

ISSUE DATE: September 2017

APPLICABILITY:

- ☒ Adult Long Term Care
- ☐ Children's Long Term Support
- ☐ Mental Health/AODA

TOPIC: September 2017 Functional Screen Quiz

The purpose of this document is to provide a user-friendly tool for agency screen liaisons to use to quiz screeners and improve their knowledge of screen instructions and procedures.

*****As of January 9th, 2017, an updated version of the Long Term Care Functional Screen Instructions Manual was released. As a result, it is important to note that historical quiz questions prior to January 2017 may no longer be applicable to the current instructions. You are welcome to continue to use previous quizzes as study guides or training tools, however it is up to you to ensure all questions and answers from previous quizzes are updated to match our current Instructions Manual.**

1. A person with cerebral palsy is able to choose weather appropriate clothing **and** needs complete physical assistance **only when dressing the bottom half of their body**. What selection should be made for the ADL Dressing?
 - A. 0 – Person is independent in completing the activity safely.
 - B. 1 – Help is needed to complete the task safely but helper DOES NOT have to be physically present throughout the task.
 - C. 2 – Help is needed to complete the task safely and helper DOES need to be present throughout the task.

Rationale: The correct answer is B. Choosing the appropriate clothing to maintain health and safety for the environment and setting is a component of Dressing. **Additionally, the ability to dress and undress the top half of his body independently is a component of Dressing.** When a person can independently select his or her own clothes **and also dress the top half of his body**, he or she does not need assistance with ALL of the components, thus the selection of a “1” should be made.

Reference: Module 5.7

2. Robert is an 84 year old man with vascular dementia. Due to his vascular dementia he needs cueing throughout the bathing process to complete specific tasks; however, he can safely get in and out of the tub with no supervision or cueing. What selection should be made for the ADL Bathing?

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

Rationale: The correct answer is B. Robert can get into and out of the tub/shower independently; therefore, he does not need assistance with ALL of the components of Bathing, so the selection of a “1” should be made.

Reference: Module 5.6

3. A screener verifies a diagnosis and does not find it on the Diagnoses Table or Diagnoses Cue sheet. It is not needed for a primary or secondary diagnosis. What is the next step the screener takes?
- A. The screener contacts DHS at DHSLTCFSDiagnosis@dhs.wisconsin.gov to get a code
 - B. The screener contacts DHS at DHSLTCFSDiagnosis@dhs.wisconsin.gov to get approval to code the diagnosis as K6
 - C. The screener contacts their Screen Liaison, who contacts DHS if needed.
 - D. The screener codes the diagnosis as K6

Rationale: The correct answer is D. A screener does not need approval to use K6. K6 is to be used if the diagnosis is not on the Diagnoses Cue Sheet AND is not needed for a primary or secondary diagnosis. If the diagnosis is needed for a primary or secondary diagnosis and is not on the Diagnoses Cue Sheet, then the screener contacts their Screen Liaison who, if needed, contacts DHS by using the diagnosis email to get a code assigned.

Reference: Module 4.3

4. DeMarcos has a cognitive impairment due to a mental illness. The screener references the Diagnoses Cue Sheet and sees that the code for this is K6. The screener uses this diagnosis of cognitive impairment as a primary diagnosis for needs. Since the code is K6 and the screener will use it as a primary diagnosis, they need to contact their screen liaison who then contacts DHS, if needed.

True or **False?**

Rationale: The correct answer is False. If the diagnosis is on the cue sheet, that is the code that is used, even when it is K6 and it will be used as a primary or secondary diagnosis.

Reference: Module 4.3

5. Lucille is 76 years old. She has two diagnoses: diabetes and hypertension. Lucille requires medications for these diagnoses and does forget to take them on occasion. Her daughter calls every day to make sure Lucille has remembered to take her medications. Lucille's daughter also fills her pillbox weekly because Lucille finds the task overwhelming and is concerned she will make an error. How should Medication Administration and Medication Management be selected in the IADLs?

A. 0 – Independent (with or without assistive devices)

B. 1 – Needs some help 1-2 days per week or less often. Primary diagnosis: Diabetes; Secondary diagnosis: Hypertension

C. 1 – Needs some help 1-2 days per week or less often. Primary diagnosis: Memory Loss; Secondary diagnosis: None

D. 2a – Needs help at least once a day 3-7 days per week – CAN direct the task and can make decisions regarding each medication. Primary diagnosis: Diabetes; Secondary diagnosis: Hypertension

E. 2b – Needs help at least once per day 3-7 days per week – CANNOT direct the task; is cognitively unable to follow through without another person to administer each medication. Primary diagnosis: Memory Loss; Secondary diagnosis: None

Rationale: The correct answer is A. Lucille does not have a physical, cognitive or memory loss impairment requiring the need for assistance. Although Lucille takes the medications for her diagnoses of diabetes and hypertension, these diagnoses are not causing her need for assistance. In addition, although Lucille occasionally needs reminders, she does not currently have a diagnosis of memory loss or a cognitive impairment that would require assistance with this task.

