

# 15

## PRIVATE PAY ASSESSMENT MANUAL

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# 15

## PRIVATE PAY ASSESSMENT MANUAL

### 15.1 Purpose

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This manual provides guidance on the assessment of private pay individuals residing in or planning to reside in an assisted living facility (ALF). It also describes use of the Private Pay Uniform Assessment Instrument (UAI). The Private Pay UAI is an alternate version of the full, 12-page UAI and contains only the information necessary to determine whether a private pay individual meets the level of care criteria for residential or assisted living. Private Pay UAI is available on the Department for Aging and Rehabilitative Services (DARS) public website and the Department of Social Services (DSS), Division of Licensing Programs website.

This manual should be used in conjunction with the User's Manual: Virginia Uniform Assessment Instrument (UAI) Manual. The User's Manual describes the process for completing the UAI and it is located on the DARS public website.

*The Private Pay UAI is used to determine an individual's care needs and ensure these needs match the level of care for which the ALF is licensed to provide. Virginia regulations 22VAC40-73, Standards for Licensed Assisted Living Facilities and 22VAC 30-110, Assessment in Assisted Living Facilities, state that no individual can be admitted to or remain in an ALF, if the ALF cannot provide or secure appropriate care for the individual. An ALF is prohibited from admitting or retaining an individual if the ALF cannot provide the appropriate level of care, is not licensed for a type of care, or if the ALF does not have the staff appropriate in numbers and with the appropriate skill to provide such services.*

Assessors should become familiar with this manual and use it as a reference document. A chart outlining the assessment process is in Appendix A. A chart listing all activities of

daily living (ADLs) and instrumental activities of daily living (IADLs) and how to rate them when conducting an ALF assessment is in Appendix B.

## 15.2 Background

Since July 1, 1994, publicly funded human service agencies in Virginia, including the local departments of social services (LDSS) and area agencies on aging (AAA), as well as Medicaid Long-term Services and Supports (LTSS) Screening teams have used the UAI to gather information to determine an individual's care needs, for service eligibility, and for planning and monitoring of an individual's needs across agencies and services. There are several versions of the UAI, including the short form, the full 12-page document, and the Private Pay version.

## 15.3 Legal basis

Section 63.2-1804 of the Code of Virginia, and regulations, 22VAC30-110 require that all individuals prior to admission to an ALF, and individuals residing in an ALF must be assessed, at least annually, using the UAI to determine the need for residential or assisted living care, regardless of payment source or length of stay.

## 15.4 Definitions

The following words and terms are defined in state regulation, 22VAC30-110-10 (unless otherwise indicated) and the Code of Virginia. When used in this chapter, they shall have the following meaning, unless the context clearly indicates otherwise:

| Term                                      | Definition   |
|---|--|
| <b>Activities of Daily Living or ADLs</b> | Bathing, dressing, toileting, transferring, bowel control, bladder control, and eating/feeding. An individual's degree of independence in performing these activities is a part of determining appropriate level of care and services.   |
| <b>Administrator</b>                      | Means the licensee or person designated by the licensee who is responsible for the general administration and management of an assisted living facility and who oversees the day-to-day operation of the facility, including compliance with all regulations for assisted living facilities. |
| <b>Assessment</b>                         | A standardized approach using common definitions to gather sufficient information about individuals applying to or residing in an assisted living facility to determine the need for appropriate   |

