

Uniform Assessment System - New York Assessment Report

Person, Any

Date of Birth: 01/01/1950

Medicaid ID: BB12345G

Assessment Date: 02/27/2013

Section Reference Date

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Type of Assessment: Community Assessment

Section Assessment Outcomes

ASSESSMENT OUTCOMES

Expected to need continued services for a period of 30 days or more from the assessment date: Yes
Expected to need continued services for a period of 120 days or more from the assessment date: Yes
Can the needs be scheduled?: Yes
Can person be left alone safely?: Yes
Person resides in a mandatory Managed Long Term Care county: No

Possible Program Choices: Individual
For each program, indicate whether or not the consumer is interested in receiving services from that program:

Personal Care Services Program: Yes
Assisted Living Program: Yes
Consumer Directed Personal Assistance Program: Yes
Adult Day Health Care: Yes
Nursing Home Transition & Diversion Waiver: Yes
Traumatic Brain Injury Waiver: Yes
Long Term Home Health Care Program: Yes
Long Term Home Health Care Program - AHCP: Yes
Managed Long Term Care: Yes
Medicaid Advantage Plus: Yes
Program for All-Inclusive Care of the Elderly: Yes

Referral Recommendation: Community
A community-based assessment was completed
In own home or home of a friend or family member: Yes
In Adult Care Facility or assisted living with additional support and supervision: No

Referral Recommendation: Not Community
Based on the assessment, it was determined that this person cannot be cared for in the community for the following reason(s). Indicate 'yes' to all reasons that apply:

Adequate informal supports for assistance and/or emergency back-up are not available and person cannot be left alone.: Yes
Person is medically complex and skilled nursing services and monitoring required is not available in the home, in an adult day health care program or on an outpatient basis: No
Restorative therapy services are required, and the type, frequency and duration cannot be provided in the community: No
Person does not have an available home in the community (does not own or rent a home, is not eligible for an Adult Care Facility/Assisted Living or cannot live with family or friends): No
Person has a home but it is not safe, adequate, or accessible to support community based services: No
Appropriate community based living cannot be arranged because person's behaviors are a risk to self and others: No

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Nursing home placement request confirmed: **No**

Referral Recommendation: Either Community or Not Community: **Yes**

Assessor Recommendations

LTC Program 1: **LTHHCP - Long Term Home Health Care Program**

LTC Program 2: **CDPAP - Consumer Directed Personal Assistance Program**

LTC Program 3: **PCSP - Personal Care Services Program**

Assessor Signature

Instructions:

Enter name (required), title and/or any comment then click on [Sign/Finalize]. If outcomes are already signed/finalized, click on [Unsign/Unfinalize] to remove current signature.

Assessor Name: **Steve Mill**

Assessor Title: **RN**

HCS User ID: **swj01**

HCS/UAS Role: **1079**

HCS/UAS Role Name: **UAS-40**

HCS/UAS Organization: **2267**

HCS/UAS Organization Name: **Saratoga County Department of Social Services**

Date of Signature: **02/28/2013**

Section Sign/Finalize

Nurse Assessor Signature

Instructions:

Enter name (required) and optional license number, title and/or any comment then click on [Sign/Finalize]. If assessment already signed/finalized, click on [Unsign/Unfinalize] to remove current signature.

Nurse Assessor Name: **Steve Mill**

Nurse Assessor Title: **RN**

I am the only contributor to this assessment: **Yes**

IntentionallyWrong-FromBundle

HCS User ID: **swj01**

HCS/UAS Role: **1079**

HCS/UAS Role Name: **UAS-40**

HCS/UAS Organization: **2267**

HCS/UAS Organization Name: **Saratoga County Department of Social Services**

Section A: Intake/History

Others Present at Assessment: **Sister**

Physician Information

Is there a physician's order?: **Yes**

If yes, ordering physician's name: **Dr. Johnson**

Reason for assessment: **Routine reassessment**

Referral source: **Certified Home Health Agency**

First Assessment Only:

Person's expressed goals of care: **Person would like more shopping opportunities**

One or more care goals met in the last 90 days (or since last assessment if less than 90 days): **No**