Reference: Modules 5.1 and 5.4

6. Ricardo has diagnoses of diabetes and arthritis. He is able to dress himself independently, but due to arthritis, he requires assistance with putting on anti-embolism (TED) hose he has been prescribed for his diabetes. How should Dressing be selected in the ADLs?

A. 0 – Person is independent in completing the activity safely.

B. 1 – Help is needed to complete the task safely but helper DOES NOT have to be physically present throughout the task. Primary diagnosis: Diabetes; Secondary diagnosis: Arthritis

C. 1 – Help is needed to complete the task safely but helper DOES NOT have to be physically present throughout the task. Primary diagnosis: Arthritis; Secondary diagnosis: None

D. 2 – Help is needed to complete the task safely and helper DOES need to be present throughout the task. Primary diagnosis: Diabetes; Secondary diagnosis: Arthritis

- E. 2 – Help is needed to complete the task safely and helper DOES need to be present throughout the task. Primary diagnosis: Arthritis; Secondary diagnosis: None

Rationale: The correct answer is C. Although Ricardo is prescribed the TED hose for his diagnoses of diabetes, only the diagnosis of arthritis is causing the physical impairment and necessitating the need for assistance with a component of the task of Dressing.

Reference: Modules 5.4 and 5.7

7. A person with diabetes who uses an insulin pen is unable to dial in the correct dose due to a cognitive impairment but is able to inject the insulin independently. Where does the screener capture the need for assistance with the dialing up of the correct insulin dose?

- A. Medication Administration
- B. Medication Management**
- C. Medication Administration and Medication Management

Rationale: The correct answer is B. Selecting the dose by turning the knob to “dial in” the insulin dose is medication management. This is setting up the correct dosage, similar to drawing up the correct dose, where injecting the insulin is captured under the task of medication administration.

Reference: Modules 5.14 and 7.14

8. A screener is reviewing health care records. She notes the ICD 10 code for Confusion. Because there is an ICD code for this, it is also considered a diagnosis on the LTCFS.

True or **False**?

Rationale: The correct answer is False. Even though it has an ICD code, the code in this example does not equate to a diagnosis for the LTCFS. Some ICD codes are too broad or general to be considered a diagnosis for purposes of the LTCFS. The diagnosis that is the cause of the confusion should be coded on the LTCFS.

Reference: Diagnoses Cue Sheet

9. Sylvia has been enrolled in a long-term care (LTC) program for the past three years. Previously, her functional screen has indicated that she meets the I/DD per Federal Definition target group with an eligible level of care for her LTC program. When the screener calculates Sylvia’s new screen this year, the screen shows an I/DD per State Definition target group and a non-eligible level of care. The screener reviews the screen and verifies that the entries appear to be accurate. The screener believes that this

outcome is incorrect and unexpected, and that Sylvia should still meet the same target group and level of care as she had before the most recent screen was completed. What is the screener's next step?

- A. The screener first discusses the screen results with Sylvia and what that means for her participation in the program, and considers the screening process to be complete.
- B. The screener notifies Sylvia of the screen results and then waits to learn if she decides to appeal the disenrollment.
- C. The screener first requests that the lead screener at their agency review the screen to ensure that the entries appear complete and accurately reflect Sylvia's needs. If the results continue to be unexpected, the screen liaison contacts DHS for a full screen review.

Rationale: The correct answer is C. "Unexpected results" are target group and level of care results that do not appear to the screener to be congruent with the needs of the person being screened. The results may be different from prior screens, but if that change appears appropriate, then the results are not "unexpected." Whenever the results of a functional screen are unexpected by the screener, the screen is not considered complete. The screener should request a review by the screen liaison in their agency. If, after that review, the results continue to be unexpected, the agency screen liaison should contact a Functional Screen Quality Consultant at the Department of Health Services who will perform a full review of the screen and consult with the screen liaison until the screen results are considered complete and accurate. Note: When a screener does feel the screen results accurately reflect the individual's needs, the screener does not need to request a follow-up review, even if the results have changed from the previous year.

Reference: Module 1.10 This topic will be addressed more specifically in a future revision of the screen instructions. Screeners are encouraged to follow the steps described above in any instance where they do not agree with or understand the results of the functional screen. If the screen outcome may result in a potential disenrollment of the individual from a long-term care program, no action should be taken until the screener agrees that the screen results are appropriate based on a complete and accurate screen. Once the screen is considered complete and accurate, the screener takes the action that is required of them by their screening agency based on the results of the screen.