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SECTION 1: SCENARIOS

Scenario A: Henry

Henry is 45 years old and lives by himself in his own apartment. He has a current verified diagnosis of mild intellectual disability with no known IQ. He has lived alone in his apartment for many years. Over time, he has learned many skills that enable him to be very independent. Henry's other current verified diagnoses are anxiety, sleep apnea, asthma, and allergies.

Henry has good natural supports in his life. He has an older brother named Hudson, who took on the role of Power of Attorney (POA) for Finance for Henry when his parents passed away. Henry is happy that Hudson is involved in various areas of his life. Hudson visits Henry weekly and helps out with little things around the apartment. Hudson also calls him each day to double check how his day was and determine if anything unexpected came up. Henry has no need for assistance with his ADLs, as he learned these skills when he was younger and living with his parents.

Henry plans a weekly meal with his brother each Wednesday. He likes to cook for his brother and try out new recipes that he has found. Sometimes, due to his intellectual disability, his support staff will help him look through magazines or let him use their smart phone or iPad to help him find something that is not only nutritious, but also simple enough for Henry to prepare. Each week, Henry will go to the store and gather what he needs to make his brother a nice dinner. On occasion, Henry might need to ask an employee at the grocery store to help him find something. He will show them the item on the list that the support staff helped prepare for him. From there, Henry is able to do the rest. He has always been very proud of his ability to do this. Henry will call Hudson when he starts cooking to remind him about dinner and let him know what time it should be ready.

Henry has learned how to take his medications for his allergies and his anxiety. He understands the various medications he takes and why he takes them. Historically, because of confusion due to his intellectual disability, Henry has missed taking doses of medications from pill bottles. His support staff found that there were too many pills remaining at the end of each month and determined that he needed to have his medications pre-packaged on a monthly basis so that he would not be confused about which pills to take and when to take them. His support staff will check the pill containers weekly to ensure he is not missing doses. He also uses an inhaler as necessary. Henry does use a C-PAP machine each evening to help with his sleep apnea. He has no trouble putting the mask on each evening or making sure all buttons and alarms are set appropriately. When he first got the C-PAP machine, the support staff marked where each button and tab needed to be, and Henry knows what each setting means and the importance of not moving anything out of place. His staff double check that the

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humidifier bottle is clean and refilled and that none of their markings or settings have been adjusted.

Henry lacks awareness and understanding for certain components of cleaning because of his intellectual disability. He doesn't understand how often his dishes or clothes need to be cleaned. He knows how to complete the task; however, until dishes or clothes gather in excess, he doesn't understand that the task should be completed. For example, Henry will realize that he is out of dishes when he looks in his cupboards and doesn't find anything clean to use. Henry doesn't realize that he should wash what is in the sink to replenish his clean dishes until he receives a reminder from his support staff. Without this reminder he will let the dishes sit in the sink. Support staff need to provide Henry with reminders weekly to ensure that his dishes and laundry are cleaned.

Henry got his license when he turned 21. While it took him time to pass both the written and driving portions of the test, he eventually was able to obtain his driver's license. He typically only drives to work, to the store, or to his brother's house. He is most comfortable driving to locations he is familiar with. When he drives to new locations, his anxiety increases because he worries that he might get lost. For this reason, he and his brother will drive together if Henry has to go somewhere new, in case he needs assistance with navigating unfamiliar locations.

When Henry was around age 26, his family began to consider whether or not he should have a POA for Finance established because he struggles with high-level money management oversight and budgeting due to his intellectual disability. Henry has a basic understanding of counting money and knows how to use a debit card; however, in time, his family determined that he was overspending significantly through the use of his debit card versus using cash. Additionally, his family found that, due to his intellectual disability, he had substantial confusion as to why he was preparing his monthly budget and paying his bills. While Henry understands the importance of money and his finances, he struggles with spending money and staying on budget. The family was able to point to enough examples of overspending and confusion around the use of money as a result of his intellectual disability that he agreed to sign a POA for Finance.

Henry has worked for many years at a local coffee shop bussing and cleaning tables and assisting with loading the dishwashers. He is a very friendly worker, something his job coach and onsite supervisors all agree on. He has monthly check-ins with his job coach and occasional meetings with his supervisor. He has many natural supports in his coworkers who will help direct him during each of his shifts. While he generally does not need any help in the physical completion of a task, he often will need to be reminded that the sink area is filling up, or that there is a table needing to be bussed. He does not need someone by his side throughout his shifts, as he did when he first started.

Henry is a happy, independent gentleman. He is able to get through each day by making decisions for himself based on what he has learned through the years, only

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needing general guidance at times or occasional prompting if something in his routine shifts. For example, while he may struggle with knowing that he should contact his landlord if he gets locked out of his apartment, he does know that he should call someone to help him. Another example is his inability to manage his high-level money management oversight and budgeting due to his intellectual disability. Overall, Henry and Hudson are very happy with the various supports Henry receives, and both feel that he leads a happy and healthy lifestyle with minimal supports and services.

1. What selection should be made for mild intellectual disability with no IQ on the Diagnoses Table on Henry's LTCFS?

A. **A1: Intellectual Disability. IQ = Unknown**

B. **A1: Intellectual Disability. IQ = 75**

C. **A10: Unspecified Diagnosis that may meet state or federal definitions of DD, depending on IQ. IQ = Unknown**

D. **A10: Unspecified Diagnosis that may meet state or federal definitions of DD, depending on IQ. IQ = 75**

Rationale: The correct answer is A. A diagnosis of intellectual disability is coded as A1 Intellectual Disability on the Diagnoses Cue Sheet. An unknown IQ is entered as Unknown. The levels of mild, moderate, severe, or profound do not hold any different weight with the diagnosis of intellectual disability or the determination of IQ.

Reference: Module 4.3 and Diagnosis Cue Sheet

2. What selection should be made for the Meal Preparation IADL on Henry's LTCFS?

A. **Independent**

B. 1: Needs help from another person weekly or less often

- Primary diagnosis: **A1 Intellectual Disability**
- Secondary diagnosis: None

C. 1: Needs help from another person weekly or less often

- Primary diagnosis: **A10 Unspecified Diagnosis that may meet state or federal definitions of DD, depending on IQ**
- Secondary diagnosis: None

D. 2: Needs help 2-7 times a week

- Primary diagnosis: **A1 Intellectual Disability**

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- Secondary diagnosis: None

E. 2: Needs help 2-7 times a week

- Primary diagnosis: **A10** Unspecified Diagnosis that may meet state or federal definitions of DD, depending on IQ
- Secondary diagnosis: None

Rationale: The correct answer is A. Henry is able to grocery shop for himself with only occasional assistance as needed from an employee. He is able to prepare meals for himself and his brother at least once a week by following a recipe. The nutrition level of the meal as well as creating a shopping list is not captured in the components of Meal Preparation.

Reference: Module 5.13

3. What selection should be made for the Medication Administration and Medication Management IADL on Henry's LTCFS?

A. Independent

B. 1: Needs help 1 to 2 days a week or less often

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: None

C. 1: Needs help 1 to 2 days a week or less often

- Primary diagnosis: **A10** Unspecified Diagnosis that may meet state or federal definitions of DD, depending on IQ
- Secondary diagnosis: None

D. 1: Needs help 1 to 2 days a week or less often

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: **H1** Anxiety Disorder

Rationale: The correct answer is B. The support staff complete spot checks weekly to determine that Henry is taking his medications as prescribed. The only assistance that Henry needs is having his pills packed for him for the month because he was forgetting to take daily doses of his medications due to his intellectual disability.

Reference: Module 5.14

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4. What selection should be made for the Money Management IADL on Henry's LTCFS?
- A. Independent
 - B. 1: Can only complete small transactions
 - Primary diagnosis: **H1** Anxiety Disorder
 - Secondary diagnosis: None
 - C. 1: Can only complete small transactions
 - Primary diagnosis: **A1** Intellectual Disability
 - Secondary diagnosis: None
 - D. 2: Needs help from another person with all transactions
 - Primary diagnosis: **H1** Anxiety Disorder
 - Secondary diagnosis: None
 - E. 2: Needs help from another person with all transactions
 - Primary diagnosis: **A1** Intellectual Disability
 - Secondary diagnosis: None

Rationale: The correct answer is C. The assistance that Henry needs is with high-level budgeting. He is only able to complete small transactions. Furthermore, even though he is able to use a debit card, he has the ability to count on a basic level. His need for assistance is due to his mild intellectual disability that causes his confusion with the task; the need is not due to his anxiety disorder.

Reference: Module 5.15

5. What selection should be made for the Laundry and Chores IADL on Henry's LTCFS?
- A. Independent
 - B. 1: Needs help from another person weekly or less often
 - Primary diagnosis: **A1** Intellectual Disability
 - Secondary diagnosis: None
 - C. 1: Needs help from another person weekly or less often
 - Primary diagnosis: **H1** Anxiety Disorder
 - Secondary diagnosis: None
 - D. 2: Needs help more than once a week
 - Primary diagnosis: **A1** Intellectual Disability
 - Secondary diagnosis: None

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Rationale: The correct answer is B. Due to his intellectual disability, Henry needs reminders and cues approximately once a week to complete certain cleaning tasks captured within Laundry and Chores. His need for assistance is not attributed to his anxiety disorder.

Reference: Module 5.16

6. What selection should be made for the Transportation IADL on Henry's LTCFS?

A. 1a: Person drives regular vehicle

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

C. 2: Person cannot drive due to physical, psychiatric, or cognitive impairment

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: None

D. 3: Person does not drive due to other reasons

Rationale: The correct answer is A. Henry has a valid driver's license that he achieved through taking the appropriate tests at the Department of Motor Vehicles. His decision to limit his driving to only familiar locations is a reasonable accommodation and does not indicate serious safety concerns.

