

ISSUE DATE: December 2017

APPLICABILITY:

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

TOPIC: December 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.

Scenario 1

Julie is a 30-year-old woman who had a horseback riding accident when she was 22. Julie has current verified diagnoses of spinal cord injury with paraplegia at L1, chronic shoulder pain, and depression. She lives in a supported apartment, where she can get the cares she needs and still have her independence. Julie needs help with the ADLs of Bathing, Dressing, and Transferring. Julie can wash, dry, and dress the upper half of her body. She uses a power wheelchair for mobility, and she has a manual wheelchair as back-up. Julie can propel the manual wheelchair; however, it causes her shoulder pain to be much worse. Julie can transfer herself independently throughout the day, but every evening the pain in her shoulder is so severe that she needs staff to assist her with transfers using a mechanical lift. Julie's apartment has accessible counters and cupboards, and she is able to prepare herself meals. She self-administers her medications, and she does her banking and bill payments online. Julie receives help from staff weekly to assist with laundry, grocery shopping, and major cleaning of her apartment.

1. What selection should be made on the Diagnoses Table on Julie's LTCFS?
 - A. **D9** – Spinal Cord Injury
 - B. **D12** – Other Chronic Pain or Fatigue
 - C. **H3** - Depression
 - D. Both A and B
 - E. A, B and C

Rationale: The correct answer is E. Depression and spinal cord injury are both listed on the Diagnoses Table; however, chronic shoulder pain is not on the Diagnoses Table. If a diagnosis is not on the Diagnoses Table, look for it on the Diagnoses Cue Sheet and record the corresponding code on the Diagnoses Table. While searching on the Diagnoses Cue sheet, the screener may need to search each of the words in the diagnosis to find the code. Be aware of alternate names or other terms used for the same diagnosis.

Reference: Module 4.3 & Diagnoses Cue Sheet

2. What selection should be made for the Mobility ADL on Julie's LTCFS?

- A. 0: Independent. Primary diagnosis: **D9 Spinal Cord Injury**, Secondary Diagnosis: **None**. Uses a wheelchair or scooter in home
- B. 1: Help is needed to complete task safely, but **helper DOES NOT have to be physically present throughout the entire task**. Primary Diagnosis: **D9 Spinal Cord Injury**, Secondary Diagnosis: **D12 Other Chronic Pain or Fatigue**. Uses a wheelchair or scooter in home
- C. 1: Help is needed to complete task safely but **helper DOES NOT have to be physically present throughout the entire task**. Primary Diagnosis: **D12 Other Chronic Pain or Fatigue**, Secondary Diagnosis: **None**. Uses a wheelchair or scooter in home
- D. 2: Help is needed to complete task safely and **helper DOES need to be present throughout task**. Primary Diagnosis: **D9 Spinal Cord Injury**, Secondary Diagnosis: **D12 Other Chronic Pain or Fatigue**. Uses a wheelchair or scooter in home
- E. 2: Help is needed to complete task safely and **helper DOES need to be present throughout task**. Primary Diagnosis: **D12 Other Chronic Pain or Fatigue**, Secondary Diagnosis: **None**. Uses wheelchair or scooter in home

Rationale: The correct answer is A. Julie is independent in Mobility with the use of both her power wheelchair and her manual wheelchair. Even though her manual chair causes her shoulder pain to be worse, she is still independent when using it. Mobility is the only ADL that requires primary and/or secondary diagnosis entries when the selection is Independent and screener has checked Uses wheelchair or scooter in home, or Has prosthesis.

Reference: Module 5.9

3. What selection should be made for the Transferring ADL on Julie's LTCFS?

- A. 0: Independent. Uses Mechanical Lift

- B. 1: Help is needed to complete task safely, but **helper DOES NOT have to be physically present throughout the entire task**. Primary Diagnosis: **D9** Spinal Cord Injury, Secondary diagnosis: **D12** Other Chronic Pain or Fatigue. Uses Mechanical Lift
- C. 1: Help is needed to complete task safely, but **helper DOES NOT have to be physically present throughout the entire task**. Primary Diagnosis: **D12** Other Chronic Pain or Fatigue, Secondary Diagnosis: none. Uses Mechanical Lift
- D. 2: Help is needed to complete safely and **helper DOES need to be present throughout task**. Primary Diagnosis: **D9** Spinal Cord Injury, Secondary Diagnosis: **D12** Other Chronic Pain or Fatigue. Uses Mechanical Lift
- E. 2: help is needed to complete safely and **helper does need to be present throughout task**. Primary Diagnosis: **D12** Other Chronic Pain, Secondary Diagnosis: none. Uses Mechanical Lift

Rationale: The correct answer is C. Julie can independently transfer herself throughout the day; however at night, because of her shoulder pain, she needs help transferring using a mechanical lift. It is only when she uses the mechanical lift that she needs assistance with transferring. While the paraplegia at L1 (spinal cord injury) is her primary disability, it is the shoulder pain that causes her to need assistance with transfers in the evenings.

