

**HOME ASSESSMENT ABSTRACT
FOR THE PERSONAL CARE SERVICES PROGRAM
Instructions**

Purpose:

The purpose of the Home Assessment Abstract is to assist in the determination of whether a patient's home environment is the appropriate setting for the patient to receive health and related services. This form is designed to provide a standardized method for all certified home health agencies and social services districts to determine the following questions essential to the delivery of home care services:

1. Is the home the appropriate environment for this patient's needs?
2. What is the functional ability of this patient?
3. What services are necessary to maintain this patient within this home setting?

General Information:

The assessment form includes an outline for the planning for the development of a comprehensive listing of services which the patient requires.

It is required that a common assessment procedure be used for the Long Term Home Health Care Program (LTHHCP), Home Health Aide Services and Personal Care Services. This procedure will apply to both initial assessments and reassessments. The Home Assessment Abstract must be used in conjunction with the physician's orders and the DMS-1 or its successor.

The assessment procedure will differ only in the frequency with which assessments are required. Assessments must be completed at the initial onset of care. Reassessments are required every 120 days for the LTHHCP and Home Health Aide Services. Reassessments for Personal Care Services are required on an as-needed basis, but must be done at least every six (6) months. At any time that a change in the condition of the patient is noted either by staff of the certified home health agency or the local social services district, that agency should immediately inform the other agency so that the procedures for reassessment can be followed.

The form has been designed so that certified home health agencies and local social services districts may complete assessments jointly, a practice which is highly recommended. When it is not possible to undertake assessments jointly, an indication of the person responsible for completing each section has been included on the form. If, while completing the assessment, a nurse or a social services worker believes they have information in one of the other areas of the form, for which they are not responsible, they may include that information.

It is required that the local certified home health agency complete the assessment form within fifteen (15) working days of the request from the local social services district. Completed forms should be forwarded to the local social services district. Differences in opinion on the services required should be forwarded to the local Professional Director, for review and final determination by a physician.

Instructions:

Section 1 – Reasons for Preparation (RN and SSW)

Check appropriate box depending on whether patient is being considered for admission to a LTHHCP, home health aide service provided by a certified home health agency, or personal care services.

For reassessment, include the dates covered by the reassessment and check whether the reassessment is for a LTHHCP patient, certified home health agency patient, or personal care service patient. If none is appropriate, specific under “other” why form is being completed.

Section 2 – Patient Identification (RN and SSW)

Complete patient’s name and place of residence. If the patient is or will be residing at a place other than his home address, give the address where he will be receiving care. Include directions to address where the patient will be receiving care.

The item “Social Services District” requires the name of the Social Services District which is legally responsible for the cost of the care. In large Social Services districts the number or name of the field office should be indicated.

Section 3 – Current Location of patient (RN and SSW)

Check the current location/diagnosis of the patient. If the patient is in an institution, give name of facility. If he/she is at home and receiving home care, give name of organization providing the service. Complete the “Diagnosis” on all cases.

Section 4 – Next of Kin/Guardian (SSW)

Complete this section with the name of the person who is legally responsible for the patient. This may be a relative or a non-relative who has been designated as power of attorney, conservator or committee for the management of the patient’s financial affairs.

Section 5 – Notify in Emergency (SSW)

Complete section with requested information on whom to call in an emergency situation.

Section 6 – Patient Information (SSW)

Complete all information pertinent to the patient. Use N/A if an item is not applicable. Specify the language(s) that the patient speaks and understands.

Check the category of living arrangements that best describes the living arrangements of the patient.

Definitions of Living Arrangements:

One family house – nuclear and extended family

Multi-family house – two or more distinct nuclear families

Furnished room – one room in a private dwelling, with or without cooking facilities

Senior citizen housing – apartments, either in clusters or high-rise

Hotel – a multi-dwelling providing lodging and with or without meals

Apartment – a room(s) with housekeeping facilities and used as a dwelling by a family group or an individual

Boarding House – a lodging house where meals are provided

If walk-up – when the living unit requires walking up stairs, specify number of flights

Lives with – specify with whom the patient lives. Members of household should be detailed in Section 7.

Other Patient Information:

Social Security Number	To obtain correct numbers, the interviewer should ask to see the patient's identification care for each item.
Medicare Numbers	
Medicaid Number	
Blue Cross Number	
Worker's Compensation	
Veterans Claim Number	

Veterans Spouse – patient may be eligible for benefits if a veteran's spouse.

Other – Identify insurance company and claim number if the patient has coverage in addition to those listed above.

Source of Income/other benefits – Include all sources of income and benefits. When the patient is receiving Medicaid or if Medicaid is pending, the local social services district will already have all necessary information.

Amount of available funds – Since many elderly people have little money left after payment of rent, taxes and utilities, an effort should be made to determine the amount available after payment of these expenses. This is especially important in evaluating whether or not the patient has adequate funds for food and clothing.

Section 7 – Others in Home/Household (SSW)

Indicate all persons residing in the house with the patient and indicate if and when they will assist in the care of the patient. Indicate in Section 14 what service this person(s) will provide. This information must be specific as it will be used to prepare a summary of service requirements for the individual patient.

