

LTCFS Summary and Scoring Guide

ADLs (Activities of Daily Living)	Ratings	Description/scoring examples
	0	Person is independent in completing the activity safely.
	1	Help is needed to complete the task safely but the helper <u>does not</u> have to physically present throughout the task.
	2	Help is needed to complete the task safely but the helper <u>does</u> need to be physically present throughout the task.
Bathing –The ability to shower, bathe, or take sponge baths for the purpose of maintaining adequate hygiene. Includes these components of the task; ability to get in and out of the tub, turn faucets off and on, regulating the water temperature, washing and drying self fully, and shampooing hair. Excludes; grooming tasks (shaving, brushing teeth, nail care)	1	Needs help with at least one but not all the components of the task (Ex. Reminder to bathe, help only with washing hair, help only with setting water temp)
	2	Needs help with all the components of the task
Bathing Adaptive Equipment (must have and be using)	Yes	-Shower Chair -Tub Bench -Grab Bar(s) -Mechanical Lift
Dressing – The ability to dress and undress as necessary. Includes these components of the task; dressing the top half and bottom half of the body includes undergarments, getting shoes and socks off and on, the ability to put on or remove prostheses, braces, and/or anti-embolism hose, the ability to work fasteners, choosing the appropriate clothing for health and safety for the environment.	1	Needs help with at least one but not all the components of the task (ex. Cue to wear weather appropriate clothing, help putting on TED hose, help with dressing only part of the body)
	2	Needs help with all the components of the task (ex. Help dressing upper and lower body or cues the entire time to dress)
Eating – The act of getting food or drink from a plate/bowl or cup to the mouth, chewing and swallowing, using routine or adaptive utensils. This may include; monitoring or supervision for an active choking risk or Prader-Willi Syndrome, hands-on assistance, or cueing to complete the process of eating, assistance to put on or remove a splint for adaptive utensils.	1	Needs help with at least one but not all the components of the task then can eat.
	2	Needs help with all the components of the task. Someone must be present entire time (ex. Choking risk, needs to be hand fed, or needs prompts entire time to eat.)
Mobility in Home – ability to move between locations in the individual’s living space (kitchen/dining room, living room, bathroom and sleeping area).	1	Needs help sometimes but not all the time, standby or physical assistance part of the time – perhaps only when tired or they use the walls or furniture for balance at times or reminders to use a walker for safety.
	2	Requires assistance every time they want to move within home (requires standby assistance or someone to physical push wheelchair)

Mobility Equipment used in home	Yes	-Walker -Cane -Crutches -Wheelchair or scooter -Quad-cane -Prosthesis
Toileting – The ability to use the toilet, bedpan, commode, or urinal for bowel or bladder management in the home. Includes these components of the task; locating the bathroom facility, transferring on/off the toilet, bedpan, or urinal, maintaining a regular bowel program, cleansing of perineal area, changing of menstrual products and/or incontinence products (if applicable), managing a condom catheter or the ostomy or urinary catheter collection bag, adjusting clothes, emptying the commode, bedpan, or urinal, and cueing to use the bathroom or would be incontinent, or is incontinent and requires assistance with changing incontinence pads	1	Needs help with at least one but not all the components of the task (ex. Cue to use the bathroom or to wipe properly, just needs help after bowel movement, or just needs help with 1 or 2 parts of entire task)
	2	Needs help with all the components of the task as applicable to the person.
Incontinence - Includes bowel and/or bladder incontinence. Does not include stress incontinence (only with a sneeze).	Does not have incontinence	
	Has incontinence less than daily but at least once per week	
	Has incontinence daily	
Additional Toileting Needs and Equipment captured	Yes	-Has Ostomy -Uses Urinary Catheter -Receives Regular Bowel Program <u>Toileting adaptive equipment:</u> -Toilet grab bars/rails -Commode -Bed pan -Urinal -High rise/accessible toilet or Elevated/adaptive toilet seat -Transfer board or other transfer aids that assist the person to get on/off the toilet
Transferring - The physical ability to move between surfaces. This includes the ability to get up to a standing position and to a sitting position from bed, usual sleeping place, chair, or wheelchair. Excluded from the task of transferring is the need for assistance with a transfer to bathe or use a toilet those are captured under other sections	1	Needs help with only some transfers but not all (ex. Tired or more stiff in the morning and only need help then, must always use the lift mechanism on their lift chair and can't get up from other chairs)
	2	Needs hand-on help with every transfer. Needs step-by-step direction to transfer.
Transferring Equipment	Yes	-Transfer board -Grab bars, bed bar or bed railing (if used for transferring) -Trapeze -Transfer pole -Mechanical lift or power stander (not a lift chair)

