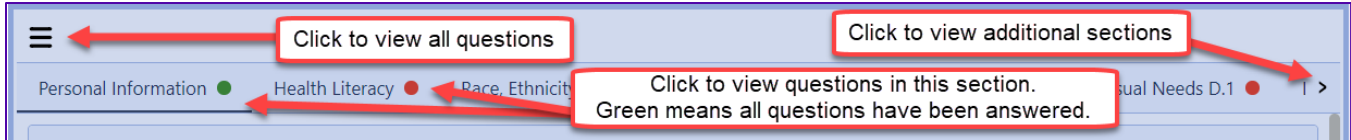


This assessment is created in CaseTrakker using tabs to separate questions by **Sections**. To view the questions in a Section, click the **Section Title**. Sections marked with have required questions that are incomplete, and Sections marked with have had all questions answered. Click the to scroll and see additional Sections. To view all questions in the assessment, click .

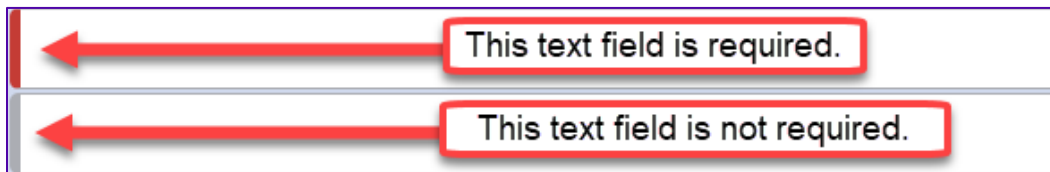


Some questions in the assessment may have icons next to them, which provide additional information when you hover your cursor over them:

- Will show answers for this question from past assessments, if they exist.
- Will give additional information or instructions for this question. Text in these popups will be listed next to each question in this document.

In this assessment, each **Activity of Daily Living (ADL)** and **Instrumental Activity of Daily Living (IADL)** section starts with the basic question of whether or not the member needs assistance. If the answer is yes, the section expands to break down the ADL or IADL to determine the member's level of need. These follow up questions will include a notation (**Min**, **Mod** or **Max**) to guide the Care Manager in determining the member's **Impairment Level**, noted in the final question of each section.

The final question in each section includes a text field, which will automatically copy to the **Functional Summary**, and should be used to describe the type of assistance the member requires to complete the ADL/IADL. These fields are not required, however, since the Functional Assessment may be used as evidence that the member requires services, these fields should be populated.



Since the **Functional Assessment** is documenting information included in the **Minimum Data Set for Home Care (MDS-HC)**, pertinent reminders are included in informational text boxes. These text boxes are not included in CaseTrakker, but included here for reference. For a more MDS-HC review, the computer-based course *MDS-HC and RFS: Reminders and Tips* is available in Workday.

As with the MDS-HC, you may consider framing these questions as, "**On your worst day, do you need help with ...? How much help do you need?**"

**Functional Assessment Header:**

**Comment**

*[Free text field; used to describe any pertinent details about this assessment, i.e. completed with feedback from caregiver, etc.]*

**Assessment Taken Date**

*[Type date or use Calendar drop down]*

**Date Status Saved in Complete**

*[Will automatically populate when Status is changed to Complete]*

**Contents**

ADL: Mobility Transfers.....	3
ADL: Ambulation .....	4
ADL: Medications .....	5
ADL: Bathing.....	6
ADL: Grooming .....	7
ADL: Dressing or Undressing.....	9
ADL: Toileting.....	10
ADL: Passive Range of Motion.....	12
ADL: Feeding .....	13
IADL: Cleaning .....	14
IADL: Laundry .....	16
IADL: Shopping.....	18
IADL: Meal Prep.....	19
IADL: Transport/Escort .....	21
IADL: Durable Medical Equipment.....	22
Overnight Services .....	23

**ADL: Mobility Transfers**

**Do you need assistance getting in and out of bed or chair?**

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

**Do you need cueing/standby assistance?**

- No
- Yes

**Do you need occasional assistance with transfer?**

- No
- Yes (Min)

**Do you need assistance to rise from sitting to standing and positioning use of walking apparatus?**

- No
- Yes (Min)

**Do you need assistance with changing position in bed or chair?**

- No
- Yes (Mod)

**Do you need total assistance with positioning or transferring?**

- No
- Yes (Max)

**Mobility/Transfers Impairment Level**

- Minimal
- Moderate
- Maximum

**Narrative:**

*[Free text field will feed over to Functional Summary]*

**Transfer:** Level of assistance for **Toilet Use** and **Transfer** should always match. Transfer includes moving to and between surfaces: to/from bed, chair, wheelchair, and to a standing position. (NOTE: This does not include to/from bath or toilet, which are assessed separately.)