Section 8 – Significant others Outside of Home – (SSW)

A “Significant Other” is an individual who has an interest in the welfare of the patient and may influence the patient. This may be a relative, friend, or neighbor who may be able to provide some assistance in rendering care. Indicate the days/hours that this person will provide assistance.

Section 9 – community Support – (SSW)

Indicate organizations, agencies or employed individuals, including local social services districts or certified home health agencies who have, or who are presently giving service to the patient; also indicate those services that have been provided in the past six months. Agencies providing home care, home delivered meals, or other services should be included if they have been significant to the care of the patient.

Section 10 – Patient traits – (SSW and RN)

Patient traits should help to determine the degree of independence a patient has and how this will affect care to this patient in the home environment. A patient’s safety may be jeopardized if he shows emotional or psychological disturbance or confusion. It is important to determine if the patient is motivated to remain at home, otherwise services provided may not be beneficial.

For all criteria check the “yes” column if the patient meets the standard of the criteria defined. If, in your judgment the patient does not meet the standard as defined, check “no”. If you have insufficient evidence to make a positive or negative statement about the patient, check the box marked “?/NA” – unknown or not applicable. If you check a no or ?/NA, please explain the reason in the space to the right. Also indicate source of information used as basis for your judgment.

Definitions:

Appears self directed and/or independent – the patient can manage his own business affairs, household needs, etc., either directly or through instruction to others.

Seems to make appropriate decisions –n the patient is capable of making choices consistent with his needs, etc.

Can recall med. Routine/recent events – the patient’s memory is intact, and patient remembers when to take medication without supervision or assistance. Patient knows medical regimen.

Participates in planning/treatment program – the patient takes an active role in decision-making.

Seems to handle crisis well – this means that the patient knows whom to call and what to do in the event of an emergency situation.

Accepts Diagnoses – the patient knows his diagnoses and has a realistic attitude toward his illness

Motivated to remain at home – the patient wants to remain in his home to receive needed care.

Section 11 – Family Traits (SSW and RN as appropriate)

This section should be used to indicate whether the family is willing and/or able to care for the patient at home. The family may be able to care for the patient if support services are provided, and if required instruction and supervision are given, as appropriate, to the patient and/or family.

Definitions:

- a. Is motivated to keep patient home – this means that the family member(s) is (are) willing to have the patient stay at home to receive the needed care and will provide continuity of care in those intervals when there is no agency person in the home by providing care themselves or arranging for other caretakers.
- b. Is capable of providing care – the family member(s) is (are) physically and emotionally capable of providing care to the patient in the absence of caretaker personnel, and can accept the responsibility for the patient’s care.
- c. Will keep patient home if not involved with care – the family member(s) will allow the patient space in the home but will not (or cannot) accept responsibility for providing the necessary services in the absence of Home Care Services.

- d. Will give care if support services given – this means that the family member(s) will accept responsibility for and provide care to the patient as long as some assistance from support personnel is given to the family member(s).
- e. Requires instruction to provide care – this item means that the family is willing and able to keep the patient at home and provide care but will need guidance and teaching in the skills to provide care safely and adequately.

Section 12 – Home/Place where care will be provided – (RN)

In order to care for a person in the home, it is necessary to have an environment which provides adequate supports for the health and safety of the patient. This section of the assessment is to determine if the home environment of the patient is adequate in relation to the patient's physical condition and diagnosis. Input from the patient and family should be considered where pertinent.

Specifically describe the problem if one exists.

Definitions:

Neighborhood secure/safe – refers to how the patient and/or family perceives the neighborhood, for example, in the assessor's perception, the neighborhood may not be safe or secure but the patient may feel comfortable and safe.

Housing adequate in terms of space – refers to the available space that the patient will be able to have in the home. The space should be in keeping with the patient's home health care needs, without encroaching on other members of the family.

Convenient toilet facilities – refers to the accessibility and availability of toilet facilities in relation to the patient's present infirmities.

Heating adequate and safe – refers to the type of heating that will produce a comfortable environment. Safety and accessibility factors should be considered.

Laundry facilities – refers to appliances that are available and accessible to the patient and/or family.

Cooking facilities and refrigerator – refers to those appliances that are available and accessible for use by the patient or family.

Tub/shower/hot water – refers to what bathing facilities are available and if the patient is able to use what is available. Modifications may have to be made to make the facilities accessible to the patient.

Elevator – refers to the availability of a working elevator and if the patient is able to use it.

Telephone accessible and usable – refers to whether or not there is a telephone in the home, or if one is available. Specify whether or not the patient is able to reach and use the telephone.

Is patient mobile in house – refers to the ability of the patient to move about in the home setting. Modifications may have to be made to allow mobility, for example, widening doorways and adding ramps for a patient in a wheelchair.

Any discernible hazards – refers to any hazard that could possibly have a negative impact on the patient's health and safety in the home.

Construction adequate – refers to whether or not the building is safe for habitation.

