**Functional Score: \_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Beneficiary Name** | **State Plan**  **Hours per DAY** | **State Plan**  **Days per WEEK** | **Home Health Agency**  **Provider Choices** |
|  |  |  | 1. |
| **MA #** | **EPD**  **Hours per DAY** | **EPD**  **Days per WEEK** | 2. |
|  |  |  | 3. |

**Assessment Summary**:

**Bathing**:

**Dressing:**

**Eating:**

**Transfer/Mobility:**

**Medications:**

**Toileting:**

**Recommendations:**

**Actions taken (i.e. incident report):** **□** **None**

|  |  |
| --- | --- |
| **Beneficiary Name** | **MA #** |
|  |  |

**Beneficiary was referred for additional supports/services:**

|  |  |
| --- | --- |
| **Other Services available for EPD Beneficiaries ONLY** | **Services available for ALL Medicaid Beneficiaries** |
| **Homemaker Services** –routine and general household activities such as meal preparation, housekeeping, and running errands.  **Respite Services** –temporary supervision and/or assistance with activities of daily living, to provide relief to the primary caregiver.  **Chore Services** – one-time non-medical household tasks, performed in order to provide safe access and egress.  **Personal Emergency Response Services** – an electronic device that allows a beneficiary to call for assistance when help is needed.  **Assisted Living** – a licensed home where a beneficiary can live and receive the services needed in order to maintain independence.  **Environmental Accessibility Adaptation Services** – allowable in-home modifications to promote accessibility.  **Case Management Services** – planning, coordination and management of a beneficiary’s support & service needs.  **Other** (specify): | **Aging Disability & Resource Center (ADRC) Services**  **Options Counseling** – support given to beneficiary to make decisions regarding options & planning to *access community resources.*    **Benefits Assistance** – help with the application process for Medicaid & Supplemental Nutrition Assistance Program (SNAP) benefits.  **Hospital & Nursing Home Discharge Planning** – assistance with the coordination of services needed to transition beneficiaries from one level of care setting to another.  **Homemaker Services** –routine & general household activities such as meal preparation, housekeeping & running errands.  **Chore Services** – one-time non-medical household tasks, performed in order to provide safe access and egress.  **Adult Day Health Program Referral** –Intake, eligibility & case management. |
| **Other State Plan Services**  **Skilled Care Services** – Nursing, physical, occupational & speech therapy, nutrition, medical social work & medication management.    **Other** (specify): | |

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Nurse Evaluator (Print Name) Date of Assessment