**DATE:** March 4, 2022

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

**Purpose:** The quiz serves 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.

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 found in those resources.

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 on a diagnosis. If there are questions on this, please reach out to your liaison who can reach out to DHSLTCFSTeam@dhs.wisconsin.gov, if needed.

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

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 for your selection (Optional):

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

Rationale for your selection (Optional):

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 for your selection (Optional):

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 for your selection (Optional):

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 for your selection (Optional):

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 for your selection (Optional):

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 for your selection (Optional):

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 for your selection (Optional):

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 for your selection (Optional):

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 for your selection (Optional):