readily available to provide assistance, including verbal cues or reminders and set-up activities

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The customer's mother reports that the customer has physical limitations due to paralysis. Each time the customer needs to use the restroom, a family member picks her up and puts her on the toilet. Then the family member cleans her, picks her up off the toilet, adjusts her clothes, and flushes the toilet. The customer is unable to participate at all.

Explanation: The customer is completely dependent on someone else for her toileting needs. The customer is not able to participate at all.

Example 2:

The customer's CNA reports that the customer is in a coma and has a Foley catheter and ostomy bag. The customer completely relies on his caregiver to change and clean both the Foley catheter and the ostomy bag.

Explanation: The customer completely relies on the caregiver for all toileting components all of the time.

Score of 2: Hands-On Assistance

Example 1:

The customer's brother reports that the customer gets assistance using the toilet each time due to a recent below the knee amputation on his right leg. The brother holds the customer's arm as he guides him down onto the toilet so he does not fall. The customer is able to clean himself adequately. The brother pulls the customer up to a standing position and steadies the customer so that he does not lose his balance. The customer needs help adjusting his clothing due to balance issues. Once he is in a standing position and steady, the customer flushes the toilet and washes his hands. The brother stays within arm's reach until the task is completed due to continued fall risk.

Explanation: The customer receives limited hands-on assistance each time for transferring on and off the toilet and adjusting clothing. Even though he is only receiving limited hands-on assistance, he needs standby assistance every time for safety. The standby assistance each time justifies a score of 2.

Example 2:

The customer lives by herself. She is severely morbidly obese. She is able to transfer on and off the toilet on her own using secured grab bars. She only wears dresses and undergarments, so she is able to lift her dress and pull down her undergarments each time. She attempts to wipe herself after bowel and bladder elimination; however she is not able to reach to adequately clean herself from the front or back. She has had six UTIs in the past eight months, which has resulted in four hospital stays. She is able to adjust her clothing, flush the toilet, and wash her hands without issue.

Explanation: Although the customer is able to safely complete her toileting tasks on her own, she is not able to maintain adequate cleanliness. This has put her health at risk and justifies a score of 2.

Score of 1: Supervision, Limited Hands-On or Occasional Hands-On Assistance

The customer's brother reports that the customer is forgetful. The customer has a history of rashes and infections from not cleaning himself after a bowel movement. He has to be reminded to flush the toilet every day and clean himself after every bowel movement. Once reminded, the customer flushes the toilet and cleans himself adequately. The customer is able to transfer onto the toilet each time. The customer's brother pulls the customer up by the arm to come to a stand due to arthritic knees. He provides this assistance every time. The customer washes his hands after toileting.

Explanation: The customer needs supervision by getting verbal reminders to flush and clean himself. He receives limited hands-on assistance to transfer off the toilet each time.

Score of 0: Independent

Example 1:

The customer's brother reports that the customer toilets independently. The customer is able to transfer safely on and off of the toilet, wash his hands, and adjust his clothing. Due to the customer's delusion that his feces will turn into snakes if he flushes the toilet, he refuses to flush the toilet. So, his brother flushes the toilet when he refuses. The customer does flush the toilet after urinating.

Explanation: The customer is independent with the entire task all of the time. The customer is physically able to flush the toilet, but due to his delusion, refuses to.

Example 2:

The customer reports that she sits down on the toilet without any help. She uses grab bars to keep steady when she cleans herself. There are no concerns with her being able to keep herself clean. She is able to flush the toilet, wash her hands, and adjust her clothing every time. Her family is home just in case she calls for help. The customer has called for her daughter and asked for help getting up from the toilet five times in the last 30 days due to knee pain.

Explanation: The customer is independent with the entire task most of the time. She is offered limited hands-on assistance, but it is less than the majority of the time.

Â

Â

Continence

Overview

Continence is scored based on the customer's level of control of the bowel and bladder during the last 30 days.

NOTE These questions do not refer to toileting ability. An individual who is totally incontinent could still be independent in toileting.

Things to Keep in Mind When Scoring Continence

- Brief periods of incontinence caused by an acute condition or temporary illness are not considered when scoring. For example, the customer has an acute urinary tract infection or episode of diarrhea causing incontinence.
- Incontinence that only happens during a seizure should not be considered.
- Incontinence does not include the customer willfully toileting in inappropriate places. These behaviors are assessed under disruptive behaviors.
- Incontinence involving minimal amounts is scored as continent. Minimal amounts, also referred to as dribbling, means an immediate change of clothing or protective undergarment is not needed.

Scoring

The scoring is divided into two sections, bowel continence and bladder continence.

1) Bowel Continence

Follow the steps below to determine the score for bowel continence

Step	Action
1	Does the customer have two or more incontinent episodes a week OR no voluntary control? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE Score customers who rely on dilatation or ostomies for evacuation as totally incontinent of bowel.
2	Does the customer have incontinent episodes once a week? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Does the customer have incontinent episodes less than weekly? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.

4	Does the customer have complete voluntary control? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

2) Bladder Continence

Follow the steps below to determine the score for bladder continence

Step	Action
1	Does the customer have incontinent episodes daily OR no voluntary control? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE Score customers who rely on catheters, intermittent catheterization, or ostomies as totally incontinent of bladder.
2	Does the customer have incontinent episodes one or more times per week, but not daily? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Does the customer have incontinent episodes less than weekly? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Does the customer have complete voluntary control, stress incontinence, or dribbling? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1. NOTE Score those who receive dialysis and do not urinate as continent.

Definitions

Term	Definitions
Bladder Continence	The customer's ability to voluntarily control the discharge of body waste from the bladder

Bowel Continence	The customer’s ability to voluntarily control the discharge of body waste from the bowel.
Stress Incontinence	The customer’s inability to prevent the escape of small amounts of bowel or bladder contents during activities such as coughing, sneezing, lifting, or laughing.

Â

Â

Deterioration in Overall Function

Overview

This section is used to identify all significant, overall changes related to ADLs and continence in the customer's:

• Functional status;

• Skills; or

• Abilities.

Consider the customer's overall function in the last 90 days when scoring.

NOTE Include **specific details** of what has changed in the comment sections.

Scoring

Score	Description
0	No deterioration
1	Deteriorated
2	Unable to determine NOTE This score should only be used when absolutely needed. For example, the customer is unable to answer or respond and the caregiver does not know this information; OR if there is no one available to provide this information.

Definitions

Term	Definitions
Deterioration	A new or increased loss of independence in ADLs or continence as compared to 90 days before the PAS.

Â

Â

Communication and Sensory Patterns

Overview

This section is used to evaluate and score the customer's:

• Hearing;

• Communication abilities; and

• Vision.

NOTE Consider the customer’s communication and sensory ability for the last 30 days when scoring.

Scoring

The scoring is made by reviewing available information from the caregiver, customer, medical records, and observation.

1. Hearing: The customer’s ability to receive sounds and does not include the ability to understand the meaning of the sound. If an assistive device is used, such as hearing aids, then rate hearing based on the customer’s ability while using the device.

Step	Action
1	Does the customer have highly impaired hearing, the absence of useful hearing, or is completely deaf? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE Give a customer who is unable to respond due to being in a coma a score of 3.
2	Is the customer only able to hear in special situations, and only able to follow loud conversations? For example, the speaker has to adjust voice pitch or volume, speak distinctly, and look directly at the customer when speaking. • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Does the customer have minimal difficulty when not in a quiet setting, but is able to understand conversations when in one-on-one situations? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Is the customer adequately able to hear conversations, the television, or when talking on the telephone? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1. NOTE When the customer’s ability can’t be determined, give a score of 0.

2. Expressive Communication: The customer's ability to express information and make themselves understood using any means. Expressive communication includes verbal communication, written communication, and sign language. The score in this area may be impacted by mental status or physical conditions.

Step	Action
1	Is the customer rarely or never understood? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Is the customer sometimes understood, but their ability is limited to making concrete requests? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Is the customer usually understood, but they have difficulty finding words, finishing thoughts, or enunciating? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Is the customer usually understood without difficulty? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1. NOTE When the customer's ability can't be determined, give a score of 0.

3. Vision: The customer's ability to visually perceive visual stimuli. The customer will be scored based on their ability to see close objects and those at a distance in adequate lighting. If assistive devices are used, such as glasses or a magnifying glass, then rate vision based on the customer's ability while using the device.

NOTE A diagnosis of legal blindness does not reflect a specific level of impairment for PAS scoring. For example, a customer may be able to read large print and be legally blind.

Step	Action
1	Does the customer have severe impairment, in which they have no vision or are only able to see light, colors, or shapes? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.

2	Does the customer have highly impaired vision and is unable to see large print? OR Is the field of vision severely limited? For example: the customer has tunnel vision or central vision loss. • If YES to either question, STOP. Give the customer a score of 2. • If No to both questions, continue to step 3.
3	Does the customer have impaired vision making it difficult to focus at reading range? OR Can the customer see large print and obstacles, but not details, or has monocular vision? • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 4.
4	Is the customer able to see adequately? For example: read the news, watch TV, read the labels on medication bottles. • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1. NOTE When the customer's ability can't be determined, give a score of 0.

Definitions

Term	Definitions
Central Vision	The field of vision that allows a person to see shapes, colors, and details clearly and sharply. A person who loses central vision often feels like they are missing fine details or seeing blurred spots in the center part of their field of vision.
Field of Vision	The entire area that a person is able to see when their eyes are fixed in one position.
Monocular Vision	A condition in which one eye is blind, or one eye is unable to register images in coordination with the other eye.
Tunnel Vision	Loss of peripheral vision but still having central vision, resulting in a constricted, circular field of vision.

Â

Â

Orientation

Overview

The score for orientation is based on the customer's awareness of their environment in relation to:

• Person – First name, last name, and caregiver's name;

• Place – Immediate environment, place of residence, city, and state; and

• Time – Day, month, year, and time of day.

NOTE Forgetfulness and confusion do not always point to disorientation. The customer's ability to re-orient, and the frequency and level of the forgetfulness and confusion need to be assessed to determine level of orientation.

Things to Keep in Mind When Scoring Orientation

• Do not assess children 6-11 years old.

• Consider the customer's orientation for the last 90 days, placing the most emphasis on recent mental status as well as the ability to reorient.

• A customer who is aware of his or her forgetfulness and reorients on their own is considered to be oriented. For example, they ask questions, look at a clock, or look at a calendar.

• Temporary disorientation due to an acute condition is not considered in scoring. Examples of acute conditions are an electrolyte imbalance or intoxication.

• Take into consideration people from cultures or environments where time and place is traditionally measured in general terms.

• A customer who has difficulty speaking may need to be assessed using other means such as:

◦ Multiple choice questions;

◦ The customer writing their answers; or

◦ Using some other way to communicate.

• A customer in a coma should be scored as totally disoriented to person, place and time.

During the PAS Interview

• Interview the customer and caregivers. Make a note of any discrepancies. If there is no caregiver present at the assessment, make every effort to contact a family member or someone familiar with the customer to complete this part of the assessment.

• When there is no caregiver, review the medical records to see if the customer is oriented at the physician appointments. When necessary, call the physician's office and speak to the staff to confirm orientation.

• Select "No Caregiver" if unable to locate or contact anybody aware of the level of orientation for the customer, including medical providers. Explain the attempts made and why unable to locate or contact a caregiver in comments.

• Comments need to clearly explain whether scoring is for "Knows" or "Unable to assess".

◦ For "Knows", use the exact quote from the customer. For example: "Mary".

◦ "Unable to assess" should be used very rarely. For example, a person with a serious mental illness, who is delusional, may

respond to his or her name but not state it when asked. Or a person who seems to be refusing to answer the questions. Explain why “Unable to assess” was selected in the comments.

- All scores must have a comment that includes the customer’s response to the questions. If the customer answered incorrectly, include the correct answer in brackets [ ]. For example: “Mary” [Gertrude].

Scoring

The scoring for orientation has three sections:

- Person/Caregiver;
- Place; and
- Time

1. Person/Caregiver

- Determine if the customer knows their first name, last name, and their caregiver’s name. When the customer is able to identify a person based on their relationship, such as daughter or nurse, but does not know that person’s name, they should be scored as oriented.
- Ask the caregiver for their judgment of the customer’s orientation to first name, last name and caregiver’s name. Document whether the caregiver thinks the customer always knows, usually knows, or seldom/never knows.

2. Place

- Determine whether the customer knows their immediate environment, place of residence, city, and state.
  - Examples of immediate environment are: the kitchen, their room, the common area.
  - The customer does not have to know the address of the location or the specific facility type to be considered oriented to place of residence. For example, the customer responds, "my son's house" or “a hospital” when in a nursing home.
- Ask the caregiver for their judgment of the customer’s orientation to immediate environment, place of residence, city and state. Document whether the caregiver thinks the customer always knows, usually knows, or seldom/never knows.

3. Time

- Determine whether the customer knows the day, month, year and time of day.
  - Consideration should be given to people in cultures or environments where time passing is traditionally measured in general rather than specific terms. For example: "winter", "morning", "middle of the week".
  - If the customer does not know the day, month, year, or time of day, ask follow-up questions to determine orientation. When you follow up, follow up completely by having the customer demonstrate their ability to determine Time. For example:

    You ask, “What day is it?”

    The customer relies, “Heck if I know, I’m retired.”

    You ask, “How would you find out what day it is if you wanted to?”

    The customer replies, “I’d look at my phone.”

    You say, “Great, would you please look at your phone and tell me what day it is?”
- Ask the caregiver for their judgment of the customer’s orientation to the day, month, year, and time of day. Document whether the caregiver thinks the customer always knows, usually knows, or seldom/never knows.

Definitions

Term	Definitions
Disorientation	The loss of one’s bearings; a state of mental confusion or impaired awareness of time, place, or identity.
Orientation	Awareness of one's environment related to place, time, and people.

Â

Â

Communication and Sensory Overview

Overview

The customer’s awareness of their environment, including people, place and time, and ability to communicate, hear, or see can impact their need for long-term care services and risk of institutionalization.

Things to Keep in Mind When Scoring Communication and Sensory Patterns

You may need to adjust how you interview when a customer has difficulty seeing, hearing, speaking, or a combination of these. Here are just few examples:

• Ask multiple choice questions, where the customer can answer by nodding or holding up a certain number of fingers;

• Show the customer the written question;

• Have the customer write their answers; or

• Use some other way to communicate.

Â

Â

Behaviors

Overview

This section of the assessment measures the frequency and extent of behaviors that require caregiving from others or interfere with the customer's self-care. Caregiving can include supervision, intervention or both.

Behaviors measured include:

• Wandering

• Self-injurious

• Aggression

• Resistiveness

• Disruptive Behavior

Things to Keep in Mind When Scoring Behaviors:

• Behaviors should be assessed based on the last 90 days, except as indicated in self-injurious behaviors and aggression.

• It may be difficult for the customer to discuss behaviors. Assessors need to be sensitive to this and involve caregivers and family members separately for collateral information.

• There are two scores for each behavior; the frequency of the behavior and the intensity of the intervention.

• For intervention, score based on the most common method. For example, if verbal redirection is used once or twice a week, but a chemical restraint is given daily, a score of 3 should be indicated for intensity of intervention.

• When they warrant a score, the details of the behavior and intervention MUST be entered in the comment sections. If the reported behaviors do not warrant a score for frequency and intervention, the details must be put in the summary.

• It is possible for the frequency of the behavior to be scored a 0 and the intensity of the intervention scored a 3. For example, frequency is scored a 0 due to a history of the behavior; intervention is scored a 3 because a chemical restraint is being used to stop the behavior. In this case, a comment should be included for both the frequency and the intervention.

Definitions

Term	Definition
Chemical Restraints	Prescribed medication used to stop or reduce specific, overt behaviors likely to cause physical harm to self or others
Frequency of Behavior	The number of times the behavior occurs within the indicated timeframe.

Intervention for Behavior	Treatment to control the behavior. Intervention may be formal or informal, and includes actions taken by the customer's caregivers to control the behavior. Some examples include, but are not limited to: • Verbally redirecting • Physically stopping the behavior • Interventions outlined in a Behavior Treatment or Modification Plan • Chemical restraints
Medical Attention	Examination and treatment by a medical professional or Primary Care Provider (PCP) resulting from inappropriate behavior. Some examples of medical attention include, but are not limited to: • Treatment received by an emergency medical technician (EMT) • Treatment or examination by a psychiatric hospital provider • Examination or treatment received at a medical hospital
Physical Intervention	Immediate hands-on interaction by the caregiver to stop an inappropriate behavior
Physical Restraints	Physical devices to stop or reduce movement to protect a customer from injury
Verbally redirected with ease	The customer stops the inappropriate behavior quickly after hearing a verbal prompt
Verbally redirected with difficulty	The customer eventually complies with verbal redirection, but it takes the caregiver a great deal of time and effort to stop the inappropriate behavior

Â

Â

Wandering

Overview

Wandering is the behavior of moving about without rational purpose as a result of disorientation or memory problems that puts the safety of the customer or others at risk. The customer tends to wander beyond the borders of his or her environment or to areas within the environment that pose a safety risk.

NOTE For example, a customer who is not aware of the dangers of knives and hot stoves wanders out of the recreation room and into the kitchen where knives are on the table, or a hot stove is within reach.

Wandering indicates that the customer does not easily reorient to location.

The following are not considered wandering:

• Getting lost in an unfamiliar place

• Leaving without permission or running away

• Voluntarily leaving against medical advice

• Pacing

During the PAS Interview

The table below has tips for getting clear, complete information during the interview. Include the information when entering the comment and always include who gave the information.

Wandering Component	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of wandering	Is the behavior rational or irrational	Ask follow-up questions to help determine if the customer's behavior is rational. For example, the customer opens the door leading to a busy street because he wants to walk to the bus stop and pick up his kids after school at 3:00 pm. Ask, "Are his children currently attending school?"

	Are there safety concerns or risks involved	Ask questions such as: • What safety concerns, if any, are there for the customer or other people when this happens? • How does the customer put himself at risk by doing this? • What are the risks involved? • Has he gotten hurt before due to this behavior? • How does this risk his safety or the safety of others? • Has there been police involvement due to this behavior?
	Is the customer going beyond the physical borders of their environment	Ask questions such as: • Does the customer ever succeed in leaving the house? • What does he do to leave? • Where does he wander to? • How far has he gotten when he attempts to leave the house?
	Does the customer have orientation or memory problems	• Review the orientation questions in the Functional Scores battery for information about the customer's level of orientation and the caregiver's judgment. • Review medical records.
Determine the intensity of the intervention	The information received about all wandering interventions should be documented thoroughly in the comment section	Ask questions such as: • What do you do in response to this behavior? • How often do you respond that way? • How well does this response work? • What happens if you do not respond this way? • What happens if the action you took does not stop the behavior?

Determine the frequency of the behavior	Determine the frequency of the behavior for the past 90 days	Ask questions such as: • How often does the behavior occur? • Do you know when the customer will wander? • What tells you that it will happen?
Determine if there is a history of wandering	If the customer has wandered in the past but not in the last 90 days, what changed?	Ask questions such as: • Does the customer have a history of wandering? • How often did it occur? • What happened to make it stop? NOTE Make sure that the prior behavior fits the definition of wandering.

Scoring

When scoring Wandering, follow the steps in the two sections below to determine:

• The frequency of wandering behavior that creates a threat to the safety of the customer or others, and

• The intensity of intervention for the wandering behavior.

Refer to the example section for more information on how each score may be applied.

Frequency

Frequency describes or measures how often the wandering behavior puts the customer's or others' safety at risk.

NOTE When no intervention is needed because the wandering behavior does not pose a safety risk, the score for frequency is 0, no matter how often the behavior happens.

Step	Scoring
1	Does the behavior occur at least daily, posing a threat to the safety of self or others? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the behavior occur at least weekly but less than daily; posing a threat to the safety of self or others? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 3.

3	Does the behavior occur less than weekly, but poses a threat to the safety of self or others? OR Does the behavior happen weekly or more often, but only poses a safety threat less than weekly? • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 4.
4	Does the customer have a history of wandering behavior that is not a current problem, including if chemically controlled? OR Has wandering behavior not been observed? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above. Go back to step 1.

Intensity of Intervention

Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the wandering behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

Step	Action
1	Does the customer require physical intervention or restraints, including chemical restraints? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE If a chemical restraint is used, confirm that it is prescribed specifically for this behavior.
2	Can the customer be verbally redirected with difficulty? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Can the customer be easily redirected? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Does the customer's wandering not require intervention? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Chemical Restraints	A medication prescribed specifically to stop or reduce the wandering behavior
Pacing	Walking back and forth within an area due to restlessness, lack of exercise, stress, or anxiety, which does not pose a safety risk to self or others.
Physical Intervention	A physical device or barrier that prevents the customer from going beyond the physical borders of his environment to prevent the wandering behavior. For example, placement in a locked memory unit to prevent the wandering behavior. OR Hands-on assistance to stop the wandering behavior from occurring. For example, stepping in front of the person or leading them by the hand.
Verbal Redirection with difficulty	Spoken direction or requests, or verbal redirection of the customer's focus that takes a great deal of time and effort but eventually succeeds.
Verbal Redirection with ease	Spoken direction or requests, or verbal redirection of the customer's focus that the customer responds to quickly and easily.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Frequency	Intervention
	Score of 3 Every night the caregiver turns on the hallway light so that she can see the random piles. She then takes her mother's arm and leads her back to her bedroom, puts her in bed, sings a lullaby until she falls back to sleep, and then closes the bedroom door. After the customer is asleep, the caregiver picks up the items and puts them away.

Score of 3 The caregiver, the customer's daughter, reports the customer wanders through the house at night. The customer goes into other family members' rooms every night collecting items and stacking them on the floor in the hallway to take on her "trip". The caregiver confirms that there is no trip scheduled. The customer and other family members have tripped over the piled items at night. The injuries were mostly minor, except for the customer fracturing her wrist.	**Score of 2** Every night the caregiver wakes up when she hears the customer stacking items on the floor. When she asks the customer to go back to bed, the customer starts crying and says, "but I have a trip." The caregiver tells the customer that the flight is not until morning. The customer resists several more times, saying she needs to leave on her trip "now". She eventually tires and returns to her bed on her own.
	Score of 1 Every night the customer's daughter wakes up when she hears the customer stacking items on the floor. She quietly tells the customer that her flight is not until the morning. The customer, says, "Oh I must be confused', then goes back to bed without further prompting.
	Score of 0 Not applicable. A safety risk exists, and intervention is needed.
Score of 2 The customer's wife explains that the customer has moderate dementia. He walks down the street in the evening about three times each week after his daughter visits for dinner. The customer's wife said that when she is cleaning up after dinner, he leaves his house to "go home." He gets lost and walks into the street. The wife is afraid he won't make it home due to his confusion.	**Score of 3** When the customer tires or gets lost walking, he asks his neighbors where his house is, even when he is right in front of it. The neighbors are aware of his condition and take him by the arm each time to take him back to his house.
	Score of 2 The customer's wife says she follows him and asks him to come home. He keeps walking and walks faster when she calls his name. She runs to catch up and tells him, "it's time to turn around and go home." He avoids her and continues walking. Once he tires, he walks with her back to the house.
	Score of 1 The customer's wife says she follows him and asks him to come home. She will tell him that it is time for his favorite TV show. He smiles and walks back home with her.
	Score of 0 Not applicable. A safety risk exists, and intervention is needed.

Score of 1 The customer lives in a skilled nursing facility. The CNA reports that the customer wanders in and out of other residents' rooms several times a week. He goes through drawers and closets "looking for buried treasures". The CNA said that the customer's behavior does not usually pose a safety risk. However, twice in the past month this has resulted in arguments with another resident that became physical.	**Score of 3** When this behavior occurs, a staff member quietly tells the customer that it is time to go back to his room. The customer appears confused, so each time the caregiver holds the customer by his arm and walks him slowly back to his room.
	Score of 2 When this behavior occurs, a staff member quietly tells the customer that it is time to go back to his room. The customer raises his voice, each time, and says he will not go back to his room until he finds the buried treasure. After repeated attempts to reason with him, he finally says, "Fine. I will just come back another time to find the treasure."
	Score of 1 When this behavior occurs, a staff member will ask the customer if he is ready to watch his favorite movie, "Cool Hand Luke". The customer smiles and starts walking to his room. The customer's favorite movie is always set up on a DVD player in his room.
	Score of 0 Not applicable. A safety risk exists, and intervention is needed.
Score of 0 The daughter says the customer used to wander the house every night, collecting items from other rooms and stacking them on the hallway floor to get ready to "go visit her daughter." The customer only has one daughter and lives with her. The daughter was concerned that someone would trip and fall over the piles. This behavior has not occurred in over 4 months.	**Score of 3** The customer's daughter said that ever since her mother was prescribed Risperidone, which the customer takes every evening, not only has the wandering behavior stopped but she also sleeps through the night.
	Score of 2 Does not apply to a frequency score of 0.
	Score of 1 Does not apply to a frequency score of 0.
	Score of 0 This information would go in the summary.

Â

Â

Self-Injurious Behavior

Overview

Self-Injurious Behavior (SIB) is repeated actions that cause physical injury to a person's own body. Some examples of SIB are:

• head banging,

• punching or hitting oneself,

• hand/arm biting,

• picking at skin or sores,

• compulsive water drinking,

• eating nonfood items, and

• excessive skin rubbing or scratching.

The following are not included in the score:

• Suicide attempts

• Accidents, such as tripping and falling

• Risky lifestyle choices, like not following medical advice, smoking, drug, and alcohol abuse.

During the PAS Interview

The table below has tips for getting clear, complete information during the interview. Put this information in the comments, and always include who gave the information.

Self-Injurious Behavior Components	Factors to consider	Tips to gather the correct information

Does the behavior fit the description of self-injurious behavior in the overview	Is the behavior deliberate or irrational	Ask follow-up questions to determine if the customer's behavior is deliberate or irrational. For example: • The customer punches a wall over and over because he is frustrated is a deliberate action. • The customer cuts her wrist with a needle, leaving railroad track scars, because the "voices" are telling her she is "bad" is an irrational act. Ask questions such as: • What triggers you to hurt yourself? • When you ask the customer what triggers him to hurt himself, what does he say?
	Does the repeated behavior cause physical harm to the body?	Ask questions such as: • Describe what the customer does that causes harm to his body. • How often does she do this? • How is this causing immediate physical harm to her body?
Determine the intensity of the intervention	Consider how often the intervention is needed, and how much time and effort the intervention takes.	Ask questions such as: • What is done in response to this behavior? • How often do you respond that way? • How well does this intervention work? • What happens when you don't respond this way? • What happens when the action taken does not stop the behavior?
Determine the frequency of the behavior	Consider the past 90 days. Consider the last year when the behavior resulted in a serious injury requiring medical attention.	Ask questions such as: • How often does this behavior happen? • How seriously was he hurt? • Has the customer needed medical attention due to this behavior? Tell me more about that. • When was the last time this behavior happened?

Scoring

When scoring Self-injurious Behavior, follow the steps in the two sections below to determine:

• The frequency of behavior that causes physical harm to the customer's body, and

• The intensity of intervention for the behavior.

Refer to the example section for more information on how each score may be applied.

Frequency

Frequency describes or measures how often the self-injurious behavior happens.

Step	Scoring
1	Does the behavior occur at least once a day, posing a threat to health and safety? OR Has the behavior caused the customer serious injury that needed medical attention in the last year? • If YES to either question, STOP. Give the customer a score of 3. • If NO to both questions, continue to step 2.
2	Does the behavior occur at least weekly but less than daily and pose a threat to health or safety? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Does the behavior occur less than weekly, but poses a threat to the customer's health? OR Does the behavior happen weekly or more often, but only poses a health threat less than weekly? • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 4.
4	Does the customer have a history of self-injurious behavior that is not a current problem (including if chemically controlled)? OR Has the self-injurious behavior never been observed? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Intensity of Intervention

Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the self-injurious behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

Step	Scoring
1	Does the customer require physical intervention, physical restraints, or chemical restraints? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE If a chemical restraint is used, confirm that it is prescribed specifically for this behavior
2	Can the customer be verbally redirected with difficulty? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Is the customer easy to verbally redirect? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Does the customer's behavior not need intervention? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Chemical restraints	A medication prescribed specifically to stop or reduce the self-injurious behavior.
Physical restraints	Physical devices that restrict movement to protect a customer from injury.

Examples

Example 1:

Frequency: Score of 3

The customer is diagnosed with Asperger's and is not DD eligible. His mother reports that when he gets overstimulated, he bangs his head against the wall or floor at least once a day. She said that this behavior has caused bruising, frequent headaches, and dizziness.

Intervention: Score of 1

The mother said when she sees this behavior, her first reaction is to ask the customer to stop, but he usually doesn't. She then asks him, "Do you want to rock now, or would you rather swing?" The question distracts him, and he stops the head banging immediately.

Example 2:

Frequency: Score of 3

The SNF staff report that about once every other month, the customer punches the wall over and over again when he gets frustrated, which results in bloody knuckles and bruises on his hands. Last week, the customer was taken to the ER after punching the wall where he received treatment for a broken wrist and finger.

Intervention: Score of 2

Every time this behavior happens, two staff members calmly approach the customer. They ask him why he is upset. The customer yells and screams and tells them that he is "sick of everything." They continue talking with him for several more minutes until the customer tires. Shortly after the customer was taken to the ER, the staff members put up a punching mat on the wall. The customer has agreed that if he "has" to punch the wall he will do so on the mat.

Example 3:

Frequency: Score of 2

The group home staff reports that the customer has hallucinations that tell her to slap herself. As a result, the customer repeatedly slaps her head and face three or four times a week. The staff reports that the customer often bruises her face. The staff reports that 45 days ago she was slapping herself in the head every day, but since she was prescribed medication, the behaviors have decreased.

Intervention: Score of 3

The group home staff reports that the customer takes a daily dose of Quetiapine that was prescribed to reduce the self-injurious behavior. In addition, the three or four times a week they see the customer hurting herself, they hold her arms down to her sides to stop the behavior.

Example 4:

Frequency: Score of 1

The customer's mother reports that the customer scratches his forearms with a paperclip which have left several scars. His mother describes the cuts as mostly "superficial," but the scratches cause bleeding and scarring. The customer only scratches himself when he is by himself, so she is not sure how often he is scratching but he has told her he remembers doing it at least three times in the past month. He told her it helps him deal with his emotions when nothing else works.

Intervention: Score of 1

The mother reports that she and her son are in the process of finding a therapist. In the meantime, they have agreed that when he feels like scratching on his arm he will come and talk to her first. If the mother is away from the house, she will ask him when she gets home if he had urges to scratch. The customer talks with her about his feelings. He will then show her his

forearms. The mother said that she is not confident he is being completely honest with her, but she did acknowledge that he is easily redirected.

Example 5:

Frequency: Score of 0

The customer's husband reports that his wife had been burning herself on her stomach with candle wax. He did not become aware of this behavior until six months ago. When he asked her about it, she said that she used to burn herself several years ago after a traumatic event but stopped when she met him. About six months ago, she had an event that reminded her of her past trauma, and she started to burn herself again. The behavior lasted for two months.

Intervention: Score of 3

The customer sees a therapist once a week and has been prescribed an anti-depressant that she takes every morning. Her husband reports that the combination of interventions has stopped the behavior.

Â

Â

Aggression

Overview

Aggression is physically attacking another person. Some examples of aggression are:

• Throwing objects at a person

• Punching

• Biting

• Pushing

• Pinching

• Pulling hair

• Scratching

• Physically threatening behavior

• Destroying property as a result of trying to hurt another person

The following are not included in the score, but are included in the PAS summary:

• One-time incidents that did not result in a serious injury needing medical attention

• Self-injurious behavior

• Physically hurting a pet or animal

• Making verbal threats without any physical components

During the PAS interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Aggression Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of aggression	Is the behavior directed toward another person?	Ask questions such as: • Describe the customer's physical attacks towards another person. What does he do? • When the customer throws things "all over the place", does she ever throw these items at another person? • You said he threw a bottle and broke the television. Tell me how the customer meant that action to physically attack another person.

	Are there safety concerns or risks with the behavior	Ask questions such as: • Does the customer put others at risk by doing this? • What are the risks involved? • Has he hurt another person before due to this behavior? • How does this jeopardize the safety of others?
Determine the intensity of the intervention	Consider how often someone intervenes, as well as the effort and physical involvement	Ask questions such as: • What is done in response to this aggressive behavior? • How often is the intervention used? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens when this does not stop the aggression? NOTE Document all information received about any interventions for aggression in the comment section.
Determine the frequency of the behavior	Consider the past 90 days. **Exception:** Consider the past year when the behavior caused a serious injury needing medical attention.	Ask questions such as: • How often does the behavior occur? • Did the customer's behavior cause a serious injury in the past year that required medical attention? If so, when did it happen and what type of medical attention was received. • What triggers this behavior, if known? • When was the last time this behavior happened?

Scoring:

When scoring Aggression, follow the steps in the two sections below to determine:

• The frequency of aggressive behavior; and

• The intensity of intervention for the aggressive behavior.

Frequency

Frequency describes or measures how often the aggressive behavior happens.

Step	Scoring

1	Does the behavior occur at least once a day, posing a threat to the safety of others? OR Has the behavior caused serious injury requiring medical attention in the last year? • If YES to either question, STOP. Give the customer a score of 3. • If NO to both questions, continue to step 2.
2	Does the behavior occur at least weekly but less than daily; posing a threat to the safety of others? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Does the behavior occur less than weekly, but poses a threat to the safety of others? OR Does the behavior happen weekly or more often, but only poses a safety threat less than weekly? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Does the customer have a history of aggressive behavior that is not a current problem, including if chemically controlled? OR Has the aggressive behavior not been observed? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Intensity of intervention

Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the aggressive behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

Step	Scoring
1	Does the customer require physical intervention, physical restraints, or chemical restraints? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE If a chemical restraint is used, it must be prescribed specifically for this behavior.

2	Can the customer be verbally redirected with difficulty? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Is the customer easy to verbally redirect? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Does the customer's behavior not need intervention? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Chemical Restraints	A medication prescribed specifically to stop or reduce aggressive behavior
Physical Intervention	Immediate hands-on assistance, provided by a caregiver to stop the aggressive behavior.
Physical Restraints	Physical devices that stop or reduce movement to protect a customer from injuring themselves or others.
Verbal Redirection with difficulty	Verbal redirection given by a caregiver that takes a great deal of time and effort to reduce the aggressive behavior, but the customer eventually complies
Verbal Redirection with ease	Verbal redirection given by a caregiver that the customer responds to quickly and easily to reduce the aggressive behavior

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Example 1:

Frequency: Score of 3:

The customer's mother reports that the customer was in a serious motor vehicle accident just over a year ago, which resulted in a traumatic brain injury (TBI). The mother reports that, among other things, he is easily agitated which results in aggressive behavior. She said that every day for the past 90 days, the customer has hit, pinched, punched, or slapped both her and her husband at least once a day. This behavior has resulted in bruises and welts for both the mother and father. On one occasion, the father slapped the customer in the face to stop the behavior. None of the aggressive behaviors resulted in seeking medical attention.

Intervention: Score of a 2:

The mother reports that she and her husband are receiving therapy to learn how to cope with their son's TBI. She said they were given de-escalating tools to reduce the customer's behavior. Although he is still aggressive on a daily basis, they are learning how to look for triggers that aggravate the customer. When they see that he is becoming upset they will give him space and talk with him from across the room. Even when they can get far enough away before he becomes aggressive, he still curses, screams, and stomps his feet. They encourage him to talk about what is upsetting him. He will say that he "hates that he is not himself anymore." They continue to keep their distance and encourage him to go in the backyard and "shoot some hoops." He continues to curse and scream, but eventually takes their advice and goes outside to play basketball.

Example 2:

Frequency: Score of 3:

The customer's spouse reports that his wife has been diagnosed with Alzheimer's disease. Sometimes his wife does not recognize him, and when this happens, she becomes angry and yells, "I don't know you, get out of my house." However, she has only become physically aggressive on one occasion, six months ago. It was late at night and the customer was very disoriented and confused. She thought her husband was a "burglar". She yelled at him to "Get out of my house!", then taking the fireplace poker she struck him several times before he could get away from her. The husband called 911 and when they responded, he was transported to the hospital. He was treated for broken ribs and a deep cut to his forehead. The husband reports that since this incident, when he sees that she is becoming upset because she does not recognize him, he distances himself by going to another room until she is calm. She still gets very upset, but he has been able to avoid another physical attack.

Intervention: Score of 1:

The spouse reports that on the occasion when he was transported to the hospital, his wife was taken to the ER and given a dose of Seroquel to reduce her agitation. Now, when she becomes agitated, he moves at least ten feet away from her and tries to redirect her by calmly asking if she would like a snack. Sometimes this works and she calms down and sits in her recliner while he makes her snack. Other times she will say, "I don't know you. You are trying to poison me." When this happens, he keeps his distance, but puts on a CD of her favorite songs. Even at her most agitated, the music calms her. He knows she is calm when she sits down in her recliner chair and stops pacing around the house. He then approaches her chair and asks if she would like a snack. Her common response is, "yes, dear that would be very nice."

Example 3:

Frequency: Score of a 2:

The customer's daughter reports that the customer has Alzheimer's disease. The daughter reports that before her mother's memory started to decline, she was very sweet and never "raised a hand to me or the rest of my family." In the past year, the daughter reports the customer is easily agitated and when upset, she will raise her cane up in the air swings it at anyone who comes near her. The daughter reports that if the customer did hit someone it would hurt. The daughter is also concerned that the customer has poor balance and could fall when she starts swinging her cane. This behavior occurs at least five times a week when a family member attempts to approach the customer to pick up items from the trashcan that she has thrown on the floor.

Intervention: Score of a 2:

The customer's daughter said that her mother started taking items out of trashcans in the home about two months ago. The daughter said when she or a family member ask her what she is doing, she always says the same thing, "I have to find my kitten." The daughter said whenever a family member tries to approach her; she becomes agitated and startled and raises her cane. The daughter or another family member will try to calmly talk with customer, but this only makes things worse. They have tried to leave her alone until she stops throwing garbage on the floor, but the customer slipped on a banana peel once when they tried this. Now they stay further than cane distance away to make sure the customer is safe. It takes over 10 minutes to redirect the customer into the TV room, by telling her that it is time to watch "The Price is Right."

Example 4:

Frequency: Score of 1:

The customer's wife reports that her husband had his right leg amputated below the knee six months ago. She said that he has been depressed ever since and has been drinking heavily. When he drinks too much, he gets very angry. Since his surgery, she said he becomes "out of control" and starts yelling at her, approximately once a month. The more he yells, the angrier he gets. He then starts throwing his empty bottles at her. She reports that he has never actually hit her with a bottle, probably because he is "too drunk to throw well." But, during these episodes he has thrown a beer bottle through the sliding glass door and multiple times has hit the living room wall, smashing glass all over the floor and carpet.

Intervention: Score of 3:

The customer's wife reports that there is no reasoning with him when he has had too much to drink. She is scared that one day he might hit her. She said when he becomes violent, she calls the police. On one occasion he was arrested for disorderly conduct when four of her neighbors called the police. On the other occasions the police have had to physically restrain the customer until he calms. She said that she has not pressed charges because, "he is going through so much right now."

Example 5:

Frequency: Score of 0:

The customer reports that her husband died six months ago. She said she has never felt so much grief in her life and she "kind of lost it for a while." The customer is diagnosed with bipolar disorder. In the first couple of months after her husband died, she was not sleeping and became "manic and explosive." During this time, she admits to hitting a "lady in the store with my cart because she was walking too slowly." She also threw a garbage can at her neighbor because "he looked at me weird." After these incidents, she was prescribed a new medication for the aggression and has not had any outbursts in the last 90 days.

Intervention: Score of 3:

The customer reports that the neighbor filed a restraining order, and she cannot go near his home. She was asked to leave the store when she hit the lady with her cart. She was prescribed Symbyax to control aggressive behaviors, which she takes daily. She has not been aggressive towards others in over four months. She sees a therapist weekly to deal with her grief and anger issues.

Â

Â

Resistiveness

Overview

Resistiveness is inappropriate stubborn and uncooperative behavior, which includes:

• Passive or obvious behaviors

• Obstinance

• Unwillingness to participate in self-care or take necessary medications

The following are not included in the score:

• Difficulties with processing sounds

• Reasonable acts of self-advocacy

• Verbal threats

• Physical aggression

• Self-injurious behavior

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Resistiveness Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of resistiveness	Is the behavior inappropriately stubborn and uncooperative	Ask questions such as: • What does the customer not want to do? • What is the reason the customer does not want to do that activity? • Is it reasonable for the customer to not want to do the activity? • How is this behavior inappropriate? • What does the customer do that shows she is being uncooperative or stubborn? • Is the customer able to follow directions or advocate for himself? • Are the reasons for resistance rational?

Determine the intensity of the intervention	How often the intervention is needed, and how much time and effort the intervention takes.	Ask questions such as: • What do you do when the customer resists? • How often do you have to do that? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens if the intervention does not work?
Determine the frequency of the behavior	Consider the past 90 days.	Ask questions such as: • How often does the behavior occur? • Who is affected? • What triggers the behavior, if known?

Scoring

When scoring Resistive Behavior, follow the steps in the two sections below to determine:

• The frequency of the behavior; and

• The intensity of intervention for the behavior.

Frequency

Frequency describes or measures how often the resistive behavior happens.

NOTE When no intervention is needed for the resistive behavior, the score for frequency is 0, no matter how often the behavior happens.

Step	Scoring
1	Does the behavior occur at least once daily? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the behavior occur at least weekly but less than daily? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.

3	Does the behavior occur less than weekly? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Does the behavior not occur or occurs at a level not requiring intervention (including if chemically controlled)? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Intensity of Intervention

Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the resistive behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

Step	Scoring
1	Does the customer require physical intervention or restraints, including chemical restraints? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE If a chemical restraint is used, confirm that it is prescribed specifically for this behavior. If it is not, continue to step 2.
2	Can the customer be verbally redirected with difficulty? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Can the customer be verbally redirected easily? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Does the customer not require intervention? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Self-advocacy	Speaking up for oneself and one's views or interests

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Example 1:

Frequency: Score of 3

The customer's daughter reports that her father has a cognitive impairment from a traumatic brain injury (TBI) sustained four months ago after being shot in the head. He now lives with her. Since his accident, the customer resists changing his clothes because he thinks he has already changed, which has resulted in ulcers on his buttocks from wearing soggy, soiled clothing. He also will not take his blood pressure medication because he thinks she is trying to poison him. These behaviors happen daily.

Intervention: Score of 2

The customer's daughter reports that it is very difficult to convince her father to change his clothes. Every morning she reminds him that it is time to get dressed. He gets upset and paces back and forth, shaking his head. He continues to refuse and says he has already changed. She will eventually give up. The only day she can get him to change his clothes is on Sunday. She reminds him that it is time to get ready for church and sets out his "Sunday" outfit. He then changes his clothes. She is unable to get him to take his medication, so she mixes it up in his oatmeal each morning.

Explanation: The resistive behavior happens daily, so the frequency is scored a 3. The intervention is a score of 2 because it is not easy for the daughter to verbally redirect him.

Example 2:

Frequency: Score of 2

The customer lives in a nursing home and is diagnosed with Alzheimer's disease. The nurse reports that the customer must be convinced three to four times a week to do her oral care at night. The customer resists her oral care by covering her mouth with her hands. She says she does not want the staff to pull out her teeth because it will hurt, even though she has dentures. The nurse also reports that the staff help the customer shower four times a week. The customer refuses each time. She says, "I am fine the way I am. Leave me alone." The nurse reports that the customer is incontinent. To avoid urinary tract infections and skin integrity issues, she should be bathing at least four times a week.

Intervention: Score of a 1

The nurse reports that, for oral care, the staff gently remind the customer that they only want to clean her dentures and promise not to hurt her. The verbal reassurance relieves her anxiety, and she allows the staff to remove and clean her dentures. For bathing, the staff tell the customer that her daughter is coming to visit, which she is. The customer says, "Oh, well I want to look pretty for my guest." The customer then allows the staff member to help her with bathing.

