

Wisconsin Functional Screen Information System

Adult Long Term Care Functional Screen

DATE: February 2019

TOPIC: February 2019 Adult Functional Screen Quiz Rationale

Purpose: The quiz rationale serves to:

- Provide a user friendly tool for agency screen liaisons to help screeners improve their overall knowledge of screen instructions and procedures.
- Encourage discussion among screeners in order to arrive at the correct answers.
- Encourage screeners to think about the reason(s) for their selections and compare those with the rationale provided on the answer version of the quiz.
- Provide answers to all screeners based on real world questions that have come to the team.
- Provide an example of a screener Note for the situation described in the question that would be appropriate given the information provided

The answers to the quiz questions may not be found verbatim in the instructions manual; however the rationales are correct and we would expect the screeners to arrive at those answers as they apply the information in the manual.

As always, do not assume any medical conditions, diagnoses, support needs, or deficits are present for any person described in any question. For instance, do not assume any person described has an intellectual disability unless the information provided tells you that the person has that diagnosis.

Objective: This quiz highlights key areas that were recently updated in the Adult Long Term Care Functional Screen (LTCFS) Instructions. These areas include LTCFS Overview, Basic Information, Diagnoses, IADLs (Meal Preparation, Medication Administration and Medication Management, Money Management), HRS Table (HRS Medication Administration and HRS Medication Management), and need for assistance (previously included under competent refusal).

1. Herbert is 65. He has current verified diagnoses of arthritis, chronic back pain, obesity and diabetes. Herbert states that every day the chronic pain is so bad that he barely wants to move. He states the first 30-45 minutes he is up and moving are the worst. He states that once he is past that time the pain decreases to a tolerable level. Because of the pain level, he states that he forces himself to shower at least once per week. Herbert states that when he showers he is slow getting in and out of the shower because of the back pain and arthritis. Herbert states he has never fallen, and until he has a fall he does not need or want assistance. What selection should the screener make for the Bathing ADL on Herbert'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**
 - i. Primary diagnosis: D2 Arthritis
 - ii. Secondary Diagnosis: D12 Other Chronic Pain or Fatigue
- C. 2-Help is needed to complete the task safely and **helper DOES need to be present throughout the task**
 - i. Primary diagnosis: D2 Arthritis
 - ii. Secondary Diagnosis: D12 Other Chronic Pain or Fatigue

The correct answer is A.

Rationale: There are two parts to this issue- declining the assistance and is there a negative health outcome. Herbert has a physical need for assistance with bathing however he had not had a negative health outcome. Herbert does not have a legal guardian of any services that would suggest he is not able to perceive and recognize potential risk. Since Herbert has chosen to decline assistance with bathing at this time and he has no negative health outcome, Herbert is independent.

Reference: Module 5.1 General Guidance for ADLs/IADLs, Need for Assistance

Screeener Note example: *Herbert is independent in bathing. He states that he is slow getting in and out of the shower due to back pain and arthritis, he has not had any falls and he is declining assistance.*

- 2. Donna is 35, has a full scale IQ score of 55, and has confirmed diagnoses of intellectual disability, diabetes, obesity, anxiety, and GERD. Her mother is her guardian due to her intellectual disability. Donna is currently living in a supported apartment with caregivers. Donna's mother and caregivers report that Donna refuses to take her medications and follow a diabetic diet. Donna's mother reports that Donna will sneak high sugar/high carbohydrate foods while at work, that she refuses to have her blood sugars checked, and refuses to take her medications. Donna will often come home from work complaining of a stomach ache or dizziness and will have behaviors such as excessive swearing or slapping herself or caregivers on the face while they are trying to assist in bringing her blood glucose levels down. At least 3 times in the last 6 months they have had to take her to the emergency room to assist in bringing her blood glucose levels into normal range. Once she has taken her medications and her blood glucose levels are back within normal range, they talk with Donna about what occurred. It is during this conversation that she states doesn't care and that she doesn't understand why she can't eat her favorite foods or why she has to take medications. Should the screener make a selection indicating a need for assistance with IADL Medication Administration and Medication Management on Donna's LTCFS?