This section also covers the ADL **Mobility in Bed:** This includes moving to and from a lying position, turning from side to side, and positioning body while in bed.

**ADL: Ambulation**

**Do you need any assistance walking?**

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

**Do you require supervision/standby assistance only?**

- No
- Yes

**Do you need assistance with putting on and removing leg braces or prosthesis?**

- No
- Yes (Min)

**Do you require occasional hands on assistance for safety?**

- No
- Yes (Min)

**Do you require hands on assistance to help with steadying or using steps?**

- No
- Yes (Min)

**Do you need assistance with ambulation using stairs?**

- No
- Yes (Min)

**Do you require hands on assistance at all times during ambulation?**

- No
- Yes (Mod)

**Do you require hands on assistance to help with wheelchair mobility?**

- No
- Yes (Max)

**Ambulation Impairment Level**

- Minimal
- Moderate
- Maximum

**Narrative:**

*[Free text field will feed over to Functional Summary]*

**Locomotion:** If the member is in a wheelchair, consider their independence once in the chair (getting into/out of chair is considered under **Transfers**).

ADL: Medications

Do you need any assistance taking your medications?

- No
- Yes

If Yes - answer these questions to determine impairment level.

Do you need assistance with cueing or reminding to take medications?

- No
- Yes

Do you need assistance with getting a glass of water?

- No
- Yes (Min)

Do you need someone to bring you your medications?

- No
- Yes (Min)

Do you need assistance opening bottles/containers upon request?

- No
- Yes (Min)

Do you need assistance applying prescribed lotion/cream?

- No
- Yes (Mod)

Do you need assistance administering eye drops?

- No
- Yes (Mod)

Do you need assistance crushing pills/diluting powders?

- No
- Yes (Mod)

Medications Impairment Level

- Minimal
- Moderate
- Maximum

Narrative:

[Free text field will feed over to Functional Summary]

**If member has a Medication Dispenser, they are not Independent with Managing Medications.**

**All NHC members** most likely require at least **Some Help** with medications and have at least **Some Difficulty**.

**AD/CMI members with depression, bipolar or schizophrenia:** Do they consistently take their medications as prescribed? Does this include their worst days or when they decompensate? If the member answers **no**, there is a need for at least **Some Help** with medication management.

**ADL: Bathing**

**Do you need any assistance taking a bath or shower?**

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

**Do you need cueing/standby assistance for safety?**

- No
- Yes

**Do you need assistance setting up supplies?**

- No
- Yes (Min)

**Do you need assistance in and out of tub or shower?**

- No
- Yes (Min)

**Do you need assistance drawing water?**

- No
- Yes (Min)

**Do you require assistance with back washing?**

- No
- Yes (Min)

**Do you need assistance washing lower extremities, arms, or shoulders?**

- No
- Yes (Mod)

**Do you need hands on assistance with most of the bathing process?**

- No
- Yes (Mod)

**Do you need full assistance with sponge, bed, or tub bathing and drying?**

- No
- Yes (Max)

**Bathing Impairment Level (Note: Hauling/heating water - add 30 minutes)**

- Minimal
- Moderate
- Maximum

**Narrative:**

*[Free text field will feed over to Functional Summary]*

**Bathing:** All NHC members should require some kind of physical assistance. This includes all parts of a shower/bath; how dependent is member with washing arms, legs, chest, abdomen, and perineal area.