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| Term                                   | Definition   |
|--|--|
| <b>Assisted Living Care</b>            | level of care and services.<br><br>A level of service provided by an assisted living facility for individuals who may have physical or mental impairments and require at least moderate assistance with the activities of daily living. Moderate assistance means dependency in two or more of the activities of daily living. Included in this level of service are individuals who are dependent in behavior pattern (i.e., abusive, aggressive, disruptive) as documented on the uniform assessment instrument.   |
| <b>Assisted Living Facility or ALF</b> | Any congregate residential setting that provides or coordinates personal and health care services, 24-hour supervision, and assistance (scheduled and unscheduled) for the maintenance or care of four or more adults who are aged or infirm or who have disabilities and who are cared for in a primarily residential setting, except (i) a facility or portion of a facility licensed by the State Board of Health or the Department of Behavioral Health and Developmental Services, but including any portion of such facility not so licensed; (ii) the home or residence of an individual who cares for or maintains only persons related to him by blood or marriage; (iii) a facility or portion of a facility serving individuals who are infirm or who have disabilities between the ages of 18 and 21, or 22 if enrolled in an educational program for individuals with disabilities pursuant to § 22.1-214, when such facility is licensed by the Department as a children's residential facility under Chapter 17 (§ 63.2-1700 et seq.), but including any portion of the facility not so licensed; and (iv) any housing project for individuals who are 62 years of age or older or individuals with disabilities that provides no more than basic coordination of care services and is funded by the U.S. Department of Housing and Urban Development, by the U.S. Department of Agriculture, or by the Virginia Housing Development Authority. Included in this definition are any two or more places, establishments or institutions owned or operated by a single entity and providing maintenance or care to a combined total of four or more adults who are aged or infirm or who have disabilities. Maintenance or care means the protection, general supervision and oversight of the physical and mental well-being of an individual who is aged or infirm or who has a disability. (§ 63.2-100 of the Code of Virginia). |

| Term                                    | Definition   |
|---|--|
| <b>Auxiliary Grants Program</b>         | <p><b>Note: The term “Adult Care Residence” when used in the UAI, means Assisted Living Facility.</b></p> <p>State and locally funded assistance program to supplement the income of an individual who is receiving Supplemental Security Income (SSI) or an individual who would be eligible for SSI except for excess income, and who resides in an ALF, an adult foster care home, or supportive housing setting with an established rate in the Appropriation Act. The total number of individuals within the Commonwealth of Virginia eligible to receive auxiliary grants in a supportive housing setting shall not exceed the number individuals designated in the Virginia law and the signed agreement between the department and the Social Security Administration.</p> |
| <b>Department or DARS</b>               | Virginia Department for Aging and Rehabilitative Services.   |
| <b>Dependent</b>                        | The individual needs the assistance of another person or needs the assistance of another person and equipment or a device to safely complete an ADL or IADL. For medication administration, dependent means the individual needs to have medications administered or monitored by another person or professional staff. For behavior pattern, dependent means the individual’s behavior is aggressive, abusive, or disruptive.   |
| <b>Discharge</b>                        | The process that ends an individual’s stay in the ALF.   |
| <b>Emergency Placement</b>              | The temporary status of an individual in an ALF when the individual’s health and safety would be jeopardized by denying entry into the facility until requirements for admission have been met.  |
| <b>Facility</b>                         | An ALF.  |
| <b>Independent Physician</b>            | A physician who is chosen by an individual residing in the ALF and who has no financial interest in the ALF, directly or indirectly, as an owner, officer, or employee or as an independent contractor with the facility.  |
| <b>Instrumental activities of daily</b> | Meal preparation, housekeeping, laundry, and money management. An individual’s degree of independence in   |

| <b>Term</b>                         | <b>Definition</b>  |
|-------------------------------------|--|
| <b>living or IADLs</b>              | performing these activities is a part of determining appropriate level of care and services.   |
| <b>Maximum Physical Assistance</b>  | An individual has a rating of total dependence in four or more of the seven activities of daily living as documented on the uniform assessment instrument.   |
| <b>Medication Administration</b>    | For purposes of this chapter, assessing the degree of assistance an individual requires to take medications in order to determine the individual's appropriate level of care.  |
| <b>Minimal Assistance</b>           | Dependency in only one ADL or dependency in one or more IADLs as documented on the uniform assessment instrument. Included in this level of services are individuals who are dependent in medication administration as documented on the UAI.  |
| <b>Moderate Assistance</b>          | Dependency in two or more ADLs as documented on the UAI.   |
| <b>Private Pay</b>                  | An individual residing in an ALF is not eligible for benefits under the Auxiliary Grants Program.  |
| <b>Prohibited Conditions</b>        | Physical or mental health conditions or care needs as described in § 63.2-1805 of the Code of Virginia. An ALF shall not admit or allow the continued residence of an individual with a prohibited condition. Prohibited conditions include, but are not limited to, an individual who requires maximum physical assistance as documented on the uniform assessment instrument and meets nursing facility level of care criteria as defined in the State Plan for Medical Assistance. Unless the individual's independent physician determines otherwise, an individual who requires maximum physical assistance and meets nursing facility level of care criteria as defined on the State Plan for Medical Assistance shall not be admitted to or continue to reside in an ALF. |
| <b>Public Human Services Agency</b> | An agency established or authorized by the General Assembly under Chapters 2 and 3 (§§ 63.2-200 et seq. and 63.2-300 et seq.) of Title 63.2, Chapter 14 (§ 51.5-116 et seq.) of Title 51.5, Chapters 1 and 5 (§§ 37.2-100 et seq. and 37.2-500 et seq.) of Title 37.2, or Article 5 (§§ 32.1-30 et seq.) of Chapter 1 of Title 32.1, or hospitals operated by the state under Chapters 22 (§   |

