**DATE:** March 4, 2022

**TOPIC: March 2022 Adult Functional Screen Quiz Rationales**

**Purpose:** The quiz rationales serve to:

* Provide a user friendly tool for agency screen liaisons to help screeners improve their overall knowledge of screen instructions and procedures.
* Encourage discussion among screeners in order to arrive at the correct answers.
* Encourage screeners to think about the reason(s) for their selections and compare those with the rationale provided on the answer version of the quiz.
* Provide answers to all screeners based on real world questions that have come to the team.
* Provide an example of a screener Note for the situation described in the question that would be appropriate given the information provided. \*

The answers to the quiz questions may not be found verbatim in the [Instructions](https://www.dhs.wisconsin.gov/functionalscreen/ltcfs/instructions.htm) manual or [HRS Supplement](https://www.dhs.wisconsin.gov/publications/p02525.pdf); however, the rationales should be assumed to be correct and we would expect the screeners to arrive at those answers as they apply the information in the instructions manual.

As always, do not assume any medical conditions, diagnoses, support needs, or deficits are present for any person described in any question. For instance, do not assume any person described has an intellectual disability unless the information provided tells you that the person has that diagnosis.

In addition, a given diagnosis may have variable signs and symptoms and not everyone will have the same signs and symptoms. Screeners should select the level of assistance needed based on need and not solely a diagnosis. If there are questions on this, please reach out to your liaison who can reach out to [DHSLTCFSTeam@dhs.wisconsin.gov](mailto:DHSLTCFSTeam@dhs.wisconsin.gov), if needed.

This quiz includes questions pertaining to Diagnoses, IADLs, HRS Table, Employment, Guardianship, screener notes, and interviewing techniques.

*\* While notes are not required on the Functional Screen, they are useful to explain certain selections, especially in the event that a screen outcome is appealed. The examples included on this document are suggestions only.*

1. Alex has a confirmed diagnosis of quadriplegia that occurred as a result of a spinal cord injury following a motorcycle accident that occurred in 2019. They recently returned to work on a part-time basis as an accountant after obtaining adaptive computer software that allows Alex to complete their job independently. Alex has a caregiver come to their office 2x/day to assist with toileting, repositioning and eating lunch. What selection should be made for Need for Assistance to Work in the Employment module?
   1. 0: Independent
   2. 1: Needs help weekly or less
   3. 2: Needs help every day but does not need the continuous presence of another person

Rationale: The correct answer is A. Alex is able to complete their job duties independently with reasonable accommodations. The need for assistance with ADLs and IADLs is not captured in this section of the LTCFS. Need for Assistance to Work specifically captures supports necessary for successful performance of work tasks.

Reference: 6.4

***Screener Note example: Employment:*** *Alex works in the community as an accountant on a part-time basis. They have reasonable accommodations at their job site that allow them to work independently.*

1. True/False: 4: Not Applicable may be selected for Need for Assistance to Work in the Employment module for a person who is age 65 or older.
   1. True
   2. False

Rationale: The correct answer is B. 4: “Not applicable” should not be selected for a person who is age 65 or older. When an individual has retired and is over the age of 65, this section may be left blank or a need for assistance may be selected. “Not applicable” should only be selected for a person who is 18-64 and is severely ill or in a semi-comatose state.

Reference: 6.4

***Screener Note example: Employment:***  *Margo is 72 years old and is retired.*

1. Melody has current verified diagnoses of intellectual disability, vitamin D deficiency and vitamin B-12 deficiency. She lives at home with her parents. Her parents need to administer a prescribed B-12 injection monthly as she does not understand how to draw up the appropriate dose and cannot remember when it needs to be taken. She also needs reminders to take her prescribed vitamin D pill on a daily basis or would not remember to do so because of her cognitive impairments from her intellectual disability. She has no other medications. What selection should be made for the Medication Administration and Medication Management IADL on Melody’s LTCFS?
   1. NA: Has no medications
   2. 0: Independent
   3. 1: Needs help 1 to 2 days per week or less often
      * Primary Diagnosis: **A1** Intellectual Disability
      * Secondary Diagnosis: None
   4. 2b: Needs help at least once a day 3-7 days per week- CANNOT direct the task
      * Primary Diagnosis: A1 Intellectual Disability
      * Secondary Diagnosis: None

Rationale: The correct answer is C. An oral vitamin, such as vitamin D, is not considered to be a medication on the LTCFS. Vitamin B-12 injections are considered to be a medication on the LTCFS when prescribed, regularly scheduled, and used in the home. Melody needs help with administering her vitamin B-12 injection monthly due to her intellectual disability.

