MAXIMUS®

Mississippi PASRR
Level of Care Form (for NF Residents)

Last Name: First Name:

To be completed by a knowledgeable caregiver. Note: this form and its instructions are entirely based upon the MS Division of Medicaid (PAS) Application for Long Term Care. Refer to instructions from the PAS for any areas requiring clarification.

Points	Weight	Points	Max Points	CRITERIA
				ADL/IADL: *SCALE:* ***(0 POINTS) INDEPENDENT****:* independently completes activity safely; ***(1 POINT) SUPERVISION****:* Completes activity safely with cueing, set-up or standby assist or limited occasional physical hands-on assistance; ***(2 POINTS) PHYSICAL ASSISTANCE****:* Can participate but requires physical/hands on assistance to complete safely; ***(3 POINTS) TOTAL DEPENDENCY****:* Completely dependent on others to complete activity safely**.**
	7.0		**21.0**	1. **Mobility/Ambulation:** How well can the individual purposefully move within his/her residence/living environment?
	.5		**1.5**	2. **Community Mobility:** How well can the individual move around neighborhood or community? This includes accessing buildings, stores, restaurants and using (including enter/exit) any mode of transportation (such as walking, wheelchair, cars, buses, taxis, etc.).
	7		**21.0**	3. **Transferring:** How much human assistance is needed on a consistent basis for safe transfer, including bed/chair to wheelchair, walker or standing; onto and off toilet; into and out of bath/shower?
	5.0		**15.0**	4. **Eating:** How well is the individual able to eat/drink safely, including chew and swallow? If tube or IV fed, circle 0 if individual can feed self independently, or circle 1, 2, or 3 if another person is required to assist. Excludes meal prep.
	1.0		**3.0**	5. **Meal Prep:** How well is the individual able to safely obtain and prepare routine meals? (Includes ability to independently open containers & use appliances). If tube or IV fed, circle 0 if individual can prep tube/IV feeding independently, or circle 1,2, or 3 if another person is required to assist
	5.0		**15.0**	6. **Toileting:** How well can the individual use toilet, commode, bedpan or urinal safely? This includes flushing, cleansing of self, changing of protective garment, adjusting clothing, washing hands, managing an ostomy or catheter. Excludes transfer and continence (Note – limited hands-on assistance includes emptying bedpans.)
	5.0		**15.0**	7. **Bathing:** How well is the individual able to bathe, shower or take sponge baths safely for the purpose of maintaining adequate hygiene and skin integrity? Includes washing hair. Excludes transfer (Note – limited hands-on assistance includes helping with hard to reach areas, such as the back.)
	5.0		**15.0**	8. **Dressing:** How well is the individual able to safely dress and undress as necessary, regardless of clothing type? This includes ability to put on prostheses, braces, anti-embolism hose and choice of appropriate clothes for the weather and for personal comfort. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit. (Note: if individual can dress independently, but normally requires 30 minutes or longer doing so, score as "Supervisory" (1).)
	5.0		**15.0**	9. **Personal Hygiene:** How well is the individual able to perform personal hygiene/grooming activities safely, including but not limited to combing hair, shaving, oral care? Exclude nail care and washing hair.
	5.0		**15.0**	10. **Med Management:** How well is the individual able to safely manage and administer pills, liquids, inhalers, nebulizers, eye drops, ear drops, self-administered injectables, IV medications, medication pumps? Excludes insulin and monthly injections, such as B-12 shots.
				Does the individual use insulin? How well is the individual able to safely manage and administer insulin? If individual does not use insulin, select N/A for all items. Consider the past 30 days. Score based on functionality achieved with assistive device(s), if used. ☐N ☐ Y (if yes, answer 11 a-c; if no, proceed to 12)
	Capped .5		1.0	11a. Can individual administer finger sticks and understand Accu-Chek® (glucose testing) results? ☐N (1 point) ☐ Y (0 points) ☐ N/A 11b. If on a fixed dose, can individual self-inject insulin with a pre-filled syringe? ☐N (1 point) ☐ Y (0 points) ☐ N/A

Points	Weight	Points	Max Points	CRITERIA
				11c. If on a sliding scale, can individual draw up the correct amount and inject insulin? ☐N (1 point) ☐ Y (0 points) ☐ N/A
				Continence: (Consider the past 30 days; score based on functionality achieved with assistive devices, if used. Includes catheter and ostomy) Scale: (0 Points) Complete Voluntary Control; (1 Point) Incontinent Episodes Less than weekly; (2 Points) Incontinent episodes once per week; (3 Points) Incontinent episodes Two or more times per week
	5.0		15.0	12.BLADDER CONTINENCE – How well is the individual able to voluntarily control the discharge of body waste from the bladder?
	5.0		15.0	13.BOWEL CONTINENCE –How well is the individual able to voluntarily control the discharge of body waste from the bowel?
	Capped 1.0		10.0	14. UNDERLYING CAUSES OF ADL/IADL LIMITATIONS – Check all Physical Impairments and Supervision Needs that apply below. (Each option results in one point; maximum = 10) # selected:

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Physical Impairments							
☐	Amputation	☐	Balance Problems	☐	Paralysis	☐	Physiological Defect
☐	Catheter	☐	Bladder incontinence	☐	Tube feeding	☐	Sensory Impairment – Hearing
☐	Choking	☐	Bowel incontinence	☐	Poor Dentition	☐	Sensory Impairment – Vision
☐	Pain	☐	Decreased Endurance	☐	Weakness	☐	Fine or gross motor impairment
☐	Oxygen use	☐	Neurological Impairment	☐	Ostomy	☐	Swallowing Problems
☐	Obesity	☐	Shortness of Breath	☐	Muscle Tone	☐	Limited Range of motion
☐	Fractures	☐	Lack of assistive devices	☐	History of falls	☐	
Supervision Needs/Mental Health (Check all that apply. Each option results in one point)							
☐	Behavioral Issues	☐	Lack of motivation/apathy	☐	Memory impairment	☐	Cognitive Impairment
☐	Other (describe)						

				II. Vision: The ability to see in adequate light and with glasses, if used.
	1.0		4.0	15. Vision Rating: 0= ADEQUATE – Sees fine detail, including regular print in newspapers/books; 1= MILDLY IMPAIRED – Sees large print, but not regular print in newspapers/books; 2= MODERATELY IMPAIRED – Limited vision; not able to see newspaper headlines, but can identify objects; 3= HIGHLY IMPAIRED – Object identification in question, but eyes appear to follow objects; 4= SEVERELY IMPAIRED – No vision OR sees only light, colors and shapes; eyes do not appear to

				follow objects; UNK=Unable to determine appropriate score
				III. Orientation: Report the total number of No responses for a-k (0-11)
	3.0		33.0	16. Orientation Ratings Q.1 Person; At time of screen: Does the individual know his/her First name? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine Does the individual know his/her Last name? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine Does the individual know caregiver's name? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine Q.2 Place; At time of screen, does individual know his/her: Immediate environment? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine Place of residence? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine City? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine State? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine Q.3 Time; At time of screen, does individual know his/her: Day? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine Month? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine Year? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine Time of Day? ☐N (1 Pt) ☐ Y (0 pts) ☐ Unable to determine
				IV. Behaviors: Consider behaviors during the past 90 days that required some level of intervention; Mark 'H' if > 90 days but within the past 2 years); Consider the most common level of intervention required; "Easily altered" refers to redirection verbally without difficulty; "Not easily altered" refers to redirection verbally with difficulty or need for physical or chemical restraints (to the extent allowed by law)
	3.0		9.0	A. Verbally Aggressive (threatening/Screaming/cursing) Assign points Score Based on Frequency: (0) Has not occurred in 90 days; (1) Occasional (within 90 days)& requiring intervention ≤1 X/week; (2) Frequent & requiring intervention ≥1 X/week and < 1X/day; (3) Constant & requiring intervention daily (H) historically occurred (>90 days ago) AND <2 years ago B. Verbally Aggressive: Check applicable behaviors (If score > 0, select all that apply) ☐Falsely accuses others of stealing ☐Spitting at others ☐Screaming/cursing at others ☐Verbal threats ☐Other (please specify):
	3.0		3.0	C. Verbally Aggressive (intensity): If Frequency is > 0, what intensity of intervention is required? Behavior is: ☐ (0 Pts) easily altered ☐ (1 Pt) not easily altered
	3.0		9.0	A. Physically Aggressive (Hitting/shoving/scratching/sexual abuse) Assign points Score Based on Frequency: (0) Has not occurred in 90 days; (1) Occasional (within 90 days) & requiring intervention ≤1 X/week; (2) Frequent & requiring intervention ≥1 X/week and < 1X/day; (3) Constant & requiring intervention daily (H) historically occurred (>90 days ago) AND <2 years ago

				b. Physically Aggressive: Check applicable behaviors (If score > 0, select all that apply) ☐Combative regarding personal care ☐Hits/shoves/scratches others ☐Sexually abusive ☐Throws items at others ☐Intimidating/threatening physical harm ☐Other (please specify):
	3.0		3.0	C. Physically Aggressive (intensity): If Frequency is > 0, what intensity of intervention is required? Behavior is: ☐ (0 Pts) easily altered ☐ (1 Pt) not easily altered