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| <b>Term</b>                    | <b>Definition</b>   |
|--------------------------------|---|
|                                | 23.1-2200 et seq.) and 23 (§ 23.1-2300 et seq.) of Title 23.1 of the Code of Virginia and supported wholly or principally by public funds, including funds provided expressly for the purposes of case management.  |
| <b>Public Pay</b>              | An individual residing in an ALF is eligible for the Auxiliary Grants Program.  |
| <b>Qualified Assessor</b>      | A person who is authorized to perform an assessment, reassessment, or change in level of care for an individual who is seeking admission to an ALF or who resides in an ALF. For public pay individuals, a qualified assessor is an employee of a public human services agency who is trained in the completion of the uniform assessment instrument and is authorized to approve placement for an individual who is seeking admission to or residing in an ALF. For private pay individuals, a qualified assessor is staff of the ALF trained in the completion of the uniform assessment instrument or an independent physician or a qualified assessor for public pay individuals. |
| <b>Reassessment</b>            | An update of information on the uniform assessment instrument at any time after the initial assessment. In addition to an annual reassessment, a reassessment shall be completed whenever there is a significant change in the individual's condition.  |
| <b>Residential Living Care</b> | A level of service provided by an ALF for individuals who may have physical or mental impairments and require only minimal assistance. The definition of residential living care includes the services provided by the ALF to individuals who are assessed as capable of maintaining themselves in an independent living status.  |
| <b>Significant Change</b>      | A change in an individual's condition that is expected to last longer than 30 days. It does not include short-term changes that resolve with or without intervention, a short-term acute illness or episodic event, or a well-established, predictive, cyclic pattern of clinical signs and symptoms associated with a previously diagnosed condition where an appropriate course of treatment is in progress.  |
| <b>Total</b>                   | The individual is entirely unable to participate in the   |

| Term  | Definition  |
|---|---|
| <b>Dependence</b>                           | performance of an ADL.  |
| <b>Uniform Assessment Instrument or UAI</b> | The department-designated assessment form. There is an alternate version of the uniform assessment instrument that may be used for individuals paying privately to reside in the ALF. |

## 15.5 Individuals to be assessed

(22VAC30-110-20). All individuals applying to or residing in an ALF shall be assessed face-to-face using the UAI prior to admission, at least annually, and whenever there is a significant change in the individual's condition.

Except in the event of a documented emergency, all individuals must be assessed **prior to** admission. See Section 15.19 for additional information about emergency placements.

## 15.6 Assessors for private pay individuals

(22VAC30-110-20). For private pay individuals, qualified staff of the ALF or an independent physician may complete the UAI. Qualified staff are ALF employees who have successfully completed the department designated training course on the UAI for either public or private pay assessments.

A private pay individual may request the assessment be completed by a qualified public human services agency assessor.

Qualified staff who *conduct private pay assessments must complete* training via the e-learning, Private Pay Uniform Assessment Instrument *Training* located on the DSS, Division of Licensing Programs website.

Private Pay UAIs that are completed by qualified staff of the ALF must be approved and signed by the administrator or the administrator's designated representative.

