

## Wisconsin Functional Screen Information System

### Adult Long Term Care Functional Screen

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**DATE:** June 11, 2018

**TOPIC:** June 2018 Adult 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. The quiz is designed to encourage discussion among screeners in order to arrive at the correct answers. Quiz questions may be based on real-world questions that have come to the team from screeners, and this is a way to share the answers with all. The answers to the questions may not be found verbatim in the instructions manual; however, the rationales provided are correct and we would expect screeners to arrive at those answers as they apply the information in the 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.*

1. Harold is 95, with current verified diagnoses of anemia, anxiety, arthritis, chronic pain and hypertension. His family has identified that Harold is having increasing problems with his short term memory. Harold has been using wrong financial accounts and not balancing his checkbook, which led to frequent overdrafts on his accounts. Harold has asked his niece to help him with his finances. The screener completed the Mini-Cog and Animal Naming tests. Harold scored 3 out of 5 on Mini-Cog testing and was able to name 12 animals on the Animal Naming tool. The screener obtained the proper releases and shared the information with Harold's doctor; however, he is unable to see the doctor for three months, and the screen needs to be completed this month. What selections should be made for the Money Management IADL on Harold's LTCFS?
  - A. 0-Independent
  - B. 1-Can only complete small transactions
    - Primary diagnosis: D2 Arthritis
    - Secondary Diagnosis: H1 Anxiety
  - C. 1-Can only complete small transactions
    - Primary Diagnosis: H1 Anxiety
    - Secondary Diagnosis: None
  - D. 2-Needs help from another person with all transactions
    - Primary Diagnosis: H1 Anxiety
    - Secondary Diagnosis: None

Rationale: The correct answer is A. Although Harold's family has indicated that he is showing signs of memory loss, at this time Harold does not have a memory loss diagnosis. The screener appropriately

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completed the Mini-Cog and Animal naming tools; however, based on his Mini-Cog and Animal Naming scores a diagnosis of memory loss still could not be selected. To make a selection for memory loss without a verified diagnosis, a person must score, 0, 1 or 2 on the Mini-Cog and name fewer than 14 separate animals. With Harold's score of 3 out of 5 on the Mini-Cog, a selection cannot be made. Additionally, while Harold does have anxiety, at this time there is no indication that it has caused a permanent cognitive impairment. His anxiety does not cause a substantially diminished level of functioning in primary aspects of daily living, or an inability to cope with the ordinary demands of life. The screener should complete a rescreen after the doctor's appointment, if there is a change in condition or a new diagnosis.

References: Module 2.10 Severe and Persistent Mental Illness Target Group  
Module 5.15 Money Management

2. Ingrid is 83 years old and lives in her own apartment. She has current verified diagnoses of hypertension, abnormal gait, agoraphobia, chronic obstructive pulmonary disorder (COPD) and chronic knee pain. Due to her abnormal gait and chronic knee pain, she uses a walker in her home almost all the time. She is using a 2-wheeled walker, as this is what fits best in her apartment. Her agoraphobia causes some distress when shopping; however, she has a friend that she trusts and they go shopping on days when there are fewer people in the store. Ingrid reports that she needs assistance bringing groceries into the home. She can put things away and prepare all her meals independently at the counter/stove, as she has a small kitchen with supports very close by on either side of her, so she doesn't use her walker. She does report that she generally eats standing up, although this is not her preference due to her knee pain and shortness of breath from COPD. She states that after she eats and cleans up the kitchen, she has to sit down and rest. Ingrid states she is in extreme pain and is very short of breath by the time she gets to her chair. The screener observes that she does indeed have a small kitchen, there is no place for a table or chair for her to sit and eat and that she gets short of breath quickly and easily. The screener uses this information and professional judgement to determine that this is a significant negative health outcome for Ingrid. What selection should be made for the Meal Preparation IADL on Ingrid's LTCFS?