A. Yes

B. No

The correct answer is A.

Rationale: Donna has a legal guardian due to a cognitive impairment. She also does not understand the correlation between her behaviors and refusing her medication. She is not able to perceive the risks associated with not taking her medications appropriately. Since she also experiences significant negative health outcome (dizziness) without the needed assistance, the screener should select a need for assistance with Medication Administration and Medication Management.

Reference: Module 5.1 General Guidance for ADLs/IADLs, Need for Assistance

Screener Note example: Donna needs assistance with taking and managing her medications. Donna knows that she needs to take medication, but will refuse to take her medications and will not allow her blood glucose levels to be checked. Due to the refusal of medications and not following a diabetic diet Donna experiences significant negative health outcomes (dizziness) such as excessive swearing and/or slapping herself and/or caregivers on the face. In the last 6 months she has been taken to the ER at least 3 times because her in-home caregivers could not bring her blood sugar down.

3. You have completed a first-time screening home-visit for Michelle. Upon entering her name, social security number, gender, and date of birth into the functional screen, a message is displayed indicating that the information cannot be verified. You contact Michelle and ask her for documentation to verify the information. At this time, Michelle indicates that while her biological gender is male and her given name was Donald, she has considered herself to be female for so many years that it did not occur to her that there might be a validation issue with Social Security. In addition, she is self-employed and has never needed to do any other verification. She states that she recently heard changing her name legally and with Social Security is a fairly simple process and she plans to file the paperwork next week. What Name and Gender should the screener put on the Basic Information page on Michelle's LTCFS?
- A. Applicant First Name Donald, Gender: Female
 - B. Applicant First Name Michelle, Gender: Female
 - C. Applicant First Name Donald, Gender: Male
 - D. Applicant First Name Michelle, Gender: Male

The correct answer is C.

Rationale: The information on the Basic Information page of the LTCFS must match current Social Security records. If FSIA does not match Social Security records, then FSIA data is not transferred properly and may cause confusion or delays. Screeners should add a Note adding the preferred name and gender and screeners should use the individual's preferred name and pronouns throughout the Notes on the LTCFS.

Reference: Module 3.4 Applicant name/Date of Birth/SSN/Gender

Screener Note example: *The individual identifies as a woman and prefers to be called Michelle.*

4. An individual has a verified diagnosis of dysphagia as a result of CVA (stroke). The individual needs constant supervision while eating because of choking concerns. Is the screener required to select both dysphagia and CVA in the primary and secondary diagnosis areas for the ADL Eating?
- A. Yes
 - B. No**

The correct answer is B.

Rationale: When considering which diagnoses to select for primary and secondary, the screener should select the diagnosis or diagnoses that cause the need. In this case, the CVA causes the need for assistance. This individual did not have dysphagia until after they had a CVA. In this example, the screener is only required to make a diagnosis selection for the primary diagnosis and select None for the secondary diagnosis. The screener is not required to select both diagnoses, especially when they would likely result in the same Target Group Outcome. For example, a swallowing disorder can only be related to a physical disability, so even if this person had a cognitive impairment, it would never be the cause of the swallowing disorder. Therefore, the person's target group outcome related to this specific need would be PD or FE depending on age. Screener should be thoughtful and consistent with selections for primary and secondary diagnoses.