**ADL: Grooming**

**Do you need any assistance with your grooming needs, like shaving, brushing your teeth, and combing your hair?**

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

**Do you need cueing/standby assistance for safety?**

- No
- Yes

**Do you need assistance with laying out supplies?**

- No
- Yes (Min)

**Do you need assistance with brushing teeth?**

- No
- Yes (Min)

**Do you need assistance with combing/brushing hair?**

- No
- Yes (Min)

**Do you need assistance with nail care?**

- No
- Yes (Min)

**Do you need assistance with shaving (arms, legs, face) as necessary?**

- No
- Yes (Mod)

**Do you need assistance with washing hands/face?**

- No
- Yes (Min)

**Do you need assistance with applying make-up?**

- No
- Yes (Min)

**Do you need assistance with washing hair?**

- No
- Yes (Mod)

**Personal Hygiene:** This includes combing hair, brushing teeth, cutting fingernails/toenails, shaving, applying makeup, and washing/drying face and hands. This DOES NOT include baths and showers.

### Do you need assistance with drying hair?

- No
- Yes (Mod)

### Do you need assistance with curling/braiding/setting hair?

- No
- Yes (Mod)

### Do you need full assistance with all grooming activities?

- No
- Yes (Max)

### Grooming Impairment Level (Note: Grooming needs required < daily should be calculated on partial time)

- Minimal
- Moderate
- Maximum

### Narrative:

*[Free text field will feed over to Functional Summary]*



**ADL: Dressing or Undressing**

**Do you need any assistance getting dressed or undressed?**

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

**Do you need cueing/standby assistance for safety?**

- No
- Yes

**Do you need assistance laying out clothes?**

- No
- Yes (Min)

**Do you need occasional assistance with buttons, belts, zippers, putting on shoes?**

- No
- Yes (Min)

**Do you always require assistance with buttons, belts, zippers, putting on shoes?**

- No
- Yes (Min)

**Do you need hands on assistance getting into and out of garments?**

- No
- Yes (Min)

**Do you need hands on assistance with putting on or removing footwear?**

- No
- Yes (Min)

**Do you need assistance with donning/removing prosthesis and orthotics?**

- No
- Yes (Mod)

**Do you need full assistance with all dressing and undressing activities?**

- No
- Yes (Max)

**Dressing or Undressing Impairment Level**

- Minimal
- Moderate
- Maximum

**Narrative:**

*[Free text field will feed over to Functional Summary]*

- **Dressing Upper Body:** This includes dressing and undressing above the waist. Consider underclothes and street clothes, as well as prostheses, orthotics, fasteners, pullovers, etc.
- **Dressing Lower Body:** This includes dressing and undressing below the waist. Consider underclothes and street clothes, as well as prostheses, orthotics (including compression stockings), belts, shoes, fasteners, etc.

**ADL: Toileting**

**Do you need assistance with toileting and using the bathroom?**

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

**Do you need cueing/standby assistance for safety?**

- No
- Yes

**Do you need assistance preparing toileting supplies?**

- No
- Yes (Min)

**Do you need assistance with clothing during toileting?**

- No
- Yes (Min)

**Do you need assistance with toileting hygiene (toilet paper, hand washing?)**

- No
- Yes (Min)

**Do you need occasional assistance with catheter or colostomy care?**

- No
- Yes (Mod)

**Do you need assistance on/off bedpan?**

- No
- Yes (Mod)

**Do you need assistance with urinal?**

- No
- Yes (Mod)

**Do you need assistance with changing diapers?**

- No
- Yes (Max)

**Do you need assistance with changing external catheter/colostomy bag?**

- No
- Yes (Max)

**Toilet Use:** Level of assistance for **Toilet Use** and **Transfer** should always match. This includes using the toilet room or commode, bedpan, urinal; transferring on/off toilet; cleaning self after toilet use (including cleaning after incontinence episode); managing any special devices required (ostomy or catheter), and adjusting clothes.

### Do you need assistance with emptying catheter bag?

- No
- Yes (Max)

### Do you need total assistance with toileting?

- No
- Yes (Max)

### Toileting Impairment Level

- Minimal
- Moderate
- Maximum

### Narrative:

*[Free text field will feed over to Functional Summary]*

**ADL: Passive Range of Motion**

**Have passive ROM exercises been recommended?**

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

**Do you have passive ROM with upper extremity?**

- No
- Yes (Min)

**Do you have passive ROM with lower extremity?**

- No
- Yes (Mod)

**Do you have passive ROM with both extremities?**

- No
- Yes (Max)

**Passive Range of Motion Impairment Level**

- Minimal
- Moderate
- Maximum

**Narrative:**

*[Free text field will feed over to Functional Summary]*

**ADL: Feeding**

**Do you require assistance with eating and feeding yourself?**

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

**Do you need cueing/standby assistance for safety?**

- No
- Yes

**Do you need assistance with setup and cutting food?**

- No
- Yes (Min)