Reference: Module 5.18

7. What selection should be made under Guardianship for Henry?

A. Guardianship: Yes. Due to Intellectual Disability: Yes

B. Guardianship: Yes. Due to Intellectual Disability: No

C. Guardianship: No

Rationale: The correct answer is C. Henry has a Power of Attorney for Finance, which is not captured under Guardianship within the Additional Supports module.

Reference: Module 6.6

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8. What selection should be made for Need for Assistance to Work for Henry?

A. 1: Needs help weekly or less (e.g., if a problem arises)

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: None

B. 1: Needs help weekly or less (e.g., if a problem arises)

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: **H1** Anxiety Disorder

C. 2: Needs help every day, but does not need the continuous presence of another person

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: None

D. 2: Needs help every day, but does not need the continuous presence of another person

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: **H1** Anxiety Disorder

Rationale: The correct answer is C. Henry has been working at the same job for many years. He is stable to the point that his overall appointments with his job coach and his supervisors are minimal. However, Henry does receive daily assistance from natural supports from his coworkers as he needs to be reminded to follow through with washing the dishes and clearing tables. This need is due to his intellectual disability.

Reference: Module 6.4

9. What selection should be made on the HRS Table for Oxygen and/or Respiratory Treatments on Henry's LTCFS?

A. Person is Independent

B. 1 to 3 times/month

- Primary diagnosis: **F5** Sleep Apnea
- Secondary diagnosis: **F6** Asthma

C. 1 to 3 times/month

- Primary diagnosis: **F5** Sleep Apnea
- Secondary diagnosis: **A1** Intellectual Disability

D. Weekly

- Primary diagnosis: **F5** Sleep Apnea

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- Secondary diagnosis: **F6** Asthma

E. Weekly

- Primary diagnosis: **F5** Sleep Apnea
- Secondary diagnosis: **A1** Intellectual Disability

Rationale: The correct answer is A. Henry is independent in the use of his C-PAP machine. He is able to place the mask on his face and ensure that he is using the machine appropriately. While his support staff did mark the dials and buttons to reflect where everything should be, that was something that they only had to do once as a reasonable accommodation. Refilling the humidifier bottle and occasional cleanings are not skilled tasks that can be captured on the HRS Table. Although Henry has a diagnosis of sleep apnea, this diagnosis alone does not justify a need for assistance.

Reference: Module 7.17

10. What selection should be made for Cognition for Daily Decision Making on Henry's LTCFS?

A. 0: Person makes decisions consistent with their own lifestyle, values, and goals

B. 1: Person makes safe, familiar/routine decisions, but cannot do so in new situations

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: **None**

C. 1: Person makes safe, familiar/routine decisions, but cannot do so in new situations

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: **H1** Anxiety Disorder

D. 2: Person needs help with reminding, planning, or adjusting routine, even with familiar routine

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: **None**

E. 2: Person needs help with reminding, planning, or adjusting routine, even with familiar routine

- Primary diagnosis: **A1** Intellectual Disability
- Secondary diagnosis: **H1** Anxiety Disorder

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Rationale: The correct answer is B. Henry is able to get through each day with minimal assistance and support. Despite this independence, his brother does call him daily to ensure his day went well and that nothing unexpected came up. He has shown that he does need assistance on a regular basis at work. He also needs assistance with managing his money and, as a result, he has a Power of Attorney for Finance in place. He is able to use the telephone to call for assistance as needed in the case of emergency; however, he may not always know the correct person to call depending on the situation. All of these needs are attributable only to his intellectual disability and are not due to his anxiety.

Reference: Module 8.4

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Scenario B: Dean

Dean is 18 years old with current verified diagnoses of Fragile X syndrome with a cognitive impairment, and hypotonia (low muscle tone). He currently lives with his family, and they all want to continue living together. Dean's parents have contacted an attorney to start the guardianship process.

Dean's bathroom has grab bars, a hand held shower, and a built in shower bench, which he uses for bathing due to his hypotonia. He is able to turn on and regulate the water temperature. Due to his cognitive impairment, Dean has an aversion to water and requires a lot of prompting to initiate the bathing process. Due to Dean's aversion to water, he will often tell his parents that he refuses to shower. His parents can successfully address this by using a variety of means to cue him when it is time to shower. Dean also has difficulty with washing his hair due to the low muscle tone in his arms, so his parents assist with this component, and he is able to wash and dry himself. Dean needs some cueing with dressing due to his cognitive impairment as he has put his shirt, pants, and underwear on backwards or inside out without reminders. He dresses in shirts and pants without buttons or zippers to make dressing easier. He does need help with socks or regular shoes due to his low muscle tone, but can put on slip-on shoes independently. Dean eats very quickly, and his family is concerned about the possibility of choking, so at the beginning of every meal they remind him to slow down and chew his food. He can feed himself, but his parents do assist him with cutting up meat due to the weakness in his hands. Dean is able to use the bathroom by himself but needs reminders to flush the toilet and wash his hands when he is done in the bathroom due to his cognitive impairment. Dean is able to walk without equipment, but does walk slowly because he is afraid of falling. If Dean is feeling nervous when walking, he will use the walls or furniture for reassurance.

Dean can heat up pre-packaged frozen meals, single packs of macaroni and cheese, or hot dogs in the microwave. Due to his cognitive impairment, Dean would not be able to heat up other food or make any meal that is more complex by using the stove or oven. He also would require assistance with grocery shopping. Dean also needs assistance carrying the bags and putting away the groceries due to his low muscle tone. Dean takes prescription medications two times a day; he understands that he has morning medications, but due to his cognitive impairment, he does not always consistently take them without prompting and always needs reminders to take his evening medications. Dean does not comprehend why his pills are prescribed, but he would recognize if he did not receive the same number of pills. Dean does not comprehend the value or cost of an item, would not know how much money to give a cashier to purchase an item, and would not know if he should receive change. Dean is only motivated to help with household chores such as taking dirty dishes to the sink if a reward is involved. He requires significant prompting from family to help with all chores. He does not have the muscle tone or strength to complete heavier tasks such as raking leaves or shoveling

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snow. Dean's phone has been preprogrammed with contact information for his family and respite provider and he is able to make phone calls to these familiar people by finding the contact in his cell phone. Dean would not be able to drive due to his cognitive impairment.

Dean's IEP states his diagnosis of Fragile X syndrome has "caused general developmental delays and maladaptive behaviors (i.e. yelling or swearing in high stress situations)." Dean does exhibit these behaviors at least weekly at school. Dean will often leave his chair and begin pacing when he is starting to feel agitated, and his aide will walk with him in the hallway to help him calm down. This happens three times a week on average. Dean is able to follow simple conversations, but struggles with complex conversations. He cannot get through a day without frequent guidance and cues and cannot be left alone for more than an hour at a time.

11. What selection should be made for the Bathing ADL on Dean's LTCFS?

A. 1: Help is needed to complete the task safely **but helper DOES NOT have to be physically present throughout the task**

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: None
- Uses Grab Bar(s) and Uses Tub Bench

B. 1: Help is needed to complete the task safely **but helper DOES NOT have to be physically present throughout the task**

- Primary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
- Secondary diagnosis: None
- Uses Grab Bar(s) and Uses Tub Bench

C. 1: Help is needed to complete the task safely **but helper DOES NOT have to be physically present throughout the task**

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
- Uses Grab Bar(s) and Uses Tub Bench

D. 2: Help is needed to complete the task safely and **helper DOES need to be present throughout the task**

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability

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- Secondary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
 - Uses Grab Bar(s) and Uses Tub Bench
- E. 2. Help is needed to complete the task safely and **helper DOES need to be present throughout the task**
- Primary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
 - Secondary diagnosis: None
 - Uses Grab Bar(s) and Uses Tub Bench

Rationale: The correct answer is C. Dean is able to complete one, but not all, of the components of bathing, so a helper is needed only part of the time. Due to his cognitive impairment, Dean requires prompts to initiate the task of bathing. In addition, due to his physical impairment, he requires assistance with washing his hair.

Reference: Module 5.6

12. What selection should be made for the Eating ADL on Dean's LTCFS?

- 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: **A7** Other Congenital Disorders similar to Intellectual Disability
 - Secondary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
- C. 1: Help is needed to complete the task safely **but helper DOES NOT have to be physically present throughout the task**
- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability
 - 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: **A7** Other Congenital Disorders similar to Intellectual Disability
 - Secondary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders

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E. 2: Help is needed to complete the task safely and **helper DOES need to be present throughout the task**

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: None

Rationale: The correct answer is A. Although Dean's family cues him to slow down to eat at the beginning of every meal, he does not have an active risk of choking requiring standby assistance during the entire task of Eating. In addition, assistance from another person to cut food is captured in Module 5.13, Meal Preparation.

Reference: Module 5.8

13. What selection should be made for the Mobility ADL on Dean's LTCFS?

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: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders

C. 1: Help is needed to complete the task safely **but helper DOES NOT have to be physically present throughout the task**

- Primary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
- 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: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders

E. 2: Help is needed to complete the task safely and **helper DOES need to be present throughout the task**

- Primary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
- Secondary diagnosis: None

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Rationale: The correct answer is A. Although Dean has a fear of falling, he is able to ambulate independently and safely. While he may use the walls or furniture, it is for reassurance only. He is not leaning on the walls or furniture as a substitute for the assistance of equipment or the help of another person.

