

AGING & DISABILITY RESOURCE CENTER REVIEWER'S GUIDE FOR FUNCTIONAL SCREEN QUALITY REVIEW

TIP: It's important for the Reviewer to refer to the Functional Screen Instructions, Cue Sheet and Decision Trees, as needed, during the course of the review and during the feedback discussion with the I&A Specialist who completed the screen.

REVIEW OF MODULE 1:

Module 1 includes all sections of the screen prior to the start of the ADL section. This is the information collected on pages 1 through 8 of the Functional Screen. Consider the following in your review:

- Are all appropriate sections completed with no missing information? Are all Notes dated and signed or initialed, with the most recent note first? If "other" categories are checked, is other specified and/or explained in Notes?
- Has the correct **Referral Date** been entered? Does this Screener's understanding of "referral date" seem consistent with how other staff is applying this area of the Functional Screen Instructions?
- Has the correct **Screen Type** been selected?
- If the **Referral Source** is other than self, is there additional information in the Notes to explain where the referral came from?
- If the Functional Screen is being done because the consumer is at the top of the waitlist, is the **Referral Source** marked as "Other" and is "Waitlist" specified?
- If the **Primary Source of Information** is other than the individual, is the name of the person noted?

REVIEW OF MODULE 2:

- Do the Notes explain why the **Target Group** was marked? Is it written in such a way that a fresh person looking at the screen, for example a Care Manager or State Reviewer would fully understand why the target group was selected?
- If a Developmentally Disabled **Target Group** was selected, is there supporting documentation on file from Social Security, medical records and/or school records to verify diagnosis and, if needed, full scale IQ score? Is this information explained in the Notes, including date and source of the report? (Example 1: Per medical records collected from Dr. Anderson, Monroe Clinic on 5/10/09, has diagnosis of Epilepsy starting at age 10. Example 2: Per psychological conducted by Dr. Warrior, Counseling & Clinical Services on 6/3/09, has full scale IQ score of 65. Example 3: Per verification of diagnosis received from Lancaster Social Security Office on 4/5/09, has diagnosis of Mental Retardation.)
- If a Developmentally Disabled **Target Group** was selected, is there documentation on file to show that the DD Decision Tree was used to support the target group selection, and do the Notes explain the decision-making process. In particular, regarding Box 5 of the Decision Tree, do the Notes explain in which areas the consumer was found to have substantial limitations and include examples?
- If the Physically Disabled **Target Group** was selected, is there documentation on file to show that the appropriate Decision Tree was used to support the target group selection, and do the Notes explain the decision-making process? In the case of co-morbidities, such as a consumer with physical disabilities and mental health issues, do the Notes explain how the physical condition was considered separately from the mental illness, and explain how the physical condition impairs the person's functioning significantly enough to meet the definition of physically disabled? Is there supporting documentation

on file, for example from medical records or the Social Security Office, and is this stated in the Notes, including date and source of the report?

- For other **Target Group** selections, what kind of documentation supports the target group? Is the supporting documentation on file and thoroughly explained in the Notes? Is the target group selection consistent with the diagnoses? (Example: If “Alzheimer’s Disease” is marked on the Diagnoses page, has the “Alzheimer’s disease or other irreversible dementia” target group been selected?)

REVIEW OF MODULE 3:

- In the **Contact Information** section, if any contacts are checked as Power of Attorney or Guardian, do the Notes indicate whether or not related documents have been collected and are on file?
- If the **Living Situation** checked indicates that the consumer prefers to live somewhere other than his/her current residence, or if the living arrangement preferred by the consumer’s guardian/family is different, do the Notes explain why a change is wanted?

REVIEW OF MODULE 4:

Module 4 covers the Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), and Overnight Care/Employment sections of the Functional Screen. This is the information collected on pages 9 through 13 of the Screen. This section should be marked to show the level of help the individuals *needs* from another person, whether he/she is actually receiving it or not. Consider the following in your review:

- Are all areas in these three sections fully completed, and all appropriate boxes checked? Are all Notes dated and signed or initialed, with the most recent note first?
- Do there seem to be any inconsistencies? Does the information entered correspond to other parts of the screen, i.e., Health Related Services, Diagnosis, Risk, etc.?
- For any categories where a level of “needs help” is marked, are there sufficient Notes to explain the situation and the Screener’s decision-making? Has the Screener documented supporting information gathered from direct observation, statements made by the consumer, consumer demonstration of how he/she accomplishes a task, information from collateral informants, medical records, etc.?
- Has the Screener referenced the Functional Screen Instructions, including section and page number, in the Notes to support his/her decision-making?
- Has the Screener documented who will provide the help in areas where a level of “help needed” was marked?
- Do the Notes discuss areas where the Screener identified issues or potential problems that either did not yet rise to the level of “needs help,” or where more observation and assessment by the Care Management Team would be needed before level of “needs help” could be accurately gauged?
- Is it clear that no areas in this section have been marked for “just in case” situations? This means, for example, that the consumer should not be marked as “needs help” with bathing just because he/she has a fear of falling at some time or another and wants someone in the house when he/she bathes “just in case.” Rather, Screener observation, medical documentation, consumer demonstration and/or collateral information should be used to document why the consumer needs help from another to safely complete all of the activities involved in bathing.