Care Goals Comments: **This is an achievable goal.**

Residential / Living Status at time of assessment: **Adult care facility**

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Living arrangement:	With spouse/partner only
Residential history over LAST 5 YEARS	
Code for all settings person lived in during 5 YEARS prior to date case opened	
Adult care facility:	No
Adult care facility with assisted living services:	No
Adult housing offered by Office of Mental Health:	No
Housing offered through Office of People with Developmental Disabilities:	No
Psychiatric hospital or unit:	No
Nursing home:	No
Rehabilitation hospital / unit:	No
Hospice facility / palliative care unit:	No
Acute care hospital:	No
Correctional facility:	No
Homeless (with or without shelter):	No
Education	Technical / trade school
highest level completed:	
History of Attendance at a Special Education Program or Setting?:	No
Employment arrangements - exclude volunteering:	Competitive employment
Involvement in structured activities	
Formal education program:	No
Volunteerism - e.g., for community services :	Yes
Day program:	No
Section B: Cognition	
Cognitive skills for daily decision making	
Making decisions regarding tasks of daily life - e.g., when to get up or have meals, which clothes to wear or activities to do:	Minimally impaired - In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times
Memory / Recall Ability	
Code for recall of what was learned or known	
Short-term memory OK - Seems/appears to recall after 5 minutes:	Yes, memory OK
Procedural memory OK - Can perform all or almost all steps in a multi-task sequence without cues:	Memory Problem
Change in decision making as compared to 90 days ago (or since last assessment):	No change
Section C: Communication/Vision	
Making self understood (expression)	Usually understood - Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
Expressing information content - both verbal and non-verbal:	Understands - Clear comprehension
Ability to understand others (comprehension)	
Understanding verbal information content (however able; with hearing appliance normally used):	
Hearing	
Ability to hear (with hearing appliance normally used):	Minimal difficulty - Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet [2 meters] away)
Vision	
Ability to see in adequate light (with glasses or with other visual appliance normally used):	Moderate difficulty - Limited vision; not able to see newspaper headlines, but can identify objects

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Section D: Mood/Behavior

Indicators of possible depressed, anxious, or sad mood

Code for indicators observed in last 3 days, irrespective of the assumed cause. Note: whenever possible, ask person

Made negative statements - e.g., "Nothing matters; Would rather be dead; What's the use; Regret having lived so long; Let me die": **Present but not exhibited in last 3 days**

Persistent anger with self or others - e.g., easily annoyed, anger at care received : **Exhibited on 1-2 days of last 3 days**

Expressions, including non-verbal, of what appear to be unrealistic fears - e.g., fear of being abandoned, being left alone, being with others,; intense fear of specific objects or situations: **Not present**

Repetitive health complaints - e.g., persistently seeks medical attention, incessant concern with body functions: **Exhibited daily in last 3 days**

Repetitive anxious complaints/concerns (non-health related) - e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationships : **Exhibited on 1-2 days of last 3 days**

Sad, pained, or worried facial expressions - e.g., furrowed brow, constant frowning: **Present but not exhibited in last 3 days**

Crying, tearfulness: **Present but not exhibited in last 3 days**

Withdrawal from activities of interest - e.g., long-standing activities, being with family and friends : **Not present**

Reduced social interactions: **Exhibited daily in last 3 days**

Behavior Symptoms

Code for indicators observed in last 3 days, irrespective of the assumed cause

Wandering - Moved with no rational purpose, seemingly oblivious to needs or safety: **Not present**

Verbal abuse - e.g., others were threatened, screamed at, cursed at: **Present but not exhibited in last 3 days**

Physical abuse - e.g., others were hit, shoved, scratched, sexually abused: **Not present**

Socially inappropriate or disruptive behavior - e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarding, rummaged through other's belongings: **Not present**

Inappropriate public sexual behavior or public disrobing: **Not present**

Resists care - e.g., taking medications/injections, ADL assistance, eating: **Present but not exhibited in last 3 days**

Self-reported mood

Ask: In the last 3 days, how often have you felt...?