Explanation: The resistive behavior happens at least weekly, but less than daily, so the frequency is scored a 2. The intervention is a score of 1, because it is easy for the staff to verbally redirect her.

Example 3:

Frequency: Score of a 1

The customer lives with his brother. His brother said that the customer struggles with alcoholism, and goes days without showering, changing his clothes, and grooming. This behavior happens one to two times a month. When the brother reminds the customer to do these tasks, the customer says, “leave me alone, I’m not in the mood.” Two months ago, the customer was seen by a mental health provider, and was prescribed a daily anti-depressant in hopes of improving his mood, and to help with his lack of self-care.

Intervention: Score of a 3

The brother said that the customer’s therapist created a daily hygiene routine for him to follow. The brother reminds and encourages the customer three times a week to follow the routine. The customer is also taking a daily anti-depressant. Per brother, the combination of daily medication and reminders to follow the hygiene routine has decreased the customer’s resistance from weekly to one or two times a month.

Explanation: The resistive behavior happens less than weekly. The intervention is a score of 3, because it is scored on the intervention used most often, which is the chemical restraint.

Example 4:

Frequency: Score of 0

Intervention: Score of 0

The customer lives by himself. He said that his sister comes over once a week and brings him healthy, homemade dishes, but he refuses to eat these saying he is fine with his sandwiches and frozen meals.

Explanation: The behavior fits the definition of resistive behavior, but there is no intervention. This information goes in the summary.

Â

Â

Disruptive Behavior

Overview

Disruptive Behavior is inappropriate behavior that interferes with the normal activities of the customer or others. This includes, but is not limited to:

• Putting on or taking off clothing inappropriately

• Sexual behavior inappropriate to time, place, or person

• Excessive whining, crying, or screaming

• Persistent pestering or teasing

• Constantly demanding attention

• Urinating or defecating in inappropriate places

The following are not included in the score:

• Behavior that does not disrupted or affect anyone.

• A customer reacting reasonably to a difficult situation. For example, stress or illness.

• Crying from pain.

• Repeatedly asking for toileting help because of a urinary tract infection (UTI).

During the PAS Interview

The table below has tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Disruptive Behavior Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of disruptive behavior	Who does the behavior disrupt?	Ask questions such as: • Who is affected by this behavior? • When the customer does this, does it disrupt others? • Whose activities are disrupted when this happens?

	How is the behavior disruptive?	Ask questions such as: • What happens during these episodes that interferes with the normal activities of the customer or others? • In what way is this behavior inappropriate?
Determine the intensity of the intervention	How often the intervention is needed, and how much time and effort the intervention takes.	Ask questions such as: • What is done in response to this disruptive behavior? • How often is the intervention used? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens if this does not stop the disruptive behavior?
Determine the frequency of the behavior	Consider the last 90 days.	Ask questions such as: • How often does the behavior occur? • What triggers this behavior, if known?

Scoring

When scoring Disruptive behaviors, follow the steps in the two sections below to determine:

• The frequency of disruptive behavior; and

• The intensity of intervention for the disruptive behavior.

Frequency

Frequency describes or measures how often the disruptive behavior happens.

NOTE When no intervention is needed for disruptive behavior, the score for frequency is 0, no matter how often the behavior happens.

Step	Scoring
1	Does the behavior occur at least daily? • If YES to either question, STOP. Give the customer a score of 3. • If NO to both questions, continue to step 2.

2	Does the behavior occur at least weekly but less than daily? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Does the behavior occur less than weekly? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Does the customer have a history of disruptive behavior that is not a current problem (including if chemically controlled)? OR Does the behavior not occur or occurs at a level not needing intervention? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Intensity of Intervention

Intensity of intervention measures the level of effort and physical involvement used to stop or prevent the disruptive behavior.

NOTE If more than one intervention is used, score based on the one that is used most often.

Step	Action
1	Does the customer require physical intervention or restraints, including chemical restraints? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2. NOTE If a chemical restraint is used, confirm that it is prescribed specifically for this behavior. If it is not, continue to step 2.
2	Can the customer be verbally redirected with difficulty? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Can the customer be verbally redirected easily? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.

4	Does the customer not require intervention? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Example 1:

Frequency: Score of 3

The customer is diagnosed with obsessive-compulsive disorder (OCD) and has a morning routine that she needs to complete in a specific order. For example, she needs to brush her hair exactly 200 strokes. If she loses count or hears someone talking during the time that she is brushing her hair, she will start over. If a family member tells her that she is going to be late for school, she will yell and cry and say she cannot go until she is done and must start all over. This behavior is disruptive to the customer and the other members of her family because they are often late to appointments, work, and school. This behavior happens every morning.

Intervention: Score of a 1

The customer's family knows the exact time that the customer starts to brush her hair, and they know how long it usually takes her. They have created a time schedule and allow an extra 15 minutes for her to complete this task. They also are quiet during this time so that the customer is not disrupted. The customer still yells and cries every morning and is often late for school. But when the family reminds her to stick to her schedule, she stops crying and takes responsibility for her behavior.

Example 2:

Frequency: Score of 2

The customer moved into a group home two months ago. The staff report that the customer is diagnosed with schizophrenia. The staff said that the customer hides her soiled clothing after incontinent episodes three times a week. They have found soiled clothing in the pantry, refrigerator, bathroom cabinets, and under her bed causing health concerns for the other residents and staff. The residents, staff, and visitors have complained of the home smelling badly because of this. When the soiled clothing is found, the staff must immediately stop what they are doing to disinfect the area.

Intervention: Score of 3

The staff reported this behavior to the customer's psychiatrist shortly after she moved in. The psychiatrist prescribed a daily dose of Haldol to reduce the behavior. The staff report that the behavior was happening daily when the customer first moved in, but as soon as she started taking the medication it has reduced to three times a week.

Example 3:

Frequency: Score of 1

The customer is diagnosed with Alzheimer's disease and lives in a nursing home. Approximately, three times a month he makes sexually explicit and inappropriate remarks to the female residents. The women tell him to stop, but when they do the customer laughs and continues to make inappropriate remarks. The female residents have told the staff that this behavior makes them feel very uncomfortable. The behavior always happens during scheduled group movie time.

Intervention: Score of 2

During the group movie time, the staff watch the customer closely and confront him immediately after he starts making inappropriate comments. The staff ask him to apologize to the women, but he refuses and says, "it's a free country." The staff

eventually stop the argument by redirecting him verbally three to five times before he complies.

Example 4:

Frequency: Score of 0

The customer moved into a skilled nursing facility four months ago. He is diagnosed with Huntington's disease. The staff reports that when the customer first was transferred to the SNF he would have loud conversations and laugh hysterically with his imaginary friend. It happened every night and woke up the other residents in the facility.

Intervention: Score of 3

The nurse reports that shortly after the customer's admission he was prescribed Seroquel, taken before bedtime, to help him sleep and reduce hallucinations associated with Huntington's disease. He now sleeps through the night and no longer wakes other residents.

Â

Â

Medical Assessment

Introduction

In this chapter, you will learn about:

• Medical conditions

• Medications

• Services/Treatments

For each section in this chapter, you will find:

• An overview of the topic

• Definitions

• Other helpful information

Â

Â

Medical Conditions Battery

Overview

This section is used to record the diagnoses and medical conditions that impact the customer’s current:

• ADL status

• Cognitive status

• Mood and behavior status

• Medical treatments

• Skilled nursing care

• Risk of death

The medical conditions categories are:

• Hematologic/ Oncologic

• Cardiovascular

• Musculoskeletal

• Respiratory

• Metabolic

• Neurological

• Genitourinary

• Gastrointestinal

• Ophthalmologic/ EENT

• Psychiatric

• Current Skin Conditions

Things to Keep in Mind When Adding a Medical Condition in HEAplus:

• Review each category of medical conditions listed in HEAplus to ensure that no significant diagnoses are left out.

• Do not add inactive or historical diagnoses here. Add the information in the Summary if needed.

• If a specific diagnosis is not found in HEAplus but is the same or basically the same as one of the listed medical conditions, select the listed condition and note the difference in the comments. Examples: If the diagnosis is Lou Gehrig's disease, select Amyotrophic Lateral Sclerosis - ALS. If the diagnosis is quadriplegia, select Paralysis.

• It is very important to carefully evaluate and document any condition that may relate to Paralysis or Neurocognitive Disorder since these conditions affect the PAS score.

• Select up to three major diagnoses. Major diagnoses are those that require the most resources and significantly impact the need for long-term care. In some cases, there may be only one or two major diagnoses.

- To qualify for ALTCS, a customer must have a non-psychiatric medical condition or developmental disability that by itself or combined with other medical conditions, places the person at risk of institutionalization.
- Verify diagnoses and medical conditions with medical documentation from the provider or electronic health record sources. Do NOT use verbal verification unless records have been requested from all sources and all attempts have been unsuccessful.
- Medical records MUST be requested for each PAS and every PAS type - initials, reassessments, private request, posthumous, and prior quarter PAS.

Â

Â

Hematologic/Oncologic

Overview

Hematologic conditions are disorders of the blood and blood-forming organs. Oncologic conditions are disorders relating to tumors, malignant or benign. These conditions are listed and defined in the definitions section below.

Definitions

Conditions listed in HEAplus	Definition	Related Conditions
Anemia	A condition marked by a lack of healthy red blood cells to carry enough oxygen to the body's tissues. Symptoms include feeling tired and weak.	• Anemia of chronic disease • B12 or Folic Acid deficiency • Hemolytic anemias • Iron deficiency • Neutropenia • Pernicious • Sickle cell • Thrombocytopenia
Solid Cancers: Cancer of an organ or body part	Abnormal cellular growths in "solid" organs such as the breast or prostate.	• Basal cell • Malignancy • Multiple Myeloma (MM) • Neoplasms (malignant) • Sarcomas
Leukemia	Cancer of blood-forming tissues, including the bone marrow and the lymphatic system.	• Acute leukemia • Chronic leukemia • Myelodysplastic Syndrome (MDS)
Lymphoma	Cancer of the lymph nodes.	• Hodgkin's lymphoma • Non-Hodgkin's lymphoma • Multiple myeloma

Human Immunodeficiency Virus (HIV)	A virus that attacks the body's immune system. There is currently no cure.	• HIV-1 • HIV-2
Acquired Immune Deficiency Syndrome (AIDS)	A disease caused by HIV with an increased risk for developing certain cancers and infections due to a weakened immune system.	• AIDS – Related Complex (ARC)
Cytomegalovirus (CMV)	A type of herpesvirus that can cause damage to various body systems in people with weakened immune systems and newborns.	• Congenital CMV Infection
Edema	Swelling caused by injury or inflammation. It can affect a small area or the entire body	Types of edema include: • Peripheral edema • Pedal edema • Lymphedema • Pulmonary edema • Cerebral edema • Macular edema NOTE The type of edema diagnosed must be documented in the comment section.

Â

Â

Cardiovascular

Overview

Cardiovascular conditions are disorders of the heart and blood vessels. The cardiovascular conditions in HEAplus are listed and defined in the definitions section

Definitions

Condition listed in HEAplus	Definition	Related Conditions
Angina - Chest Pain	A type of chest pain caused by reduced blood flow to the heart.	Angina Pectoris
Atherosclerotic Heart Disease (ASHD)	The build-up of fats, cholesterol, and other substances in and on the artery walls.	• Arteriosclerotic Cardiovascular Disease (ASCVD) • Aortic arteriosclerosis • Atherosclerotic heart disease • Cardiomegaly • Cardiomyopathy • Coronary artery disease (CAD)
Congestive Heart Failure (CHF)	A weakness of the heart that leads to buildup of fluid in the lungs and surrounding body tissues.	• Heart Failure • Pulmonary Edema
Myocardial Infarction (MI)	Another term for heart attack. A blockage of blood flow to the heart muscle.	• Cardiogenic Shock • Heart Attack
Hypertension (HTN)	Also called high blood pressure. A condition in which the force of the blood against the artery walls is high enough long-term that it may cause health problems, such as heart disease.	• Arterial Hypertension • Cor Pulmonale • Essential Hypertension • Pulmonary Hypertension • Renovascular Hypertension

Hypotension	Blood pressure that is below the normal for an individual. This means the heart, brain, and other parts of the body do not get enough blood.	• Orthostatic Hypotension • Postural Hypotension • Postprandial Hypotension • Neurally Mediated Hypotension • Multiple System Atrophy with Orthostatic Hypotension
Peripheral Vascular Disease (PVD)	A slow, progressive circulation disorder. Narrowing, blockage or spasms in a blood vessel can cause PVD. PVD can affect any blood vessel outside of the heart including the arteries, veins, or lymphatic vessels.	• Arteriosclerotic Vascular Disease • Buerger's Disease • Deep Venous Thrombosis (DVT) • Gangrene • Intermittent Claudication • Neuropathy • Polyneuropathy • Peripheral Insufficiency • Phlebitis • Raynaud's Disease • Statis Dermatitis • Thrombophlebitis • Varicose Veins • Venous Stasis

Cardiac Arrhythmia	An abnormal heart rhythm. Heart rhythm problems occur when the electrical impulses coordinating the heartbeat do not work properly, causing the heart to beat too fast, too slow, or irregularly.	• Atrial Fibrillation (A-Fib) • Atrial Flutter • AV Block • Bradycardia • Bundle Branch Block (BBB) • Heart Block (1st Degree, 2nd Degree, Complete) • Paroxysmal Atrial Tachycardia (PAT) • Premature Atrial Contraction (PAC) • Premature Ventricular Contraction (PVC) • Sick Sinus Syndrome • Sinus Tachycardia • Supraventricular Tachycardia (SVT) • Tachycardia • Ventricular Fibrillation (V-Fib)
Syncope	Fainting or passing out caused by a temporary drop in the amount of blood that flows to the brain.	• Vasovagal Syncope • Neurocardiogenic Syncope

Â

Â

Musculoskeletal

Overview

Musculoskeletal conditions are related to muscles, bones, and connective tissue. These conditions are described in the table below:

Conditions listed in HEAplus	Definition	Associated and Related Conditions
Amputation	Surgically cutting off a limb	• Above the Knee Amputation (AKA) • Below the Knee Amputation (BKA)
Arthritis	Inflammation or degeneration of joints. A joint is where two bones meet. There are more than 100 different types of arthritis.	• Ankylosing Spondylitis • Fibromyositis • Gout • Infectious Arthritis • Lupus • Myelopathy • Psoriatic Arthritis • Reiter's Syndrome • Rheumatoid Arthritis (RA) • Scleroderma
Degenerative Joint Disease (DJD)	This type of arthritis causes inflammation, breakdown, and loss of the cartilage in the joints.	• Degenerative Disc Disease • Osteoarthritis
Osteoarthritis	Same as DJD above.	Degenerative Joint Disease (DJD)
Fracture	A complete or partial break of the bone. When the broken bone punctures the skin, it is an "open" or compound fracture.	

Joint Replacement	Surgery that removes damaged or diseased parts of a joint and replaces them with man-made parts.	
Muscular Dystrophy	A group of genetic diseases characterized by progressive weakness and degeneration of the muscles which control movement.	• Duchenne's (Pseudohypertrophic) • Becker Muscular Dystrophy • Erb's Atrophy • Landouzy-Dejerine • Primary Lateral Sclerosis • Spinal Muscular Atrophy
Osteoporosis	A decrease in bone mineral density and bone mass, or a change in the quality of the bone.	Osteopenia
Contracture	A permanent tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff.	
Lower Back Pain	A common, painful condition affecting the lower area of the spine.	• Spondylolisthesis • Spondylolysis • Back ache
Paralysis	The loss of the ability to move, and sometimes feeling in part or most of the body. Paralysis typically occurs because of illness, poison, or injury.	• Hemiplegia – paralysis on one side of the body • Paraplegia – paralysis of the legs and lower body • Quadriplegia – paralysis of all four limbs; tetraplegia
Paralytic Syndrome	See paralysis above.	
Spina Bifida with Hydrocephalus	A birth defect in which part of the spinal cord is exposed through a gap in the backbone. It can cause paralysis of the lower limbs, and cognitive impairment. Hydrocephalus is a condition in which fluid accumulates in the brain.	

Spina Bifida without Hydrocephalus	A birth defect in which part of the spinal cord is exposed through a gap in the backbone. It can cause paralysis of the lower limbs, and cognitive impairment.	
Osteomyelitis	An inflammation of the fatty tissues of the bone. It is caused by an infection of the bone or joint.	
Disorder of Muscle	Any unspecified disorder of the muscle not related to other musculoskeletal conditions.	
Muscle Weakness	Weakness of the muscles not related to any other musculoskeletal condition.	• Paresis • Diparesis • Double Hemiparesis • Hemiparesis • Monoparesis • Paraparesis • Pentapareis • Quadripareis • Triparesis
Abnormality of gait and mobility	A deviation from standard or typical gait and mobility for an average person. This may be due to injuries, vision or inner ear problems, illness, or problems with the legs and feet, to name a few.	
Arthrogryposis	A term used to describe a variety of conditions involving multiple joint contractures.	Arthrogryposis multiplex congenita (AMC)
Multiplex Congenita	See Arthrogryposis.	

When to make Paralysis a Major Diagnosis

Paralysis is a scored medical condition (0 - 6.5 points). Follow the steps below to determine whether Paralysis should be indicated as a major diagnosis.

Step	Action
1	Does the customer have a diagnosis of paralysis that: • Is one of the main reasons they need ADL assistance? OR • Requires a significant amount of services, such as medical or nursing services, to help the customer? ◦ If YES, STOP. Add Paralysis as a medical condition and select “Yes” to “Is this a major diagnosis?” ◦ If No, continue to Step 2.
2	Does the customer have a diagnosis of Paralysis, that is NOT one of the main reasons they need ADL assistance AND does NOT use a significant amount of resources? • If YES, STOP. Add Paralysis as a medical condition and select “No” to “Is this a major diagnosis?” • If NO, STOP. Do not add paralysis as a medical condition.

Definitions

Term	Definition
Paralysis	The complete loss of motor function, where the customer is unable to move the affected body region in any capacity. The paralyzed muscle groups will not contract or fire, and even a flicker of activation is unable to be seen. This typically occurs because of damage to the brain, spinal cord, or nerves, each of which helps initiate movement by relaying messages to the muscles.
Paresis	A condition that causes weakness in an area of the body, like an arm or leg. While this condition can make an area of the body difficult or fatiguing to move, there is still some motor function present.

Â

Â

Respiratory

Overview

Respiratory conditions are related to the act of breathing and involve the nose, trachea, lungs, and air passages. Respiratory conditions are listed and described in the definitions section below.

Definitions

Conditions listed in HEAplus	Definition	Related Conditions
Asthma	Spasms in the bronchi of the lungs, making it hard to breathe. Asthma usually results from an allergic reaction.	• Bronchial Asthma • Reactive Airway Disease (RAD)
Emphysema	A lung condition that causes shortness of breath.	• Chronic Obstructive Lung Disease (COLD or CLD)
Chronic Obstructive Pulmonary Disease (COPD)	A chronic lung disease where inflammation reduces airflow in the lungs, difficulty breathing, cough, mucus production, and wheezing.	
Bronchitis	An infection of the main airways of the lungs, causing them to become irritated and inflamed.	• Chronic Bronchitis • Bronchiolitis
Pneumonia	An infection of the air sacs of the lungs.	Types of pneumonia include: • Aspiration Pneumonia • Bacterial Pneumonia • Bronchopneumonia • Interstitial Pneumonia • Lobar Pneumonia • Pneumocystis Carinii Pneumonia (PCP) • Segmental Pneumonia • Viral Pneumonia

Tuberculosis	An infectious bacterial disease that mainly affects the lungs.	
Respiratory Failure	A condition in which blood does not have enough oxygen or has too much carbon dioxide. The lack of oxygen causes the organs to not function properly.	• Anoxia • Apnea • Asphyxia • Hypoxia • Respiratory Insufficiency
Coccidiomycosis (Valley Fever)	A fungal disease of the lungs and other tissues, typically found in the warmer, arid regions of America.	
Allergic Rhinitis	An allergic response to specific allergens. Pollen is the most common allergen in allergic rhinitis.	• Hay Fever
Allergies	A condition in which the immune system reacts abnormally to a foreign substance.	
Pulmonary Fibrosis	A disease that causes damage and scarring of the lung tissue. This thickens the tissue and makes it more difficult for the lungs to work.	
Respiratory Syncytial Virus (RSV)	A common respiratory virus that usually causes mild, cold-like symptoms. RSV can be serious, especially for infants and older adults.	

Â

Â

Metabolic

Overview

Metabolic conditions are related to physical and chemical changes in the body, including endocrine disorders and electrolyte imbalances. Metabolic conditions are listed and described in the Definitions section below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Diabetes Mellitus Type I	A condition in which the pancreas produces little or no insulin.	• Diabetic nephropathy • Diabetic neuropathy • Insipidus • Insulin Dependent (IDDM) • Mellitus • Non-Insulin Dependent (NIDDM)
Diabetes Mellitus Type II	A condition in which the body does not use insulin the way it should, resulting in high blood sugar levels.	
Hypothyroidism	A condition in which the thyroid gland does not produce enough of certain crucial hormones.	• Hashimoto's Disease • Myxedema
Hyperthyroidism	A condition in which the thyroid gland produces too much of the hormone thyroxine.	• Basedow's Disease • Graves' Disease (Toxic Diffuse Goiter) • Plummer's (Parry's) Disease

Electrolyte Imbalance	A disorder caused by the electrolyte levels in the blood being too high or too low.	• Dehydration • Hyper/Hypo-Calcemia • Hyper/Hypo-Chloride • Hyper/Hypo-Kalemia • Hyper/Hypo-Magnesium • Hyper/Hypo-Natremia • Malnutrition • SIADH
Hyperlipidemia	A common condition in which there are high levels of fat particles in the blood.	• High cholesterol • Elevated lipids or triglycerides • Hypercholesterolemia
Hepatitis	Inflammation of the liver.	
Weight Loss	A reduction of the total body mass, due to a loss of fluid, body fat or lean mass, like bone, muscle, and connective tissue.	Cachexia
Obesity	An excessive amount of body fat.	

Cushing’s Syndrome	A disorder in which the body makes too much cortisol over a long period of time. Symptoms include: Weight gain and fatty deposits; especially in the torso, face, and between the shoulders Purple stretch marks on the breasts, arms, abdomen, and thighs Thinning skin that bruises easily Skin injuries that are slow to heal Acne Fatigue Muscle weakness	

Documentation

When the customer has Diabetes Mellitus Type I or II, include the customer’s A1C results and document blood sugar measurements, including frequency, range, and who performs the testing, in the comments.

Â

Â

Neurological

Overview

Neurological conditions are disorders of the brain or nervous system. These conditions are listed and described in the table below:

Definitions

Conditions listed in HEAplus	Definition	Associated and Related Conditions
Neurocognitive Disorder	A general term for decreased mental function due to a medical condition other than a psychiatric condition. There are several neurological tests and clinical assessments that may be used to diagnose NCD.	• AIDS Dementia Complex • Alper's Disease (Grey Matter Degeneration) • Alzheimer's Disease • Arteriosclerotic Dementia (Vascular Dementia) • Degenerative Dementia • Frontotemporal Dementia • Jakob-Creutzfeldt Disease • Korsakoff's Syndrome • Lewy Body Dementia • Multi-Infarct Dementia • Normal Pressure Hydrocephalus • Pre-senile Dementia (Pick's Disease) • Progressive Dementia
Polio	A disease caused by the polio virus that can infect a person's spinal cord, causing paralysis or death.	• Acute Anterior Poliomyelitis • Poliomyelitis (Infantile, Paralytic, and Nonparalytic) • Post-Polio Syndrome
Seizure Disorder	A disorder in which nerve cell activity in the brain is disturbed, causing seizures.	• Epilepsy • Infantile Spasms • Landau-Kleffner Syndrome • Status Epilepticus

Cerebral Palsy (CP)	Impaired coordination (spastic paralysis), typically caused by damage to the brain before or during birth.	Types of CP include: • Athetoid • Congenital • Diplegia • Infantile Quadriparesis
Autism	A developmental disorder characterized by difficulty in social interaction and communication, and by restricted or repetitive patterns of thought and behavior.	• Asperger's Syndrome • Autistic-Like Behaviors • Autistic Spectrum • Infantile Autism • Kanner's Syndrome • Pervasive Developmental Disorder • Rhett's Disorder
Intellectual Cognitive Disability	A developmental disorder characterized by diminished cognitive and adaptive development.	• Borderline Intelligence • Borderline Intellectual Functioning • Intellectual Developmental Disability I/DD)
Encephalopathy	A broad term for any brain disease that alters brain function or structure. Causes include infection, tumor, and stroke.	Types of Encephalopathy • Hepatic • Metabolic • Uremic • Wernicke
Stroke	Same as CVA	Same as CVA
Cerebrovascular Accident (CVA)	The sudden death of brain cells due to lack of oxygen when the blood flow to the brain is impaired.	• Cerebral Hemorrhage • Cerebral Infarction • Ischemic Stroke
Transient Ischemic Attack (TIA)	A temporary blockage of blood flow to the brain.	Mini stroke
Parkinson's Disease	A progressive brain disorder that leads to shaking, stiffness, and difficulty with walking, balance, and coordination.	• Paralysis Agitans • Shaking Palsy

Multiple Sclerosis (MS)	A disease where the immune system attacks the protective covering of the nerves. Symptoms vary, but can include numbness, weakness, lack of coordination, vision problems, fatigue, and dizziness. There are three types of MS: • Relapsing/Remitting • Secondary Progressive • Primary Progressive	• Demyelinating Disease of the Central Nervous System • Disseminated Sclerosis • Optic Neuromyelitis
Amyotrophic Lateral Sclerosis (ALS)	A progressive neurodegenerative disease that affects nerve cells in the brain and the spinal cord, causing loss of muscle control.	• Lou Gehrig's Disease • Progressive Bulbar Palsy (PBP)
Head Trauma	Damage to the brain, skull, or scalp caused by injury. The type of head trauma depends on the kind of injury, the part of the head damaged, and how severe the damage is.	• Cerebral Contusion • Closed Head Injury (CHI) • Concussion • Skull Fracture • Traumatic Brain Injury (TBI)
Huntington's Chorea	An inherited condition where nerve cells in the brain break down over time.	Huntington's Disease
Age Related Cognitive Decline	A condition caused by the loss of brain matter due to aging.	
Hydrocephalus, Obstructive	A buildup of fluid deep within the brain that can cause brain damage.	
Non-Traumatic (spontaneous) Intracranial Hemorrhage	Bleeding within the brain tissue that is not caused by a physical injury.	
Organic Mental Disorder	Decrease in brain function caused by injury, disease, chemical or hormonal abnormalities, exposure to toxins or abnormal changes associated with aging.	

Tourette's Syndrome	A disorder causing repetitive movements or unwanted sounds that cannot be easily controlled. Examples include repeated eye blinking, shrugging, or blurting out unusual sounds or offensive words.	
Idiopathic Orofacial Dystonia	A disorder causing involuntary muscle contractions of the face, jaw, and tongue that interfere with opening and closing the mouth and may affect chewing and speech.	
Migraine	A type of headache. Symptoms include pain, nausea, vomiting, and sensitivity to light and sound.	
Neurofibromatosis	A disorder of the nervous system causing tumors to grow on nerves.	
Spasms	A sudden involuntary contraction of a muscle, a group of muscles, or a hollow organ like the bladder.	
Ataxia	A lack of muscle coordination when a voluntary movement is attempted. It affects motions that require muscles to work together, like walking, picking up an object, and swallowing.	Types of Ataxia include: • Cerebellum Ataxia • Sensory Ataxia • Vestibular Ataxia
Coma	A state of prolonged unconsciousness. Some causes include traumatic head injury, stroke, brain tumor, or an underlying illness, such as diabetes or an infection.	
Convulsion	An involuntary contraction of the muscles most often seen with certain seizure disorders. Some causes include fever, meningitis, drug or alcohol abuse, poisoning, hypoglycemia, and head injury.	

Aphasia	Loss of ability to speak, write, or understand both verbal and written language. It is caused by damage to the part of the brain that controls language expression and comprehension.	Types of Aphasia include: • Broca's Aphasia • Wernicke's Aphasia • Global Aphasia
Dysphasia	A partial loss of ability to speak, write and understand both verbal and written language.	
Generalized Pain	Unpleasant sensations indicating potential or actual physical damage felt all over or throughout the body.	Fibromyalgia Reflex sympathetic dystrophy syndrome Complex regional pain syndrome
Tremor	Involuntary shaking or movement, ranging from slight to severe, commonly affecting hands, legs, face, head, or vocal cords.	

When to make Neurocognitive Disorder (NCD) a Major Diagnosis

NCD is a scored medical condition (0 or 20 points). When identified as a major diagnosis, it adds 20 points to the total score. Since this one condition can mean the difference between a person scoring eligible or not even within the physician review threshold, accurate scoring is very important.

NOTE Being prescribed medication for memory loss or dementia does NOT by itself warrant adding NCD as a major diagnosis.

Follow the steps below to determine when to list NCD as a major diagnosis. For these steps, documentation of decline in cognitive function and impact on the customer's orientation, communication, behaviors, or ADLs can include reports from a relative or caregiver.

Step	Action

1	Review the customer's file and all available medical records. Does the customer have ALL the following? • An NCD diagnosis from a clinician; • Documentation of a significant decline in cognitive function and performance; • Documentation that the impact on the customer's orientation, communication, behaviors, or ADLs interferes with independence in everyday activities; AND is NOT better explained by psychiatric condition, delirium, or substance-induced intoxication. • If YES, STOP. Add NCD as a medical condition and select "Yes" to "Is this a major diagnosis?" • If NO, continue to Step 2.
2	Does the customer have ALL the following: • An NCD diagnosis from a clinician; • Documentation of a significant decline in cognitive function and performance; • Documentation that the impact on the customer's orientation, communication, behaviors, or ADLs interferes with independence in everyday activities; AND • A psychiatric diagnosis that may be causing or contributing to the impact on the customer's orientation, communication, behaviors, or ADLs. • If YES, STOP. Add NCD AND the psychiatric condition as medical conditions and select "Yes" to "Is this a major diagnosis?" for both. • If NO. Continue to Step 3.
3	Does the customer have a NCD diagnosis from a clinician, BUT the decline in cognitive function and performance is modest and does not interfere with the customer's ability to be independent in everyday activities? • If YES, STOP. Add NCD as a medical condition and select "No" to "Is this a major diagnosis?" • If NO, STOP. Do not add NCD as a medical condition.

Definitions

Term	Definition
Clinician	A doctor having direct contact with and responsibility for patients. This includes a primary care physician (PCP).

NCD diagnosis	The process of a clinician identifying a neurocognitive condition from its signs and symptoms. The standard diagnostic process includes: • Reviewing the patient history; • Conducting neuropsychological testing or clinical assessments, and physical examinations; • Other laboratory tests or imaging studies as needed to determine a specific NCD.
Neuropsychological testing and clinical assessments	Standardized, measurable testing of neurological function. Some examples include: • MMSE, • MoCA, • SLUMS, • MRI or CT scan, • Neuropsychological evaluation, • PET Scan. NOTE While having a copy of these test results is not required, the outcomes of the tests should be referenced in the clinician's documentation of the NCD diagnosis. If the NCD diagnosis records do not reference the testing or clinical assessment, review the case with your Benefits and Eligibility Manager.

Â

Â

Genitourinary

Overview

Genitourinary conditions are disorders related to the genitals and urinary system including the kidneys. Genitourinary conditions are listed and described in the definitions section below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Urinary Tract Infection (UTI)	An infection in any part of the urinary system, including the kidneys, ureters, bladder, and urethra.	• Cystitis • Hydronephrosis • Pyelonephritis • Urosepsis
Chronic Renal Failure/ Insufficiency (CRF/ CRI)	A decrease in the kidneys' ability to filter waste and fluid from the blood.	• Chronic Kidney Disease (CKD) • End-Stage Renal Disease (ESRD) • Kidney Failure
Benign Prostatic Hypertrophy (BPH)	An enlarged prostate gland, which causes urinary symptoms, such as a weak stream, dribbling, and frequent urinary urges.	
Neurogenic Bladder	A lack of bladder control due to a problem with the nervous system.	
Urinary Incontinence	Loss of bladder control.	Stress Incontinence

Â

Â

Gastrointestinal

Overview

Gastrointestinal conditions are related to the stomach, intestines, and related structures, like the esophagus, liver, gall bladder and pancreas. These conditions are listed and described in the definitions section below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Ulcers	Sores on the lining of the stomach, small intestine or esophagus.	• Duodenal ulcer • Gastric ulcer • Gastritis • Gastro-Intestinal Bleed (GI Bleed) • GERD • Peptic ulcer disease (PUD)
Hernia	An organ or fatty tissue has pushed through a weak spot in the surrounding muscle or connective tissue that normally contains it.	• Hiatal hernia • Inguinal hernia • Umbilical hernia
Colitis	Inflammation of the inner lining of the colon.	• Amebic colitis • Chronic Diarrhea • Crohn’s Disease • Ulcerative colitis
Irritable Bowel Syndrome (IBS)	A disorder of the large intestine commonly marked by abdominal pain, bloating, and changes in bowel habits.	• Diverticulitis • Diverticulosis • Dumping Syndrome • Spastic Colon
Cirrhosis	Scarring of the liver that reduces liver function and can lead to liver failure.	• Alcoholic Liver Disease • Biliary Cirrhosis • ESLD - End Stage Liver Disease

Constipation	A condition in which a person has fewer than three bowel movements a week and stools are difficult to pass.	Obstipation
Intestinal Obstruction	A blockage of the small or large intestine, preventing the passage of fluids and digested food.	• Bowel Obstruction • Ileus

Â

Â

Ophthalmologic/EENT

Overview

Ophthalmologic conditions are related to the eyes. EENT conditions are related to the eyes, ears, nose, and throat. Ophthalmologic and EENT conditions are listed and described in the definitions section below.

Definitions

Conditions listed in HEAplus	Definition	Associated and Related Conditions
Blindness	A lack of vision or a loss of vision that cannot be corrected with glasses or contact lenses. Blindness may be partial or complete. Partial blindness is very limited vision in one or both eyes. Complete blindness means a person has no vision and cannot see light.	• Monocular vision (blindness in only one eye) • Legal Blindness (20/200 vision or less in the better eye with the use of assistive devices)
Cataract	A cloudy area in the lens of the eye that leads to a decrease in vision.	
Glaucoma	A condition of increased pressure within the eyeball, causing gradual loss of sight.	
Hearing Deficit	Total or partial inability to hear sounds.	• Deafness • Hearing Impairment
Macular Degeneration	A condition affecting the central part of the retina that causes distortion and loss of central vision.	• Age-related Macular Degeneration
Diabetic Retinopathy	A condition caused by diabetes, damaging the blood vessels of the retina.	

Dizziness and Giddiness	A feeling of being unbalanced and lightheaded.	
Vertigo	A sensation of being off balance that may cause a person to feel like they or the environment around them is moving or spinning.	

Â

Â

Psychiatric

Overview

Psychiatric conditions are related to the mind and mind processes.

A non-psychiatric medical condition or developmental disability that impacts the need for long term care is needed to qualify for ALTCS eligibility.

IMPORTANT:

When the PAS scores eligible without a major non-psychiatric diagnosis, the PAS must be sent to physician review.

Psychiatric conditions include:

Psychiatric Conditions listed in HEAplus	Associated and Related Conditions
Major Depression	• Major Depressive Disorder • Clinical Depression
Depressive Episodes	• Adjustment Disorder • Situational Depression
Bipolar Disorder	• Manic-Depressive Disorder • Mood Disorder
Schizophrenia	Types of Schizophrenia are: • Catatonic • Hebephrenic • Paranoid • Simple • Schizoaffective Disorder • Undifferentiated
Alcohol Abuse	Alcohol Dependence
Drug Abuse	• Illegal substances • Prescription medications

Behavior Disorder	• Attention Deficit Disorder (ADD) • Attention Deficit/Hyperactivity disorder (ADHD) • Conduct Disorder • Impulse Control Disorder • Intermittent Explosive Disorder • Oppositional Defiant Disorder
Anxiety	• Generalized Anxiety Disorder • Panic Disorder • Agoraphobia • Social Anxiety • Selective Mutism • Separation Anxiety
Disorientation	Altered mental state
Obsessive Compulsive Disorder (OCD)	Types of OCD are: • Contamination • Perfection • Doubt/harm • Forbidden thoughts
Non-psychotic mental disorder	• PTSD • Neurosis
Failure to Thrive	Geriatric Failure to Thrive

When to make a Psychiatric Condition a Major Diagnosis:

Follow the steps below to determine whether the psychiatric condition should be indicated as a major diagnosis.

Step	Action
1	Does the customer have a psychiatric condition that by itself, causes a need for caregiving from others or interferes with self-care? • If YES, STOP. Include the psychiatric diagnosis as a Major Diagnosis. • If NO, continue to step 2.

2	Does the customer have both psychiatric and non-psychiatric conditions and it is not possible to determine whether the need for caregiving is caused by the psychiatric condition? • If YES, STOP. Include the psychiatric diagnosis as a Major Diagnosis. • If No, continue to step 3.
3	Does the customer have a psychiatric condition that does NOT cause a need for caregiving from others or interfere with self-care? • If YES, STOP. Do NOT include the psychiatric diagnosis as a Major Diagnosis. • If NO, the customer meets some scoring criteria above, go back to step 1.

Examples

The following examples only provide guidance on when to make a psychiatric condition a major diagnosis. They do not cover every possible situation.

Example 1:

The customer's psychiatric condition causes a need for caregiving or interferes with self-care:

The customer's spouse reports that the customer is diagnosed with Obsessive Compulsive Disorder. He refuses to put his feet on the floor because he says he will be contaminated with germs. His wife reports that he uses a wheelchair for all mobility to avoid having his feet touch the floor. To get him into the wheelchair, she has to place Lysol wipes on the footrest each time. She then places a foot stool with disinfectant wipes next to the bed. She holds his arm while he steps on the stool because he is afraid of falling and touching the floor. His wife reports that the customer does not have any physical limitations that prevent him from transferring or walking.

Explanation: The need for help is based solely on the customer's diagnosis of OCD. Include the psychiatric condition as a Major Diagnosis.

Example 2:

The customer needs caregiving because of either a psychiatric or medical condition:

The customer is in an assisted living facility. The customer is diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Bipolar Disorder. The staff member reports that she resists changing her clothes and taking a shower daily. When the staff member asks her what is keeping her from changing her clothes and showering, she says, "I'm tired, leave me alone." The staff member is not sure if she is tired because of COPD, or if she is being resistive due to her diagnosis of Bipolar Disorder.

Explanation: It is not possible to determine which condition is causing the behavior. Since it could be the psychiatric condition, include it as a Major Diagnosis.

Example 3:

The customer has a psychiatric condition that does NOT cause a need for caregiving:

The customer is receiving hospice care for terminal cancer. She is also diagnosed with Major Depressive Disorder. The nurse reports, the customer is showing physical signs of approaching death and is extremely weak and exhausted. She is unable to eat and has lost 15 pounds in the past month. She does not have the energy to complete any of her ADLs. She receives hands-on assistance for all ADLs based solely on her medical condition.

Explanation: The diagnosis of Major Depressive Disorder does not cause a need for help from the caregiver. The need for help is caused by her medical condition. Do NOT include the psychiatric condition as a Major Diagnosis.

Â

Â

Current Skin Conditions

Overview

Skin conditions are diseases and disorders related to the skin on any or all parts of the body. The conditions in this part of the PAS are described in the section below.

Skin Conditions

Conditions listed in HEAplus	Definition	Associated and Related Conditions
Cellulitis	A bacterial skin infection causing red, swollen skin that is typically painful and warm to the touch.	Cutaneous Abscess
Pressure Ulcers	Injuries to the skin and tissue underneath, mainly caused by prolonged pressure on the skin.	• Bed Sore • Decubitus • Diabetic Ulcer • Pressure Sore
Stasis Ulcers	A breakdown of the skin caused by fluid build-up in the skin from poor vein function.	
Zoster without complications	A blistering, painful rash caused by the virus that remains in the nerve cells after a person has had chickenpox.	Shingles
Methicillin Resistant Staph Aureus (MRSA)	A highly contagious infection caused by staphylococcus bacteria that is resistant to commonly used antibiotics.	Hospital Acquired MRSA (HA-MRSA)
Bacterial Infection	An illness or injury caused by harmful bacteria on or inside any area of the body.	

Documenting Skin Ulcers

When the customer has or had pressure ulcers or stasis ulcers, see the table below for details needed on the Current Skin Conditions screen.

Ulcer Type...	**Then...**
Pressure Ulcers	Complete the following: • Comments, including the size and location of the ulcer; • History of Skin Ulcers; • Pressure Ulcer (description); and • Number of current Pressure Ulcer(s).
Stasis Ulcers	Complete the following: • Comments, including the size and location of the ulcer; • Answer the History of Skin Ulcers question.

Â

Â

Medications

Overview

The Medications page is used to gather information about whether the customer:

• Needs help with medications;

• Is on a therapeutic diet;

• Is allergic to any medications;

• Takes insulin; and

• Takes medication or treatments.

NOTE When the customer is in a facility, review the physician's order list for current medications and treatments. If the PAS interview is in-the customer's home, ask to see prescription containers and copy the information from the labels.

Completing the Medications Page

See the table below for best practices completing the questions on this page.

For	Then
Needs help with Medications	Select "Yes" when the customer gets help with medication, like setting up a medication box, reminders or being given the medication by someone else. Select "No" when the customer safely takes medications without any help. Describe any help given to the customer in the comments section.
Therapeutic Diet	Select "Yes" when a physician has prescribed a specific diet based on the customer's medical condition. Otherwise, select "No." Add a description of any specific diet needs. For example: • Consistency needs, such as needing the food to be soft or pureed; • Level of nutrients, such as an 1800 calorie per day diabetic diet for the customer; • Amount of fluids, such as a fluid restricted diet of 1,500 ml per day; • Number of meals per day; or • Food limitations, such as no wheat or dairy products.

Medical Allergies	Select “Yes” when the customer is allergic to any medications. Otherwise, select “No.” When the customer has medical allergies include the names of all medications the customer is allergic to in the comments section.
Takes Insulin	Select “Yes” when the customer takes insulin. Otherwise, select “No.” When “Yes” is selected, answer the following questions. Does the customer: • Require assistance drawing up insulin? • Require assistance self-injecting insulin? • Require assistance with finger sticks? When the customer needs help in any of these three areas, enter the name of the person that helps in the “Who assists?” field.
Medications/Treatments	Enter all medications the customer currently takes. This includes medications the customer has taken in the last 30 days but has stopped taking and nonprescription medication. Enter the following information for each medication: • Name of medication or treatment; • Select how often the medication or treatment is taken from the drop-down list; • Enter the medication dosage; • Select the route of medication from the drop-down list; • Enter details in the comments section about what the medication or treatment is prescribed for, the form of the medication, and how long it will be taken, if known. NOTE If there is any difference between the prescribed dosage or frequency and what the customer actually takes, include the details in the comments. When the customer does not take any medications, select “No Medications added” and save.

Â

Â

Services and Treatments

Overview

This section is used to record services and treatments the customer is currently getting. There are times when a service may be needed but is not currently received or used. In these situations, add comments about the need and the reason the service or treatment is not being provided.

