

**Florida Department of Elder Affairs**  
**701S ASSESSMENT TRAINING**



**HOW TO COMPLETE THE  
701S ASSESSMENT  
SCREENING FORM**

## Objectives

- Provide clarification to screeners on techniques to use when conducting the 701S on the phone to provide consistency in the assessment and prioritization process.
- Address issues related to accurately reflecting individual responses to questions on the 701S, including the value of adding additional comments in the “Notes & Summary” sections throughout the form.
- Review resources available to staff to ensure that the information collected on the 701S is accurate and consistent.

## Telephone Screenings

- Require screeners to listen carefully to responses because they do not have the benefit of seeing the individual and their surroundings.
- Require screeners to have interviewing skills
  - The individual being screened will generally model the behavior of the screener. If the screener is professional and stays on topic, the individual will stay focused as well.
- Require screeners to ask additional questions at times to ensure that:
  - The individual understands the question being asked, and
  - The screener is given the most accurate information by the individual.

## Telephone Screenings

- Require the screeners to explain to the individual that it is important to be as accurate as possible in their responses.
- Can only be completed on one individual at a time. If two individuals in the home/facility need to be screened, the screener must complete the 701S with one individual, and then, if appropriate, the next individual can be screened.
  - If there is not sufficient time to screen both individuals on the same call, the screener will re-schedule for a later time with the additional individual to complete the 701S.

## Telephone Screenings

- The screener should provide an opening statement to inform the individual of what to expect during the assessment, including an estimate of how long it will take.
- The screener should provide an introduction for each section.
- All questions should be asked as written, and in the order displayed.
- The screener should provide a closing statement to wrap up the interview and provide the individual with next steps.
- **No promises!**

## ACTIONS TAKEN PRIOR TO A 701S SCREENING

- If the screener has the opportunity, they should review any specific client information that may have been gathered prior to completing the current 701S. For instance:
  - Review information entered into REFER (relevant information can be cut and pasted into CIRTS “Notes & Summary” section of the 701S).
  - Review any previous screenings or assessments entered into CIRTS.
  - Review the Enrollment Tab in CIRTS to see the client’s current status and possible program enrollments.
- Ensure that you have all resource material within easy reach or access, including the following:
  - The 701D instructions,
  - Quick reference guide for health conditions, and
  - Quick Reference guides for ADLs and IADLs.

## OPENING CONVERSATION

**The Department does not want to be prescriptive, but the start of the call should include these items:**

- The client should be greeted in a friendly and professional manner with the screener’s name and place of employment:

*“Hello Mr. Wallace, this is Maria Sanchez from Elder Hope ADRC.”*
- The client will then be told the purpose of the call:

*“I am calling to complete the screening for long-term care services as a result of your referral to our agency for assistance” – or –*

*“I am calling to complete the screening we scheduled for today at this time.”*

## OPENING CONVERSATION

- The client will be told which areas are included in the screening. This may stop the client from trying to tell the screener all of their concerns at the beginning of the call:

*"Mr. Wallace, in order to get an accurate assessment of your situation, the screening will cover many subjects, such as income and assets; general health and well being; activities that you complete within your home or community; health conditions; and any related treatments or therapies, nutrition, and caregiver items, if applicable."*

## OPENING CONVERSATION

- The client will then be told the approximate length of the call. This will let the client know that their time, as well as yours, will be committed for this period:

*"Mr. Wallace, I have scheduled approximately 30-45 minutes to complete the screening with you. Do you have time to complete the screening with me?"*

**Remember... modeling what you expect will get higher client compliance with completing the screening efficiently.**

## DEMOGRAPHICS

2. Social Security number: 123-45-6789

We are required to explain that your Social Security number is being collected pursuant to Title 42, Code of Federal Regulations, Section 435.910, to be used for screening and referral to programs or services that may be appropriate for you. The provision of your Social Security number is voluntary, and your information will remain confidential and protected under penalty of law. We will not use or give out your Social Security number for any other reason unless you have signed a separate consent form that releases us to do so.

