EPD PAS Tool Scoring Guide:

This section is designed to obtain information about the customer's ADLs in the *past thirty (30) days with emphasis on current performance*. Since the ADL can be comprised of multiple sub-tasks, all components of the ADL relevant to the customer should be considered in scoring.

If the customer's ADL performance was not consistent throughout the 30 day period, please **score the most typical** ADL performance. Then in the comments section, describe any deviations from typical performance. Be sure to include in your comments:

(1) How often deviations occurred;
(2) Under what circumstances deviations occurred;
(3) The ADL level of functioning during the period of deviation from typical ADL performance.

***NOTE: Do NOT score PAS Areas in the field.**
Write down comments and observations ONLY. Be objective and professional.

II. FUNCTIONAL ASSESSMENT
A. ACTIVITIES OF DAILY LIVING (ADLs) (Consider the last 30 days.)

'Supervision' = observing the customer and being readily available to provide assistance, including verbal cues or reminders and set-up activities.

'**Limited/Occasional'** – A portion of an entire task or assistance required less than daily.

'Physical Participation' – The customer's active participation, not just being passive or cooperative; the ability to complete a small portion of the task.

MOBILITY – The extent of the individual's purposeful movement within residence [Note – score based on functionality achieved with assistive device(s), if used]. Report specific assistance required.

☐ 0. INDEPENDENT – Customer is independent in completing activity safely

☐ 1. SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer is mobile within the residence, but may need cueing, set-up or standby assistance OR limited/occasional hands-on assistance

Does customer have any supervision or cueing due to wandering? Describe here, if so.

☐ 2. HANDS-ON – Customer is mobile only with hands-on assistance for safety

How does customer participate?

☐ 3. TOTAL DEPENDENCE – Customer is dependent on others for all mobility

If customer doesn't participate, what prevents them from being able to participate?

Things to consider: How does the person move within their environment? Do they move safely and purposefully when completing the task? Describe any devices used. If they need assistance from another person, who helps them and what does this look like (supervision, cues, standby assistance, caregiver pushes them on wheelchair, caregiver sets up walker/cane, etc.)? How often is each type of assistance provided? What is the reason the customer needs assistance from another person? Describe any falls while mobile, and if there were any injuries resulted from the falls in the comment or Summary.

Describe what has been the most typical performance in the last 30 days.

EPD PAS Tool Scoring Guide:

TRANSFERRING – Degree of human assistance necessary on a consistent basis for transfer, such as: assistance getting into wheelchair and into/out of bed – excluding transfer to toilet, bath or shower [Note – score based on functionality achieved with assistive device(s), if used] Report specific assistance required.

- ☐0. INDEPENDENT – Customer is independent in completing activity safely, but may require the use of assistive devices
- ☐ 1. SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer transfers with supervision, physical guidance or set-up, OR with limited/occasional hands-on assistance
- ☐2. HANDS-ON – Customer needs to be physically lifted or moved, but can participate physically
  How does customer participate?
- ☐ 3. TOTAL DEPENDENCE – Customer must be totally transferred by one or more persons, OR is bedfast
  If customer doesn't participate, what prevents them from being able to participate?

Things to consider: Is the customer able to get in and out of their chair, w/c and/or bed within their residential environment? If they need assistance from someone else; what does that look like (supervision, cues, set up)? If the need for a physical lift is reported, is the caregiver bearing some of the customer's weight (customer can only pivot, holds on or braces self to assist caregiver)? OR is the customer "pulled" instead of actually lifted? Who assists? Include the reason the customer needs the level of assistance that is being reported. How often is this assistance being provided? Describe any falls while transferring, and if there were any injuries resulted from the falls in the comment or Summary.

Describe what has been the most typical performance in the last 30 days.

BATHING – The ability to transfer to shower or bath, and to bathe or take sponge baths for the purpose of maintaining adequate hygiene and skin integrity [Note – score based on functionality achieved with assistive device(s), if used]. Report specific assistance required.

- ☐0 INDEPENDENT – Customer is independent in completing activity safely
- ☐1. SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer requires setup help or reminding – can bathe safely without continuous assistance or supervision **OR** requires limited/occasional hands-on assistance (e.g., washing back or a paralyzed limb)
- ☐2. HANDS-ON – Customer may need assistance transferring and may not be able to get into and out of the tub alone **OR** requires moderate hands-on help **OR** requires stand-by assistance throughout bathing activities in order to maintain safety
  How does customer participate?
- ☐3. TOTAL DEPENDENCE – Customer is dependent on others to provide a complete bath
  If customer doesn't participate, what prevents them from being able to participate?