A. 1-Needs help from another person weekly or less

- Primary Diagnosis: D13 Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorder-Abnormal Gait
- Secondary diagnosis: D12 Other Chronic Pain or Fatigue-Chronic Knee Pain

B. 2-Needs help 2 to 7 times a week

- Primary Diagnosis: D13 Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorder-Abnormal Gait
- Secondary diagnosis: F1 Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis

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C. 2-Needs help 2 to 7 times a week

- Primary Diagnosis: D13 Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorder-Abnormal Gait
- Secondary diagnosis: H1 Anxiety Disorder

D. 3-Needs help with every meal

- Primary Diagnosis: D13 Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorder-Abnormal Gait
- Secondary diagnosis: F1 Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis

E. 3-Needs help with every meal

- Primary Diagnosis: D13 Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorder-Abnormal Gait
- Secondary diagnosis; H1 Anxiety Disorder

Rationale: The correct answer is B. Ingrid can prepare her own meals and shop for groceries with assistance. She states she can eat standing up; however, the screener observes that this causes a negative health outcome. The screener uses professional judgement based on Ingrid's situation: small kitchen, extreme pain and shortness of breath, to determine that this is a significant negative health outcome.

References: Module 5.1 General Guidance for ADLs/IADLs  
Module 5.13 Meal Preparation

3. Norma's only verified diagnosis is dementia. She needs help with dressing/undressing, getting shoes and socks on and off, and selecting weather-appropriate clothing. She does not have a prosthesis, orthotic devices, anti-embolism hose, compression products or devices, or pressure relieving devices, so it is unknown if she would need assistance if she had any of these. Should the screener select "1- Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task?**"

A. Yes

**B. No**

Rationale: The correct answer is B. The need for assistance with all components or assistance throughout the task applies to only the components that are applicable. Norma does not have a prosthesis, orthotic devices, anti-embolism hose, compression products of devices or pressure relieving devices, therefore this component of dressing is not applicable to her, but she does need assistance with all applicable components of dressing. The correct selection would be "2- Help is needed to complete the task safely and **helper DOES need to be present throughout the task**".

Reference: Module 5.7 Dressing

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4. Andrew is 25 years old and has a below-the-knee amputation. He has a prosthesis that he can put on independently and states that he only uses it when outside the home. The screener observes Andrew moving about his home independently, at times using furniture and walls for reassurance. What selection should be made for the Mobility in Home ADL on Andrew's LTCFS?
- A. 0-Independent
  - B. 0-Independent
    - Primary Diagnosis: D1 Amputation
    - Secondary Diagnosis: none
    - Has Prosthesis
  - C. 1- Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task**
    - Primary Diagnosis: D1 Amputation
    - Secondary Diagnosis: None
  - D. 1- Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task**
    - Primary Diagnosis: D1 Amputation
    - Secondary Diagnosis: None
    - Has Prosthesis

Rationale: The correct answer is B. A prosthesis is the only exception to the “need, have and use” requirement for adaptive equipment. Prosthesis should be selected if the person has a prosthesis; regular use is not required. When adaptive equipment, such as a wheel chair or prosthesis, is selected in the screen under Mobility in Home, the screener is required to enter primary and secondary diagnosis. Andrew only uses the walls/furniture for reassurance and does not depend on them in place of other equipment or a person and because of that, he is independent in this task.

References: Module 5.5 Activities of Daily Living (ADLs)  
Module 5.9 Mobility in Home

