Department of Elder Affairs

ASSESSMENT INSTRUCTIONS
(701A, 701B, 701C)

Rule 58A-1.010, F.A.C.

E. Douglas Beach, Ph.D., Secretary
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Use of DOEA Forms

Prioritization Form (701A)
This form is used to prioritize applicants who have not begun to receive services. Applicants can be prioritized by greatest need to be assessed and to receive needed services. A Priority Score is produced.

Assessment Instrument (701B)
This form is the full assessment used at initiation of services, at reassessment, to assess an update/significant change in the consumer’s situation, or to only obtain demographics. It can be used to prioritize consumers who have not begun to receive services. Both a Risk Score and a Priority Score are produced.

This form is used for:
1. Persons receiving **OAA Registered Services** - *(items or sections coded with an O)*
2. CARES consumers who are being referred to non-community placement (nursing home) - *(items or sections coded with a C)*
3. CARES consumers who are being referred back into the community with services - **Full assessment**
4. Waiting List consumers where applicants are fully assessed before being placed on a waiting list – **Full assessment**
5. Initial assessments or annual assessments of consumers - **Full assessment**
6. Updating assessment information when significant changes take place in the situation of the consumer - **Completion of updated information**

**OAA Registered services** are: Adult Day Care, Adult Day Health Care, Chore, Escort, Home Delivered Meals, Home Health Aide, Homemaker, Nutrition Counseling, Personal Care, Respite, and Screening/Assessment. (Congregate Meals are also a Registered Service, but the 701C form is used if Congregate Meals and/or Nutrition Counseling are the only services being provided.)

Any section or individual question noted with “(O)” will be answered when assessing a person applying for OAA Registered Services. Any section or individual question noted with “(C)” will be answered when assessing a person applying through CARES for non-community placement.

Congregate Meals Assessment (701C)
This form is used to assess persons receiving only congregate meals and/or nutrition counseling. The assessment contains two sections - demographic and nutrition information. A Nutrition Score is produced.
The **PRIORITY SCORE** compares persons who are assessed according to some very basic factors. Persons with the highest scores are more likely to need services quickly in order to remain in the community. The factors are:

1. Whether or not the person lives alone;
2. Whether or not the person has a caregiver to provide at least some care, the caregiver’s health status, their ability to continue to provide care, and whether the caregiver is in crisis;
3. The person’s present health and how it compares to a year ago;
4. How much the person’s health affects them doing what they want to do; and
5. How much assistance the person needs ADLs and IADLs.

**DEVELOPING RAPPORT**

Prior to beginning an interview, you should take time to establish rapport with the consumer or caregiver. Developing rapport will make the interview go more quickly, be more productive and more enjoyable. If the consumer feels comfortable, they will speak more openly allowing you to gather valuable information. Developing rapport with the consumer will also help you to better understand him/her. This understanding will help you to direct the conversation and know when to ask additional questions.

**ADMINISTRATION OF THE ASSESSMENT**

The Assessment Instrument will be administered by persons who have attended assessment training provided by an area training team and have passed the post-test. If it becomes necessary for someone to administer the assessment who has not yet passed the test, the completed 701A, 701B or 701C forms will be reviewed and signed-off by a supervisor who has passed the assessment test to ensure accuracy in completion. Training for persons completing the 701A or 701C forms may be conducted simultaneously with the 701B training sessions or may be conducted separately.

**INSTRUCTIONS FOR THE DOEA ASSESSMENT INSTRUMENT (701B)**

The Prioritization Form (701A) and the Congregate Meals Assessment (701C) will use the same instructions for identical sections unless noted.

Priority Score and Risk Score boxes appear at the beginning of the assessment instrument (701B). These scores will be computed by the department’s Client Information and Registration Tracking System (CIRTS) and inserted on the turnaround document.

**Owner ID and Owner Assessor ID** - This is the ID of the agency that employs the consumer’s case manager. This agency is responsible for annually reassessing the consumer. The ID of the case manager assigned to this consumer and responsible for completing this assessment form will be noted under Owner Assessor ID.
Provider ID and Provider Assessor ID - This is the ID of an agency providing services to a consumer, but not the case management agency. This agency may need to complete one of the forms on a consumer. If so, the Provider Agency’s ID is given as well as the ID of the assessor who is completing the form.

Assessor Name and Signature - The assessor’s name, printed legibly, is required, along with the assessor’s signature. Though the signature is at the beginning of the form, the assessor is taking responsibility for the completion of the entire form.

Form legend:

- ## - items are required in CIRTS
- P - Priority Score item
- (O) - Items required for OAA Registered Services
- (C) - Items required for CARES non-community placements

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**When an entire item/question is in bold italics, it is not asked to the consumer or caregiver. The assessor supplies the information.**

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A. DEMOGRAPHIC INFORMATION

1. Name - The assessor will obtain the applicant’s full name and note it on the line provided.

2. Social Security Number – Nine (9)- digit number. A “unique identifier” for each consumer is used for tracking and comparing information. Assessors must inform all consumers that their SSN is confidential under law and disclosure of their SSN is voluntary. To comply with s. 119.071(5), F.S., assessors must provide in writing to each consumer the reason the SSN is being collected and explain the use of the SSN to determine benefits or services, including federal benefits, that may be appropriate for the consumer. (See Attachment A.)

If a consumer does not wish to release her/his SSN, a nine (9)- digit pseudo ID will be created using the following formula:

- Use the initials from the consumer’s name (first, middle and last) for the first three characters. **If the middle initial is unknown, then enter “X”**. Enter the consumer’s six-digit date of birth (MM/DD/YY) to create the last six characters. **Do not make up a DOB**. Example: Ellen Elizabeth Hyatt; DOB: January 5, 1912. Pseudo ID would be = EEH010512.

3. Medicaid Number - This information is mandatory **IF** the individual is receiving general Medicaid or if she/he is receiving services under one of the Medicaid waivers.