Reference: Module 5.14

***Screener Note example:*** *IADL Medications:**Melody needs assistance to administer a prescribed B-12 injection in her home on a monthly basis due to cognitive limitations from her intellectual disability.*

1. Elliott has a confirmed diagnosis of Down Syndrome and is 17.5 years old. He recently started working with his local ADRC to transition to adult long term care services once he turns 18. Elliott’s parents are his legal guardians due to his age. They plan to petition for guardianship to the court once he turns 18. How should the following question be answered on Elliott’s LTCFS: Does this Individual have a guardianship?
   1. Yes
   2. No

Rationale: The correct answer is B. Elliott has legal guardians due to his age. He does not have a court-appointed guardian. If a person has not been found incompetent and does not have a court-appointed guardian of person, estate, or both, the screener should select “No”. The screener may include information regarding Elliott’s parents’ plans to petition for guardianship in the notes section.

Reference 6.6

***Screener Note example:*** *Elliott’s parents plan to petition to become his legal guardians once he turns 18 but he does not have a court-appointed guardian at this time.*

1. Ruth has a confirmed diagnosis of vascular dementia. She is able to prepare cold meals such as sandwiches and salads independently. She is no longer able to safely use a stove or oven because she has forgotten to turn them off and caused two fires. She is still able to safely reheat foods that have been prepared in advance by her caregiver in her microwave. Her caregiver needs to assist her with grocery shopping and identifying spoiled foods to be removed from her refrigerator on a weekly basis as she no longer understands how to do so. She is able to complete all other aspects of meal preparation independently. What selection should be made for the Meal Preparation IADL on Ruth’s LTCFS?
   1. 0: Independent
   2. 1: Needs help weekly or less often
   3. 2: Needs help 2-7 times a week

Rationale: The correct answer is B. Ruth needs help to determine food spoilage and grocery shop due to her cognitive impairment. She is able to independently prepare simple cold meals and is able use a microwave oven to heat up hot meals. Although she cannot safely use a stove or oven, she is able to safely use a microwave. In order to capture a need for assistance with preparing a hot meal, an individual would need to be unable to safely use any appliance to heat foods.

Reference: Module 5.13

***Screener Note example:*** *Ruth needs help to monitor for food spoilage and grocery shop due to cognitive impairments from vascular dementia. She is able to independently prepare sandwiches, salads and reheat foods in her microwave.*

1. Leon has current verified diagnoses of asthma and arthritis. He uses a nebulizer in his home on a PRN basis on an average of 2x/month when he experiences an asthma attack. When these occur, he needs his caregiver to bring him his nebulizer because he is too short of breath to do so. Once his caregiver has brought him his nebulizer, he is able to administer his treatment without assistance. His caregiver also helps him with cleaning it on a monthly basis because doing so causes severe increases in the pain in his hands from his arthritis. What selection should be made for Oxygen and/or Respiratory Treatments on the HRS table for Leon’s LTCFS?
   1. Independent
   2. Oxygen and/or Respiratory Treatments: 1-3x/month
      * Primary Diagnosis: Arthritis
      * Secondary Diagnosis: None
   3. Oxygen and/or Respiratory Treatments: Weekly
      * Primary Diagnosis: Asthma
      * Secondary Diagnosis: None

Rationale: The correct answer is A. Leon does not need help with any skilled tasks associated with use of his nebulizer. In the Oxygen/Respiratory Treatments row, the screener should exclude the unskilled tasks of retrieving the nebulizer and cleaning the nebulizer. The screener should only include the skilled tasks that an individual needs help with when selecting a rating for the Oxygen/Respiratory Treatments row.

Reference: 7.18

***Screener Note example: Oxygen/Respiratory Treatments:*** *Leon is able to independently complete all skilled components when using his nebulizer machine.*

1. What are some recommended strategies that a screener can use to gather information for the LTCFS when a person appears to be providing inaccurate information?
   1. If possible, ask the person to demonstrate tasks such as getting into and out of the bathtub.
   2. Seek additional information from collateral contacts after obtaining consent from the individual being screened.
   3. Ask for more details from the person being screened.
   4. All of the above

Rationale: The correct answer is D. Statements made by a person about their abilities may not be consistent with needs and activity that are directly observed by the screener or those reported by others. If this occurs, the screener should seek more details in order to be as objective as possible. This information can be obtained by asking questions, asking for demonstrations, and observing evidence carefully. The screener should include detailed notes explaining the selections on the LTCFS.