The service and treatment categories are:

• Injections/IV

• Medications/Monitoring

• Skin care

• Medications/Monitoring

• Skin care

• Feedings

• Bladder/Bowel

• Respiratory

• Therapies

• Rehabilitative Nursing

• Other Services and Treatments

Things to Keep in Mind When Adding Services and Treatments in HEAplus

- Use information from the interview, medical records, and contact with health providers to select the services and treatments the customer currently gets.
- Include ongoing services or treatments that are intermittent. For example, the customer uses a small volume nebulizer (SVN) when needed.
- Recently discontinued services or treatments can be mentioned in the PAS Summary if they are significant.
- Services and treatments may be provided by professionals, nonprofessional caregivers, by the customer, or others as appropriate.
- Use professional judgment, education and experience when assessing need for a service or treatment that is not being received and there are no supporting medical records available.
- When the customer's file shows a service or treatment is needed, but not currently being received, document the reason the customer is not getting the service or treatment. Some examples are:
  - The customer's doctor prescribed oxygen, but the customer refuses to use it because they "don't need it". Add an explanation of the need and the reason it is not received in the comment section.
  - The customer's doctor prescribed oxygen, but the customer cannot afford the coinsurance for the treatment on his own. Add an explanation of the need and the reason it is not received in the comment section.
- Include comments explaining the frequency of treatments to help identify the severity of the condition. For example, the customer has dialysis treatment three times a week, and each treatment takes 4 hours.

Â

Â

Injections/IV

Overview

This section is used to record injection or IV treatments the customer is currently receiving. The treatments are listed as:

• Intravenous Infusion Therapy; and
• Intramuscular/Subcutaneous Injections.

Include all the following information in the comments:

• The treatment the customer gets;

• The person giving the treatment;

• How often the customer gets the treatment; and

• The reason the treatment is given.

For example, the customer receives chemotherapy from their doctor every six weeks due to bladder cancer.

Definitions

Treatment listed in HEAplus	Definition
Intravenous Infusion Therapy	Inserting a needle directly into a vein to inject a fluid substance into the body. Also referred to as IV Therapy. Includes intravenous infusions and blood transfusions.
Intramuscular Injections	Use of a hypodermic syringe to inject a fluid substance into the muscle. For example, Epinephrine injections for severe allergic reactions.
Subcutaneous Injections	Use of a hypodermic syringe to inject a fluid substance beneath the skin. For example, Insulin injections to treat high blood sugar due to diabetes.

Â

Â

Medications/Monitoring

Overview

Medications and monitoring include the following:

• Drug regulation; and

• Drug administration.

1) Drug Regulation

Drug regulation is close evaluation, monitoring and adjustment of medications to ensure they are working effectively and safely. Examples of drug regulation include:

• Periodic lab tests, such as blood work to check the cholesterol for a customer on cholesterol lowering medication.

• Adjusting the medication dose or schedule based on test results or symptoms. For example, adjusting the insulin dosage based on a sliding scale or not giving the customer Lanoxin if his pulse is below 60.

• Close supervision or observation to evaluate adverse reactions, interactions, or immediate response to a drug. For example, watching for a response to chemical restraints or medication prescribed for behavior control.

NOTE Drug regulation is not routine monitoring or adjusting of medications that is normally and safely done by a nonprofessional. For example, a customer takes Tylenol for her knee pain because aspirin upsets her stomach.

2) Drug Administration

Drug administration is giving or applying medication to treat an illness or condition. This includes self-administration.

Documentation

Include the following information in the comments when known or available:

• What medication is being regulated?

• Who is regulating or administering the medication?

Â

Â

Skin care

Overview

Skin Care includes the following:

• Pressure ulcers and other ulcers;

• Ostomy care not related to the bowel or bladder; and

• Wound care.

1. Pressure ulcers and other ulcers

Select Pressure/Other Ulcers when the customer gets skin care for a skin ulcer. Examples of skin care for ulcers include:

Putting medicine, like ointment or Betadine, on the ulcer.

Covering the ulcer with protective material, like a bandage or Duoderm.

Applying heat treatment to the ulcer to aid the healing process.

Removing dead or infected skin tissue to help the ulcer heal, also known as debridement.

NOTE Skin care for ulcers includes preventive measures ordered by a physician for a customer with a history of chronic skin breakdowns that are likely to recur.

2. Ostomy care not related to the bowel or bladder

Select Non-Bowel/Bladder Ostomy Care when the customer gets care for a stoma or artificial opening that is not for the bowel or bladder. Ostomy care includes irrigation, cleaning, and bandaging. The most common example of an ostomy not for the bowel or bladder is a feeding tube, like a J-tube.

3. Wound care

Select wound care when the customer gets care for a wound or other condition that needs wound care on an ongoing basis. Injuries and conditions that may need wound care include:

• Injuries resulting in an open wound;
• Surgical incisions;
• The catheter site for Total Parenteral Nutrition (TPN);
• A porta-catheter site;
• An intravenous or infusion site;
• Peritoneal dialysis site; and
• Any stoma or opening in the skin, not covered in Sections 1 and 2 above, that needs more than routine care.

<u>Things to keep in mind about wound care</u>

Here are a few things to keep in mind when documenting wound care:

• Include the location, size, and age of the wound in the comments along with the treatment description.
• Do not select wound care when the wound has healed or the skin opening no longer needs more than routine care on the date of the PAS.

• Wound care does not apply when the skin is intact. For example, there is no wound care when the customer only has a rash or dermatitis.

Examples of wound care

There are many types of wound care. The following are just a few examples:

• Applying medicated solutions or ointments;
• Covering with gauze or bandages to help protect the wound; and
• Dialysis shunt observation.

NOTE Wound care does NOT include simple first aid measures or applying medication for skin conditions, such as acne or dry skin.

Definitions

Term	Definition and descriptions
Dialysis shunt observation	Physical and clinical evaluation of the dialysis shunt to maintain vascular access and identify complications. Observation includes: • Visual inspection for signs of bleeding, bruising, swelling, or infection; • Palpation for evidence of stenosis or thrombosis; • Listening with a stethoscope to identify any changes in the vascular sounds; • Clinical tests, like color flow doppler, static venous pressure, on-line clearance/access flow tests. Also referred to as monitoring and surveillance of vascular access for dialysis.
J-tube (jejunostomy tube)	A soft, flexible tube placed through the skin into the small intestine, which is used to deliver food, medicine, or both.

Documentation

Include all the following information in the Comments:

• A description of the care the customer gets;

• The person providing the care;

• How often the customer gets the care; and

• The reason the care is needed.

Â

Â

Feedings

Overview

There are two types of feedings that services and treatments are provided for:

- Parenteral Feeding/Total Parenteral Nutrition (TPN) delivers nutrition intravenously, bypassing the usual process of eating and digestion.
- Tube Feeding delivers nutrition through a tube directly into the gastrointestinal (GI) tract. Common feeding tubes are nasogastric (NG tube), gastrostomy (G-Tube), and jejunostomy (J-Tube).

Documentation

Include all the following information in the Comments:

- The type of feeding the customer gets;
- The person administering the feeding;
- How often the customer gets the feeding; and
- The reason the feeding is administered using this method.

Â

Â

Bladder/Bowel

Overview

The three areas of bladder or bowel services and treatments are:

- Catheter Care for urinary catheters includes regular cleaning of the genital area and indwelling catheters, emptying and changing draining bags, and disinfecting catheter supplies that are designed to be used more than once.
- Ostomy Care maintains the health of the artificial opening or stoma to the bowel or bladder, and includes cleaning the area around the stoma, changing the stoma ring, and changing the ostomy bag.
- Bowel Dilation expands the anal opening to allow or help stool passage and includes the use of suppositories.

Definitions

Term	Definition
Ostomy	A surgical procedure that creates an opening, called a stoma, from the bowel or bladder to the outside of the body for the passage of urine or stool.
Urinary catheter	A device used to collect and dispose of urine hygienically. Some catheters are inserted into the body also serve to empty the bladder. Urinary catheter types include condom, indwelling, and intermittent.

Documentation

Include all the following information in the Comments:

- A description of the care the customer gets;
- The person providing the care;
- How often the customer gets the care; and
- The reason the care is needed

Â

Â

Respiratory

Overview

This section is used to record respiratory treatments the customer is currently receiving. Respiratory treatments are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Suctioning	Using a tube attached to a machine to remove mucous from the lungs when a customer is unable to do so on their own.
Oxygen (O2) therapy	The use of oxygen as a medical treatment, also known as supplemental oxygen. Oxygen can be given a few ways including nasal cannula, face mask, and inside a hyperbaric chamber. The rate of liter flow or percentage of oxygen should be included in the comment.
Small Volume Nebulizer (SVN)	A device for converting medication in liquid form into a mist or fine spray which is inhaled through a mask to treat the respiratory system.
Ventilator	A device that mechanically assists the patient's respiration, doing part or all the work the body would normally do. See Ventilator for more information.
Tracheostomy (Trach) Care	Suctioning and cleaning parts of the trach tube and skin. This helps prevent a clogged tube and decreases the risk for infection.
Chest Physiotherapy	The process of positioning the body so that gravity will allow drainage from the nasal passages, airways, and sinuses.
Continuous Positive Airway Pressure (C-PAP) therapy	A treatment for people who can breathe freely, but have difficulty breathing while asleep. The C-PAP machine keeps the customer's airway continuously open and stimulates breathing.

Documentation

Include all the following information in the Comments:

• The treatment the customer gets;

• The person giving the treatment;

• How often the customer gets the treatment; and

• The reason the treatment is given.

For example, the customer gets oxygen therapy, which he administers on his own. Continuous (24 hours a day) O2 set at 2L, due to COPD.

Â

Â

Therapies

Overview

This section is used to record therapy services the customer is currently receiving. Therapy services are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Physical	Therapy to help improve or maintain physical function. Some examples of physical therapy include: • Hydrotherapy; • Exercises and stretches; • Massage; • Warm water therapy; and • Training on how to use assistive devices
Occupational	Therapy to help customer engage in activities of daily life, such as self-care skills, education, work, and social interaction. Some examples of occupation therapy include: • Community and work reintegration training; • Developing of cognitive skills; • Self-care training; • Home management training; and • Wheelchair management.
Speech	Therapy to help regain or improve speech, language, swallowing, and cognitive function. Some examples of speech therapy include: • Physical exercises to strengthen the muscles used in speech and eating; • Speech drills to improve clarity; and • Sound production practice to improve articulation.

Respiratory	Treatment provided to restore, maintain, and improve respiratory function. Some examples of respiratory therapy include: • Using a CPAP, which may or may not be under the direction of a respiratory therapist; and • Using a Bi-PAP under the direction of a respiratory therapist.
Alcohol and Drug Treatment	Medical, chemical, or psychological treatment aimed at customers with substance-use disorders. Treatment can include self-help groups.
Vocational Rehabilitation	Services provide to customer with disabilities to support entering or returning to work by developing or improving job-related skills.
Individual and Group Therapy	Treatment of mental health problems by talking with a psychiatrist, psychologist, or other mental health provider. The therapy may be provided individually or in groups.

Definitions

Term	Definition
Hydrotherapy	The use of water to relieve discomfort and promote physical well-being.

Â

Â

Rehabilitative Nursing

Overview

This section is used to record rehabilitative nursing services the customer is receiving.

Rehabilitative nursing is a professional nursing service that sets up a therapeutic plan of care that is:

• Problem oriented;

• Tailored to the customer; and

• Has measurable goals.

Rehabilitative nursing does NOT include:

• Watching or monitoring the customer, unless it is part of a teaching or training program; or

• Activity or exercise done for recreation or general health purposes.

Rehabilitative nursing services are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Teaching or Training Program	A nursing service to teach a customer or caregiver how to care for a medical need. Examples of teaching or training programs include: • Diabetes testing; • Ostomy care; • Catheter care; • Diet planning; • Use of prosthetics; • Self-administering medication; and • Insulin injections.
Bowel/Bladder Training	A nursing service that helps a customer manage incontinence through a combination of exercises, techniques, and lifestyle changes.
Turning and Positioning	Moving, turning, or repositioning a customer who cannot move on their own. This improves circulation, prevents skin ulcers, and prevents shortening and hardening of muscles, tendons, or other tissue.

Range of Motion	An exercise moving a specific joint or body part to: • Maintain and increase joint mobility; • Prevent shortening and hardening of muscles, tendons, or other tissue; • Increase circulation; and • Relieve discomfort.
Other Rehabilitative Nursing	Services directed by a nurse or therapist that help a customer regain health or strength. Examples of these services include: • Therapy to improve the customer's ability to walk independently; • Therapy to improve the customer's ability to eat; • Deep breathing exercises; and • Splinting a joint or body part.

Documentation

Include all the following information in the comments:

• The treatment the customer gets;

• The person giving the treatment;

• How often the customer gets the treatment; and

• The reason the treatment is given.

For example, the nurse turns and repositions the customer in his hospital bed every 2 hours to prevent pressure ulcers.

Â

Â

Other Services and Treatments

Overview

This section is used to record other service and treatments the customer is currently receiving. Other services and treatments are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Peritoneal Dialysis (PD)	A way to remove waste products from the blood when the kidneys are not able to do an adequate job. During PD, a cleansing fluid is added to the belly through a tube. The lining of the belly acts as a filter and the fluid pulls waste and extra fluid from the blood. After a set period, the fluid with the waste products is drawn out of the belly into a drainage bag. PD can be done at home, work, or when traveling. There are two kinds of peritoneal dialysis: • Continuous Ambulatory PD (CAPD) • Automated PD (APD)
Hemodialysis (HD)	A procedure used to clean the blood by drawing it from a blood vessel into a dialysis machine, which filters out waste and extra fluid. Then the blood is returned to the body through a blood vessel.
Chemotherapy/Radiation	Chemical or x-ray agents that have a specific and toxic effect on cancerous cells.

Restraints	Devices and medications that limit or restrict movement to protect a customer from injury. These are also known as mechanical and chemical restraints. Mechanical restraints: Physical devices or barriers that restrict normal access to one's body or immediate environment and protect from injury. For example: • Vests; • Seat belt; • Geri chair with lap tray; or • A locked room or area. NOTE Bed and chair alarms, wander guards, and self-removable seat belts are not restraints. Side rails are not restraints unless the intention is to prevent the customer voluntarily getting out of bed. Chemical restraints: Prescribed medication used to stop or reduce behaviors that could cause physical harm to self or others, like combativeness, constant pacing, and self-mutilation. NOTE To be considered a chemical restraint, the medication must be prescribed specifically to control or stop the harmful behavior.
Fluid Intake/Output	Measuring and monitoring the amount of fluids the customer takes in, puts out, or both. Fluid intake includes fluids taken by mouth, as well as fluids given by IV or tube feeding. Fluid output includes vomit and urine, including catheter output. Remember that not every customer with a catheter is being monitored for fluid intake/output. NOTE Fluid intake/output does not include routine recording of dietary intake percentages or supplements.

Other	Other therapies prescribed for a specific problem. For example: • Hospice; • Sitz bath; • TED hose; • TENS unit for pain; • Special mattress; • Whirlpool (if used for reasons other than physical therapy or decubiti care, it should be noted here); Any service or treatment received or needed, but not documented elsewhere, should be indicated here. NOTE This is essential if a diagnosis is marked as needing services or treatment. For example, if peripheral vascular disease is indicated because the customer requires treatment with TED hose, then the TED hose should be added here.

Documentation

Include all the following information in the Comments:

• The treatment the customer gets;

• The person giving the treatment;

• How often the customer gets the treatment; and

• The reason the treatment is given.

Â

Â

PAS Reassessments

Overview

PAS reassessments are required on certain cases to determine if a customer still meets the PAS eligibility criteria for ALTCS.

Reasons for PAS Reassessments

- Elderly or physically disabled (EPD) customers who are under age 65 and were found eligible by physician review on the previous assessment require an annual reassessment.
- A reassessment may be completed at any time for the following reasons:
  - A routine audit of the PAS assessment reveals a question regarding the eligibility decision;
  - A review by Administration or an ALTCS physician consultant determines the member may not have a continuing need for long term care services; or
  - A program contractor, case manager, nursing facility, or other party requests a review that reveals a question regarding continuing eligibility.
- A reassessment can be scheduled at six months when the customer has the potential to improve and will no longer need long term care services. These can be requested by:
  - A Physician Consultant;
  - PAS Analyst Review Consultant (PARC) reviewer; or
  - PAS Assessor, after discussing with a supervisor.

Things to keep in mind when completing a PAS Reassessment

- A change in score or condition must be explained in the comment section or the summary.
- Include a complete description of the customer’s current functional and medical status.
- Review the PAS records and the prior PAS before conducting a reassessment.
- Contact the Long-Term Care (LTC) case manager prior to completing a reassessment. Discuss potential ineligibility and obtain the last two LTC quarterly assessments.
- A Physician Review must be requested for an ALTCS customer who resides in a nursing facility and meets the score for Transitional but not full ALTCS eligibility.
- Prior to completing a reassessment for a customer who scores into the Transitional Program (MA1010) and resides in a nursing facility, the case manager should be consulted regarding discharge planning.
- On the DD/EPD Information screen in HEAplus, the following fields do not need to be completed:
  - Currently Hospitalized/rehab;
  - Imminent discharge from acute care facility; and
  - Discharge Date.

Â

Â

Developmentally Disabled (DD) PAS - Overview

Introduction

In this chapter, you will learn about:

• The Preadmission Screening (PAS) Process and Purpose;

• Standards and best practices for PAS documentation; and

• Investigative interviewing.

For each section in this chapter, you will find:

• An overview of the topic;

• Any definitions needed; and

• Best practices or examples.

Â

Â

The Preadmission Screening (PAS) Process and Purpose

Purpose

The purpose of the PAS is to determine medical eligibility for long term care services.

The PAS tool contains a combination of functional and medical factors that are assigned weighted, numerical values. The customer is evaluated on these factors and the assessed scores are added together to get a total score.

The DD PAS tool is used to assess:

• Developmental and Independent Living Skills;

• Medical;

• Nursing; and

• Social needs of the customer.

In general, a customer scoring at or above a threshold score on the PAS is considered to be at immediate risk of institutionalization. This means that the customer needs the level of care typically provided in an institution, like a skilled nursing facility.

Process

Follow the steps below for the Initial PAS process

Step	Action
1	Schedule the ALTCS PAS Appointment. Take the following actions: • Explain the ALTCS program and the purpose of the PAS. • Ask if any accommodations are needed. • Enter a case note in HEAplus that this was completed.
2	At the beginning of the PAS interview, take the following actions: • Reexplain the ALTCS program and the purpose of the PAS to everybody attending the PAS interview. • If the DE-202 has not already been obtained, explain the reason it is needed. Obtain a signature for the DE-202 using DocuSign. If DocuSign is not available, use another method to get the DE-202 signed, such as fax or mail.
3	Use the appropriate PAS tool to conduct the PAS interview. Follow the guidance in Investigative Interviewing.
4	Ask the customer or representative for the names of providers needed for medical records.

5	At the end of the PAS interview, explain the following to the customer or representative: • What happens next in the PAS Process; • They may hear from the ALTCS Benefits and Eligibility Specialist; • The Appeal Process; and • The customer's right to reapply at any time if they are medically ineligible.
6	Provide a list of Community Resources for the customer and representative and include a statement in the PAS summary that the list was provided.
7	Inform the customer and representative that they will receive a call and a letter telling them of the medical eligibility determination.

Process for Posthumous, Prior Quarter, and Private Request PAS

A PAS may be requested for a deceased person, a prior quarter month, or before applying for ALTCS. There is a special process when a PAS is requested for one of these reasons. Information for each process is found below.

1) Posthumous PAS

A posthumous PAS is completed after a customer has passed away. Reasons for a posthumous PAS are:

- The customer passed away after the application was made; or
- Someone applied for the deceased customer.

Things to Keep in Mind When Completing a Posthumous PAS:

- For a posthumous PAS, the date of death must be entered on the application before the PAS is opened. Without a date of death, the PAS is completed as an Initial PAS and all questions must be answered.
- No comments are required when scoring. However, a brief summary must be included on the PAS Summary screen.
- Since it is not possible to assess the orientation questions for a deceased customer, score as a 0 "unable to assess". It is possible to answer the "Caregiver judgment" questions and score based on the caregiver's response, if known. If a caregiver is not available for interview, score as a 9 "No caregiver".
- The following are not required:
  - Deterioration in overall function;
  - Medications, assistance required for administration, and any allergies to medications;
  - Therapeutic diet;
  - Number of hospitalizations, ER visits, and falls; and
  - Whether the client was hospitalized or had plans for discharge.
- A posthumous PAS can be completed for a deceased customer regardless of the living arrangement.
- It is the PAS assessor's responsibility to notify the financial Benefits and Eligibility Specialist when the customer dies after the PAS referral has been made. Give the financial Benefits and Eligibility Specialist the following information:
  - The date of death;

◦ The place of death; and

◦ The person who provided this information.

2) Prior Quarter PAS

Prior Quarter (PQ) coverage provides medical coverage for up to three months prior to the month of application. Children under age 19 and women ages 19-60 who are pregnant or in the postpartum period may qualify for prior quarter coverage. To be eligible the customer must:

• Have a medical expense in the PQ month. The medical expense can be paid or unpaid; and

• Meet all eligibility requirements in the month the medical expense was incurred.

Things to Keep in Mind When Completing a Prior Quarter (PQ) PAS:

• To get the PQ PAS to autofill the answers, enter the Initial PAS first, then open the oldest PQ PAS, then the next oldest PQ, and then the most recent PQ.

• If the Initial PAS and all the PQs score Eligible and do not need Physician Review (PR), select “Complete PAS” starting with the Initial PAS, then the oldest to most recent PQ PAS.

• When the Initial PAS and PQ months need PR, do NOT select “Complete PAS” on the Initial or PQ months until the case is returned from PR.

3) Private Request PAS

A Private Request PAS (PRP) is a courtesy provided to see if the customer is at risk of institutionalization before an ALTCS application is submitted. Because the PRP does not include an application, a decision notice is not sent and the customer cannot appeal the decision.

An eligible PAS, including a Private Request PAS, may be used for up to 180 days when a customer is denied financially and later reapplies. An ineligible PAS is never used for a new application.

A PRP may be requested when the customer:

• Plans to move to Arizona and wants to know if they are medically eligible;

• Knows they are within the financial limits, but are not sure about medical eligibility; or

• Knows they are over the resource limit and wants to know if they are likely to be medically eligible before they consider reducing resources.

Things to Keep in Mind When Completing a Private Request PAS:

When the customer is a resident of Arizona	• Make an appointment and complete the PAS just as you would any other PAS. • Request medical records as usual. • After completing the PAS in the system, tell the customer that based on the courtesy assessment, they do or do not meet medical eligibility criteria. • An eligible PRP can be used when the customer applies within six months from the date the PRP was completed.

When the customer is NOT a resident of Arizona	• Contact the customer and any caregivers to obtain PAS information. • Request medical records as usual. • If a PR is needed but the customer does not have solid plans to move to Arizona, discuss the case with your Benefits and Eligibility Manager. • Tell them that it appears they do or do not meet the medical eligibility criteria. • Make it clear that when they apply for ALTCS, another PAS assessment may need to be completed.

Â

Â

PAS Documentation

Overview

Documentation is critical to PAS decisions that are objective, accurate, and easily understood by everyone who may review the decision. Information from the PAS is shared with the ALTCS Program Contractor and may be shared with federal and state auditors, the customer, the Office of Administrative Hearings, and other authorized parties.

As you review records and documents, add your observations, and score the PAS, make sure the documentation in the file and on the PAS meet the “three C’s”. Is it clear, complete, and correct?

Anyone reviewing the PAS should be able to understand how each score was reached. The documentation should support the score given to the customer. Documentation may include:

• Medical records;

• School reports;

• Therapy reports;

• Previous PAS records;

• PAS comments;

• PAS summary; and

• Any other records that indicate the customer’s need for services.

Things to keep in mind when documenting the PAS

The PAS, with all comments and documents, is the legal basis for ALTCS medical eligibility decisions.

When making comments on the PAS, remember to:

• Include comments that say who reported the information and what was reported for:

◦ ALL Yes or No questions being asked for the DD 0-5 PAS tools.

For example, for question 18: Does your child enjoy playing peek-a-boo or pat-a-cake? “The mother reported the customer enjoys playing peek-a-boo.” Or, “The mother reported the customer doesn’t enjoy playing either and never has.” If the caregiver only responds by answering Yes or No, the comment should state who reported the answer. For example, “Mother said yes.”

• ALL questions being asked for the DD 6-11 and DD 12+ PAS tools, even if the score is a 0.

• Make sure that the customer’s name is on all records and is correct.

• Check that the date of birth (DOB) on file matches records that include the customer’s DOB. If it does not, determine which one is correct. As needed, change the customer’s DOB on file, or contact the provider about the discrepancy in the DOB.

• Review the dates on medical records used to support your scores and decision. The records should be current and relevant to the customer’s condition. When older records are relevant, include the explanation in comments. For example, a 50-year-old customer was diagnosed with moderate intellectual disability 35 years ago and that is the most current record of the diagnosis.

NOTE Review the DD PAS Appendix for what to include in comments. It includes best practices and documentation standards for every part of the PAS tool.

The PAS, with all comments and documents, is the legal basis for ALTCS medical eligibility decisions.

Medical Records

Review all available medical records and use the information when scoring the PAS. A few examples of medical records that are useful in the PAS assessment include:

• DDD/DES Person-Centered Planning Document;

• Department of Special Education Individualized Education Program (IEP);

• Multidisciplinary Evaluation Team (MET) record

• Clinical Autism Diagnostic Evaluation;

• Consultations by specialists (for example, psychology, psychiatry, neurology, or cardiology reports);

• Therapy notes (for example, speech, occupational, behavioral health, and physical therapy);

• Primary Care Physician (PCP) reports;

Scoring when medical records are not available or conflict with reported function

Follow the steps below when the information provided by the customer, caregiver, or representative during the PAS conflicts with the medical records, or medical records are not available:

Step	Action
1	Were medical records provided for the customer? • If YES, continue to step 2. • If NO, STOP. Score based on the what the customer, caregiver or representative reported, note any differences between what was reported by each person or between what was reported and what you observed, and have a Benefits and Eligibility Manager review the PAS.
2	Do the medical records support the caregiver or customer's responses? • If YES, STOP. Score based on the caregiver or customer's responses. • If NO, continue to step 3.
3	Does the caregiver or customer have an explanation for why the medical records contradict what is being reported? • If YES, score based on the caregiver or customer's report and add comments describing the reason for using the reported information instead of the medical records. • If NO, a Benefits and Eligibility Manager reviews the explanations and records available. The Benefits and Eligibility Manager determines if the PAS scores are accurate, if able. When the Benefits and Eligibility Manager is unable to determine the accuracy of the scores, a M.A.R.S. Inquiry is sent to PAS Policy. NOTE When medical records conflict with information gathered during the PAS interview, see DD Investigative Interviewing.

Definitions

Term	Definition
Documentation	All entries in HEAplus screens, written comments and notes, and any documents in HEAplus or DocuWare.
Explanation for why the medical records contradict what is being reported	For purposes of this section, based on the PAS Assessor's knowledge and experience, the reason given is a logical explanation of why the reported information conflicts with the medical records. Reasons may vary and could cover dozens of scenarios. For example: • The customer is a 55-year-old female diagnosed with moderate intellectual disability and lives alone. She says that she can walk "just fine" with her cane. Recent medical records state the customer is an extreme fall risk, and EMS has been contacted by neighbors four times in the past 45 days. The PAS Assessor contacts the customer to ask about the falls reported in the records and the customer says she does not remember falling. The PAS Assessor does not find a valid reason to use the customer's statement instead of medical records and explains why in the comments. • A Clinical Autism Diagnostic Evaluation from six months ago indicates the customer was using a few words and making frequent eye contact with his parents. The customer's mother reports that when her child was 12 months old, he was saying a few words and looking at her often. She explained that at 17 months of age he became completely non-verbal and no longer makes eye contact with anyone. The mother is extremely concerned and has scheduled an appointment with the licensed psychologist who evaluated her son six months ago. The PAS Assessor finds the explanation a valid reason to use the statement instead of medical records, explains why in the comments.

Â

Â

Investigative Interviewing

Overview

Investigative interviewing involves collecting detailed and accurate information about the customer's development, motor skills, independent living skills (ILS), and behavioral concerns. Use your knowledge and expertise of the PAS assessment to do this.

NOTE Tips for collecting accurate, complete information for specific functions and conditions have been added to the Appendix sections for those areas.

Before scheduling the PAS visit

It is important to be prepared. Always check to see if there is a previous PAS for the customer. If so, take the following actions:

- Review the previous PAS.
  - Do the comments and records support the scores?
  - Was a Physician Review completed on the previous PAS? If so, what was the physician's decision?
- Review the previous records.
  - Make note of the customer's medical conditions.
  - Look for any developmental or functional limitations mentioned.
  - Make note of any behavioral health providers listed and services provided.
- If there is no previous PAS, review the current PAS referral and gather as much information as possible, including records from the DDD Support Coordinator.

During the PAS Interview

Use the tips below for the PAS Interview:

Tip	Steps

Build rapport with the people involved in the PAS interview.	• Be on time. Call if you are running late. The PAS may need to be rescheduled to ensure there is enough time to do a thorough interview. • Extend a warm greeting and introduce yourself. • Be prepared. Make sure your equipment is working properly before the interview begins. Have all needed paperwork available. • Review and describe the medical criteria for eligibility, the PAS and its purpose, and what will be covered during the interview. • Make sure that the people involved have a clear understanding of the interview and ask if they have any questions.
Review the PAS questions and information with the people involved.	• Read the PAS questions AS WRITTEN in the DD PAS tools. When needed or asked, then paraphrase the information or use an example to clarify the meaning. • Use the tips in the Investigative Interviewing Skills section below to gather clear, complete information for the DD PAS. • Avoid asking leading questions. • Give the person time to answer each question. Make sure to get enough information to provide a clear, complete, and correct picture of the question being asked. • If the customer has a previous PAS, discuss any information that has changed since the previous PAS. Make sure changes in the customer's status are clearly and accurately explained in summary. • Ask about any decline in health or regression in developmental milestones or ILS skills. Has the decline or regression been discussed with a medical provider?

Investigative Interviewing Skills

Ask questions and use statements that encourage the person to give information. The tips in the table below give ways to gather clear, correct, and complete information.

Skill Type	Description	Examples

Open-ended questions	• Are worded so the question cannot be answered with “yes,” “no” or just one-word. • Encourage discussion. • Begin with words like "who", "what", "where", "when", and "how". NOTE Most questions in the DD 0-5 tool are “yes” or “no”, but still need more details. For example, how often the customer completes the task or how long it takes.	• Who helps the customer get dressed? • What does the customer’s personal hygiene routine look like? • What is the customer doing on their own, and what do they need assistance with? • How was the customer physically aggressive? • When was the last time the customer was physically aggressive? • Where did the customer go when he ran away?
Inquiry statements	• Encourage the person to volunteer information. • Allow for a wide range of answers.	• Tell me more about what happens when she is having a tantrum. • Please explain how your child… • Describe how the …
Clarifying questions	Prevent or correct misunderstanding and confusion. You may need to ask more than one question to clarify the information.	The customer’s mother said: “Johnnie can make a bowl of cereal and a peanut butter and jelly sandwich, but he’s really messy." You say: “So you said Johnnie can make a bowl of cereal and a sandwich. Does he do this all by himself? Is he able to clean up after himself when he is done?"
Restating information	Repeating exactly what was said to be sure it was heard correctly. This confirms what was said and avoids misunderstanding.	You said you “check the customer after she bathes by smelling her hair and checking her hands and feet to make sure they are clean.” Is that right?
Paraphrasing	Restating information using your own words. Paraphrasing confirms that the information is understood correctly.	The customer’s father said: “When Johnnie is having a bad day and gets really mad, he just loses control and breaks everything around him.” You say: “So Johnnie only loses control and starts breaking things when he gets really angry? Is that correct?”

After the PAS Interview

When medical, school, or DDD records obtained after the PAS interview conflict with information obtained during the interview, differences must be explained. Use the tips below when addressing conflicting information:

• Review the records.

• Make sure they are current, typically within the past six months.

• Highlight areas in the records that conflict with the reported information.

- Call the caregiver to discuss and clarify the differences.
- Reaffirm the person understands the questions being asked.
- Add comments in each section that has a discrepancy, giving a complete explanation.
- Once the discrepancies are addressed, a Benefits and Eligibility Manager reviews the explanations and records available. The Benefits and Eligibility Manager determines if the PAS scores are accurate, if able. When the Benefits and Eligibility Manager is unable to determine the accuracy of the scores, a M.A.R.S. Inquiry is sent to PAS Policy.

NOTE Refer to PAS Documentation for guidance on how to write supporting comments, and how to score when there is conflicting information.

Â

Â

Intake Information

Introduction

In this chapter, you will learn about setting up the PAS in the following HEAplus batteries:

• Open PAS;

• Developmental Disabilities;

• Assessment;

• DD/EPD Information; and

• Ventilator.

Â

Â

Open PAS Battery

Overview

Most of the fields on this screen are automatically populated by the system. See the table below for a list and descriptions of fields on the Open PAS screen:

Field Name	Description
Application IDs	There may be more than one application for the customer
Person ID number (PID)	Provides the customer's PID
Assessment Date	Not automatically populated. Enter the PAS appointment date.
Assessment type	Shows one of the following assessment types: • Initial • Posthumous • Prior Quarter • Private Request • Reassessment
PAS tool used	Lists the PAS tool appropriate for the person's DD status and age.
DD status of each application	• Potential DD: May have a developmental disability, but eligibility has not been determined by DES/DDD. • DD: DES/DDD determined the customer is eligible for DD services. • DD in NF: The customer is eligible for DD services and is living in a nursing facility. • Not DD - DES/DDD determined the customer is not eligible for DD services.

Status of the PAS	• Open PAS – a PAS has not been started. Click the “Open PAS” link to begin. • Continue PAS - the PAS has been started but not completed. Click the “Continue PAS” link to continue. • View PAS – the PAS was completed and is closed. Click the “View PAS” link to view the PAS. • Incomplete – the PAS is not complete but is closed. Generally used when the customer missed the PAS appointment, voluntarily withdrew, or had mail returned and could not be contacted.
PAS Records link	The link goes to the PAS History screen where you can review other PAS assessments for the customer.

DD Status Changes

Take the following steps when the customer’s DD status has changed:

Step	Action
1	On the Open PAS screen, click the pencil icon in the DD Status box.
2	On the DD History screen, click the edit icon in the line that needs updated.
3	Enter the date the status ended in the End Date field. Click “Save.”
4	Click on the “Add DD” link.
5	Select the new DD Status from the drop-down list in the DD Status field.
6	Enter the date the status began in the Begin Date field and click “Save”. This date must be at least one day after the end date of the previous DD Status.

Definitions

Term	Definition

Qualifying developmental disability	For DES/DDD eligibility, a qualifying developmental disability means the customer has been diagnosed with at least one of the following: • Intellectual Disability • Cerebral Palsy • Seizure Disorder • Autism • Down Syndrome

Â

Â

Developmental Disabilities

Overview

The Developmental Disabilities page tells whether the customer has or had a DD qualifying diagnosis and gives the DD history. The fields on this page are automatically populated by the system.

When the DD diagnosis question is answered “Yes”, the DD Case Status is also shown. Click the Focus Response button to view the DD Case Status report. Any changes to the DD status will be listed in the DD history. The DD history includes the following information:

• DD status

  ◦ Not DD – the customer does not have a DD status

  ◦ DD – the customer has or had a DD status

  ◦ Potential DD – the customer is potentially eligible for DDD.

  ◦ DD in NF – the customer has or had a DD status while in a skilled nursing facility.

• Begin date – the date the DD Status began.

• End date – when a customer has a change to DD Status, this is the date the previous DD Status ended.

NOTE It is very important to make sure the DD status is correct before completing the PAS.

Â

Â

Assessment

Overview

This section is used to gather information about:

• The PAS tool used

• The assigned assessor

• Where the customer is located at the time the PAS is conducted

• The phone number for the location where the PAS interview is conducted

• The customer's living arrangement

Assessment Information

Complete these fields as described below:

Field Name	Field Information
DD Status	The field is pre-filled by HEAplus with the DD status selected when the application is registered.
Tool Used	The field is pre-filled by HEAplus with the DD status selected when the application is registered and the PAS created.
Assessor (the first of two Assessor fields)	Use the dropdown list to select the name of the assessor who creates the PAS and conducts the interview.
Assessor (the second of the two Assessor fields)	When another assessor helps complete the PAS, use the dropdown list to select the name of the assessor who helped. NOTE It is not common that another assessor needs to help with a PAS, and this field is usually blank.
Location	Use the dropdown list to select the setting where the in-person PAS interview is conducted. When the interview is conducted by telephone, select the setting the customer is located at the time of the PAS interview.

Telephone	Enter the telephone number for the location where the PAS interview is conducted. When the interview is conducted by telephone, enter the telephone number for the customer's location at the time of the PAS interview.

Living Arrangement

Complete these fields as described below:

Field Name	Field Information
Usual Living Arrangement	Use the dropdown list to select the usual living arrangement as follows: • Community: Customer lives in a private home, mobile home, apartment, or is homeless, which includes staying in a homeless shelter. • Group Home: The customer lives in a residential placement with a large group of other people. • ICF/ IID: The customer lives in an Intermediate Care Facility for Individuals with Intellectual Disability, or related conditions. • Nursing facility: The customer lives in a nursing facility. This includes both certified and uncertified facilities. • Other supervised setting: The customer lives in an adult foster home, adult care home, apartment for assisted living, or similar setting. • Residential Treatment Center: The customer lives in a facility that provides behavioral health services to people under age 21 or under age 22 when admitted prior to age 21. NOTE "Usual living arrangement" means the customer's living arrangement for the last six months or the current living arrangement when there is no plan to make a change.

Usual Living Situation	Use the dropdown list to select the appropriate usual living situation as follows: • Lives Alone • With Non-Relative: The customer lives with others not related to him or her. Also select this option when the customer lives in the same nursing facility or assisted living setting as a spouse or other family member. • With Other Relative: The customer lives with a relative other than a spouse or parent. • With Parents • With Spouse NOTE “Usual living situation” means the people with whom the customer has lived for the last six months or currently lives with when there is no plan to make a change.

Â

Â

DD/EPD Information

Overview

This section is used to gather information about the customer's:

• Medical assessment

• Physical measurements

Medical Assessment

The table below lists the questions for this part of the application and how to complete them:

he comment should always include who gave the information.

Question	Answer
Currently Hospitalized/rehab	Select "Yes" when the customer is in the hospital or an intensive rehabilitation facility. Otherwise, select "No".
Imminent discharge from acute care facility	Select "Yes" when the customer is in an acute care facility when the PAS is completed. Otherwise, select "No".
Discharge Date	• When there is a planned discharge date, enter the date provided. • When there is no firm discharge date, enter the date of the PAS interview.
Ventilator Dependent	Select "Yes" when the customer is ventilator dependent. Otherwise, select "No".

Physical Measurement

Complete the physical measurements section. Use approximate height and weight if the actual measurement is unknown. To enter the height and weight using metric units, select the check box next to "Enter in Metric Units".

Definitions

Term	Definition

Acute care facility	Means: • A hospital, when the customer is not in a long-term care bed, or • An intensive rehabilitation facility.
Intensive rehabilitation facility	A free-standing rehabilitation hospital or a rehabilitation unit within a hospital that provides an intensive rehabilitation program. Patients admitted must be able to tolerate three hours of intense rehabilitation services per day.

Â

Â

Ventilator

Overview

This screen is used to gather information about the ventilator for customers that are ventilator dependent. The Ventilator Dependent question on the DD/EPD Information screen must be marked “Yes” to fill out the information on the Ventilator screen. Ventilator dependent means the customer is on a ventilator at least six hours a day for 30 consecutive days.

NOTE Not all devices that provide breathing support are ventilators. See the definitions of CPAP and BiPAP devices for more information.

Ventilator Information

To open the Add/Edit Ventilator Details page, click on the “Add Ventilator Details” link. Complete the fields as described below:

Field Name	Field Information
Completed Date	Enter the date of the PAS.
Hours per day on ventilator	Enter the number of hours per day the customer is on the ventilator. This information can be found on the Respiratory Flow Sheets. NOTE The customer must be on the ventilator for at least six hours in a 24-hour period. The six hours do not have to be consecutive.
Name and model of ventilator	Enter the name and model of the ventilator. This information can be found on the ventilator, on the Respiratory Flow Sheet, or can be given by a caregiver, respiratory therapist, or nurse.
Settings • Rate • Tidal Volume • Oxygen Concentration	These settings may be a set number or a range. There are two data entry fields for each setting. Complete both fields for each setting. When the setting is a range, enter the low and high setting. When the setting is constant, enter the same setting in both fields. The rate, tidal volume, and oxygen concentration can be found on the Respiratory Flow Sheet.
• Living Arrangement • Begin Date • End Date	Add each living arrangement that the customer was in while on the ventilator. Include the begin date and the end date for each living arrangement. Click on the “Add” button after each arrangement is entered. When there is more than one living arrangement, the dates cannot overlap. NOTE You may need to get information from more than one facility to get the actual date the customer started on the ventilator.
Total Consecutive Days	This number will auto-populate using the data from the living arrangements.

Registered Nurse	Select the name of the person completing the worksheet from the dropdown list. NOTE Even though the field is titled “Registered Nurse” the worksheet can be completed by any PAS Assessor.
Date Worksheet Sent	Enter the date the worksheet is filled out.
Comments	This is not a mandatory field. Include anything that is important that is not included in the fields above. Include your name when it is not available in the Registered Nurse dropdown list.

Definitions

Term	Definition
Bi-level Positive Airway Pressure (BiPAP)	A device that applies air flow at a higher pressure when a person breathes in than when the person breathes out. A BiPAP is considered a ventilator when the device has a third breath rate setting. Select CPAP under Services/Treatments when the customer uses BiPAP machine that does not have a set back-up rate. For example, the rates are set as IPAP 15, EPAP 6. Select Ventilator under Services/Treatments when the BiPAP has all three breath settings.
Continuous Positive Airway Pressure (CPAP)	A device that applies air flow at a constant pressure throughout the respiratory cycle. CPAP is never considered a ventilator since no mechanical assistance is provided for inhalation.
Expiratory Positive Airway Pressure (EPAP)	The set rate of pressure while exhaling.
Inspiratory Positive Airway Pressure (IPAP)	The set rate of pressure while inhaling.
Respiratory Flow Sheet	Also known as a Ventilator Flow Sheet. This sheet is used to record ventilator treatment details, including rate, volume, oxygen concentration, and other information.
Tidal volume	The amount of air going in and out in one breathing cycle.
Ventilator	A device that mechanically assists the patient’s respiration, doing part or all of the work the body would normally do.
Ventilator dependent	When a person is unable to breathe well enough to maintain normal levels of oxygen and carbon dioxide in the blood.

Ventilator rate	The number of breaths per minute (BPM) delivered by the ventilator. It can be a range or a set number.

Â

Â

DD Functional Assessment

Introduction

In this chapter, you will learn about the Functional Assessment for the following:

DD 0-5 PAS tool

• Developmental Domain

DD 6-11 PAS tool

• Motor and Independent Living Skills

• Communication

• Behaviors

DD 12+ PAS tool

• Motor and Independent Living Skills

• Communication and Cognitive function

• Behaviors

For each section in this chapter, you will find:

• An overview of the topic

• Definitions

• Other helpful information

Â

Â

Ages 0-5

Overview

The DD 0-5 PAS tool is designed to assess the following:

• Gross motor skills;

• Fine motor skills;

• Communication skills;

• Socialization skills;

• Daily living skills; and

• Behaviors.

Things to Keep in Mind When Scoring Questions for Developmental Domain

• During the interview, write down your observations, and take the time to discuss any differences between what is reported by the caregiver and what is seen or read in medical records to ensure accurate scoring. See “Scoring when medical records are not available or conflict with reported function” in PAS Documentation for more guidance.

• Answer items based on the child’s performance now, not based on the way the skills were performed at the ages indicated on the PAS tool.

NOTE There are some questions with an exception. These questions are called Precursor Skills. See definition below.

• All available, pertinent records should be reviewed prior to completing the PAS scoring to supplement information gathered at the interview.