3a. Consumer Type – Check the (E) box for **every** applicant when completing the 701B or 701C. When completing the 701A, check the (C) box only if the applicant is the grandparent or relative caregiver (55 years of age or older) for an individual who is not more than 18 years of age or who is an individual with a disability. For all other applicants, check the (E) box.
3b. Check the (N) box for **every** applicant when completing the 701B or 701C. When completing the 701A, check the (Y) box only if the applicant is the grandparent or relative caregiver (55 years of age or older) for an individual who is not more than 18 years of age or who is an individual with a disability. For all other applicants check the (N) box.

4. Physical Address - The assessor will note the address of the applicant’s physical location.

4a. Mailing Address - Note if different from physical address. Especially important for the HCE program since this is the address to which the caregiver’s basic subsidy is mailed.

4b. Phone Number - The assessor will note the applicant’s phone number, if there is a phone.

4c. Is this Public Housing? (Y) Yes or (N) No. This information will relate to care planning. A low-income consumer may need information about housing or referral to more affordable housing, if not in subsidized housing. There may be multiple issues with which this applicant may need help.

4d. **Assessment Date** - The date the assessment was completed. MM/DD/YYYY

4e. **Assessment Site** - The assessor will mark the site that is applicable.
   - CH - Consumer’s Home
   - H - Hospital
   - NH - Nursing Home
   - DC - Adult Day Care
   - ALF - Assisted Living Facility
   - O - Other, any other site not coded above

<table>
<thead>
<tr>
<th>Assessment Sites on 701A</th>
<th>Assessment Sites on 701C</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH - Consumer’s Home</td>
<td>SC - Senior Center</td>
</tr>
<tr>
<td>O - Other</td>
<td>O - Other</td>
</tr>
<tr>
<td>P - Provider</td>
<td></td>
</tr>
</tbody>
</table>

4f. **Assessment Type** - The assessor will mark the type that is applicable.
   - O - OAA Registered Services (Sections/questions noted with O)
   - O3E - OA3E, National Family Caregiver Support Program
   - U - Update/Significant Change* in Consumer’s Situation
   - I - Initial Full Assessment
   - WL - Waiting List persons receiving a Full Assessment
   - C - CARES Non-Community Placements (Sections/questions noted with C.)
   - A - Annual Assessment for present consumers

* An **Update/Significant Change** would involve a situation where very significant change has occurred in the consumer’s situation such as loss of the caregiver, change in caregiver with a change in residence, or drastic change in the consumer’s medical conditions. This will not be used for every change in assessment information but will be reserved for situations where there is change in information for an entire section or for multiple sections.
Assessment Types on 701A
    T - Telephone
    O - E HEAP (Emergency Home Energy Assistance Program for the Elderly)
    U - Update
    D - Demographic
    WLS - Waiting List Screening
    OT - Other Type (Provides demographics, can be used to register someone receiving a non-registered service)
    G - Grandparent/Guardian

Assessment Types on 701C
    CM - Congregate Meals
    U - Update

5. Date of Birth - The assessor will note the applicant’s DOB in the following format: MM/DD/YYYY.

6. **Sex - The assessor will note whether the applicant is male or female.**

7. Race - The assessor will obtain the applicant’s response and mark the box that is applicable. These categories are suggested by the federal government for reporting under the Older Americans Act.
   - W - White
   - B - Black
   - N - Native American
   - A - Asian, Pacific Islander
   - O - Other

8. Ethnicity - The assessor will obtain the applicant’s response and mark the box that is applicable. The only distinct ethnic grouping that must be reported to the federal government is “Hispanic.” NOTE: A person of Hispanic ethnicity may be from any race.
   - H - Hispanic
   - O - Other

9. Primary language - The assessor will note the primary language spoken by the consumer. This information, if taken during the screening process, will enable the agency to send a worker to the home who will be able to communicate most effectively with the consumer. There is a drop down menu of languages in CIRTS from which to select.

10. Marital Status - The assessor will obtain the applicant’s response and mark the box that is applicable.
    - M - Married
    - S - Single
    - P - Separated
    - W - Widowed
    - D - Divorced
    - O - Partner
11. **Referral Source - The assessor will mark the box that is applicable.**

- **C - CARES**
- **A - APS (Abuse/Neglect/Exploitation)**
- **L - Lead Agency**
- **H - Hospital**
- **U - Upstreaming/CARES**
- **O - Other**
- **S – Self**
- **DCF - CCDA** Aging Out of the Community Care for Disabled Adults Program
- **DCF - HCDA** Aging Out of the Home Care for Disabled Adults Program

After checking the referral source box, provide further information for tracking the handling of cases that are the highest priority:

- A referral from CARES (C) may be a consumer who is at imminent risk of nursing home placement. If this is true, check box (IM) for Imminent Risk. **NOTE:** Imminent Risk designation may also be made by the lead agency.

- A referral from CARES (C) may be a consumer who is transitioning out of a nursing home. If this is true, check box (TRNH) for Transition from NH.

- If the referral is from Adult Protective Services (APS), check the level of risk: (H) High, (M) Medium, or (L) Low. **NOTE:** High Risk referrals from Abuse/Neglect/Exploitation are given primary consideration for receipt of services.

11a. **Referral Date - The referral date is the date that the referral was received at the receiving agency from the referral source. There may be an earlier date on the referral form, but the responsibility begins when the information is actually received. Abuse/Neglect High Risk referrals are tracked to ensure that the persons are contacted and begin to receive needed services (besides case management) within 72 hours of the receipt of the referral information. Record the date as MM/DD/YYYY.**

12. **Is there a Primary Caregiver?** (Y) Yes or (N) No. This is a **Priority Score item.**

A primary caregiver is any person who cares for someone on a regular basis and:
- can be depended on to provide help as needed with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs);
- may or may not live with the consumer; and
- does not include operators of ALFs, nursing homes, Adult Family Care Home (AFCH) sponsors, home health agencies or service provider staff.
13. Living Situation - The assessor will mark the box that is applicable. This is a **Priority Score item**.
   - WC - With caregiver
   - WO - With other
   - AL - Lives alone

14. Need outside assistance to evacuate? (Y) Yes or (N) No. If the individual is able to evacuate the home or has arrangements with a caregiver or another person to help them to evacuate, then outside assistance is not needed. This question points to the need for assistance to be set up by the case manager.

