

Uniform Assessment System - New York

Assessment Outcomes Report

Person, Any

Date of Birth: 01/01/1950

Medicaid ID: BB12345G

Assessment Date: 02/27/2013

Section Outcomes

Nursing Facility Level of Care	18
Resource Utilization Group	Clinically Complex / ADL 4 - 5 / IADL 0
Age at Assessment	63
Medicare eligibility	Active
Able to tolerate the duration and method of transportation to access community based programs and other medical services outside the home	Yes
ADL Performance	
Transfer Toilet	Supervision - Oversight/cuing
Toilet Use	Supervision - Oversight/cuing
Bed Mobility	Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode
Eating	Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight
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
Programs Ruled Out	
CAH I - Care at Home I Waiver	
CAH II - Care at Home II Waiver	
Possible Program Choices	
ADHC - Adult Day Health Care	
TBI - Traumatic Brain Injury Waiver	
MLTC - Managed Long Term Care	
MAP - Medicaid Advantage Plus	
PACE - Program for the All-Inclusive Care of the Elderly	
ALP - Assisted Living Program	
CDPAP - Consumer Directed Personal Assistance Program	
AHCP - Long Term Home Health Care Program	
LTHHCP - Long Term Home Health Care Program	
NHTD - Nursing Home Transition & Diversion Waiver	
PCSP - Personal Care Services Program	

Classified by the New York State Department of Health as "restricted confidential." For further questions contact Security

This report contains information the disclosure of which is restricted by New York State law. For further questions contact Security