• Don’t assume a child can perform skills based on their performance in other developmental age ranges. Many children with developmental delays have Scattered Skills. See definition below.

• At the PAS interview, read all the questions exactly as they are worded on the PAS tool. Do not paraphrase the questions. Further explanation can be given if the question is not understood, however that should be done only after reading the full question as it is written.

• If the parent or caregiver’s response to the question is “sometimes” ask more questions to assess what is meant by “sometimes” and determine the proper score. If the skill is emerging, and a child has just begun to perform the milestone, the answer would be “Yes” regardless of how well they do it.

• Enter a comment for ALL questions asked. Include who reported the information, what the answer was (Yes or No), and any additional information given.

Definitions

Term	Definition
Emerging Skills	New skills that the child is just beginning to do. They are skills that the child has not mastered yet.

Precursor Skills	Developmental skills that are usually attained before learning a more advanced skill.
Reverse Scoring	The scoring is reversed for questions 9, 63, 64, 65, 76, 77, 78, and 79. A “Yes,” response indicates potential for a serious problem and has a weighted numerical score.
Scattered Skills	Scattered skills are common with children diagnosed with autism spectrum disorder (ASD). A child may perform several skills within a certain range of developmental checklists but may have some skills in that range that are missing completely. For example, a child has age-appropriate gross and fine motor skills but shows significant delays with their communication and social skills.

Â

Â

Ages 0-5 Developmental Domain

For Infants less than 6 months old

There is no Functional Scores section for infants less than 6 months old.

Take the following steps to complete a PAS for this age group:

Step	Action
1	Complete all available sections of the PAS in HEAplus. There will not be a Developmental Domain section for infants less than 6 months old.
2	Add a description of the child's emerging developmental patterns to the PAS Summary, including: • Muscle tone, such as lifting their head when lying down; • Visual and hearing perception, such as following objects with their eyes or turning their head towards a sound; • Sleep and feeding habits; and • Social interaction, such as smiling or cooing at a face or a touch.
3	Request all pertinent medical documentation, including evaluations and assessments.
4	Once the medical records are in DocuWare, submit a request for a mandatory Physician Review (PR).

Introduction

In this chapter, you will learn about completing the Functional Scores section for customers at least 6 months old, but younger than 6 years old. There is no Functional Scores section for infants less than 6 months old. There are nine sections of developmental questions that are asked depending on the age of the child. They are as follows:

For ages...	Ask Questions...
6 months and older	1-9
9 months and older	1-19
12 months and older	1-28
18 months and older	1-44

24 months and older	1-56
30 months and older	1-65
36 months and older	1-79
48 months and older	1-93
60 months, but less than 72 months old.	1-101

NOTE Check the customer's date of birth to see if they are nearing an age where additional questions are asked. It is usually beneficial to complete the PAS assessment after the age change. Discuss these cases with a supervisor.

Questions Asked

The following tables include guidance for the developmental questions that are asked for each age group. The questions must be read exactly as they are written. Clarity can be given if requested.

For 6 months and older

Question (Answer Yes or No)	Helpful Hints and Things to Consider
1. Does your child lift their head when laying on their back?	• Answer "Yes," even if the child is only able to lift their head briefly. Include this information in the comments. • Answer "Yes," if the child is starting to do this, but not all the time. Include this information in the comments.
2. When your child is on their tummy, does s/he straighten both arms and push their whole chest off the bed or floor?	• Answer "Yes," even if the child is only able to straighten both arms and push their whole chest off the bed or floor briefly. Include this information in the comments. • Answer "No," if the child in unable to be on their tummy due to medical or physical limitations. Include this information in the comments.
3. If you hold both hands just to balance your child, does s/he support their own weight while standing? (That is, can s/he bear weight?)	This is a precursor skill for fine and gross motor skills. • Answer "Yes," even if the child can only bear weight and balance briefly. • Answer "Yes," if the child is walking around furniture while holding on with one hand. The child has moved beyond this stage to a higher level of development. • Answer "Yes," if assessing an older child who can bear weight and balance, even if it is only briefly. Add comments to explain anything that is atypical.

4. Does your child reach for OR grasp a toy?	• The child does not have to do both to achieve a “Yes” response. • If an older child has a physical impairment and is unable to reach for an object but does grasp, the answer would be “Yes”. Include this information in the comments. • If the child only uses one hand to complete this task, the answer would be “Yes”. Most children will have a dominant side and tasks will primarily be performed with that hand. • If the child has the use of only one hand but can complete the task with that hand, the answer would be “Yes.” Include this information in the comments.
5. Does your child try to pick up a crumb or Cheerio by using their thumb and all their fingers in a raking motion, even if they aren't able to pick it up? (If they already pick up the crumb or Cheerio, check "yes" for this item.)	• Answer “Yes,” if the child tries to pick up a crumb or Cheerio. This question is asking if the child **attempts** to do the task, not if they can actually do it.
6. Does your child make high-pitched squeals?	This is a precursor skill for saying words or speaking in phrases. If the parent is unsure, some follow up questions include: • Does the child scream when upset or scared? • Does the child cry making a high-pitched sound when sad, angry, or scared?
7. Does your child show two or more emotions? (For example, laughs, cries, screams, etc.)	• If the child does not do this consistently, include a description of when it does happen in the comment section. • Include the emotions the child does show in the comment section. Other examples include, startled, angry, surprised, sad.
8. Does your child act differently toward strangers than s/he does with you and other familiar people? (Reactions to strangers may include, for example, staring, frowning, withdrawing, or crying.)	• Include the child’s reaction to strangers and the child’s reaction to familiar people in the comment section. • When an in-person interview in conducted, include how the child responded to you in the comment section.

9. Does your child stiffen and arch their back when picked up?	This is a Reverse Scoring Question used to establish typical neurological development or GI concerns. • If a parent or caregiver does not understand the question, ask follow-up questions for clarification. For example: ◦ Is there a medical concern that causes the child's muscle tone to change? ◦ Does the child pull away when you try to pick him up for no apparent reason? ◦ Does this behavior happen regularly or only at certain times? • A "Yes" answer to this question could be an indicator of a serious neurological disorder or severe gastrointestinal problem. Include the medical condition in the comment section if applicable. • This question is not assessing if a child does this because they are upset, do not want to stop what they are doing, or are resistive to being picked up.

NOTE STOP HERE IF THE CHILD IS LESS THAN 9 MONTHS

For 9 months and older

Question (Answer Yes or No)	**Helpful Hints and Things to Consider**
10. Does your child roll from their back to their tummy, getting both arms out from under them?	This is a precursor skill for standing, crawling, or walking. • If the child is standing, crawling, or walking, they have progressed beyond this stage and the answer is "Yes" even though they may no longer roll from their back to their tummy. • Answer "Yes," if the child does this sometimes, and add the specific or estimated frequency, and when it is done to the comments. For example, the child only rolls from their back to their tummy with certain people.
11. When you stand your child next to furniture or the crib rail, does s/he stand, holding onto the furniture for support?	This is a precursor skill for standing alone, walking, running, or climbing. • If the child is standing alone, walking, running, or climbing, they have progressed beyond this stage and the answer is "Yes".

12. Does your child creep or move on their stomach across the floor?	This is a precursor skill for crawling or walking. • If the child is walking, they have progressed beyond the creeping stage and the answer is “Yes” even though they may no longer creep or move across the floor on their stomach. • If the parent indicates the child never crept, it would be inaccurate to answer “No” to this question if they are now walking.
13. Does your child sit supported (for example, in a chair with pillow, etc.) for at least 1 minute?	This is a precursor skill for sitting independently. • If the child is sitting independently, they have progressed beyond this stage and the answer is “Yes”. • Include in the comment how long the child sits with supports. If the child sits without support for at least a minute, include that in the comments. If the child falls or slides after a minute, include that in the comments too.
14. When a loud noise occurs, does your child respond? (For example, act startled, cry or turn toward the sound.)	• Answer “Yes,” even if the child does not respond every single time a loud noise occurs. • If the caregiver responds, “Sometimes” answer “Yes” and ask questions to clarify when the child does and does not respond. For example, the child does not respond to loud noises when watching her favorite movie. Include this information in the comments.
15. If you call your child when you are out of their line-of-sight, does s/he look in the direction of your voice?	• This question is not asking if the child goes to look for the person calling them or looks in their eyes once they find them. It is specifically asking if the child looks in the direction from where the voice is coming from. • Answer “Yes,” if the child does this briefly or “sometimes” and include this information in the comments.
16. Does your child make non-word sounds? (That is, babble or jabber?)	This is a precursor skill for talking. • A child who now has meaningful words probably no longer babbles. The answer would still be “Yes”. In this case, there is no need to determine whether the child did babble or can babble because they have moved beyond this stage to a higher level of development.
17. Does your child look toward you (parent or caregiver) when hearing your (parent or caregiver’s) voice?	This question is not asking if the child makes eye contact or looks into the parent’s eyes. • Answer “Yes,” if the child looks in the direction of their parent or caregiver. • Answer “Yes,” if the child does this briefly or “sometimes” and include this information in the comments.

18. Does your child enjoy playing peek-a-boo/pat-a-cake?	This is a precursor skill to assess the child's enjoyment of joint attention or reciprocity-based games. • The question is asking if the child "enjoys" one of these games, not if they physically participate. The parent may be the one doing the activity, but the child still shows signs of enjoyment. • A child who is older may no longer be interested in these types of games so follow-up questions should be asked for accuracy. Did the child enjoy peek-a-boo or pat-a-cake when they were younger but now enjoy more advanced interactive games? For example, Chutes and Ladders, Candy Land, or Connect 4.
19. Does your child feed themselves a cracker or cookie?	• This question is assessing the physical act of getting food from hand to mouth, chewing and swallowing. • Answer "Yes," if the child can begin feeding themselves a cracker or cookie, but then the parent finishes. • Answer "Yes," if the child does this inconsistently. Include this information in the comments. • If the parent answers "No," ask follow-up questions to find out if the child feeds themselves any other types of foods. For example, the child feeds themselves Cheerios. The answer would still be "Yes".

NOTE STOP HERE IF THE CHILD IS LESS THAN 12 MONTHS

For 12 months and older

Question (Answer Yes or No)	**Helpful Hints and Things to Consider**
20. Does your child walk around the furniture while holding on with only one hand?	This is a precursor skill for walking without holding onto anything. • If the child is walking without holding onto anything, they have progressed beyond this stage and the answer is "Yes". • Answer "Yes," if the child does this, but falls. Include this information in the comments

21. Does your child crawl at least 5 feet on hands and knees, without stomach touching the floor?	This is a precursor skill for walking, running, or climbing. • If the child never crawled, but is now walking, running, or climbing, answer "Yes," UNLESS there is a physical impairment that keeps them from being able to crawl on their hands and knees. If so, answer "No," and include this information in the comments. • If the child is physically unable to perform this milestone, include what the limitations are in the comments. Also, include how they do move. For example, scoot on their bottom, creep, or the parent moves them.
22. Does your child hold a bottle or cup?	This is a precursor skill for drinking from a cup or glass. • Answer "Yes," if the child drinks from a cup or glass, even if they never performed this skill. • Answer "Yes," if the child can hold a "sippy cup". The cup does not have to be open for the answer to be "Yes".
23. Does your child move an object from one hand to the other?	This question is assessing whether the child can coordinate the two sides of their body together. • If the child is unable to do this, describe what they do instead. For example, the child turns his whole body to get the object to avoid crossing the midline, or the child drops the object on the floor first and then picks it up with the other hand.
24. Does your child pick up a small object with thumb and fingers?	• Answer "Yes," if the child only has the use of one hand but can complete the task with that hand. • If the parent is not sure what the question means, ask if the child can pick up an object using a pincer grasp and show, or explain, what that means.
25. Does your child coo or laugh or make other sounds of pleasure?	Ask how the child shows excitement or happiness to those they are comfortable around. If the parent or caregiver reports they do not show excitement or happiness, ask what the child does instead and include this information in the comments.
26. Does your child reach for familiar person when person holds out arms to them?	This is to assess understanding and response of non-verbal communication. • Answer "Yes," if the child does it with only some familiar people, or sometimes, briefly. Include comments to explain. • If the parent reports "sometimes" ask and include a more specific or average frequency. Explain under what circumstances a child might not do it. For example, the child doesn't do it when they are mad or busy with another activity. • Answer "No" if a child responds but cannot physically lift their arms. Include comments to explain that the child appears to understand and respond to non-verbal communication but has a physical barrier.

27. Does your child play with a doll or stuffed animal by hugging it?	This is to assess if a child shows affection or self-soothes. • Answer "Yes," if the child initiates hugging other objects, toys, pets, or people. Include this information in the comments. • Answer "No," if the child hugs a doll or stuffed animal only because a parent tells them to but does not initiate it on their own. Include this information in the comments.
28. Does your child suck OR chew on finger foods? (For example, crackers, cookies, toast, etc.)	This is to assess the child's oral feeding abilities needed for swallowing. • The child does not have to do both to achieve a "Yes" response. • Answer "No," if the child is tube-fed and unable to consume any food orally. Include this information in the comments. • Answer "No," if a child can only consume a meal that has been altered, for example pureed, to avoid choking or swallowing issues. Include this information in the comments.

NOTE STOP HERE IF THE CHILD IS LESS THAN 18 MONTHS

For Ages 18 months and older

Question (Answer Yes or No)	**Helpful Hints and Things to Consider**
29. Does your child stand in the middle of the room by themselves and take several steps forward?	This is a precursor skill for walking independently, climbing, jumping, and running. • Answer "Yes," if the child is able to take several steps forward and then falls. Include this information in the comments.
30. Does your child climb on furniture?	Helpful follow-up questions include: • How does the child get on and off a bed? • How does the child get on and off a sofa? • How does the child get on and off a chair?
31. Does your child turn the pages of a board, cloth, or paper book by himself/herself? **(S/he may turn more than one page at a time.)**	Answer "Yes," if the child can turn the pages of any type of book. Include what the child does and how they do it in the comments.

32. Without showing them how, does your child scribble back and forth when you give them a crayon (or pencil or pen)?	This is a precursor skill for writing letters or words and making shapes. • Answer “Yes,” if the child is able to make any type of back-and-forth scribble, regardless of how they hold the writing object. • Answer “Yes,” if the child no longer scribbles because they are now writing letters or words and making shapes. The child has moved beyond this stage to a higher level of development.
33. Does your child stack a small toy, block, cup, dish, or other object on top of another one?	This question is not asking for a specific number of objects or the length of time the child stacks objects. • Answer “Yes,” if the child is beginning to stack objects, briefly stacks objects, or does so but inconsistently. Include this information in the comments. • If question 49 is answered “Yes,” it would be incorrect to answer “No”. Confirm the scoring is consistent and correct.
34. Does your child respond to their name when you call?	• Answer “Yes,” even if the child does not respond every time their name is called. Include a comment to explain how often and the reasons the child might not respond. For example, the child is watching their favorite movie and does not respond to anything when he is watching it. • Responses can include: ◦ Turning toward the person calling their name. The child does not need to make eye contact. ◦ Verbal acknowledgement ◦ Change in behavior once their name is called ◦ Head movement ◦ Pause in activity ◦ Eye contact • Inquire to find out if there is another name or word, such as a nickname, that the child responds to. If so, include this information in the comments. • If the child is hearing impaired, and does not respond because of it, answer “No”. Include this information in the comments.

35. When playing with sounds, does your child make grunting, growling, OR deep-toned sounds?	This question is asking if the child makes these sounds, not what they are doing when they make the sounds. • Answer “Yes,” if the child makes grunting, growling, OR deep-toned sounds. The child only needs to do at least one of the sounds for the answer to be “Yes”. • Examples include the sounds of the following: ◦ A car; ◦ A motor; ◦ A train; or ◦ An animal.
36. Does your child say “Da-da” or “Ma-ma” or another name for parent or caregiver (including parents or caregiver’s first name or nickname)?	This is a precursor skill for more advanced language. • In nearly all cases, if question 36 is answered "Yes," question 16 should also be answered "Yes". Confirm the scoring is consistent and correct. • Answer “Yes,” if the child uses another name for the parent or caregiver consistently. For example, the child calls the parent by their first name, or a nickname. • Answer “No,” if the child says “Da-da” or “Ma-ma” for every person they encounter. • Answer “Yes,” if the child uses Sign Language or any other method of communication and can sign or identify the parent or caregiver’s name. Include this information in the comments.
37. When you ask your child to point to their nose, eyes, hair, feet, ears and so forth, does your child correctly point to at least **one** body part? (They can point to themselves, you, or a doll).	Answer “Yes,” if the child is starting to learn how to point to their body parts but does not get it right all of the time. Include this information in the comments.
38. If you point at a toy across the room, does your child look at it?	Answer “Yes,” if the child looks at a toy or object across the room when a parent points and asks them to look. The intent of this question is not asking if the parent is only pointing and not speaking.
39. Does your child ever use their index finger to point, to indicate interest in something?	• This question is specifically looking for the ability to isolate the index finger. Answer “Yes,” only if the child points with an index finger. • Inquire to find out if the child has any motor limitations that may impact their ability to do this. If so, include this information in the comments.
40. Does your child ever bring objects over to you?	Answer “Yes,” if the child takes the parent over to the object to show them. This question is intended to find out if a child shows interest in an item, so it is not specifically asking if the child only brings an object to the parent.

41. Does your child imitate you? For example, you make a face - will your child imitate it?	• The child can imitate people other than a parent and still score “Yes”. Include this information in the comments. • Imitations can include: ◦ Imitation of faces ◦ Gesture or body movements ◦ Sound or word production
42. Does your child take interest in other children?	• Other children include siblings. • A child does not need to interact with other children to show interest. Ways a child may show interest in other children include: ◦ Trying to imitate what another child is doing ◦ Observing, tracking, and monitoring other children with their eyes ◦ Responding to another child’s actions ◦ Getting excited when other children are around • Use investigative interviewing skills to make sure the child is not just interested in an object another child is holding, like a toy. Answer “No,” if this is the case and include this information in the comments.
43. Does your child eat solid foods? (For example, cooked vegetables, chopped meats, etc. *Not assessing nutritional value or adequate intake.*)	• Answer “Yes,” if the child is a picky eater and only eats specific solid foods. Include this information in the comments. • Answer “No,” if the child is only eating pureed foods or is fed through a feeding tube. Include this information in the comments.
44. Does your child like being hugged or cuddled?	• A child does not have to like being hugged or cuddled by multiple people for the answer to be “Yes.” If a child only likes to be hugged or cuddled by one person, for example their mom, answer “Yes,” and include this information in the comments. • A child does not have to enjoy being hugged or cuddled all the time for the answer to be “Yes.” There might only be certain times, for example, they like to be hugged or cuddled when they are happy or sad. Include this information in the comments • Answer “Yes,” if a child seeks ANY close physical contact with another person, such as sitting in someone’s lap or wanting a quick embrace. • The amount of time the child likes being hugged or cuddled is not factored into this question.

NOTE STOP HERE IF THE CHILD IS LESS THAN 24 MONTHS

For Ages 24 months and older

Question (Answer Yes or No)	Helpful Hints and Things to Consider
45. Does your child run?	• Answer “Yes,” if a child can run but is clumsy or falls. Include this information in the comments. • Answer “No,” if the child walks fast but does not actually run.
46. Does your child jump, with both feet leaving the floor at the same time? (That is, can s/he jump up?)	• This question is specifically asking if a child can jump up, off the floor. Other areas, such as on a trampoline or bed, are not considered here. • Answer “No,” if the child is not able to jump with both feet leaving the floor at the same time, for example, only does a gallop or tries. Include this information in comments.
47. Does your child flip light switches off and on?	• If a parent says the child is too short and cannot reach, ask if the child can do this when picked up so they can reach. • Ask follow-up questions to find out if the child understands cause and effect tasks like pushing a button to get a response. For example, if the child pushes a doorbell, they know the doorbell will ring.
48. Does your child put a small object in a cup and dump it out? (You may show them how.)	Answer "No," if the child is unable to dump the object out. Ask follow up questions to find out what they do instead. For example, the child will put his hand in the cup to take the object out. Include this information in the comments.
49. Does your child stack at least four small toys, blocks, cups, dishes, or other objects on top of each other?	• Answer “No,” if the child is stacking some objects, but less than four. Include this information in the comments. • Check question 33 to confirm the scoring is consistent and correct.
50. Does your child name at least three objects? (For example, bottle, dog, favorite toy, etc.)	• This question is asking if the child can identify at least three objects, either in spoken language, sign language, or any other method of communication. These objects can be the names of any person, place, or thing. • Answer “Yes,” even if the child is not able to say the words accurately. An approximation of the word is ok if it is only used for that object. For example, the child says “baba” instead of “bottle”. Include the objects the child can name in the comments. • Answer “No,” if the child just repeats sounds or words another person makes but is not actually identifying an object. Include this information in comments, clearly describing this type of behavior.

51. Does your child follow instructions with one action and one object? (For example, “Bring me the book,” “Close the door,” etc.)	• Answer “Yes,” if the child follows instructions, but not every time. Include times the child may not follow instructions in the comments. For example, when they are busy doing something else, or are not interested in following a certain instruction. • Answer “Yes,’ if the child is able to follow instructions, but does so with a picture schedule rather than from verbal commands. Include this information in the comments.
52. Does your child demonstrate understanding of the meaning “no”, or word or gesture with the same meaning? (For example, stops current activity briefly.)	• Answer “Yes,” if the child demonstrates they understand the meaning of “no.” The child does not need to comply or actually stop what they are doing, to demonstrate they understand the meaning of “no.” Responses may include: ◦ Briefly stopping what they are doing ◦ Arguing, talking back, or showing resistance ◦ Asking why • Answer “Yes,” if the child uses the word “no” in the right context. Include this information in the comments. • Answer “Yes,” if the child demonstrates an understanding of the meaning “no,” but uses another word, such as nope, uh-uh, or stop. Include this information in the comments.
53. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	• Answer “Yes,” if the child copies the activities with prompts. Include this information in the comments. • Answer “Yes,” if the child copies some activities but not others. Include this information in the comments.
54. Does your child play near another child, each doing different things?	This question is assessing the child’s tolerance of others in their same space. This includes the same room or the same playground. The children do not need to be right next to each other. This is a base skill for more complex social development. • Answer “Yes,” if the child plays near their siblings, but not near other children. Include this information in the comments. • Answer “Yes,” if the child will tolerate playing close to another child, even if they are each doing something different and not interacting. The child does not need to initiate play or interact. • Answer “Yes,” if the activity itself is the same as the activity other children are doing, but they are doing the activity individually, and not interacting.
55. Does your child hold and drink from a cup or glass? (Includes “sippy” cups.)	If this question is answered “Yes,” check question 22 to confirm the scoring is consistent and correct.

56. Does your child look at you when you talk to them?	• Answer “Yes,” if the child does this, but only briefly. Duration is not a factor. • Answer “Yes,” if the child does this sometimes, but not every time. Include times the child may not look at someone in the comments. For example, when they are busy doing something else, or are being disciplined.

NOTE STOP HERE IF THE CHILD IS LESS THAN 30 MONTHS

For Ages 30 months and older

Question (Answer Yes or No)	**Helpful Hints and Things to Consider**
57. While standing, does your child throw a ball or toy?	• This question is asking if the child can stand and throw an object. It is not asking if the child can throw the object far or straight.
58. Does your child ask questions beginning with what or where? (For example, “What’s that?” “Where doggie go?” etc.)	• This question is asking if the child can ask questions beginning with what or where. This applies to spoken language, sign language, or any other method of communication.
59. Does your child call themselves “I” or “me” more often than their own name? (For example, “I do it” more than “Mary (John) do it.”)	• This question applies to spoken language, sign language, or any other method of communication. • If the child uses both I or me and their first name, ask to get a more specific frequency to determine the best scoring based on what they use more often.
60. Does your child take off clothing that opens in the front (for example, a coat or sweater)? (Does not have to unbutton or unzip the clothing, etc.)	• Answer “Yes,” if the child can perform the task with prompts, but no hands-on help. The child must be able to completely remove items without hands-on assistance for the answer to be “Yes.” • Answer “No,” if the child needs hands on help to initiate or finish the task, except for unfastening the zipper or buttons. Include this information in the comments.
61. Does your child use a spoon to feed themselves?	• Answer “No,” if the child can use a fork but not a spoon. Include this information in the comments. • Answer “No,” if the child requires hand over hand feeding with the spoon ALL the time. Include this information in the comments. • Answer “Yes,” if the child starts the meal by spoon feeding independently or can use a spoon but prefers to use their hands or uses their hands more often than a spoon. • Answer “Yes,” if the parent or caregiver puts the food in the spoon and then the child feeds themselves using the spoon.

62. Does your child sleep at least 8 hours in a 24-hour period?	• Answer “yes,” if the child is not sleeping through the night but takes a nap later that day to make up the time. Include how long the child sleeps in the full 24-hour period in the comments.
63. Does your child do things over and over and can’t seem to stop? (Examples are rocking, hand flapping or spinning.) *	This is a Reverse Scoring Question used to assess a behavior that is atypical. • This question is not assessing a behavior that occurs one time or on rare occasion. It is assessing repeated behaviors that go beyond normal “bad days,” “terrible twos,” sibling rivalry, or accidents. • Describe the behavior in detail. Include: ◦ What does the child does; ◦ How often the behavior occurs; ◦ Under what circumstances the behavior occurs; and ◦ What is done to decrease, prevent, or stop behavior. If no intervention is needed, explain the reason for this.
64. Does your child destroy or damage things on purpose? *	This is a Reverse Scoring Question used to assess Emotional Regulation. • This question is not assessing a behavior that occurs one time or on rare occasion. It is assessing repeated behaviors that go beyond normal “bad days,” “terrible twos,” sibling rivalry, or accidents. • Answer “Yes,” if the child has intentionally destroyed something on multiple occasions, and it is considered a consistent behavior. • ONLY answer “Yes,” if actual damage was done with intent. Accidentally destroying or damaging something, should not be scored here. Describe the behavior in the comment section and score accordingly. • Ask follow up questions to find out if the parent or caregiver has noticed a consistent trigger that occurs prior to these events. Include this information in the comments. • Describe the behavior in detail. Include: ◦ What does the child does; ◦ How often the behavior occurs; ◦ Under what circumstances the behavior occurs; and ◦ What is done to decrease, prevent, or stop behavior. If no intervention is needed, explain the reason for this.

65. Does your child hurt themselves on purpose? *	This is a Reverse Scoring Question used to assess Emotional Regulation. This question is assessing behavior that is intentional, not accidental. • Answer "Yes," if the child has intentionally hurt themselves and the behavior caused an injury. For example, draws blood, leaves bruise, causes red marks, or the child is taken to the ER or doctor for medical attention. • Answer "Yes," if the child experienced injuries in the past, but no longer does because the intervention prevents it. For example, the child no longer bruises their face because the caregiver puts a pillow between the child's head and the floor to prevent it. • Ask follow up questions to find out if the parent or caregiver has noticed a consistent trigger that occurs prior to these events? Include this information in the comments. • Describe the behavior in detail. Include: ◦ What the child does to hurt themselves; ◦ How often the behavior occurs; ◦ Under what circumstances the behavior occurs; and ◦ What is done to decrease, prevent, or stop the behavior. If no intervention is needed, explain the reason for this.

NOTE STOP HERE IF THE CHILD IS LESS THAN 36 MONTHS

For Ages 36 months and older

Question (Answer Yes or No)	**Helpful Hints and Things to Consider**
66. Does your child stand (balance) on one foot for about 1 second without holding onto anything?	• Answer "Yes," if the child can balance on one foot without holding onto someone or something for at least 1 second. Include in the comments how long the child can do this.
67. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) S/he may hold onto the railing or wall.	• If the child is able to move up stairs alternating feet AND not holding onto anything, check question 66 to make sure the answers are consistent. • Answer "No," if the child is unable to use one foot on each step while going up stairs. Include how the child does move up the stairs in the comment.
68. Does your child turn the pages of a book one at a time?	• If the question is answered "Yes," check question 31, which should also be answered "Yes". • Answer "Yes," if the child turns the pages of any type of book one at a time. Examples include, cloth, board, paper, magazine. Include what type of book in the comments.

69. Does your child use simple words to describe things? (For example, dirty, pretty, big, loud, etc.)	• This question is asking if the child can use simple, descriptive words. This applies to spoken language, sign language, or any other method of communication. • Answer "No," if the child just repeats descriptive words another person uses but is not actually using the word to describe something. Include this information in the comments, clearly describing this type of behavior.
70. Does your child state their own first name OR nickname?	• This question is asking if the child can state their own name or nickname. This applies to spoken language, sign language, or any other method of communication. • The child does not need to state both their first name and nickname for the answer to be "Yes". • Answer "No," if the child just repeats their first name or nickname when another person says it but is not actually associating the word with their name. Include this information in the comments, clearly describing this type of behavior.
71. Does your child follow instructions with two actions or an action and two objects? (For, example, "Bring me the crayons and the paper", "Sit down and eat your lunch", etc.)	• Use investigative interviewing skills to determine if the child is actually following two step instructions, rather than associating activities by habit and repetition. For example, the child is told "put on your socks and shoes" and does so because the child only puts shoes on when he has socks on. But when asked, "bring me the pen and pad of paper" the child only brings the pen and has to be told again to bring the pad of paper.
72. Does your child pretend objects are something else? (For example, does your child hold a cup to their ear, pretending it is a telephone? Does s/he put a box on their head, pretending it is a hat? Does s/he use a block or small toy to stir food?)	• This question is asking if the child can pretend an object is something else, not if the child can play pretend games, such as being superheroes, playing dress-up, tea parties, or playing "mommy" or "daddy".
73. Does your child know if s/he is a boy or a girl?	This question is assessing the child's self-awareness and knowledge of how they view themselves. • If the parent is unsure, because the child is non-verbal, ask follow-up questions. For example, ask the parent if the child can point to a picture of a boy or a girl, or shake their head "yes" or "no" when asked if they are a boy or a girl. • If the parent, answers by saying "Yes" because the child prefers colors or toys that are associated with the opposite gender, ask more questions to make sure the child actually understands gender. For example, ask the parent to show the child a picture of a boy, point to the picture and ask, "Are you a boy?" Show a picture of a girl, point to the picture and ask, "Or are you a girl?"

74. Does your child pull up clothing with elastic waistbands? (For example, underwear or sweatpants)	• Answer “No,” if the child needs hands-on help to initiate or complete the task. Include this information in the comments. • Answer “Yes,” if the child is able to perform the task with verbal prompts. Include this information in the comments.
75. Does your child suck from a straw?	• Answer “Yes,” if the child can suck from a straw even if the parent is holding the cup. • Answer “Yes,” if the child can perform the task using any type of straw and include the information in the comments.
76. Does your child cry, scream, or have tantrums that last for 30 minutes or longer?*	This is a Reverse Scoring question used to assess Emotional Regulation. • Describe the behavior in detail. Include: ◦ What the child does when they have a tantrum. For example, throw themselves on the floor, scream. ◦ How often the behavior happens. ◦ How long the episodes last. ◦ What the triggers are, if any, that cause the tantrums. ◦ What is being done to decrease, prevent, or stop the behavior. If there is no intervention, explain the reason. For example, when the parent intervenes the behavior escalates. ◦ How the child stops the behavior. For example, falls asleep, gets distracted by something else, or parent gives the child a treat.
77. Does your child act physically aggressive? (For example, hits, kicks, bites, etc)*	This is a Reverse Scoring question used to assess Emotional Regulation. • This question is not assessing a behavior that occurs one time or on rare occasion. It is assessing repeated behaviors that go beyond normal “bad days”, “terrible twos”, sibling rivalry, or accidents. • Describe the behavior in detail. Include: ◦ What the behavior looks like. ◦ Who it is directed towards. ◦ How often the behavior happens. ◦ What the triggers are, if any, that cause the behavior. ◦ If the behavior caused any injuries. If so, what the injuries are, and how the situation is dealt with. ◦ What is being done to decrease, prevent, or stop the behavior.

78. Does your child have eating difficulties? (For example, eats too fast or too slowly, hoards food, overeats, refuses to eat, etc.)*	This is a Reverse Scoring question used to assess atypical behavior. Many children eat a little too fast, slow, or refuse certain foods and are considered “picky eaters”. • Use investigative interviewing skills to assess if the behavior puts the child at risk or disrupts the family. Include this information in the comments. • Ask if the child is being treated by a physician, nutritionist, or speech therapist because of eating difficulties.
79. Does your child sometimes stare at nothing or wander with no purpose?*	This is a Reverse Scoring question used to assess Self-Management, dysregulation by disengaging with the environment, and repetitive wandering behaviors. Examples include, walking the perimeter without intention to go somewhere, or pacing. • Describe the behavior in detail. Include: ◦ How often the behavior occurs ◦ How long the behavior lasts. ◦ What is done to decrease, prevent, or stop behavior. If no intervention is needed, explain the reason for this.

NOTE STOP HERE IF THE CHILD IS LESS THAN 48 MONTHS

For Ages 48 months and older

Question (Answer Yes or No)	**Helpful Hints and Things to Consider**
80. Does your child hop up and down on one foot?	• Answer “Yes,” if the child only hops up and down a few times and then falls. • Answer “No,” if the child performs the task while holding on to someone or something. Include this information in the comments.
81. Does your child pedal a tricycle or other three-wheeled toy at least 6 feet?	• Answer “Yes,” if the child is now riding a bike with or without training wheels. • Answer “Yes,” if the child is able to pedal six feet or more but is not doing it consistently. Include this information in the comments • Answer “No,” if the child moves the tricycle by using their feet, but not actually pedaling. Include this information in the comments.

82. Does your child walk down stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) S/he may hold onto the railing or wall.	• Answer "No," if the child is unable to use one foot on each stair while going down stairs, and include how they do move down stairs in the comments. • Check question 67 to make sure the answers are consistent. Explain in the comments if they are different.
83. Does your child wiggle their thumb, for example when using a TV remote control or video game controller?	This question is asking about the child's functional use of their thumb. Answer "Yes," if the child is able to do other tasks that involve the thumb. For example, the child is able to use their thumb to push buttons on a tablet.
84. Does your child unbutton one or more buttons, OR unfasten one or more Velcro straps? Your child may use their own clothing or a doll's clothing.	• Answer "Yes," if the child is able to unbutton buttons OR Velcro straps. They do not need to do both. • Answer "Yes," if the child is only able to do one button or one Velcro strap, but not the rest. Include this information in the comments.
85. Does your child use in, on, or under in phrases or sentences? (For example, "Ball go under chair," "Put it on the table," etc.)	• This question applies to spoken language, sign language, or any other method of communication. • Answer "No," if the child just repeats what another person says but is not actually saying the phrase or sentence on their own. Include this information in the comments, clearly describing this type of behavior.
86. Does your child say their first AND last name?	• This question applies to spoken language, sign language, or any other method of communication. • Answer "Yes," if the child is asked what their name is and responds accurately. • Answer "Yes," if the child does not respond when asked, but has been heard to say their first and last name in the right context.
87. Does your child follow instructions in "if-then" form? (For example, "If you want to play outside, then put your things away," etc.)	• Answer "Yes," if the child only follows the instructions when it is a preferred activity, but other times does not because they are not motivated by the "if" part. • The child does not need to do it all the time for the answer to be "Yes."
88. Does your child share toys or possessions when asked?	• Answer "Yes," if the child shares, but is not happy about doing so. Include this information in the comments. • Answer "Yes," if the child only shares with certain playmates or siblings. Include this information in the comments.

89. Does your child tell you the names of two or more playmates, including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.)	• This question applies to spoken language, sign language, or any other method of communication. • Answer "Yes," even if the child is not able to say the names accurately. An approximation of the name or nickname is ok if it is understood.
90. Does your child brush their teeth?	• Answer "Yes," if the child starts the task, for example only brushes the front teeth, or does the task but the parent brushes again because the child does not do an adequate job. • Answer "No," if the child only performs the task with hand over hand assistance.
91. Does your child urinate in a toilet or potty chair?	• Answer "Yes," if the child does urinate in a toilet or potty chair, but still has some accidents. • Answer "Yes," if the child urinates in the toilet or potty chair with prompts. • Answer "Yes," if a parent sits the child on a toilet or potty chair, and the child urinates.
92. Does your child defecate in a toilet or potty chair?	• Answer "Yes," if the child defecates in a toilet or potty chair, but still has some accidents. • Answer "Yes," if the child defecates in the toilet or potty chair with prompts. • Answer "Yes," if a parent sits the child on a toilet or potty chair, and the child defecates.
93. Does your child put on clothing that opens in the front (for example, a coat or sweater)? (Does not have to button or zip the clothing.)	• Answer "Yes," if the child can perform the task with verbal prompts. Include this information in the comments. • Answer "No," if the child needs hands-on assistance to initiate or complete the task.

NOTE STOP HERE IF THE CHILD IS LESS THAN 60 MONTHS

For Ages 60 months old, but less than 72 months old

Question (Answer Yes or No)	**Helpful Hints and Things to Consider**

94. Does your child open doors by turning doorknobs? (Includes doors that open and close with levers rather than traditional round knobs).	• Answer “Yes,” if the child is unable to reach the knobs but can open doors if picked up to reach the knob. • Answer “Yes,” if the child can open doors sometimes. Include this information in the comments. • Answer “No,” if the child is only able to open doors turning doorknobs with hand over hand assistance.
95. Does your child identify and name most common colors (that is, red, blue, green, and yellow)?	• This question applies to spoken language, sign language, or any other method of communication. • Answer “No,” if the child just repeats the names of colors when another person says them but is not actually associating the word with the color. Include this information in the comments, clearly describing this type of behavior.
96. Does your child follow three-part instructions? (For example, “Brush your teeth, get dressed, and make your bed,” etc.)	• Answer “Yes,” if the child follows some three-part instructions and understands them. Include this information in the comments. • Answer “No,” if the instructions have to be broken down and given one at a time in order for the child to follow them. Include this information in the comments.
97. Does your child take turns when asked while playing games or sports?	• Answer “Yes,” if the child does this when asked. They do not have to initiate the turn taking. • Answer “Yes,” if the child only takes turns when playing some games, but not others. Include this information in the comments.
98. Does your child play informal group games? (For example, hide-and-seek, tag, jump rope, catch, etc.)	Answer “Yes,” if the child plays and participates in these types of games. They do not have to initiate the play, and caregivers or friends can tell them what to do.
99. Does your child put shoes on correct feet? (Does not need to tie laces.)	• Answer “No,” if the child can physically perform the task, but is unable to identify which shoe goes on which foot. • Answer “No,” if the child has to be told which shoe goes on which foot.
100. Does your child wash their hands using soap and water? (May be reminded.)	Answer “Yes,” if the child can start or finish washing their hands, but the parent re-washes to make sure their hands are clean. Include this information in the comments.
101. Does your child use the toilet by themselves? (S/he goes to the bathroom, sits on the toilet, wipes, and flushes. May be reminded.)	Answer “No,” if the child is not able to perform all parts of this task independently. Include what tasks the child in unable to perform, how they are being helped, and by whom in the comments.

Â

Â

Ages 6-11 Overview

Introduction

In this chapter, you will learn about completing a PAS for customers ages 6 to 11 who have a developmental disability. The sections in this chapter are:

• Motor and Independent Living Skills (ILS)

• Communication Domain

• Behavioral Domain

For each section in this chapter, you will find:

• An overview of the topic

• Definitions

• Other helpful information

Â

Â

Motor and Independent Living Skills (ILS)

Overview

The ability or inability to perform Independent Living Skills (ILS) can be used as a practical measure when determining a person's need for long-term care services and risk of institutionalization.

The ILS include:

• Rolling and Sitting

• Crawling and Standing

• Ambulation

• Climbing Stairs or Ramps

• Wheelchair Mobility

• Dressing

• Personal Hygiene

• Bathing or Showering

• Toileting

• Level of Bladder Control

• Orientation to Settings Familiar to Individual

Things to Keep in Mind When Scoring Motor and Independent Living Skills (ILS)

• Gather information about the customer's ILS from the past year with emphasis on current performance.

• ILS may consist of several tasks. Consider ALL parts of the ILS that are relevant to the customer when scoring. Do not score just on the performance of part of the task. See the scoring section of the specific ILS for more details.

• Use investigative interviewing skills to gather enough information for the PAS.

• When it is clear that a customer needs more assistance than is received, that may be considered when scoring. This should be done conservatively, as it may be difficult to determine the exact amount of assistance needed. Comments must include a thorough explanation of this need and must state "scored based on need." See examples below.

NOTE Generally, a score based on need would not be higher than a 1.

• Consider the use of a service animal in scoring when the animal has been trained to assist the customer in performing specific ILS.

• Score based on what the customer actually does, not what the customer "could do" or "might be able to do."

NOTE See the specific ILS sections for possible exceptions when the customer does not have a physical or developmental barrier to performing the ILS.

Term	Definition

Limited hands-on assistance	A small portion of an entire task. For example, a caregiver only washes the customer's back during bathing.
Occasional hands-on assistance	When the customer needs hands-on help to complete an entire task sometimes, but not most of the time. For example, a customer needs her caregiver to pull her to a stand from bed each morning because her joints are stiff. As soon as she gets out of bed, she takes her medication and is then able to transfer independently to all other surfaces throughout the day.
Physical lift	When a caregiver actively bears some part of the customer's weight during movement or activity. NOTE This does not include steadying or guiding the customer.
Physical participation	The customer's active participation, not just being passive or cooperative. This includes the ability to complete a part of the task.
Service animal	A dog or miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Other species of animals, whether wild or domestic, trained, or untrained, are not considered service animals.
Supervision	When a caregiver observes the customer and is readily available to provide assistance, including verbal cues or reminders and set-up activities.
Typical performance	In general, means the level of skill or function the customer achieves most of the time.

Examples

Examples only provide guidance on scoring. They do not cover every possible situation.

The following table gives examples of cooperation as compared to participation

Cooperation	**Participation**
The customer raises her arms, and the caregiver threads the customer's hands and arms through shirtsleeves and pulls the shirt down.	The caregiver holds the customer's shirt so that the sleeves are easy to get to. The customer threads her arms through and tugs her shirt into place.
The customer turns his face toward the caregiver when asked to do so during face washing.	The customer washes his face once the caregiver prepares the washcloth and hands it to him.

The customer allows the caregiver to lean her to the side and place a slide board under her.	The customer leans over to her side, the caregiver places the slide board under her, and the customer slides onto the slide board.

Personal Hygiene – Score based on need

The customer is a six-year-old female diagnosed with Autism and Fetal Alcohol Syndrome. She currently lives with her mother. The Department of Child Safety (DCS) is involved due to reports from neighbors that the mother often leaves the customer with her 11-year-old brother (who is also DD eligible) for “days”. The neighbors also report they suspect her mother is involved with methamphetamines. The CPS worker reports the customer appears unkempt, has matted long hair, dirty long fingernails, and discolored teeth. The mother refused to participate in the PAS interview.

The Division of Developmental Disabilities Support Coordinator (DDD SC) reported that on her most recent visit, the customer’s hair was disheveled and matted, her hands were dirty with dirt beneath her fingernails, and the amount of plaque and food particles in her teeth indicate she has not been brushing.

The customer is given a score of 1 for personal hygiene, as she appears to need more assistance than she is currently receiving.

Bathing or Showering – Score based on need

The customer is an 11-year-old male diagnosed with Autism and Mild Intellectual Disability. He currently lives with his mother, but CPS is involved due to reports from neighbors that the mother often leaves the customer by himself for “days.” The neighbors also report they suspect his mother is involved with methamphetamines. The CPS worker reports the customer appears unkempt, extremely dirty, and has bad body odor. The customer is non-verbal, he only communicates by pointing at things he wants, so he was unable to answer questions for the PAS. The mother refused to participate in the PAS interview.

The DDD SC reported that on her most recent visit, the customer’s hair was dirty and oily, and his body appeared dirty and had an unpleasant odor.