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	3.0		9.0	A. Wandering/Elopement (movement with no rational purpose, seemingly oblivious to needs or safety) Assign points Score Based on Frequency: (0) Has not occurred in 90 days; (2) Frequent & requiring intervention ≥1 X/week and < 1X/day; (1) Occasional (within 90 days) & requiring intervention ≤1 X/week; (3) Constant & requiring intervention daily (H) historically occurred (>90 days ago) AND <2 years ago B. Wandering/Elopement: Check applicable behaviors (If score > 0, select all that apply) ☐Leaves home and becomes lost ☐Wanders - seeking exit ☐Wanders - not seeking exit ☐Other (please specify):
	3.0		3.0	C. Wandering/Elopement (intensity): If Frequency is > 0, what intensity of intervention is required? Behavior is: ☐ (0 Pts) easily altered ☐ (1 Pt) not easily altered
	3.0		9.0	A. Inappropriate/Unsafe (includes socially inappropriate, unsafe, and disruptive behaviors. Excludes aggression) Assign points Score Based on Frequency: (0) Has not occurred in 90 days; (2) Frequent & requiring intervention ≥1 X/week and < 1X/day; (1) Occasional (within 90 days)& requiring intervention ≤1 X/week; (3) Constant & requiring intervention daily (H) historically occurred (>90 days ago) AND <2 years ago B. Inappropriate/Unsafe: Check applicable behaviors (If score > 0, select all that apply) ☐Breaks objects ☐ Hiding items ☐Hoarding ☐Inappropriate noises ☐Inappropriate talk/action☐ Inappropriate toileting/menses ☐Puts inappropriate non-food items in mouth ☐Repetitive movements ☐ Rummaging/takes belongings ☐unsafe cooking ☐Unsafe smoking ☐Other (please specify):
	3.0		3.0	C. Inappropriate/Unsafe (intensity): If Frequency is > 0, what intensity of intervention is required? Behavior is: ☐ (0 Pts) easily altered ☐ (1 Pt) not easily altered
	3.0		9.0	A. Self-Injurious (Repeat behaviors that cause self-harm. Can include suicidality) Assign points Score Based on Frequency: (0) Has not occurred in 90 days; (2) Frequent & requiring intervention >1 X/week and < 1X/day; (1) Occasional (within 90 days)& requiring intervention <1 X/week; (3) Constant & requiring intervention daily (H) historically occurred (>90 days ago) AND <2 years ago

				B. Self-Injurious: Check applicable behaviors (If score > 0, select all that apply) ☐Biting/Scratching/picking at self ☐Head slapping/banging ☐Suicidal (describe in detail in narrative) ☐Other (please specify):
	3.0		3.0	C. Self-Injurious (intensity): If Frequency is > 0, what intensity of intervention is required? Behavior is: ☐ (0 Pts) easily altered ☐ (1 Pt) not easily altered
				V. Neurological Medical Conditions: (check only those diagnoses that have a current relationship to ADL status, cognitive/behavioral status, medical treatments, skilled nursing care, or risk of death)
	20.0		20.0	☐ Alzheimer's disease/Dementia
	5.0		5.0	☐ Paralysis (Hem/Para/Quad)
	20.0		20.0	☐ Traumatic Brain injury
	20.0		20.0	☐ Severe Orthopedic/neurological impairment with rehabilitative potential

				VI. Health Related Services				
				Services Needed or Receiving	Currently receives	Needs	No Need Identified	Comments
	10.0		10.0	☐ Catheter care	1	1	0	
	10.0		10.0	☐ Occupational Therapy	1	1	0	
	10.0		10.0	☐ Ostomy Care	1	1	0	
	10.0		10.0	☐ Oxygen	1	1	0	
	10.0		10.0	☐ Physical Therapy	1	1	0	
	10.0		10.0	☐ Pressure/Other Ulcer Care	1	1	0	
	10.0		10.0	☐ Tube Feeding	1	1	0	
	10.0		10.0	☐ Turning and positioning	1	1	0	
TOTAL								

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Use the space below to provide any additional pertinent information:

Provide copies of any consultations or evaluations that support and/or substantiate the mental health, physical and/or behavioral change(s) noted on this form. Select attachments included:

☐MD Notes ☐Nursing Notes ☐MAR Sheet(s) ☐Hospital Records ☐Medical Consultation(s) ☐Psychiatric Evaluation(s)

Other (List): Date form was submitted to Ascend:

I attest that the information provided herein is a true and accurate representation of the individual's medical status and needs

Completed by:

Signature: _____ Printed Name & credentials:

Facility: Phone:

Assessor: Date:

Fax to MAXIMUS at: 877.431.9568