Reference: Module: 5.9

14. What selection should be made for the Toileting ADL on Dean's LTCFS?

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: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: None

C. 2: Help is needed to complete the task safely and **helper DOES need to be present throughout the task**

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: None

Rationale: The correct answer is B. Although Dean can complete most of the tasks of toileting independently, he does require a reminder to flush the toilet due to his cognitive impairment. Although he is reminded to wash his hands when he is done in the bathroom, hand washing after toileting is not a component of the task of toileting.

Reference: Module 5.10

15. What selection should be made for the Telephone IADL on Dean's LTCFS?

A. 1a: Independent – has cognitive and physical abilities to make calls and answer calls (with assistive devices currently used by this person)

B. 1b: Lacks cognitive or physical abilities to use phone independently

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders

C. 1b: Lacks cognitive or physical abilities to use phone independently

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability

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- Secondary diagnosis: None

D. 1b: Lacks cognitive or physical abilities to use phone independently

- Primary diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
- Secondary diagnosis: None

Rationale: The correct answer is A. Dean is able to independently use a telephone with preprogrammed numbers/contacts or a list of frequently called numbers.

Reference: Module 5.17

16. What selection should be made for “Does this individual have a guardianship?” on Dean’s LTCFS?

A. No

B. Yes

Rationale: The correct answer is A. This question can be answered “Yes” only when a person has been found incompetent and has a court-appointed guardian of person, estate, or both. Dean’s family has started proceedings, but the guardianship has not been finalized.

Reference: Module 6.6

17. What selection should be made on the HRS Table for Behaviors requiring interventions on Dean’s LTCFS?

A. Not Applicable

B. Weekly

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: None

C. 2-6 times/week

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: None

D. 1-2 times/day

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability

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- Secondary diagnosis: None

E. 3-4 times/day

- Primary diagnosis: **A7** Other Congenital Disorders similar to Intellectual Disability
- Secondary diagnosis: None

Rationale: The correct answer is A. Dean does have maladaptive behaviors, and interventions are in place to mitigate those behaviors. However, the yelling and swearing is not verbally or physically threatening to others to the point where law enforcement would be contacted to intervene.

Reference: Module 7.10

18. What selection should be made for Physically Resistive to Care on Dean's LTCFS?

A. 0: No

B. 1: Yes, person is physically resistive to cares due to a cognitive impairment

Rationale: The correct answer is A. While Dean does have a cognitive impairment and initially refuses to shower and requires a lot of prompting to initiate and complete the task of bathing due to his aversion to water, a person is not considered physically resistive to their care when they avoid a task, ignore a prompt or cue to complete a task, or refuse to complete a task.

Reference: Module 8.5

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Scenario C: Marta

Marta is 79 years old, and she lives at Brookside Living, a 10-bed community-based residential facility (CBRF). She has lived at Brookside for the past four years, since her husband passed away. She has current verified diagnoses of hypothyroidism, gastroesophageal reflux disease (GERD), hyperlipidemia, hypertension, obesity, coronary artery disease status post coronary artery bypass graft (CABG), chronic obstructive pulmonary disease (COPD) resulting in shortness of breath (SOB) due to a history of smoking, and a new diagnosis of major neurocognitive disorder due to vascular disease (vascular dementia). Marta was married for fifty-five years and has two children. Her son lives nearby and visits regularly. Marta enjoys knitting scarves and watching TV. She was hospitalized about five weeks ago with an exacerbation of COPD and pneumonia. When she was initially discharged from the hospital after a week, she required more assistance, and because of that increased need, the screener completed a change of condition screen at that time. Today, because she has recovered and increased her strength, staff at the CBRF feel as though she is back to her baseline.

When asked what a typical day is like for her, Marta tells the screener she likes to eat first thing in the morning while watching the morning shows. After “The Price is Right,” she will bathe and get dressed. Then she rests until lunch. After lunch, she likes to take a walk around the facility using her four-wheeled walker that has a seat, as she gets shortness of breath due to her COPD at times and needs to sit down. During the visit, the screener observes Marta ambulating without her walker to the bathroom, needing to use the walls to steady herself. A caregiver intervenes and reminds Marta to use her walker. The caregiver explains to the screener that staff are not always with Marta, but they keep an eye on her because Marta sometimes needs a reminder to use her walker, since she forgets due to the dementia. The screener observes a grab bar by the toilet, which Marta uses to help with transfers due to her obesity and the SOB from her COPD. Marta will sit down whenever she gets tired walking and, because she uses oxygen continuously, she is very careful not to allow the tubing to get tangled.

When the caregiver at the CBRF joins Marta and the screener, she explains to the screener that Marta is able to get out of bed and independently complete her toileting, but it might take a while due to SOB from her COPD. Staff does need to keep an eye on the cleansing after toileting, as Marta does not always get herself clean and dry.

For breakfast and lunch, Marta independently prepares cold cereal and sandwiches for herself. She eats her evening meal in the communal dining room. A couple months ago, Marta put a dinner roll, along with a knife, in the microwave. After this incident, Marta is no longer able to independently use the microwave, stove top, or oven because of safety concerns due to her dementia.

The caregiver states Marta prefers to shower three times a week, washing up at the sink the other days, but they found that she was not getting her skin fold areas clean

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and dry and experienced skin irritation and yeast infections that required topical treatment with an antifungal cream. Marta now takes a daily shower to help with skin care. In the shower, she uses grab bars and a shower chair, both of which she needs. Marta is able to get herself in the shower slowly, and once there, she is able to wash her upper body independently, but she needs assistance with her lower body and help drying off due to her obesity and the SOB from her COPD. She recently stubbed her toe when showering and sustained a small open sore that is being treated by keeping it clean and dry and covered with a Band Aid.

Marta needs assistance with dressing her lower body and putting on socks and shoes, as she experiences SOB whenever she bends over. Marta has tried to use a reacher and long-handled shoe horn but was unsuccessful.

Staff informed the screener that when Marta first moved in, she knew what her medications were, why and when she took them, and was able to take her medications on her own. As her cognition declined, she now seems to only understand that pills need to be taken. Marta has medications that she takes twice a day. The staff will let her know it is time for her medications, hand her the medicine cup, and make sure she swallows all her pills.

Six months ago, Marta's son took over managing her money and paying her bills, because she had forgotten to pay several months of bills. Every month he takes her shopping. He drops her off at her favorite department store before he runs a couple of errands, returning about 30 minutes later. Each time, he gives Marta money to spend. She knows she has to pay for her purchases at the check-out, hands the cashier the money and receives any change.

Due to COPD, Marta is on oxygen continuously. She uses a portable oxygen tank during the day but at night uses an oxygen concentrator with long tubing that reaches to the bathroom. Marta is able to place and remove the nasal cannula herself. Due to Marta's dementia, staff turn on or off the oxygen supply and check the oxygen flow rate and make sure it's at 2 liters/minute when Marta switches between the tank and concentrator each morning and night.

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19. Marta's last screen was completed one month ago prior to discharge from the hospital. Why is the screener completing a screen today?

- A. Annual Screen is due
- B. Change in condition, decrease in needs**
- C. Change in condition, increase in needs

Rationale: The correct answer is B. When she was initially discharged from the hospital, Marta required more assistance, but as she has recovered and increased her strength, she and the staff feel she is back to her baseline. When the person's condition improves or resolves, a rescreen must be completed.

Reference: Module 1.8

20. What selection should be made for major neurocognitive disorder due to vascular disease (vascular dementia) on the Diagnoses Table on Marta's LTCFS?

- A. **A9:** Other Congenital Disorders, depending on IQ
- B. E2: Other Irreversible Dementia (list diagnoses)**
- C. **E7:** Other Neurological Disorders (list diagnoses)
- D. **K6:** Additional Diagnoses (list diagnoses)

Rationale: The correct answer is B. If a diagnosis is not on the Diagnoses Table, the screener should look for it on the Diagnoses Cue Sheet and record the corresponding code on the Diagnoses Table. The Diagnoses Cue Sheet provides codes for neurocognitive disorder based on the cause. In this example, the medical condition causing the neurocognitive disorder is vascular dementia. Vascular dementia on the Diagnoses Cue Sheet is coded as E2; therefore the screener should select "E2: Other Irreversible Dementia (list diagnoses)" and enter "neurocognitive disorder due to vascular dementia" in the space provided.

Reference: Module 4.3 and Diagnoses Cue Sheet.

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21. What selection should be made for the Bathing ADL on Marta's LTCFS?

A. 1: Help is needed to complete task safely but **helper DOES NOT have to be physically present throughout the task.**

- Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
- Secondary diagnosis: **E2** Other Irreversible Dementia

B. 1: Help is needed to complete task safely but **helper DOES NOT have to be physically present throughout the task.**

- Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
- Secondary diagnosis: **B8** Obesity

C. 2: Help is needed to complete task safely but **helper DOES need to be present throughout the task.**

- Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
- Secondary diagnosis: **E2** Other irreversible Dementia

D. 2: Help is needed to complete task safely but **helper DOES need to be present throughout the task.**

- Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
- Secondary diagnosis: **B8** Obesity

Rationale: The correct answer is B. The caregiver states Marta prefers to shower three times a week, washing up at the sink the other days, but they found that she was not getting the skin fold areas clean and dry and experienced skin irritation/yeast infection that required topical treatment with an antifungal cream. Due to her memory loss impairment, Marta does not maintain adequate hygiene with sponge baths. Marta now takes a daily shower to help with skin care. Marta is able to get herself in the shower, slowly, and once there, she is able to wash her upper body independently but needs assistance with her lower body and help drying off due to her obesity and the SOB from her COPD. Therefore, she needs assistance with one, but not all, of the components of Bathing.