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5. Jorge is 72 years old and has confirmed diagnoses of chronic obstructive pulmonary disease (COPD) and dementia. He is receiving services currently for these conditions. The screener is completing a change in condition screen, as his caregivers have reported that they feel his dementia is worsening. He is alone overnight and they have noticed that at some point during the night he is removing his nasal cannula, which he previously did not do. They state that he needs a reminder to put his nasal cannula back on each morning after getting dressed. Once the nasal cannula is back on in the morning, he does not need reminders to keep it in place. The caregiver with Jorge today reports that about every other day they have to reset the flow on his oxygen because he has turned the knob thinking he is turning down the volume on the TV. What selection should be made on the HRS table for Oxygen and/or Other Respiratory Treatments on Jorge's LTCFS?
- A. 2-6 times/week
    - Primary Diagnosis: E2 Other Irreversible Dementia
    - Secondary Diagnosis: F1 Chronic Obstructive Pulmonary Disease/Emphysema/Chronic Bronchitis
  - B. 2-6 times/week
    - Primary Diagnosis: E2 Other Irreversible Dementia
    - Secondary Diagnosis: None
  - C. 1-2 times/day
    - Primary Diagnosis: E2 Other Irreversible Dementia
    - Secondary Diagnosis: F1 Chronic Obstructive Pulmonary Disease/Emphysema/Chronic Bronchitis
  - D. 1-2 times/day
    - Primary Diagnosis: E2 Other Irreversible Dementia
    - Secondary Diagnosis: None
  - E. 3-4 times/day
    - Primary Diagnosis: E2 Other Irreversible Dementia
    - Secondary Diagnosis: F1 Chronic Obstructive Pulmonary Disease/Emphysema/Chronic Bronchitis

Rationale: The correct answer is D. Jorge is using the oxygen because of the COPD, but he needs the assistance because of his dementia. When a screener is selecting a need for assistance and the corresponding diagnosis, the screener should select the diagnosis that causes the need for assistance in using the equipment (for Jorge, his nasal cannula), not the diagnosis that causes the need for the equipment (nasal cannula) to begin with. The frequency is 1-2 times daily as he is removing the nasal cannula overnight and needs a prompt to put it back on after getting dressed.

References: Module 4.4 Identifying Primary and Secondary Diagnoses  
Module 7.17 Oxygen and/or Respiratory Treatments

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6a. Rebecca is a 23-year-old living with her parents. She has current verified diagnoses of mood disorder and conversion disorder. Rebecca was diagnosed with mood disorder while in her early teens. Two months ago, Rebecca was in a car accident that resulted in a friend having a spinal cord injury. Rebecca sustained minor injuries, a few small cuts and whiplash. However, upon hearing of her friend's diagnosis, Rebecca began reporting that she could no longer feel her legs. While in the hospital, testing was done to ensure she did not have a spinal cord injury, and at that time Rebecca was given the conversion disorder diagnosis. The medical records confirm neither of her diagnoses is causing a permanent cognitive impairment. When the screener meets with Rebecca, she reports that she has a spinal cord injury from a car accident and needs assistance with all of her cares, even if it is just someone to stand by so she feels safe. What selection(s) should be made on the Diagnoses Table on Rebecca's LTCFS?

- A. D9 Spinal Cord Injury
- B. D10 Paralysis Other than Spinal Cord Injury
- C. H5 Other Mental Illness Diagnoses- Mood Disorder, Conversion Disorder
- D. Both A & C
- E. Both B & C

Rationale: The correct answer is C. Even though Rebecca reports spinal cord injury in exact medical terms, spinal cord injury is not listed on Rebecca's health report or health records. It is her conversion disorder that causes her to believe that she has the symptoms and paralysis similar to her friend. If the screener is unfamiliar with the diagnosis of conversion disorder, or any other diagnosis, before making a selection on the screen, he or she would follow the established procedure of researching the diagnosis, consulting with the screen liaison, who would, if necessary, consult with DHS by sending a request to [DHSLTCFSDiagnosis@Wisconsin.gov](mailto:DHSLTCFSDiagnosis@Wisconsin.gov).

Reference: Module 4.2 Diagnoses Must be Verified

6b. Continuing with Rebecca in the scenario from Question 6a, her parents state that Rebecca has insisted that they make some accommodations in the home. They state she uses an office chair and the walls to get around her home. They are also working with her doctor's office to set up physical therapy, in hopes that it will encourage her to walk again. Her parents report that Rebecca requests that they provide stand by assistance for transfers, as she often feels as though she is not strong enough. Her parents report that they feel there is no safety concern when she is standing. Rebecca states that she is independent in all ADL tasks; however, she does like having her parents around just in case. Should the screener make a selection for needs for assistance in the Mobility in Home ADL on Rebecca's LTCFS?