IADLS (Instrumental Activities of Daily Living)	Rating (data #)	Rating description	Examples
<p>Meal Preparation* the physical and cognitive ability to obtain and prepare basic routine meals including the task of grocery shopping. A meal can be a sandwich, bowl of cereal, or reheated food in the microwave Components of the task: Opening food containers, the fridge & freezer, safely using appliances, safely preparing a meal, placing and carrying food from surface to surface, proper food preparation and storage, obtaining groceries.</p>	0	Independent	Able to prepare all meals and complete grocery shopping
	1	Needs help from another person weekly or less often	Needs help with grocery shopping and/or checking for spoiled food
	2	Needs help 2 to 7 times a week	Able to make a bowl of cereal or sandwich, but needs assistance making a hot meal (not able to reheat in the microwave safely)
	3	Needs help with every meal	Help needed for every meal. Needs verbal prompts and/or hand-on assistance for entire task
<p>Med admin/ Management* (also on Health Related Services Table) Med. administration is defined as a person's need for assistance from another person to take or be given a medication by any route except intravenously. Medication management is defined as a person's need for assistance from another person to set-up or monitor their prescribed and regularly taken medications. Medications must be approved by the U.S. Food and Drug Administration, be prescribed by a Medicaid-recognized prescriber, and must be regularly scheduled and used.</p>	N/A (001)	Has no medications	Does not take any medications that meet the definition of a medication on the screen.
	0 (002)	Independent	Takes medications independently - does not require assistance with medication administration or management.
	1 (003)	Needs help 1 to 2 days per week or less often	Only needs medication set up or blood sugars taken weekly (monthly bubble packs)
	2a (005)	Needs help at least once a day 3-7 days per week and CAN Direct the task	Cognitively able to direct the task but is physically unable to administer their own medications
	2b (006)	Needs help at least once a day 3-7 days per week and CANNOT Direct the task	Cognitively unable to administer medication without assistance
<p>Money Management* - physical and cognitive ability to handle money, pay bills, and complete financial transactions needed for basic necessities.</p>	0	Independent	Independently managing money or they do not have a physical or cognitive impairment preventing them from learning the task.
	1	Can only complete small transactions	Help paying bills/managing money –able to make small transactions independently
	2	Needs Help from another person with all transactions	Needs help to pay bills and manage accounts – not able to make small transactions at the store without help.

Laundry and/or Chores - The physical and cognitive ability to complete one's personal laundry, routine housekeeping, and basic home maintenance tasks, including the tasks of snow shoveling and lawn mowing. Includes help to call in and/or pick up medications from pharmacy.	0	Independent	Able to complete inside and outside chores without help.
	1	Needs help from another person weekly or less often	Needs help with weekly chores such as laundry/floors/dusting etc., Or needs help to order and pick up medications.
	2	Needs help more than once a week	Has incontinence that requires more frequent laundry. Hoarding that requires more frequent cleaning. Needs cues/prompts to complete all inside/outside daily and weekly tasks.
Telephone* - physical and cognitive ability of a person to use their personal telephone to make and receive a routine telephone call with or without assistive devices	1a	Independent: Has cognitive and physical abilities to make call and answer calls	Includes ability to using speed dial phone numbers or use assistive device.
	1b	Lacks cognitive and physical abilities to use the phone independently	Needs assistance with any aspect of making or receiving a call. Cannot be understood or cannot hear and does not have an adapted phone, or needs help to dial the phone.
Transportation* – At the time of the screening, the person is physically or cognitively capable of driving a regular or adapted vehicle. Serious safety concerns is based on how limitations may affect the person's ability to safely drive a vehicle	1a (001)	Person drives regular vehicle	
	1b (002)	Person drives adapted vehicle	
	1c (003)	Person drives a regular vehicle, but there are serious safety concerns	
	1d (004)	Person drives an adapted vehicle, but there are serious safety concerns	
	2 (005)	Person cannot drive due to physical, psychiatric, or cognitive impairment	
	3 (006)	Person does not drive due to other reasons	
Employment: A. Current Employment	1	Retired (Does not include people under 65 who stopped working for health or disability reasons)	
	2	Not working (No paid work)	
	3	Working full time (Paid work averaging 30 hours or more a week)	
	4	Working Part time (paid work averaging fewer than 30 hours a week)	
B. If Employed, Where	1	Paid work where the environment and the work tasks are designed for people with disabilities (e.g. sheltered workshop)	
	2	Paid work in other group situation for people with disabilities (e.g. work crew/enclave)	
	3	Paid work outside the home (situations other than those described in 1 or 2)	
	4	Paid work at home	
C. Need For Assistance to Work* - Item is optional for people age 65 or older. If person is not currently working, the screener will need to estimate the level of help the person would likely need to work. This can be deduced from the person's overall functioning and abilities.	0	Independent	
	1	Needs help weekly or less	
	2	Needs help every day but does not need the continuous presence of another person	
	3	Needs the continuous presence of another person	
	4	Not applicable	