Things to consider: Does the customer need assistance to get in and out of the shower/bath? What does the transferring assistance look like? Do they need set up, cues or standby assistance (in the bathroom, not outside) **throughout the entire bathing process for safety? If applicable, describe the assistance provided by someone else to complete the rest of the bathing/shower and/or bed bath routine (hands on help washing, drying, rinsing)? Who assists? Explain the reason customer needs this level of assistance. Include a specific frequency for the assistance provided. Describe what has been the most typical performance in the last 30 days.**

EPD PAS Tool Scoring Guide:

DRESSING – The ability to dress and undress as necessary – includes ability to put on prostheses, braces, anti-embolism hose or other assistive devices and includes fine motor coordination for buttons and zippers, choice of appropriate clothing for the weather [Note – difficulties with a zipper or buttons at the back of a dress or blouse does **not** constitute a functional deficit; score based on functionality achieved with assistive device(s), if used]. Report specific assistance required.

- ☐0. INDEPENDENT– Customer is independent in completing activity **safely** in less than 30 minutes
- ☐1. SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer can dress and undress, with or without assistive devices, but needs to be reminded, supervised or given setup assistance, **OR** needs limited or occasional hands-on assistance (e.g., putting on socks only or tying shoes) **OR** needs more than 30 minutes to complete independently due to medical/functional limitation(s)
- ☐2. HANDS-ON – Customer needs physical assistance **or** significant verbal assistance to complete dressing or undressing. **Who assists?**
- ☐3. TOTAL DEPENDENCE – Customer is totally dependent on others for dressing and undressing
  If customer doesn't participate, what prevents them from being able to participate?

Things to consider: What does the customer do for him/herself when dressing and undressing? Is the customer able to complete the task independently in less than 30 minutes? If they report the customer needs assistance from someone else; what does this look like (set up, reminders, cues). If cues are being provided, are they extensive cues (step by step instructions about each article of clothing)? If hands-on help is being provided; please describe what this looks like? What is the reason this level of care is provided? How often is the assistance being provided?

Describe what has been the most typical performance in the last 30 days.

GROOMING – How well does the customer manage with grooming activities, including: combing hair, shaving, oral care? [excluding nail care] [Note – score based on functionality achieved with assistive device(s), if used]. Report specific assistance required.

- ☐0. INDEPENDENT– Customer can groom without assistance from another person [may use mechanical aids independently]
- ☐1. SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer needs supervision or reminding (e.g., setting up grooming implements, giving advice or being available) or needs limited/occasional hands on assistance (e.g., shaving or brushing hair only; assistance with all tasks less than daily)
- ☐2. HANDS-ON – Customer needs hands-on physical assistance, but can participate physically. **Who assists? How does customer participate?**
- ☐3. TOTAL DEPENDENCE – Customer must be totally groomed by another person
  If customer doesn't participate, what prevents them from being able to participate?

Things to consider: What is customer able to do for him/herself when combing their hair, brushing their teeth/oral hygiene, and shaving? If the customer needs assistance from someone else; what does this look like? How often is assistance being provided for each task? What is the reason the customer needs this level of assistance?

Describe what has been the most typical performance in the last 30 days.

EPD PAS Tool Scoring Guide:

EATING – Ability to eat and drink, with or without adaptive utensils; also includes ability to cut, chew and swallow foods [Note – if a person is fed via tube feedings or intravenously, check "0" if the person administers the feeding independently, or "1", "2", or "3" if another person is required to assist; score based on functionality achieved with assistive device(s), if used]. Report specific assistance required.

☐0. INDEPENDENT– Customer is independent in completing activity safely

☐1. SUPERVISION – Customer can feed self, chew and swallow foods, but may need reminding to maintain adequate intake; may need set-up including alteration of food (e.g. cutting, pureeing).

☐2. HANDS-ON – Customer can feed self, but needs stand-by assistance **for** frequent gagging, choking, swallowing difficulty, or aspiration **OR** must be fed some food by mouth by another person. **Who assists?**

☐3. TOTAL DEPENDENCE – Customer must be totally fed by another person; must be fed by another person by stomach tube or venous access

Things to consider: How does customer participate when eating? If the customer needs assistance from someone else, what does this look like (define set up: cutting, pureeing food, opening milk carton), or reminders to maintain adequate intake)? If the customer needs hands on assistance, what does this look like?

What is the reason the customer needs this level of assistance? If they need standby assistance, is it being provided for each meal? Is the need for standby assistance at each meal due to customer choking, swallowing difficulty, and/or aspiration? How often do they choke? When was the last time that happened? What was done when it occurred? Is there a special diet? Is there a diagnosis of dysphagia or other medical condition that supports this?