Reference: Module 5.6

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22. What equipment should be selected under the Bathing ADL on Marta's LTCFS?

- A. Uses Grab Bar(s)
- B. Uses Shower Chair
- C. Uses Tub Bench
- D. Both A and B**

Rationale: The correct answer is D. The shower is equipped with grab bars and a shower chair, both of which she needs and uses. Screeners should select only equipment the person currently needs, has, and is using.

Reference: Module 5.6

23. What selection should be made for the Mobility in Home ADL on Marta's LTCFS?

- A. 0: Person is independent in completing the activity safely
 - Uses Walker in Home
- B. 1: Help is needed to complete task safely but **helper DOES NOT have to be physically present throughout the task.**
 - Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
 - Secondary diagnosis: **B8** Obesity
 - Uses Walker in Home
- C. 1: Help is needed to complete task safely but helper DOES NOT have to be physically present throughout the task.**
 - Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
 - Secondary diagnosis: **E2** Other Irreversible Dementia
 - Uses Walker in Home
- D. 2: Help is needed to complete task safely but **helper DOES need to be present throughout the task.**
 - Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
 - Secondary diagnosis: **E2** Other Irreversible Dementia
 - Uses Walker in Home

Rationale: The correct answer is C. After lunch Marta likes to take a walk around the facility using her four-wheeled walker that has a seat, which she needs and uses because of the SOB from her COPD. During the visit, the screener observes Marta

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ambulating without her walker to the bathroom, using the walls to steady herself. A caregiver intervenes and reminds Marta to use her walker. Marta has, needs, and uses her walker. She also needs reminders at times to use the walker due to the dementia, but staff do not need to be with her at all times.

Reference: Module 5.9

24. What selection should be made for the Meal Preparation IADL on Marta's LTCFS?

- A. 1: Needs help from another person weekly or less often
- Primary diagnosis: **E2** Other Irreversible Dementia
 - Secondary diagnosis: None
- B. 2: Needs help 2-7 times a week.
- Primary diagnosis: **E2** Other Irreversible Dementia
 - Secondary diagnosis: None
- C. 2: Needs help 2-7 times a week
- Primary diagnosis: **E2** Other Irreversible Dementia
 - Secondary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
- D. 3: Needs help with every meal
- Primary diagnosis: **E2** Other Irreversible Dementia
 - Secondary diagnosis: None

Rationale: The correct answer is B. For breakfast and lunch, Marta independently prepares cold cereal and sandwiches for herself. She eats her evening meal in the communal dining room. A couple months ago, Marta put a dinner roll, along with a knife, in the microwave. After this incident, Marta is no longer able to independently use the microwave, stove top, or oven to cook or heat food because of safety concerns due to her dementia. This need for assistance is not caused by her COPD.

Reference: Module 5.13

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

- A. 0: Independent
- B. 1: Can only complete small transactions
- Primary diagnosis: **E2** Other Irreversible Dementia
 - Secondary diagnosis: None

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- C. 2: Needs help from another person with all transactions
- Primary diagnosis: **E2** Other Irreversible Dementia
 - Secondary diagnosis: None

Rationale: The correct answer is B. Six months ago, Marta's son took over managing her money and paying her bills because she had forgotten to pay several months of bills. Every month her son takes her shopping. He drops her off at her favorite department store before he runs a couple of errands, returning about 30 minutes later. Each time, he gives Marta money to spend. She knows she has to pay for her purchases at the check-out, hand the cashier the money and receive any change.

Reference: Module 5.15

26. What selection should be made on the HRS Table for Exercises/Range of Motion on Marta's LTCFS?

A. Not Applicable – Leave row blank

B. Person is Independent

C. 1-2 times/day

- Primary diagnosis: **B8** Obesity
- Secondary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis

D. 1-2 times/day

- Primary diagnosis: **E2** Other Irreversible Dementia
- Secondary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis

Rationale: The correct answer is A. After lunch she likes to take a walk around the facility, visiting with others, with the added benefit of exercise. Basic fitness exercises are not included on the screen or in Exercises/Range of Motion

Reference: Module 7.11

27. What selection should be made on the HRS Table for Medication Administration on Marta's LTCFS?

A. Person is Independent

B. 1-3 times/month

- Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis

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- Secondary diagnosis: **E2** Other Irreversible Dementia

C. 1-2 times/day

- Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
- Secondary diagnosis: **C6** Hypertension

D. 1-2 times/day

- Primary diagnosis: **E2** Other Irreversible Dementia
- Secondary diagnosis: **None**

Rationale: The correct answer is D. Marta has medications that she takes twice a day. Due to her vascular dementia, staff will let her know it is time for her medications, hand her the medicine cup, and make sure she swallows all her pills.

Reference: Module 7.13

28. What selection should be made on the HRS Table for Oxygen and/or Respiratory Treatments on Marta's LTCFS?

A. Person is Independent

B. 1-2 times/day

- Primary diagnosis: **E2** Other Irreversible Dementia
- Secondary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD) / Emphysema/Chronic Bronchitis;

C. 1-2 times/day

- Primary diagnosis: **E2** Other Irreversible Dementia
- Secondary diagnosis: **None**

D. 1-2 times/day

- Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
- Secondary diagnosis: **K6** Additional Diagnoses

Rationale: The correct answer is C. Due to COPD, Marta is on oxygen continuously. However, it is due to dementia that she needs assistance with skilled tasks related to oxygen. Marta is able to place and remove the nasal cannula herself, but staff need to turn on or off the oxygen flow and check the oxygen flow rate, making sure it's at 2 liters/minute when Marta switches between the tank and concentrator each morning and night.

Reference: Module 7.17

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29. What selection should be made on the HRS Table for wound care on Marta's LTCFS?

A. Not Applicable – leave row blank

B. Person is Independent

C. 1-2 times/day

- Primary diagnosis: **E2** Other Irreversible Dementia
- Secondary diagnosis: None

D. 1-2 times/day

- Primary diagnosis: **F1** Chronic Obstructive Pulmonary Disease (COPD)/Emphysema/Chronic Bronchitis
- Secondary diagnosis: None

Rationale: The correct answer is A. Marta recently stubbed her toe when showering and sustained a small open sore that is being treated by keeping it clean and dry and covered with a Band Aid. Assistance changing a Band Aid is not captured on the screen.

Reference: Module 7.26

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Scenario D: Sharon

Sharon is 45 years old, with current verified diagnoses of pre-diabetes, gastro-esophageal reflux disease (GERD), hypertension, arthritis, chronic pain, and depression. Her chronic pain is the result of a car accident when she was 42. She sustained multiple fractures in her upper and lower body including her left hip and facial bones, plus she had whiplash that lasted about 2 months. She had multiple surgeries to treat or repair the injuries and keep her as independent as possible, although she still experiences a significant amount of pain and has a slight limp when walking.

Sharon lives alone in her home. She had modifications made to the house after the accident, which consisted of ramps added outside, a remodel of the master bathroom to include a walk-in shower with grab bars, and grab bars installed by all the toilets in the house. Sharon states she used all installed grab bars regularly when she first returned home. However, now she only uses the grab bars to get in and out of the shower. She hasn't used the grab bars by the toilets in six months. She reports she takes a shower daily; however, a couple days a month she chooses not to shower due to increased pain. She reports that six to seven days per month the pain and stiffness from the previous surgeries and the metal in her hip is so bad she has difficulty getting out of bed. On those days she calls a close friend to come over while she gets out of bed. She states that most of the time she can get up independently; however, she prefers to have someone around just in case. Sharon can dress independently, but she reports she wears only tops that pull over or zip, and she only wears pants with an elastic waist. She says that sometimes dressing will take her over 45 minutes just because she is moving slower due to the pain. Sharon states that she does not need help walking around the house; but she does use a walker or cane daily, depending on how she is feeling. She states she has no problems with eating and using the bathroom.

Sharon states she goes grocery shopping weekly with a good friend. She requests that the store pack the bags to weigh less than 10 pounds so that she can carry them into the house independently. Some days she will push the cart and other days she has to use the scooter provided by the store. She states that due to the pain she can have after shopping, her friend will help her make meals for the week so that all she has to do is reheat the meals. Although Sharon can use easy-open pill bottles, she prefers to get a pre-filled pill box weekly from her pharmacy. She knows what medications she takes and when to take them, and she likes the convenience of having a small pill box to carry when she is out and about. Sharon states that because of the amount of time it takes her to fill out a legible check due to arthritis, she chooses to use a debit card, and does all her other banking online. Sharon states she needs help with a deep cleaning of her home in spring and fall, but can manage all other indoor chores. She can mow her lawn in the summer but is unable to shovel snow in the winter.

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Sharon has her driver's license but doesn't have a car at this time. Sharon is not working right now, but states that she would like to get back into the workforce. She states she is not sure what she wants to do for work and she's not sure how she would get there with no car. She previously had worked at a retail store; however, she isn't sure she wants to be on her feet all day with her pain. Sharon reports that she had severe depression during the first couple of years after the accident. She states about one year ago they found a medication and therapy plan that is working well. She states she also met some new friends that are helping her gain a more positive perspective on life.

30. What selection should be made for whiplash on the Diagnoses Table on Sharon's LTCFS?

- A. **D9:** Spinal Cord injury
- B. **K5:** Other (list diagnoses)
- C. **K6:** Additional Diagnoses (list diagnoses)
- D. Consult with agency screen liaison who will contact DHS at DHSLTCFSDiagnosis@Wisconsin.gov

E. No selection: Document in the Notes section of the Diagnoses Table

Rationale: The correct answer is E. Sharon had whiplash as a result of the car accident 3 years ago, and the whiplash lasted about 2 months. Whiplash is not a current and verified medical diagnosis; therefore, the screener would not list this on the screen.