The customer is given a score of 1 for bathing or showering, as he appears to need more assistance than he is currently receiving.

Â

Â

Rolling and Sitting

Overview

The score for Rolling and Sitting is based on how well the customer is able to roll and sit.

During the PAS Interview

Follow the questions in the scoring section to determine the customer's HIGHEST level of skill attained.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Scoring

Follow the steps below to determine the Rolling and Sitting score.

Step	Action
1	Is the customer able to assume and maintain a sitting position independently? • If YES, STOP. Give the customer a score of 0. • If NO, continue to step 2.
2	Is the customer able to sit without support for at least five (5) minutes? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 3.
3	Is the customer able to maintain a sitting position with minimal support for at least five (5) minutes? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4. NOTE Sitting with support includes either the physical support of another person or other types of support such as pillows or a specially made chair.
4	Is the customer able to roll from front to back and back to front? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 5.

5	Is the customer only able to roll from front to back? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 6.
6	Is the customer able to roll from side to side? • If YES, STOP. Give the customer a score of 5. • If NO, continue to step 7.
7	Is the customer able to lift head and chest using arm support when lying on stomach? • If YES, STOP. Give the customer a score of 6. • If NO, continue to step 8.
8	Is the customer able to lift head when lying on stomach? • If YES, STOP. Give the customer a score of 7. • If NO, continue to step 9.
9	Is the customer unable to lift head when lying on stomach? • If YES, STOP. Give the customer a score of 8. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Crawling and Standing

Overview

The score for Crawling and Standing is based on the customer's ability to crawl and stand.

During the PAS Interview

Follow the questions in the scoring section to determine the customer's highest level of skill attained.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Scoring

Follow the steps below to determine the Crawling and Standing score.

Step	Action
1	Is the customer able to stand well alone and balance well for at least five (5) minutes? • If YES, STOP. Give the customer a score of 0. • If NO, continue to step 2.
2	Is the customer able to stand unsteadily alone for at least one (1) minute? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 3.
3	Is the customer able stand with support for at least one (1) minute? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4. NOTE "Support" includes the help of another person or mechanical support, such as holding on to furniture.
4	Is the customer able to pull to a standing position? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 5.

5	Is the customer able to crawl, creep, or scoot? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 6.
6	Is the customer unable crawl, creep, or scoot? • If YES, STOP. Give the customer a score of 5. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Ambulation

Overview

The score for ambulation is based on the customer's ability to walk. Consider the quality of the ambulation ("walks well" vs. "walks unsteadily") and the degree of independence ("walks alone" vs. "walks only with physical assistance from others"). Independent ambulation with an assistive device, such as a walker or cane, would be considered "walking alone."

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the records. If the interview is held in-person include any observed differences in the comment section.

Ambulation Components	Tips to gather the correct information
How does the customer ambulate?	Use open-ended questions. Ask how the customer moves around. Here are some suggestions: • How well does the customer walk for normal distances? • What, if any, limitations does the customer have when walking on different terrains?
Who is involved?	When the customer gets assistance with ambulation, ask: • Who provides assistance; and • What assistance is provided?
How often?	Ask how often assistance is provided for the customer. Ask: • When does the customer need assistance; and • How often is the assistance provided?
What's the reason for any help provided?	Use statements that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Tell me what prevents the customer from walking on their own. • You said that you have trouble walking when surfaces are uneven. What makes this difficult for you?

Scoring

Follow the steps below to determine the Ambulation score.

Step	Action
1	Is the customer unable to walk? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Is the customer only able to walk with physical assistance from others? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 3.
3	Does the customer walk alone, but is unsteady and only able to walk short distances of about 10 to 20 feet? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Does the customer walk alone for a short distance (10 to 20 feet), and balance well but may have difficulty transitioning from one surface to another or walking on uneven terrain? For example, the customer has difficulty going from a carpeted floor to tile or walking on landscape rock. • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Does the customer walk well alone on all terrains? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Climbing Stairs or Ramps

Overview

The score for climbing stairs or ramps is based on the customer's ability to move up and down stairs or ramps.

During the PAS Interview

Follow the questions in the scoring section to determine the customer's highest level of skill attained.

NOTE Rate the use of ramps, rather than stairs, when the customer uses a wheelchair or other assistive device not used on stairs.

Scoring

Follow the steps below to determine the score for Climbing Stairs or Ramps.

Step	Action
1	Does the customer independently move up and down stairs or ramps without the need for a handrail? • If YES, STOP. Give the customer a score of 0. • If NO, continue to step 2.
2	Does the customer independently move up and down stairs or ramps, but needs to use a handrail? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 3.
3	Does the customer move up and down stairs or ramps, but needs physical assistance? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4. NOTE Physical assistance refers to assistance from another person.
4	Is the customer unable to move up or down stairs or ramps? • If YES, STOP. Give the customer a score of 3. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Wheelchair Mobility

Overview

The score for wheelchair mobility is based on the customer's ability to use a wheelchair. Do not score the customer's ability to transfer in and out of the wheelchair. The wheelchair can be motorized or manual. If both are used, score according to the chair used most of the time.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver and in the records. If the interview is held in-person, include any observed differences in the comment section.

Wheelchair Mobility Components	Tips to gather the correct information
If the customer uses a wheelchair, how does the customer move about?	Use open-ended questions. Ask how the customer moves around in a wheelchair. For example, how does the customer propel the wheelchair?
Who is involved?	When the customer gets assistance with wheelchair mobility, ask: • Who provides assistance; and • What assistance is provided?
How often?	Ask how often assistance is provided for the customer. Ask: • When does the customer need assistance; and • How often is the assistance provided?
What's the reason for any help provided?	Use statements that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Tell me what prevents the customer from self-propelling the wheelchair. • You said that you have trouble maneuvering to your bathroom. What makes this difficult for you?

Scoring

Follow the steps below to determine the Wheelchair Mobility score.

Step	Action
1	Does the customer need total assistance from another person to move a wheelchair? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the customer need some, but not total assistance from another person to move a wheelchair? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 3.
3	Is the customer able to move a wheelchair independently, but has difficulty steering or bumps into things? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Is the customer able to move a wheelchair independently, or does not use a wheelchair? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Dressing

Overview

The score for Dressing is based on the customer's ability to dress and undress. A customer can use adaptive clothing such as elastic waist pants, Velcro shoes, or shirts without buttons and still be considered independent.

Dressing includes putting on and removing regular pieces of clothing, such as:

• Underwear, including briefs and diapers

• Shirts

• Pants

• Shorts

• Dresses

• Socks and shoes

Dressing does not include:

• Putting on and removing leg braces, such as ankle foot orthoses (AFOs) or a freedom brace

• Matching colors

• Choosing appropriate clothing for the weather

• Laundering or ironing

NOTE When another person dresses the customer, determine if the customer needs assistance dressing due to a physical or developmental limitation or the caregiver dresses the customer for an unrelated reason.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information in the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records. If the interview is held in-person, include any observed differences in the comment section.

Dressing Components	Tips to gather the correct information

How does the customer get dressed and undressed?	Use open-ended questions and inquiry statements. Ask how the customer dresses and undresses. Here are some suggestions: • Describe the set-up process before the customer gets dressed. • How does the customer put on and remove upper body clothing? • How does the customer put on and remove lower body clothing? • Please describe how the customer opens fasteners (zippers, snaps, buttons, and clasps). • How does the customer close fasteners? • Tell me how the customer puts on and removes shoes. This includes slip on shoes, shoes that tie, and fastening Velcro straps.
Who is involved?	When the customer gets assistance with dressing, ask: • Who provides assistance; and • What assistance is provided?
How often?	Ask how often assistance is provided for the customer. Ask: • When does the customer need assistance; and • How often is the assistance provided?
What's the reason for any help provided?	Use statements or questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • What difficulties, if any, does the customer have getting dressed or undressed? • Tell me what prevents the customer from dressing on his own. • Please tell me more about how much help the customer receives when getting dressed.

Scoring

Follow the steps below to determine the Dressing score.

Step	Action

1	Does the customer require total hands-on assistance and does NOT physically participate most of the time? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Does the customer require hands-on assistance, but CAN physically participate most of the time? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 3.
3	Does the customer require hands-on assistance to start and complete the task? For example, help with putting arms through sleeves, legs in pants, fastening buttons or zippers. • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Is the customer able to complete the task with verbal prompts, cue by touch, materials setup, or other modifications? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Is the customer able to complete the task independently? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions
Cooperation	Actions taken by the customer that allow the caregiver to perform a task for the customer but are not an actual part of the task. For example, the customer raises his arms, and the caregiver threads the customer's hands and arms through shirtsleeves and pulls the shirt down
Cue by touch	Assisting the customer by touching the customer's arms, legs, feet, clothes, socks, or shoes to provide instructions for how to get dressed.
Physical Participation	The customer's active participation, not just being passive or cooperative. This includes the ability to complete part of a task.

Â

Â

Personal Hygiene

Overview

The score for Personal Hygiene is based on the customer's ability to complete grooming activities. These tasks include:

• Hair care

• Oral care

• Washing face and hands

• Nail care, for fingers and toes

• Menses care

• Use of deodorant

The customer may be able to perform some tasks better than others. Score based on the customer's ability to perform all tasks in personal hygiene and explain in comments.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Personal Hygiene Components	Tips to gather the correct information
How does the customer maintain personal hygiene?	Use open-ended questions or inquiry statements. • Ask what happens for each part of personal hygiene. Here are some suggestions: ◦ How does the customer's hair get combed or brushed? ◦ Tell me about the customer's oral hygiene routine. ◦ How does the customer wash his face and hands? • Make sure to get information for all grooming tasks.
Who is involved?	Ask the customer and caregiver: • Who provides assistance; • What assistance is provided; and • How the customer participates.
How often does it happen?	For each personal hygiene task, ask how often it is done AND how often assistance from others is provided.

What is the reason for any help provided?	Use inquiry statements or ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Please tell me the reason that you do that for him. • Please describe what prevents the customer from being able to complete the task on her own.

Scoring

Follow the steps below to determine the Personal Hygiene score. Score is based on all grooming tasks that the customer requires. If the customer does not need a task done at all, do not consider it in scoring.

Step	Action
1	Does the customer require total hands-on assistance for all grooming tasks that are required and does NOT physically participate? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Does the customer require hands-on assistance for all grooming tasks that are required, but CAN physically participate? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 3.
3	Does the customer require hands-on assistance to start or complete grooming tasks most of the time? OR Does the customer require hands-on assistance for some, but not most grooming tasks that are required? • If YES to either question, STOP. Give the customer a score of 2. • If NO to both, continue to step 4.
4	Is the customer able to complete all grooming tasks that are required with verbal prompts, cue by touch, or materials setup most of the time? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Is the customer able to independently complete all grooming tasks that are required most of the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions
Oral Care	Cleaning the mouth and teeth, including dentures, of food debris and dental plaque. For people without teeth or dentures, oral care includes cleaning the mouth and gums.
Physical Participation	The customer's active participation, not just being passive or cooperative. This includes the ability to complete a part of the task. See DD 6-11 Motor and Independent Living Skills section for examples.
Set-up	Scoring for set-up involves more than simply making grooming items available. Examples of set-up include: squeezing the toothpaste to the top of the tube to make it easier for the person to apply the toothpaste themselves, setting up adaptive holders and long handles for toothbrushes or hairbrushes.

Example

The following example uses a table to help determine the score for the customer. Use this table for guidance to choose the appropriate score. The score with the majority of "X's", is the correct score.

The customer's mother reports that, with daily verbal prompts and set up, the customer washes his hands and face, puts deodorant on, and brushes his teeth. His hair is kept short, so combing is not needed. Nail care is done once monthly by his mother because when he has tried to do this, he makes himself bleed.

	SCORE				
TASK	**0**	**1**	**2**	**3**	**4**
Hair Care	n/a				
Tooth brushing		X			
Washing Face and Hands		X			
Nail Care					X
Menses Care	n/a				
Deodorant		X			

Explanation:

Looking at the task as a whole, the customer's needs and abilities mostly fall within a score of 1. He only needs a greater level of caregiver support to complete or finish one of the tasks (nail care). A score of 1 is appropriate.

Â

Â

Bathing or Showering

Overview

The score for Bathing or Showering is based on the customer's ability to complete the bathing or showering process. This process includes:

• Drawing the bath water

• Setting the temperature for a shower

• Washing, rinsing, and drying all body parts

• Shampooing hair

• Taking sponge baths for the purpose of maintaining adequate hygiene and skin integrity

Bathing or showering does not include:

• The ability to wash face and hands when not taking a bath or showering. Score under Personal Hygiene.

• The ability to transfer in and out of a tub or shower. This is not scored in the DD 6-11 tool.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Bathing or Showering Components	Tips to gather the correct information
How does the customer bathe?	Use open-ended questions or inquiry statements • Ask what happens for each part of the bathing process. Here are some suggestions: ◦ Who turns the water on and sets the temperature? ◦ Describe how the customer's body and hair are being washed. ◦ Who is drying the customer's body? ◦ Tell me about the customer's bathing routine. ◦ Please describe any assistive devices the customer uses, such as grab bars, shower chair or washing aides. • Make sure you get all the information that is needed.

Who is involved?	Ask the caregiver and customer: • Who provides assistance; • What assistance is provided; and • How does the customer participate?
How often does it happen?	Ask how often the customer bathes AND how often assistance from others is provided.
What is the reason for any help provided?	Use inquiry statements or ask questions that invite the caregiver or customer to tell you the reason help is needed. Here are some suggestions: • Please tell me the reason that you do that for him. • Please describe what prevents the customer from being able to complete the task on her own.

Scoring

Follow the steps below to determine the Bathing or Showering score.

Step	Action
1	Does the customer require total hands-on assistance and does NOT physically participate? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Does the customer require hands-on assistance with most bathing tasks, but CAN physically participate? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 3.
3	Does the customer require extensive verbal prompts? OR Does the customer require limited hands-on assistance or occasional hands-on assistance most of the time? • If YES to either question, STOP. Give the customer a score of 2. • If NO to both questions, continue to step 4.

4	Does the customer require verbal prompts for washing and drying? OR Does the customer require physical help drawing water or checking the water temperature most of the time? • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 5.
5	Is the customer able to complete the activity independently most of the time, with or without assistive devices? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions
Assistive Devices	Devices that are designed, made, or adapted to assist a person to perform a particular task. Examples: grab bars, long-handled loofah, shower chair
Verbal prompts vs Extensive verbal prompts	Verbal prompts are similar to reminders to bathe or shower. Extensive verbal prompts give the customer step by step directions on how to bathe or shower.

Â

Â

Toileting

Overview

The score for Toileting is based on the customer's ability to initiate and care for bladder and bowel functions.

The following are not considered when scoring:

• The ability to transfer on and off the toilet.

• The ability to wash hands, which is scored under Personal Hygiene.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Toileting Components	Tips to gather the correct information
How does the customer initiate and care for bowel and bladder functions?	Use open-ended questions or inquiry statements. Ask what happens during the toileting process. Here are some suggestions: • Please describe the customer's toileting routine. • How does the customer let someone know she needs to use the restroom? Or, if she doesn't, is she on a toileting schedule?
Who is involved?	Ask the caregiver or customer: • Who provides assistance; • What assistance is provided; • How does the customer participate; and • How often is assistance provided for toileting?
What's the reason for any help provided?	Ask questions that invite the caregiver or customer to tell you the reason help is needed. Here are some suggestions: • What limits the customer from completing the task independently? • Tell me more about the reason a toileting schedule is used.

Scoring

Follow the steps below to determine the toileting score.

Step	Action
1	Does the customer require total caregiver intervention because they neither perform nor indicate the need for toileting most of the time? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Does the customer: Avoid accidents by using a toileting schedule because they do not indicate the need for toileting? AND Require hands-on assistance to complete or perform the task most of the time? • If YES to both questions, STOP. Give the customer a score of 3. • If NO to either question, continue to step 3.
3	Does the customer indicate the need for toileting, but requires hands-on assistance to complete or perform the task, such as help with fasteners, wiping, or flushing the toilet most of the time? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Is the customer able to complete the task with verbal prompts, cue by touch, or materials setup most of the time? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Does the customer toilet independently most of the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Cue by touch	Using physical cues given on the customer's body to support understanding of the toileting process. For example, tapping on the customer's leg before asking them to pull their pants down.

Verbal Prompts	Providing verbal direction on how or when to use the toilet. This includes the use of a toileting schedule.
Setup	Actions taken before or during the toileting process to assist the customer. Examples include, having the toilet paper ready for use, lifting the lid on the toilet seat, placing a step stool near the toilet.

Â

Â

Level of Bladder Control

Overview

The score for level of bladder control is based on the customer's ability to control the elimination of urine.

Consider the following when scoring:

• Evaluate the typical level of bladder control.

• Do NOT rate temporary incidents that are due to an acute illness or medication.

During the PAS Interview

Follow the questions in the scoring section to determine the customer's highest level of skill attained. Make comments to indicate if accidents occur during the day, at night, or both.

Scoring

Follow the steps below to determine the toileting score.

Step	Action
1	Does the customer have complete bladder control (no more than two accidents per year)? • If YES, STOP. Give the customer a score of 0. • If NO, continue to step 2.
2	Does the customer have some bladder control, with accidents happening LESS than seven times per week? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 3.
3	Does the customer have some bladder control, but accidents happen AT LEAST seven times per week? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Does the customer have any bladder control? • If NO, STOP. Give the customer a score of 3. • If YES, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Orientation to Settings Familiar to Individual

Overview

This section is used to assess the customer's orientation to familiar settings. These settings include: the customer's home, the school the customer attends, and any other setting where the customer spends a significant amount of time (grandparents' home, church).

During the PAS Interview

Use the questions in the scoring table below to get a clear, complete picture of the customer's ability to orient to familiar settings. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the records. If the interview is held in-person include any observed differences in the comment section.

Scoring

Follow the steps below to determine the score for Orientation to Settings Familiar to Individual.

Step	Action
1	Does the customer know the way around all areas in a familiar setting? • If YES, STOP. Give the customer a score of 0. • If NO, continue to step 2.
2	Does the customer know the way around some, but not all familiar settings without prompting or physical assistance? For example, the customer knows the way around the home, without prompting or physical assistance, but at school needs an aide to find the cafeteria. • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 3.
3	Does the customer know the way from room to room in a familiar setting with prompting, but does not need physical assistance? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Does the customer only orient from room to room in a familiar setting with physical assistance? • If YES, STOP. Give the customer a score of 3. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Communication and Cognitive Domain

Introduction

In this chapter, you will learn about:

• Expressive communication

• Clarity of communication

For each section in this chapter, you will find:

• An overview of the topic;

• Any definitions needed; and

• Other helpful information.

Â

Â

Expressive Verbal Communication

Overview

This section is used to assess the customer's ability to communicate thoughts verbally with words or sounds. Other forms of communication will be assessed in "Clarity of Communication."

During the PAS Interview

Use the questions in the scoring table below to get a clear, complete picture of the customer's ability to communicate thoughts verbally with words or sounds. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the records. If the interview is held in-person include any observed differences in the comment section.

Scoring

Follow the steps below to determine the score for Expressive Verbal Communication.

Step	Action
1	Is the customer able to carry on a complex or detailed conversation, including topics of interest to the customer? For example, the customer has a favorite video game that he talks about in detail. • If YES, STOP. Give the customer a score of 0. • If NO, continue to step 2.
2	Is the customer only able to carry on a simple **brief** conversation, such as talking about everyday events? For example, mom asks, "How was your day at school?" The customer responds with, "It was boring." Then mom adds, "What did you have for lunch?" The customer answers, "We had hamburgers and fries." • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 3.
3	Is the customer only able to use simple two- or three-word phrases, such as "I go," "give me", or "I want juice"? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Is the customer only able to use a few simple words and associate words with appropriate objects, such as names of common objects and activities (ball, juice, dog, walk)? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 5.

5	Does the customer use a personal language or sounds to communicate very basic concepts, but does not use any words? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 6.
6	Is the customer unable to make any sounds which are used to communicate, but may be able to babble, laugh, or cry? • If NO, STOP. Give the customer a score of 5. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Clarity of Communication

Overview

Clarity of communication is the customer's ability to speak in a recognizable language or use a formal symbolic substitution, such as American Sign Language. When the customer has more than one form of communication, score based on what is best understood.

During the PAS Interview

Use open-ended questions and inquiry statements to get a clear, complete picture of the customer's ability to communicate effectively. Some suggested questions and inquiry statements are:

• What does the customer do to communicate with others?

• Please tell me more about how the customer lets you know something is needed.

Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Scoring

Follow the steps below to determine the score for Clarity of Communication.

Step	Action
1	Does the customer use a recognizable language, non-verbal form of communication, or formal symbolic substitutions, such as writing a note or American Sign Language? • If NO, STOP. Give the customer a score of 4. • If YES, continue to step 2.
2	Does the customer use speech or another form of communication that is ONLY understood by those who know the person well or who are trained in the alternate form of communication? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 3.
3	Does the customer use a non-verbal form of communication that others understand, such as writing, communication board, gestures, or pointing? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.

4	Does the customer use speech that is understood by strangers with some difficulty? For example, the customer's speech is unclear and others can only understand most of the words by paying close attention. • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Does the customer speak clearly and is easily understood? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Behavioral Domain

Overview

This section identifies certain behaviors that may indicate the need for caregiver intervention. Scores are based on both the frequency and the level of intervention needed to control the problem behavior.

These behaviors include:

• Aggression

• Verbal or Physical Threatening

• Self-Injurious Behavior

• Running or Wandering Away

• Disruptive Behaviors

Things to Keep in Mind When Scoring Behaviors

• Behaviors should be assessed based on the last 12 months with emphasis on current behavior.

• View the behavior in the context of the reasonable expectation of a child this age. For example, sibling teasing or arguing that does not escalate to serious threats or acts of aggression may be considered normal in a child within this age group.

• The level of the intervention has more impact than the frequency of the behavior. For example, a minor behavior such as whining may occur daily but not be a serious problem because verbal redirection is only provided in a few situations. Verbal redirection happens when out in public, but no intervention is given at home.

• Behaviors and the invention scored above a zero must be described in the comment section. If a behavior occurs but the score is zero, the details must be put in the summary.

• When more than one type of intervention is used, score based on the most common method. For example, if verbal redirection is used once or twice a week, but a chemical restraint is given daily, score based on the use of a chemical restraint.

Definitions

Term	Definition
Constant	At least once a day.
Frequent	Weekly to every other day.
Intervention	Therapeutic treatment, including the use of medication, behavior modification and physical restraints to control the customer's behavior. Intervention may be formal or informal and includes actions taken by friends or family.

Medical Attention	Examination and treatment by a medical professional or Primary Care Provider (PCP) resulting from inappropriate behavior. Some examples of medical attention include, but are not limited to: • Treatment received by an emergency medical technician (EMT) • Treatment or examination by a psychiatric hospital provider • Examination or treatment received at a medical hospital
Occasional	Less than weekly.
Physical Interruption	Requires immediate hands-on interaction of the caregiver to stop the customer's behavior or the customer is receiving a chemical restraint specifically for the behavior.
Verbal redirection	A way of managing behavior by verbally expressing a command or request. For example, "Chairs are for sitting. No standing, please."
Physical redirection	Using touch to redirect the customer to perform more appropriate behavior. For example, a parent takes away a dangerous object from the customer and replaces it with a safer one.

Example: Comparison of Physical interruption, Physical redirection, and Verbal redirection

Background information:

The customer is a 10-year-old male diagnosed with Autism and ADHD. The father reports when the customer starts feeling overwhelmed his body will start shaking, his fists clench, and he makes growling sounds. The father reports the customer is working with a therapist to identify coping skills that relieve stress and decrease adverse behaviors. The customer told his parents that when he is feeling overwhelmed the thing that helps the most is to go out to the backyard and "shoot hoops." He said it also helps to eat Frito's corn chips. He's not sure why, "maybe because crunching on something that tastes good calms me down."

Intervention	**Example**

Physical interruption	The customer's father reports that last week the customer was playing a video game in the living room. His two younger sisters were also in the living room playing and jumping on the couch. The father said he was in the other room and heard the customer start yelling at his sisters, "shut up and stop jumping or I am going to shut you up." The father said he immediately stopped what he was doing to go to the living room but by the time he got there, the customer had both of his sisters pinned down on the couch. The father immediately pulled the customer off his sisters, took him by the arm to the backyard and told him to go cool off and shoot some hoops.
Physical redirection	The customer's father reports that last week the customer was playing a video game in the living room. The father said he was in the living room playing a board game with his daughters and noticed that the customer was getting frustrated with the game he was playing. The customer's body started shaking, he stated yelling "I hate this stupid game" and then started to hit himself in the head with the controller. The dad stopped what he was doing, put his hand on the customer's shoulder, took the video controller away and said, "come on let's go outside and shoot some hoops."
Verbal redirection	The customer's father reports that last week the customer was playing a video game in the living room. The father said he was in the living room playing a board game with his daughters and noticed that the customer was getting frustrated with the game he was playing. The customer's body started shaking, he stated yelling "I hate this stupid game" and then started to hit himself in the head with the controller. The dad was able to stop the behavior by saying, "Snack time everybody! Let's go to the kitchen and get some Frito's and apple juice."

Â

Â

Aggression

Overview

Aggression is physically attacking another person. Some examples of aggression are:

• Throwing objects at a person

• Punching

• Biting

• Pushing

• Pinching

• Pulling hair

• Scratching

The following are not included in the score, but are included in the PAS summary:

• One-time incidents that did not result in a serious injury needing medical attention

• Self-injurious behavior

• Physically hurting a pet or animal

• Making verbal threats without any physical contact

• Destruction of property not directed towards another person

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Aggression Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of aggression	Is the behavior directed toward another person?	Ask questions or use inquiry statements such as: • Describe the customer's physical attacks towards another person. What does he do? • When the customer throws things "all over the place", does she ever throw these items at another person? • You said she threw a bottle and broke the television. What was the target when she threw the bottle?

	Are there safety concerns or risks with the behavior	Ask questions such as: • Does the customer put others at risk by doing this? • What are the risks involved? • Has he hurt another person before due to this behavior? • How does this jeopardize the safety of others?
Determine the intensity of the intervention	How often someone intervenes, as well as the effort and physical involvement	Ask questions such as: • What is done in response to this aggressive behavior? • How often is the intervention used? • What method of intervention is used most often? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens when this does not stop the aggression? NOTE Document all information received about any interventions for aggression in the comment section.
Determine the frequency of the behavior	The past year	Ask questions such as: • How often does the behavior occur? • Did the customer's behavior cause a serious injury in the past year that required medical attention? If so, when did it happen and what type of medical attention was received. • When was the last time this behavior happened?

Step	Action
1	Has the behavior caused one or more injuries in the last year? AND Does the behavior require close supervision and physical interruption? • If YES to both questions, STOP. Give the customer a score of 4- Extremely Urgent Problem. • If NO to either question, continue to step 2.

2	Does the behavior: Occur at least once a day and require close supervision, CONSTANT verbal redirection or physical interruption, or a combination of the three interventions? OR Occur less than daily but requires physical interruption each time? • If YES to either question, STOP. Give the customer a score of 3 – Serious Problem. • If NO to both questions, continue to step 3.
3	Does the behavior: Occur weekly to every other day? AND Require close supervision, verbal redirection or physical redirection, or a combination of the three interventions? • If YES to both questions, STOP. Give the customer a score of 2 – Moderate Problem. • If NO to either question, continue to step 4.
4	Does the behavior: Occur less than weekly? AND Require some additional supervision or verbal redirection in a few situations, or a combination of both? • If YES to both questions, STOP. Give the customer a score of 1 – Minor Problem. • If NO to either question, continue to step 5.
5	Has the aggressive behavior either: Not been observed? OR Occurred, but not at a level that requires intervention? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step.

Â

Â

Verbal or Physical Threatening

Overview

Verbal or physical threatening is behavior in which the customer verbally or physically threatens to hurt themselves or others or break objects.

NOTE Do not include acts of physical aggression or self-injurious behavior.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Verbal or Physical Threatening Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of verbal or physical threatening?	Is the customer making verbal or physical threats towards themself, others, or objects?	Ask questions and use inquiry statements such as: • Describe what the customer says to threaten themself, others, or objects. • How does the customer physically threaten others? • How often do these threats cause fear or aggression in others? • How do others react to the customer's threats?
Determine the intensity of the intervention	Consider how often someone intervenes, as well as the effort and physical involvement	Ask questions such as: • What is done in response to this threatening behavior? • How often is the intervention used? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens when this does not stop the threatening behavior? NOTE Document all information received about any interventions for threatening behavior in the comment section.
Determine the frequency of the behavior	Consider the past year.	Ask questions such as: • How often does the behavior happen? • Did the customer's behavior cause a serious incident in the past year that resulted in aggression from another person? • When was the last time this behavior happened?

Scoring

Follow the steps below to determine the score for Verbal or Physical Threatening.

Step	Action
1	Has the behavior caused one or more serious incidents in the last year that meets both of the criteria below: Always generates fear or is likely to result in aggression from others; AND Requires close supervision and physical interruption. • If YES to both, STOP. Give the customer a score of 4 – Extremely Urgent Problem. • If NO to either, continue to step 2.
2	Does the behavior: Occur at least once a day, sometimes cause fear or aggression in others, AND require close supervision, CONSTANT verbal redirection, physical interruption, or a combination of the three interventions? OR Occur less than daily, sometimes causes fear or aggression in others, AND requires physical interruption? • If YES, STOP. Give the customer a score of 3 – Serious Problem. • If NO, continue to step 3.
3	Does the behavior meet ALL the following criteria? • Occurs weekly to every other day; • Sometimes cause fear or aggression in others; AND • Requires close supervision, frequent verbal redirection or physical redirection, or a combination of the three interventions? • If YES, STOP. Give the customer a score of 2 – Moderate Problem. • If NO, continue to step 4.
4	Does the behavior meet ALL the following criteria? • Occurs less than weekly; AND • Is not taken seriously, does not frighten others, or result in aggression from others; BUT • Requires some additional supervision or verbal redirection, or a combination of both. • If YES, STOP. Give the customer a score of 1 - Minor Problem. • If NO, continue to step 5.

5	Has the behavior not been observed? OR Does the behavior occur, but not at a level that requires intervention? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 4:

The customer is an 11-year-old male diagnosed with Autism and Oppositional Defiant Disorder. The first three months of school, he was quiet and kept to himself. One morning the teacher was walking down the hallway and saw the customer yelling and screaming obscenities at three boys, throwing his books on the floor, and clenching his fists as if he was going to punch someone. The teacher explained that the customer, although only 11, is almost 6 feet tall and weighs 170 pounds. The three boys were extremely scared, and visibility shaken. The teacher said he had to immediately step in between the customer and the three boys and physically escort the customer to the principal's office. The customer now has a 1:1 aide with him at all times to prevent this behavior from happening again.

The behavior generated fear in all three boys and required physical interruption. The customer now requires close supervision when he is at school.

Score of 3:

The customer is an 11-year-old female who lives in a group home with 6 other females. She is diagnosed with Mild Intellectual Disability, ADHD, and Bipolar Disorder. Staff report that she is easily agitated by others in the group home and, on a daily basis, will yell and scream at them and say things like, "if you don't shut your mouth, I will shut it for you." Often the customer is in the other room when she makes this threat, but when she is in close proximity of others, they are afraid of her. The staff must stop what they are doing and ask her to calm down (occurs throughout each day), and when the customer is extremely agitated, they will take her by the arm and escort her to her room.

The behavior occurs at least once a day, sometimes causes fear in others, and requires constant verbal redirection and sometimes physical interruption.

Score of 2:

The customer is a 9-year-old male who lives with his parents and 2 older sisters. He is diagnosed with Autism. His mother said there are times when he threatens his sister's when they are all jumping on the trampoline. The customer gets mad when they laugh at him because he falls. He runs after them and says he is going to throw them off the trampoline at least twice a week. Sometimes the sisters are afraid because he has gotten close to them, but mostly they are not afraid because they play on the opposite side of the trampoline and are able to climb off before he can get to the other side. The mother and father report that one of them must be with him the entire time he is on the trampoline to monitor his behavior.

The behavior occurs weekly to every other day (at least twice a week), sometimes causes fear, and requires close supervision.

Score of 1:

The customer is a 6-year-old female diagnosed with Mild Intellectual Disability. Approximately, three times a month, she threatens to hit her siblings and parents when they start talking when she is watching her favorite show on TV. She is verbally redirected and told "this is not appropriate behavior". The customer stops the behavior. The parents and siblings do not take

her threats seriously.

The behavior occurs less than weekly, is not taken seriously, and requires some verbal redirection.

Score of 0:

The customer is a 7-year-old male diagnosed with Mild Intellectual Disability. His mother reports that when he gets frustrated or upset, he kicks his legs and throws air punches at his 18-year-old sister. The behavior does not cause fear and does not require an intervention.

The behavior occurs, but not at a level requiring intervention.

Â

Â

Self-Injurious Behavior

Overview

Self-Injurious Behavior (SIB) is repeated actions that cause physical injury to a person's own body. Some examples of SIB are:

• Biting

• Repeatedly cutting or scratching skin

• Putting inappropriate objects into ear, mouth, or nose

• Repeatedly picking at skin or sores

• Head slapping or banging

The following are not included in the score:

• Medical non-compliance issues, such as not following medical advice

• Lifestyle choices, such as sexual activity, smoking, or drug abuse

• Scratching in response to a rash or other skin condition that causes itching

During the PAS Interview

The table below has tips for getting clear, complete information during the interview. Put this information in the comments, and always include who gave the information.

Self-Injurious Behavior Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the description of self-injurious behavior	Does the repeated behavior cause physical harm to the body?	Ask questions or use inquiry statements such as: • Describe what the customer does that causes harm to his body. • How is this causing physical harm to her body?
Determine the intensity of the intervention	How often the intervention is needed, and how much time and effort the intervention takes.	Ask questions such as: • What is done in response to this behavior? • How often do you respond that way? • How well does this intervention work? • What happens when you don't respond this way? • What happens when the action taken does not stop the behavior?

Determine the frequency of the behavior	The past year.	Ask questions such as: • How often does this behavior happen? • How seriously was he hurt? • Has the customer needed medical attention due to this behavior? Tell me more about that. • When was the last time this behavior happened?

Scoring

Follow the steps below to determine the score for Self-Injurious Behavior. When the behavior and intervention don't fall into the same scoring criteria, score based on the intervention most frequently used.

Step	Action
1	Does the behavior meet the following criteria? Has caused one or more serious injuries in the last year requiring immediate medical attention; AND Requires close supervision and physical interruption. • If YES to both questions, STOP. Give the customer a score of 4 – Extremely Urgent Problem. • If NO to either question, continue to step 2
2	Does the behavior: Occur at least once a day and require close supervision, CONSTANT verbal redirection, physical interruption, or a combination of these interventions? OR Occur less than daily but requires physical interruption? • If YES to either question, STOP. Give the customer a score of 3 – Serious Problem. • If NO to both questions, continue to step 3.
3	Does the behavior: Occur at least weekly but less than daily? AND Require close supervision, verbal redirection, physical redirection, or a combination of these interventions? • If YES to both questions, STOP. Give the customer a score of 2 – Moderate Problem. • If NO to either question, continue to step 4.

4	Does the behavior: Occur less than weekly? AND Require some additional supervision, verbal redirection, or a combination of both in a few situations? • If YES to either question, STOP. Give the customer a score of 1 – Minor Problem. • If NO to both questions, continue to step 5.
5	Does the behavior occur, but not at a level that requires intervention? OR Has the behavior not occurred in the last year (including if chemically controlled)? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 4:

The customer is an 11-year-old male diagnosed with Autism and Conduct Disorder. His mother reports that when there is a change in his routine, he becomes very angry and agitated. She said he bangs his head against the walls in the home, including a concrete wall that is in his bedroom. Two incidents in the past year resulted in hospitalization. Both times he had a concussion and needed stiches. She said she has learned what his triggers are and sometimes can stop the behavior by offering him his favorite snack to distract him. Most of the time, his parents are unable to stop the behavior and must intervene by placing him in a “bear hug” hold until he calms.

The behavior has caused immediate medical attention (two hospitalizations) in the past year and requires close supervision and physical interruption.

Score of 3:

The customer is a 9-year-old male diagnosed with Autism and Mild Intellectual Disability. His father reports that when the customer gets upset, he pinches himself on the arms and legs. The father reports this behavior happens at least 5 times a week. The father said that the customer pinches himself so hard he has broken the skin and left bruises, but he has not needed immediate medical attention. The father said the only thing that stops the behavior is when he or his wife intervene and hold the customer’s arms tightly to his side until he clams down. This can take up to 30 minutes.

Although the behavior does not occur daily, the intervention is always physical interruption.

Score of 2:

The customer’s mother reports that the customer punches himself in the head when he is angry or upset. This happens about once a week. The behavior has caused headaches and bruising. The mother reports she or her husband talk to the customer until he calms down.

The behavior occurs weekly and requires supervision and verbal redirection.

Score of 1:

The customer's mother reports that approximately once a month the customer will have a "meltdown" when doing homework that she doesn't understand. The mother said the customer will grab her hair on each side of her head with her hands. The mother said sometimes the customer just does this for a second, and mom doesn't do anything about it. But there are times when the customer has pulled her hair out in clumps. The mother said, she will calmly tell the customer that she can take a break and come back to her homework later.

The behavior occurs less than weekly and sometimes requires verbal redirection.

Score of 0:

The customer is a 6-year-old female diagnosed with Epilepsy. Her mother reports that approximately every other day the customer gets upset when her mom does not let her eat sweets for breakfast. The customer will cry and bang her fists on the dining room table. The mother said the customer never hurts herself, and mom ignores the behavior.

The customer acts physically aggressive but the behavior is occurring at a level that does not require intervention.

Â

Â

Running or Wandering Away

Overview

Running or wandering away is when someone leaves a safe area or a responsible caregiver without telling someone or getting permission, posing a safety issue.

During the PAS Interview

The table below has tips for getting clear, complete information during the interview. Put this information in the comments, and always include who gave the information.

Running or Wandering Away Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the description of running or wandering away?	Does the behavior cause safety issues?	Ask questions or use inquiry statements such as: • Where does the customer go when he wanders away? • Describe what the customer does when he runs away. • How does his behavior cause a safety issue?
Determine the intensity of the intervention	Consider how often the intervention is needed, and how much time and effort the intervention takes.	Ask questions such as: • What is done in response to this behavior? • How often do you respond that way? • How well does this intervention work? • What happens when you do not respond this way? • What happens when the action taken does not stop the behavior?
Determine the frequency of the behavior	Consider the past year.	Ask questions such as: • How often does this behavior happen? • When was the last time this behavior happened?

Scoring

Follow the steps below to determine the score for Running or Wandering Away.

Step	Scoring

1	Does the behavior: Occur daily and require close supervision and a locked area? OR Occur less than daily, but poses a very serious threat to the safety of self or others and requires close supervision and a locked area? • If YES to either question, STOP. Give the customer a score of 4 – Extremely Urgent Problem. • If NO to both questions, continue to step 2.
2	Does the behavior: Occur daily and pose safety issues to self or others? AND Require close supervision and physical redirection, or physical interruption? • If YES to both questions, STOP. Give the customer a score of 3 – Serious Problem. • If NO to either question, continue to step 3.
3	Does the behavior: Occur at least weekly but less than daily and poses minor safety issues to self and others? AND Require close supervision, physical redirection, or both? • If YES to both questions, STOP. Give the customer a score of 2 – Moderate Problem. • If NO to either question, continue to step 4.
4	Does the behavior: Occur less than weekly and poses minor safety issues to self and others? AND Require some additional supervision, verbal redirection, or both? • If YES to both questions, STOP. Give the customer a score of 1 – Minor Problem. • If NO to either question, continue to step 5.
5	Does the behavior occur, but not at a level that requires intervention? OR Has the behavior not occurred in the last year (including if chemically controlled)? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Minor Safety Issues	Raises concerns about safety, but is not a serious threat
Safety Issues	Raises concerns because the customer has trouble sensing danger, or is unable to communicate their name, address, or phone number
Very Serious Threat	Placing the customer or others at risk of drowning, traffic injury, exploitation, or other dangerous situations

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 4:

The customer is an 11-year-old male diagnosed with Autism. The customer's parents report that he loves to run and explore but is not able to tell when a situation is dangerous. His parents said that the customer is "obsessed" with motorcycles. They live on a very busy street, and every day when he hears a motorcycle he will try and run out the front door. A few months ago, the customer opened the front door and ran out into oncoming traffic. When his father realized the customer was outside, he ran after him, grabbed him, picked him up, and got him out of the middle of the road. They have since placed special locks on the door that can only be opened with a remote control that the customer does not have access too. The customer still tries to open the front door every day even though the door is locked. They keep a close eye on him because he has tried to climb out the window because of the locked door.

This is an extremely urgent problem because the customer has no safety awareness and has run out into oncoming traffic, placing himself and his dad in danger. The customer requires close supervision and a locked area to maintain safety.

Score of 3:

The customer is an 11-year-old male diagnosed with Autism. The mother reports that the customer loves to run and explore but is not able to tell when a situation is dangerous. His mother said he is "obsessed" with finding "hidden treasures". She said that they live in a rural area on the reservation and every day the customer wanders away from home in search of "hidden treasures". She reported their home does not have locks, and she watches him as closely as she can, but she is also caring for her elderly mother and is unable to watch him every second of the day. She said as hard as she tries, he is still able to leave the home every day and she is at wits end. She has asked others on the reservation to keep an eye out for him. If they see him outside the boundaries of his yard, they take him by the hand and take him back home. There have been several occasions where the members in the community have had to go search for him because he got lost and was gone for several hours.

The behavior occurs daily and poses a risk to the customer's safety due to the harsh environment, such as: lack of water, cacti, snakes. He requires close supervision and physical interruption.

Score of 2:

The customer is a 7-year-old male diagnosed with Autism and Mild Intellectual Disability. His mom reports that he "is obsessed with dogs, big or small." His mom reports that three to four times a week when they are at the community park he will "stop what he is doing and bolt towards any dog he sees". She said she is constantly keeping an eye on him, but "he can spot a dog from a mile away" and starts running so quickly she has to run to catch up to him, get in front of him, turn his body back in the direction of the playground, and tell him to go back to the playground. She said that she talks to him each time and tells him that all dogs do not like kids but talking has been ineffective up to this point.

The behavior occurs at least weekly but less than daily and poses some safety issues. He must be closely supervised and physically redirected each time.

Score of 1:

The customer is a 10-year-old female diagnosed with Mild Intellectual Disability. Her teacher reported that four times in the past six months the customer did not return to class from recess. The teacher said she and other staff members looked for her but didn't find her. The customer returned on her own within 15 minutes each time. The customer told them she was hiding behind a tree and didn't realize everyone went back to class. Once she realized everyone had gone back to class, she was afraid to leave the tree because she thought she would get in trouble. Her teacher talked to her about the danger of being outside by herself. A teacher's aide now checks to make sure the customer is with the class when it is time to go inside.

The behavior occurs less than weekly, raised concerns about safety but was not a serious threat. She receives some supervision to prevent the behavior.

Score of 0:

The customer is a 6-year-old female diagnosed with Developmental Delays and Down's Syndrome. She has never attempted to run away from home. When she attended school 16 months ago, she ran away almost every day. The customer told her parents that the "kids are really mean to me, and I run away to hide from them." When the school learned about the problem, they assigned an aid who was always with her. The customer is now homeschooled and has not run away since.

Although the behavior did happen, it happened over a year ago and no longer occurs.

Â

Â

Disruptive Behaviors

Overview

Disruptive Behavior is inappropriate behavior that interferes with the normal activities of the customer or others. This includes, but is not limited to:

• Excessive whining, crying, or screaming

• Persistent pestering or teasing

• Constantly demanding attention

• Repetitive or stereotypic behaviors

• Excessive hyperactivity

• Temper tantrums

The following are not included in the score:

• Verbal threatening or acts of physical aggression, which are scored elsewhere

• Behavior that does not disrupt or affect anyone.