15. Registered with County Special Needs Registry? (Y) Yes or (N) No. Each county in Florida has a listing of persons who have disabilities or health conditions that make it vital for them to receive help with evacuation during emergencies. Ensuring that consumers with evacuation needs are on the county listing is a function of the case manager.

### 701A ONLY: During screening using the 701A, consumers may refuse to provide income or asset information (Questions #16 and #17). Consumers must be made aware that it may be difficult to make appropriate referrals for services without this information.

16a. Monthly Individual Income - The correct GROSS monthly income of the individual is noted on the line provided. **If an OAA consumer refuses to give this information on any of the assessment forms, the refused box is checked.** OAA services are not means tested; neither income nor assets are used to determine eligibility.

16b. Monthly Couple Income - The correct GROSS monthly income of the couple is noted on the line provided. Couple Income is only counted for persons who are married and living together. **If an OAA consumer refuses to give this information on any of the assessment forms, the refused box is checked.** OAA services are not means tested; neither income nor assets are used to determine eligibility.

16c. Receiving Food Stamps? (Y) Yes or (N) No. This is an important referral issue, especially for those consumers who do not have enough income to buy the food that they need.

17a. Estimated Total Individual Assets - This amount excludes the worth of the consumer’s home, one car and $2,500 in designated burial assets. The assessor will give ranges and ask which range the assets would fall within. The assessor will then mark the box that is applicable. OAA services are not means tested; neither income nor assets are used to determine eligibility.
   - M - $0 to $2,000
   - N - $2,001 to $5,000
   - P - over $5,000
NOTE: If an OAA consumer refuses to give this information on any of the assessment forms, the refused box is checked. OAA services are not means tested; neither income nor assets are used to determine eligibility.

Asset information is needed to give the case manager an idea of whether one or both of the couple might qualify financially for Medicaid waiver services so that appropriate referrals will be made. If the couple has over $3,000 in assets, they will not qualify for Medicaid waiver programs. However, if the couple’s assets are under $6,000, there are some other limited Medicaid programs for which the individual could apply through the Department of Children and Families.

17b. Estimated Total Couple - This amount excludes the worth of the couple’s home, one car and $5,000 in designated burial assets. The assessor will give ranges and ask which range the assets would fall within. The assessor will then mark the box that is applicable. OAA services are not means tested; neither income nor assets are used to determine eligibility.

M - $0 to $3,000
N - $3,001 to $6,000
P - over $6,000

NOTE: If an OAA consumer refuses to give this information on any of the assessment forms, the refused box is checked. OAA services are not means tested; neither income nor assets are used to determine eligibility.

Asset information is needed to give the case manager an idea of whether one or both of the couple might qualify financially for Medicaid waiver services so that appropriate referrals will be made. If the couple has over $3,000 in assets, they will not qualify for Medicaid waiver programs. However, if the couple’s assets are under $6,000, there are some other limited Medicaid programs for which the individual could apply through the Department of Children and Families.

B. CONSUMER CONDITIONS - Mental Health/Behavior/Cognition

Who is answering questions? Check consumer or other.

1a. How would you describe your satisfaction with life in general? The consumer’s response will be recorded by marking the appropriate box (Excellent, Good, Fair or Poor). This question will help the assessor to understand how the consumer feels about aging and the effect of aging on him/her as well as leading to further more specific questions about what might be preventing him/her from being satisfied with his/her life at present.

1b. Compared to a year ago, how would you rate your attitude on life? The consumer’s response will be recorded by marking the appropriate box (Much Better, Better, About Same or Worse).

1c. ASSESSOR: Are behavioral problems present? (Y) Yes or (N) No. The assessor will give an opinion based on the consumer’s responses earlier in the assessment, information supplied by other individuals, and the assessor’s personal observation.
1d. **ASSESSOR:** Does behavior indicate a need for supervision? (Y) Yes or (N) No. This is the assessor’s opinion based on information received relating to the list of behaviors following the question. This information will be gathered from the assessor’s personal observations, as well as information provided by the caregiver, other family members or others who know the consumer.

1e. **What is today’s date?** Month, Day, Day of the Week and Year are noted. These responses test the consumer’s orientation to time. The consumer’s responses are recorded on the lines indicated. The boxes will indicate (Y) for correct or (N) for incorrect.

Where are we? Home address or facility name, city, state and county are noted. These responses test the consumer’s orientation to place. The consumer’s responses are recorded on the lines indicated. The boxes will indicate (Y) for correct or (N) for incorrect.

1f. Count backwards from 20 to 1. The assessor will ask the consumer to begin at 20 and count backward to 1. In order to avoid making it obvious when the consumer has made an error, make a “/” for correct answers, and an “X” for incorrect answers. In order to score 0, the consumer must start with 20 and count backwards to 1 without skipping any numbers. Numbers out of order are errors. Scoring for 1 through 9 is the actual number missed. If the consumer has 10 or more errors, the score is 10.

1g. **ASSESSOR:** Are cognitive problems present? (Y) Yes or (N) No. This will be based on the assessor’s observations as well as information provided already during the assessment interview by the consumer or others.

1h. Currently receiving mental health services? (Y) Yes or (N) No

1i. **ASSESSOR:** Need for mental health referral? (Y) Yes or (N) No
The following box gives the assessor information about determining whether a mental health referral might be needed and whether it would be made on an emergency or non-emergency basis.

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**Information About Mental Health Referral**
The case manager may need to make a referral to a mental health professional. The purpose of a mental health referral is to get a professional assessment of a consumer’s mental health needs. The object is to provide mental health services if they are needed. You should use your judgment in making a referral based upon your observation and all information provided.

Consumers who should be considered for a non-emergency mental health referral include the following:

- consumers with ongoing depressive symptoms that cause significant personal discomfort or interfere with daily activities
- consumers with ongoing anxiety and sleep difficulties
- consumers who are agitated or angry most of the time but who do not pose a threat to others
Consumers who should be referred for emergency mental health intervention include the following:
- consumers who display serious suicidal thoughts
- consumers who pose a danger to themselves or others

Consumers who wander and have significant memory disorders may need a referral to:
- Florida Abuse Hotline Information System (Florida Protective Services System) for cases in which self-neglect is suspected (1-800-96 ABUSE or 1-800-962-2873).
- Alzheimer’s Disease Initiative program or local mental health provider. These are typically for non-emergency situations when services and further evaluation are necessary. However, mental health providers can also help in an emergency.