*IADLs that are counted for total number of IADLs for Regression acuity score.

Overnight Care or Overnight Supervision	Rating (data #)	Rating description	Examples
Overnight Care is defined as the need for hands-on assistance or verbal cuing from another person to complete an ADL or Health Related Services task, during the overnight hours. Overnight Supervision is defined as the need for someone to be present to prevent, oversee, manage, direct, or respond to a person's disruptive, risky or harmful behaviors during the overnight hours. It is also indicated for a person who is unable to respond appropriately to an emergency.	0	No	
	1	Yes - caregiver can get at least 6 hours of uninterrupted sleep per night.	Needs help in an emergent event during the night. Person normally sleeps thru the night but would need assistance in recognizing and problem solving an emergent event
	2	Yes - caregiver cannot get 6 hours of uninterrupted sleep per night.	Needs toileting during the night (more frequent than every 6 hours). Member is awake during the night and has behaviors that need to be supervised.

Health Related Services Table (HRS Table) – Skilled Tasks

Unless noted otherwise, only skilled tasks performed within the person's home are captured.

Scoring options: (left blank if doesn't apply)	Person is Independent (000)	Frequency of Help/Services Needed from Other Persons (data number)					
		1-3 times a month (001)	Weekly (002)	2-6 times/week (003)	1-2 times a day (004)	3-4 times a day (005)	5+ times a day (006)
Health Related Services		Description					
Behaviors requiring interventions (wander, SIBS, offensive/violent behaviors)		To be marked on the HRS table, the person must have a cognitive impairment, interventions are required from another person, and a behavior plan is needed to prevent or respond to the behavior. Frequency is the total frequency of interventions needed for wandering, Self Injurious Behaviors, and/or offensive-violent behaviors. Behaviors that can be captured on the screen are defined in the LTCFS instructions.					
Exercises/Range of Motion		Performing physical exercise or range of motion exercises in their residence to restore or maintain physical capabilities when at risk for loss of function due to a related health condition. This is not for general weight loss or health maintenance.					
IV Medications, fluids or IV line flushes		"IV" is an abbreviation for the word, "intravenous" and pertains to medications, fluids, or flushes delivered into a vein. This can include a PICC (peripherally inserted central catheter) line or a central line. Performed in the residence and includes – site care, Fluids, medications, IV flushing (unless part of a different task)					
Medication Administration		A person's need for assistance from another person to take or be given a medication by any route except intravenously. This could be by mouth, tongue, injection, onto or into the body, rectally, vaginally, or by feeding tub. The medication must be regularly and frequently taken as prescribed.					