## 15.7 Responsibilities of ALF staff

ALF staff are responsible for:

- Ensuring the assessment is completed prior to admission, except in a documented emergency admission.

- Completing the reassessment every 12 months or when there is a significant change.
- Knowing levels of care criteria.
- Knowing prohibited conditions.
- Keeping the UAI in the individual's ALF record.
- Arranging for discharge when an individual's needs do not meet level of care.
- Sending the UAI with an individual when the individual transfers to another ALF.

The ALF shall provide an area for assessments and reassessment to be conducted that ensures the individual's privacy and protects confidentiality. (22VAC30-110-30).

### 15.8 Request for assessment

(22VAC30-110-30). The UAI shall be completed within 90 days prior to the date of admission to the ALF. If there has been a significant change in the individual's condition since the completion of the UAI that would affect the admission to an ALF, a new UAI shall be completed as specified in 22VAC30-110-20.

The individual who wishes to reside in an ALF, a family member, the physician, a community health services or social services professional, ALF personnel or any other concerned individual in the community can initiate a request for assessment.

### 15.9 Completing the UAI

The UAI provides the framework for determining an individual's care needs. It contains measurable and common definitions for rating how individuals function in daily life and other activities.

(22VAC30-110-30). The assessment shall be conducted using the UAI.

For private pay individuals, the assessment shall include sections related to identification and background, functional status, which includes ADLs, continence, ambulation, IADLs, medication administration, and behavior pattern. The private pay or public pay UAI may be used. (22VAC30-110-30).

*An accurate UAI assessment is important in determining if the individual meets level of care criteria. The assessor must note the individual's degree of independence or dependence in various areas of functioning. Guidelines for assessing an individual are found in the User's Manual.*

*Assessing dependency is an evaluation of how the individual is currently functioning (i.e., is the individual receiving assistance to perform an ADL) and whether there is a need for assistance to perform the activity (i.e., the individual does not receive assistance to bathe but is unable to adequately complete his or her bath, and, as a consequence, has recurrent body rashes). If the individual currently receives the assistance of another person to perform the activity, or if the individual demonstrates a need for the assistance of another person to complete the activity, the individual dependent in that activity. **The individual's need for prompting or supervision to complete an activity qualifies as a dependency.***

In determining whether an individual is dependent in medication administration (i.e., “administered by professional staff”), *it is necessary to **assess** the individual and **evaluate** the efficacy of the medications and treatment.* Individuals who receive medication from medication aides who have completed the medication management course would not be described as receiving medication “administered by professional staff” but rather as receiving medication “administered/monitored by lay person.”

The optional level of care worksheet located on the DARS public site helps the assessor quickly determine the level of care an individual may need.

### 15.10 Prohibited conditions

Assessors must also determine *if* individuals have any of the prohibited conditions listed in 22VAC40-73-310 before authorizing placement in an ALF. If *prohibited* conditions are present, the assessor must document *them* on the UAI. If appropriate, contact a health care or mental health care professional for assistance in the assessment of prohibited conditions.

### 15.11 Residential living level of care

(22VAC30-110-60). Individuals shall meet the criteria for residential living as documented on the UAI when at least one of the following describes their functional capacity:

1. Rated dependent in only one of seven ADLs (i.e., bathing, dressing, toileting, transferring, bowel function, bladder function, and eating/feeding).
2. Rated dependent in one or more of four selected IADLs (i.e., meal preparation, housekeeping, laundry, and money management).
3. Rated dependent in medication administration.

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### 15.12 Assisted living level of care

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(22VAC30-110-70). Individuals shall meet the criteria for assisted living as documented on the UAI when at least one of the following describes their capacity:

1. Rated dependent in two or more of seven ADLs.
2. Rated dependent in behavior pattern (i.e., abusive, aggressive, and disruptive).

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### 15.13 Independent living status

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Private pay individuals who are assessed as independent can be admitted into an ALF. A person does not have to meet the residential living level of care criteria to live in an ALF licensed for residential living care.

