

**Issue Date: September 20, 2018**

**TOPIC: September 2018 Quiz – Answer Guide and Rationales**

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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.

A new addition is an occasional “Best Practice Recommendations” section at the end of the quiz, where screeners will find some information that the Functional Screen Team hopes will be helpful in the accurate completion of screens, but is not yet incorporated into the Functional Screen Instructions.

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.

For the September 2018 Quiz, screeners were presented with a scenario describing information that a screener learned in a home visit with “Helen Helper.” Screeners were then asked to locate the ten errors that appear on the LTCFS report. Below are the 10 errors on the LTCFS for Helen.

1. Diagnoses: Anxiety Disorder (H1) should not be selected. Although Helen clearly states that she has constant anxiety, this should not be selected on the Diagnosis Table. All psychiatric, behavioral, dementia, brain injury and intellectual diagnoses must be verified directly with a health care provider, health record, the Children’s Long Term Support Functional Screen or the disability determination from the Social Security Administration. (Module 4.2 Diagnoses Must be Verified)
2. ADLs-Dressing- This selection should be “0-Independent.” Helen does not have a permanent cognitive impairment at this time, which would affect her ability to choose weather appropriate clothing. While Helen does need assistance with reminders, it is only 1-2 times in early spring and early fall. Outside of the reminders she is independent in the task of Dressing. LTCFS instructions in Module 1.11 provide guidance regarding when a person’s need for assistance varies day-to-day, or week-to-week, but the instructions also indicate that a screener needs to determine how often assistance is needed on average when needs fluctuate over months or even years. (Module 1.11 Abilities Fluctuate and Module 5.7 Dressing)

3. IADLs-Meal Preparation: This selection should be “0-Independent.” Helen is able to complete all the components of Meal Preparation. She can grocery shop, reheat foods, and make a sandwich. While she has left the stove on for extended periods, she can still use at least one appliance (the microwave) safely without assistance. (Module 5.13 Meal Preparation)

In addition, H1-Anxiety Disorder is not an appropriate secondary diagnosis selection. As pointed out in #1 above, this diagnosis was not verified.

4. IADLs-Medication Administration and Medication Management: This selection should be N/A. In order to make a selection of need here, even 0-Independent, the items taken must meet the definition of a medication. Helen takes vitamins and essential oils; these are clearly listed as not being a medication on the LTCFS. (Module 5.14 Medication Administration and Medication Management)
5. Additional Supports-Overnight Care or Overnight Supervision: This selection should be No. While she does state that she would initially have anxiety, she is able to calm herself and can respond appropriately. She has had emergency and non-routine situations arise that she has handled appropriately. (Module 6.3 Overnight Care or Overnight Supervision)
6. Additional Support-Need for Assistance to Work: This selection should be “0-Independent.” She does not have a cognitive impairment, has no ADL needs and very minimal IADL needs. She is home daily and is able to go about her routine and manage her home. From these observations, the screener is able to deduce from her overall functioning and abilities that if she were working, she would not need assistance. (Module 6.4 Employment)

In addition, H1-Anxiety Disorder is not an appropriate secondary diagnosis selection. As pointed out in #1 above, this diagnosis was not verified.

7. HRS Table-Medication Administration: This selection should be N/A. In order to make a selection of need including 0-Independent on the HRS Table, the items taken must meet the definition of a medication. Helen takes vitamins and essential oils; these are clearly listed as not being a medication on the LTCFS. (Module 7.13 Medication Administration (not IV) or Assistance with Pre-Selected or Set-Up Medications)
8. HRS Table-Medication Management: This selection should be N/A. In order to make a selection of need including 0-Independent on the HRS Table, the items taken must meet the definition of a medication. Helen takes vitamins and essential oils; these are clearly listed as not being a medication on the LTCFS. (Module 7.14 Medication Management: Set-Up and/or Monitoring Medications (for Effects, Side Effects, Adjustments, Pain Management) and/or Blood Levels)
9. Communication and Cognition-Cognition for Daily Decision Making: This selection should be “0-Independent.” Helen is home alone all day while her husband works. Helen is independent in her ADLs, she has limited need for assistance with her IADLs and she does

not need assistance overnight. She has proven in various situations that she can handle emergency/non routine decisions when they arise. She would not need assistance while working. (Module 8.4 Cognition for Daily Decision Making)

In addition, H1-Anxiety Disorder is not an appropriate secondary diagnosis selection. As pointed out in #1 above, this diagnosis was not verified.

10. Risk: This selection should be “0-No Risk Factors Evident.” Looking back over the screen, Helen is independent in her ADLs, she needs very limited assistance (laundry and chores) in her IADLs, she does have some memory loss, but she can still drive and handle herself in non-routine situations. If all her supports were removed she would not be at risk of failing to obtain nutrition, self-care or safety adequate to avoid significant negative health outcomes. (Module 10.3 Risk)

### **Best Practice Recommendations**

**Notes on the Functional Screen:** As you will notice on the corrected screen, the Notes sections are much more complete. While screeners are not currently required in the Instructions to complete the Notes sections, best practice is to have clear and understandable notes that include justifications for the selections, of both frequency of need and diagnosis. Notes should be written in a style that is factual, objective, unbiased, without jargon, concise and be checked for spelling and grammatical errors. These notes are helpful for screens that are reviewed, either as an appeal, desk review or unexpected outcome or when transferring a person between case/care managers, support brokers, agencies or programs. Quality notes can help to present a more thorough picture of the individual and their needs. (Module 11.6 Notes)

**Abilities Fluctuate:** Helen needs assistance with choosing weather-appropriate clothing just once or twice each spring and/or fall for a total of up to 4 times a year. This infrequent level of assistance can occur in many areas of the LTCFS. LTCFS instructions in Module 1.11 provide guidance regarding when a person’s need for assistance varies day-to-day or week-to-week, but the instructions also indicate that a screener needs to determine how often assistance is needed on average when needs fluctuate over months or even years. If after reviewing the instructions the screener is unsure of whether or how to capture the level of need, they should consult with their screen liaison. The screen liaison should contact DHS at [DHSLTCFSTeam@dhs.wisconsin.gov](mailto:DHSLTCFSTeam@dhs.wisconsin.gov) for consultation, if necessary.