



APS Screening for Consideration for Community-Based Programs

PART I Questions 1 -25 should be included on first page for faxing and documentation purposes

1. Name: _____

2. Physical Address:

Mailing Address:

County: _____

3. Phone: _____

4. Race: _____ Gender: _____ DOB: _____

5. Marital Status: _____

6. Social Security Number: _____

7. Primary Language: _____

8. Medicaid Number: _____

11.a Other Essential Person(s): physician, family member(s), guardian, caregiver, POA:
(include address and phone number)

Add drop box to include the options listed above

11.b Is there a primary, live-in Caregiver? Yes No Emergency Contact (and phone): _____

12. Directions to Home (as needed):

14. Problem/Diagnosis:

15. How Long a Problem? _____ 16. Urgency of Need: _____

17. Services Requested:

18. Other Agencies Contacted for Help:

19. APS Counselor's Signature: _____ Date: _____

20. Disposition: Protective Intervention Placement Protective Intervention Supportive Services Short-Term Case Mgmt.
 Information & Referral CCDA Application ADA Medicaid Waiver Application HCDA Application

A. Date of Referral (Initial Contact): _____
B. Walk In Phone Other: _____
C. Referral Source (include phone number):

D. Relationship to Individual Being Referred:

E. Is Individual Aware of Referral? Yes No
F. Individual is currently in a Nursing Home.

9. Medicare Number: _____

10. Other Insurance: _____

CCDA Waiting List - Score _____ ADA Medicaid Waiver Waiting List - Score _____ HCDA Waiting List - Score _____

Nursing Home Transition Services Processing Initiated

21. Due Process Pamphlet (CF/PI 140-43) and ACCESS brochure given/mailed

by: _____

DCF Position Title _____ Date Mailed or Date Provided: _____

22. Supervisory Review on this Date: _____ 23. Reviewed/Approved by: _____

24. PART I sent to: _____ Date: _____ By: _____

25. Referred to APS Counselor/Case Manager: _____

Date: _____

PART II

FUNCTIONAL ASSESSMENT (ADLs AND IADLs)

26. Check sources of information used for FUNCTIONAL ASSESSMENT Section.

Individual Requesting Services Other (specify): _____

27. Has individual requesting services had any ongoing problems with memory or confusion that **seriously interfere** with daily living activities?

Describe: _____

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Indicate name and phone number of physician/other who is treating individual for memory/confusion problem(s):

(Address all questions to the individual requesting services if possible. The purpose of these questions is to determine actual ability to do various activities. Sometimes, caregivers help the individual with an item regardless of the person's ability. Ask enough questions to make sure the individual requesting services is telling you what he/she can or cannot do.)

Response Definitions:

No help: Individual can perform activity without assistance from another person.

Relies on Assistive Devices: Individual can complete activity independently with use of assistive devices.

Supervision: Individual needs reminders or supervision during part of the activity.

Some help: Individual requires physical help to complete activity.

Total Help/Can't do it at all: Cannot complete activity without total physical assistance from another person.

ACTIVITIES OF DAILY LIVING (ADLs)

(Read all choices before taking answer)

Total Score: Add numbers beneath checked boxes "No help" through "Total help" in questions #28 through #32, and put the sum in the Total Score box on the following page.

Would you say that you need help from another person?

0 = No help 1 = Relies on Assistive Devices 2 = Supervision 3 = Some help 4 = Total help/Can't do it at all

Comments/Care Plan Implications: Include any individuals or agencies assisting client, equipment used, supplies, etc.)

28. Dressing (includes getting out clothes and putting them on and fastening	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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them, and putting on shoes)	0	1	2	3	4	
29. Bathing (includes running the water, taking the bath or shower and washing all parts of the body including hair)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
30. Eating (includes eating, drinking from a cup and cutting foods)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
31. Transferring (includes getting in and out of a bed or chair)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
32. Toileting / Bladder and Bowel Control (independently includes adjusting clothing, getting to and on the toilet, and cleaning one's self.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
ADL Total Score (Total possible score = 20)						

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

(Read all choices before taking answer)

Response Definitions:

No help: Individual can perform activity without assistance from another person.