Medication Management	A person's need for assistance from another person to set-up or monitor their prescribed and regularly taken medications. Medication monitoring includes two components: Being cognitively capable of reporting a problem that is likely related to medication use, should it arise; and the ability to collect medication-related data as ordered by the prescriber, such as vital signs, weights, blood glucose level, response to pain medications, etc. Data collection also includes in-home assistance to draw blood for a lab test. If a person is stable on their medications and only needs medication set-up, the frequency is 1-3 times a month unless there is a specific reason for more frequent set up.
Ostomy –related Skilled Services	Person needs assistance with an ostomy-related skilled task. This includes changing the wafer, special skin care and application of a wafer for a new, leaky, excoriated or infected ostomy site, or for irrigation of new ostomy or one that is functioning poorly.
Positioning in Bed or Chair every 2-3 hours	Repositioning includes moving a person to redistribute pressure applied to their body. Changing a person's position is a precautionary measure to help prevent bedsores and pneumonia. The reposition flag would be used when a person needs to be repositioned by another person at least every 2-3 hours. Frequency options are only 3-4 times a day or 5+ times a day.
Oxygen and/or respiratory treatments	Use of oxygen or provisions of skilled tasks* related to Tracheal Suctioning, BI-PAP, C-PAP, Nebulizers, IPPD Treatment (does not include use of inhalers). *screen instructions defines what is considered skilled versus unskilled tasks
Dialysis	Frequency that the person is undergoing dialysis at their residence or in a dialysis center.
TPN	Total Parenteral Nutrition liquid nutrition administered thru an IV pump at the person's residence
Transfusions	Receives transfusions at their residence, in a clinic or hospital.
Tracheostomy Care	Tracheostomy care tasks include removing, cleaning or replacing the inner cannula, replacing the outer cannula, completing tracheostomy site care which includes cleansing the skin around the tracheostomy opening or applying ointment or dressing, or changing the straps or ties which hold the tube in place.
Tube Feedings	A tube feeding is the administration of nutritionally balanced liquefied foods or nutrients through a tube. Tube feeding tasks include hooking up the bag of nutrition solution, tubing and pump, starting the drip, ensuring the proper flow rate, disconnecting the tube feeding, flushing the tube or button and capping the tube off, administration of bolus feeding by syringe, or site care for an excoriated feeding tube site.
Ulcer – Stage 2	An area of partial-thickness skin loss, presenting superficially as a pink/red area, abrasion, blister or small crater. This is only the very beginning of skin breakdown. Must have diagnosis of ulcer 2 and requires special wound care. Does not include routine skin care, changing band-aids, or monitoring skin integrity.
Ulcer Stage 3 or 4	An Ulcer – Stage 3 has full thickness skin loss and presents as a deep crater with or without affecting the adjacent tissue. An Ulcer – Stage 4 has full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone or supporting structures. Ulcer – Stage 3 or 4 wound care will include cleansing, packing, or dressing the wound. Marked for care inside the home unless skilled services for condition cannot be provided in the home.
Urinary Catheter – related skilled tasks	Urinary catheter-related skilled tasks include changing (replacing) the catheter, irrigating the catheter, completing a straight (in and out) catheterization, or completing site care for a suprapubic catheter.
Other Wound Cares	Used when a person needs wound care from a postsurgical incision or puncture, orthopedic pin site, postsurgical drainage site, serious burn, traumatic injury, or serious infection. Does not include catheter site, ostomy sites, IV site or Ulcers. Marked for care inside the home unless skilled services for condition cannot be provided in the home.

