

## Wisconsin Functional Screen Information System

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### Adult Long Term Care Functional Screen

**DATE:** December 2019

**TOPIC:** December 2019 Adult Functional Screen Quiz Rationales

**Purpose:** The quiz rationales serve 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 should be assumed to be 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 including IADLs (Laundry and/or Chores and Telephone Use), No Active Treatment, and the HRS Table Supplement. The quiz also includes ADLs, Diagnoses, Medication Administration and Medication Management, HRS Table, and Behavioral Health.

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1. Katy is 53 years old with current verified diagnoses including arthritis in her right knee and pseudoseizures. These seizures occur about once a week during some activities of daily living including Bathing and Mobility. Katy does not have a permanent cognitive impairment. She does need assistance with the bathing transfer due to right knee pain, but she is independent with other tasks of Bathing. What selection should be made for the Bathing ADL on Katy'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: D2 Arthritis
    - Secondary Diagnosis: E5 Seizure Disorder with onset at age 22 or AFTER
  - 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
  - C. 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: H5 Other Mental Illness Diagnosis
  - D. 2: Help is needed to complete the task safely and **helper DOES need to be present throughout the task**
    - Primary Diagnosis: D2 Arthritis
    - Secondary Diagnosis: H5 Other Mental Illness Diagnosis

Rationale: The correct answer is B. Due to a physical impairment, Katy requires assistance with the bathing transfer. She is independent with all other components of Bathing. Katy does experience pseudoseizures, which are seizures resulting from a psychological or psychogenic condition. Pseudoseizures are not on the Diagnoses Table. To code this diagnosis, the screener should look for it on the Diagnoses Cue Sheet and record the corresponding code on the Diagnoses Table. Pseudoseizures are coded under H5 Other Mental illness Diagnosis. For mental illness to be selected as a primary or secondary diagnosis that causes a need for assistance or support from another person, the person must have a permanent impairment of thought due to a severe a persistent mental illness. While pseudoseizure is a mental illness, in this scenario, it does not cause a permanent cognitive impairment.

Reference: Modules 5.4 and 5.6, and Diagnoses Cue Sheet

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**Screener Note example:** *Katy requires assistance with bathing transfer due to right knee pain from arthritis but she is independent with all other components of bathing. Katy does experience pseudoseizures but these do not cause a permanent cognitive impairment.*

2. Susie has a verified diagnosis of back pain. She is independent with all Laundry and/or Chores tasks with the exception of snow removal, as her back pain prevents her from completing this independently. She lives in an apartment building and the landlord takes care of snow removal. What selection should be made for the Laundry and/or Chores IADL on Susie's LTCFS?

**A. 0: Independent**

- B. 1: Needs help from another person weekly or less often
- Primary diagnosis: D12 Other Chronic Pain Or Fatigue
  - Secondary Diagnosis: None
- C. 2: Needs help more than once a week
- Primary diagnosis: D12 Other Chronic Pain Or Fatigue
  - Secondary Diagnosis: None

Rationale: The correct answer is A. Susie is independent with all Laundry and/or Chores tasks with the exception of snow removal. Due to her back pain she would require assistance completing routine outdoor property maintenance but in this scenario she is not responsible for these tasks. Therefore, this is not captured on the screen.

Reference: Module 5.16

**Screener Note example:** *Susie is independent with Laundry and/or Chores tasks with the exception of snow removal. She does need assistance with snow removal due to her back pain; however her landlord completes the snow removal for her.*

3. Grace is 40 years old with current verified diagnoses including type 1 diabetes and intellectual disability. She has not had IQ testing. In the No Active Treatment section of Grace's LTCFS, the screener would ensure N/A is selected for Statement 2 in Part A.

**A. True**

B. False

Rationale: The correct answer is A. Statement 2 should remain at N/A if the screener does not have documented information on the individual's full-scale IQ score.

Reference: Module 11.8

**Screener Note example:** *Grace has a diagnosis of intellectual disability and has never had IQ testing.*

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4. Frank is blind and depends on his caregiver to mix the liquid medication he takes daily for constipation. Due to the caregiver's schedule, she must mix up the medication two hours before Frank takes it. He is then able to independently take this liquid medication. Frank also depends on the pharmacy to prefill his medication cassette due to his vision impairment and, with this cassette, he is independent in taking his oral pills. What selection should be made for Medication Administration and Medication Management on the Health Related Services Table on Frank's LTCFS?
- A. Medication Administration: Independent  
Medication Management: 1-3 times/month
  - B. Medication Administration: Independent  
Medication Management: 1-2 times/day
  - C. Medication Administration: 1-2 times/day  
Medication Management: Independent
  - D. Medication Administration: 1-2 times/day  
Medication Management: 1-3 times/month

Rationale: The correct answer is B. Frank is independent taking his oral pills. The preparation of medications, such as crushing a tablet to be diluted or measuring to fill a syringe or dosage cup, may be considered Medication Management when it is NOT prepared within one hour of when the dose is to be taken. If it is prepared within one hour it is considered Medication Administration. Medication set-up is a component of Medication Management, which is typically filled at the "1-3 times/month", but when more than one frequency applies to one HRS task (row), select the frequency of the task completed most often. Frank needs assistance with Medication Management and the task completed most often is the preparation of a medication; therefore, the 1-2 times/day frequency is selected.