Reference: Module 5.11

4. Based on the information provided in the scenario and the Target Group Definitions, which Target Group(s) would you expect to see when calculating eligibility?
- A. Physical Disability
- B. SPMI
- C. Both A and B

Rationale: The correct answer is A. Julie meets the Physical Disability Target Group because her spinal cord injury and her chronic shoulder pain significantly interfere with or significantly limit at least one major life activity. In Julie's case she needs help in the areas of Self-care, Walking, and Capacity for independent living.

Reference: Module 2.4

Scenario 2

Harold is an 84-year-old retired farmer with current and verified diagnoses of arthritis, coronary artery disease, hypertension, hyperlipidemia, and hearing loss. Harold's wife

died just over a year ago and since her death he has not been as active as he previously was. Harold and his wife had been married for 60 years and he states that he has had a hard time adjusting to her not being around. A month ago he decided he needed to start doing more, and two weeks ago he was finally motivated to get moving. While he was out walking in the yard thinking about all the hard work he and his wife put into making their farm beautiful, he slipped and fell in the mud. The mud was covering an old concrete slab that he had forgotten was there. He was able to get himself up and walk back to the house. However, his head and his left side hurt, and he was uncertain if he had broken anything. He drove himself to the emergency room and was admitted to the hospital for observation due to a potential head injury. While there, they discovered that he was losing muscle tone due to the decrease in activity since his wife's death. He was discharged to a nursing home to receive physical therapy and regain strength. He has regained strength and is ready for discharge next week. He states that he thinks his memory is going, as he is having difficulty remembering things that used to be easy for him to remember. He states that he has forgotten things like where he left something, such as keys, glasses, his cell phone or what someone's name is, but that after a few minutes he remembers and is able to find the item or he remembers the name. He says this happens about every other week. Although Harold's daily life is not disrupted by this normal forgetfulness, the screener completed the Mini Cog and Animal Naming Test in order to establish a baseline result for Harold. Harold scored 5 on the Mini Cog and named 18 separate animals. Harold and staff state that he is back to baseline in all ADLs. Staff check on him periodically while he is completing these tasks as part of the facility policies. Harold would need help grocery shopping and with laundry weekly. He is currently administered medications by the facility staff, per policy. Staff feel he would not have any problems at home taking his medication, as he will check his watch and ask for his medications right before they are administered.

5. What selection should be made for the Medication Administration/Medication Management IADL on Harold's screen?
- A. 0: Independent (with or without assistive devices)
 - B. 1: Needs some help 1-2 days per week or less often. Primary diagnosis: **D2** Arthritis, Secondary Diagnosis: **K5** Other
 - C. 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: **D2** Arthritis, Secondary Diagnosis: **K5** Other
 - D. 2b: Needs help at least once a 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: **D2** Arthritis, Secondary Diagnosis: **K5** Other

Rationale: The correct answer is A. This screen is being completed to assess the services that Harold will need upon returning home. Impending discharge is set for next week. While Harold is currently getting assistance with medication administration and management while in the nursing home it is because this is their policies. The staff reports that he would be able to administer his medications at home independently.

Reference: Module 5.14

6. What selection should be made in the Memory Loss section of Harold's LTCFS?
- A. 0: No memory impairments evident during screening process
 - B. 1: Short-Term Memory Loss (seems unable to recall things a few minutes up to 24 hours later)
 - C. 2: Unable to remember things over several days or weeks
 - D. 3: Long-Term Memory loss (seems unable to recall distant past)
 - E. 4: Memory impairments are unknown or unable to determine

Rationale: The correct answer is A. Harold is 84 years old. He reports that he thinks he has memory problems, but there is no verified memory impairment or loss at this time. A verified diagnosis of memory loss is not required in the Memory Loss section under Communication and Cognition. In observing the overall picture of Harold, the screener notes that Harold does not need assistance in his ADLs and only limited assistance because of the physical needs with his IADLs. While he states he occasionally forgets where he puts things, he is able to retrace his steps to find the items. It is not required that the Mini Cog or Animal Naming test be completed to make a selection in this section. The screener used it here for Harold based on his report of not being able to find things right away, the loss of his wife, and the recent fall so there was a baseline for future reference.