If the person is being fed via tube feedings or intravenously, who is administering these feedings? How often (every meal?)?

Describe what has been the most typical performance in the last 30 days.

EPD PAS Tool Scoring Guide:

TOILETING – Ability to use the toilet, commode, bedpan or urinal;

This includes: transferring on/off toilet, flushing the toilet, cleansing of self, changing of protective garment, managing an ostomy or catheter and adjusting clothing

[Note – score based on functionality achieved with assistive device(s), if used].

List devices used, if any.

☐0. INDEPENDENT– Customer is independent in completing activity safely [includes with assistive device]

☐1. SUPERVISION/LIMITED OR OCCASIONAL HANDS-ON – Customer may need supervision, cueing or limited/occasional hands-on assistance with parts of the task, such as: clothing adjustment, changing protective garment, washing hands, limited/occasional wiping and cleansing; emptying bedpan/urinal

☐2. HANDS-ON – Customer needs hands-on physical assistance **or stand-by [for safety]** with toileting **OR** is unable to keep self clean

☐3. TOTAL DEPENDENCE – Customer is totally dependent on others for the entire toileting process [may include total care of catheter or ostomy]; customer may or may not be aware of the situation

Things to consider: How does the customer participate when using the toilet, commode, bedpan and/or urinal? If the customer needs help, what type of help do they get from another person? If they report need for hands-on assistance, what does this look like? (Clothing, flushing, washing hands, transfers, etc.)

Is any transferring assistance provided here consistent with the other transfers addressed earlier? If not, please explain the reason. (using grab bars, has a high rise toilet seat, etc.?)

If they report the need for standby assistance, what is the reason for this? What are the safety risks? (History of falls with injuries, would eat the soap, etc.). Ensure they are staying in the bathroom with the applicant, and not outside the room with the door open/closed.

Is the customer able to keep self clean (do records/rep report concerns with foul smell, skin integrity, medical concerns due to inadequate hygiene such as a history of UTI's)?

If customer uses an ostomy/catheter, who manages this? How often is this assistance provided?

Describe what has been the most typical performance in the last 30 days.

EPD PAS Tool Scoring Guide:

II. FUNCTIONAL ASSESSMENT

B. CONTINENCE – Select the box next to the appropriate number.

BOWEL CONTINENCE -The ability to voluntarily control the discharge of body waste from the bowel.

Consider last ***30*** days.

- ☐ 0. Continent. Complete voluntary control
- ☐ 1. Incontinent episodes less than weekly
- ☐ 2. Incontinent episodes once a week
- ☐ 3 Incontinent episodes 2 or more times a week and/or no voluntary control

Things to consider: Does the customer have voluntarily control of their bowels? If not, how often are they having a full accident that requires a change of clothing/brief? If accidents are infrequent, are they related to a temporary/acute medical condition? If episodes occur "1-2x/week", clarify what is most typical for the customer.

Describe what has been the most typical performance in the last 30 days.

BLADDER CONTINENCE -The ability to voluntarily control the discharge of body waste from the bladder. Consider last ***30*** days.

- ☐ 0 Continent. Complete voluntary control or minimal stress incontinence/dribbling
- ☐ 1. Usually Continent. Incontinent episodes less than weekly
- ☐ 2. Occasionally Incontinent. Incontinent episodes one or more times per week, but not daily
- ☐ 3. Frequently or Totally Incontinent. Incontinent daily and/or no voluntary control

Things to consider: Does the customer have voluntarily control of their bladder? If not, how often are they having a full accident that requires a change of clothing/brief? If accidents are infrequent are they related to a temporary/acute medical condition? If episodes occur "1-2x/week", clarify what is most typical for the customer.

Describe what has been the most typical performance in the last 30 days.

C. DETERIORATION IN OVERALL FUNCTION (ADLs & Continence) (Consider last ***90*** days).

Enter comment to explain change.

- ☐ 0 No deterioration
- ☐ 1. Deteriorated
- ☐ 2 Unable to determine

EPD PAS Tool Scoring Guide:

Things to consider: Please only report deterioration in the last 90 days related to ADL and continence. Any deterioration not affecting ADLS and continence can be reported in the summary, if important.