Relies on Assistive Devices: Individual can complete activity independently with use of assistive devices.

Supervision: Individual needs reminders or supervision during part of the activity.

Some help: Individual requires physical help to complete activity.

Total Help/Can't do it at all: Cannot complete activity without total physical assistance from another person.

Total Score: Add numbers beneath checked boxes "No help" through "Total help" in questions #33 through #35, and put the sum in the Total Score box below.

Would you say that you need help from another person?

0 = No help 1 = Relies on Assistive Devices 2 = Supervision 3 = Some help 4 = Total help/Can't do it at all

Comments/Care Plan Implications:

(Include services, supplies, equipment, etc.)

33. Transportation Ability (includes using local transportation, paratransit, or driving to places beyond walking distance)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
34. Prepare Meals (includes preparing meals for yourself including sandwiches, cooked meals and TV dinners)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
35. Housekeeping (dusting, vacuuming, sweeping, laundry)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

IADL Total Score

(Total possible score = 12)

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SUPPORT AND SOCIAL RESOURCES OF INDIVIDUAL REQUESTING SERVICES

Check source(s) of information used for this section.

Individual Requesting Services Other (specify): _____

SERVICES/HELP	Yes	No	NOTES
Do you receive ...			
39. Personal Care Assistance (bathing, dressing, getting out of bed, toileting and eating)			
40. Housekeeping (laundry, cleaning, meals, etc)			
41. Transportation			
42. Shopping/Errands			
43. Personal Finances (money management)			
44. Adult Day Care			
45. Home delivered meals (Formal only)			
46. Any other kind of help (Use this question to determine if caller is receiving services from any other health care professional)			

PART III - SCORING MATRIX

For items 1, 2, 3, 4, 5, and 7 in the scoring matrix on the following page, enter the value (in parenthesis) following the question response which corresponds to the response obtained during the interview or through reviews. Example: If the answer was “yes” to the question “Is individual homebound?”, a score of 1 point is placed on the line next to the answer line marked “Yes.” For item 6, enter the score for ADLs and IADLs from the screening form. For item 8, subtract 40 points if the individual interested in HCDA or CCDA services appears eligible **or** is receiving comparable services from other programs. See the Adult Protective Services Waiting List Policy for Community-Based Programs for a definition/description of “comparable services.”

Total Score: Add and subtract (as appropriate) the individual scores for each item to determine the total score and place the score in the box marked Total Score.

Domain/Question	Score
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<p>1. Is individual requesting services a victim and at high risk of abuse, neglect, or exploitation based on Protective Investigator's report?</p> <p>2. Is individual requesting services a victim and at intermediate risk of abuse, neglect, or exploitation based on Protective Investigator's Report?</p> <p>3. Does individual live alone or is individual solely responsible for minor children (under the age of 12) in the home?</p> <p>4. Is individual receiving SSI or SSD because of primary diagnosis of sensory impairment?</p> <p>5. Is individual homebound?</p> <p>6. Functional Assessment: ADLs..... IADLs.....</p> <p>7. Support for Individual Requesting Services: Does individual currently receive help/services (formal/informal) in ADL or IADL deficit areas noted?</p> <p>8. For HCDA and CCDA Programs Only: Individual appears eligible or is receiving comparable services from other departmental programs, APD, or vocational rehabilitation. (Does not include APS programs – see waiting list policy for definition of “comparable services.”) Specify program(s) to which individual is being referred for eligibility determination and steps taken to refer individual to other program(s).</p>	<p>_____ Yes (2 pt.)</p> <p>_____ Yes (1 pt.)</p> <p>_____ Yes (1 pt.)</p> <p>_____ Yes (3 pts.)</p> <p>_____ Yes (1 pt.)</p> <p>_____ (enter ADL total score)</p> <p>_____ (enter IADL total score)</p> <p>_____ No help (3 pt.)</p> <p>_____ Help is available but overall inadequate or changing, fragile or problematic (1 pt.)</p> <p>_____ Help is adequate overall in deficit areas (0 pt.)</p> <p>_____ Minus 41 pt.</p>
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TOTAL SCORE
(Total Possible Score = -41 to +41)

CCDA	ADA MW	HCDA
_____	_____	_____