• A customer reacting reasonably to a difficult situation. For example, stress or illness.

• Crying from pain.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Disruptive Behavior Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of disruptive behavior	Who does the behavior disrupt?	Ask questions such as: • Who is affected by this behavior? • When the customer does this, how does it disrupt others? • Whose activities are disrupted when this happens?
	How is the behavior disruptive?	Ask questions such as: What happens during these episodes that interferes with the normal activities of the customer or others? In what way is this behavior inappropriate?

Determine the intensity of the intervention	How often the intervention is needed, and how much time and effort the intervention takes.	Ask questions such as: • What is done in response to this disruptive behavior? • How often is the intervention used? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens if this does not stop disruptive behavior?
Determine the frequency of the behavior	The last 90 days.	Ask questions such as: • How often does the behavior occur? • What triggers this behavior, if known?

Scoring

Follow the steps below to determine the score for Disruptive Behavior.

Step	Action
1	Does the behavior occur daily and require constant intervention? • If YES, STOP. Give the customer a score of 3 – Serious Problem. • If NO, continue to step 2.
2	Does the behavior occur at least weekly, but less than daily and require frequent intervention? • If YES, STOP. Give the customer a score of 2 – Moderate Problem. • If NO, continue to step 3.
3	Does the behavior occur less than weekly and require occasional intervention? • If YES, STOP. Give the customer a score of 1 – Minor Problem. • If NO, continue to step 4.

4	Does the behavior occur but not at a level that requires intervention? OR Has the behavior not occurred in the last year (including if chemically controlled)? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Constant	At least once a day.
Frequent	Weekly to every other day.
Occasional	Less than weekly.

Â

Â

Ages 12 and Older Overview

Introduction

In this chapter, you will learn about completing a PAS for customers ages 12 and older who have a developmental disability. The sections in this chapter are:

• Motor and Independent Living Skills (ILS)

• Communication and Cognitive Domain

• Behavioral Domain

For each section in this chapter, you will find:

• An overview of the topic

• Definitions

• Other helpful information

Â

Â

DD 12+ Motor and Independent Living Skills

Overview

The ability or inability to perform Independent Living Skills (ILS) can be used as a practical measure when determining a person's need for long-term care services and risk of institutionalization.

The ILS include:

• Hand Use

• Ambulation

• Wheelchair Mobility

• Transfer

• Eating and Drinking

• Dressing

• Personal Hygiene

• Bathing or Showering

• Food Preparation

• Community Mobility

• Toileting

Things to Keep in Mind When Scoring Motor and Independent Living Skills (ILS)

• Gather information about the customer's ILS from the past year with emphasis on current performance.

• ILS may consist of several tasks. Consider ALL parts of the ILS that are relevant to the customer when scoring. Do not score just on the performance of part of the task. See the scoring section of the specific ILS for more details.

• Use investigative interviewing skills to gather enough information for the PAS.

• When it is clearly evident that a customer needs more assistance than is received, that may be considered when scoring. This should be done conservatively, as it may be difficult to determine the exact amount of assistance needed. Comments must include a thorough explanation of this need and must state "scored based on need". See examples below.

NOTE Generally, a score based on need would not be higher than a 1.

• Consider the use of a service animal in scoring when the animal has been trained to assist the customer in performing specific ILS.
• Score based on what the customer actually does, not what the customer "could do" or "might be able to do".

NOTE See the specific ILS sections for possible exceptions when the customer does not have a physical or developmental barrier to performing the ILS.

Definitions

Term	Definition

Limited hands-on assistance	A small portion of an entire task. For example, a caregiver only washes the customer's back during bathing.
Occasional hands-on assistance	When the customer needs hands-on help to complete an entire task sometimes, but not most of the time. For example, a customer needs her caregiver to pull her to a stand from bed each morning because her joints are stiff. As soon as she gets out of bed, she takes her medication and is then able to transfer independently to all other surfaces throughout the day.
Physical lift	When a caregiver actively bears some part of the customer's weight during movement or activity. NOTE This does not include steadying or guiding the customer.
Physical participation	The customer's active participation, not just being passive or cooperative. This includes the ability to complete a part of the task.
Service animal	A dog or miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Other species of animals, whether wild or domestic, trained or untrained, are not considered service animals
Supervision	When a caregiver observes the customer and is readily available to provide assistance, including verbal cues or reminders and set-up activities
Typical performance	In general, means the level of skill or function the customer achieves most of the time.

Examples

Important! Examples only provide guidance on scoring. They do not cover every possible situation.

The following table gives examples of cooperation as compared to participation

Cooperation	**Participation**
The customer raises her arms, and the caregiver threads the customer's hands and arms through shirtsleeves and pulls the shirt down.	The caregiver holds the customer's shirt so that the sleeves are easy to get to. The customer threads her arms through and tugs her shirt into place.
The customer turns his face toward the caregiver when asked to do so during face washing.	The customer washes his face once the caregiver prepares the washcloth and hands it to him.

The customer allows the caregiver to lean her to the side and place a slide board under her.	The customer leans over to her side, the caregiver places the slide board under her, and the customer slides onto the slide board.

Examples

Personal Hygiene –score based on need

An older DD customer diagnosed with Moderate Intellectual Disability lives on her own and does not have a caregiver. The customer reports she can brush her teeth, comb her hair, and wash her hands and face. The customer's DD Support Coordinator (SC) reports that the customer's mother, who was the primary caregiver, recently passed away. Adult Protective Services (APS) is involved due to reports from neighbors that the customer is unable to care for herself. SC reports that on her most recent visit, the customer's hair was disheveled and matted, her hands were dirty with dirt beneath long unkept fingernails, and the amount of plaque and food particles in her teeth indicate she has not been brushing. The customer is given a score of 1 for personal hygiene, as assistance does appear to be needed, but the amount and frequency is unknown.

Bathing or Showering – score based on need

The customer is a 15-year-old male diagnosed with Autism and Mild Intellectual Disability. He is being raised by his grandmother who recently suffered from a stroke. She is no longer able to assist the customer with his ILS. Before her stroke, the grandmother would wash the customer's hair four times a week after his daily bath.

The grandmother reported that his hair is very long. He refuses to get it cut and he is unable to wash it on his own. Since her stroke, his hair has become extremely dirty and greasy, and it has developed a foul smell. The customer is given a score of 1 for bathing or showering, as he needs assistance four times a week with part of this daily task.

Â

Â

Hand Use

Overview

Hand use is the customer's ability to use their hands. When the customer only has one hand or has the use of only one hand, score based on use of the better hand. If that is the case, it must be explained in the comments.

During the PAS Interview

Use open-ended questions and inquiry statements to get a clear, complete picture of the customer's ability to use their hands.

Some suggested questions and inquiry statements are:

• How does the customer pick up small items, such as a Cheerio, pen or pencil?

• Please tell me more about how the customer uses his hands in daily tasks, such as using the remote control, phone, or video games.

Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Scoring

Follow the steps below to determine the score for Hand Use.

Step	Action
1	Does the customer have any functional use of hands? • If NO, STOP. Give the customer a score of 3. • If YES, continue to step 2.
2	Does the customer use a raking motion or grasp with hands without using the thumb? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 3.
3	Does the customer use thumb and fingers of hands in opposition? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.

4	Does the customer use fingers independently of each other? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Definitions

Term	Definition
Raking motion or grasp	Using the fingers like a rake, curling the top of the fingers over the object to bring items toward them, without using the thumb.
Using thumbs and fingers in opposition	Moving the thumb toward the tips of the fingers, like a pinching or claw motion.

Â

Â

Ambulation

Overview

The score for ambulation is based on the customer's ability to walk. Consider the quality of the ambulation ("walks well" vs. "walks unsteadily") and the degree of independence ("walks alone" vs. "walks only with physical assistance from others"). Independent ambulation with an assistive device, such as a walker or cane, would be considered "walking alone".

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Ambulation Components	Tips to gather the correct information
How does the customer ambulate?	Use open-ended questions. Ask how the customer moves around. Here are some suggestions: • How well does the customer walk for normal distances? • What, if any, limitations does the customer have when walking on different terrains?
Who is involved?	When the customer gets assistance with ambulation, ask: • Who provides assistance; and • What assistance is provided?
How often?	Ask how often assistance is provided for the customer. Ask: • When does the customer need assistance; and • How often is the assistance provided?
What's the reason for any help provided?	Use statements that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Tell me what prevents the customer from walking on their own. • You said that you have trouble walking when surfaces are uneven. What makes this difficult for you?

Scoring

Follow the steps below to determine the Ambulation score.

Step	Action
1	Is the customer unable to walk most of the time? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Is the customer only able to walk with physical assistance from others most of the time? • If YES, STOP. Give the customer a score of 3. • If No, continue to step 3.
3	Does the customer walk alone, but is unsteady and only able to walk short distances of about 10 to 20 feet? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Does the customer walk alone and balance well but has difficulty transitioning from one surface to another or walking on uneven terrain? For example, the customer has difficulty going from a carpeted floor to tile or walking on landscape rock. • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Does the customer walk well alone on all terrains? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Â

Â

Wheelchair Mobility

Overview

The score for wheelchair mobility is based on the customer's ability to use a wheelchair. Do not score the customer's ability to transfer in and out of the wheelchair. The wheelchair can be motorized or manual. If both are used, score according to the chair used most of the time.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Wheelchair Mobility Components	Tips to gather the correct information
If the customer uses a wheelchair, how does the customer move about?	Use open-ended questions. • Ask how the customer moves around in a wheelchair. For example, how does the customer propel the wheelchair?
Who is involved?	When the customer gets assistance with wheelchair mobility, ask: • Who provides assistance; and • What assistance is provided?
How often?	Ask how often assistance is provided for the customer. Ask: • When does the customer need assistance; and • How often is the assistance provided?
What's the reason for any help provided?	Use statements that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Tell me what prevents the customer from self-propelling the wheelchair. • You said that you have trouble getting around corners or through doorways. What makes this difficult for you?

Scoring

Follow the steps below to determine the Wheelchair Mobility score.

Step	Action
1	Does the customer need total assistance from another person to move a wheelchair? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the customer need some, but not total assistance from another person to move a wheelchair? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Is the customer able to move a wheelchair independently, but has difficulty steering or bumps into things? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Is the customer able to move a wheelchair independently, or does not use a wheelchair? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Â

Â

Transfer

Overview

The score for Transferring is based on the customer's ability to transfer:

• In and out of a wheelchair;

• On and off the toilet;

• In and out of bed; and

• In and out of the shower or tub.

Things to Keep in Mind When Scoring for Transfer:

• Base the score on the level of assistance needed on a consistent basis;

• The need for assistive devices is not considered when scoring. The need to set up assistive devices for the customer is considered.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Transferring Components	Tips to gather the correct information
How does the customer get: • In and out of a wheelchair; • On and off the toilet; • In and out of bed; and • In and out of the shower or tub?	Use open-ended questions to ask what happens during the transferring process. Here are some suggestions: • Please describe how the customer gets out of bed. • Describe how the customer gets into bed. • How does the customer get into the shower or tub? • How does the customer get out of the wheelchair? • Please describe what the customer does to get into a wheelchair.
Who is involved?	For each type of transfer where the customer needs help, ask the customer and caregiver about: • Who provides assistance; • What assistance the person provides; • How the customer participates in the transfer.

How often does it happen?	Ask how often assistance is provided for each type of transfer.
What's the reason for any help provided?	Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Tell me more about the limitations that prevent the customer from being able to get out of the wheelchair on his own. • You said that you have trouble getting out of the tub. Please tell me what makes this difficult for you.

Scoring

Follow the steps below to determine the Transferring score. Refer to the example section for more information on how each score may be applied.

Step	Action
1	Does the customer rely completely on others for transfers? OR Is the customer bedfast? • If YES to either question, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the customer need to be physically lifted or moved, but can physically participate most of the time? For example, the customer participates by pivoting, or sits up and swings legs over the side of the bed. • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.
3	Does the customer transfer with hands-on physical guidance, but does not have to be physically lifted? OR Does the customer need supervision or set up more than half of the time when transferring? • If YES to either question, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Is the customer able to complete the activity independently, with or without assistive devices, most or all the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Assistive Devices	Devices that are designed, made, or adapted to help a person perform a particular task. Examples include canes, walkers, slide boards, gait belts, Hoyer lifts, and wheelchairs
Bedfast	Confined to a bed due to illness or injury.
Physical Guidance	Means physical contact that helps the customer start or complete a task but does not involve bearing any of the customer's weight. Examples include: • Pulling the customer up from a seated or laying position; • Physically guiding the customer; • Physically steadying the customer.
Physical Lift	Actively bearing some part of the customer's weight during movement or activity
Set-up	Means placing assistive devices for the customer's use and includes locking any brakes for safe transferring activity.
Supervision	Observing the customer and being readily available to provide assistance, including verbal cues and reminders.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

The customer is a 16-year-old male diagnosed with severe Cerebral Palsy. His mother reports that he is completely reliant on others for all transfers. She said that each time he is transferred she and her husband place their hands under the customer's back and legs and clasp their hands together. She reports she and her husband bear all the customer's weight.

Score of 2: Hands-On Assistance

The customer is a 12-year-old female diagnosed with moderate Cerebral Palsy and hemiplegia. The caregiver reports that the customer needs hands-on assistance getting in and out of bed, and on and off the toilet each time she transfers. The caregiver places her hands underneath the customer's armpits, bearing most of her weight and lifts her to a stand until the customer can hold onto her FWW. The shower is level to the floor and has grab bars installed, so the customer is able to transfer in and out independently.

Score of 1: Physical Guidance and Supervision

The customer is a 14-year-old female. She is diagnosed with Epilepsy and has uncontrolled seizures, which occur at least four times a week. Her parents report that to ensure safety they supervise all of her transfers to and from the tub and on and off the toilet. Counting both to and from, her parents supervise about 8 to 12 transfers a day.

The customer's bed is soft-sided and only 24 inches off the floor. The area around the bed is free of hard objects and is

padded to prevent injury. Counting both to and from bed, the customer transfers independently 2 to 4 times a day.

Score of 0: Independent

The customer is a 13-year-old male diagnosed with Autism. His father reports the customer is very active and “bounces off the walls all day long”. Father reports that the customer is completely independent with all transfers.

Â

Â

Eating and Drinking

Overview

The score for Eating/Drinking is based on the customer's ability to eat food and drink beverages that are served.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Eating and Drinking Components	Tips to gather the correct information
How does the customer eat and drink?	Use open-ended questions and inquiry statements. Ask what happens during the eating and drinking process. Here are some suggestions: • What is the customer's method of eating? For example, is it by mouth, feeding tube, or another method? • What is the customer's method of drinking? • How is food set-up for the customer? For example, does the customer need help cutting food or opening containers? • Describe the customer's eating routine from the time the food is plated until the completion of the meal.
Who is involved?	Ask the caregiver and customer: • Who provides assistance; • What assistance does each person provide; and • How does the customer participate?
How often does it happen?	Ask how many meals the customer eats each day AND how often assistance is provided for each meal.
What is the reason for any help provided?	Ask questions that invite the caregiver or customer to tell you the reason help is needed. Here are some suggestions: • What difficulties does the customer have while eating or drinking, if any? • Please tell me more about how much help the customer needs during each meal. • Tell me about any limitations that prevent the customer from being able to cut their food and open containers.

Scoring

Follow the steps below to determine the score for Eating and Drinking. Refer to the example section for more information on how each score may be applied.

Step	Action
1	Does the customer get their primary nourishment through tube feeding? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Is the customer fed by another person most of the time? OR Is the customer unable to drink a beverage on their own most of the time, with or without assistive devices? • If YES to either question, STOP. Give the customer a score of 3. • If No, continue to step 3.
3	Does the customer need hands-on assistance to initiate or complete the task most of the time? For example, placing the utensils in hand or hand over hand scooping. • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Is the customer able to complete the task with verbal prompts, cue by touch, or materials setup most of the time? Some examples are using a plate guard, a built-up spoon, or cutting food. • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Is the customer able to complete the task independently, with or without assistive utensils, most of the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Definitions

Term	Definition

Assistive Utensils	Utensils that are designed, made, or adapted to help a person with eating. Examples: built-up spoon, curved utensils, universal cuff utensil holder, bendable utensils, weighted utensils
Set-up	Actions taken before a meal to make it easier for a person to eat. Examples include: opening milk cartons, cutting food, clockwise arrangement for the visually impaired, cutting or pureeing of food.
Serving Food	Bringing food to a person.
Tube Feeding	Nutrition administered through a tube. Examples include nasogastric (NG) tube, gastrostomy (g-tube) or jejunostomy (j-tube).

Â

Â

Dressing

Overview

The score for Dressing is based on the customer's ability to dress and undress. A customer can use adaptive clothing such as elastic waist pants, Velcro shoes, or shirts without buttons and still be considered independent.

Dressing includes putting on and removing regular pieces of clothing, such as:

• Underwear, including briefs and diapers

• Pants

• Shorts

• Dresses

• Socks and shoes

Dressing does not include:

• Putting on and removing leg braces, such as ankle foot orthoses (AFOs) or a freedom brace

• Matching colors

• Choosing appropriate clothing for the weather

• Laundering or ironing

NOTE When the customer is dressed by another person, determine if the customer needs assistance dressing due to a physical or developmental limitation or the caregiver dresses the customer for an unrelated reason.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information in the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Dressing Components	Tips to gather the correct information

How does the customer get dressed and undressed?	Use open-ended questions and inquiry statements. Ask how the customer dresses and undresses. Here are some suggestions: • Describe the set-up process before the customer gets dressed. • How does the customer put on and remove upper body clothing? • How does the customer put on and remove lower body clothing? • Please describe how the customer opens fasteners (zippers, snaps, buttons, and clasps). • How does the customer close fasteners? • Tell me how the customer puts on and removes shoes. This includes slip on shoes, shoes that tie, and fastening Velcro straps.
Who is involved?	When the customer gets assistance with dressing, ask: • Who provides assistance; and • What assistance is provided?
How often?	Ask how often assistance is provided for the customer. Ask: • When does the customer need assistance; and • How often is the assistance provided?
What's the reason for any help provided?	• Use statements or questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • What difficulties, if any, does the customer have getting dressed or undressed? • Tell me what prevents the customer from dressing on his own. • Please tell me more about how much help the customer receives when getting dressed.

Scoring

Follow the steps below to determine the Dressing score.

Step	Action

1	Does the customer require total hands-on assistance and does NOT physically participate most of the time? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Does the customer require hands-on assistance, but CAN physically participate most of the time? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 3.
3	Does the customer require hands-on assistance to start and complete the task? For example, help with putting arms through sleeves, legs in pants, fastening buttons or zippers. • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Is the customer able to complete the task with verbal prompts, cue by touch, materials setup, or other modifications? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Is the customer able to complete the task independently? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Definitions

Term	Definition
Cue by touch	Assisting the customer by touching the customer's arms, legs, feet, clothes, socks, or shoes to provide instructions for how to get dressed.

Â

Â

Personal Hygiene

Overview

The score for Personal Hygiene is based on the customer's ability to complete grooming activities. These tasks include:

• Hair care

• Oral care

• Washing face and hands

• Shaving

• Nail care for fingers and toes

• Menses care

• Use of deodorant

The customer may be able to perform some tasks better than others. Score based on the customer's ability to perform all tasks in personal hygiene and explain in comments.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Personal Hygiene Components	Tips to gather the correct information
How does the customer maintain personal hygiene?	Use open-ended questions or inquiry statements. Ask what happens for each part of personal hygiene. Here are some suggestions: • How does the customer's hair get combed or brushed? • Tell me about the customer's oral hygiene routine. • What steps are taken to complete shaving needs? • How does the customer wash his face and hands? • How is menstrual care completed each month? Make sure to get information for all grooming tasks

Who is involved?	Ask the customer and caregiver: • Who provides assistance; • What assistance is provided; and • How the customer participates.
How often does it happen?	For each personal hygiene task, ask how often it is done AND how often assistance from others is provided.
What is the reason for any help provided?	Use inquiry statements or ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Please tell me the reason that you do that for him. • Please describe what prevents the customer from being able to complete the task on her own.

Scoring

Follow the steps below to determine the Personal Hygiene score. Score is based on all grooming tasks that the customer requires. If the customer does not need a task done at all, do not consider it in scoring.

Step	Action
1	Does the customer require total hands-on assistance for all grooming tasks that are required and does NOT physically participate? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Does the customer require hands-on assistance for all grooming tasks that are required, but CAN physically participate? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 3.
3	Does the customer require hands-on assistance to start or complete grooming tasks most of the time? OR Does the customer require hands-on assistance for some, but not most grooming tasks that are required? • If YES to either question, STOP. Give the customer a score of 2. • If NO to both questions, continue to step 4.

4	Is the customer able to complete all grooming tasks that are required with verbal prompts, cue by touch, or materials setup most of the time? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Is the customer able to independently complete all grooming tasks that are required most of the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definitions
Oral Care	Cleaning the mouth and teeth, including dentures, of food debris and dental plaque. For people without teeth or dentures, oral care includes cleaning the mouth and gums.
Physical Participation	The customer's active participation, not just being passive or cooperative. This includes the ability to complete a part of the task. See DD 12+ Motor and Independent Living Skills section for examples.
Set-up	Scoring for set-up involves more than simply making grooming items available. Examples of set-up include: squeezing the toothpaste to the top of the tube to make it easier for the person to apply the toothpaste themselves, adding a new razor blade to a razor and cleaning up after each use, setting up adaptive holders and long handles for toothbrushes, razors, hairbrushes.
Shaving	To remove hair from the face, legs, or underarms by cutting it close to the skin with a razor.

Examples

The following example uses a table to help determine the score for the customer. Use this table for guidance to choose the appropriate score. The score with the majority of "X's" is the correct score.

The customer's mother reports that, with daily verbal prompts and set up, the customer washes his hands and face, puts deodorant on, and brushes his teeth. He can shave his facial hair with an electric razor, but his mother completes the task shaving the areas that he missed. His hair is kept short, so combing is not needed. Nail care is done once monthly by his mother because when he has tried to do this, he makes himself bleed.

	SCORE				
TASK	**0**	**1**	**2**	**3**	**4**

Hair Care	n/a				
Oral Care		X			
Washing Face and Hands		X			
Shaving			X		
Nail Care					X
Menses Care	n/a				
Deodorant		X			

Explanation:

Looking at the task as a whole, the customer's needs and abilities mostly fall within a score of 1. He only needs a greater level of caregiver support to complete or finish two of the tasks (nail care and shaving). A score of 1 is appropriate here.

Â

Â

Bathing or Showering

Overview

The score for Bathing or Showering is based on the customer's ability to complete the bathing or showering process. This process includes:

• Drawing the bath water

• Setting the temperature for a shower

• Washing, rinsing, and drying all body parts

• Shampooing hair

• Taking sponge baths for the purpose of maintaining adequate hygiene and skin integrity

Bathing or showering does not include:

• The ability to wash face and hands when not taking a bath or showering. Score under Personal Hygiene.

• The ability to transfer in and out of a tub or shower. Score under Transfer.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Bathing or Showering Components	Tips to gather the correct information
How does the customer bathe?	• Use open-ended questions or inquiry statements. • Ask what happens for each part of the bathing process. Here are some suggestions: ◦ Who turns the water on and sets the temperature? ◦ Describe how the customer's body and hair are being washed. ◦ Who is drying the customer's body? ◦ Tell me about the customer's bathing routine. ◦ Please describe any assistive devices the customer uses, such as grab bars, shower chair or washing aides. • Make sure you get all the information that is needed.

Who is involved?	Ask the caregiver and customer: • Who provides assistance; • What assistance is provided; and • How does the customer participate?
How often does it happen?	Ask how often the customer bathes AND how often assistance from others is provided.
What is the reason for any help provided?	Use inquiry statements or ask questions that invite the caregiver or customer to tell you the reason help is needed. Here are some suggestions: • Please tell me the reason that you do that for him. • Please describe what prevents the customer from being able to complete the task on her own.

Scoring

Follow the steps below to determine the Bathing or Showering score.

Step	Action
1	Does the customer require total hands-on assistance and does NOT physically participate? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Does the customer require hands-on assistance, but CAN physically participate? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 3.
3	Does the customer require extensive verbal prompts? OR Does the customer require limited hands-on assistance or occasional hands-on assistance most of the time? • If YES to either question, STOP. Give the customer a score of 2. • If NO to both questions, continue to step 4.

4	Does the customer require verbal prompts for washing and drying? OR Does the customer require physical help drawing water or checking the water temperature most of the time? • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 5.
5	Is the customer able to complete the activity independently most of the time, with or without assistive devices? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Definitions

Term	Definition
Assistive Devices	Devices that are designed, made, or adapted to assist a person to perform a particular task. Examples: grab bars, long-handled loofah, shower chair
Verbal prompts vs Extensive verbal prompts	Verbal prompts are similar to reminders to bathe or shower. Extensive verbal prompts give the customer step by step directions on how to bathe or shower.

Â

Â

Food Preparation

Overview

The score for Food Preparation is based on the customer's ability to prepare simple meals. Examples of simple meals include:

• Sandwiches

• Hot dogs

• Cereal

• Frozen meals

• Salad

• Eggs

The following are not considered when scoring:

• Whether or not the customer prepares a balanced meal;

• Whether or not a variety of food items are prepared; or

• How the food item is cooked or heated. For example, a customer may only use the microwave and still be considered independent.

NOTE When food is prepared by another person, determine whether the customer needs assistance with food preparation due to a physical or developmental limitation or the caregiver prepares the customer's food for an unrelated reason. See **Example section below.**

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should **always** include who gave the information.

Components	**Tips to gather the complete and accurate information**
How does the customer prepare food?	Use open-ended questions and ask about what happens during meal preparation. Here are some ideas: • How is the customer's food prepared? • What type of meals is the customer preparing? • Describe the customer's meal preparation routine from beginning to end.

Who is involved?	Ask the customer and caregiver: • Who is involved in the food preparation process? • What assistance does the caregiver provide? For example, the customer receives: ◦ Prompts on how to prepare a meal; ◦ Cue by touch; or ◦ Hands-on assistance to initiate or complete the task. • How does the customer participate?
How often does it happen?	Ask how many meals the customer prepares each day AND how often assistance is provided for each meal.
What is the reason for any help provided?	Ask questions that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • What difficulties does the customer have when preparing meals, if any? • Please tell me more about why meals are prepared for the customer. • Tell me about any limitations that prevent the customer from being able to make simple meals on his own.

Scoring

Follow the steps below to determine the score for Food Preparation. Refer to the example section for more information on how each score may be applied.

Step	Action
1	Is the customer unable to prepare simple meals, even when assisted, most of the time? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 2.
2	Does the customer need hands-on assistance to prepare a simple meal most of the time? • If YES, STOP. Give the customer a score of 2. • If No, continue to step 3.

3	Does the customer need at least one of the following to prepare a simple meal most of the time? • Verbal prompts • Cue by touch, or • Materials set up. • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
4	Does the customer prepare simple meals independently most of the time? OR Is the customer able to prepare simple meals independently, but most meals are prepared for the customer as part of the family meal, to ensure a balanced diet or for convenience most of the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Cue by touch	Assisting the customer by touching the customer's hands, food items, or utensils to provide instructions for how to prepare a meal.
Materials setup	Assisting the customer by setting up food supplies: spoon, fork, bowl, plate, food items.
Verbal prompts	Providing verbal direction on: • Where to find food supplies; • How to prepare a meal; or • How to put items away and clean up after a meal. NOTE This does NOT include reminders UNLESS it is a safety issue. See "**Simple Reminder vs Safety Issue**" examples below.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 3: Total Dependence

Example 1:

The customer is a 12-year-old female diagnosed with Prader-Willi syndrome and is morbidly obese. The mother reports the customer does not prepare any meals. The mother reports the customer can make sandwiches, and heat up frozen meals in the microwave, but for her health and safety, she is not allowed access to food items". She is on a special diet prescribed by her primary care physician (PCP) and the mother prepares all meals and controls portions for each meal.

Example 2:

The caregiver reports that the customer can get some items needed for the meal out of the refrigerator every day. After that, the caregiver does the rest of the set-up, makes the food, and puts away all the items each time a meal is prepared. The customer is diagnosed with Severe Intellectual Disability. The caregiver reports the customer is only able to follow simple instructions like "Take the bologna out of the refrigerator. Ok, good, now please bring it to me". The customer is not able to pour a bowl of cereal, make a sandwich, or heat up food.

Score of 2: Hands-On Assistance

The customer is a 12-year-old female who is diagnosed with Moderate Intellectual Disability. The mother reports that she is in the process of teaching the customer how to make simple meals including toast with jam and a peanut butter and jelly sandwich. For each meal the mother tells the customer where the food items are and asks the customer to put them on the table. For toast and jam, the customer puts bread in the toaster and mom puts her hand over the customer's and pushes down on the lever. They wait for the toast to pop up and let it cool long enough for the customer to take the toast out and put it on a plate. Mom then puts her hand over the customer's and, using a spoon, gets a scoop full of jam. The customer will then spread it on the toast. For peanut butter and jelly the customer will take two slices of bread out of the bag. The process is the same for the peanut butter and jelly, as it is for the jam.

Score of 1: Able to Complete the Task with Verbal Prompts, Cue by Touch, or Materials Setup

Example 1:

The customer is a 13-year-old male diagnosed with Cerebral Palsy and is in a wheelchair. The dad reports that the customer makes simple meals if the items are placed in front of him and the containers are opened. Dad reports that he wants the customer to be as independent as possible, so he helps the customer make breakfast and lunch every day. Once the materials are set up, the customer makes his favorite meals. For breakfast, he makes pop-tarts or Eggo waffles. For lunch, he makes a bologna and cheese sandwich with white bread and mustard or tuna salad.

Example 2:

The customer is a 14-year-old male diagnosed with Autism and ADD. The mother reports that the customer uses the microwave to heat up Hot Pockets every day for breakfast. She said he needs to be reminded what to set the timer for each time, or he will leave it in too long. On two occasions, he started a fire because he left the Hot Pocket in too long. **While the customer can heat up items in the microwave independently, a reminder to set the timer for a specific time is necessary for safety.**

Most other meals are prepared for him as part of the family meal or packed for him during the school term for convenience. If he has to put food items together, like for a sandwich, he will leave all of the remaining food items and dirty utensils on the counter.

Score of 0: Independent

Example 1:

Mother reports the customer does not prepare any meals. She reports the customer is able to make sandwiches and heat up frozen meals in the microwave independently. Mother also says the customer gets the food items on her own, safely uses the microwave and put things away, "but she takes so long and is so messy I just do it for her. I know I should let her be more independent but it's so much easier this way." The customer is able to prepare simple meals on her own, but the mother makes the meals because it is more convenient than taking the time to let the customer do it on her own and cleaning up after her.

Example 2:

The customer is a 12-year-old male diagnosed with Autism and ADD. The mother reports that the customer makes a bowl of cereal every morning when he wakes up. He does this on his own without assistance. She said that he is easily distracted so at least 5 times a week he will forget to put the cereal box and milk away. Mom checks the kitchen when he is done. When he forgets, she reminds him to go back and put the items away. The customer is able to make simple meals independently. Even though he gets reminders to put items away, it is not a safety issue.

Â

Â

Community Mobility

Overview

The score for community mobility is based on the customer's ability to move about the neighborhood or community independently. This includes accessing buildings, stores, and restaurants using any mode of transportation, such as walking, wheelchair, scooter, car, bus, taxi, or bicycle. Score based on what the customer actually does, not what they "could do" or "might be able to do".

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Community Mobility Components	Tips to gather the correct information
How does the customer move about the neighborhood or community?	Use open-ended questions or inquiry statements. Ask how the customer moves around the neighborhood or community. Here are some suggestions: • When the customer leaves the house, how does he get to where he is going? For example, a caregiver takes him, he rides a bike, walks, takes a bus, or drives a car. • Please explain how the customer gets to school every morning.
Who is involved?	When the customer goes into the community or neighborhood, ask: • Who provides assistance; and • What assistance is provided?
How often?	Ask how often assistance is provided for the customer. Ask: • When does the customer need assistance; and • How often is the assistance provided?

What's the reason for any help provided?	Use statements that invite the customer or caregiver to tell you the reason help is needed. Here are some suggestions: • Tell me what prevents the customer from going out into the community on their own. • You said that you give the customer directions on how to get to school. Please tell me more. Do you give directions every time?

Scoring

Follow the steps in the table below to determine the Community Mobility score.

Step	Action
1	Does the customer move about the neighborhood or community only when somebody is with them? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Does the customer move about the neighborhood or community with some physical assistance or someone occasionally with them? • If YES, STOP. Give the customer a score of 3. • If No, continue to step 3.
3	Does the customer move about the neighborhood or community independently for only simple direct trips or familiar locations, but needs instructions or directions? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Does the customer move about the neighborhood or community independently for a complex trip (several stops, unfamiliar places, bus transfers), but needs instructions or directions? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Does the customer move about the neighborhood or community independently for complex trips without assistance most of the time? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Â

Â

Toileting

Overview

The score for Toileting is based on the customer's ability to initiate and care for bladder and bowel functions. The ability to transfer on and off the toilet is rated under Transfer. The ability to wash hands is rated under Personal Hygiene.

There are two parts when completing this screen, the score and the number of bladder accidents. Indicate the frequency of bladder accidents and choose daily, weekly, monthly, or yearly from the drop-down list.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information. Include in comment if accidents are only at night or in special situations, such as on an outing or away from a familiar setting.

Toileting Components	Tips to gather the correct information
How does the customer initiate and care for bowel and bladder functions?	Use open-ended questions or inquiry statements. Ask what happens during the toileting process. Here are some suggestions: • Please describe the customer's toileting routine. • Tell me more about the situations the customer is in when he has a bladder accident. • How does the customer let someone know she needs to use the restroom? Or, if she doesn't, is she on a toileting schedule?
Who is involved?	Ask the caregiver or customer: • Who provides assistance; • What assistance is provided; • How does the customer participate; and • How often is assistance provided for toileting?
What's the reason for any help provided?	Ask questions that invite the caregiver or customer to tell you the reason help is needed. Here are some suggestions: • What limits the customer from completing the task independently? • Tell me more about the reason a toileting schedule is used.

Scoring

Follow the steps below to determine the toileting score.

Step	Action
1	Does the customer require total caregiver intervention because they neither perform nor indicate the need for toileting most of the time? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 2.
2	Does the customer: • Avoid accidents by using a toileting schedule because they do not indicate the need for toileting? AND • Require hands-on assistance to complete or perform the task most of the time? ◦ If YES to both questions, STOP. Give the customer a score of 3. ◦ If NO to either question, continue to step 3.
3	Does the customer indicate the need for toileting, but requires hands-on assistance to complete or perform the task, such as help with fasteners, toilet paper, or flushing the toilet most of the time? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Is the customer able to complete the task with verbal prompts, cue by touch, or materials setup most of the time? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Does the customer toilet independently most of the time? • If YES, STOP. Giver the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Definitions

Term	Definitions
Cue by touch	Using physical cues given on the customer's body to support understanding of the toileting process. For example, tapping on the customer's leg before asking them to pull their pants down.

Setup	Actions taken before or during the toileting process to assist the customer. Examples include having the toilet paper ready for use, lifting the lid on the toilet seat, and placing a step stool near the toilet.
Verbal Prompts	Providing verbal direction on how or when to use the toilet. This includes the use of a toileting schedule.

Â

Â

Communication and Cognitive Domain Overview

In this chapter, you will learn about:

• Expressive verbal communication

• Clarity of communication

• Associating time with events and actions

• Remembering instructions and demonstrations

For each section in this chapter, you will find:

• An overview of the topic;

• Any definitions needed; and

• Other helpful information.

Â

Â

Expressive Verbal Communication

Overview

Expressive verbal communication is the customer's ability to communicate thoughts using words or sounds. Other forms of communication are addressed in the Clarity of Communication section.

During the PAS Interview

Use the questions in the scoring table below to get a clear, complete picture of the customer's ability to use words or sounds to communicate thoughts. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during the interview.

Scoring

Follow the steps below to determine the score for Expressive Verbal Communication.

Step	Action
1	Does the customer make any sounds to communicate, such as babbling, crying, or laughing? • If NO, STOP. Give the customer a score of 5. • If YES, continue to step 2.
2	Does the customer use a personal language or sounds to communicate very basic concepts, but does not use any formal words? • If YES, STOP. Give the customer a score of 4. • If NO, continue to step 3.
3	Is the customer only able to use a few simple words and associate words with appropriate objects, such as names of common objects and activities (ball, juice, dog, walk)? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 4.
4	Is the customer only able to use simple two or three word phrases, such as "I go", "give me", or "I want juice"? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 5.

5	Is the customer only able to carry on a simple brief conversation, such as talking about everyday events? For example, mom asks, “How was your day at school?” The customer responds with, “It was boring.” Then mom adds, “What did you have for lunch?” The customer answers, “We had hamburgers and fries.” • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 6.
6	Is the customer able to carry on a complex or detailed conversation, including topics of interest to the customer? For example, the customer has a favorite video game that he talks about in detail. • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Â

Â

Clarity of Communication

Overview

Clarity of communication is the customer's ability to speak in a recognizable language or use a formal symbolic substitution, such as American Sign Language. When the customer has more than one form of communication, score based on what is best understood.

During the PAS Interview

Use open-ended questions and inquiry statements to get a clear, complete picture of the customer's ability to communicate effectively. Some suggested questions and inquiry statements are:

• What does the customer do to communicate with others?

• Please tell me more about how the customer lets you know something is needed.

Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during an in-person interview.

Scoring

Follow the steps below to determine the score for Clarity of Communication.

Step	Action
1	Does the customer use a recognizable language, non-verbal form of communication, or formal symbolic substitutions, such as writing a note or American Sign Language? • If NO, STOP. Give the customer a score of 4. • If YES, continue to step 2.
2	Does the customer use speech or another form of communication that is ONLY understood by those who know the person well or who are trained in the alternate form of communication? • If YES, STOP. Give the customer a score of 3. • If NO, continue to step 3.
3	Does the customer use a non-verbal form of communication that others understand, such as writing, communication board, gestures, or pointing? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.

4	Does the customer use speech that is understood by strangers with some difficulty? For example, the customer's speech is unclear and others can only understand most of the words by paying close attention. • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 5.
5	Does the customer speak clearly and is easily understood? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above. Go back to step 1.

Â

Â

Remembering Instructions and Demonstrations

Overview

The score for this section is based on the customer's ability to remember instructions or demonstrations on how to complete specific tasks.

During the PAS Interview

Use open-ended questions and inquiry statements to get a clear, complete picture of the customer's ability to remember instructions and demonstrations. The task should be age appropriate and familiar to the customer.

Score based on the customer's ability to:

• Remember HOW to do a task.

• Complete the task with or without prompts.

When scoring, do NOT consider:

• A task that is scored in another section of the PAS, such as dressing or personal hygiene.

• Complex tasks or new tasks the customer is learning.

• Whether or not the customer remembers to DO the task.

• How long it took the customer to learn how to do the task.

• How long it takes the customer to do the task.

Include the information when entering the comment. The comment must include the tasks assessed and who gave the information. Examples of tasks are putting on lotion, doing laundry, making the bed, or taking out the trash.

Scoring

Follow the steps below to determine the score for Remembering Instructions and Demonstrations. Refer to the example section for more information on how each score may be applied.

Step	Action
1	Does the customer show memory of instructions or demonstrations without prompting if they are given one time? • If YES, STOP. Give the customer a score of 0. • If NO, continue to step 2.

2	Does the customer show memory of instructions or demonstrations if they are given once and if prompted to recall? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 4.
3	Does the customer show memory of instructions or demonstrations when they are repeated three or more times and when prompted to recall? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 3.
4	Does the customer show either no memory or extremely limited memory of instructions or demonstrations? • If YES, STOP. Give the customer a score of 3. • If NO, the customer meets some scoring criteria above, go back to step 1.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 0

The customer has been diagnosed with Cerebral Palsy and requires others to help with her daily living skills. Her caregiver states the customer has use of right hand and fingers and is the only one who can reprogram the specialized adaptive remote control for the TV. The customer needs reminders to do the task but knows how to do it.

The score would be a 0.

Score of 1

The customer was told to put lotion on her hands and arms. She was prompted once to use the lotion from the bathroom, put it into her hands, rub both hands together, then lather well until the lotion is spread over her hands and arms. When she is not reminded of the steps before she starts, she just puts lotion on her hands and does not put lotion on her arms.

The score would be a 1 because the customer shows memory of instructions if they are given once and if prompted to recall.

Score of 2

The customer has the chore of taking the inside recycle bin outside to the large recycle bin. The staff at the group home go over the steps to take the bin from under the sink, go outside to the large blue bin, open the lid, dump the items from the small bin into the large bin, and close the lid. The staff ask the customer to repeat back the steps. Every time this chore needs done, staff has to review the steps with him at least three times because he leaves out a step when he repeats it back. Then he can complete the task.

The score would be a 2 because the customer only remembers when instructions or demonstrations are repeated three or more times and the customer is prompted to recall.

Score of 3

When asked to pick up clothes and put them in the hamper, the customer tries to follow the instructions by going to his room.

Once there, staff at the group home tell him to pick up the clothes on the bedroom floor. He then points to the floor but does not pick up the clothes. Even with staff breaking up the instructions and repeating them several times, the customer is still unable to complete the task. The staff end up completing the whole task for him every day.

The score would be a 3 because the customer shows no memory of instructions or demonstrations.

Â

Â

Association of Time with Events and Actions

Overview

This section is used to assess the customer's ability to associate time with events and actions. This section does not assess the customer's ability to tell time.

During the PAS Interview

Use the questions in the scoring table below to get a clear, complete picture of the customer's ability to associate time with events and actions. Include the information when entering the comment. The comment should always include who gave the information.

NOTE Document any differences between what is reported by the caregiver or in the medical records and what is observed during the interview.

Scoring

Follow the steps below to determine the score for Association of Time with Events and Actions.

Step	Action
1	Does the customer associate events with specific times? For example, the concert started at 7:45 pm. • If YES, STOP. Give the customer a score of 0. • If NO, continue to step 2.
2	Does the customer associate regular events with specific hours? For example, dinner is around six, bedtime is around ten. • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 3.
3	Does the customer associate regular events with morning, noon, or night or does not understand time but knows the sequence of daily events? For example, I go to school in the morning, have lunch in the afternoon, or go to bed at night. • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Is the customer unable to associate events and actions with time? • If YES, STOP. Give the customer a score of 3. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

Behavioral Domain

Overview

This section identifies certain behaviors that may indicate the need for caregiver intervention. Scores are based on the frequency and level of intervention needed to control the problem behavior.

These behaviors include:

• Aggression

• Verbal or Physical Threatening

• Self-Injurious Behavior

• Resistiveness or Rebelliousness

Things to Keep in Mind When Scoring Behaviors

• Behaviors should be assessed based on the last 12 months with emphasis on current behavior.

• The level of the intervention has more impact than the frequency of the behavior. For example, a minor behavior such as whining may occur daily but not be a serious problem because verbal redirection is only provided in a few situations. Verbal redirection happens when out in public, but no intervention is given at home.

• Behaviors and the intervention scored above a zero must be described in the comment section. If a behavior occurs but the score is zero, the details must be put in the summary.

• When more than one type of intervention is used, score based on the most common method. For example, if verbal redirection is used once or twice a week, but a chemical restraint is given daily, score based on the use of a chemical restraint.

Definitions

Term	Definition
Constant	At least once a day.
Frequent	Weekly to every other day.
Intervention	Therapeutic treatment, including the use of medication, behavior modification and physical restraints to control the customer’s behavior. Intervention may be formal or informal and includes actions taken by friends or family.