Reference: Modules 4.2 and 4.3

31. What selection should be made for pre-diabetes on the Diagnoses Table on Sharon's LTCFS?

- A. **B1:** Diabetes Mellitus
- B. B6: Other Disorders of the Metabolic System (list diagnoses)**
- C. **K6:** Additional Diagnoses (list diagnoses)
- D. No selection: Document in the Notes section of the Diagnoses Table

Rationale: The correct answer is B. Pre-diabetes 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. The screener should select

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“B6: Other disorders of the Metabolic System” and enter “Pre-Diabetes” in the space provided.

Reference: Module 4.2 and Diagnoses Cue Sheet

32. What selection should be made for the Bathing ADL on Sharon’s LTCFS?

A. 0: Person is Independent in completing the activity safely

- Uses Grab Bar(s)

B. 1: Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task**

- Primary Diagnosis: **D12** other Chronic Pain or Fatigue
- Secondary diagnosis: None
- Uses Grab Bar(s)

C. 1: Help is needed to complete the task but **helper DOES NOT have to be present throughout the task**

- Primary diagnosis: **D2** Arthritis
- Secondary diagnosis: **D12** Other Chronic Pain or Fatigue
- Uses Grab Bar(s)

Rationale: The correct answer is A. Sharon is independent with the use of grab bars to get in and out of the shower daily. On days she experiences severe pain she chooses not to take a shower.

Reference: Module 5.6

33. What equipment should be selected for the Toileting ADL section on Sharon’s LTCFS?

A. Uses Toilet Grab Bars/Rails

B. Uses Commode or Other Adaptive Equipment

C. Uses Urinary Catheter

D. No equipment should be selected.

Rationale: The correct answer is D. Sharon used the grab bars by the toilet when she first returned home; however, she hasn’t used these grab bars in six months. While Sharon does have the grab bars, she does not currently need them or use them.

Reference: Module 5.10

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34. What selection should be made for the Medication Administration and Medication Management IADL on Sharon's LTFCS?

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

B. 1: Needs help 1-2 days per week or less

- Primary Diagnosis: **D2** Arthritis
- Secondary diagnosis: **D12** Other Chronic Pain or Fatigue

C. 1: Needs help 1-2 days per week or less

- Primary Diagnosis: **D2** Arthritis
- 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: **D2** Arthritis
- Secondary diagnosis: **D12** Other Chronic Pain or Fatigue

Rationale: The correct answer is A. Although Sharon can use easy-open pill bottles, she prefers to get a pre-filled pill box weekly from her pharmacy. She knows what medications she takes and when to take them, and she likes the convenience of having a small pill box to carry when she is out and about. Sharon has a preference for using the pre-filled box; however, she does not require it due to her ability to use easy-open pill bottles.

Reference: Module 5.14

35. What selection should be made for the Money Management IADL on Sharon's LTCFS

A. 0: Independent

B. 1: Can only complete small transactions

- Primary Diagnosis: **D2** Arthritis
- Secondary diagnosis: None

C. 2: Needs help from another person with all transactions

- Primary Diagnosis: **D2** Arthritis
- Secondary diagnosis: None

Rationale: The correct answer is A. Sharon states that because of the amount of time it takes her to fill out a legible check due to arthritis, she chooses to use a debit

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card and does all her other banking online. Utilizing a debit card and online banking are reasonable accommodations that allow Sharon to be independent.

Reference: Module 5.15

36. What selection should be made for Employment on Sharon's LTCFS?

A. 0: Independent (with assistive devices if uses them)

B. 1: Needs help weekly or less (e.g., if a problem arises)

- Primary diagnosis: **D2** Arthritis
- Secondary diagnosis: None

C. 2: Needs help every day but does not need the continuous presence of another person

- Primary diagnosis: **D2** Arthritis
- Secondary diagnosis: None

D. 3: Needs the continuous presence of another person

- Primary diagnosis: **D2** Arthritis
- Secondary diagnosis: None

Rationale: The correct answer is A. Sharon is not currently working; therefore, the screener must estimate the level of help the person would likely need to work. Based on the information given and the limited assistance Sharon needs for her ADLS and IADLS, Sharon would be independent once she started working. She has worked in the past and there are many employment opportunities and reasonable accommodations that could be made that would allow her to be independent.

Reference: Module 6.4

37. What selection should be made on the HRS Table for Medication Administration on Sharon's LTCFS?

A. Independent

B. 1-3 times/month

- Primary diagnosis: **D2** Arthritis
- Secondary diagnosis: **D12** other Chronic Pain or Fatigue

C. Weekly

- Primary diagnosis: **D2** Arthritis
- Secondary diagnosis: **D12** other Chronic Pain or Fatigue

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D. 1-2 times/day

- Primary diagnosis: **D2** Arthritis
- Secondary diagnosis: **D12** Other Chronic Pain or Fatigue

Rationale: The correct answer is A. Although Sharon can use easy-open pill bottles, she prefers to get a pre-filled pill box weekly from her pharmacy. She knows what medications she takes and when to take them, and she likes the convenience of having a small pill box to carry when she is out and about. Sharon does not need any assistance taking her pills out of their containers and she does not need daily reminders to take her medications.

Reference: Module 7.13

SECTION 2: MULTIPLE-CHOICE QUESTIONS

Module 2 – Target Group

38. How many substantial functional limitations are needed in areas of major life activity to meet the Federal Definition of Intellectual/Developmental Disability target group?
- A. 1 area of major life activity
 - B. 2 areas of major life activity
 - C. 3 or more areas of major life activity
 - D. 6 areas of major life activity

Rationale: The correct answer is C. To meet the criteria for the Federal Definition of Intellectual/Developmental Disability target group, the person must have a condition that results in substantial functional limitations in three or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living.

Reference: Module: 2.5

39. For Physical Disabilities target group which of the following is NOT a major life activity?
- A. Learning
 - B. Self-Care
 - C. Working
 - D. Walking
 - E. Breathing

Rationale: The correct Answer is A. Learning is not a major life activity in the Physical Disabilities Target Group.

Reference: Module 2.4

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Module 4 – Diagnoses

40. Naomi has current verified diagnoses of head injury at the age of 43 and diabetes mellitus. She has no complications of diabetes such as nerve damage (neuropathy), eye damage (retinopathy), or kidney damage (nephropathy). Due to the head injury, she has impaired cognition and forgets when and how to check her blood sugars. She has been instructed to check her blood sugars twice a day. What diagnosis(es) should the screener select as primary or secondary for the assistance needed with checking blood sugars?
- A. Primary Diagnosis: **A3** Brain Injury if onset before age 22
Secondary Diagnosis: None
 - B. Primary Diagnosis: **E4** Traumatic Brain Injury with onset at age 22 or after
Secondary Diagnosis: None
 - C. Primary Diagnosis: **B1** Diabetes Mellitus
Secondary Diagnosis: None
 - D. Primary Diagnosis: **A3** Brain Injury if onset before age 22
Secondary Diagnosis: **B1** Diabetes Mellitus
 - E. Primary Diagnosis: **E4** Traumatic Brain Injury with onset at age 22 or after
Secondary Diagnosis: **B1** Diabetes Mellitus

Rationale: The correct answer is B. Although Naomi checks her blood sugar because of diabetes, the reason she needs assistance checking her blood sugar is the head injury.

Reference: Modules 4.4, 5.4, and 7.9

41. Peter is 87, with current verified diagnoses of hypertension, arthritis, hypertriglyceridemia (high triglycerides), neurocognitive disorder due to Alzheimer's Disease, and history of prostate cancer treated with surgery when he was 79 years old without reoccurrence. In addition to selecting **C6** Hypertension, **D2** Arthritis, and **B6** Other Disorders of the Metabolic System (list diagnosis), what other selection(s) should the screener make on the Diagnoses Table?
- A. **E1** Alzheimer's Disease AND **J2** Cancer in Past 5 Years
 - B. **E1** Alzheimer's Disease AND **K6** Additional Diagnoses (list diagnosis)
 - C. **E1** Alzheimer's Disease
 - D. **E2** Other Irreversible Dementia (list diagnosis)

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Rationale: The correct answer is C. Hypertension is found on the Diagnoses Table and is coded as C6. Arthritis is found on the Diagnoses Table and is coded as D2. Hypertriglyceridemia is found on the Diagnoses Cue Sheet and is coded as B6. The Diagnoses Cue Sheet provides codes for neurocognitive disorder based on the cause and, in this example, it is Alzheimer's disease, which is coded as E1. Finally, a history of cancer greater than 5 years ago is not a current diagnosis and no selection should be made on the Diagnoses Table for prostate cancer.

Reference: Module 4.3

42. Neelima has a current verified diagnosis of dextrocardia. The screener does not find this diagnosis on the Diagnoses Table or the Diagnoses Cue Sheet, but it is needed for a primary or secondary diagnosis. What is the next step the screener should take?
- A. Select **C8** Other Heart/Circulatory conditions (list diagnosis)
 - B. Select **K5** Other (list diagnosis)
 - C. Select **K6** Additional Diagnoses (list diagnosis)
 - D. Do not make any selection on the Diagnoses Table for dextrocardia.
 - E. Consult with agency screen liaison who will contact DHS at DHSLTCFSDiagnosis@Wisconsin.gov

Rationale: The correct answer is E. If a diagnosis is not listed on the Diagnoses Table or the Diagnoses Cue Sheet and it is a primary and/or secondary diagnosis needed to complete the LTCFS, the screener liaison is to contact DHS at DHSLTCFSDiagnosis@wisconsin.gov prior to proceeding with the screen until the DHS screen team has responded with coding information.

