

**Medicaid Home and Community-Based Services Waiver Program
Participant Assessment (use only for people at home)**

Participant Name: _____

GENERAL HEALTH

Temperature: _____ Pulse: _____ Respiration: _____ Blood Pressure: _____
 Current Weight: _____ gain loss Target weight: _____
 Diet/Nutrition: Regular Low Salt Puree/Chopped Diabetic/No Concentrated Sweets Other _____
 Fluid: Unlimited Restricted Amount: _____
 Identify any changes over past month:
 Diagnosis Medications Health Status Hospitalization Falls Incidents Other
 Describe change: _____

RESPIRATORY

Within Normal Limits
 Cough Wheezing Other: _____
 When is the person noticeably short of breath?
 Never short of breath
 When walking > than 20 ft. or climbing stairs
 With moderate exertion (e.g. dressing, using commode, walking <20ft.)
 With minimal exertion (eating, talking)
 At rest (during day/ night)
 Respiratory treatments utilized at home:
 Oxygen (intermittent or continuous)
 Aerosol or nebulizer treatments
 Ventilator (intermittent or continuous)
 CPAP or BIPAP
 None

PAIN/DISCOMFORT

Pain frequency:
 No pain or pain does not interfere with movement
 Less often than daily
 Daily, but not constant
 All the time
 Site(s): _____
 Intensity High Medium Low
 Person is experiencing pain that is not easily relieved, occurs at least daily, and effects the ability to sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity
 Cause (if known): _____
 Treatment: _____

GENITOURINARY STATUS

Catheter Content _____
 Urine Frequency _____
 Pain/Burning Discharge
 Distention/Retention
 Hesitancy Hematuria
 Other: _____
 Person has been treated for a Urinary Tract Infection over the past month
 Normal

CARDIOVASCULAR

BP and Pulse within normal limits
 Rhythm Regular Irregular
 Edema:
 RUE: Non-pitting Pitting
 LUE: Non-pitting Pitting
 RLE: Non-pitting Pitting
 LLE: Non-pitting Pitting
 Other: _____

GASTROINTESTINAL STATUS

Bowels: frequency _____
 Diarrhea Constipation Nausea Vomiting
 Swallowing issues: _____
 Pain: _____ abdominal epigastric
 Anorexia
 Other: _____
 Bowel incontinence frequency:
 Very rarely or never incontinent of bowel
 Less than once per week
 One to three times per week
 Four to six times per week
 On a daily basis
 More than once daily
 Person has ostomy for bowel elimination

NEUROLOGICAL

Cognitive functioning
 Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently
 Requires prompting (cueing, repetition, reminders) only under stressful or unfamiliar situations
 Requires assistance, direction in specific situation, requires low stimulus environment due to distractibility
 Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall more than half the time.
 Totally dependent due to coma or delirium
 Speech: Clear and understandable Slurred Garbled Aphasic
 Unable to speak
 Pupils: Equal Unequal
 Movements: Coordinated Uncoordinated
 Extremities:
 Right upper Strong Weak Tremors No movement
 Left upper Strong Weak Tremors No movement
 Right lower Strong Weak Tremors No movement
 Left lower Strong Weak Tremors No movement

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<p>SENSORY</p> <p><i>Vision with corrective lenses if applicable</i></p> <p><input type="checkbox"/> Normal vision in most situations; can see medication labels, newsprint</p> <p><input type="checkbox"/> Partially impaired; can't see medication labels, but can see objects in path; can count fingers at arms length</p> <p><input type="checkbox"/> Severely impaired; cannot locate objects without hearing or touching or person non-responsive</p> <p><i>Hearing with corrective device if applicable</i></p> <p><input type="checkbox"/> Normal hearing in most situations, can hear normal conversational tone</p> <p><input type="checkbox"/> Partially impaired; can't hear normal conversational tone</p> <p><input type="checkbox"/> Severely impaired; cannot hear even with an elevated tone</p>	<p>PSYCHOSOCIAL</p> <p><i>Behaviors reported or observed</i></p> <p><input type="checkbox"/> Indecisiveness</p> <p><input type="checkbox"/> Diminished interest in most activities</p> <p><input type="checkbox"/> Sleep disturbances</p> <p><input type="checkbox"/> Recent change in appetite or weight</p> <p><input type="checkbox"/> Agitation</p> <p><input type="checkbox"/> A suicide attempt</p> <p><input type="checkbox"/> None of the above behaviors observed or reported</p> <p><i>Is this person receiving psychological counseling?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p>MUSCULOSKELETAL</p> <p><input type="checkbox"/> Within Normal limits</p> <p><input type="checkbox"/> Unsteady Gait</p> <p><input type="checkbox"/> Poor endurance</p> <p><input type="checkbox"/> Altered Balance</p> <p><input type="checkbox"/> Weakness</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Deformity</p> <p><input type="checkbox"/> Contracture</p> <p><input type="checkbox"/> Impaired ROM</p> <p><input type="checkbox"/> Poor coordination</p>	<p>MENTAL HEALTH</p> <p><input type="checkbox"/> Angry</p> <p><input type="checkbox"/> Depressed</p> <p><input type="checkbox"/> Uncooperative</p> <p><input type="checkbox"/> Hostile</p> <p><input type="checkbox"/> Panic</p> <p><input type="checkbox"/> Flat affect</p> <p><input type="checkbox"/> Anxious</p> <p><input type="checkbox"/> Phobia</p> <p><input type="checkbox"/> Agitated</p> <p><input type="checkbox"/> Paranoid</p> <p><input type="checkbox"/> Obsessive/Compulsive</p> <p><input type="checkbox"/> Tics Spasms</p> <p><input type="checkbox"/> Mood swings</p> <p><input type="checkbox"/> Depressive feeling reported or observed</p> <p><input type="checkbox"/> None of above</p>
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SKIN

Color Normal Pale Red Irritation Rash

Skin Intact Yes No (if no, complete next section)

Pressure Ulcer Stages	Number of Pressure Ulcers				
	0	1	2	3	4 or more
Stage 1: Redness of intact skin; warmth, edema, hardness, or discolored skin may be indicators					
Stage 2: Partial thickness skin loss of epidermis and/or dermis. The ulcer is superficial and appears as an abrasion, blister, or shallow crater.					
Stage 3: Full thickness skin loss; damage or necrosis of subcutaneous tissue; deep crater					
Stage 4: Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures					
Location of ulcers:					

Surgical or other types of wounds (describe location, size and nature of wound) _____