D. COMMUNICATION/SENSORY Select the box next to appropriate number. (Consider last 30 days).

HEARING - The ability to perceive sounds. **(With hearing aid, if used.)**

☐ 0. Hears adequately (e.g., conversations, TV, phone) / Unable to assess

☐ 1. Minimal difficulty when not in quiet setting (understands conversations when in one-on-one situations)

☐ 2. Hears in special situations only (e.g., speaker has to increase volume, adjust tonal quality and speak distinctly or when speaker's face is clearly visible); able to follow only loud conversation

☐ 3. Highly impaired/absence of useful hearing (e.g., will hear only very loud voice; totally deaf)

Things to consider: If the customer reports they are unable to hear well, please describe under what circumstances they hear best (i.e. speaker will increase voice, best with one on one conversation). If the customer wears hearing aides; remember to assess their ability to hear with them on. Please include your observations during the interview.

Describe what has been the most typical performance in the last 30 days.

EXPRESSIVE COMMUNICATION - The ability to express information and make self understood using any means.

☐ 0. Understood/Unable to assess

☐ 1. Usually Understood (e.g., difficulty finding words, finishing thoughts, or enunciating)

☐ 2. Sometimes Understood - ability is limited to making concrete requests

☐ 3. Rarely/Never Understood

Things to consider: If customer reports difficulty expressing information please describe what that means (difficulty finding words, can only make concrete requests). If customer is non verbal; can they communicate information using other forms of communications (written, sign language, gestures, etc.). Please include your observations during the interview.

Describe what has been the most typical performance in the last 30 days.

EPD PAS Tool Scoring Guide:

VISION - The ability to perceive visual stimuli. (With corrective devices, if used.)

- ☐ 0. Sees adequately (e.g., newsprint, TV, medication labels) /Unable to assess
- ☐ 1. Impaired. Difficulty with focus at close (reading) range. Sees large print and obstacles, but not details, or has monocular vision
- ☐ 2. Highly impaired. Very poor focus at close range (e.g., unable to see large print); field of vision is severely limited (e.g., tunnel vision or central vision loss)

Things to consider: What is the customer able to see (assess with corrective devices if applicable). Please include your observations.

Remember a visual impairment (i.e. legally blind, cataracts, glaucoma, etc.) does *not* determine scoring.

The customer's ability to perceive stimuli using corrective devices, if applicable, must be described in order to determine the best score (i.e. can only see large print, is unable to see large print, etc.)

Describe what has been the most typical performance in the last 30 days.

EPD PAS Tool Scoring Guide:

III. EMOTIONAL AND COGNITIVE FUNCTIONING

A. ORIENTATION Consider last 90 days DO NOT ask orientation for children age 6-11.

This is defined as the applicant's awareness of his/her environment in relation to self, place and time.

PERSON/CAREGIVER –If selecting 'Knows/Unable to assess', explain your choice in comments

Does customer know:	Customer (at time of interview)		Caregiver Judgment		
First Name	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows
Last Name	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows
Caregiver's Name	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows

Things to consider: Please include the customer's answer. If the customer does not remember their caregiver name, do they know who they are (daughter, nurse, social worker, etc.)? Describe what is most typical in the last 90 days.

PLACE – If selecting 'Knows/Unable to assess', explain your choice in comments.

Does customer know:	Customer (at time of interview)		Caregiver Judgment		
Immediate Environment	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows
Place of Residence	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows
City	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows
State	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows

Things to consider: Please include the customer's answer. If the answer is incorrect, ask the customer if they are able to re-orient and how (i.e. asking questions). Consider cultural differences: if a city or state is not common in that culture, how do they assess place? (i.e. I am in America, I am on a reservation, US, etc.)

EPD PAS Tool Scoring Guide:

If the customer is not sure but knows an approximate, they will be considered oriented (i.e. knows they are near Phoenix).

Describe what is most typical in the last 90 days.

III. EMOTIONAL AND COGNITIVE FUNCTIONING

A. ORIENTATION Consider last 90 days

TIME – Select appropriate boxes. If selecting 'Knows/Unable to assess', explain your choice in comments.

Does customer know:	Customer (at time of interview)		Caregiver Judgment		
Day	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows
Month	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows
Year	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows
Time of Day	☐ Knows/ Unable to assess	☐ Does not know	☐ Always knows	☐ Usually Knows	☐ Seldom/ never knows

Things to consider: Please include the customer's actual answers. If the customer is incorrect, are they able to re-orient self and how? (Using calendar, asking questions, looking at phone, newspaper). Please consider cultural differences in the scoring (i.e. does not know the month, but knows it's summer).

☐ No Caregiver

Things to consider: if caregiver reports that the customer is always or usually oriented, it is important to explore discrepancies (i.e. are they able to re-orient, are they temporarily disoriented due to an acute condition?).