C. CONSUMER RESOURCES - Mental Health/Behavior/Cognition

1a. ASSESSOR: Formal and/or informal resources provide services as needed to address the mental health needs of the consumer. (Always Available, Sometimes Available, Rarely Available, Unavailable, Not needed)

This question is asking about the availability of resources. The client’s refusal of needed mental health services or denying that they have mental health needs will be noted in the summary box and/or the case narrative for this visit.

1b. ASSESSOR: Consumer oriented to time? (Always, Sometimes, Rarely or Never)
From the consumer’s responses to the time-oriented questions asked during the assessment, the assessor will have an idea of how oriented the consumer is. Information can also be obtained from the caregiver or other close family members who are familiar with the consumer’s abilities and needs.

1c. ASSESSOR: Consumer oriented to place? (Always, Sometimes, Rarely or Never)
From the consumer’s responses to the place-oriented questions asked during the assessment, the assessor will have an idea of how oriented the consumer is. Information can also be obtained from the caregiver or other close family members who are familiar with the consumer’s abilities and needs.

B. CONSUMER CONDITIONS - Physical Health

2a. How would you rate your overall health at the present time? Consumer’s response will be recorded in the appropriate box (Excellent, Good, Fair or Poor). This is a Priority Score item.

2b. Compared to a year ago, how would you rate your health? Consumer’s response will be recorded in the appropriate box (Much Better, Better, About the Same, Worse). This is a Priority Score item.
It is important that the assessor ask the consumer why (s)he feels the way (s)he does about her/his present health and as compared to the previous year. (S)he may be experiencing a temporary condition that causes her/him to respond a certain way. This is a critical question. A consumer’s self-perception can either boost or undermine her/his health and independence.

In the exceptional event that the consumer is unable to answer the question, consult with a caregiver or health care provider concerning the consumer’s self-perception. Use this information to fill out the form and note who supplied the information in the consumer’s case narrative for this visit.

2c. How much do your physical problems stand in the way of your doing the things you want to do? Consumer’s response will be recorded in the appropriate box (Not at all, Occasionally, Often, All the time). This is a Priority Score item.

C. CONSUMER RESOURCES - Physical Health

Response options: Always, Sometimes, Rarely, Never.

2a. Medical care is readily available. Record response in the appropriate box. This is a Priority Score item.

2b. Transportation to care is readily available. Record response in the appropriate box for how accessible transportation is for this particular consumer. This is a Priority Score item.

2c. Finances permit access to health care and medications. Record response in the appropriate box. This is a Priority Score item.

701A ONLY: What physical problems/conditions do you have? This question replaces the use of the entire list of health conditions that is on the 701B. The answer to this question will give enough specific information for the assessor to have a general understanding of the consumer’s physical needs.

FUNCTIONAL - GENERAL

This section helps to identify the consumer’s ability to function in daily life. Activities of Daily Living (ADL) deal with self-care issues. Instrumental Activities of Daily Living (IADL) deal with the consumer in relation to the general community. The object is to determine what assistance the consumer needs to function as normally and independently as possible.

Tell the consumer that you are going to ask some questions about her/his ability to do certain activities. Explain the tasks that each activity includes by reviewing the definition on the form with the consumer. Ask whether (s)he needs help in performing each activity. Whether the consumer receives the help needed will be recorded across the chart under “Consumer Resources.” The possible answers are on the form and repeated in the box below. Read all of
the choices and ask the consumer to select one. Code as 0, 1, 2, 3 or 4 according to the consumer's answer. **Do not assume the answer for the consumer.**

If you disagree with the consumer’s response regarding his/her functional ability and **strongly** suspect that the consumer has given an incorrect response or is masking his/her inability, do one or more of the following:

- Seek information about the consumer’s ability from a caregiver or family member.
- Note the discrepancy between the consumer’s response and your observations. For example, the consumer states that (s)he has no problems with using the bathroom but you notice soiled clothing, strong odor, difficulty in walking or a urine smell in the house.

Indicate your determination of the consumer’s capacity in the answer choice for the question. Record this discrepancy in the consumer’s case narrative for this visit.

**B. CONSUMER CONDITIONS - Activities of Daily Living (ADLs)** These are **Priority Score items.**

“How much help do you need with the following Activities of Daily Living?”

<table>
<thead>
<tr>
<th>Score Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0</strong></td>
<td>No help (0) - Indicates that consumer needs no help to perform any part of the activity.</td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>No help but relies on assistive device (1) - Consumer needs assistive device or technology to complete the activity.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Supervision (2) - Consumer needs reminders or supervision during the activity. Otherwise (s)he needs no physical help to perform the activity.</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Some help (3) - Consumer needs hands-on physical help during part of the activity.</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Can’t do at all (4) - Consumer cannot complete activity without total physical assistance.</td>
</tr>
</tbody>
</table>

a. Bathe - Bathing includes running the water, taking the bath or shower, and washing all parts of the body, including hair. Note whether deficits are the result of mental impairment, physical limitations, or difficult access.

b. Dress - Dressing includes getting out clothes, putting them on, taking them off and fastening/unfastening them; it also includes putting on shoes.

c. Eat - Eating includes eating, drinking from a cup, and cutting foods.

d. Use bathroom - Using the toilet independently includes adjusting clothing, getting to and on the toilet, cleaning oneself and getting off the toilet. If a consumer can manage an accident alone, they are independent. If the consumer needs to be reminded to use the toilet, (s)he needs supervision. Indicate the frequency of toileting accidents. Does the consumer have any control? Do accidents occur at certain times only? Record these specifics in the consumer’s case narrative for this visit.
e. Transfer - Transferring is getting in and out of a bed or chair. Note whether the consumer actually demonstrated this ability and whether (s)he needed a device to do so.

f. Walking/Mobility - Independence in walking refers to the ability to walk short distances at home, but it does not include the ability to climb stairs. Note whether the consumer actually demonstrated this ability and whether (s)he needed a device or some help to do so.