Medical attention	Examination and treatment by a medical professional or Primary Care Provider (PCP) resulting from inappropriate behavior. Some examples of medical attention include, but are not limited to: • Treatment received by an emergency medical technician (EMT) • Treatment or examination by a psychiatric hospital provider • Examination or treatment received at a medical hospital
Occasional	Less than weekly.
Physical interruption	Requires immediate hands-on interaction of the caregiver to stop the customer's behavior or the customer is receiving a chemical restraint for the behavior. See the comparison of Physical interruption, Physical redirection, and Verbal redirection below.
Physical redirection	Using touch to redirect the customer to perform more appropriate behavior. For example, a parent takes away a dangerous object from the customer and replaces it with a safer one. See the comparison of Physical interruption, Physical redirection, and Verbal redirection below.
Verbal redirection	A way of managing behavior by verbally expressing a command or request. For example, "Chairs are for sitting. No standing, please." See the comparison of Physical interruption, Physical redirection, and Verbal redirection below.

Example: Comparison of Physical interruption, Physical redirection, and Verbal redirection

Background information:

The customer is a 13-year-old male diagnosed with Autism and ADHD. The father reports when the customer starts feeling overwhelmed his body will start shaking, his fists clench, and he makes growling sounds. The father reports the customer is working with a therapist to identify coping skills that relieve stress and decrease adverse behaviors. The customer told his parents that when he is feeling overwhelmed the thing that helps the most is to go out to the backyard and "shoot hoops." He said it also helps to eat Frito's corn chips. He's not sure why, "maybe because crunching on something that tastes good calms me down."

Intervention	**Example**

Physical interruption	The customer's father reports that last week the customer was playing a video game in the living room. His two younger sisters were also in the living room playing and jumping on the couch. The father said he was in the other room and heard the customer start yelling at his sisters, "shut up and stop jumping or I am going to shut you up." The father said he immediately stopped what he was doing to go to the living room but by the time he got there, the customer had both of his sisters pinned down on the couch. The father immediately pulled the customer off his sisters, took him by the arm to the backyard and told him to go cool off and shoot some hoops.
Physical redirection	The customer's father reports that last week the customer was playing a video game in the living room. The father said he was in the living room playing a board game with his daughters and noticed that the customer was getting frustrated with the game he was playing. The customer's body started shaking, he stated yelling "I hate this stupid game" and then started to hit himself in the head with the controller. The dad stopped what he was doing, put his hand on the customer's shoulder, took the video controller away and said, "come on let's go outside and shoot some hoops."
Verbal redirection	The customer's father reports that last week the customer was playing a video game in the living room. The father said he was in the living room playing a board game with his daughters and noticed that the customer was getting frustrated with the game he was playing. The customer's body started shaking, he stated yelling "I hate this stupid game" and then started to hit himself in the head with the controller. The dad was able to stop the behavior by saying, "Snack time everybody! Let's go to the kitchen and get some Frito's and apple juice."

Â

Â

Aggression

Overview

Aggression is physically attacking another person. Some examples of aggression are:

• Throwing objects at a person

• Punching

• Biting

• Pushing

• Pinching

• Pulling hair

• Scratching

The following are not included in the score, but are included in the PAS summary:

• One-time incidents that did not result in a serious injury needing medical attention

• Self-injurious behavior

• Physically hurting a pet or animal

• Making verbal threats without any physical contact

• Destruction of property not directed towards another person

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Aggression Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of aggression	Is the behavior directed toward another person?	Ask questions or use inquiry statements such as: • Describe the customer's physical attacks towards another person. What does he do? • When the customer throws things "all over the place", does she ever throw these items at another person? • You said she threw a bottle and broke the television. What the target was when she threw the bottle.

	Are there safety concerns or risks with the behavior	Ask questions such as: • Does the customer put others at risk by doing this? • What are the risks involved? • Has he hurt another person before due to this behavior? • How does this jeopardize the safety of others?
Determine the intensity of the intervention	How often someone intervenes, as well as the effort and physical involvement	Ask questions such as: • What is done in response to this aggressive behavior? • How often is the intervention used? • What type of intervention is used most often? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens when this does not stop the aggression? NOTE Document all information received about any interventions for aggression in the comment section.
Determine the frequency of the behavior	The past year	Ask questions such as: • How often does the behavior occur? • Did the customer's behavior cause a serious injury in the past year that required medical attention? If so, when did it happen and what type of medical attention was received. • When was the last time this behavior happened?

Scoring

Follow the steps below to determine the score for Aggression.

Step	Action
1	Has the behavior caused one or more injuries in the last year? AND Does the behavior require close supervision and physical interruption? • If YES to both questions, STOP. Give the customer a score of 4 - Extremely Urgent Problem. • If NO to either question, continue to step 2.

2	Does the behavior: Occur at least once a day and require close supervision, CONSTANT verbal redirection or physical interruption, or a combination of the three interventions? OR Occur less than daily but requires physical interruption? • If YES to either question, STOP. Give the customer a score of 3 - Serious Problem. • If NO to both questions, continue to step 3.
3	Does the behavior: Occur weekly to every other day? AND Require close supervision, verbal or physical redirection, or a combination of the three interventions? • If YES to both questions, STOP. Give the customer a score of 2 – Moderate Problem. • If NO to either question, continue to step 4.
4	Does the behavior: Occur less than weekly? AND Require some additional supervision or verbal redirection in a few situations, or a combination of both? • If YES to both questions, STOP. Give the customer a score of 1 – Minor Problem. • If NO to either question, continue to step 5.
5	Has the aggressive behavior either: Not been observed? OR Occurred, but not at a level that requires intervention? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step.

Â

Â

Verbal or Physical Threatening

Overview

Verbal or physical threatening is behavior in which the customer verbally or physically threatens to hurt themselves or others, or break objects.

Do not include acts of physical aggression or self-injurious behavior.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Verbal or Physical Threatening Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of verbal or physical threatening?	Is the customer making verbal or physical threats towards themself, others, or objects?	Ask questions and use inquiry statements such as: • Describe what the customer says to threaten themself, others, or objects. • How does the customer physically threaten others? • You said the customer threatened to smash the car windows with a bat. Tell me more about that incident. • How often do these threats cause fear or aggression in others? • How do others react to the customer's threats?
Determine the intensity of the intervention	How often someone intervenes, as well as the effort and physical involvement	Ask questions such as: • What is done in response to this threatening behavior? • How often is the intervention used? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens when this does not stop the threatening behavior? NOTE Document all information received about any interventions for threatening behavior in the comment section.

Determine the frequency of the behavior	The past year	Ask questions such as: • How often does the behavior happen? • Did the customer's behavior cause a serious incident in the past year that resulted in aggression from another person? • When was the last time this behavior happened?

Scoring

Follow the steps below to determine the score for Verbal or Physical Threatening.

Step	Action
1	Has the behavior caused one or more serious incidents in the last year that meets both of the criteria below: Always generates fear or is likely to result in aggression from others; AND Requires close supervision and physical interruption. • If YES, STOP. Give the customer a score of 4 – Extremely Urgent Problem. • If NO, continue to step 2.
2	Does the behavior: Occur at least once a day, sometimes cause fear or aggression in others, AND require close supervision, CONSTANT verbal redirection, physical interruption, or a combination of the three interventions? OR Occur less than daily, sometimes causes fear or aggression in others, AND requires physical interruption? • If YES, STOP. Give the customer a score of 3 – Serious Problem. • If NO, continue to step 3.
3	Does the behavior meet ALL the following criteria? • Occurs weekly to every other day; • Sometimes cause fear or aggression in others; AND • Requires close supervision, frequent verbal or physical redirection, or a combination of the three interventions? • If YES, STOP. Give the customer a score of 2 – Moderate Problem. • If NO, continue to step 4

4	Does the behavior meet ALL the following criteria? • Occurs less than weekly; AND • Is not taken seriously, does not frighten others, or result in aggression from others; BUT • Requires some additional supervision or verbal redirection, or a combination of both? • If YES, STOP. Give the customer a score of 1 – Minor Problem. • If NO, continue to step 5.
5	Has the behavior not been observed? OR Does the behavior occur, but not at a level that requires intervention? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Examples

The following examples only provide guidance on scoring. They do not cover every possible situation.

Score of 4:

The customer is a 16-year-old male diagnosed with Autism and Oppositional Defiant Disorder. Once a week, he raises his fist, shakes it at his peers and yells, “I’ll beat the crap out of you.” This frightens his peers because the customer is taller and bigger than most of his peers. He also threatens and taunts his peers by saying he is going to hurt their mothers and sisters. These threats anger his peers. Three of the incidents in the last year resulted in peers attacking the customer. These incidents resulted in a black eye, broken arm, and a knocked-out tooth. Staff have had to intervene by stepping in the middle of the fights and breaking them up.

The behavior always generates fear, has resulted in aggression from others resulting in more than one serious incident, and requires physical interruption.

Score of 3:

The customer is a 17-year-old female who lives in a group home with 6 other females. She is diagnosed with Mild Intellectual Disability, ADHD, and Bipolar Disorder. Staff report that she is easily agitated by others in the group home and will yell and scream at them and say things like, “if you don’t shut your mouth, I will shut it for you.” Often the customer is in the other room when she makes this threat, but when she is in close proximity of others, they are afraid of her. Each day, the staff must stop what they are doing and ask her to calm down, and when the customer is extremely agitated, they will take her by the arm and escort her to her room.

The behavior occurs at least once a day, sometimes causes fear in others, and requires constant verbal redirection and sometimes physical interruption.

Score of 2:

The customer’s teacher reports that the customer threatens his peers by saying things like; “shut your mouth, or I’ll shut it for you!”, “I’m going to smash your face in with my boot.” The teacher reports that the customer is triggered by minor things, like someone standing too close to him. The customer is larger than most of his peers, and they are frightened by him. The teacher’s aide keeps a close eye on the customer and tells him he needs to take a time out and calm down. This happens

every other day.

The behavior occurs every other day and requires close supervision and frequent verbal and physical redirection.

Score of 1:

The customer's mother reports that once a month the customer raises her fists to start hitting whoever is nearby when she is angry. The behavior is not taken seriously and does not frighten others or result in aggression from others. Her parents ask her to cool down and keep a close eye on her.

The behavior occurs occasionally and requires some additional supervision and redirection.

Score of 0:

The customer is a 12-year-old female diagnosed with Epilepsy. Her mother reports that when the customer gets angry she shakes her fists at the rest of the family. Her siblings laugh, and her parents have to tell the siblings not to bother her.

There is no intervention for the customer, only for her siblings.

Â

Â

Self-Injurious Behavior

Overview

Self-Injurious Behavior (SIB) is repeated actions that cause physical injury to a person's own body. Some examples of SIB are:

• Biting

• Repeatedly cutting or scratching skin

• Putting inappropriate objects into ear, mouth, or nose

• Repeatedly picking at skin or sores

• Head slapping or banging

The following are not included in the score:

• Medical non-compliance issues, such as not following medical advice

• Lifestyle choices, such as sexual activity, smoking, or drug abuse

• Scratching in response to a rash or other skin condition

During the PAS Interview

The table below has tips for getting clear, complete information during the interview. Put this information in the comments, and always include who gave the information.

Self-Injurious Behavior Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the description of self-injurious behavior	Does the repeated behavior cause physical harm to the body?	Ask questions or use inquiry statements such as: • Describe what the customer does that causes harm to his body. • How is this causing physical harm to her body?
Determine the intensity of the intervention	How often the intervention is needed, and how much time and effort the intervention takes.	Ask questions such as: • What is done in response to this behavior? • How often do you respond that way? • How well does this intervention work? • What happens when you don't respond this way? • What happens when the action taken does not stop the behavior?

Determine the frequency of the behavior	The past year	Ask questions such as: • How often does this behavior happen? • How seriously was he hurt? • Has the customer needed medical attention due to this behavior? Tell me more about that. • When was the last time this behavior happened?

Scoring

Follow the steps below to determine the score for Self-Injurious Behavior. When the behavior and intervention don't fall into the same scoring criteria, score based on the intervention most frequently used.

Step	Action
1	Does the behavior meet the following criteria? Has the behavior caused one or more serious injuries in the last year requiring immediate medical attention? AND Does the behavior require close supervision and physical interruption? • If YES to both questions, STOP. Give the customer a score of 4 - Extremely Urgent Problem. • If NO to either question, continue to step 2.
2	Does the behavior: Occur at least once a day and require close supervision, CONSTANT verbal redirection, physical interruption, or a combination of these interventions? OR Occur less than daily but requires physical interruption? • If YES to either question, STOP. Give the customer a score of 3 – Serious Problem. • If NO to both questions, continue to step 3.
3	Does the behavior: Occur at least weekly but less than daily? AND Require close supervision, verbal redirection, physical redirection, or a combination of these interventions? • If YES to both questions, STOP. Give the customer a score of 2 – Moderate Problem. • If NO to either question, continue to step 4.

4	Does the behavior: Occur less than weekly? AND Require some additional supervision, verbal redirection, or a combination of both in a few situations? • If YES to either question, STOP. Give the customer a score of 1 – Minor Problem. • If NO to both questions, continue to step 5.
5	Does the behavior occur, but not at a level that requires intervention? OR Has the behavior not occurred in the last year (including if chemically controlled)? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, the customer meets some scoring criteria above, go back to step 1.

Examples

Score of 4:

The customer is an 18-year-old male diagnosed with Autism and Pica. The caregiver reports that at least once a month, the customer puts objects in his ears, and eats his own feces, sand, or other household objects. This causes balance and gastrointestinal issues. The caregiver reports that if she sees the behavior when it is happening, she immediately grabs the customer's hand to stop the behavior. The caregiver reports three months ago he was hospitalized after eating glass. He must be closely supervised at all times.

The behavior has caused immediate medical attention (one hospitalization) in the past year and requires close supervision and physical interruption.

Score of 3:

The customer is a 12-year-old male diagnosed with Autism and Mild Intellectual Disability. His father reports that when the customer gets upset, he pinches himself on the arms and legs. The father reports this behavior happens at least five times a week. The father said that the customer pinches himself so hard he has broken the skin and left bruises, but he has not needed immediate medical attention. The father said the only thing that stops the behavior is when he or his wife intervene and hold the customer's arms tightly to his side until he calms down. This can take up to 30 minutes.

Although the behavior does not occur daily, the intervention is always physical interruption.

Score of 2:

The customer's mother reports that the customer punches himself in the head when he is angry or upset. This happens about once a week. The behavior has caused headaches and bruising. The mother reports she or her husband talk to the customer until he calms down.

The behavior occurs weekly and requires supervision and verbal redirection.

Score of 1:

The customer's mother reports that approximately once a month the customer will have a "meltdown" when doing homework that she doesn't understand. The mother said the customer will grab her hair on each side of her head with her hands. The mother said sometimes the customer just does this for a second, and mom doesn't do anything about it. But every other month the customer has pulled her hair out in clumps. The mother said, she will calmly tell the customer that she can take a break and come back to her homework later.

The behavior occurs less than weekly and sometimes requires verbal redirection.

Score of 0:

The customer is a 12-year-old female diagnosed with Moderate Intellectual Disability. Her mother reports that every other day the customer gets upset when her mom does not let her eat sweets for breakfast. The customer will cry and beat her fists on her chest. The mother said the customer never hurts herself, and mom ignores the behavior.

The customer acts physically aggressive but the behavior is occurring at a level that does not require intervention.

Â

Â

Resistiveness or Rebelliousness

Overview

Resistiveness or Rebelliousness are inappropriately stubborn and uncooperative behaviors, which include:

• Passive or obvious behaviors

• Obstinance

• Unwillingness to participate in self-care or take necessary medications

The following are not included in the score:

• Difficulties with processing information (customers who are slow to respond)

• Reasonable acts of self-advocacy

• Verbal threats

• Physical aggression

• Self-injurious behavior

NOTE Comments must include the specific behaviors and the intervention required.

During the PAS Interview

The following table includes tips for getting clear, complete information during the interview. Include the information when entering the comment. The comment should always include who gave the information.

Resistiveness Components	Factors to consider	Tips to gather the correct information
Does the behavior fit the definition of resistiveness?	Is the behavior inappropriately stubborn and uncooperative?	Ask questions such as: • What does the customer not want to do? • What is the reason the customer does not want to do that activity? • Is it reasonable for the customer to not want to do the activity? • How is this behavior inappropriate? • What does the customer do that shows she is being uncooperative or stubborn? • Is the customer able to follow directions or advocate for himself?

Determine the intensity of the intervention.	How often the intervention is needed, and how much time and effort the intervention takes.	Ask questions such as: • What do you do when the customer resists? • How often do you have to do that? • How does the customer respond to you doing that? • How well does the intervention work? • What happens if you do not intervene? • What happens if the intervention does not work?
Determine the frequency of the behavior	Consider the past year.	Ask questions such as: • How often, if know, does the behavior occur? • Who is affected? • What triggers the behavior, if known?

Scoring

Follow the steps below to determine the score for Resistiveness or Rebelliousness

Step	Frequency
1	Does the behavior meet the following criteria? • Occurs at least once daily; AND • Requires constant attention, prompting, physical redirection, or a combination of these interventions. If YES, STOP. Give the customer a score of 3 – Serious Problem. If NO, continue to step 2.
2	Does the behavior meet the following criteria? • Occurs at least weekly but less than daily; AND • Requires frequent attention, prompting, physical redirection, or a combination of these intervention If YES, STOP. Give the customer a score of 2 – Moderate Problem. If NO, continue to step 3.

3	Does the behavior meet the following criteria? • Occur less than weekly; AND • Requires occasional attention, prompting, or verbal redirection. If YES, STOP. Give the customer a score of 1 – Minor Problem. If NO, continue to step 4.
4	Does the behavior not occur or occurs at a level not requiring intervention? • If YES, STOP. Give the customer a score of 0. • If NO, the customer meets some scoring criteria above, go back to step 1.

Definitions

Term	Definition
Self-advocacy	Speaking up for oneself and one's views or interests

Â

Â

Medical Assessment

Introduction

In this chapter, you will learn about:

• Medical conditions

• Medications

• Services/Treatments

For each section in this chapter, you will find:

• An overview of the topic

• Definitions

• Other helpful information

Â

Â

Medical Conditions Battery

Overview

This section is used to record the diagnoses and medical conditions that impact the customer's current:

• Developmental or Independent Living Skills (ILS) status

• Cognitive status

• Mood and behavior status

• Medical treatments

• Need for an Intermediate Care Facility (ICF) level of care

• Risk of death

The medical conditions categories are:

• Cerebral Palsy

• Epilepsy or Seizure Disorder

• Intellectual or Cognitive Disability

• Autism Spectrum Disorder

• Attention Deficit Disorder (ADD)

• Other Neurological, Congenital, or Developmental Conditions

• Hematologic

• Cardiovascular

• Musculoskeletal

• Respiratory

• Genito/Urinary

• Eyes, Ears, Nose, and Throat (EENT)

• Metabolic

• Skin Conditions

• Psychiatric

Things to Keep in Mind When Adding a Medical Condition in HEAplus:

• Review each category of medical conditions listed in HEAplus to ensure that no significant diagnoses are left out.

• Do not add inactive or historical diagnoses here. Add the information in the Summary if needed.

• If a specific diagnosis is not found in HEAplus but is related to or similar to one of the listed medical conditions, select the listed condition and note the specific diagnosis in the comments. For example, if the diagnosis is Muscular Dystrophy, select Genetic Anomalies and note that the customer has Muscular Dystrophy in the comments.

- It is very important to carefully evaluate and document any condition that may relate to Cognitive or Intellectual Disability, Cerebral Palsy, Epilepsy or Seizure Disorder, or Autism since these conditions affect the PAS score.
- Select up to three major diagnoses. Major diagnoses are those that require the most resources and significantly impact the need for long-term care. In some cases, there may be only one or two major diagnoses. One of the major diagnoses must be the DD qualifying diagnoses. DD qualifying diagnoses include: Cerebral Palsy, Epilepsy or Seizure Disorder, Autism, Intellectual Cognitive Disorder, and Developmental Delay if the customer is younger than six years of age.
- Verify diagnoses and medical conditions with medical documentation from the provider or electronic health record sources. Do NOT use verbal verification unless records were requested from all sources and all attempts have been unsuccessful.
- Medical records MUST be requested for every PAS type - initials, reassessments, private request, posthumous, and prior quarter PAS.

Â

Â

Cerebral Palsy

Overview

Cerebral Palsy is a condition that affects a person's ability to move and maintain balance and posture. It is marked by impaired muscle coordination or other disabilities, typically caused by damage to the brain before or at birth. Cerebral Palsy is the most common motor disability in children.

Definitions

Conditions in HEAplus	Definition	Related Conditions
Diplegia	Paralysis of corresponding limbs on both sides of the body. For example, paralysis of both arms or both legs.	
Hemiplegia	Paralysis on one side of the body. For example, the left arm and left leg.	
Quadriplegia	Paralysis of all four limbs.	• Infantile Quadriparesis • Tetraplegia
Paraplegia	Paralysis of the legs and lower body.	
Cerebral Palsy Type Not Specified	Any type of Cerebral Palsy not described above.	• Ataxic • Athetoid • Congenital • Infantile • Monoplegia • Spastic

Â

Â

Epilepsy or Seizure Disorder

Overview

Epilepsy, also known as Seizure Disorder, is a chronic disorder of the brain characterized by the tendency to have recurrent seizures.

Definitions

Conditions listed in HEAplus	Definition	Related Conditions
Seizure Disorder Non-convulsive	A seizure causing an altered mental status rather than convulsions.	• Absence • Akinetic • Atonic • Drop seizures • Minor • Petit Mal
Seizure Disorder Generalized Convulsive	A seizure that occurs in both halves of the brain at the same time.	• Clonic • Febrile seizures • Grand Mal • Infantile spasms • Major • Myoclonic • Tonic • Tonic-clonic

Epilepsy	A neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain.	• Complex-partial • Epilepsia • Jacksonian • Landau-Kleffner Syndrome • Partialis Continual • Psychomotor • Simple Partial • Temporal Lobe

Documentation

Include all the following information in the Comments:

• The type of each seizure;

• The frequency of each type; and

• The date of the last seizure. Use an approximate date when the exact date is unknown.

Â

Â

Intellectual or Cognitive Disability

Overview

Intellectual Disability, also known as Cognitive Disability, is a condition in which a person has certain limitations in intellectual functions like communicating, taking care of themselves, and social skills. Children with these limitations develop more slowly than other children. This disability originates before the age of 18.

Level of Intellectual Cognitive Disability

Every effort must be made to identify the level of the customer's Intellectual Disability from the medical records. The customer's most current evaluation with test results relating to IQ must be used. An IQ by itself cannot be used to determine a diagnosis.

In some cases, the DDD qualifying diagnosis will be outdated, and the most recent evaluation should be used to determine the customer's level of Intellectual Cognitive Disability. For example, the documented disability in FOCUS is Mild Intellectual Disability (mild ID), however this diagnosis was established in 2016. A more recent evaluation was conducted in 2021, and the customer was diagnosed with Moderate Intellectual Disability (moderate ID). Moderate ID would be scored as a Major Diagnosis.

Include comments with the title and date of the evaluation, the clinician making the diagnosis, and the Full-Scale Intelligence Quotient, if available.

Level of Intellectual Cognitive Disability listed in HEAplus	IQ Level	Description or Associated Medical Terminology
Mild Intellectual Cognitive Disability	50-55 to approximately 70	Educable Mentally Handicapped (EMH)
Moderate Intellectual Cognitive Disability	35-40 to 50-55	Trainable Mentally Handicapped (TMH)
Severe Intellectual Cognitive Disability	20-34 to 35-40	
Profound Intellectual Cognitive Disability	Below 20-25	
Intellectual Cognitive Disability Type Not Specified		Level is not specified in the records reviewed.

What to do when records list a range instead of level of Intellectual Disability

When there is conflicting information in the records, the diagnosis must be reviewed by a Benefits and Eligibility Manager to determine if there is enough information to indicate a level of intellectual disability. In most cases, there should be a psychological evaluation with the diagnosis indicated. If the records do not specify a level but instead state a range, for example mild to moderate, choose the lower level of disability. Include in comments that the medical records indicated mild to moderate. See the table below.

When the diagnosis is…	Enter in HEAplus as…
Mild to moderate	Mild Intellectual Cognitive Disability
Moderate to severe	Moderate Intellectual Cognitive Disability
Severe to profound	Severe Intellectual Cognitive Disability

Â

Â

Autism Spectrum Disorder

Overview

Autism Spectrum Disorder (ASD) is a pervasive developmental disorder that includes Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder.

Definitions

Conditions listed in HEAplus	Definition
Autism	Autism, or autism spectrum disorder (ASD), is a developmental disorder that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought and behavior. There are 3 levels of ASD: • Level 1: Requiring support • Level 2: Requiring substantial support • Level 3: Requiring very substantial support
Pervasive Developmental Disorder (PDD)	Doctors do not use this term anymore. PDD is now categorized as ASD. PDD used to refer to delays in how a child typically develops, problems with socializing and communicating, trouble when a routine changes, and repetitive movements and behaviors.
Asperger's Disorder	Doctors do not use this term anymore. Asperger's Disorder is now categorized as ASD. It is also called ASD without intellectual or language impairment.
Childhood Disintegrative Disorder	A rare form of ASD of unknown etiology. It is characterized by late-onset regression leading to significant intellectual disability (ID) and severe autism

Â

Â

Attention-Deficit Hyperactivity Disorder (ADHD)

Overview

Attention-Deficit Hyperactivity Disorder (ADHD) is one of the most common neurodevelopmental disorders of childhood. Symptoms include poor concentration, hyperactivity, and impulsivity. ADHD conditions in HEAplus are listed and defined in the definitions section.

Definitions

Conditions listed in HEAplus	Definition
ADD with Hyperactivity	A chronic brain disorder that includes a combination of persistent problems, such as difficulty paying attention, hyperactivity, and impulsive behavior
ADD without Hyperactivity	A chronic brain disorder with an ongoing pattern of inattention triggered by the environment.

Term	Definition
Neurodevelopmental disorders	Complex conditions characterized by impairments in cognition, communication, behavior, or motor skills resulting from abnormal brain development. Examples include ADD and Autism spectrum disorder (ASD).

Â

Â

Other Neurological, Congenital, or Developmental Conditions

Overview

Neurological conditions are disorders of the brain or nervous system. Congenital conditions are disorders existing at or present at birth. Developmental disorders are impairments in physical, cognitive, language, or behavioral development. These conditions are listed and described in the definitions table below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Prematurity	A baby born before 37 weeks of pregnancy	There are sub-categories of preterm birth, based on gestational age: • Extremely preterm (less than 28 weeks) • Very preterm (28 to 32 weeks) • Moderate to late preterm (32 to 37 weeks)
Fetal Alcohol Syndrome	A congenital condition caused by excessive consumption of alcohol by the mother during pregnancy, characterized by retardation of mental development and of physical growth, particularly of the skull and face of an infant.	
Developmental Delays	Delays in which a customer has not gained the developmental skills compared to others of the same age.	• Failure to thrive • Language delays and disorders • Mixed receptive and expressive language delays and disorders • Specific language impairment (SLI) • Speech and Language Delays

Hydrocephaly	A build-up of fluid in the cavities deep within the brain, which can cause brain damage.	Types of Hydrocephalies • Communicating • Noncommunicating • Obstructive • Dandy-Walker Syndrome • Hydranencephaly
Macrocephaly	A term used when a child's head circumference is 97% larger than other children of the same age and sex.	
Microcephaly	A condition in which a baby's head is significantly smaller than expected, often due to abnormal brain development.	• Hydromicrocephaly • Microencephaly
Meningitis	Inflammation of brain and spinal cord membranes, typically caused by an infection.	
Encephalopathy	A broad term for any brain disease that alters brain function or structure. Causes include infection, tumor, and stroke.	Types of Encephalopathy • Hepatic • Metabolic • Uremic • Encephalomalacia • Wernicke's Encephalopathy
Spina Bifida	A congenital defect of the spine in which part of the spinal cord and its meninges are exposed through a gap in the backbone. It can cause paralysis of the lower limbs, and intellectual disabilities that range from mild to severe. NOTE Spina Bifida, with and without Hydrocephalus, is also listed under Musculoskeletal in HEAplus.	• Hydro meningocele • Hydro myelocele • Meningocele • Meningomyelocele • Myelocele • Myelomeningocele Myelocystocele Rachischisis • Spina Bifida Aperta • Spina Bifida Occulta • Syringomyelocele

Genetic Anomalies	Inherited medical conditions caused by a DNA abnormality.	• Angelman's Syndrome (Happy Puppet) • Chromosome Deletion Syndrome • Cri-Du Chat Syndrome • Cystic Fibrosis • Duchenne's Muscular Dystrophy • Edward's Syndrome • Fragile X Syndrome • Holt-Oram Syndrome • Klinefelter's Syndrome • Muscular Dystrophy
Down's Syndrome	A genetic chromosome 21 disorder causing a wide range of developmental delays and physical disabilities.	
Congenital Anomalies	Commonly referred to as birth defects. They are abnormalities of body structure or function conditions that occur before birth and are present at birth.	Types of Congenital Anomalies • Cleft lip and palate • Clubfoot • Heart defects • Neural tube defects
Near Drowning	Occurs when a person's body is cut off from oxygen and almost died from not being able to breathe under water.	
Head Trauma	Damage to the brain, skull, or scalp caused by injury. The type of head trauma depends on the kind of injury, the part of the head damaged, and how severe the damage is.	• Cerebral Contusion • Closed Head Injury (CHI) • Concussion • Skull Fracture • Traumatic Brain Injury (TBI)
Dementia	A general term for memory loss, language, problem-solving and other thinking abilities that are severe enough to interfere with daily living.	

Organic Brain Syndrome	An outdated term that is now referred to as Neurocognitive Disorders, which are a group of conditions that lead to impaired mental function.	
Huntington's Chorea	An inherited condition where nerve cells in the brain break down over time.	Huntington's Disease
Age related cognitive decline	A condition caused by the loss of brain matter due to aging.	
Hydrocephalus Obstructive	A buildup of fluid deep within the brain that can cause brain damage.	
Organic Mental Disorder	Decrease in brain function caused by injury, disease, chemical or hormonal abnormalities, exposure to toxins or abnormal changes associated with aging.	
Non-traumatic intracranial hemorrhage	Bleeding within the brain tissue that is not caused by a physical injury.	
Tourette's Syndrome	A disorder causing repetitive movements or unwanted sounds that cannot be easily controlled. Examples include repeated eye blinking, shrugging, or blurting out unusual sounds or offensive words.	
Idiopathic Orofacial Dystonia	A disorder causing involuntary muscle contractions of the face, jaw, and tongue that interfere with opening and closing the mouth and may affect chewing and speech.	
Migraine	A type of headache. Symptoms include pain, nausea, vomiting, and sensitivity to light and sound.	

Neurofibromatosis	A disorder of the nervous system causing tumors to grow on nerves.	
Spasms	A sudden involuntary contraction of a muscle, a group of muscles, or a hollow organ like the bladder.	
Ataxia	A lack of muscle coordination when a voluntary movement is attempted. It affects motions that require muscles to work together, like walking, picking up an object, and swallowing.	Types of Ataxia include: • Cerebellum Ataxia • Sensory Ataxia • Vestibular Ataxia
Coma	A state of prolonged unconsciousness. Some causes include traumatic head injury, stroke, brain tumor, or an underlying illness, such as diabetes or an infection.	
Convulsion	This is covered under Epilepsy.	
Aphasia	Loss of ability to speak, write, or understand both verbal and written language. It is caused by damage to the part of the brain that controls language expression and comprehension.	Types of Aphasia include: • Broca's Aphasia • Wernicke's Aphasia • Global Aphasia
Dysphasia	A partial loss of ability to speak, write and understand both verbal and written language	
Generalized Pain	Unpleasant sensations indicating potential or actual physical damage felt all over or throughout the body.	• Fibromyalgia • Reflex sympathetic dystrophy syndrome • Complex regional pain syndrome
Convulsion, N.O.S. (Seizure)	This is covered under epilepsy.	

Tremor	Involuntary shaking or movement, ranging from slight to severe, commonly affecting hands, legs, face, head, or vocal cords.	

Â

Â

Hematologic

Overview

Hematologic conditions are disorders of the blood and blood-forming organs. Oncologic conditions are disorders relating to tumors, malignant or benign. These conditions are listed and defined in the definitions section below.

Conditions listed in HEAplus	Definition	Related Conditions
Anemia	A condition marked by a lack of healthy red blood cells to carry enough oxygen to the body's tissues. Symptoms include feeling tired and weak.	• Anemia of chronic disease • B12 or Folic Acid deficiency • Hemolytic anemias • Iron deficiency • Neutropenia • Pernicious • Sickle cell • Thrombocytopenia
Human Immunodeficiency Virus (HIV)	A virus that attacks the body's immune system. There is currently no cure.	• HIV-1 • HIV-2
Acquired Immune Deficiency Syndrome (AIDS)	A disease caused by HIV with an increased risk for developing certain cancers and infections due to a weakened immune system.	• AIDS – Related Complex (ARC)
Cytomegalovirus (CMV)	A type of herpesvirus that can cause damage to various body systems in people with weakened immune systems and newborns.	• Congenital CMV Infection
Leukemia	Cancer of blood-forming tissues, including the bone marrow and the lymphatic system.	• Acute leukemia • Chronic leukemia • Myelodysplastic Syndrome (MDS)

Hepatitis	Inflammation of the liver which happens when tissues of the body are injured or infected.	• Hepatitis A • Hepatitis B • Hepatitis C • Hepatitis D • Hepatitis E
Edema	Swelling caused by injury or inflammation. It can affect a small area or the entire body	Types of edema include: • Peripheral edema • Pedal edema • Lymphedema • Pulmonary edema • Cerebral edema • Macular edema NOTE The type of edema diagnosed must be documented in the comment section.

Â

Â

Cardiovascular

Overview

Cardiovascular conditions are disorders of the heart and blood vessels. The cardiovascular conditions in HEAplus are listed in the definitions section.

Definitions

Condition listed in HEAplus	Definition	Related Conditions
Congestive Heart Failure (CHF)	A weakness of the heart that leads to buildup of fluid in the lungs and surrounding body tissues.	• Heart Failure • Pulmonary Edema
Hypertension (HTN)	Also called high blood pressure. A condition in which the force of the blood against the artery walls is high enough long-term that it may cause health problems, such as heart disease.	• Arterial Hypertension • Cor Pulmonale • Essential Hypertension • Pulmonary Hypertension • Renovascular Hypertension
Congenital Anomalies of Heart	A problem with the structure of the heart that develops before birth. It is one of the most common types of birth defects. The defects can involve the walls of the heart, the valves of the heart, and the arteries and veins near the heart.	• Atrial Septal Defect (ASD) • Coarctation of the Aorta • Congenital Heart Disease (CHD) • Patent Ductus Arteriosus (PDA) • Peripheral Pulmonary Stenosis • Pulmonary Valve Stenosis • Tetralogy Of Fallot • Ventricular Septal Defect (VSD)
Cardiac Murmurs	Sounds, such as whooshing or swishing, made by rapid, choppy (turbulent) blood flow through the heart. The sounds can be heard with a stethoscope.	

Rheumatic Heart Disease	A condition in which the heart valves have been permanently damaged by rheumatic fever. The heart valve damage may start shortly after untreated or under-treated streptococcal infection such as strep throat or scarlet fever.	Sydenham's Chorea (St. Vitus Dance)
Hypotension	Blood pressure that is below the normal for an individual. This means the heart, brain, and other parts of the body do not get enough blood.	• Orthostatic Hypotension • Postural Hypotension • Postprandial Hypotension • Neurally Mediated Hypotension • Multiple System Atrophy with Orthostatic Hypotension
Syncope	Fainting or passing out caused by a temporary drop in the amount of blood that flows to the brain.	• Vasovagal Syncope • Neurocardiogenic Syncope

Â

Â

Musculoskeletal

Overview

Musculoskeletal conditions are related to muscles, bones, and connective tissue. These conditions are described in the table below:

Conditions listed in HEAplus	Definition	Associated and Related Conditions
Arthritis	Inflammation or degeneration of joints. A joint is where two bones meet. There are more than 100 different types of arthritis.	• Ankylosing Spondylitis • Fibro myositis • Gout • Infectious Arthritis • Lupus • Myelopathy • Psoriatic Arthritis • Reiter's Syndrome • Rheumatoid Arthritis (RA) • Scleroderma
Fracture	A complete or partial break of the bone. When the broken bone punctures the skin, it is an "open" or compound fracture.	
Contracture	A permanent tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff.	
Scoliosis	An abnormal lateral curvature of the spine. It is most often diagnosed in childhood or early adolescence.	
Kyphoscoliosis	An abnormal curve of the spine on two planes: the coronal plane, or side to side, and the sagittal plane, or back to front.	

Lordosis	Excessive inward curvature of the spine.	
Paralysis	The loss of the ability to move, and sometimes feeling in part or most of the body. Paralysis typically occurs because of illness, poison, or injury.	• Hemiplegia – paralysis on one side of the body • Paraplegia – paralysis of the legs and lower body • Quadriplegia – paralysis of all four limbs; tetraplegia
Spina Bifida with Hydrocephalus	A birth defect in which part of the spinal cord is exposed through a gap in the backbone. It can cause paralysis of the lower limbs, and cognitive impairment. Hydrocephalus is a condition in which fluid accumulates in the brain.	
Spina Bifida without Hydrocephalus	A birth defect in which part of the spinal cord is exposed through a gap in the backbone. It can cause paralysis of the lower limbs, and cognitive impairment.	
Osteomyelitis	An inflammation of the fatty tissues of the bone. It is caused by an infection of the bone or joint.	
Disorder of Muscle	Any unspecified disorder of the muscle not related to other musculoskeletal conditions.	
Abnormalities of gait and mobility	A deviation from standard or typical gait and mobility for an average person. This may be due to injuries, vision or inner ear problems, illness, or problems with the legs and feet, to name a few.	
Arthrogryposis	A term used to describe a variety of conditions involving multiple joint contractures.	Arthrogryposis multiplex congenita (AMC)
Multiplex Congenita	See Arthrogryposis.	
Weakness	Decrease in muscle strength	

Definitions

Term	Definition
Paralysis	The complete loss of motor function, where the customer is unable to move the affected body region in any capacity. The paralyzed muscle groups will not contract or fire, and even a flicker of activation is unable to be seen. This typically occurs because of damage to the brain, spinal cord, or nerves, each of which helps initiate movement by relaying messages to the muscles.
Paresis	A condition that causes weakness in an area of the body, like an arm or leg. While this condition can make an area of the body difficult or fatiguing to move, there is still some motor function present.

Â

Â

Respiratory

Overview

Respiratory conditions are related to the act of breathing and involve the nose, trachea, lungs, and air passages. Respiratory conditions are listed and described in the definitions section below.

Definitions

Conditions listed in HEAplus	Definition	Related Conditions
Asthma	Spasms in the bronchi of the lungs, making it hard to breathe. Asthma usually results from an allergic reaction.	• Bronchial Asthma • Reactive Airway Disease (RAD)
Bronchitis	An infection of the main airways of the lungs, causing them to become irritated and inflamed.	• Chronic Bronchitis • Bronchiolitis
Pneumonia	An infection of the air sacs of the lungs.	Types of pneumonia include: • Aspiration Pneumonia • Bacterial Pneumonia • Bronchopneumonia • Interstitial Pneumonia • Lobar Pneumonia • Pneumocystis Carinii Pneumonia (PCP) • Segmental Pneumonia • Viral Pneumonia
Respiratory Distress Syndrome (RDS)	A common breathing disorder caused by not having enough surfactant in the lungs that affects newborns. RDS occurs most often in babies born before their due date, usually before 28 weeks of pregnancy. Less often, RDS can affect full-term newborns.	

Bronchopulmonary Dysplasia	A chronic respiratory disease that most often occurs in low-weight or premature infants who have received supplemental oxygen or have spent long periods of time on a breathing machine (mechanical ventilation), such as infants who have acute respiratory distress syndrome. It can also occur in older infants who experience abnormal lung development or some infants that have had an infection before birth (antenatal infection) or placental abnormalities (such as preeclampsia).	• Neonatal Chronic Lung Disease
Cystic Fibrosis	A disorder that damages your lungs, digestive tract, and other organs. It is an inherited disease caused by a defective gene that can be passed from generation to generation. Cystic fibrosis affects the cells that produce mucus, sweat and digestive juices.	
Reactive Airway Disease	A term used to refer to respiratory conditions in which the bronchial tubes in the lungs overreact to an irritant, triggering wheezing and shortness of breath.	
Tracheomalacia	Occurs when the cartilage in the windpipe, or trachea, has not developed properly or was damaged, so instead of being rigid, the walls of the trachea are floppy or flaccid. The cartilage cannot keep the windpipe open, making breathing difficult — especially when breathing out (exhaling).	
Congenital Pulmonary Problems	Lumps made of abnormal lung tissue or improper tissue development inside the lungs. These conditions often are discovered before a baby is born by ultrasound exam.	• Congenital pulmonary airway malformation (CPAM) • Congenital lobar emphysema • Sequestration

Coccidiomycosis (Valley Fever)	A fungal disease of the lungs and other tissues, typically found in the warmer, arid regions of America.	
Allergic Rhinitis	An allergic response to specific allergens. Pollen is the most common allergen in allergic rhinitis.	• Hay Fever
Allergies	A condition in which the immune system reacts abnormally to a foreign substance.	
Fibrosis, Pulmonary	A disease that causes damage and scarring of the lung tissue. This thickens the tissue and makes it more difficult for the lungs to work.	
Respiratory Syncytial Virus (RSV)	A common respiratory virus that usually causes mild, cold-like symptoms. RSV can be serious, especially for infants and older adults.	

Â

Â

Genitourinary

Overview

Genitourinary conditions are disorders related to the genitals and urinary system including the kidneys. Genitourinary conditions are listed and described in the definitions section below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Urinary Tract Infection (UTI)	An infection in any part of the urinary system, including the kidneys, ureters, bladder, and urethra.	• Cystitis • Hydronephrosis • Pyelonephritis • Urosepsis

Â

Â

Gastrointestinal

Overview

Gastrointestinal conditions are related to the stomach, intestines, esophagus, liver, gall bladder and pancreas. These conditions are listed and described in the definitions section below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Constipation	A condition in which a person has fewer than three bowel movements a week and stools are difficult to pass.	Obstipation
Ulcers	Sores on the lining of the stomach, small intestine, or esophagus.	• Duodenal ulcer • Gastric ulcer • Gastritis • Gastro-Intestinal Bleed (GI Bleed) • Peptic ulcer disease (PUD)
Hernia	An organ or fatty tissue has pushed through a weak spot in the surrounding muscle or connective tissue that normally contains it	• Hiatal hernia • Inguinal hernia • Umbilical hernia
Esophagitis	Inflammation that may damage tissues of the esophagus, the muscular tube that delivers food from the mouth to the stomach.	
Gastroesophageal Reflux	A digestive disorder that affects the ring of muscle between the esophagus and the stomach. Gastroesophageal Reflux occurs when stomach acid frequently flows back into the esophagus irritating the lining.	GERD

Aneurysm	A bulge in a blood vessel caused by a weakness in the blood vessel wall, usually where it branches. As blood passes through the weakened blood vessel, the blood pressure causes a small area to bulge outwards like a balloon.	
Abdominal Aortic Aneurysm	A potentially life-threatening condition. It's a bulge in the main artery that supplies blood to the belly, pelvis, and legs. The aneurysm is a weak spot in the blood vessel wall, at risk for rupturing and causing a hemorrhage.	
Abdominal Pain	Pain anywhere between the chest and groin.	
Dysphagia with Aphagia	A disorder characterized by difficulty in swallowing with the inability to swallow.	

Â

Â

EENT

Overview

EENT conditions are related to the eyes, ears, nose, and throat (EENT). EENT conditions are listed and described in the definitions section below.