Indicate No Caregiver **ONLY** if unable to locate or contact **any** caregiver, family member or person aware of the level of orientation for customer. **Able to use medical records to verify orientation.**

EPD PAS Tool Scoring Guide:

III. EMOTIONAL AND COGNITIVE FUNCTIONING

B. BEHAVIORS Consider the last 90 days, except as indicated in self-injurious behavior and aggression. Select appropriate boxes.

WANDERING: Moving about with no rational purpose, tending to proceed beyond physical parameters of his/her environment in a manner that may jeopardize safety, as the result of an impaired ability to reorient or memory problems. (This is not leaving without permission).

Frequency of Behavior	Intensity of Intervention (Most Common Method)
☐ 0. Behavior has not been observed, or history of wandering behavior; not a current problem [includes if chemically controlled]	☐ 0. Customer requires no intervention
☐ 1. Occurrences may not pose a safety problem	☐ 1. Customer is easy to verbally redirect
☐ 2. Occurs predictably [in response to particular situations]; occurrences pose a threat to the safety of self or others	☐ 2. Customer can be verbally redirected with difficulty
☐ 3. Occurs at least daily, posing a threat to the safety of self or others	☐ 3. Customer requires physical intervention or restraints [includes chemical restraints]

Things to consider: If the customer/rep is reporting wandering, what does that look like? How often has it happened in the last 90 days? Is the customer disoriented when these episodes occur? Do they have an impaired ability to reorient or have memory problems? How are they proceeding beyond physical parameters of their environment and jeopardizing their safety? Are they wandering in response to particular situations and if so, which ones?

Describe the intervention used to stop, eliminate, or decrease this behavior? Is it successful?

***Please remember pacing is not the same as wandering.**

Describe what is most typical in the last 90 days.

EPD PAS Tool Scoring Guide:

SELF INJURIOUS BEHAVIOR: **Repeated** behaviors **that cause injury** (e.g., biting, scratching for no apparent reason, picking behaviors; putting inappropriate objects into ear, mouth, or nose; head slapping or banging, etc.). Describe behavior and intervention in comment.

Frequency of Behavior	Intensity of Intervention (Most Common Metho
☐ 0. No problems in this area or history of injurious behavior; not a current problem [includes if chemically controlled]	☐ 0. Customer requires no intervention
☐ 1. Incidents occur less than weekly; OR do not pose a threat to health or safety	☐ 1. Customer is easy to verbally redirect
☐ 2. Incidents occur weekly to every other day and MAY pose a threat to health or safety	☐ 2. Customer can be verbally redirected with difficulty
☐ 3. Incidents occur at least once a day; OR has had episode(s) causing serious injury requiring medical attention in the last year	☐ 3. Customer requires physical intervention or restraints [includes chemical restraints]

Things to consider: Please describe the self injurious behavior in detail. Is the behavior occurring repeatedly? How often is the behavior occurring?

Does it pose a threat to their health or safety, if so how? Please describe if there are any injuries as a result (bleeding, scars, bruises, etc.) Have any of these injuries been serious, requiring medical attention in the last year?

***Reports of suicide attempts, accident (falling) or risky lifestyle choices can be described and added to the summary, but should not be considered in scoring.**

Describe the intervention used to stop, eliminate, or decrease this behavior? Is it successful?

Describe what is most typical in the last 90 days OR in the last year if there has been a serious injury requiring medical attention.

EPD PAS Tool Scoring Guide:

III. EMOTIONAL AND COGNITIVE FUNCTIONING

B. BEHAVIORS (continued)

AGGRESSION: Physically attacks **others**, including throwing objects, punching, biting, pushing, pinching, pulling hair, scratching, destroying property during attacks on others, threatening behavior. (Do NOT include self-injurious behaviors.) Describe behavior and intervention in comments.

Frequency of Behavior	Intensity of Intervention (Most Common Method)
☐ 0. No problems in this area or history of aggression; not a current problem [includes if chemically controlled – Describe in comments the controlled behavior(s)]	☐ 0. Customer requires no intervention
☐ 1. Incidents occur less than weekly; **OR** do not pose a threat to health or safety	☐ 1. Customer is easy to verbally redirect
☐ 2. Incidents occur weekly to every other day and **MAY** pose a threat to health or safety	☐ 2. Customer can be verbally redirected with difficulty
☐ 3. Incidents occur at least once a day; **OR** has had episode(s) causing serious injury requiring medical attention in the last year	☐ 3. Customer requires physical intervention or restraints [includes chemical restraints]

Things to consider: Is the customer physically attacking another person? Please describe what this looks like in detail (throwing objects at a person, pinching, biting, pushing, scratching them).
Are they physically threatening (i.e. will they launch themselves at others causing fear?).