**Do you need assistance with eating or drinking?**

- No
- Yes (Min)

**Do you need assistance with utensils/adaptive devices?**

- No
- Yes (Min)

**Do you need physical assistance with feeding some, but not all of the meal?**

- No
- Yes (Mod)

**Do you need total assistance with feeding?**

- No
- Yes (Max)

**Do you need assistance with tube feeding prep and administration?**

- No
- Yes (Max)

**Feeding Impairment Level**

- Minimal
- Moderate
- Maximum

**Narrative:**

*[Free text field will feed over to Functional Summary]*

**Eating:** This includes taking in nutrition by any method, including tube feedings.

IADL: Cleaning

Do you need assistance cleaning your house? (sweep, dust, wash dishes, vacuum)

- No
- Yes

If member is receiving Homemaking or Chores assistance, they are not **Independent** with **House Work**.

If Yes - answer these questions to determine impairment level.

Are you able to do most homemaking tasks?

- No
- Yes (Min)

Do you need minimal assistance with cleaning?

- No
- Yes (Min)

Do you need assistance to make beds?

- No
- Yes (Min)

Do you need assistance cleaning up after personal care tasks?

- No
- Yes (Min)

Do you need assistance with carrying out trash or garbage?

- No
- Yes (Min)

Do you need assistance with dusting?

- No
- Yes (Min)

Do you need assistance with cleaning bathrooms?

- No
- Yes (Min)

Do you need assistance with changing beds?

- No
- Yes (Mod)

Do you need assistance with cleaning counters, stovetops, and dishes?

- No
- Yes (Mod)

Do you need assistance with cleaning floors or living area used by enrollee?

- No
- Yes (Mod)

**Do you need total assistance with cleaning?**

- No
- Yes (Max)



You will be able to populate either **Individual Cleaning Impairment Level** (used when member is the only individual in the home receiving assistance with this IADL) or **Companion Cleaning Impairment Level** (used when member and another individual in the home are both receiving assistance with this IADL).

**Individual Cleaning Impairment Level**

- Minimal
- Moderate
- Maximum

**Companion Cleaning Impairment Level**

- Minimal
- Moderate
- Maximum

**Narrative:**

*[Free text field will feed over to Functional Summary]*

IADL: Laundry

Do you require assistance doing your laundry?

- No
- Yes

If member is receiving Homemaking or Laundry, they are not **Independent** with **Laundry**.

*If Yes - answer these questions to determine impairment level.*

Do you need assistance gathering and sorting?

- No
- Yes (Min)

Do you need assistance with light hand washables?

- No
- Yes (Min)

Do you need assistance with folding and putting away laundry?

- No
- Yes (Min)

Do you need assistance with hanging clothes to dry?

- No
- Yes (Min)

Do you need occasional assistance transporting/loading/and unloading a residential machine?

- No
- Yes (Mod)

Do you usually need assistance transporting/loading/and unloading a residential machine?

- No
- Yes (Mod)

Are you unable to perform any laundry function?

- No
- Yes (Max)



You will be able to populate either **Individual Laundry Impairment Level** (used when member is the only individual in the home receiving assistance with this IADL) or **Companion Laundry Impairment Level** (used when member and another individual in the home are both receiving assistance with this IADL).



## Individual Laundry Impairment Level

*Note: No washer/dryer on premises (laundromat required) - add 60 minutes*

*Note: Special laundry needs - add 60 minutes*

- Minimal
- Moderate
- Maximum

## Companion Laundry Impairment Level

*Note: No washer/dryer on premises (laundromat required) - add 60 minutes*

*Note: Special laundry needs - add 60 minutes*

- Minimal
- Moderate
- Maximum

## Narrative:

*[Free text field will feed over to Functional Summary]*

IADL: Shopping

Do you need assistance with shopping?

- No
- Yes

If member receives Grocery Shopping, they are not **Independent** with **Shopping**.

If Yes - answer these questions to determine impairment level.

Do you need assistance with preparing a shopping list?

- No
- Yes (Min)

Do you need assistance with going to the store to purchase and pick up items?

- No
- Yes (Mod)

Do you need assistance with picking up medications?