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### 15.14 Outcomes of ALF assessments

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The possible outcomes of an ALF assessment may include:

- A recommendation for ALF care (either residential or assisted living);
- Referral to a LTSS screening team to review if the individual is appropriate for Medicaid-funded community-based care or nursing facility care;
- Referrals to other community resources (non-Medicaid-funded) such as home health services, adult day care centers, home-delivered meals, etc.; or
- A determination that services are not required.

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### 15.15 Referrals to Medicaid LTSS

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Medicaid LTSS may be considered when the assessor completes an assessment and determines that an individual may meet the criteria for nursing facility care and is at risk of nursing facility placement unless additional help is received.

If the assessor believes the individual may be appropriate for Medicaid LTSS the assessor should contact the local LTSS screening team and send the original UAI to the local department of health or the LDSS to initiate a screening. The individual should be referred to the LDSS to complete a Medicaid application.

Home and community-based services include waiver services such as the CCC Plus waiver which offers services such as personal care, adult day health care, and respite

care. For additional information about Medicaid LTSS visit the Department of Medical Assistance Services (DMAS) website.

### 15.16 Time limitation on assessments

An authorized assessor's approval decision and the completed UAI regarding an individual's appropriateness for ALF placement are valid for 12 months from the date of the assessment or until an individual's functional or medical status changes, and the change indicates the individual may no longer meet the authorized level of care criteria.

See Section 15.19 concerning time limitations on assessments for individuals who are awaiting admission to an ALF.

### 15.17 Request for an independent assessment

An independent assessment is an assessment that is completed by an entity other than the original assessor. An independent assessment may be requested by the ALF, the individual, the individual's legal representative, the individual's physician, DSS, or the LDSS, when there is a question concerning the outcome of the original assessment (22 VAC30-110-30).

### 15.18 Emergency placement

(22VAC30-110-30). An emergency placement shall occur only when the emergency is documented and approved by (i) a local department adult protective services worker for public pay individuals or (ii) a local department adult protective services worker or independent physician for private pay individuals.

See Section 15.4 for the definition of emergency placement. Prior to the emergency placement, the APS worker or the physician must discuss with the ALF the individual's service and care needs based on the APS investigation and/or physician assessment to ensure that the ALF *can provide* the needed services. The individual cannot be placed in an ALF on an emergency basis if the individual has any prohibited conditions.

*Emergency placement is the **only** instance in which an individual may be placed in an ALF without first *undergoing assessment*.*

After the emergency placement is made, the UAI must be completed within seven working days from the date of the placement. There must be documentation in the individual's ALF record that a Virginia APS worker or physician approved the emergency placement.

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### 15.19 Awaiting ALF Admission

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At times, an individual who has been assessed as appropriate for ALF admission has to remain in the community while waiting for admission. When the admission can proceed, and if no more than 90 days have elapsed, a new assessment does not have to be completed unless there has been a significant change in the individual's condition. If more than 90 days have elapsed since the assessment was conducted, then a new assessment must be completed.

### 15.20 Annual reassessment

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(22VAC30-110-30). The UAI shall be completed annually on all individuals residing in ALFs and whenever there is a significant change in the individual's condition.

The annual reassessment is a reevaluation of *the adult's* service needs. The assessor shall *conduct a reassessment* annually, or more frequently as required, to ensure proper utilization of services.

The annual reassessment is based upon the date of the last completed assessment. The reassessment does not need to be performed in the same month as the initial assessment. A current assessment is one that is not older than 12 months.

### 15.21 Who can conduct annual reassessments?

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Designated ALF staff *who have completed UAI training*, an independent physician, or upon the request of the individual, a qualified public human services agency assessor may complete the annual reassessment. ALF staff are not permitted to complete assessments, reassessments, or changes in level of care of individuals residing in an ALF who receive Auxiliary Grant (AG).