If they are reporting property destruction, was this a result of a physical attack on someone else? Does this pose a health or safety threat to self or others, if so how?

Have any of these behaviors caused serious injury that required medical attention in the last year?

Describe the intervention used to stop, eliminate, or decrease this behavior? Is it successful?

Describe what is most typical in the last 90 days OR in the last year if there has been a serious injury requiring medical attention.

EPD PAS Tool Scoring Guide:

RESISTIVENESS: Inappropriately stubborn and uncooperative, including passive or active obstinate behaviors. Refusing to participate in self care or to take necessary medications

[Note – Do not include difficulties with auditory processing or reasonable expressions of self-advocacy. Also, do not include verbal threatening or acts of physical aggression to self or others.] Describe behavior and intervention in comments.

Frequency of Behavior	Intensity of Intervention (Most Common Method)
☐ 0. Problem does not occur or occurs at a level not requiring intervention [includes if chemically controlled – Describe in comments the controlled behavior(s)]	☐ 0. Customer requires no intervention
☐ 1. Behavior occurs less than weekly	☐ 1. Customer is easy to verbally redirect
☐ 2. Behavior occurs weekly to every other day	☐ 2. Customer can be verbally redirected with difficulty
☐ 3. Behavior occurs at least daily	☐ 3. Customer requires physical intervention or restraints [includes chemical restraints]

Things to consider: Please describe the behavior in detail. How is the behavior inappropriately stubborn or uncooperative?

How often are these occurring?

Please assure these behaviors are not a result of auditory processing or reasonable expressions of self advocacy.

Describe the intervention used to stop, eliminate, or decrease this behavior? Is it successful?

Describe what is the most typical in the last 90 days.

EPD PAS Tool Scoring Guide:

III. EMOTIONAL AND COGNITIVE FUNCTIONING

B. BEHAVIORS (continued)

DISRUPTIVE BEHAVIOR: Interferes with activities of others or own activities through behaviors. [Including but not limited to: putting on or taking off clothing inappropriately; sexual behavior inappropriate to time, place or person; excessive whining or crying; screaming; persistent pestering or teasing; constantly demanding attention; and urinating in inappropriate places]. Describe behavior and intervention in comment.

Frequency of Behavior	Intensity of Intervention (Most Common Method)
☐ 0. Problem does not occur or occurs at a low level not requiring intervention, or no history of disruptive behavior; not a current problem [includes if chemically controlled – Describe in comments the controlled behavior(s)]	☐ 0. Customer requires no intervention
☐ 1. Behavior occurs less than weekly	☐ 1. Customer is easy to verbally redirect
☐ 2. Behavior occurs weekly to every other day	☐ 2. Customer can be verbally redirected with difficulty
☐ 3. Behavior occurs at least daily	☐ 3. Customer requires physical intervention or restraints [includes chemical restraints]

Things to consider: Please describe the behavior in detail. How do these behaviors interfere with the activities of others or the customer? Who do these behaviors disrupt? How often do these occur?

Describe the intervention used to stop, eliminate, or decrease this behavior? Is it successful?

Describe what is the most typical in the last 90 days.

***Keep in mind some behaviors are appropriate. For example, crying due to pain or asking for toileting assistance repeatedly in the presence of a UTI would be appropriate and would not be scored as disruptive.**

EPD PAS Tool Scoring Guide:

IMPORTANT!!!

Please review all medical records as soon as they become available. If any discrepancies are noted between the caregiver/rep report and these records, the customer/rep should be contacted to clarify each discrepancy in detail so the assessor can determine how best to score.

If the customer has had recent previous PAS's, these should be reviewed prior to the PAS interview and any changes since the last PAS (if reasonably recent) **should be addressed and clarified with the customer/rep in order for the assessor to determine how best to score.**

The clarification(s) need to be added to the summary or each individual comment area. If the customer/rep is contacted after the PAS interview for clarification, a dated addendum will need to be added to the summary.

Please be objective and professional.

EPD PAS Tool Scoring Guide:

IV. MEDICAL ASSESSMENT

A. Medical Conditions

Instructions: Select only those diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, skilled nursing care or risk of death.

[Note: Do not indicate inactive diagnoses, significant historical diagnoses should be included in the PAS summary, Do not list surgical procedures or V codes as diagnoses]

If a specific diagnosis is not found on the tool, but the diagnosis or condition is the same or essentially the same as one of the listed conditions, **select the condition from the list and use the comment section to specify**.
If you have an ICD-9 code that is not listed, select a miscellaneous ICD-9 code and enter the number code and the specific diagnosis in the comments section.