Ventilator Related interventions	A ventilator (also known as a respirator) is used to mechanically assist breathing by delivering air to the lungs. Used when a person needs to use a mechanical volume ventilator.		
Nursing Assessment and Interventions	Used in rare circumstances when nursing care is not captured in other areas of the LTCFS. Each of the following four criteria MUST be present -A current health instability that -requires skilled nursing assessment and interventions AND -involves CHANGES in the medical treatment or nursing care plan AND -cannot be captured in any other HRS row		
Other	Used for health related services provided in their residence that are unable to be captured on other rows of the HRS table. Examples - TENS unit.		
Skilled Therapies	Used when a person is receiving services from a physical therapist, occupational therapist, or speech-language pathologist at any location. Frequency options are “1-4 sessions/week” or “5+ sessions/week”.		
Communication and Cognition	rating	Rating Description	Examples
Communication – the ability to express oneself in one’s own language. It is assessed in the context of their residence and not with people in society at large	0	Can fully communicate with no impairment or only minor impairment (slow speech)	
	1	Can communicate fully with the use of an assistive device (not including hearing aids), includes communicating through an adaptive device designed to help aid a person when expressing themselves.	
	2	Can communicate only basic needs to others, includes but is not limited to the person’s ability to tell their immediate family, friends or caregivers they are hungry, thirsty, in pain or discomfort or need to use the bathroom. Such a person may have receptive language but is unable to participate fully in a two-way exchange of information involving abstract ideas, concepts, or feelings due to limited expressive language	
	3	No effective communication is evident when a person with a health condition, that physically or cognitively limits their ability to communicate, is unable to express their basic needs or preferences.	
Memory Loss – should be reviewed in the context of their health, safety, or risk, during a typical day. At issue is the severity of the person’s memory loss. Verification from a physician is not required. Failure of the Animal Naming and Mini Cog tests would indicate Memory Loss.	0	No memory impairments evident during screening process	Memory loss is not occasionally forgetting where you left something, occasionally forgetting appointments or when a person with low IQ has difficulty remembering due to their cognitive impairment that limits their ability to retain information and reason.
	1	Short term memory loss (seems unable to recall things a few minutes up to 24 hours later)	Unable to recall: when they last ate, conversation earlier in the day, repeatedly ask the same questions, where an item is placed and a “lost” item is found in inappropriate place (e.g. house key in freezer)
	2	Unable to remember things over several days or weeks	Person does not remember recent or special events from the last few days or weeks (e.g. a birthday gathering, a recent holiday, seeing a movie at a theatre, dining out for a fish fry, etc.)
	3	Long term memory loss (seems unable to remember distant past)	Person is unable to recognize family members, recall their date of birth, and/or recall memories of childhood or special events.

	4	Memory impairments are unknown or unable to determine	Person has severe cognitive or other deficits - unable to determine whether the person screened has any memory loss
Cognition for daily decision making – Must have a cognitive impairment. captures the person’s ability to make daily decisions beyond those that involve managing their medications and finances. Examples of routine decisions is what time to get up or go to bed, what to do with their free time, whether to go visits friends, attend activities, shop, safe interactions with others, etc.	0	Person makes decisions consistent with their own lifestyle, values, and goals.	Able to make own decisions. Knows who, when, and how to call for help if a problem or emergency arises.
	1	Person makes safe, familiar/routine decisions but cannot do so in new situations	Safely gets thru the day without needing cues or prompts but unable to respond appropriately to unexpected events, emergencies or problems typically routine for others (ex. When person gets locked out of their apartment and doesn’t know what to do)
	2	Person needs help with reminding, planning, or adjusting routine, even with familiar routine	Needs help/reassurance/guidance throughout the day to initiate, plan, or complete routine everyday activities.
	3	Person needs help from another person most or all of the time	Cannot be left alone for any length of time, needs line-of-sight supervision or needs one-to-one assistance due to a cognitive impairment.
Physically resistive to care - persons who have a cognitive impairment and who are physically resistive to their care(s). A person is <i>physically resistive</i> when they become combative; they kick, bite, punch, or pinch another person during an ADL or IADL care task. A person is not considered <i>physically resistive</i> to their care when they avoid a task, ignore a prompt or cue to complete a task, or refuse to complete a task. completion of hygiene or grooming tasks is not recorded on the LTC FS	0	No	Examples that are <u>not</u> considered <i>physically resistive</i> include but are not limited to a person walking away from another person prompting them to complete a task or when a person turns their head away from another person assisting them with oral hygiene which is not an ADL or IADL task. A person who is physically resistive to care but does NOT have a cognitive impairment. A person who competently refuses care.
	1	Yes, person is physically resistive to cares due to a cognitive impairment	Ex. Strikes out or throws object at caregiver when care is provided. Kicks, punches or pinches another person when care is provided