### 15.22 Completing the annual reassessment

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The three options for completing the reassessment are as follows:

- Mark only those items on the UAI that have changed since the previous assessment. The assessor clearly updates the previous UAI by crossing out old information and initialing and dating all changes. The assessor then signs and dates the UAI and marks the front of the instrument as a reassessment.
- For private pay individuals for whom there have been no changes in the items listed on the UAI since the immediately preceding assessment, it is sufficient to have the assessor indicate "no change" on the UAI. The statement "no change" may be written in the comment section of the Private Pay UAI or the summary

section of the Public Pay UAI (if that version is being used). It is not necessary to write “no change” next to each item on the UAI. The assessor must sign and date the UAI to indicate when the reassessment occurred.

- Begin a new assessment on a new Private Pay UAI form.

**Note:** The UAI contains only one line for the assessor to enter a reassessment date. If the UAI already has one reassessment date entered, a new UAI shall be completed at the next reassessment date.

### **15.23 Changes in level of care**

The UAI must be completed or updated as needed whenever there is a significant change in the individual’s condition that is expected to last more than 30 days or appears to warrant a change in the individual’s approved level of care. See Section 15.4 for the definition of a significant change.

A change in level of care assessment should be conducted within two weeks when a significant change in level of care is indicated, including when the individual presents with one or more prohibited conditions or no longer meets level of care criteria for which he or she was most recently assessed.

#### **15.23.1 Temporary changes in condition**

Temporary changes in an individual’s condition are those that can be reasonably expected to last less than 30 days. Such changes do not require a new assessment or update. Examples of such changes are short-term changes that resolve with or without intervention, changes that arise from easily reversible causes such as a medication change, short-term acute illness or episodic event.

### **15.24 Outcomes of the annual reassessment or change in level of care**

The possible outcomes from a reassessment may include:

- Continue at the current level of care;
- Change in the level of care;
- Continue at the current level of care with the addition of other services (e.g. home health); or
- Referral to an LTSS screening team if the individual needs Medicaid LTSS.

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## 15.25 Transfer to another setting

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### 15.25.1 ALF-to ALF transfer

When an individual moves to an ALF from another ALF, a new UAI is not required except that a new UAI shall be completed whenever there is a significant change in the individual's condition or the most recent UAI was completed more than 12 months ago (22VAC30-110-30).

The ALF from which the individual is moving must send a copy of all current assessment material to the facility to which the individual is moving. The requirements for discharge notifications must be followed. The receiving ALF is then responsible for initiating the appropriate documentation for admission purposes.

### 15.25.2 Hospital-to-ALF Transfer

If an individual is admitted to a hospital from an ALF and the individual's condition has not changed, but placement in a different ALF is sought, a new assessment is NOT required. The second ALF would be required to complete necessary documentation for admission. The first ALF must provide the required discharge notifications.

If an individual is admitted to the hospital from an ALF and the individual needs to transfer to Medicaid LTSS, the screening must be completed by the hospital discharge planner.

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## 15.26 Discharge to Medicaid LTSS

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The LTSS screening team in the jurisdiction where the ALF is located is responsible for screening individuals who are residing in an ALF but will need Medicaid LTSS. ALF staff, the individual, or the individual's family may contact the screening team to complete the individual's screening. The screening team handles the referral like any other community-based referral.

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## 15.27 Changes in an individual's financial status

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When a private pay individual needs to apply for an AG, an application for AG must be submitted to the LDSS where the individual last lived prior to entering an institution. ALFs are considered institutions for purposes of determining AG eligibility. If an individual has had a Private Pay UAI completed, and he or she becomes eligible for AG, a public pay UAI must be completed in order for services to be authorized. Only qualified assessors, such as LDSS, AAA or community services boards, may complete a UAI for an individual who is receiving AG.

For more information about the AG Program visit the DARS public website.

### **15.28 Suspension of license or closure of an ALF**

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At the request of the Commissioner, all agencies and subdivisions of the Commonwealth shall cooperate with the Commissioner in the relocation of residents of an assisted living facility whose license has been summarily suspended pursuant to this section and in any other actions necessary to reduce the risk of further harm to residents. New assessments of the individuals who are relocating are not required, pursuant to 22VAC30-110-30 D. (22VAC30-110-40).

The ALF Relocation Plan is available on the DARS public website.