REVIEW OF MODULE 5:

Module 5 covers the Diagnosis, p. 14 of the Functional Screen. Consider the following in your review:

- Are the Notes in this section dated and signed or initialed, with the most recent note first?

- Does the consumer file contain documentation from clinic, hospital, residential facility, and/or Social Security records verifying each diagnosis that is marked on the Screen? Have all of the current diagnosis listed in the medical and/or Social Security records on file been marked on the Diagnosis page, with none missed?
- Was the Diagnosis Cue Sheet used to mark the Diagnosis page?
- Do the Notes describe the records that were used to verify the diagnoses? Do the Notes provide other important information such as the doctor's name and contact information, current medication list, etc.
- Do the Notes list each diagnosis followed, in parenthesis, by the section and box number that was checked on the Diagnosis page? (Example 1: acid reflux [B5]. Example 2: osteoarthritis [D2].)
- Do the diagnoses that are marked support the Target Group selection?
- Has the Screener included in the Notes other information such as any symptoms or medical problems the consumer is experiencing but have not been formally diagnosed or treated, clearly indicating that these are areas that may need further information or action by the Care Management Team?

REVIEW OF MODULE 6:

Module 6 covers Health Related Services (HRS). This is page 15 of the Functional Screen. Consider the following in your review:

- Are all appropriate rows completed? Are all Notes dated and signed or initialed, with the most recent note first?
- If RN consultation was provided in completing this section of the screen, is this reflected in the Notes?
- Is it apparent that the Screener has used the Functional Screen instructions when completing the HRS page, and has the Screener referenced the Instructions, including section and page number, in the Notes to support his/her decision-making for the various rows?
- If the "Behaviors" row is marked, does the Screen show evidence that the consumer has a cognitive impairment? Do the Notes document what interventions are required and explain the behavior plan currently in place to prevent and/or respond to the behavior?
- If the "Requires Nursing Assessment" row is checked, are there sufficient Notes to explain the situation and the Screener's decision-making regarding why the consumer is unable to self-manage his/her health condition? Is it clear that the needed nursing assessment is not already included in another row, i.e., wound care, medication management, etc.
- Do the HRS selections reflect information provided on clinic, hospital, or other medical records, and is this explained in the Notes?
- Have the "Medication Administration" and "Medication Management" rows been completed properly? These two areas can be easily confused, so need to be carefully reviewed for accuracy.
- Do the HRS selections appropriately correspond to information entered elsewhere on the Screen, i.e., IADL's, Communication and Cognition, etc.
- Is the column designating the "Person is Independent" in managing a health related service being marked when appropriate.

REVIEW OF MODULE 7:

Module 7 includes Communication and Cognition. This is page 16 of the Functional Screen. Consider the following in your review:

- Are all areas in this section fully completed, and all appropriate boxes checked? Are all Notes dated and signed or initialed, with the most recent note first?

- Do there seem to be any inconsistencies? Does the information entered correspond to other parts of the screen? Are there sufficient Notes to explain the situation and the Screener's decision-making? Has the Screener documented supporting information gathered from direct observation, statements made by the consumer, information from collateral informants, medical records, etc.?
- If the "yes" box is checked in the "Physically Resistive to Care" section, does the Screen show evidence that the consumer has a cognitive impairment? Competent adults have the right to refuse any services, whether the Screener agrees with the individual's decision or not. Therefore this section cannot be marked "yes" if a cognitively intact consumer is refusing treatment or service.

REVIEW OF MODULE 8:

Module 8 addresses Behaviors and Mental Health. This is page 17 of the Functional Screen. This section should be marked to show the level of help the individual *needs*, whether he/she is actually receiving it or not. Consider the following in your review:

- Are all areas in this section fully completed, and all appropriate boxes checked? Are all Notes dated and signed or initialed, with the most recent note first?
- If "Wandering" behavior is checked, does the Screen show evidence that the consumer has a cognitive impairment? Does the information checked in the "Behaviors" row of the HRS page and explained in the related Notes appropriately correspond to what is checked here?
- If "Self-injurious", or "Offensive and Violent Behaviors" are checked, is it apparent that the Screener has used the Functional Screen instructions when completing these areas of the screen, and has the Screener referenced the Instructions, including section and page number, in the Notes to support his/her decision-making? Has the Screener documented supporting information gathered from direct observation, statements made by the consumer, information from collateral informants, medical records, etc.?
- If "Person Has Current Diagnosis of Mental Illness" is checked, is there a corresponding diagnosis checked under Section H on the Diagnosis page, and is there documentation on file from a health care provider, medical record or the Social Security office verifying the diagnosis?

REVIEW OF MODULE 9:

Module 9 covers Risk. This is page 18 of the Functional Screen. Consider the following in your review:

- Are all areas in this section fully completed, and all appropriate boxes checked? Are all Notes dated and signed or initialed, with the most recent note first?
- Are there sufficient Notes to explain the situation and the Screener's decision-making? Has the Screener documented supporting information gathered from direct observation, statements made by the consumer, information from collateral informants, medical records, etc.?
- If the Risk Assessment tool was used to assess risk and support decision-making, has it been filed in the consumer file and explained in the Notes?

REVIEW OF NO ACTIVE TREATMENT:

The section addressing "No Active Treatment" is found on p. 20 of the Functional Screen.

- If the consumer meets a developmentally disabled Target Group, has the Screener completed Part A. of this section? (This section should only be completed for consumers who are developmentally disabled.)