- A. Yes
- B. No

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Rationale: The correct answer is B. Rebecca does not need assistance in the Mobility in Home ADL. From Question 6a, her conversion disorder, which causes her to believe she is paralyzed, is a new diagnosis and is not causing a permanent cognitive impairment, nor is it causing a physical need for assistance in her Mobility ADL.

Reference: Module 5.1 General Guidance for ADLs/IADLs  
Module 5.9 Mobility in Home

7a. Jessica has been living with her mom, Jane, her entire life. She is 48 years old and her only current verified diagnosis is intellectual disability with an IQ score of 63. Jane reports that at least weekly Jessica will sleepwalk around the home during the night and has even left the residence. Jane reports that she has moved her room to be right next to Jessica's, and that there are alarms on all exits in case Jane does not hear Jessica moving about. What selection should be made in the Behaviors Requiring Intervention section of the HRS table for Jessica's LTCFS?

**A. No selection should be made**

B. 1-3 times/month

- Primary Diagnosis: A1 Intellectual Disability,
- Secondary Diagnosis: None

C. Weekly

- Primary Diagnosis: A1 Intellectual Disability
- Secondary Diagnosis: None

D. 2-6 times/week

- Primary Diagnosis: A1 Intellectual Disability
- Secondary Diagnosis: None

Rationale: The correct answer is A. To record a need for assistance with Behaviors Requiring Interventions, the person's cognitive impairment needs to cause the behavior. Jessica does have a cognitive impairment, and she has a behavior plan, however she is not eloping or attempting to elope from her residence. Jessica is sleepwalking, and that is not captured in this section. Need for assistance during overnight hours should be captured under Additional Supports, Overnight Care and Supervision.

Reference: Module 7.10 Behaviors Requiring Interventions

7b. Continuing with Jessica in the scenario from question 7a, what selection should be made in the Behaviors & Mental Health section of Wandering on Jessica's LTCFS?

**A. 0: Does not wander**

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- B. 1: Daytime wandering but sleeps nights
- C. 2: Wanders at night, or day and night

Rationale: The correct answer is A. While Jessica does have a cognitive impairment, and she does require intervention, she is not eloping or attempting to elope from her home. Jessica is sleepwalking, and that is not captured in this section. Need for assistance during overnight hours should be captured under Additional Supports, Overnight Care and Supervision.

Reference: Module 9.2 Wandering

8. Jake is a 30-year-old man with verified diagnoses of Down syndrome with a full scale IQ of 82, osteoporosis and obstructive sleep apnea. Jake will initially refuse to eat at every meal. Staff in his home will encourage him to eat, offering to feed him and he will eat a couple bites at each meal. His day center staff encourages him to eat and they record what he does eat for the home staff. Jake is his own person and understands that he needs to eat, and the consequences of not eating. Jake insists that the one meal replacement drink he has daily is more than enough for him. Jake has not had any significant negative health concerns and his doctor and his home staff are monitoring this. What selection should be made on the Behaviors & Mental Health for Self-Injurious Behaviors for Jake's LTCFS?

**A. 0: No injurious behaviors demonstrated**

- B. 1: Some self-injurious behaviors that require intervention weekly or less
  - List behavior: refusal to eat
- C. 2: Self-injurious behaviors that require interventions 2 to 6 times per week OR 1 to 2 times per day
  - List behavior: refusal to eat
- D. 3: Self Injurious behaviors that require intensive one-on-one interventions more than twice per day
  - List behavior: refusal to eat

Rationale: The correct answer is A. Self-injurious behavior is defined as: behavior that causes, or is likely to cause, injury to one's own body and requires intervention. Self-injurious behaviors are physical self-abuse and do not include the absence of self-care or behaviors that may have unhealthy consequences. Jake's eating choices are not considered self-injurious, as he has not had any significant negative health problems from not eating. He is getting some nutrition daily through the meal replacement shakes and few bites that he does eat. His home staff and doctor are monitoring the situation. The need for assistance with prompts to eat or being fed is captured in the Eating ADL.

Reference: Module 9.3 Self-Injurious Behaviors