Little interest or pleasure in things you normally enjoy?: **Not in last 3 days, but often feels that way**

Anxious, restless, or uneasy?: **Daily in last 3 days**

Sad, depressed, or hopeless?: **Not in last 3 days, but often feels that way**

Section E: Psychosocial Well-Being

Social Relationships

Note: Whenever possible, ask person

Participation in social activities of long-standing interest: **8 to 30 days ago**

Visit with long-standing social relation or family member: **More than 30 days ago**

Other interaction with long-standing social relation or family member - e.g., telephone, e-mail: **In last 3 days**

Openly expresses conflict or anger with family or friends: **Never**

Fearful of a family member or close acquaintance: **4 to 7 days ago**

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Neglected, abused, or mistreated :	Unable to determine
Lonely	No
Says or indicates that he/she feels lonely:	
Change in social activities in last 90 days (or since last assessment if less than 90 days ago)	
Decline in level of participation in social, religious, occupational or other preferred activities:	Decline, not distressed
Length of time alone during the day (morning and afternoon):	More than 2 hours but less than 8 hours
Major life stressors in last 90 days - e.g., episode of severe personal illness; death or severe illness of close family member or friend; loss of home; major loss of income/assets; victim of a crime such as robbery or assault; loss of driving license/car:	No
Section F: Functional Status	
Meal preparation - How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)	
Meal preparation - PERFORMANCE:	Supervision - Oversight/cueing
Meal preparation - CAPACITY:	Setup help only
Ordinary housework - How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry)	
Ordinary housework - PERFORMANCE:	Extensive assistance - Help throughout task, but performs 50% or more of task on own
Ordinary housework - CAPACITY :	Supervision - Oversight/cueing
Managing finances - How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored	
Managing finances - PERFORMANCE:	Maximal assistance - Help throughout task, but performs less than 50% of task on own
Managing finances - CAPACITY:	Setup help only
Managing medications - How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)	
Managing medications - PERFORMANCE:	Extensive assistance - Help throughout task, but performs 50% or more of task on own
Managing medications - CAPACITY:	Extensive assistance - Help throughout task, but performs 50% or more of task on own
Phone use - How telephone calls are made or received (with assistive device such as large numbers on telephone, amplification as needed)	
Phone use - PERFORMANCE:	Independent - No help, setup, or supervision
Phone use - CAPACITY:	Independent - No help, setup, or supervision
Stairs - How full flight of stairs is managed (12-24 stairs)	
Stairs - PERFORMANCE:	Limited assistance - Help on some occasions
Stairs - CAPACITY:	Limited assistance - Help on some occasions
Shopping - How shopping is performed for food and household items (e.g., selecting items, paying money) EXCLUDE TRANSPORTATION	

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Shopping - PERFORMANCE:	Total dependence - Full performance by others during entire period
Shopping - CAPACITY:	Limited assistance - Help on some occasions
Transportation - How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, into and out of vehicles)	
Transportation - PERFORMANCE:	Activity did not occur - During entire period
Transportation - CAPACITY:	Total dependence - Full performance by others during entire period
Equipment Management - (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies): Ability to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique.	
Equipment Management - PERFORMANCE:	Limited assistance - Help on some occasions
Equipment Management - CAPACITY:	Limited assistance - Help on some occasions
ADL Performance	
If all episodes are performed at the same level, score ADL at that level.	
If any episodes at the level of Total dependence, and others less dependent, score ADL as a Maximal assistance.	
Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times].	
If most dependent episode is Independent, setup help only, score ADL as Independent, setup help only.	
If not, score ADL as least dependent of those episodes in between Supervision to Maximal assistance.	
Bathing - How takes bath or shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area - EXCLUDE WASHING OF BACK AND HAIR.:	Supervision - Oversight/cuing
Personal hygiene - How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands - EXCLUDE BATHS AND SHOWERS:	Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
Dressing Upper Body - How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.:	Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
Dressing Lower Body - How dresses and undresses (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.:	Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight
Walking - How walks between location on same floor indoors:	Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
Locomotion - how moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair:	Supervision - Oversight/cuing
Transfer toilet - How moves on and off toilet or commode:	Supervision - Oversight/cuing
Toilet use - How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjust clothes	Supervision - Oversight/cuing