***The PAS assessor should verify diagnoses and medical conditions from medical documentation or verbally from provider (by phone or in person) and secure copies of documentation when necessary such as in the event of an eligibility review or hearing.

i. **If a customer is EITHER: *clearly* not medically eligible and NOT at risk for institutionalization, OR *clearly* medically eligible and at risk for institutionalization and over age 65yrs: the assessor does not need to wait for records and delay the case.**

ii. **However, the assessor must still request records for each and every customer.** The reasoning behind this is that should the records arrive and the ineligible customer reapplies or files a hearing, they will be there for reference.

NOTE: It's helpful to include WHO made each diagnosis and WHEN.

Reminder: By Arizona Revised Statute an eligible person must have a **non-psychiatric** medical condition or developmental disability that by itself or in combination with other medical conditions, places the person at risk of institutionalization in a nursing facility or intermediate care facility for Individuals with Intellectual Disability.

Therefore an eligible person must have a non-psychiatric major diagnosis that impacts the need for long term care.

A1) Hematologic/Oncologic:	A2) Cardiovascular:	A3) Musculoskeletal: ☐ Amputation

EPD PAS Tool Scoring Guide:

☐ Anemia ☐ Solid Cancers ☐ Leukemia/Lymphoma ☐ HIV Positive/AIDS (Include Viral Load and T cell count in comments)	☐ Angina (chest pain) ☐ Atherosclerotic Heart Disease ☐ Congestive Heart Failure ☐ Myocardial Infarction ☐ Hypertension ☐ Peripheral Vascular Disease ☐ Cardiac Arrhythmia	☐ Arthritis ☐ Degenerative Joint Disease ☐ Fracture ☐ Joint Replacement ☐ Muscular Dystrophy ☐ Osteoporosis ☐ Contracture ☐ Lower Back Pain ☐ **PARALYSIS**
A4) Respiratory: ☐ Asthma ☐ Emphysema/COPD/ Chronic Bronchitis ☐ Pneumonia ☐ Tuberculosis ☐ Respiratory Failure	A5) Metabolic: ☐ Diabetes ☐ Hypothyroidism ☐ Hyperthyroidism ☐ Electrolyte Imbalance ☐ Hyperlipidemia (Diabetes - Include HgA1C in comments)	A6) Neurological: ☐ **ALZHEIMER'S DISEASE/OBS/ DEMENTIA** ☐ Polio ☐ Seizure Disorder ☐ Cerebral Palsy ☐ Autism ☐ Mental Retardation ☐ Encephalopathy ☐ CVA/Stroke ☐ TIA - Transient Ischemic Attack ☐ Parkinson's Disease ☐ Multiple Sclerosis ☐ ALS - Amyotrophic Lateral Sclerosis ☐ Head Trauma

EPD PAS Tool Scoring Guide:

A7) Genitourinary: ☐ Urinary Tract Infection ☐ Chronic Renal Failure/ Insufficiency ☐ Benign Prostatic Hypertrophy ☐ Neurogenic Bladder ☐ Urinary Incontinence	A8) Gastrointestinal: ☐ Ulcers ☐ Hernia ☐ Colitis ☐ Irritable Bowel Syndrome ☐ Cirrhosis ☐ Constipation ☐ Intestinal Obstruction	A9) Ophthalmologic/EENT: ☐ Blindness ☐ Cataract ☐ Glaucoma ☐ Hearing Deficit ☐ Macular Degeneration ☐ Diabetic Retinopathy
A10) Psychiatric: ☐ Major Depression ☐ Other Depression (311) ☐ Bipolar Disorder ☐ Schizophrenia ☐ Alcohol Abuse ☐ Drug Abuse ☐ Behavior Disorder (Includes ADHD/ADD)	A11a) Current Skin Condition(s): ☐ Cellulitis ☐ Pressure Ulcers ☐ Stasis Ulcers/Other	A11b) History of a Skin Ulcer Resolved in the last year? ☐ Yes ☐ No ☐ Unable to Determine
A11c) If customer has ulcer(s), indicate pressure ulcer(s) using the following definitions: *(select all that apply)* ☐ Any area of persistent skin redness (without a break in the skin) that does not disappear when pressure is relieved ☐ Partial loss of skin layers that presents as an abrasion, blister or shallow crater ☐ A full thickness of skin is lost, exposing the underlying tissue (presents as a deep crater) or the underlying tissue is lost (exposing muscle or bone) ☐ Scab (eschar) over ulcer Number of current pressure ulcers _____ *(Describe size and location(s) in comments section)*		

B. MEDICATIONS/TREATMENTS/ALLERGIES (currently being received)

EPD PAS Tool Scoring Guide:

Include dosage, frequency, duration, route form (by mouth, injection, etc.) for each medication and the average use of major PRN medications.