Reference: Module 4.3

Module 5 – ADLs and IADLs

43. When completing the LTCFS, the use of which piece of equipment is not captured as adaptive equipment in the Transferring ADL?

- A. Mechanical Lift
- B. Trapeze
- C. Lift Chair**
- D. Transfer Pole
- E. Bed bar

Rationale: The correct answer is C. A lift chair does not count as a mechanical lift under Transferring and may not be selected as a piece of adaptive equipment under Transferring. However, the screener may select a need for transfer assistance for a person who uses a lift chair or electric hospital bed, if the person is unable to transfer from the chair or bed without them.

Reference: Module 5.11

44. Rita is 84 years old and has current verified diagnoses of arthritis, degenerative joint disorder, and hypertension. Her husband recently passed away, and she moved into her son's house. She is home alone most of the day while her son is working. Her son's living room has a step down into it. When she is walking around his house, she independently uses a walker due to her arthritis and degenerative joint disorder but avoids the living room all day because she gets nervous about going up and down the step with no one home. When her son and his family are home she is able to go up and down the step slowly. What selection should be made for the Mobility in Home ADL on Rita's LTCFS?

- A. 0: Person is independent in completing the activity safely**
 - Uses walker in home.**
- B. 1: Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task**
 - Primary Diagnosis: **D2** Arthritis
 - Secondary Diagnosis: None
 - Uses walker in home
- C. 2: Help is needed to complete the task safely and **helper DOES need to be present through the task**

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- Primary Diagnosis: **D2** Arthritis
- Secondary Diagnosis: None
- Uses walker in home

Rationale: The correct answer is A. Rita does have some physical limitations, but she is able to navigate her living space independently with the use of a walker. It is her personal choice to not be in the living room during the day when her family is not home.

Reference: Module 5.9

45. James has Down syndrome with an IQ of 79. He lives alone; however, he has a helper, Tom, who comes in weekly to check on him. James and Tom make a grocery shopping list, and Tom drops James off at the store, since he does need transportation to and from the store. They agree on a time to meet. James will load all his groceries into the car and carry them into his apartment when they arrive back. Once back at his apartment, James prepares his meals for the week while he and Tom discuss the past week and plan for the next week. James states he feels safer with Tom there, as he is scared to use the stove when he is alone because he has heard stories about people being hurt when using the stove alone. What selection should be made for the Meal Preparation IADL on James' LTCFS?

A. 0: Independent

B. 1: Needs help from another person weekly or less often

- i. Primary Diagnosis: **A1** Intellectual Disability
- ii. Secondary Diagnosis: None

C. 1: Needs help from another person weekly or less often

- i. Primary Diagnosis: **A8** Down Syndrome
- ii. Secondary Diagnosis: None

Rationale: The correct answer is A. James does not need assistance with the components of Meal Preparation. Making a list is not a component of meal preparation, and getting to and from the store is captured under Transportation. James also does not need assistance using the stove, even though he feels safer when someone is there while he is cooking.

Reference: Module 5.13

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46. Which of the following is a reason to make a selection for needing assistance with the Laundry and/or Chores IADL?
- A. Needs help with gardening
 - B. Needs help with painting rooms in the house
 - C. Needs help with drapery cleaning
 - D. Needs help retrieving or laying out clothes**

Rationale: The correct answer is D. The need for assistance to have clothes retrieved and/or laid out for the individual is a task included in the Laundry and/or Chores IADL. Gardening, painting, and drapery cleaning are not captured as reasons for needing assistance.

Reference: Modules 5.7 and 5.16

47. Kelly is 20 years old with current verified diagnoses of depression, psoriasis, and liver disease. She lives at home with her parents. Kelly reports that she is independent in all of her ADLs. Her mother states that at least weekly she notices that Kelly has not changed her clothes. Kelly says that some days she does nothing so she feels her clothes aren't dirty, and she will wear them again the next day. Her mother has not mentioned anything to Kelly about this, as she wanted to see how long it would take her to change. Her mother reports that when this happens, by the third day of wearing the same clothes, Kelly has decided to change. What selection should be made for the Dressing ADL on Kelly's LTCFS?
- A. 0: Independent**
 - B. 1: Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task**
 - Primary Diagnosis: **B4** Liver disease
 - Secondary Diagnosis: None
 - C. 1: Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task**
 - Primary Diagnosis: **H3** Depression
 - 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: **B4** Liver disease
 - Secondary Diagnosis: **H3** Depression

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Rationale: The correct answer is A. Kelly dresses independently and, while her mother expresses concern about how often she changes her clothes, Kelly does not have a cognitive impairment limiting her ability to complete the ADL independently.

Reference: Module 5.7

48. Betsy is 50 years old and has a current verified diagnosis of Parkinson's disease. Due to her Parkinson's disease, she has back spasms when standing for prolonged periods of time. Betsy tells the screener that she has never had a back spasm while standing in the shower, but for the last year has been using a shower chair in order to prevent potentially having a back spasm while showering. At the home visit the screener asks for a tour of the house, during which the screener notices that Betsy actually uses a cooler with a bag of sand in it in lieu of a shower chair. Betsy states that her daughter has offered to buy her an actual shower chair multiple times, but she doesn't want her to waste her money. She actually prefers the cooler, especially since she has been safely using the cooler for a year now with no falls or negative health outcomes. What selection should be made for the Bathing ADL on Betsy's LTCFS?

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

- Uses Shower Chair

B. 0: Person is independent in completing the activity safely

C. 1: Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task**

- Primary Diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
- Secondary Diagnosis: None
- Uses Shower Chair

D. 1: Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task**

- Primary Diagnosis: **D13** Other Musculoskeletal, Neuromuscular, or Peripheral Nerve Disorders
- Secondary Diagnosis: None

Rationale: The correct answer is B. Betsy has never experienced a spasm in the shower before, but she is being preventative and choosing to make the choice to sit while showering. Since her cooler is not an actual shower chair, it cannot be considered a piece of equipment under Bathing.

Reference: Module 5.6

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49. Emma is 85 years old. She married her husband, George, when she turned 18. George managed the money throughout their marriage. He passed away 3 months ago and Emma has now had to take over managing her money. Her children are concerned about her handling of the finances as she missed paying a couple bills last month. Emma has current verified diagnoses of arthritis, chronic obstructive pulmonary disease (COPD), and hypertension. She admits she has felt a little depressed and overwhelmed since losing George. However, she saw her doctor last week and she has no new diagnoses. What selection should be made for the Money Management IADL on Emma's LTCFS?

A. 0: Independent

B. 1: Can only complete small transactions

- Primary Diagnosis: D2 Arthritis
- Secondary Diagnosis: H3 Depression

C. 2: Needs help from another person with all transactions

- Primary Diagnosis: D2 Arthritis
- Secondary Diagnosis: H3 Depression

Rationale: The correct answer is A. Emma does not have any physical, cognitive or memory loss impairment limiting her ability to learn how to manage her finances. She recently took over the finances due to her husband's death, and prior to this she hasn't had experience managing money.

Reference: Module 5.15

50. Which of the following is considered a serious safety concern for the Transportation IADL?

A. A person who has limits on their driver's license and complies with them

B. A person who only drives short distances

C. A person who only drives between 9 a.m. and 3 p.m.

D. A person who has right sided paresis and drives a regular vehicle

E. A person who has had several accidents, but has no physical, psychiatric or cognitive impairment relating to their ability to drive

Rationale: The correct answer is D. Complying with limitations, driving short distances, and driving between 9:00 AM and 3:00 PM are considered reasonable accommodations for driving, not serious safety concerns. Also, a person who has

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had several accidents, but has no physical, psychiatric or cognitive impairment cannot be counted as a serious safety concern.

Reference: Module 5.18

51. Michelle is 65 years old. She had surgery two years ago to have a colostomy placed. She had colon cancer, and they had to remove a large section of her bowel. Michelle also has current verified diagnoses of insulin-dependent diabetes and diabetic neuropathy in her feet. Michelle is independent with toileting and she is able to change or drain her colostomy bag. However, she needs assistance when putting a new wafer on because of the location of her stoma. For the wafer to stick correctly and stay in place, she must be lying on her back. What selection should be made for the Toileting ADL on Michelle's LTCFS?

A. 0: Independent

i. Has Ostomy

B. 1: Help is needed to complete the task safely but **helper DOES NOT have to physically be present throughout the task**

- Primary Diagnosis: **B5** Colostomy
- Secondary Diagnosis: **D13** Other Musculoskeletal, Neuromuscular or Peripheral Nerve Disorder
- Has Ostomy

C. 1: Help is needed to complete the task safely but **helper DOES NOT have to physically be present throughout the task**

- Primary Diagnosis: **D13** Other Musculoskeletal Neuromuscular or Peripheral Nerve Disorder
- Second Diagnosis: None
- Has Ostomy

Rationale: The correct answer is A. Michelle is independent in the components of toileting. She has a colostomy; therefore, Has Ostomy is selected under the adaptive equipment options. While Michelle needs assistance with changing the wafer, this is considered a skilled task. The needs for assistance with skilled tasks for colostomy care are captured on the HRS table in module 7.15.