ADL COUNT and SCORE - The ADL Count and Score will be computed by CIRTS and will appear on the turnaround document. They do not appear on the paper form.

C. CONSUMER RESOURCES - Activities of Daily Living (ADLs) These are Priority Score items.

“How often do you have adequate assistance with the following Activities of Daily Living?”

<table>
<thead>
<tr>
<th>Response options: 3 = Always, 2 = Sometimes, 1 = Rarely, 0 = Never, 0 = No help needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Bathe                                             d. Use bathroom</td>
</tr>
<tr>
<td>b. Dress                                            e. Transfer</td>
</tr>
<tr>
<td>c. Eat                                              f. Walking/Mobility</td>
</tr>
</tbody>
</table>

Is there a need for assistive devices to help the consumer to handle her/his ADL functions? If so, the assessor will mark (Y) Yes and indicate the specific devices needed. This question is referring to the individual needing a device that (s)he does not have. Notes about what devices are already in use will be made on the form or in the consumer’s case narrative for this visit.

B. CONSUMER CONDITIONS - Instrumental Activities of Daily Living (IADLs) These are Priority Score items.

“How much help do you need with the following Instrumental Activities of Daily Living?”

<table>
<thead>
<tr>
<th>Response Options: (0) No help, (1) No help but relies on assistive device, (2) Supervision, (3) Some help, or (4) Can’t do at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do heavy chores - Examples of heavy chores may include yard work, washing windows, moving furniture, doing laundry, etc. Laundry includes putting clothes in the washer or dryer, starting and stopping the machine, and drying the clothes. Hand washing of clothes and line drying are also included.</td>
</tr>
</tbody>
</table>

**NOTE:** Laundry is still authorized as a homemaker service. It is included under heavy chores on this form as the best match with Administration on Aging definitions of services.

b. Do light housekeeping - Light housekeeping includes dusting, vacuuming, and sweeping. If the consumer needs help, record who helps and how housekeeping tasks are done.
c. Use phone - This activity may include the use of an amplifier or special equipment. If the consumer requires special equipment, describe what is needed. If the consumer can use the telephone independently but is slow to answer or unable to use a dial phone, note this also.

d. Manage money - Managing money includes paying bills and balancing a checkbook. If the consumer needs help, identify the person who manages the consumer’s financial affairs.

e. Prepare meals - Preparing meals is making sandwiches, cooking meals, and heating TV dinners. If the consumer needs help, describe how his/her meals are obtained.

f. Do shopping - This is the ability to shop for food and other things needed but is not managing transportation.

g. Take medication - This is the ability to take one's own medication. Indicate how the consumer manages her/his medication regimen, either with a personal reminder system or with assistance from others.

h. Use Transportation - This is the ability to use local transportation or to drive to places beyond walking distance. You should record the consumer’s main source of transportation.

EXAMPLE OF SCORING - TAKING MEDICATION

0 = No Help. Consumer is able to take medications as prescribed by a doctor or as instructed on an over-the-counter package.

1 = Assistive Device. Consumer is able to perform all parts of the taking medication activity because of the use of an assistive device(s), such as use of a pill minder or other helping device that the consumer fills himself/herself.

2 = Supervision. Consumer is able to perform all parts of the taking medication activity listed above if another person is there during the activity to lend support by her/his presence or to coach the consumer through the activity, without any hands-on assistance being given.

3 = Some Help. Consumer is able to perform some parts of the taking medication activity listed above and needs another person to be present during the activity to lend some hands-on assistance. This may be a small amount of assistance, such as filling the pill minder for the consumer, or may be a lot of assistance, such as actually handing the pills to the consumer.

4 = Total Help. Consumer is unable to perform the taking medication activity and another person is needed to perform the activity for them. This level of help would be for a consumer who must rely on someone to administer meds, including such action as putting the pill in the consumer’s mouth, holding the water, and rubbing the consumer’s throat to assist with swallowing.

IADL COUNT and SCORE - The IADL Count and Score will be computed by CIRTS and will appear on the turnaround document. They do not appear on the paper form.
C. CONSUMER RESOURCES - Instrumental Activities of Daily Living (IADLs)  These are *Priority Score items*.

“How often do you have adequate assistance with the following Instrumental Activities of Daily Living?”

<table>
<thead>
<tr>
<th>Response options: 3 = Always, 2 = Sometimes, 1 = Rarely, 0 = Never, 0 = No help needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Heavy chores e. Preparing meals</td>
</tr>
<tr>
<td>b. Light housekeeping f. Shopping</td>
</tr>
<tr>
<td>c. Use phone g. Taking medication</td>
</tr>
<tr>
<td>d. Managing money h. Use Transportation</td>
</tr>
</tbody>
</table>

Is there a need for assistive devices to help the consumer to handle her/his IADL functions? If so, the assessor will mark (Y) Yes and indicate the specific devices needed. This question is referring to the individual needing a device that (s)he does not have. Notes about what devices are already in use will be made on the form or in the consumer’s case narrative for this visit.

D. NUTRITION STATUS

These questions are established as a federal screening under the Older Americans Act.

<table>
<thead>
<tr>
<th>Responses: (Y) Yes, (N) No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you lost or gained 10 pounds or more in the last 6 months without trying? Indicate whether weight was lost or gained. This weight change could indicate a health problem. If the consumer isn’t sure, you might ask whether her/his clothes are fitting properly. If (s)he has had a weight change, ask if the consumer or caregiver has notified the doctor. You might have to help with this contact.</td>
</tr>
<tr>
<td>2. Do you take 3 or more kinds of medicine a day? This includes both prescription medicines and over-the-counter health products.</td>
</tr>
<tr>
<td>3. Do you have 2-3 or more drinks of beer, wine or liquor almost every day?</td>
</tr>
<tr>
<td>4. Do you have an illness or condition that made you change the food you eat? Indicate the type of special diet(s) in the appropriate box(es). Multiple special diets indicate that the consumer is at greater nutritional risk.</td>
</tr>
<tr>
<td>5. Do you eat at least two meals a day? Ask the consumer about his/her appetite. Mark the appropriate box for Good, Fair or Poor.</td>
</tr>
<tr>
<td>6. Do you eat some fruits <strong>and</strong> vegetables every day? Ask the consumer to describe what (s)he usually eats and drinks on a typical day. When asking what the consumer eats each day, you might want to walk the consumer through the previous day, from the time (s)he woke up in</td>
</tr>
</tbody>
</table>
the morning until (s)he went to bed at night. Remember that weekends could be different from the rest of the week. Try to determine whether the diet is balanced, how much food is consumed, and when the food is normally eaten.

