



## LTC Assessment for Instrumental Activities of Daily Living Form

Member Information		
Last Name:	First Name:	M.I.:
Medicaid ID#:	Date of Birth:	
Mailing Address:		
Held Date:	Verified Date:	
Date of Assessment:		

Functional Deficits
<p><b>Physical Impairments:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain</li> <li><input type="checkbox"/> Visually Impaired</li> <li><input type="checkbox"/> Limited Range of Motion</li> <li><input type="checkbox"/> Weakness</li> <li><input type="checkbox"/> Balance Problems</li> <li><input type="checkbox"/> Shortness of Breath</li> <li><input type="checkbox"/> Decreased Endurance</li> <li><input type="checkbox"/> Falls</li> <li><input type="checkbox"/> Paralysis</li> <li><input type="checkbox"/> Neurological Impairment</li> <li><input type="checkbox"/> Oxygen Use</li> <li><input type="checkbox"/> Muscle Tone</li> <li><input type="checkbox"/> Amputation</li> <li><input type="checkbox"/> Open Wound</li> <li><input type="checkbox"/> Stoma Site</li> <li><input type="checkbox"/> N/A</li> </ul>
<p><b>Supervision:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cognitive Impairment</li> <li><input type="checkbox"/> Memory Impairment</li> <li><input type="checkbox"/> Behavior Issues</li> <li><input type="checkbox"/> Lack of Awareness</li> <li><input type="checkbox"/> Difficulty Learning</li> <li><input type="checkbox"/> Seizures</li> <li><input type="checkbox"/> N/A</li> </ul>
<p><b>Mental Health:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of Motivation / Apathy</li> <li><input type="checkbox"/> Delusional</li> <li><input type="checkbox"/> Hallucination</li> <li><input type="checkbox"/> Paranoia</li> <li><input type="checkbox"/> N/A</li> </ul>

### IADL Task Scoring

**Hygiene:** The ability to perform grooming, shaving, nailcare, body care, oral care or hair care for the purpose of maintaining adequate hygiene.

- 0 = The client is independent in completing activity safely.
- 1 = Minimal Assistance - The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands-on assistance.
- 2 = Moderate Assistance - The client regularly requires verbal and/or hands on assistance with IADL task.
- 3 = Maximum Assistance - The client is dependent on others to perform or complete the IADL task.

Hygiene Comments

**Medication Management:** The ability to follow prescribed medication regiment.

- 0 = The client is independent in completing activity safely.
- 1 = Minimal Assistance - The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands-on assistance.
- 2 = Moderate Assistance - The client regularly requires verbal and/or hands on assistance with IADL task.
- 3 = Maximum Assistance - The client is dependent on others to perform or complete the IADL task.

Medication Management Comments

**Transportation:** The ability to drive and/or access transportation services in the community.

- 0 = The client is independent in completing activity safely.
- 1 = Minimal Assistance - The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands-on assistance.
- 2 = Moderate Assistance - The client regularly requires verbal and/or hands on assistance with IADL task.
- 3 = Maximum Assistance - The client is dependent on others to perform or complete the IADL task.

Transportation Comments

## IADL Task Scoring

**Money Management:** The ability to handle money, pay bills, plan, budget, write checks or money order, exchange currency, handle coins and paperwork, i.e. to do financial management for basic necessities (food, clothing, shelter). Do not check if limitation is only cultural (e.g., Recent immigrant who has not learned U.S. currency and/or the English language).

- 0 = The client is independent in completing activity safely.
- 1 = Minimal Assistance - The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands-on assistance.
- 2 = Moderate Assistance - The client regularly requires verbal and/or hands on assistance with IADL task.
- 3 = Maximum Assistance - The client is dependent on others to perform or complete the IADL task.

Money Management Comments

**Shopping:** The ability to run errands and shop; select appropriate items, get around in a store, physically acquire, transport and put away items (money management not considered in this activity).

- 0 = The client is independent in completing activity safely.
- 1 = Minimal Assistance - The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands-on assistance.
- 2 = Moderate Assistance - The client regularly requires verbal and/or hands on assistance with IADL task.
- 3 = Maximum Assistance - The client is dependent on others to perform or complete the IADL task.

Shopping Comments

**Meal Preparation:** The ability to obtain and prepare routine meals. This includes the ability to independently open containers and use kitchen appliances, with assistive devices if person uses them. If the person is fed via tube feedings or intravenously, treat preparation of the tube feeding as meal preparation and indicate level of help needed.

- 0 = The client is independent in completing activity safely.
- 1 = Minimal Assistance - The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands-on assistance.
- 2 = Moderate Assistance - The client regularly requires verbal and/or hands on assistance with IADL task.
- 3 = Maximum Assistance - The client is dependent on others to perform or complete the IADL task.

Meal Preparation Comments

## IADL Task Scoring

**Laundry:** The ability to maintain cleanliness of personal clothing and linens.

- 0 = The client is independent in completing activity safely.
- 1 = Minimal Assistance - The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands-on assistance.
- 2 = Moderate Assistance - The client regularly requires verbal and/or hands on assistance with IADL task.
- 3 = Maximum Assistance - The client is dependent on others to perform or complete the IADL task.

Laundry Comments

**Accessing Resources:** The ability to identify needs and locate appropriate resources; is able to complete phone calls, setup and follow through with appointments and to complete paperwork necessary to acquire/participate in service/activity offered by the resource.

- 0 = The client is independent in completing activity safely.
- 1 = Minimal Assistance - The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands-on assistance.
- 2 = Moderate Assistance - The client regularly requires verbal and/or hands on assistance with IADL task.
- 3 = Maximum Assistance - The client is dependent on others to perform or complete the IADL task.

Accessing Resources Comments

**Housework:** The ability to maintain cleanliness of the living environment.

- 0 = The client is independent in completing activity safely.
- 1 = Minimal Assistance - The client can manage IADL task but must be reminded or supervised at least some of the time or the client may require stand-by assistance, may require limited hands-on assistance.
- 2 = Moderate Assistance - The client regularly requires verbal and/or hands on assistance with IADL task.
- 3 = Maximum Assistance - The client is dependent on others to perform or complete the IADL task.

Housework Comments