Reference: Modules 7.5 and 7.15

***Screeener Note example:*** Due to his blindness, Frank depends on caregiver assistance to mix his liquid medication for constipation and the pharmacy to fill his medication cassette with oral pills. Due to the caregiver's schedule, she needs to mix the liquid medication two hours before Frank administers it. Frank is independent administering this liquid medication and his oral pills.

5. Reese is 53 years old with current verified diagnoses including type 1 diabetes, nausea, and cataracts in her right eye. How should Reese's nausea be coded on the Diagnoses Table?
- A. B5-Other Disorders of the Digestive System
  - B. K5-Other
  - C. K6 Additional Diagnoses
  - D. It should not be coded on the table.

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Rationale: The correct answer is D. The screener should determine if the diagnosis is listed on the LTCFS Diagnoses Table and select the relevant box on the Diagnosis Table. If the diagnosis is not on the Diagnoses Table, the screener should look for it on the cue sheet. A key of “Ø” on the cue sheet means that diagnosis is not included on the LTCFS Diagnoses Table and the screener should not code it. The “Ø” symbol has several meanings; refer to the Diagnoses Cue Sheet for further information.

Reference: Diagnoses Cue Sheet

**Screener Note example:** *Diagnoses verified 12/18/19. Nausea listed but not coded above.*

6. Marilyn has sickle cell disease and goes in to the clinic to receive blood transfusions once a month. Because this is completed at the clinic, the screener should **not** select 1-3/month for Transfusions on the Health-Related Services Table.

A. True

B. False

Rationale: The correct answer is B. The HRS Table records skilled nursing tasks primarily provided in the person’s home, not in a hospital, clinic, or office. The only exceptions are dialysis, transfusions, skilled therapies, ulcer care or wound care (under certain situations), and behaviors requiring interventions.

Reference Modules 7.3 and 7.21

**Screener Note example:** *Marilyn goes to the clinic once a month for blood transfusions for sickle cell disease.*

7. Grant had a stroke when he was 64 years old and requires assistance with cleaning up after every meal, as well as washing and putting away dishes and utensils. What selection should be made for the Laundry and/or Chores IADL on Grant’s LTCFS?

A. 0: Independent

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

C. 2: Needs help more than once a week

Rationale: The correct answer is C. This is a change to the Instructions because a frequency of “2” is possible for a need other than incontinence. Grant needs assistance with cleaning up after a meal and he needs help washing dishes.

Reference: Module 5.16

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**Screening Note example:** Grant needs assist with all Laundry and/or Chores tasks, including cleaning up after all meals and doing the dishes, due to his physical impairments from his stroke.

8. Stuart is 76 years old with current verified diagnoses including cerebral vascular accident (CVA), arthritis, and anxiety. As a result of his CVA, Stuart has aphasia and is unable to speak. He is able to use his cell phone independently to text his grandchildren. What selection should be made for the IADL Telephone Use on Stuart's LTCFS?

A. 1a: Independent-has cognitive and physical abilities to make calls and answer calls

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

Rationale: The correct answer is A. Stuart is able to use his phone to exchange information with others (two way communication) with or without simple reasonable adaptations. This includes, but is not limited to, voice call and video calls such as FaceTime or Skype, texting, or messaging, telecommunications relay service, large button phones, or other assistance devices.

Reference: Module 5.17

**Screening Note example:** Stuart has aphasia from his CVA but he is independent with phone use. He is independent texting his grandchildren.

9. Bob is 84 years old with a current verified diagnosis of dementia. He lives with his daughter, Gail, who is his main caregiver. Bob has a history of acting out during his showers by kicking and hitting caregivers. Gail reports she figured out that if she provides Bob a snack before his shower, uses lavender body wash, and plays country music during his showers, he will not act out. This is understood amongst all of Bob's caregivers. Gail and his other staff have used these interventions every evening when assisting with Bob's shower and he has not acted out in over three months. What selection should be made for Offensive or Violent Behaviors to Others on Bob's LTCFS?