7. Do you have some milk products every day?

8. Do you have any problems with your teeth, mouth or throat that make it hard for you to chew or swallow? Indicate the type of problem by checking the appropriate boxes or writing the issue on the line provided.

9. Do you eat alone most of the time?

10a. Are you usually able to shop for yourself? **Note:** This question and the next are half points, as they were previously one question that has been split for clarity.

10b. Are you usually able to cook for yourself? **Note:** This question and the former one are half points, as they were previously one question that has been split for clarity.

11. Are you usually able to eat without help?

12. Do you have enough money to buy the food you need?

The Nutrition Score will be calculated by CIRTS and will appear on the turnaround document. If it is necessary for staff to calculate a Nutrition Score quickly, the values are indicated on the assessment form and the score may be calculated manually. The maximum score is 21.

**NOTE:** The range of risk for malnutrition is Low = 0 - 2, Medium = 3 - 5, and High = 5.5 - 21. Consumers with nutrition scores that are 5.5 or higher show a high risk for malnutrition. It is strongly suggested that these consumers be referred for nutrition counseling.

**Does there appear to be a need for Food Stamps?** This question is a prompt for the assessor. If the person does not have enough money to buy food, a referral for receipt of Food Stamps may be appropriate. The possibility of this referral would need to be discussed and might need to be facilitated by the assessor if wanted and appropriate for the consumer. Demographics/#16C answers the question of who is already receiving Food Stamps. If a consumer is already receiving, mark (Y) Yes here.

**Current Height and Current Weight** is also related to nutrition. The consumer may not know his/her current height or weight, or may not care to divulge the information. The assessor will note the information (s)he is able to obtain from the consumer.
TOBACCO USE

The following questions are asked of the consumer. The questions are concerned with use of any tobacco product, including cigarettes, cigars, chewing tobacco or use of snuff.

1. Do you smoke or use tobacco products? Mark the appropriate box for this question.

2. Have you ever smoked or used tobacco? Mark the appropriate box for this question. Also indicate on the line provided how long the individual has been smoking/using tobacco products.

3. Do you live with others who smoke? Mark the appropriate box for this question.

Summary Box - The assessor may note any further information in the box, on an additional sheet of paper to keep with the assessment form, or in the case narrative for this visit.

E1. HEALTH CONDITIONS

The assessor will state the 13 health conditions listed, asking if his/her doctor has told the consumer that (s)he has any of these conditions. Responses of (Y) Yes or (N) No will be recorded on the form.

Some specific information is requested with certain conditions, including:
   1. Type of arthritis
   2. Location of bedsore(s)
   3. Type of cancer - Values: Lung, Oral, Skin or Other

The most problematic of the “Others” will be written in as #14 of the Health Conditions list. “Others” - Any of the 19 conditions in the list that are appropriate to the consumer will be checked. Again the assessor will ask the consumer which conditions the doctor has stated that (s)he has. Some of the others ask for specific information on type and site of the condition.

E2. SPECIAL SERVICES

The assessor will get the consumer’s responses to whether any of the noted therapies are being received and mark the appropriate boxes (Y) Yes or (N) No. The choices are Physical Therapy, Occupational Therapy, Respiratory Therapy and Other. The “other” list is composed of additional commonly used special services by elders. The boxes will be marked if the consumer is in receipt of the special service and the “Other” line will be completed with the most problematic of the additional special services listed.
F. MEDICATIONS

The assessor will record any medications used by the consumer. These will be prescription and non-prescription (over the counter). Some may be refrigerated. Some herbal remedies may be used. If more room is needed, the assessor will need to write the information on an additional piece of paper to keep with the assessment form.

1. **ASSESSOR:** Does consumer seem to be compliant with medications? This is an effort to record if the assessor notes a blatant problem with medication compliance. The option is available for the “unsure” response to be marked by the assessor. The consumer’s doctor may need to be contacted with the assessor’s concern. (Yes, No, or Unsure)

2. **ASSESSOR:** What interferes with medication compliance? If compliance is an issue, the assessor is asked to mark what the main problem appears to be.

   - *Alcohol Interaction -* Use of alcohol with some medications will greatly diminish, enhance or change their effect on the consumer and her/his conditions.
   - *Drug Interaction -* The consumer may be taking medications that duplicate or compete with each other. The assessor could be suspicious if the consumer was not feeling well, did not seem to be sure of what any of her/his medications were for and/or had gotten them from multiple doctors at multiple pharmacies.
   - *Can’t afford*
   - *Confused -* Consumer may suffer from some sort of dementia or may not be able to understand how to take the medications as prescribed. Confusion can come from many sources or a combination of sources and may be the cause of misuse of medications.
   - *Not applicable -* To be used if the answer to question #1 was Yes.

   There is also a line for an “other” response.

3. Has consumer been hospitalized in the last 6 months? (Y) Yes or (N) No. If yes, why? Did the hospitalization relate to the consumer’s major health problems? Information gathered may be recorded on the line provided or in the case narrative for this visit.

3a. Has consumer visited the Emergency Room in the past 6 months? (Y) Yes or (N) No. If yes, why? Did the visit relate to the consumer’s major health problems? Information gathered may be recorded on the line provided or in the case narrative for this visit.

4. Indicate consumer’s status relating to:
   a. Vision - with glasses if used (Good, Fair, Poor or Blind)
   b. Hearing - with aid if used (Good, Fair, Poor or Deaf)
   c. Speech - (Good, Fair, Poor, Gestures and Signs, or Unable)
d. Walking - with an assistive device if used (Good, Fair, Poor, Chairbound, or Bedbound)

To make the use of glasses, a hearing aid or an assistive device for walking more obvious, the words (glasses, aid and device) may be underlined or circled on the form

**G. CAREGIVER ASSESSMENT**

1. HCE Caregiver? (Y) Yes or (N) No. The answer is (N) until all eligibility requirements are met for the Home Care for the Elderly program.