Reference: Module 5.10

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52. Which of the following supports a selection for the Telephone IADL of “1b: Lacks cognitive or physical abilities to use phone independently?”
- A. Can use their personal cell phone, but needs assistance using the facility telephone
 - B. Can only make phone calls using the contact list that has pictures of the people the number belongs to
 - C. Can answer the phone when someone calls, but cannot place an outgoing call
 - D. Needs help to make a quarterly call to the neurologist’s office
 - E. Both C and D

Rationale: The correct answer is C. Answers A and B reflect a person who has the cognitive and physical ability to both make and answer calls. The phone call to the neurologist’s office (answer D) is considered non-routine and therefore is not included in the need for assistance when looking at telephone use.

Reference: Module 5.17

53. Jack has a side rail on his bed that he uses to help him get to a seated position in the morning when he wakes. If he did not have the side rail he would not be able to get himself to a seated position. Once he is sitting, he can get up independently without using the side rail. He does not require any assistance with transfers throughout the day. What selection should be made for the Transferring ADL on Jack’s LTCFS?
- A. 0: Independent
 - B. 0: Independent
 - i. Uses grab bars, bed bar or bed railing
 - C. 1: Help is needed to complete the task safely **but helper DOES NOT have to be physically present throughout the task**
 - D. 1: Help is needed to complete the task safely **but helper DOES NOT have to be physically present throughout the task**
 - i. Uses grab bars, bed bar or bed railing

Rationale: The correct answer is B. Jack is independent with his transfers with the use of adaptive equipment.

Reference: Module 5.11

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54. Sean is 58, with current verified diagnoses of amyotrophic lateral sclerosis (ALS) and depression. Due to the progression of his ALS, he now uses a wheelchair, has lost all fine motor dexterity, and uses a ventilator. He takes several medications for his ALS three times a day and one medication for his depression once a day. When it is time to take his medications, his wife brings them to him three times a day. Sean has no cognitive impairment and understands his medications; however, due to his depression, he loses track of time, and his wife has just decided to bring him his medications when they are due. What selection should be made for the Medication Administration and Medication Management IADL on Sean's LTCFS?

A. 1: Needs some help 1-2 days per week

- Primary Diagnosis: **D7** Multiple Sclerosis/ALS
- Secondary Diagnosis: None

B. 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: **D7** Multiple Sclerosis/ALS
- Secondary Diagnosis: None

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: **D7** Multiple Sclerosis/ALS
- Secondary Diagnosis: **H3** Depression

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: **D7** Multiple Sclerosis/ALS
- Secondary Diagnosis: None

E. 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: **D7** Multiple Sclerosis/ALS
- Secondary Diagnosis: **H3** Depression

Rationale: The correct answer is B. Sean requires physical assistance to administer his medications 3 times a day due to lack of fine motor dexterity because of his ALS. Since neither his depression nor his ALS cause a cognitive impairment, he is able to direct the task.

Reference: Module 5.14

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55. Grace is 34 years old and has current verified diagnoses of Down syndrome and diabetes mellitus. She has lived in the same adult family home with two other roommates for about three years. When it is mealtime, Grace has to be supervised to ensure she does not take her roommates' food off their plates. She is on a special diabetic diet and gets frustrated that her roommates receive larger portions and different food than she receives. If she is not supervised while eating, and told to keep her hands to herself, she will steal her roommates' food from their plates. What selection should be made for the Eating ADL on Grace's LTCFS?

- 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: **A8** Down Syndrome
 - Secondary Diagnosis: None
- C. 1: Help is needed to complete the task safely but **helper DOES NOT have to be physically present throughout the task**
- Primary Diagnosis: **A8** Down Syndrome
 - Secondary Diagnosis: **B1** Diabetes Mellitus
- D. 2: Help is needed to complete the task safely and **helper DOES need to be present through the task**
- Primary Diagnosis: **A8** Down Syndrome
 - Secondary Diagnosis: None
- E. 2: Help is needed to complete the task safely and **helper DOES need to be present through the task**
- Primary Diagnosis: **A8** Down Syndrome
 - Secondary Diagnosis: **B1** Diabetes Mellitus

Rationale: The correct answer is A. Grace can complete the act of eating, which includes getting the food or drink from her plate to her mouth. While she does need to be supervised while eating to prevent her from stealing food, this does not constitute a limitation with eating.

Reference: Module 5.8

Module 6 – Additional Supports

56. Simon has a current verified diagnosis of Cerebral Palsy. He has been attending technical school taking various leadership enrichment courses for the last year. What selection should the screener make under Education Information for “Are you currently participating in an educational program?”

A. Yes

B. No

Rationale: The correct answer is B. Simon is taking various leadership enrichment courses, which are not captured on the LTCFS. Educational programs include, but are not limited to, degree programs such as high school, technical schools, and colleges. This does NOT include extracurricular or enrichment programs.

Reference: Module 6.5

57. Don had a car accident when he was 21 years old. As a result of that accident, Don was diagnosed with a traumatic brain injury. How should the screener make the selection for “Was the onset of the condition that caused the diagnosis (A1-A10) before the age of 22?” on the Additional Supports page?

A. Yes

B. No

Rationale: The correct answer is A. Because Don was 21 when he was diagnosed with a traumatic brain injury, the answer to this question is “Yes.”

Reference: Module 6.7

58. Jackson recently fell while at work, fracturing his back. He has to wear a brace per the doctor for six months. He is likely to need rehabilitation and physical therapy during those six months as well. Because of this injury, he currently requires assistance with some ADLs and IADLs. Under Expected Diagnosis Duration, what selections should the screener make to complete the section for the following questions: **Question 1.** Are the needs that are caused by the individual’s primary and secondary diagnosis(es) expected to last more than 90 days? **Question 2.** Are the needs that are caused by the individual’s primary and secondary diagnosis(es) expected to last more than 12 months OR does the individual have a terminal illness?

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- A. Question 1: Yes Question 2: No
- B. Question 1: No Question 2: Yes
- C. Question 1: Yes Question 2: Yes
- D. Question 1: No Question 2: No

Rationale: The correct answer is A. Based on the information the screener has, it is expected that the needs Jackson has with ADLs and IADLs are caused by his new injury which is expected to last longer than 90 days. At this time, the needs are not expected to last more than 12 months. Additionally, this injury has not resulted in a diagnosis of a terminal illness.

Reference: Module 6.8

59. Henley has current verified diagnoses of diabetes, paraplegia, and congestive heart failure. She uses a wheelchair daily and has many needs for assistance with her ADLs and IADLs. She is in high school. English is her second language, so she meets weekly with an interpreter to ensure she doesn't miss any content from her coursework. What selection should the screener make under Education Information for "Do you need assistance from another person to participate in an educational program?"

A. Yes

B. No

Rationale: The correct answer is B. While Henley is receiving assistance weekly from an interpreter, this is not something that is captured as a need for assistance to participate in an educational program. Participating in an educational program is defined as currently and actively enrolled in some type of class and the person needs help from another person, above and beyond reasonable accommodations. Limited-English proficiency interpretation is not considered above and beyond reasonable accommodations.

Reference: Module 6.5

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60. Glenn has had a guardianship in place since he was 18 years old. His only current verified intellectual disability diagnosis is mild cognitive impairment due to fetal alcohol syndrome. The screener makes the selection of Yes, under “Does this individual have a guardianship?” How should they answer the second question, “Is the guardianship due to an Intellectual Disability?”

A. Yes

B. No

Rationale: The correct answer is A. The guardianship was granted because of his diagnosis of mild cognitive impairment due to fetal alcohol syndrome.

Reference: Module 6.6

61. Stevie has had a verified intellectual disability diagnosis since she was born. When she turned 18 this year, a court appointed her parents as her guardians of estate. What should the screener select in the guardianship section on the screen?

A. Does this individual have a guardianship? Yes

B. Does this individual have a guardianship? No

Rationale: The correct answer is A. Stevie has a guardianship of estate in place. The screener must select “Yes” when a person has been found incompetent and has a court-appointed guardian of person, estate, or both.

Reference: Module 6.6

62. Paul is an individual with current verified diagnoses of intellectual disability and bipolar disorder. He has an IQ score of 69. He is independent with all of his ADLs and needs assistance with grocery shopping, high level budgeting of his money, and transportation. Due to his intellectual disability, he also needs regular assistance at work to manage unfamiliar situations, and he would struggle with how to make decisions in emergency situations. Because of his intellectual disability, as well as when he has occasional manic episodes, he is unable to process the steps necessary for a task, and he will forget what to do. What selection should the screener make for “Does the person require overnight care or overnight supervision?”

A. 0: No

B. 1: Yes; caregiver can get at least 6 hours of uninterrupted sleep per night

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C. 2: Yes; caregiver cannot get at least 6 hours of uninterrupted sleep per night

Rationale: The correct answer is B. Because of Paul's intellectual disability, he does not have the cognitive capacity to know when to call for help and would require assistance in an emergency. Paul does not need regular assistance and attention throughout each night because of this. Anyone assisting Paul overnight would be able to get 6 hours of uninterrupted sleep.

Reference: Module 6.3

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Module 7 – Health Related Services (HRS) Table

63. Andre had a hip replacement after a fall about seven weeks ago. He is currently in a nursing home rehab facility. A functional screen is being completed today, as Andre will be going home in two days. When he gets home, he will have a home health agency involved in his care. His care plan will include a physical therapy assistant to come to his home three times a week, along with Andre completing the daily exercises he learned in the rehab facility. What selection(s) should the screener make on the HRS Table?