MEDICATIONS/TREATMENTS

B1) Medications/Treatments/Comments:
1 –
2 –
3 –
4 –
5 –
6 –
7 –
8 –
9 –
10 –
11 –
12 –
13 –
14 –
15 –
16 –
17 –
18 –
19 –
20 –

EPD PAS Tool Scoring Guide:

B. MEDICATIONS/TREATMENTS/ALLERGIES

***If finger stick blood sugars (FSBS) are done, it is important to document the frequency, the range of blood sugars and who actually performs the testing. Use the comments section to describe the assistance provided for the customer.

INSULIN – Select "Yes" to all that apply

B2a) Does the customer take insulin? ☐ Yes ☐ No	
B2b) Does customer require any assistance drawing up insulin? ☐ Yes ☐ No	B2c) Does customer require any assistance self-injecting insulin? ☐ Yes ☐ No
B2d) Does customer require any assistance with finger sticks? ☐ Yes ☐ No	
Comments (including who assists and why): _____	

MEDICATION ASSISTANCE

EPD PAS Tool Scoring Guide:

Example: needs help setting up medi-sets

A No would be indicated if customer can complete the process themselves

☐ Yes ☐ No	B3) Assistance with taking medications?
Comments: _____	

THERAPEUTIC DIET

***A therapeutic diet is **prescribed by a physician** and based on a customer's medical condition. Select yes and describe the diet in comments if the customer requires a diet that is adjusted to meet special nutritional needs.
This may include consistency such as mechanical soft or pureed, level of nutrients (e.g., 1800 calorie ADA), amounts of fluids, number of meals or the elimination of certain foods (no wheat or dairy products).

☐ Yes ☐ No	B4) Therapeutic diet? Diet order: _____
Comments: _____	

MEDICATION ALLERGIES

EPD PAS Tool Scoring Guide:

*** If the customer has allergies to medications, use the comments section to list them.

☐ Y ☐ N	B5) Medication Allergies? (If yes, please list) NKMA
Comments: _____ _____ _____ _____	

SERVICES & TREATMENTS (currently being received – unmet need must be supported in comments)

EPD PAS Tool Scoring Guide:

If a Need is indicated, the assessor must explain in comments. The determination of need should be based on documentation, such as physician order, the recommendation of a therapist, or a clearly defined medical condition for which the service is routine treatment.

C1) Injections/IV: ☐ Intravenous Infusion Therapy ☐ Intramuscular/Subcutaneous Injections	C2) Medications/Monitoring: ☐ Drug Regulation ☐ Drug Administration	C3) Skin Care: ☐ Pressure/Other Ulcers ☐ Non Bowel/Bladder Ostomy Care ☐ Wound Care
C4) Feedings: ☐ Parenteral Feedings/TPN ☐ Tube Feedings	C5) Bladder/Bowel: ☐ Catheter Care ☐ Ostomy Care ☐ Bowel Dilitation	C6) Respiratory: ☐ Suctioning ☐ **OXYGEN** ☐ Small Volume Nebulizer ☐ Ventilator ☐ Trach Care ☐ Chest Physio-Therapy ☐ CPAP
C7) Therapies: ☐ Physical ☐ Occupational ☐ Speech ☐ Respiratory ☐ Alcohol/Drug Treatment ☐ Vocational Rehabilitation ☐ Individual/Group Therapy	C8) Rehabilitative Nursing: ☐ Teaching/Training Program ☐ Bowel/Bladder Training ☐ Turning & Positioning ☐ Range of Motion ☐ Other Rehab Nursing	C9) Other Services & Treatments: ☐ Peritoneal Dialysis ☐ Hemodialysis ☐ Chemotherapy/Radiation ☐ Restraints ☐ Fluid Intake/Output ☐ Other _____
Comments: _____ _____ _____		

EPD PAS Tool Scoring Guide:

EPD PAS Tool Scoring Guide:

C. **SUMMARY EVALUATION** (Include information on Medicare Part D,ER visits, Hospitalizations and falls)

If the customer reported ER visits and/or hospitalizations please include the approximate dates (exact dates preferred) and reason for visit/hospitalizations.

If customer reported falls please include approximate dates for each, how they occurred (while walking to the kitchen, while transferring onto toilet, while dressing, etc.) and if the customer had any injuries as a result.