Definitions

Conditions listed in HEAplus	Definitions	Associated and Related Conditions
Blindness	A lack of vision or a loss of vision that cannot be corrected with glasses or contact lenses. Blindness may be partial or complete. Partial blindness is very limited vision in one or both eyes. Complete blindness means a person has no vision and cannot see light.	Legally blind
Cataract	A cloudy area in the lens of the eye that leads to a decrease in vision.	
Hearing Deficit	Total or partial inability to hear sounds.	• Auditory Processing Disorder (APD) • Deafness • Hearing Impairment
Ear Infection	An ear infection is a bacterial or viral infection of the middle ear. This infection causes inflammation and the buildup of fluid within the internal spaces of the ear.	
Exotropia	A type of eye misalignment, where one eye deviates outward. The deviation may be constant or intermittent, and the deviating eye may always be one eye or may alternate between the two eyes.	

Strabismus	Misalignment of the eyes, causing one eye to deviate inward toward the nose while the other eye remains focused.	• Hypertropia • Crossed eyes
Nystagmus	An involuntary rhythmic side-to-side, up and down, or circular motion of the eyes that occurs with a variety of conditions.	
Glaucoma	A condition of increased pressure within the eyeball, causing gradual loss of sight.	
Dizziness and Giddiness	A feeling of being unbalanced and lightheaded.	
Vertigo	A sensation of being off balance that may cause a person to feel like they or the environment around them is moving or spinning.	

Â

Â

Metabolic

Overview

Metabolic conditions are related to physical and chemical changes in the body, including endocrine disorders and electrolyte imbalances. Metabolic conditions are listed and described in the Definitions section below.

Definitions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Hypothyroidism	A condition in which the thyroid gland does not produce enough of certain crucial hormones.	• Hashimoto's Disease • Myxedema
Hyperthyroidism	A condition in which the thyroid gland produces too much of the hormone thyroxine.	Graves' Disease (Toxic Diffuse Goiter)
Diabetes Mellitus Type I	A genetic condition that often shows up early in life, in which a person's body attacks the cells in the pancreas resulting in the inability to make any insulin.	• Diabetic nephropathy • Diabetic neuropathy • Diabetic retinopathy
Diabetes Mellitus Type II	A condition in which the body does not use insulin the way it should, resulting in high blood sugar levels.	
Pituitary Problem	A condition in which the pituitary gland makes too much or too little of one of your hormones that affect growth and the functions of other glands in the body.	Diabetes Insipidus
Hepatitis	Inflammation of the liver.	

Weight Loss	A reduction of the total body mass, due to a loss of fluid, body fat or lean mass, like bone, muscle, and connective tissue.	Cachexia
Obesity	An excessive amount of body fat.	
Cushing's Syndrome	A disorder in which the body makes too much cortisol over a long period of time.	

Documentation

When the customer has Diabetes Mellitus Type I or II, include the customer's A1C results and document blood sugar measurements, including frequency, range, and who performs the testing, in the comments.

Â

Â

Skin Conditions

Overview

Skin conditions are diseases and disorders related to the skin on any parts of the body. The conditions in this part of the PAS are described in the section below.

Skin Conditions

Condition listed in HEAplus	Definition	Associated and Related Conditions
Decubitus	An open wound on the skin over a bony part of the body, caused by immobility and prolonged pressure.	• Bed Sore • Diabetic Ulcer • Peripheral Lesion • Pressure Sore • Stasis Ulcer • Trophic Ulcer
Acne	A skin condition that occurs when hair follicles become plugged with oil and dead skin cells. It causes whiteheads, blackheads, or pimples.	
Zoster without complications	A blistering, painful rash caused by the virus that remains in the nerve cells after a person has had chickenpox.	Shingles
Methicillin Resistant Staph Aureus (MRSA)	A highly contagious infection caused by staphylococcus bacteria that is resistant to commonly used antibiotics.	Hospital Acquired MRSA (HA-MRSA)
Bacterial Infection	An illness or injury caused by harmful bacteria on or inside any area of the body.	

Documenting Skin Conditions

Use the comments section to describe the skin condition. For Decubitus, include the following information:

• Location;

• Stage; and

• Approximate size.

Â

Â

Psychiatric

Overview

Psychiatric conditions are disorders that affect mood, thinking, and behavior.

A non-psychiatric medical condition or developmental disability that impacts the need for long term care is needed to qualify for ALTCS eligibility.

Psychiatric conditions include:

Psychiatric Conditions listed in HEAplus	Associated and Related Conditions
Major Depression	• Major Depressive Disorder • Clinical Depression • Dysthymic Disorder
Bipolar Disorder	• Manic-Depressive Disorder • Mood Disorder
Schizophrenia	Types of Schizophrenia are: • Catatonic • Hebephrenic • Paranoid • Simple • Schizoaffective Disorder • Undifferentiated
Behavior Disorder	• Impulse Control Disorder • Obsessive Compulsive Disorder (OCD)
Conduct Disorder	• Intermittent Explosive Disorder • Oppositional Defiant Disorder
Alcohol Abuse	Alcohol Dependence

Drug Abuse	• Illegal substances • Prescription medications
Anxiety	• Generalized Anxiety Disorder • Panic Disorder
Disorientation	Altered mental status
Obsessive Compulsive Disorder (OCD)	Types of OCD are: • Contamination • Perfection • Doubt/harm • Forbidden thoughts
Psychosis	Types of Psychosis are: • Hallucinations • Delusions • Disorganized thinking and speech
Non-psychotic mental disorder	• Post-traumatic stress disorder (PTSD) • Neurosis
Failure to Thrive (FTT)	• Pediatric Failure to Thrive • Geriatric Failure to Thrive

Â

Â

Medications

Overview

The Medications page is used to gather information about the medications currently taken by the customer. Consider the following when getting information about medications:

- When the customer is in a facility, review the physician's order list for current medications and treatments.
- When the PAS interview is telephonic or virtual, ask the customer to provide a list of their medications in advance, or have them available during the interview to read the labels from the prescription containers.
- When the PAS interview is in the customer's home, ask to see prescription containers and copy the information from the labels.

Completing the Medications Page

Enter all medications the customer currently takes. This includes medications the customer has taken in the last 30 days but has stopped taking and nonprescription medication.

Enter the following information for each medication:

- Name of medication or treatment;
- Select how often the medication or treatment is taken from the drop-down list;
- Enter the medication dosage;
- Select the route of medication from the drop-down list;
- Enter details in the comments section about what the medication or treatment is prescribed for, and how long it will be taken, if known.

  NOTE If there is any difference between the prescribed dosage or frequency and what the customer actually takes, include the details in the comments.

When the customer does not take any medications, select "No Medications added" and save.

Â

Â

Services and Treatments

Overview

This section is used to record services and treatments the customer is currently getting or needs but is not getting.

The service and treatment categories are:

- Injections/IV
- Medications/Monitoring
- Dressings
- Feedings
- Bladder/Bowel
- Respiratory
- Therapies
- Rehabilitative Nursing
- Other Services and Treatments

Things to Keep in Mind When Adding Services and Treatments in HEAplus

- Use information from the interview, medical records, and contact with health providers to select the services and treatments the customer currently gets or needs but is not getting.
- Select the button next to Receives or Needs for each service or treatment entered. When Need is selected, explain the need for the service or treatment in comments. When the customer's file shows that a physician ordered a service or treatment, but is not currently being received, document the reason the customer is not getting the service or treatment. Some examples are:
  - The customer's doctor prescribed oxygen, but the customer refuses to use it because they "don't need it". Add an explanation of the need and the reason it is not received in the comment section.
  - The customer's doctor prescribed oxygen, but the customer cannot afford the coinsurance for the treatment on his own. Add an explanation of the need and the reason it is not received in the comment section.
- Include ongoing services or treatments that are intermittent. For example, the customer uses a small volume nebulizer (SVN) when needed.
- Recently discontinued services or treatments can be mentioned in the PAS Summary if they are significant.
- Services and treatments may be provided by professionals, nonprofessional caregivers, by the customer, or others as appropriate.
- Use professional judgment, education and experience when assessing need for a service or treatment that is not being received and there are no supporting medical records available.
- Include comments explaining the frequency of treatments to help identify the severity of the condition. For example, the customer has dialysis treatment three times a week, and each treatment takes 4 hours.

Â

Â

Injections/IV

Overview

This section is used to record injection or IV treatments the customer is currently receiving. The treatments are listed as:

• Intravenous Infusion Therapy; and

• Intramuscular/Subcutaneous Injections.

Include all the following information in the comments:

• The treatment the customer gets;

• The person giving the treatment;

• How often the customer gets the treatment; and

• The reason the treatment is given.

For example, the customer receives insulin injections from the mother every evening before bed due to diabetes.

Definitions

Treatment listed in HEAplus	Definition
Intravenous Infusion Therapy	Inserting a needle directly into a vein to inject a fluid substance into the body. Also referred to as IV Therapy. Includes intravenous infusions and blood transfusions.
Intramuscular Injections	Use of a hypodermic syringe to inject a fluid substance into the muscle. For example, Epinephrine injections for severe allergic reactions.
Subcutaneous Injections	Use of a hypodermic syringe to inject a fluid substance beneath the skin. For example, Insulin injections to treat high blood sugar due to diabetes.

Â

Â

Medications/Monitoring

Overview

Medications and monitoring include the following:

• Drug regulation; and

• Drug administration.

1) Drug Regulation

Drug regulation is close evaluation, monitoring, and adjustment of medications to ensure they are working effectively and safely. Examples of drug regulation include:

• Periodic lab tests, such as blood work to check the cholesterol for a customer on cholesterol lowering medication.

• Adjusting the medication dose or schedule based on test results or symptoms. For example, adjusting the insulin dosage based on a sliding scale or not giving the customer Lanoxin if his pulse is below 60.

• Close supervision or observation to evaluate adverse reactions, interactions, or immediate response to a drug. For example, watching for a response to chemical restraints or medication prescribed for behavior control.

NOTE Drug regulation is not routine monitoring or adjusting of medications that is normally and safely done by a nonprofessional. For example, a customer takes Tylenol for her knee pain because aspirin upsets her stomach.

2) Drug Administration

Drug administration is giving or applying medication, either prescribed or over-the-counter, to treat an illness or condition. This includes self-administration.

Documentation

Include the following information in the comments when known or available:

• What medication is being regulated?

• Who is regulating or administering the medication?

Â

Â

Dressings

Overview

Dressings include the following:

• Decubitus Care;

• Wound care; and

• Non-Bladder/Bowel Ostomy care.

Decubitus Care

Examples of dressings for Decubitus include:

• Putting medicine, like ointment or Betadine, on the ulcer.

• Covering the ulcer with protective material, like a bandage or Duoderm.

• Applying heat treatment to the ulcer to aid the healing process.

• Removing dead or infected skin tissue to help the ulcer heal, also known as debridement.

NOTE Skin care for ulcers includes preventive measures ordered by a physician for a customer with a history of chronic skin breakdowns that are likely to recur.

Wound Care

Select wound care when the customer has a wound requiring wound care on an ongoing basis. Injuries and conditions that may need wound care include:

• Injuries resulting in an open wound;

• Surgical incisions;

• The catheter site for Total Parenteral Nutrition (TPN);

• A porta-catheter site;

• An intravenous or infusion site;

• Peritoneal dialysis site; and

• Any stoma or opening in the skin, not covered above, that needs more than routine care.

Things to keep in mind about wound care

Do not select wound care when the wound has healed or the skin opening no longer needs more than routine care on the date of the PAS.

Wound care does not apply when the skin is intact. For example, there is no wound care when the customer only has a rash or dermatitis.

Examples of wound care

There are many types of wound care. The following are just a few examples:

• Applying medicated solutions or ointments;

• Covering with gauze or bandages to help protect the wound; and

• Dialysis shunt observation.

NOTE Wound care does NOT include simple first aid measures or applying medication for skin conditions, such as acne or dry skin.

Non-Bladder/Bowel Ostomy Care

Select Non-Bowel/Bladder Ostomy Care when the customer gets care for a stoma or artificial opening that is not for the bowel or bladder. Ostomy care includes irrigation, cleaning, and bandaging. The most common example of a non-bladder or non-bowel ostomy is a feeding tube, such as a J-tube, G-tube, or PEG-tube.

Definitions

Term	Definition and descriptions
Decubitus Ulcer	Damage to an area of the skin caused by constant pressure on the area for a long time.
Dialysis shunt observation	Physical and clinical evaluation of the dialysis shunt to maintain vascular access and identify complications. Observation includes: • Visual inspection for signs of bleeding, bruising, swelling, or infection; • Palpation for evidence of stenosis or thrombosis; • Listening with a stethoscope to identify any changes in the vascular sounds; • Clinical tests, like color flow doppler, static venous pressure, on-line clearance/access flow tests. • Also referred to as monitoring and surveillance of vascular access for dialysis.
J-tube (jejunostomy tube)	A soft, flexible tube placed through the skin into the small intestine, which is used to deliver food, medicine, or both.

Documentation

Include all the following information in the comments:

• A description of the care the customer gets;

• The person providing the care;

• How often the customer gets the care; and

• The reason the care is needed.

Â

Â

Feedings

Overview

There are two types of feedings that services and treatments are provided for:

- Parenteral Feeding/Total Parenteral Nutrition (TPN) delivers nutrition intravenously, bypassing the usual process of eating and digestion.
- Tube Feeding delivers nutrition through a tube directly into the gastrointestinal (GI) tract. Common feeding tubes are nasogastric (NG tube), gastrostomy (G-Tube), and jejunostomy (J-Tube).

Documentation

Include all the following information in the Comments:

- The type of feeding the customer gets;
- The person administering the feeding;
- How often the customer gets the feeding; and
- The reason the feeding is administered using this method.

Â

Â

Bladder/Bowel

Overview

The three areas of bladder or bowel services and treatments are:

- Catheter Care for urinary catheters includes regular cleaning of the genital area and indwelling catheters, emptying and changing draining bags, and disinfecting catheter supplies that are designed to be used more than once.
- Ostomy Care maintains the health of the artificial opening or stoma to the bowel or bladder, and includes cleaning the area around the stoma, changing the stoma ring, and changing the ostomy bag.
- Bowel Dilation expands the anal opening to allow or help stool passage and includes the use of suppositories.

Definitions

Term	Definition
Ostomy	A surgical procedure that creates an opening, called a stoma, from the bowel or bladder to the outside of the body for the passage of urine or stool.
Urinary catheter	A device used to collect and dispose of urine hygienically. Some catheters are inserted into the body also serve to empty the bladder. Urinary catheter types include condom, indwelling, and intermittent.

Documentation

Include all the following information in the Comments:

- A description of the care the customer gets;
- The person providing the care;
- How often the customer gets the care; and
- The reason the care is needed.

Â

Â

Respiratory

Overview

This section is used to record respiratory treatments the customer is currently receiving. Respiratory treatments are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Suctioning	Using a tube attached to a machine to remove mucous from the lungs when a customer is unable to do so on their own.
Oxygen (O2) therapy	The use of oxygen as a medical treatment, also known as supplemental oxygen. Oxygen can be given a few ways including nasal cannula, face mask, and inside a hyperbaric chamber. The rate of liter flow or percentage of oxygen should be included in the comment.
Small Volume Nebulizer (SVN)	A device for converting medication in liquid form into a mist or fine spray which is inhaled through a mask to treat the respiratory system.
Ventilator	A device that mechanically assists the patient's respiration, doing part or all the work the body would normally do. See Ventilator for more information.
Tracheostomy (Trach) Care	Suctioning and cleaning parts of the trach tube and skin. This helps prevent a clogged tube and decreases the risk for infection.
Postural Drainage	Positioning so that gravity will allow drainage from nasal passages, airways and sinuses. Drainage is usually stimulated by percussion to the lung areas.
Apnea Monitor	A monitoring device which sounds an alarm when respiration or heart rate goes above or below preset parameters. Comments should include usage, such as continuously or at night only.

Documentation

Include all the following information in the Comments:

• The treatment the customer gets;

• The person giving the treatment;

• How often the customer gets the treatment; and

• The reason the treatment is given.

For example, the customer gets suctioning therapy, which is administered by a parent, two times daily, due to mucus from pneumonia.

Â

Â

Therapies

Overview

This section is used to record therapy services the customer is currently receiving by or under the direction of a registered therapist. Therapy services are listed and described in the definitions section below.

Definitions

Therapy listed in HEAplus	Definition
Physical	Therapy to help improve or maintain physical function. Some examples of physical therapy include: • Hydrotherapy; • Exercises and stretches; and • Training on how to use assistive devices.
Occupational	Therapy to help customers engage in activities of daily life, such as self-care skills, education, and social interaction. Some examples of occupational therapy include: • Habilitation services; • Fine motor skill development; • Community and work reintegration training; • Developing of cognitive skills; • Self-care training; • Home management training; and • Wheelchair management.
Speech	Therapy to help regain or improve speech, language, swallowing, and cognitive function. Some examples of speech therapy include: • Physical exercises to strengthen the muscles used in speech and eating; • Speech drills to improve clarity; and • Sound production practice to improve articulation.

Respiratory	Treatment provided to restore, maintain, and improve respiratory function. Some examples of respiratory therapy include: • Using a CPAP, which may or may not be under the direction of a respiratory therapist; and • Using a Bi-PAP under the direction of a respiratory therapist.
Alcohol and Drug Treatment	Medical, chemical, or psychological treatment aimed at customers with substance-use disorders. Treatment can include self-help groups.
Vocational Rehabilitation	Services provided to customers with disabilities to support entering or returning to work by developing or improving job-related skills.
Individual and Group Therapy	Treatment of mental health problems by talking with a psychiatrist, psychologist, or other mental health provider. The therapy may be provided individually or in groups.
Behavior Modification Program	A specific program developed to address and redirect the customer's inappropriate behavior under the direction of a psychologist or mental health professional. The program must include written record keeping of behavioral incidents and progress.

Term	**Definition**
Hydrotherapy	The use of water to relieve discomfort and promote physical well-being.

Â

Â

Rehabilitative Nursing

Overview

This section is used to record rehabilitative nursing services the customer is receiving.

Rehabilitative nursing is a professional nursing service that sets up a therapeutic plan of care that is:

• Problem oriented;

• Tailored to the customer; and

• Has measurable goals.

Rehabilitative nursing does NOT include:

• Watching or monitoring the customer, unless it is part of a teaching or training program; or

• Activity or exercise done for recreation or general health purposes.

Rehabilitative nursing services are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Teaching or Training Program	A nursing service to teach a customer or caregiver how to care for a medical need. Examples of teaching or training programs include: • Ostomy care; • Tube feeding; • Postural drainage; • Chest percussion; • Diet planning, including Prader-Willi food precautions; • Use of prosthesis; and • Self-administering medication.
Bowel/Bladder Retraining	A formal method of reestablishing regular evacuation or urination. Bowel and bladder retraining does not include routine or initial toilet training in children.

Turning and Positioning	Moving, turning, or repositioning a customer who cannot move on their own. This improves circulation, prevents skin ulcers, and prevents shortening and hardening of muscles, tendons, or other tissue.
Range of Motion	An exercise moving a specific joint or body part to: • Maintain and increase joint mobility; • Prevent shortening and hardening of muscles, tendons, or other tissue; • Increase circulation; and • Relieve discomfort.
Other Rehabilitative Nursing	Services directed by a nurse or therapist that help a customer regain health or strength. Examples of these services include: • Therapy to improve the customer's ability to walk independently; • Therapy to improve the customer's ability to eat; • Deep breathing exercises; or • Splinting a joint or body part.

Documentation

Include all the following information in the comments:

• The treatment the customer gets;

• The person giving the treatment;

• How often the customer gets the treatment; and

• The reason the treatment is given.

For example, the nurse turns and repositions the customer in his hospital bed every 2 hours to prevent pressure ulcers.

Â

Â

Other Services and Treatments

Overview

This section is used to record other services and treatments the customer is either currently receiving or needs, but is not receiving yet. Other services and treatments are listed and described in the definitions section below.

Definitions

Treatment listed in HEAplus	Definition
Peritoneal Dialysis (PD)	A way to remove waste products from the blood when the kidneys are not able to do an adequate job. During PD, a cleansing fluid is added to the belly through a tube. The lining of the belly acts as a filter and the fluid pulls waste and extra fluid from the blood. After a set period, the fluid with the waste products is drawn out of the belly into a drainage bag. PD can be done at home, work, or when traveling. There are two kinds of peritoneal dialysis: • Continuous Ambulatory PD (CAPD) • Automated PD (APD)
Hemodialysis (HD)	A procedure used to clean the blood by drawing it from a blood vessel into a dialysis machine, which filters out waste and extra fluid. Then the blood is returned to the body through a blood vessel.
Chemotherapy/Radiation	Chemical or x-ray agents that have a specific and toxic effect on cancerous cells.

Restraints	Devices and medications that limit or restrict movement to protect a customer from injury. These are also known as mechanical and chemical restraints. Mechanical restraints: Physical devices or barriers that restrict normal access to one's body or immediate environment and protect from injury. For example: • Vests; • Seat belt; • Geri chair with lap tray; or • A locked room or area. NOTE Bed and chair alarms, wander guards, and self-removable seat belts are not restraints. Side rails are not restraints unless the intention is to prevent the customer voluntarily getting out of bed. Chemical restraints: Prescribed medication used to stop or reduce behaviors that could cause physical harm to self or others, like combativeness, constant pacing, and self-mutilation. NOTE To be considered a chemical restraint, the medication must be prescribed specifically to control or stop the harmful behavior.
Fluid Intake/Output	Measuring and monitoring the amount of fluids the customer takes in, puts out, or both. Fluid intake includes fluids taken by mouth, as well as fluids given by IV or tube feeding. Fluid output includes vomit and urine, including catheter output. Remember that not every customer with a catheter is being monitored for fluid intake/output. NOTE Fluid intake/output does not include routine recording of dietary intake percentages or supplements.
Other	Other therapies prescribed for a specific problem. For example: • Hospice; • Sitz bath; • TED hose; • TENS unit for pain; • Special mattress • Whirlpool (if used for reasons other than physical therapy or decubiti care, it should be noted here)

Documentation

Include all the following information in the Comments:

• The treatment the customer gets;

• The person giving the treatment;

• How often the customer gets the treatment; and

• The reason the treatment is given.

Â

Â

Medical Stability

Overview

This section is used to record:

• Hospitalizations over the past year;

• Caregiver training;

• Special diet; and

• Sensory function.

Completing the Medical Stability Page

See the table below for best practices completing the questions on this page.

For	Then
Number of acute hospitalizations over the past year	Enter the number in the space provided. Include actual or approximate dates and the reasons for the hospitalizations in the PAS summary. This does not include ER visits, but these may be mentioned in the Summary. Do not include birth for an infant unless the hospitalization continued due to the child's medical problems.
Currently requires direct care staff or caregiver trained in special health care procedures	Select "Yes" when the customer needs direct care staff or caregiver to be trained in special health care procedures that are normally performed or monitored by licensed staff, such as an RN or a Therapist. Otherwise, select "No." Use the comments box to list any procedure and who is trained. Include training for procedures that are intermittent, such as seasonal SVN treatments. Do not include personal care that does not require special training, such as routine help with ADLs or applying a simple brace. Do not include training for procedures the customer no longer needs.

Currently requires special diet planned by dietitian, nutritionist, or nurse	Select “Yes” when the customer requires a special diet ordered by a physician or planned by a dietician, nutritionist, or nurse. Otherwise, select “No.” Use the comments box to list the type of diet and a description of specific diet needs. For example: • Consistency needs, such as needing the food to be soft or pureed; • Level of nutrients, such as an 1,800 calorie per day diabetic diet; • Amount of fluids, such as 1,500 ml per day for a person on a fluid restricted diet; • Number of meals per day; or • Food limitations, such as no wheat or dairy products. Formula for tube feedings is included, but formula for infants and young children by bottle or sippy cup is not included.

Sensory Function

For	Then
Hearing	Enter the score based on the customer’s ability to receive sounds, not the ability to comprehend the sound. If there is impairment in one ear and not the other, score based on the overall ability to hear. If an assistive device is used, hearing should be rated while using the device. Use the comments box to state who reported the information and what was reported.
Vision	Enter the score based on the customer’s ability to perceive objects visually. Evaluate the customer’s ability to see objects both close and at a distance in adequate lighting, using any visual aids, such as glasses or a magnifying glass. If the customer is blind in one eye and not the other, score based on the overall ability to see. Do not consider any medical conditions or eye diseases that do not affect the ability to see. Use the comments box to state who reported the information and what was reported.

Scoring for Sensory Function

The scoring for sensory function has two sections:

• Hearing; and

• Vision

Hearing

Follow the steps below to determine the Hearing score.

Step	Action
1	Is the customer able to hear all normal conversational speech, including when using the telephone, watching television, and participating in group activities? OR Are you unable to assess the customer's ability? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, continue to step 2.
2	Does the customer have difficulty hearing when not in a quiet surrounding? • If YES, STOP. Give the customer a score of 1. • If NO, continue to step 3.
3	Is the customer hearing-deficient, but able to hear when the speaker adjusts their tone and speaks distinctly? OR Can the customer only hear when the speaker's face is clearly visible? • If YES to either question, STOP. Give the customer a score of 2. • If NO to both questions, continue to step 3.
4	Does the customer not hear at all or only hear some sounds and often fail to respond even when the speaker adjusts tone, speaks clearly, and faces the customer? • If YES, STOP. Give the customer a score of 3. • If NO, the customer meets some scoring criteria above, go back to step 1.

Vision

Follow the steps below to determine the vision score.

Step	Action

1	Is the customer able to see adequately? OR Are you unable to assess the customer's ability? • If YES to either question, STOP. Give the customer a score of 0. • If NO to both questions, continue to step 2.
2	Does the customer have difficulty with focus at close range but can see large print and obstacles, but not details? OR Does the customer have monocular vision? • If YES to either question, STOP. Give the customer a score of 1. • If NO to both questions, continue to step 3.
3	Does the customer have very poor focus at close range, is unable to see large print, or have a limited field of vision, such as tunnel vision or central vision loss? • If YES, STOP. Give the customer a score of 2. • If NO, continue to step 4.
4	Does the customer only see light, shapes, colors, or have no vision at all? • If YES, STOP. Give the customer a score of 3. • If NO, the customer meets some scoring criteria above, go back to step 1.

Â

Â

PAS Summary and Evaluation

Introduction

In this chapter, you will learn about:

• FCPI Service Summary

• PAS Summary

• Person Contact Detail

• PAS Scoring

• PAS Status

• PAS Completion

For each section in this chapter, you will find:

• An overview of the topic

• Definitions

• Other helpful information

Â

Â

FCPI Service Summary

Overview

A certain amount of resources may be set aside and not counted toward a customer with a Community Spouse. This is called the Community Spouse Resource Deduction (CSRD). See Community Spouse Resource Budgeting for more information.

When a CSRD needs to be calculated, the customer's the first continuous period of institutionalization (FCPI) must be determined. When the customer was not in a medical institution for all 30 days of the FCPI, a PAS Assessor determines the FCPI.

Establishing the FCPI

Follow the steps below to establish the FCPI and complete the FCPI Service Summary Screen.

Step	Action
1	Review the FCPI Service Summary screen and any medical records and notes in the case file about services the customer received. Verify any services that have not been verified yet.
2	Did the customer receive HCBS services that are not listed on the FCPI Service Summary? • If YES, add the services with start and end dates, frequency, and service details then add your name and the date before saving the entries. Continue to step 3. NOTE You may need to contact the service provider and document the information provided during the contact and by whom. • If NO, continue to step 3.
3	Determine whether the customer got services for 30 consecutive days that prevented institutionalization based on: • The types of services received; • The start and end dates for the services; • The frequency of the services; • The details of what assistance was provided for each ADL; and • Any other information available from the records or the service provider that indicate the level of the care provided or needed. NOTE HCBS services must be formal, paid services.

4	Did the customer receive HCBS services, services in a medical institution, or a combination of both for 30 consecutive days? • If YES, answer “Yes” to “Services for 30 consecutive days?” • If NO, answer “No” to “Services for 30 consecutive days?” Continue to step 5.
5	Use your professional judgment to determine if the HCBS services provided a level of care that prevented the customer from needing to be placed in an institution. • If YES, answer “Yes” to “Did Home and Community Based Services (HCBS) prevent institutionalization?” • If NO, answer “No” to “Did Home and Community Based Services (HCBS) prevent institutionalization?”
6	Were the answers to the questions in steps 4 and 5 both “Yes”? • If YES, enter the month and year the 30-day period began. When the customer had more than one 30-consecutive date period that meets the criteria. Enter the earliest period in the FCPI date field. • If NO, leave the field blank. There is no FCPI.
7	Click Next or Save to close the battery. NOTE If this is an CSRA-Only request, it will be removed from the task list once the completed. When the application includes a PAS request, it will stay on the task list until the PAS is completed.

Â

Â

PAS Summary

Overview

The PAS Summary gives an overview of the customer's medical conditions, functioning and needs. It should not include opinions about eligibility, placement, or need for institutionalization.

Things that must be included in the PAS Summary

Include the following items:

Factor	What to include
Introduction	• Names of any people that gave information during the PAS interview • Any corrections to Medicare or other insurance information • Reason for applying or reapplying • Explain any change in DD status or result of applications to DD • Any discrepancies between the PAS and medical records or prior PAS records • How the interview was completed: by telephone or in person
Living situation and living arrangement	• Where the customer is living • Who the customer is living with • Any custody issues or other concerns from providers or caregivers NOTE When the PAS is conducted in person, include observations noted during the interview.
Hospitalizations and ER visits	• Date of each incident • Reason for ER visit or hospitalization
Medical conditions	A brief description of the customer's current major medical conditions and related problems

Emerging patterns of behavior and Independent Living Skills (ILS)	**Under six months old** Describe emerging patterns of behavior: feeding, sleeping, muscle function, vision, hearing, social. **Six months to five years old** A brief overview of customer's milestones and any concerns. **6-11 and 12+ tools** • A summary of the customer's ILS performance and any assistance provided; and • An overview of any scores based on need and the reason.
Continence	A description of the customer's level of bowel and bladder continence.
Communication and sensory status	Describe: • Vision and hearing ability; • Communication ability, including any devices used; • Speech clarity and how easily the customer is understood
Caregiver training	Describe any caregiver training including who, when, and what.
Behaviors	• A description of the customer's behaviors, including any reported behaviors that were not scored. • Any interventions provided for the behaviors.
Services and support	• Any formal services received such as Meals on Wheels. • A description of informal services or support provided by relatives, neighbors, or friends. • Any services or treatments under "Other" in the Services/Treatments battery. • Any history with the Department of Developmental Disabilities or Adult Protective Services. • Any services or treatments recommended that the customer is not receiving.

Social determinants of health (SDOH)	A description of how the SDOH impacts the customer's health or functioning. NOTE See the Definition section for more details about documenting SDOH information. Examples of SDOH include: • Housing and utilities • Access to enough food or healthy food • Transportation • Safety • Financial strain • Education NOTE Document that the referral resource list was given to the customer. If the customer asked about or was given information about specific resources, include that information in the summary.
Other necessary information	• Statements made by the customer or caregiver about the services they want. • A statement that a description of the ALTCS program requirements for nursing facility (NF) level of care was provided. NOTE Do NOT include statements that reflect personal opinions, judgments, or biases.

Definitions

Term	Definition

Social determinants of health (SDOH)	Conditions in the places where people live, learn, work, and play that affect a wide range of health, functioning, and quality-of-life outcomes and risks. There are five key areas of SDOH: • Economic stability • Education • Social and community connection and support • Health and health care • Neighborhood and environment Resources that enhance quality of life also influence health outcomes. Examples include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency and health services, and environments free of harmful toxins. Adverse conditions or a lack of the resources noted above can impact a person's health and functioning, as well as risk of institutionalization. NOTE Reviewing SDOH is NOT part of the PAS interview. If an impact or risk due to a SDOH comes up during the interview or is observed during an in-person interview, include it in the PAS summary.

Â

Â

Person Contact Detail

Overview

This screen is used to enter contact information for people who contributed information for the customer's PAS. Personal contacts may include, but are not limited to:

• Family members;

• RNs;

• CNAs;

• Teachers or school staff;

• Physicians;

• Caregivers; and

• Case managers.

If medical records or diagnoses are received from other specialists, these contacts should also be included.

Completing the Person Contact Detail Screen

Click on the "Add Personal Contacts" link to add a contact. Use the table below to complete the Person Contact screen. After completing the Person Contact screen, click Save and Add Another to add an additional contact or Save if there is not another contact to add.

Field Name	**Enter...**
Contact Name	Name of the person
Type	Select from the drop-down list: • Physician; • Case Manager; • Caregiver; or • Other.

Relationship (This field is only shown when the type selected is Caregiver.)	Select from the drop-down list: • Alien Sponsor; • Aunt; • Brother; • CNA; • Cousin (first); • Daughter; • Ex-Spouse; • Father; • Foster Child; • Foster Parent; • Grandchild; • Granddaughter; • Grandparent; • Grandson; • Legal Permanent Guardian; • Mother; • Nephew; • Niece; • Not Related; • Other Related; • RN; • Sister; • Son; • Spouse; • Stepchild; • Stepfather; • Stepmother; or • Uncle.
Phone	Phone number and extension where the person can be reached.

Comments	Any comments in this field are not shown on the Person Contact Detail screen. To see the comments, click on the “Edit” icon.

Â

Â

PAS Scoring

Overview

Most of the information on this screen is automatically populated by the system. To qualify by score initially, the total score must be 40 or higher.

NOTE At reassessment a customer who scores at least 30 but less than 40 qualifies by score for the ALTCS Transitional program.

The PAS Scoring screen includes the information shown in the table below:

Section	Description
Functional score summary	For each functional score there are columns for the following information: • Category - The category of each group of functional scores; • Rating – The score entered by the PAS Assessor; • Weight – The factor that is multiplied by the Rating; and • Score – The weighted final score for the function.
Medical score summary	For each medical condition or medical service and treatment that is scored there are columns for the following information: • Category - The category of the medical condition; • Rating – “0” or “1” based on whether or not the customer has a scored medical condition or receives a scored service or treatment; • Weight – The factor that is multiplied by the Rating; and • Score – The weighted final score for the medical condition, service, or treatment. NOTE For DD 0-5 PAS tool, the medical score summary is broken down into three sections, Medical Conditions, Medical Stability and Services and Treatment.
Total PAS score	The sum of the functional scores plus the sum of the medical scores.
Next Assessment	A dropdown field used to set a reassessment date in six months, one year, or two years.
Completed and Reopen dates	HEAplus automatically populates these date fields based on actions taken.

Eligibility	HEAplus automatically populates with “Eligible” or “Ineligible” based on the PAS score.
Physician Review	Click on this field to bring up the Physician Review (PR) screen. NOTE When there is a red asterisk after “Physician’s Review”, a PR is mandatory. For more information about sending the PAS for PR see Physician Review.
Override	This section is only used by PAS Policy for an Administrative Review.
Special Status	This field is automatically populated by HEAplus when information is entered in the PAS that the customer is ventilator dependent or is on the ALTCS Transitional program. **Important!** “Acute” displays when the customer is in the hospital and no discharge date was entered in HEAplus. A date MUST be entered before completing the PAS. Check for updated information on the discharge date. Go to the DD/EPD Information screen and enter the discharge date when known. When not known, enter the date of the PAS in the “Discharge Date” field.

Â

Â

PAS Status

Overview

The fields on this screen are automatically populated by the system. The PAS Status screen includes the following information:

- PAS Type
- PAS Date
- PAS Tool
- DD Status
- Functional Score
- Medical Score
- Total Score
- PAS Status
- Special Status – This field will be blank except as described below:
  - “Ventilator” displays when the customer is on a ventilator.
  - “Acute” displays when the customer is in the hospital and no discharge date was entered in HEAplus. Before processing, check for updated information on the anticipated discharge date. Go to the DD/EPD Information screen and enter the discharge date when known. When not known, enter the date of the PAS in the “Discharge Date” field.
  - “Transitional” displays when the customer is on ALTCS Transitional.
- Physicians Review Date
- Physicians Review Date Sent
- Override’s Review Date Sent
- Override’s Review Date

Â

Â

PAS Completion

Overview

It is important to review the information entered before completing the PAS. Review the information to make sure:

• It is entered correctly;

• The scores are correct, and the comments clearly support the score;

• The summary gives a clear description of the PAS;

• The physical address and living arrangement are current and correct.

NOTE For PAS reassessments, verify the current address and living arrangement and update the information if needed.

The documents and comments must support the scores given. When information appears to conflict between sources, comments must explain which sources were used to determine scores and why.

The PAS, with all comments and documents, is the legal basis for ALTCS medical eligibility decisions. Information from the PAS is shared with the ALTCS Program Contractor and may be shared with federal and state auditors, the customer, the Office of Administrative Hearings, and when authorized, with other parties.

Benefits and Eligibility Manager (BEM) Review before closing the PAS

A Benefits and Eligibility Manager may need to review a PAS assessment before it is closed. When information is inconsistent or questionable and the difference cannot be resolved by other information in the case file or from the caregiver, discuss the PAS with a Benefits and Eligibility Manager before closing it.

There are also situations where a Benefits and Eligibility Manager MUST review the PAS before it is closed:

• An initial PAS with a score of at least 36 but below 38.

• The customer scores eligible but is experiencing an acute episode or a condition that may improve, like a broken bone.

• A PAS went to Physician Review and the physician's comments or decision is not consistent with the PAS documentation or records.

Reviewing Reassessment Decision Letters

The PAS Assessor must review the reassessment letter for accuracy before it is sent. Review the letter in HEAplus using the table below as a guide:

What to verify	Where it is found
The letter is addressed to the customer or representative	• Case Summary screen under Customer Contact Information; or • The most recent Application Summary.

The mailing address is complete and correct	• Case Summary screen under Customer Contact Information; or • The most recent Application Summary.
Only one language is used on the letter, and it is the customer's or representative's preferred language	• Case Summary screen under Customer Contact Information; or • Information Belongs To page, View Application link, Budget Group page, under Person Applying.
Effective date	• For approval effective dates, see MA1309C. • For change effective dates or when coverage is stopping, see MA1604.
Legal basis for the decision, including: • Denial reason or reason benefits are stopping; • Law and regulation citations.	On the letter in the decision block and under the letter section "Legal Authorities for This Decision".
Appeal rights and Appeal Request Form	On the letter, under "What if You Do Not Agree with our Decision?" The Appeal Request form should be a separate page.
PAS Scoring page (only for adverse actions)	The PAS Scoring page is the last page of the letter.

Â

Â

Physician Review

Overview

A Physician Review (PR) may be requested when the final PAS score may not accurately reflect the customer's need for an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) or Nursing Facility (NF) when applicable. A Benefits and Eligibility Manager (BEM) must review the PAS and records before requesting a PR to make sure the PR process is necessary.

There are situations when a PAS Analyst Review Consultant (PARC) can complete an eligibility review. Both Physician and PARC reviews are completed on the Physician Review screen in HEAplus.

NOTE See Eligibility Review for guidance on when a PR is mandatory or a PARC review is appropriate. See below for PRs that are not mandatory.

Physician Reviews that are NOT mandatory

A PR can be requested when the assessor and BEM agree that the customer appears to be at immediate risk of institutionalization. Some examples of PRs that can be requested, but are not mandatory, include customers who:

- Do not meet the threshold score but the assessor thinks the individual may be at risk of institutionalization;
- Meet the threshold score on an initial ALTCS application and is already a member of an AHCCCS health plan and appears to need less than 90 days of convalescent care;
- Have atypical circumstances, such as: traumatic brain injuries, HIV/AIDS, specialized treatments, e.g., halo brace, body cast, any cases requiring extensive and complex medical care;
- Appeal an ineligible PAS decision;
- Receive services that include extensive and complex medical care.

Physician Review Information

The Physician Review screen is completed by both the assessor and the reviewer. After the assessor completes their portion of the screen, the PAS is sent to the reviewer's work management list. The reviewer completes their portion of the screen. When finished, it is sent back to the assessor or BEM in HEAplus. The Assessor and BEM review the decision prior to completing the PAS.

Medical records should be reviewed by the assessor and BEM and scanned into the document storage system BEFORE requesting a PR.

Use the information in the table to complete the Physician Review screen based on your role.

Field Name	Completed By	Field Information
Requested Date	Assessor	Date the case is sent for review.
Review Date	Physician or PARC	Date the physician completes the review.

Name of Doctor/PARC	Physician or PARC	Name of the reviewer from the drop-down list.
Physician's Decision	Physician or PARC	Eligible or Ineligible from the drop-down list. NOTE For PAS Reassessments, Transitional is also in the drop-down list.
Reason	Physician or PARC	When ineligible, the appropriate reason from the drop-down list.
Requestor's Comments	Assessor	A brief explanation of why the PAS is being sent for PR. Information must be factual and objective. NOTE If medical records are NOT available, make a note in this section.
Physician's Comments	Physician or PARC	The reviewer's name and title, the decision, and a summary of the factors used to make the decision, which may include: • A summary of significant medical conditions; • How the medical conditions impact the physical and mental functioning; • The reviewer's opinion of the customer's chance of recovery or maintenance of health without ALTCS intervention; • The reviewer's opinion of the severity of the customer's medical condition and the likelihood of the condition worsening or significantly impairing mental or physical function in the next few months.

Medical Records

The assessor provides the reviewer with current medical records, if available and relevant to the customer's condition. The medical records should clarify the current medical condition and functional needs of the customer.

• Medical records may include:

• Multidisciplinary Evaluation Team (MET) Report;

• History and Physical;

• Discharge summary for hospitalizations;

• Consultations by specialists. For example, psychology, psychiatry, neurology, or developmental pediatric reports;

• Therapy notes;

• Nursing notes that address a specific incident or condition;

• SIGNIFICANT test results such as laboratory results. For example, HgA1C for diabetics, viral titers, T-cell or CD4 counts for customer's diagnosed with AIDS, EEG, EKG or MRI results;

• Physician Progress Notes relating to current conditions or need for long term care;

• Individualized Family Service Plan (IFSP);

• DDD Planning documents;

• Individualized Education Program (IEP);

• Specialized treatment plan and progress notes (e.g., from vocational or behavioral programs).

NOTE For PAS reassessments, when the program contractor reports the customer's overall functioning has improved, medical records also include the ALTCS program contractor's two most recent long-term care assessments.

Â

Â

PAS Reassessments

Overview

PAS reassessments are required on certain cases to determine if a customer still meets the PAS eligibility criteria for ALTCS.

Reasons for PAS Reassessments

- A customer is older than six years of age and does not have a DD qualifying diagnosis.
- A reassessment may be completed at any time for the following reasons:
  - A routine audit of the PAS assessment reveals a question regarding the eligibility decision;
  - A review by Administration or an ALTCS physician consultant determines the member may not have a continuing need for long term care services; or
  - A program contractor, case manager, nursing facility, or other party requests a review that reveals a question regarding continuing eligibility.
- A reassessment can be scheduled at six months when the customer has the potential to improve and will no longer need long term care services. These can be requested by:
  - A Physician Consultant;
  - PAS Analyst Review Consultant (PARC) reviewer; or
  - PAS Assessor, after discussing with a supervisor.

Things to keep in mind when completing a PAS Reassessment:

- A change in score or condition must be explained in the comment section or the summary.
- Include a complete description of the customer's current functional and medical status.
- Review the PAS records and the prior PAS before conducting a reassessment.
- Contact the DDD Support Coordinator prior to completing a reassessment. Discuss potential ineligibility and obtain the last two Long-Term Care (LTC) quarterly assessments.
- A Physician Review must be requested for an ALTCS customer who resides in a nursing facility and meets the score for Transitional but not full ALTCS eligibility.
- Prior to completing a reassessment for a customer who scores into the Transitional Program (MA1010) and resides in a nursing facility, the case manager should be consulted regarding discharge planning.
- On the DD/EPD Information screen in HEAplus, the following fields do not need to be completed:
  - Currently Hospitalized/rehab;
  - Imminent discharge from acute care facility; and
  - Discharge Date.

Â

Index