A. 0: No offensive or violent behaviors demonstrated

B. 1: Some offensive or violent behaviors require occasional interventions **weekly or less**

C. 2: Offensive or violent behaviors require interventions 2-6 times per week **OR 1-2 times per day**

D. 3: Offensive or violent behaviors require intensive one-on-one interventions more than twice each day

Rationale: The correct answer is C. When completing Module 9 Behavioral Health of the LTCFS, select the option that most accurately reflects the frequency of intervention needed for this behavior. A behavioral plan can be informal when all parties caring for the person are well aware of strategies to prevent the behavior(s) and/or intervene when the behavior is exhibited. In this scenario, Bob

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displays offensive or violent behaviors and his caregivers are preventing him from exhibiting the behavior every evening by using interventions, including providing a snack before his shower, using lavender body wash, and playing country music during his showers.

Reference Modules 9.1 and 9.4

***Screener Note example:*** *Bob has a history of acting out during showers by kicking and hitting caregivers. There is a plan in place with preventative interventions that are understood amongst caregivers. These interventions are provided every evening before and during Bob's shower. With these interventions provided, Bob has not displayed behaviors in over three months.*

10. Spencer has lymphedema, a condition that results from impaired flow of the lymphatic system and results in swelling in both of his lower extremities. Spencer is independent in dressing the upper half of his body. He depends on caregiver assistance to dress his lower half, including putting on his compression stockings daily to help treat the lymphedema, as he is unable to reach his lower extremities due to obesity. He developed open wounds as a result of the lymphedema and depends on a nurse to come into his home daily to provide wound care. His wounds are not pressure related. Where should the screener capture Spencer's needs on his LTCFS?

- A. ADL Dressing
- B. HRS Table: Other Wound Cares
- C. HRS Table: Requires Nursing Assessment and Interventions
- D. Both A and B**
- E. A, B, and C

Rationale: The correct answer is D. Spencer needs assistance with applying compression stockings and performing wound care. The task of dressing includes putting on or removing compression products or devices (stockings, bandages, pumps). Spencer also needs assistance with wound care. RNAI would not be selected, as Spencer's needs are captured elsewhere in the HRS Table; in addition, they do not meet the four criteria that must be present whenever the RNAI row is selected.

Reference: Modules 5.7 and 7.27 and HRS Table Supplement

***Screener Note example: Dressing:*** *Spencer is independent dressing the upper half of his body. Due to obesity, he needs assist dressing his lower half including applying his compression stockings for his lymphedema.*

***HRS/Other Wound Care:*** *Spencer needs assistance completing his wound care as he is unable to reach his lower extremities due to obesity.*

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11. Scott has a current verified diagnosis of back pain, alcoholism, depression, and hyperlipidemia. He does not have a permanent cognitive impairment. However, he is frequently intoxicated and because of this, doesn't always take his medication correctly. Therefore, his sister fills Scott's medication planner and provides daily reminders to ensure he takes his medications correctly. What selection should be made for Medication Administration and Medication Management on the Health Related Services Table on Scott's LTCFS?

A. Medication Administration: Independent

Medication Management: Independent

B. Medication Administration: Independent

Medication Management: 1-3 times/month

- Primary diagnosis: K1 Substance Use Issue
- Secondary diagnosis: H3 Depression

C. Medication Administration: 1-2 times/day

Medication Management: 1-3 times/month

- Primary diagnosis: K1 Substance Use Issue
- Secondary diagnosis: None

Rationale: The correct answer is A. In the LTCFS, a cognitive impairment is defined as a permanent impairment of thought due to a severe and persistent mental illness, dementia, brain injury, intellectual/developmental disability, or other organic brain disorder. A cognitive impairment does not include temporary impairment due to medications and/or substance use intoxication. In this scenario, Scott does not have a permanent cognitive impairment. He is temporarily impaired due to intoxication.

Reference: Modules 7.10, 7.14 and 7.15

**Screener Note example:** *Scott's sister has been filling Scott's medication planner and providing Scott daily medication reminders as Scott is frequently intoxicated and has not been taking his medications correctly. Scott does not have a physical or cognitive reason to need assistance with his medications. He is temporarily impaired due to substance use intoxication.*

12. A screener is completing a LTCFS for Warren. He is complaining of back pain. When the screener reviewed Warren's health care records, there was no diagnosis for back pain or any other condition that could cause back pain. The screener asks Warren if he has seen a health care provider for the back pain. Warren replies "no." In this situation, back pain is a verified diagnosis to be selected on the Diagnoses Table.

A. True

B. False



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Rationale: The correct answer is B. Do not interpret an individual's complaints or symptoms as verified diagnoses and record them on the LTCFS. Warren is complaining of back pain, but there is no indication that he has received a diagnosis related to the back pain, therefore, it should not be selected on the Diagnoses Table.

Reference: Module 4.2

***Screener Note example:*** Warren complains of back pain and states he has not seen a health care provider about it. This was not noted in Warren's health care record.