Behavioral Health			
Description	Rating	Rating Description	Examples
<p>Wandering – Person must have a cognitive impairment - wandering is defined as unsafely leaving or attempting to leave an immediate area, such as home, community setting or workplace, without informing others and the behavior requires intervention. A person may still exhibit wandering behavior even when elopement is impossible due to preventative measures, such as facility security systems and bed and wheelchair alarms.</p>	0	Does not Wander	Does not have a cognitive impairment. Person with a cognitive impairment that paces within the residence but never attempts to leave has a sleep disorder such as sleepwalking.
	1	Daytime wandering, but sleeps nights	<p>Person with a cognitive impairment wanders and requires a behavior plan to prevent the behavior or intervene when the behavior is exhibited, elopes or attempts to elope and requires a behavior plan, wanders when in a new situation but does not wander in routine/familiar situations and requires a behavior plan.</p>
	2	Wanders during night, or during both day and night	
<p>Self-Injurious Behaviors – behavior that causes or is likely to cause, injury to one’s own body and requires intervention. Self-injurious behaviors are physical self-abuse and do not include the absence of self-care of behaviors that may have unhealthy consequences. This does not include suicide attempts.</p>	0	No Injurious behaviors demonstrated	Ex. Smokes, uses alcohol or other substances or misuses medications; makes poor eating choices; rubs skin or scabs without the need for medical intervention beyond application of a bandage, suicidal type behaviors
	1	Some self-injurious behaviors require occasional interventions weekly or less	<p>Exhibits self-abuse that causes or is likely to cause, self-injury such as hitting, biting or head banging, eats inedible objects (pica), has excessive thirst manifested by abnormal fluid intake (polydipsia), rectal digging, or engages in non-suicidal self-injury that requires intervention, such as cutting their skin.</p>
	2	Self-injurious behaviors require interventions 2-6 times per week OR 1-2 times per day	
	3	Self-injurious behaviors that require intensive one-on-one interventions more than twice each day	
<p>Offensive or Violent Behaviors to others – Behavior that causes, or can reasonably be expected to cause, discomfort or distress to others or threatens to cause emotional or physical harm to others. The disturbing behavior impacts others in the person’s community, including other residents in a facility, neighbors, or</p>	0	No offensive or violent behaviors demonstrated	<p>Uses profanity or racial slurs on a routine basis, steals items, enters another person’s living space without permission, has a difficult personality (examples include but are not limited to a person who is obstinate, vulgar, ill-tempered or does not get along with his or her family members or caregivers), hoards items, while conversing, uses profanity that is not offensive or threatening to a point where law enforcement would typically be contacted to intervene. ; has a habit that is harmless and unlikely to offend others – examples rocking, finger waving or repetitive tapping.</p>

community at large and requires a behavioral plan to either prevent the behavior or intervene when the behavior is exhibited.	1	Some offensive or violent behaviors require occasional interventions weekly or less	Disrobes or masturbates in front of others, inappropriate touching or sexual advances towards others, spits at or on others, urinates or defecates in inappropriate places. Verbally or physically threatens others, including but not limited to: aggressive gestures, raised fist, to a point where law enforcement would typically intervene. Screams incessantly. Tortures, maims or otherwise abuses animals. Strikes out, hits, kicks bites or otherwise batters others. Commits or has a history of sexual aggression, pedophilia or arson and the behavior continues to be an active concern.
	2	Offensive or violent behaviors require interventions 2-6 times per week OR 1-2 times per day	
	3	Offensive or violent behaviors require intensive one-on-one interventions more than twice each day	
Mental Health Needs – A current diagnosis of mental illness may include but is not limited to; schizophrenia, bipolar, anxiety disorders, depression or personality disorders. Psychiatric diagnosis must be confirmed with a health care provider or medical record.	0	No mental health problems or needs evident.	No symptoms may be indicative of mental illness; not on any medication for psychiatric diagnosis
	1	No current diagnosis	Person may be at risk and in need of some mental health services (examples include: symptoms or reports of problems that may be related to mental illness, requests for help by the person or family, or risk factors for mental illness)
	2	Person has a current diagnosis of mental illness	There must be a corresponding diagnosis on the diagnosis table of the screen.
Substance Use Disorder	0	No substance use issues or diagnosis evident at this time	
	1	No current diagnosis. Person or others indicate(s) a current substance use problem, or evidence suggests possibility of a current problem or high likelihood of recurrence without significant ongoing support or interventions. Examples are police intervention, detox, history of withdrawal symptoms, inpatient treatment, job loss, major life changes.	
	2	Person has a current diagnosis of substance use disorder	