### **15.29 Appendix A: Assessment process chart**

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|                                       |   |
|---------------------------------------|---|
| Step 1: Contact                       | Request for assessment is made. Assessor makes contact with the individual/requester. If possible, conduct a preliminary review to determine if there are any prohibited conditions or other medical issues that may require more services than is available in an ALF. Refer to the LTSS screening team, if appropriate. |
| Step 2: UAI                           | Conduct a face-to-face visit.<br>Assessor completes the appropriate UAI. If UAI has been completed in last 90 days, and there are no changes, do not complete a new UAI. If individual may meet nursing facility (NF) criteria, stop assessment process. Refer to the LTSS screening team, if appropriate.                |
| Step 3:<br>Prohibited<br>Conditions   | Assessor determines if individual has a prohibited condition. With certain exceptions, some of which only apply to private pay individuals, the individual is NOT eligible to reside in an ALF if he has a prohibited condition. Stop assessment process and refer to the LTSS screening team or to other services.       |
| Step 4:<br>Determine Level<br>of Care | Determine individual's level of care using ALF criteria (i.e., residential or assisted living).   |
| Step 5: ALF<br>Availability/          | Ensure that ALF has the appropriate license for the individual's level of care. Verify that ALF can provide requested services or if they are available in the community.   |
| Step 6: Plan<br>Reassessment          | At least every 12 months, perform reassessment.   |

## **15.30 Appendix B: Rating Level of Care**

### **Rating of Levels of Care on the Uniform Assessment Instrument**

The rating of functional dependencies on the UAI must be based on the individual's ability to function in a community environment, not including any institutionally induced dependence. Please see the User's Manual for more detailed definitions.

The following abbreviations shall mean: I = independent; d = semi-dependent; D = dependent; MH = mechanical help; HH = human help.

**Bathing**

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others **(D)**

**Dressing**

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others **(D)**
- (f) Is not performed **(D)**

**Toileting**

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others **(D)**
- (e) Is not performed **(D)**

**Transferring**

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others **(D)**
- (f) Is not performed **(D)**

**Bowel Function**

- (a) Does not need help **(I)**
- (b) Incontinent less than weekly **(d)**
- (c) Ostomy self-care **(d)**

**Bladder Function**

- (a) Does not need help **(I)**
- (b) Incontinent less than weekly **(d)**
- (c) External device, indwelling catheter, or ostomy self-care **(d)**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>(d) Incontinent weekly or more <b>(D)</b></li> <li>(e) Ostomy not self-care <b>(D)</b></li> </ul> | <ul style="list-style-type: none"> <li>(d) Incontinent weekly or more <b>(D)</b></li> <li>(e) External device, not self-care <b>(D)</b></li> <li>(f) Indwelling catheter, not self-care <b>(D)</b></li> <li>(g) Ostomy not self-care <b>(D)</b></li> </ul> |
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**Eating/Feeding**

- (a) Does not need help **(I)**
- (b) MH only **(d)**
- (c) HH only **(D)**
- (d) MH and HH **(D)**
- (e) Performed by others: Spoon fed **(D)**
- (f) Performed by others: Syringe or tube fed **(D)**
- (g) Performed by others: Fed by IV **(D)**

**Instrumental Activities of Daily Living (ALF)**

- (a) Meal Preparation
  - (1) No help needed
  - (2) Needs help **(D)**
- (b) Housekeeping
  - (1) No help needed
  - (2) Needs help **(D)**
- (c) Laundry
  - (1) No help needed
  - (2) Needs help **(D)**
- (d) Money Management
  - (1) No help needed
  - (2) Needs help **(D)**

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**Medication Administration (ALF)**

- (a) Without assistance **(I)**
- (b) Administered, monitored by lay person **(D)**
- (c) Administered, monitored by professional staff **(D)**

**Behavior Pattern**

- (a) Appropriate **(I)**
- (b) Wandering/passive less than weekly **(I)**
- (c) Wandering/passive weekly or more **(d)**
- (d) Abusive/aggressive/ disruptive less than weekly **(D)**
- (e) Abusive/aggressive/ disruptive weekly or more **(D)**