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EXCLUDE TRANSFER ON AND OFF TOILET:	
Bed mobility - How moves to and from lying position, turns side to side, and positions body while in bed:	Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
Eating - How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition):	Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight
Primary mode of locomotion indoors:	Walking, no assistive device
Activity Level	
Total hours of exercise or physical activity in LAST 3 DAYS - e.g., walking:	None
In the LAST 3 DAYS, number of days went out of the house or building in which he/she lives (no matter how short the period):	Did not go out in last 3 days, but usually goes out over a 3-day period
Change in ADL status as compared to 90 days ago, or since last assessment if less than 90 days ago:	Uncertain
Overall self-sufficiency has changed significantly as compared to status 90 days ago, or since last assessment if less than 90 days:	No change
Driving	
Drove car (vehicle) in the LAST 90 DAYS:	No
If drove in LAST 90 DAYS, assessor is aware that someone suggested person limits OR stops driving:	No, or does not drive
Transportation	
Able to tolerate the duration and method of transportation to access community based programs and other medical services outside the home:	Yes
Section G: Continence	
Bladder continence:	Continent - Complete control; DOES NOT USE any type of catheter or other urinary collection device
Bowel continence:	Continent - Complete control; DOES NOT USE any type of ostomy device
Section H: Disease Diagnoses	
Musculoskeletal	
Hip fracture during last 30 days (or since last assessment if less than 30 days):	Not present
Other fracture during last 30 days (or since last assessment if less than 30 days):	Not present
Neurological	
Alzheimer's disease:	Not present
Dementia other than Alzheimer's disease:	Not present
Stroke/CVA:	Not present
Cardiac or Pulmonary	
Coronary heart disease:	Not present
Chronic obstructive pulmonary disease:	Not present
Congestive heart failure:	Not present
Psychiatric	
Anxiety:	Not present
Bipolar disorder:	Not present
Depression:	Not present
Schizophrenia:	Not present
Other	
Cancer:	Not present
Diabetes mellitus:	Not present

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Section I: Health Conditions

Falls:	No fall in last 30 days, but fell 31-90 days ago
Recent falls	No
Note: Skip if last assessed more than 30 days ago or if this is first assessment:	
Number of falls that result in medical intervention	One
Indicate the number of falls in the last 90 days that required medical intervention (e.g., emergency department visit, clinic, physician's office, etc.)	
Not interRAI item:	
Balance	
Dizziness:	Not present
Unsteady gait:	Not present
Cardiac	
Chest pain:	Not present
Psychiatric	
Abnormal thought process - e.g., loosening of associations, blocking, flight of ideas, tangentiality, circumstantiality:	Not present
Delusions - Fixed false beliefs:	Not present
Hallucinations - False sensory perceptions:	Not present
GI Status	
Acid reflux - Regurgitation of acid from stomach to throat:	Not present
Constipation - No bowel movement in 3 days or difficult passage of hard stool:	Not present
Diarrhea:	Not present
Vomiting:	Not present
Sleep Problems	
Difficulty falling asleep or staying asleep; waking up too early; restlessness; non-restful sleep:	Not present
Too much sleep - Excessive amount of sleep that interferes with person's normal functioning:	Not present
Dyspnea (shortness of breath):	Absent at rest, but present when performed moderate activities
Fatigue	Minimal - Diminished energy but completes normal day-to-day activities
Inability to complete normal daily activities - e.g., ADLs, IADLs:	
Pain Symptoms	
Note: Always ask the person about pain frequency, intensity, and control.	
Observe person and ask others who are in contact with person.	
Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other non-verbal signs suggesting pain):	Present but not exhibited in last 3 days
Intensity of highest level of pain present:	Mild
Consistency of pain:	No pain
Breakthrough pain - Have there been times in LAST 3 DAYS when person experienced sudden, acute flare-ups of pain:	No
Pain control - Adequacy of current therapeutic regimen to control pain (from person's point of view):	Pain intensity acceptable to child/youth; no treatment regimen or change in regimen required
Instability of Conditions	
Conditions/diseases make cognitive, ADL, mood or behavior patterns unstable (fluctuating, precarious, or deteriorating):	No
Experiencing an acute episode or a flare-up of a recurrent or	No

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chronic problem:

Self-Reported Health **Fair**

Ask: In general how would you rate your health?:

Tobacco, Alcohol and Substance Abuse

Smokes tobacco daily: **No**

Chews tobacco daily: **No**

Alcohol - Highest number of drinks in any single sitting in LAST 14 DAYS: **2-4**

Presence of behavioral indicators of potential substance-related addiction in LAST 90 days

Felt the need to or was told by others to cut down on drinking or drug use; or others were concerned about person's substance abuse: **No**

Has been bothered by criticism from others about drinking or drug use: **No**

Has reported feelings of guilt about drinking or drug use: **No**

Had to have a drink or use drugs first thing in the morning, e.g. to steady nerves or as an "eye opener": **No**

Feels social environment encourages or facilitates abuse of drugs or alcohol: **No**

Section J: Nutritional

Nutritional Issues

Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in last 180 days: **No**

Dehydrated or BUN / Cre ratio 25: **Yes**

Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day): **No**

Fluid output exceeds input: **No**

Mode of nutritional intake: **Normal - Swallows all types of food**

Section K: Medications/Allergies

Person requires either prescription or over the counter medication: **No**

Allergy to any drug: **Yes**

Section L: Treatments/Procedures

Prevention

Blood pressure measured in LAST YEAR: **No**

Colonoscopy test in LAST 5 YEARS: **No**

Dental exam in LAST YEAR: **No**

Eye exam in LAST YEAR: **No**

Hearing exam in LAST 2 YEARS: **No**

Influenza vaccine in LAST YEAR: **No**

Mammogram or breast exam in LAST 2 YEARS (for women): **No**

Pneumovax vaccine in LAST 5 YEARS or after age 65: **No**

Hospital Use, Emergency Room Use, Nursing Facility Use, Physician Visit
Code for number of times during the LAST 90 DAYS (or since last assessment if less than 90 days)

Inpatient acute hospital with overnight stay: **0**

Emergency room visit (not counting overnight stay): **1**

Physician visit (or authorized assistant or practitioner): **5**

Nursing Facility Use: **2**

If there is an indication of hospital, emergency room, or nursing facility use, code the reasons for each use (up to 4). More than

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one reason may be selected.

Clinical Reason(s) for Hospitalization: (Not interRAI item)

- Improper medication administration, medication side effects, toxicity, anaphylaxis: **Yes**
- Injury caused by fall or accident at home : **No**
- Respiratory problems (SOB, infection, obstruction, COPD, pneumonia) : **No**
- Wound or tube site infection, deteriorating wound status, new lesion/ulcer: **No**
- Hypo/Hyperglycemia, diabetes out of control: **No**
- GI bleeding, obstruction: **No**
- Exacerbation of CHF, fluid overload, heart failure : **No**
- Myocardial infarction, stroke: **No**
- Chemotherapy or other cancer-related admission: **No**
- Scheduled surgical procedure: **No**
- Urinary tract infection : **No**
- IV catheter-related infection: **No**
- Deep vein thrombosis, pulmonary embolus: **No**
- Uncontrolled pain (including back pain): **No**
- Psychotic episode or other change in mental status: **No**
- Other than above reasons: **No**
- Unknown: **No**

Clinical Reason(s) for Emergency Room Use: (Not interRAI item)

- Improper medication administration, medication side effects, toxicity, anaphylaxis : **No**
- Nausea, dehydration, malnutrition, constipation, impaction: **Yes**
- Injury caused by fall or accident at home: **No**
- Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction): **No**
- Wound infection, deteriorating wound status, new lesion/ulcer: **No**
- Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain): **No**
- Hypo/Hyperglycemia, diabetes out of control: **Yes**
- GI bleeding, obstruction: **No**
- Other than above reasons: **No**
- Reason unknown: **No**

Reason(s) for Nursing Home Use: (Not interRAI item)

- Therapy services: **No**
- Respite care: **No**
- End of life care: **No**
- Permanent placement: **No**
- Unsafe for care at home : **No**
- Other: **No**
- Unknown: **No**

Section M: Social Supports

Strong and supportive relationship with family: **No**

Section N: Environmental

Finances

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Because of limited funds, during the last 30 days made trade-offs among purchasing any of the following: adequate food, shelter, clothing; prescribed medications; sufficient home heat or cooling; necessary health care: **Yes**