- A. Exercises/Range of Motion: 2-6 times/week
- B. Exercises/Range of Motion: Person is Independent
Skilled Therapies: 1-4 sessions/week
- C. Skilled Therapies: 1-4 sessions/week
- D. Skilled Therapies: 5+ sessions/week

Rationale: The correct answer is A. Assistance needed from a physical therapy assistant is captured in the Exercise/Range of Motion HRS task. Do not select Skilled Therapies for a person who receives therapy from someone other than a licensed physical therapist, such as a physical therapy assistant. For Andre, he will need assistance 3 times a week from a physical therapy assistant when he returns home.

Reference: Modules 7.11 and 7.30

64. Bella has a current verified diagnosis of cognitive impairment related to her autism. She lives with her parents. Her parents leave for work Monday through Friday at about 7:00 AM, and Bella is home alone in the mornings until she is picked up for work at 9:00 AM. Bella is independent with her morning routine. Around 8:30 AM, she will go to the kitchen to eat her breakfast: a glass of juice and cereal with milk. Her bottle of medication is always on the table with a note that says “take one with your breakfast.” While she eats, Bella will take a minute to get one pill from the bottle and take it with her juice. Every month, her mother calls in Bella’s prescription refill and picks it up from the pharmacy. How would the screener select Medication Administration and Medication Management on the HRS Table?

- A. Medication Administration: Person is Independent
Medication Management: Person is Independent
- B. Medication Administration: 1-2 times/day
Medication Management: Person is Independent

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C. Medication Administration: Person is Independent

Medication Management: 1-3 times/month

D. Medication Administration: 1-2 times/day

Medication Management: 1-3 times/month

Rationale: The correct answer is A. Leaving a note as a cue for a person to take medication is not considered needing assistance with taking medication. Needing assistance in reordering and obtaining medication is not a component of medication management; this type of assistance should be captured under Laundry and Chores.

Reference: Modules 7.13 and 7.14

65. Brian is completely blind from an accident five years ago. He also has a colostomy due to Crohn's disease. Because of his vision impairment, he is not able to do all the tasks that are needed to care for his colostomy. He has a caregiver that comes to his home on a daily basis who empties, rinses, and reconnects the bag. Every week, a registered nurse comes to Brian's home to change the ostomy wafer that is attached to his skin. With this regimen, the colostomy site has been healthy with no concerns noted by the nurse. How should the Ostomy-related Skilled Services be selected on the HRS Table?

A. 1-2 times/day

- Primary Diagnosis: **B5** Other Disorders of the Digestive System
- Secondary Diagnosis: **I1** Blind

B. 1-2 times/day

- Primary Diagnosis: **B5** Other Disorders of the Digestive System
- Secondary Diagnosis: None

C. Weekly

- Primary Diagnosis: **B5** Other Disorders of the Digestive System
- Secondary Diagnosis: **I1** Blind

D. Weekly

- Primary Diagnosis: **I1** Blind
- Secondary Diagnosis: None

Rationale: The correct answer is D. Only skilled tasks can be recorded on the Ostomy-related Skilled Services row on the HRS Table. In this example, the only skilled task being completed is the changing of the ostomy wafer every week. Selecting I1 Blind as the primary diagnosis is correct because it is due to his blindness that he cannot complete the tasks independently.

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Reference: Modules 4.4 and 7.15

66. To capture a behavior on the HRS Table, which of the following must be present?
- A. A cognitive impairment
 - B. Interventions that are required from another person
 - C. A behavior plan to prevent or respond to the behavior
 - D. Both B and C
 - E. A, B, and C**

Rationale: The correct answer is E. To record a behavior on the HRS Table, a person must have a cognitive impairment, interventions must be required from another person, and there must be a behavior plan in place to prevent or respond to the behavior.

Reference: Module 7.10

67. Which of the following is/are exception(s) to the rule that the HRS Table is used to record skilled nursing tasks primarily provided in the person's home?
- A. Dialysis
 - B. Receives services from a physical therapist at a clinic
 - C. Goes to a methadone clinic daily
 - D. Both A and C
 - E. Both A and B**

Rationale: The correct answer is E. The HRS Table records nursing tasks primarily provided in the person's home. Dialysis, transfusions, skilled therapies, and ulcer care or wound care (in certain situations) are the only exceptions to this rule. Going to a clinic for a medication is not a task that is recorded on the HRS Table in the LTCFS.

Reference: Module 7.3

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68. Ruth is 68 years old. She has a current verified diagnosis of pulmonary fibrosis, and she uses oxygen to help her breathe. She wears a nasal cannula continuously, day and night, only removing and replacing the cannula during her bath every day. A year ago, Ruth suffered a stroke and now needs assistance with placing and removing the cannula. What selection for frequency of help should be made on the HRS Table for Oxygen?

A. 2-6 times/week

- Primary Diagnosis: **E3** Cerebral Vascular Accident (CVA, stroke) with onset at age 22 or after
- Secondary Diagnosis: None

B. 1-2 times/day

- Primary Diagnosis: **E3** Cerebral Vascular Accident (CVA, stroke) with onset at age 22 or after
- Secondary Diagnosis: None

C. 3-4 times/day

- Primary Diagnosis: **E3** Cerebral Vascular Accident (CVA, stroke) with onset at age 22 or after
- Secondary Diagnosis: None

D. 5+ times/day

- Primary Diagnosis: **E3** Cerebral Vascular Accident (CVA, stroke) with onset at age 22 or after
- Secondary Diagnosis: None

Rational: The correct answer is B. The placement and removal of the nasal cannula is a skilled task that is recorded on the HRS Table. Ruth needs assistance with this task during her daily bathing, therefore the selection of 1-2 times/day is correct. The reason Ruth needs assistance is because of the stroke; therefore, the primary diagnosis is E3 Cerebral Vascular Accident (CVA, stroke) with onset at age 22 or after.

Reference: Module 7.17

Module 8 – Communication and Cognition

69. Rufus has chronic pain in his back, for which he takes pain medication. This pain medication makes him very groggy and, as a result, he needs reminders to pay his bills, re-order his medications and remember medical appointments. What selection should be made for Cognition for Daily Decision Making?

A. 0: Person makes decisions consistent with their own lifestyle, values, and goals

B. 1: Person makes safe, familiar/routine decisions but cannot do so in new situations

- Primary Diagnosis: **D12** Other Chronic Pain or Fatigue [For example, fibromyalgia, migraines, headaches, back pain (including disks), chronic fatigue syndrome]
- Secondary Diagnosis: None

C. 2: Person needs help with reminding, planning, or adjusting routine, even with familiar routine

- Primary Diagnosis: **D12** Other Chronic Pain or Fatigue [For example, fibromyalgia, migraines, headaches, back pain (including disks), chronic fatigue syndrome]
- Secondary Diagnosis: None

D. 3: Person needs help from another person most or all of the time

- Primary Diagnosis: **D12** Other Chronic Pain or Fatigue [For example, fibromyalgia, migraines, headaches, back pain (including disks), chronic fatigue syndrome]
- Secondary Diagnosis: None

Rationale: The correct answer is A. Cognition for Daily Decision Making can only be selected for a person who has a cognitive impairment. Although Rufus' pain medications make him groggy, a cognitive impairment does not include temporary impairment due to medications and/or substance use intoxication.

Reference: Module 8 – Definition

70. Marion, age 64, recently had a cerebral vascular accident (CVA). Due to her CVA, she cannot communicate without an assistive device. With the use of an app that she has downloaded to her smart phone, Marion is able to fully communicate with others. What selection should be made for Communication?

A. 0: Can fully communicate with no impairment or only minor impairment (For example, slow speech)

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B. 1: Can fully communicate with the use of assistive devices

- Primary Diagnosis: **E3 Cerebral Vascular Accident (CVA, stroke) with onset at age 22 or AFTER**
- Secondary Diagnosis: **None**

C. 2: Can communicate ONLY BASIC needs to others

- Primary Diagnosis: **E3 Cerebral Vascular Accident (CVA, stroke) with onset at age 22 or AFTER**
- Secondary Diagnosis: **None**

D. 3: No effective communication

- Primary Diagnosis: **E3 Cerebral Vascular Accident (CVA, stroke) with onset at age 22 or AFTER**
- Secondary Diagnosis: **None**

Rationale: The correct answer is B. Marion can fully communicate with others only with the use of an assistive device. She has installed an app on her smart phone that makes it possible for her to express her feelings, thoughts, and complex or abstract ideas. Because Marion does use an app on her smart phone, it becomes an assistive device as it is necessary to help her express herself.

Reference: Module 8.2

71. Tabitha is 23 years old. She has a current verified diagnosis of Down syndrome and lives alone in an apartment. Tabitha is very independent with her ADLs; however, she requires cues to take her medication each morning. Tabitha had missed a few doses, and now her mother calls each morning to remind her. With these daily reminders, Tabitha is taking her medication appropriately. What selection should be made for Memory Loss?

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)

Rationale: The correct answer is A. Tabitha has a cognitive impairment related to her Down syndrome. It is due to this cognitive impairment, not memory loss, that she requires cues to take her medication.

Reference: Module 8.3

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72. Wilson has an intellectual disability and an oral aversion. When staff attempt to brush his teeth, he will bite down on the toothbrush and push staff away. What selection should be made for Physically Resistive to Care?

A. 0: No

B. 1: Yes, person is physically resistive to cares due to a cognitive impairment.

Rationale: The correct answer is A. When determining if a person is physically resistive to care, the types of care considered are only those listed on the LTCFS as an Activity of Daily Living (ADL) or an Instrumental Activity of Daily Living (IADL) care task. An individual's need for assistance with personal hygiene such as grooming and mouth care is not captured on the LTCFS.

Reference: Modules 5.1 and 8.5