Excess use of alcohol/drugs by patient or caretaker – refers to whether or not the patient or caretaker uses those materials enough to endanger the patient's health and safety because of inadequate judgment, poor reaction time, etc.; smokes carelessly.

Is patient's safety threatened if alone – refers to situations that may cause injury to the patient. This includes situations such as physical incapacitation, impaired judgment to the point where the patient will allow anyone to enter the home, wandering away from home, and possibility of the patient causing harm to himself or others.

Pets – refers to if the patient has a pet(s) and if so, what problems does it present, for example, is the patient able to take care of the pet, is the pet likely to endanger the patient's caretaker, and what plans, if any, must be made for the care of the animal.

Additional Assessment factors – include items that would influence the patient's ability to receive care at home that are not considered previously.

Section 13 – Recovery Potential (RN)

The anticipated recovery potential is important for short and long range planning.

Full recovery – the patient is expected to regain his optimal state of health.

Recovery with patient managed residual – the patient is expected to recover to his fullest potential with residual problem managed by himself, e.g., a diabetic who self-administers insulin and controls his diet.

Limited recovery managed by others – the patient is expected to be left with a residual problem that necessitates the assistance of another in performing activities of daily living.

Deterioration – it is expected that the patient’s condition will decline with no likelihood of recovery.

Section 14 – Services Required (RN, SSW to complete “D” as appropriate)

This section will serve as the basis for the authorization for service delivery. Fill in all services required, describing type, frequency and duration as pertinent. Specify whether the family or an agency will be providing services and frequency that the agency will be involved. It is necessary to determine the amount of services required to enable the local Social Services district to develop the summary of service requirements and to arrive at a total cost necessary to the Long Term Home Health Care Program. The local Social Services district will make the final budgetary determinations.

- A. This section determines that activities the patient can/cannot do for himself, also the frequency which the patient needs help in performing these activities.
- B. The RN should determine what level of services are needed or anticipated.

Example:

	Yes	No	Type/Freq. Dur.	Agency/Family Agency Freq.
Registered Nurse	X		1 hr.2xWk/1 mo.	V.N.S.
Physical Therapy		X		
Home Health Aide	X		4 hr/3xWk/ 1mo.	V.N.S.
Speech Pathology		X		
Occupational Therapy		X		
Personal Care	X		4 hr./5xWk/1 mo.	Homemaker Upjohn
Clinic	X		1xWk-Mondays 1 pm	

C. Equipment/Supplies

The nurse should determine what medical supplies and equipment are necessary to assist the patient. Consideration should be for the rehabilitation and safety needs of the patient. Circle the specific equipment required and described in type/freq./dur. column, etc.

Example:

Dressing, cath equipment----#18 Foley/1xmo/6mo

D. Other Services

The RN should indicate any other health service needed for the total care of the patient. The SSW should complete the balance of the service needs.

Service needs will not be changed by the local social services district without consulting with the nurse. If there is disagreement, the case will be referred to the local professional director for review and final determination by a physician.

Section 15 – (SSW and RN)

DMS-1 Predictor Score

The predictor score must be completed. To be eligible for the LTHHCP, the patient's level of care needs must be determined and must be at the Skilled Nursing Facility (SNF) or Health Related Facility (HRF) level. The predictor score must be completed for home health aide and personal care services to assure adequate information for placement of personnel.

If the patient is institutionalized the predictor score should be obtained from the most recent DMS-1 completed by the discharge planner of that facility. If the patient is at home, it may be necessary for the nurse from the LTHHCP or certified home health agency to complete a DMS-1 form during the home assessment to ascertain the predictor score. Refer to the instructions for completing the DSM-1, if necessary.

Override necessary

An override is necessary when a patient's predictor score does not reflect the patient's true level of care. For example, a patient with a low predictor score may require institutional care due to emotional instability or safety factors. Either the institution's Utilization Review physician or physician representing the local professional director must give the override.

Can needs be met through home care?

Indicate if the patient can remain at home if appropriate services are provided. If the patient should not remain at home for health or safety reasons, be specific in your reply.

Institutional Care

Give specific reason why institutionalization is required. Check the level of institutional care the patient requires. Indicate if the patient can be considered for home care in the future.

Section 16 – Summary of Service Requirements – (SSW)

This information is to be used in correlation with services required for the patient to remain at home (Section 14). This section is to determine the cost of each individual service, source of payment, data services are effective and total monthly budget.

The SSW should complete this section including unit cost and source of payment. Subtotal and total costs will be determined by the local social services department.

Section 17 – Person who will relieve in an emergency – (SSW and RN)

This should be an individual who would be available to stay with the patient, if required, in a situation where the usual, planned services are not available. An example would be, when an aide did not appear on schedule, and the patient could not be left alone.

Narrative – (SSW and RN)

The narrative should be used to describe details of the patient's condition, not covered in previous sections, that will influence the decision regarding placement of the patient.

Assessment completed by

Each professional should sign and date this form. Include agency and telephone number.

Authorization to provide services for the LTHHCP, Home Health Aide or Personal Care Services will be provided by the Local District Social Services Commissioner or his designee.