Reference: Module 4.4 Identifying Primary and Secondary Diagnoses, Module 2 Target Group

Screener Note example: *Due to dysphagia caused by a CVA, individual must have stand-by assistance while eating as they have an active choking concern.*

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5. Marvin is 48, underwent a bowel resection due to Crohn's disease and had a colostomy placed 3 days ago. He is being discharged in 2 days. As this is a new colostomy, Marvin will need assistance with monitoring initial skin integrity and replacing the wafer until he has learned to do this independently. Marvin is independent in changing and emptying the bags. The doctor anticipates that the wafer changes will be every 3-4 days until the area heals and Marvin is able to change the colostomy independently. Marvin is able to reach the colostomy site without significant negative health outcomes. Marvin's other verified diagnoses are depression, gout, GERD and obesity. Which selections should be made on the HRS table for Ostomy Related Skilled Services?
- A. Weekly
 - i. Primary diagnosis: B5 Other Disorders of the Digestive System
 - ii. Secondary diagnosis: None
 - B. Weekly
 - i. Primary diagnosis: B5 Other Disorders of the Digestive System
 - ii. Secondary diagnosis: B8 Obesity
 - C. 2-6 times/week
 - i. Primary diagnosis: B5 Other Disorders of the Digestive System
 - ii. Secondary diagnosis: None
 - D. 2-6 times/week
 - i. Primary diagnosis: B5 Other Disorders of the Digestive System
 - ii. Secondary diagnosis: B8 Obesity

The correct answer is C.

Rationale: Because Marvin does not have memory loss or cognitive impairment impacting his understanding of how to complete the task, a need for assistance will only be short term. Once Marvin is physically and cognitively able to complete all skilled nursing tasks associated with the colostomy a change in condition rescreen should be completed.

Additionally, while not discussed in this short scenario, a need to complete the tasks simply because an individual is uncomfortable handling their bodily fluids is not sufficient reason to select a need for assistance.

Reference: Module 4.4 Identifying Primary and Secondary Diagnoses, Module 1.8 Screening and Rescreening Requirements

Screeener Note example: *Marvin needs assistance because his colostomy is new and he is learning how to take care of it. Marvin can reach the colostomy site and is independent in changing/emptying the bags.*

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6. An individual you are screening can complete all the tasks related to the IADL Meal Preparation, except they are unable to use any appliance to heat food. While they are currently eating only cold foods because they have no one to help, they state that it would be nice to have hot meals. What selection should be made for the IADL Meal Preparation of the LTCFS?
- A. 0-Independent
 - B. 1-Needs help from another person weekly or less
 - C. 2-Needs help 2 to 7 times a week
 - D. 3-Needs help with every meal

The correct answer is C.

Rationale: This individual only needs help heating foods, and they are able to complete all the other tasks associated with meal preparation. While they are currently eating cold foods only, it is because they have no one to help. Because the individual has told you that they would like to have hot meals a need for assistance should be selected.

Reference: Module 5.13 Meal Preparation

Screeener Note example: *Individual is independent in all areas of meal preparation, except being able to heat foods. Individual does not prefer to only eat cold meals, but does so at this time as they have no assistance in warming foods.*

7. Henrietta is 93 years old. She lives in her own apartment, and she has supports that come in once per day. Henrietta has verified diagnoses of osteoarthritis, osteoporosis, congestive heart failure, and thrombosis, and she takes 6 medications for these conditions. Her medications come in a pill box from the pharmacy weekly. She states that this is done in case there are changes made based on the results of her biweekly blood draws. She reports when she first started taking blood thinners 3 years ago, she became confused because of the frequent changes made to her medications. Now that her diet is consistent and she has been on the medications for 3 years, she has not had a medication change in at least a year. She states that now she needs the prefilled pill boxes because she can no longer open pill bottles due to her arthritis and she has arranged with the pharmacy to continue to send her prefilled pill boxes weekly. What selection should be made on the HRS Table for Medication Management on Henrietta's LTCFS?

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- A. Person is Independent
- B. 1-3 times/Month
 - i. Primary Diagnosis: D2-Arthritis
 - ii. Secondary Diagnosis: None
- C. 1-3 times/Month
 - i. Primary Diagnosis: D2-Arthritis
 - ii. Secondary Diagnosis: D5-Osteoporosis/Other Bone Disease
- D. Weekly
 - i. Primary Diagnosis: D2-Arthritis
 - ii. Secondary Diagnosis: None
- E. Weekly
 - i. Primary Diagnosis: D2-Arthritis
 - ii. Secondary Diagnosis: D5-Osteoporosis/Other Bone Disease

The answer is B.