2. Is caregiver new to the consumer? (Y) Yes or (N) No. When handling issues that arise working with the consumer and caregiver, it will be helpful to the case manager to know whether this is a new relationship or not. It will also be helpful in planning for training that might be needed by a new caregiver.

3. Social Security Number - A “unique identifier” for each caregiver is used for tracking and comparing information for the same caregiver over time or for different caregivers. Assessors must inform all caregivers that their SSN is confidential under law and disclosure of their SSN is voluntary. To comply with s. 119.071(5), F.S., assessors must provide in writing to each caregiver the reason the SSN is being collected and explain the use of the SSN to determine benefits or services, including federal benefits, that may be appropriate.

If a caregiver does not wish to give his/her SSN, a nine (9)-digit pseudo ID will be created using the following formula:

*Use the initials from the caregiver’s name (first, middle and last) for the first three characters. **If the middle initial is unknown, then enter “X”**. Enter the caregiver’s six-digit date of birth (MM/DD/YY) to create the last six characters. Do not make up a DOB. Example: Ellen Elizabeth Hyatt; DOB: January 5, 1912. Pseudo ID would be = EEH010512.*

4. Name - The assessor will note the caregiver’s full name.

5. Relationship - The assessor will note the caregiver’s relationship to the consumer.
   - SP - Spouse
   - P – Parent
   - CH - Child
   - GC - Grandchild
   - FR - Friend
   - OR - Other relative
   - OT - Other

6. Physical Address - The assessor will note the address of the home where the caregiver is living.

7. Telephone - The assessor will note the telephone number of where the caregiver is living.
8. Race - The assessor will obtain the caregiver’s response and mark the box that is applicable. The categories used are those suggested by the federal government in reporting for the Older Americans Act.
   W - White
   B - Black
   N - Native American
   A - Asian, Pacific Islander
   O - Other

9. Ethnicity - The assessor will obtain the caregiver’s response and mark the box that is applicable. The only distinct ethnic grouping that must be reported to the federal government is “Hispanic.” NOTE: A person of Hispanic ethnicity may be from any race.
   H - Hispanic
   O - Other

9a. Primary language - The assessor will note the primary language spoken by the consumer. This information, if taken during the screening process, will enable the agency to send a worker to the home who will be able to communicate most effectively with the caregiver. There is a drop down menu of languages in CIRTS from which to select.

10. Date of Birth - The assessor will note the caregiver’s DOB in the following format MM/DD/YYYY.

11. Sex - The assessor will note whether the caregiver is male or female.

12. Is caregiver employed outside the home? (Full-time, Part-time, Not applicable)
A caregiver who is working at a full-time outside job, a caregiver with a part-time outside job, and a caregiver who is at home with the consumer all of the time will have differing needs to which the case manager will need to be sensitive. Other demands on the caregiver which are voiced during the assessment process but which are not specifically asked in the assessment will be recorded in the case narrative for this visit.

13. How is your health? The assessor will ask the caregiver if they consider their health to be Excellent, Good, Fair or Poor. This is a Priority Score item.

13a. How long have you been providing care? (Less than 6 months, 6 months to 1 year, 1 - 2 years, or over 2 years) The likelihood of caregiver burn out may be able to be determined by how long the caregiver has been caring for this consumer. If the case manager discovers that the caregiver previously cared for another consumer long-term, that will be noted in the case narrative for this visit.

14. How likely is it that you will continue to provide care? The assessor will ask the CAREGIVER if (s)he is Very likely, Somewhat likely or Unlikely to continue to provide care to the consumer. There are many reasons that the caregiver might not be able to provide the amount of care needed by the consumer and these will need to be noted in the case narrative for
this visit. Some reasons may cease to be a problem when services are provided or referrals are made. The caregiver’s response will be recorded.

14a. How likely is it that you will have the ability to continue to provide care? (Very likely, Somewhat likely or Unlikely) The caregiver will answer from the perspective of her/his ability to keep providing the needed care (differentiated from the desire to do so).

The ASSESSOR will also note his/her understanding of how likely it is that this caregiver will be able to continue to provide the needed care, based on all of the information gathered during the assessment process. This is a Priority Score item.

15. If you were unable to provide care, who would? (No One, Friend/Neighbor, Close Relative or Other) This is a very important question that will give vital information about how much support the caregiver has from other family members or friends in providing care to this consumer. The answer may be that there is no one else who would take over the consumer’s care.

For question #16, the assessor will check whether the initial or reassessment version of the question is being used.

16. INITIAL: Since you began providing care, have various aspects of your life become better, stayed the same, or worsened? How is/are: Your relationship with the consumer? Your relationships with other family members? Your relationships with friends? Your work (if applicable)? Your emotional wellbeing? The caregiver’s responses of better, same or worse will be recorded.

REASSESSMENT: Since you began receiving services, have various aspects of your life become better, stayed the same, or worsened? How is/are: Your relationship with the consumer? Your relationships with other family members? Your relationships with friends? Your work (if applicable)? Your emotional well-being? The caregiver’s responses of better, same or worse will be recorded.

17. Is the caregiver in crisis? (Y) Yes or (N) No. The assessor will mark the most appropriate box based on the information (s)he has been given by the consumer and the caregiver. This is a Priority Score item.

Primary caregiver crisis describes a situation where a caregiver is present but does not appear to have the ability and/or willingness to continue to provide the care needed by the consumer. This may be due to physical or emotional limitations of the caregiver and/or the increasing demand for more help by the consumer. The crisis may already be in effect or may be quickly approaching.

18a. Is the crisis financial, emotional or physical? The assessor will check all that apply.
H. SOCIAL RESOURCES

The purpose of this section is to determine the consumer’s degree of social isolation. Check the appropriate boxes.

1. Does consumer live alone? If the consumer lives alone, the assessor will mark the “yes” box. If (s)he lives with someone, the assessor will mark “no” and will write the name of person with whom the consumer is living.