Reference: 1.11

***Screen Note example:*** Consumer reported that they can safely transfer in and out of their bed independently. However, when screener asked them to demonstrate this, they were observed to become stuck and nearly fall over. A caregiver needed to assist them up and clarified that this occurs every morning.

1. Which of the following is a recommended guideline when entering information in the Notes section of the online LTCFS?
   1. Keeping notes from previous screens that are no longer accurate or relevant.
   2. Including personal information in notes about people other than the individual who is being screened.
   3. Writing notes in a style that is factual, objective, unbiased, without jargon, and concise.
   4. Referencing information from another source without indicating the source.

Rationale: The correct answer is C. Entering notes with explanatory information the Notes section of the online LTCFS is strongly encouraged. Notes clarify and substantiate the screener’s selections on the screen. At a minimum, they should be dated and initialed by the screener. They should only contain personal information to the individual who is being screened. Notes that are being referenced from another source should reference the source. Notes that are no longer accurate or relevant should be deleted. Your agency may have additional guidelines regarding notes.

Reference: Module 11.6

***Screen Note example:*** 01/04/2022: Bathing: Member needs reminders to bathe due to cognitive impairments from dementia. ***-***SS

1. Charlotte has confirmed diagnoses of schizophrenia, polysubstance abuse disorder, ADD, and cognitive impairment due to schizophrenia. What selection should be made for cognitive impairment on the Diagnoses Table of Charlotte’s LTCFS?
   1. E7
   2. H4
   3. K1
   4. K6

Rationale: The correct answer is B. Certain diagnoses, such as cognitive impairment, are coded based on the cause of the diagnosis. The screener should reference the diagnosis cue sheet to determine how to code the diagnosis. Charlotte’s diagnosis of cognitive impairment is caused by her schizophrenia. Schizophrenia is coded as H4 on the Diagnoses Cue Sheet. Therefore, the screener should code the cognitive impairment due to schizophrenia as H4.

Reference: Module 4.3; Diagnoses Cue Sheet

***Screen Note example:***

1/2/2022:All diagnoses were confirmed from medical records received from Member’s PCP.

H4: Schizophrenia with cognitive impairment

K1: Polysubstance abuse disorder

K2: ADD

-Sally Screener, CM, Caring Faces MCO

1. Stanford is a 77 year old man who has confirmed diagnoses of coronary artery disease and chronic kidney disease. He was recently admitted to the hospital after his family noticed a sudden onset of confusion, troubles with his memory, difficulties with his speech, and muscle weakness. He was diagnosed with metabolic encephalopathy, altered mental status, and a urinary tract infection. His urinary tract infection was treated while in the hospital and the concerns with confusion, memory, speech, and muscle weakness have resolved. His daughter placed a call to the ADRC because she is concerned about him returning to his home and would like to see if he qualifies for long term care services. A screener visits Stanford and receives the following list of diagnoses from his hospital discharge summary:

Metabolic Encephalopathy: Resolved

Urinary Tract Infection: Resolved

Altered Mental Status: Resolved

Coronary Artery Disease

Chronic Kidney Disease

Which of the following diagnoses should the screener code on the diagnosis section of his LTCFS?

* 1. Metabolic Encephalopathy; Urinary Tract Infection; Altered Mental Status; Coronary Artery Disease; Chronic Kidney Disease
  2. Metabolic Encephalopathy; Coronary Artery Disease; Chronic Kidney Disease
  3. Coronary Artery Disease; Chronic Kidney Disease; Urinary Tract Infection
  4. Coronary Artery Disease; Chronic Kidney Disease

Rationale: The correct answer is D. Coronary artery disease and chronic kidney disease are Stanford’s only current verified diagnoses. Metabolic encephalopathy, urinary tract infection and altered mental status have been resolved with medical treatment. When entering diagnoses on the diagnosis section of the LTCFS, the screener should only select diagnoses that are current. The screener should not list any diagnosis that pertains to a condition that has been cured or eliminated by medical treatment, therapy, or surgery. If the screener is unsure if diagnosis information provided on a medical record is still current, they may consult with the person’s health care provider(s).

Reference: Module 4.3; Diagnoses Cue Sheet

***Screen Note example:***

***01/04/22:*** The following diagnoses were verified from medical records obtained from Dr. Smith of Aurora Health Services on 01/02/2022.

C2: CAD

G1: CKD

History of dehydration, metabolic encephalopathy, and altered mental status were also noted.

-Sally Screener