Rationale: The Instructions for 7.14 Medication Management, state that filling a pill box should be captured at the frequency of 1-3 times per month as multiple medication boxes could be filled at once. Henrietta does not have a physical, cognitive or memory loss impairment that requires it to be completed more frequently.

Reference: Module 7.14 Medication Management: Set-up and/or Monitoring Medications (for Effects, Side-Effects, Adjustments) and/or Blood Levels

Screeener Note example: *Henrietta knows how many medications she takes, what she takes them for and how often she takes them. Due to her arthritis, she gets a pill box prefilled from the pharmacy as she is unable to open pill bottles. She currently gets these delivered weekly, however this is not needed as her medications have been consistent for over a year.*

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8. John has a spinal cord injury and recently completed a round of physical therapy to help with his shoulder mobility after rotator cuff surgery. His physician and physical therapist would like him to continue the exercises at home to maintain his range of motion. However, they have also told John that he has likely reached his maximum range of motion. John would need assistance to complete some of the exercises at home due to his spinal cord injury, but he has declined to complete them because he doesn't feel he would benefit from them. John's only verified diagnoses are spinal cord injury and shoulder pain. Should the screener make a selection on the HRS table for Exercises/Range of Motion?

- A. Yes
- B. No

The correct answer is B.

Rationale: John is refusing assistance with exercises to maintain range of motion in his shoulder after surgery. He knows the risk of not doing the exercises is that he could lose the gained range of motion, but he does not have a cognitive or memory loss impairment and he has no negative health outcome from declining the assistance.

Reference: Module 7.8 Person Declines the Task

Screener Note example: John recently completed a round of physical therapy. He has exercises that can be continued at home; however he feels that they are unnecessary as he feels he cannot gain any further range of motion.

9. Edna has a verified diagnosis of dementia. Her family reports that because paying her bills was such a part of her routine, she is still able to complete this task appropriately. However, she is having increased confusion when paying for items at a store. They report that they have tried multiple strategies to allow her to maintain her independence while shopping and nothing has worked. What selection should be made for the IADL Money Management on Edna's LTCFS?
- A. 0-Independent
 - B. 1-Can only complete small transactions(Needs help from another person to complete some transactions)
 - i. Primary Diagnosis: E2 Other Irreversible Dementia
 - ii. Secondary Diagnosis: None
 - C. 2-Needs help from another person to complete all transactions
 - i. Primary Diagnosis: E2 Other Irreversible Dementia
 - ii. Secondary Diagnosis: None

The correct answer is B.

Rationale: Edna has a cognitive impairment as a result of her dementia and only needs assistance in money management with one of the two components pertaining to individuals with a cognitive or memory loss impairment. In order for a “2” to be selected, Edna would have to need assistance in both areas.

Reference: Module 5.15 Money Management

***Screener Note example:** Edna is independent with paying her bills as they have been a part of her routine for years. Edna needs assistance to complete a transaction while shopping as she does not remember how to pay for items at the store.*

10. You are screening an individual who needs physical assistance getting their wallet to retrieve their credit cards or cash, both during initial setup of online bill payments as well as when paying for items at a store. After initial setup of online accounts, the individual is independent with payments. This individual does not have a cognitive impairment. Should the screener select “2- Needs help from another person with all transactions”, for the IADL Money Management?

A. Yes

B. No

The correct answer is B.

Rationale: This individual has a physical need for assistance. A “2” should only be selected for someone with a cognitive impairment who cannot complete a transaction, and does not understand having to allocate money for food, shelter and clothes.

Reference: Module 5.15 Money Management

***Screener Note example:** Individual has a physical disability that requires assistance retrieving his wallet at the store and when setting up online bill payments. Reasonable accommodations are utilized and individual can allocate funds and pay bills.*