1a. Does consumer care for grandchildren on a permanent basis? (Y) Yes or (N) No. An increasing number of elders are permanently caring for grandchildren and this care puts added stress on the elder. Additional referrals may be appropriate to Temporary Assistance for Needy Families (TANF) or other programs.

If the consumer or caregiver is caring for disabled adult children or other individuals on a regular basis, this information is critical and should be recorded in the case narrative for this visit.

2. If needed, could you stay with someone, or they stay with you, if you or your caregiver were sick? If the consumer says “yes,” write the name, relationship, address, and phone number of the person identified. If you are uncertain of spelling, see if the consumer has it written somewhere. If the consumer identifies a person by title, try to clarify what is meant. Addresses should include the zip code, and phone numbers should include the area code.

If the consumer says “no,” check that box. This is a vital care planning issue to be discussed with the consumer.

3. Do you have someone you can talk to when you have a problem (other than caregiver)? If the consumer answers “yes,” write the name and relationship indicated. You might ask if the person (s)he would talk to is normally available. If there is no one to talk to, record this.

4. About how many times do you talk to friends, relatives, or others on the telephone in a week, either they call you or you call them? Check the box that corresponds with the consumer’s response (Once a day or more, 2-6 times a week, Once a week, Not at all or No phone). If the consumer’s response is not covered in the options given, pick the one that is closest to the amount of contact being received.

701A ONLY: Question #7 of the Caregiver Section in the 701A is the same as question #8 in the Social Resources Section of the 701B. If the consumer is the grandparent or an older individual (55 years of age or older) who is a relative caregiver of an individual who is not more than 18 years of age or who is an individual with a disability, (Demographics Section, #3a and #3b.), complete information requested on the child. This includes the child’s name, date of birth, relationship to the consumer, and whether the child is disabled.
Assessment Instructions for DOEA Forms 701A, 701B and 701C

5. How many times during a week do you spend time with someone who does not live with you - you go see them, they come to visit you, or you do things together? Check the box that is closest to the consumer’s response (Once a day or more, 2-6 times a week, Once a week or Not at all). Find out who (s)he spends time with. Also try to determine if the consumer would like to do more. This could help you establish a need for some kind of companion service.

6. Are you able to participate in activities and interests that you enjoy? (Y) Yes or (N) No. If not, why not? Record the consumer’s responses. Prompt the consumer if necessary with things (s)he might enjoy. You could also ask if there are things (s)he really liked doing but cannot do anymore. Find out why (s)he stopped. If there are things (s)he can still do, see what help might be needed to re-engage.

7. Do you own a pet? (Y) Yes or (N). Record the consumer’s response and specify what kind of pet is owned. Additionally the following questions have been added by the suggestion of field staff and are all answered (Y) Yes or (N). Can you feed your pet? Clean up after your pet? Exercise your pet? These questions are being asked to determine if the consumer is able to handle the care of the pet. Assisting the consumer to receive help with the purchase of pet food or other services needed may be of great support to the consumer who is dependent on the relationship they have with their pet.

8. If the consumer is the grandparent or an older individual (55 years of age or older) who is a relative caregiver of an individual who is not more than 18 years of age or who is an individual with a disability, (Demographics Section, #3a and #3b), complete information requested on the child. This includes the child’s name, date of birth, relationship to the consumer, and whether the child is disabled.

I. ENVIRONMENTAL ASSESSMENT

The purpose of this section is to evaluate the consumer’s physical environment for safety and accessibility. You will need to combine observation, direct questioning, and professional judgment to make this evaluation.

Case Manager: Please indicate the specific area(s) where there are potential safety or accessibility problems for the consumer. The optional HCE Safety and Accessibility Worksheet may be used to help with this assessment.

Observe the consumer's environment and mark the items on the list that are problematic for the consumer. Write in any others that do not appear on the list provided. Keep this section of the assessment in mind during your entire visit. Provide specifics about the problems and areas in need of attention. Indicate the immediacy of the need based on the danger to the consumer. Indicate both your concerns and the consumer’s and record any ideas for how to fix them. If more room is needed to indicate problems or possible solutions, use additional paper. These concerns will need attention in the care plan.
The assessor will mark the environmental assessment risk level based on the description that best describes the consumer’s physical environment. (No Risk, Low Risk, Moderate Risk or High Risk)

**FINAL PAGE: ASSESSMENT SUMMARY**

The last page of the 701B is the final step in the completion of the assessment form. This page is vital because it combines all of the information received during the assessment process into one detailed summary. Each column on this page must be filled in for the assessment process to be completed. The assessor will note “not applicable” for any row where there is not a problem to report.

The first column states the sections of the assessment form. The assessor lists the problems that were discovered under each section. In the second column, the assessor lists liabilities/challenges/barriers for each of the stated problems. This is anything that adds to the problem and makes the problem more difficult or complex for the consumer to manage. In the third column, the assessor lists resources/assets for each of the stated problems. This is anything that lessens the problem or helps make it easier or less complex for the consumer to manage. The fourth column lists the gap between the second and third columns. The fourth column transfers directly to the care plan as the consumer’s problems that are addressed with the resources or services available.

**Assessment Summary Example**

Problem: Consumer cannot get in and out of the bathtub alone and is afraid of falling but needs a bath twice a week.

Liabilities/Challenges/Barriers: Caregiver/daughter is unable to support the consumer’s weight to help her in and out of the tub due to her own physical limitations.

Resources/Assets: Consumer has a bath chair and a hand sprayer and her other daughter is able to come once a week to help the consumer with her bath.

Gap: Additional assistance is needed with bathing.
WHY IS THE [INSERT AGENCY NAME HERE] COLLECTING YOUR SOCIAL SECURITY NUMBER?

Your social security number is confidential under law.

We may not collect your social security number unless we explain to you in writing the reason we need it.

The [INSERT AGENCY NAME HERE] is collecting your social security number as part of its responsibility to conduct assessments. We do this in order to determine benefits or services, including federal benefits, that may be right for you. If there is any other reason, it will be listed below:

____________________________________________________________________________

We will not use or give out your social security number for any other reason, including referrals to other agencies, unless you have signed a separate form consenting to the release of information to another agency.