Reference: Module 8.3

7. What selection should be made in the Mental Health Needs section of Harold's LTCFS?
- A. 0: No mental health problems or needs evident
 - B. 1: No current diagnosis. Person may be at risk and in need of mental health services
 - C. 2: Person has current diagnosis of mental illness

Rationale: The correct answer is B. Harold does not have a verified Mental Health Diagnosis, but he may be at risk for depression. With his report that his wife died just

over a year ago, he admits to having difficulty adjusting to life without her and the recent fall.

Reference: Module 9.5

Scenario 3

Helen is 53 years old. When she was 47, she began having memory problems and it was found that she had a brain tumor. She had surgery to remove the tumor, which was determined to be noncancerous. However, as a result of the invasiveness of the surgery, Helen continues to have memory issues. Helen's health report comes back with surgical removal of a benign brain tumor. She remembers the names of her children and grandchildren. However, during spring and fall she has more difficulty remembering which season it is because they can be so similar, and she will also sometimes forget the year. Helen lives at home with her husband. She is independent in all ADLs, occasionally needing a reminder about the weather so that she can choose appropriate clothing. Helen and her husband grocery shop together weekly after Helen has made a list. She and her husband prepare dinner together nightly, and Helen will make lunches from leftovers for both of them. Helen can reheat these meals for herself; however, occasionally she forgets that she put leftovers in the microwave and will make herself a sandwich. Helen has a vitamin and essential oil regimen that she takes daily. While Helen is in charge of the finances, since her surgery her husband does a check of their accounts every other month, and he has not found any discrepancies or errors since she had her surgery. Helen and her husband work on laundry and chores together, as she has left clothes in the washer for several days. Helen and her husband share a single car. Helen has a valid driver's license, and she drives about once per month, usually when her husband is not working, to her sister's house. Neither her husband nor her doctor expressed any concerns over her driving. She has not had any accidents.

8. What selection should be made on the Diagnoses Table on Helen's LTCFS?
- A. **A3** - Brain Injury with onset BEFORE age 22
 - B. **E4** - Traumatic Brain injury at age 22 or AFTER
 - C. **K5** - Other
 - D. Both B and C

Rationale: The correct answer is B. Typically a procedure is not included on the Diagnoses Table and the screener should not code it. Brain surgery is a treatment/procedure that is able to be captured on the Diagnoses Table. When brain surgery is a successful treatment but leaves the person with a deficit, the reason for

the deficit is coded. In Helen's case, the reason for the deficit was the brain surgery. The resulting deficit was memory issues which should be coded as E4 – Traumatic Brain injury at age 22 or AFTER. Brain surgery itself is not listed on the Diagnoses Table. If a diagnosis is not on the Diagnoses Table, look for it on the Diagnoses Cue Sheet and record the corresponding code on the Diagnoses Table. Helen's surgery occurred when she was 47, so the onset is after age 22. Helen's memory issues are a result or side effect of the surgery. She does not have a separate diagnosis of Memory Deficit/Difficulties/Dysfunction/Loss/Impairment.

Reference: Module 4.3 & Diagnosis Cue Sheet

9. What selection should be made for the Money Management IADL on Helen's LTCFS?

A. 0: Independent

B. 1: Can only complete small transactions. Primary Diagnosis: **A3** Brain Injury with onset BEFORE age 22, Secondary Diagnosis: none

C. 1: Can only complete small transactions. Primary Diagnosis: **E4** Traumatic Brain Injury at age 22 or AFTER, Secondary Diagnosis: none

D. 1: Can only complete small transactions. Primary Diagnosis **K5** Other, Secondary Diagnosis: none

Rationale: The correct answer is A. While Helen did have brain surgery and her husband does perform a double check, she has not shown any reason that she is unable to complete the tasks of Money Management independently.

Reference: Module 5.15

10. What selection should be made for the Transportation IADL on Helen's LTCFS?

A. 1a: Person drives a regular vehicle

B. 1c: Person drives a **regular** vehicle but there are serious safety concerns

C. 2: **Person cannot drive due to physical, psychiatric or cognitive impairment.** Primary diagnosis: **A3** Brain Injury with onset BEFORE age 22, Secondary Diagnosis: none

D. 2: **Person cannot drive due to physical, psychiatric or cognitive impairment.** Primary diagnosis: **E4** Traumatic Brain Injury at age 22 or after, Secondary Diagnosis: none

E. 3: **Person does not drive due to other reasons**

Rationale: The correct answer is A. Helen has her driver's license, she has access to a vehicle, she has not had any accidents and neither her husband nor her doctor is concerned about her driving.

Reference: Module 5.18