- No
- Yes (Mod)

Do you need assistance with putting food away?

- No
- Yes (Mod)

Are you unable to do any shopping activity?

- No
- Yes (Max)



You will be able to populate either **Individual Shopping Impairment Level** (used when member is the only individual in the home receiving assistance with this IADL) or **Companion Shopping Impairment Level** (used when member and another individual in the home are both receiving assistance with this IADL).

Individual Shopping Impairment Level

- Minimal
- Moderate
- Maximum

Companion Shopping Impairment Level

- Minimal
- Moderate
- Maximum

Narrative:

*[Free text field will feed over to Functional Summary]*

IADL: Meal Prep

Do you require assistance preparing your meals?

- No
- Yes

If member is receiving home delivered meals, they are not **Independent** with **Meal Preparation**.

*If Yes - answer these questions to determine impairment level.*

Do you need assistance with meal planning?

- No
- Yes (Min)

Do you need assistance with preparing meals?

- No
- Yes (Min)

Do you need assistance with warming, cutting, serving prepared meals?

- No
- Yes (Min)

Do you need minimal assistance with breakfast and/or snacks?

- No
- Yes (Min)

Do you need occasional assistance using the microwave, stovetop, or oven?

- No
- Yes (Min)

Do you need assistance with opening jars/containers?

- No
- Yes (Min)

Do you need assistance with cooking full meals?

- No
- Yes (Mod)

Do you need assistance with grinding and/or pureeing food?

- No
- Yes (Mod)

Do you need total assistance with meal prep?

- No
- Yes (Max)



You will be able to populate either **Individual Cleaning Impairment Level** (used when member is the only individual in the home receiving assistance with this IADL) or **Companion Cleaning Impairment Level** (used when member and another individual in the home are both receiving assistance with this IADL).

### Individual Meal Prep Impairment Level

- Minimal
- Moderate
- Maximum

### Companion Meal Prep Impairment Level

- Minimal
- Moderate
- Maximum

### Narrative:

*[Free text field will feed over to Functional Summary]*

**IADL: Transport/Escort**

**Do you require an escort for appointments?**

- No
- Yes

If member receives Transportation (ModivCare), they are not **Independent** with **Transportation**.

*If Yes - answer these questions to determine impairment level.*

**Do you need assistance with arranging for transportation?**

- No
- Yes (Min)

**Do you need someone to accompany you to medical appointments? (clinic, doctor's office)**

- No
- Yes (Mod)

**Do you need someone to wait with you at the appointment?**

- No
- Yes (Max)

**Do you need assistance with language translation or interpretation?**

- No
- Yes (Max)

**Do you need an escort less than once a month?**

- No
- Yes (Mod)

**Do you need an escort at least once a month?**

- No
- Yes (Max)

**Transport Impairment Level**

- Minimal
- Moderate
- Maximum

**Narrative:**

*[Free text field will feed over to Functional Summary]*

**IADL: Durable Medical Equipment**

**Do you use any Durable Medical Equipment?**

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

**Do you need assistance with cleaning your cane/walker?**

- No
- Yes (Min)

**Do you need assistance with cleaning your sliding transfer board/transfer bench?**

- No
- Yes (Min)

**Do you need assistance with cleaning your commode?**

- No
- Yes (Mod)

**Do you need assistance with cleaning your lift chair?**

- No
- Yes (Mod)

**Do you need assistance with cleaning your wheelchair?**

- No
- Yes (Max)

**Do you need assistance with cleaning your Hoyer lift?**

- No
- Yes (Max)

**Do you need assistance with cleaning your power operated vehicle?**

- No
- Yes (Max)

**DME Impairment Level**

- Minimal
- Moderate
- Maximum

**Narrative:**

*[Free text field will feed over to Functional Summary]*

## Overnight Services

### Are overnight services required?

- No
- Yes

*If Yes - answer these questions to determine impairment level.*

### What do you need assistance with overnight? (Check all that apply)

- Mobility/transfers
- Ambulation
- Medications
- Bathing
- Grooming
- Dressing or undressing
- Toileting
- Passive range of motion
- Feeding
- Other *[Optional free text field provided to explain]*

**Impairment Level: Select one and state your rationale for needed night services as checked above in narrative below:**

- Minimal
- Moderate
- Maximum

### Narrative:

*[Free text field will feed over to Functional Summary]*