3. Name: a. First: Jonathan b. Middle initial: R  
c. Last: Wallace

- Information in the Demographic section (other than the Social Security #) can be verified by the screener with the person completing the assessment. For instance, the screener would say:

*"Mrs. Wallace I am going to verify the information we have for your husband. I have his first name spelled J – O – N – A – T – H – A – N."*

- We encourage you to have the client or the person completing the screening give you the individual's Social Security number.

It is critical that the contact information be verified during each assessment or screening to ensure that the most current data is in CIRTS.

A. DEMOGRAPHIC SECTION					
SSN	Owner ID	County of Service	First Name	M.I.	Last Name
175302980	43200	DUVAL			
Medicaid Number	Best Contact Telephone Number		Date of Birth	Date of Death	Sex
					FEMALE
Race: (Mark all that apply):					
<input checked="" type="checkbox"/> White	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Asian	Other Race Description		
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other			
Ethnicity	Primary Language	Other Primary Language Description			
OTHER	ENGLISH				
Does client have limited ability reading, writing, speaking, or understanding English? <input checked="" type="checkbox"/> W x WIDOWED					
Physical Location	Home Address	Mailing Address	Contact Person(s)		
ASSESSOR/CM: Current Physical Location Address (If type is a facility, enter a facility name.)					
Copy Home Address		Date of Last Change 09/03/2015 01:09:35 PM			
Street	ZIP	ZIP 4	City	County	
Street cont.					
Type	PRIVATE RESIDENCE	Telephone Number			
Facility Name	Address (Facility)				

This includes: physical location, mailing address, and best Contact telephone number.

## CAREGIVER DETERMINATION AND INCOME & ASSETS

## PRIMARY CAREGIVER

There are many definitions and varied responsibilities for someone acting as a caregiver for an individual. To promote consistency with aging partners in Florida, DOEA has determined that while anyone can assist an individual, to be a primary caregiver the complete following definition must apply:

A primary caregiver is any person (may or may not be related) who cares for someone **on a regular basis**, and:

- Can be depended on to provide help as needed with ADLs and IADLs;
- Provides or is responsible for arranging, coordinating, and making decisions regarding direct assistance with ADLs and/or IADLs on a **regular and consistent basis**;

## PRIMARY CAREGIVER

- May or may not live with or near the individual; and
- Does not include an operator of an ALF, NF, AFCH sponsor, home health agency, service provider, or any other paid provider.

Is there a primary caregiver?

Living Situation

If a primary caregiver is identified in question #21, the client should be told at this time, if not before, that the primary caregiver will be needed to answer some questions on the 701S.

If they are not available at the time the 701S is being completed, the 701S is saved in CIRTS as **incomplete** until the primary caregiver can be spoken with.

If the individual answers “yes” to this question, the screener will verify the individual’s answer.

For example, the screener may follow-up with these questions:

*“Ms. Jones, do you provide or arrange any assistance with personal care or household activities for your mother on a regular and consistence basis?”*

Since ADLs and IADLs have not been discussed at this point in the assessment, the caregiver may tell the screener what assistance is given and by whom.

The screener may need to provide prompts such as saying, *“This would include things like bathing, dressing, preparing meals, and managing money.”* The screener will document what is said in the “Notes & Summary” section of the 701S form.

The screener must still complete the ADL and IADL sections as instructed, regardless of what is said at this point of the interview.

When you reach the ADL and IADL sections and the screener has already received some information, it would be appropriate to say:

*“Ms. Jones, you told me earlier that you helped your mother bathe. Now I will ask you about the specific assistance you provide your mother.”*

Is there a primary caregiver? <input checked="" type="checkbox"/>	Living Situation
ALONE WITH OTHER WITH OTHER CAREGIVER <b>WITH PRIMARY CAREGIVER</b>	

*"What is your mother's living situation?"*

- **ALONE**;
- **WITH OTHER** – someone who provides no care or support to the client;
- **WITH OTHER CAREGIVER** – someone who provides some support or care, such as a paid live-in individual or a relative;
- **WITH PRIMARY CAREGIVER** – someone who lives with the individual and provides or arranges care and support to the individual as needed.

If the individual is in an ALF, NF, or AFCH, then there is **no** primary caregiver. Also, home health agency or other paid service provider staff can not be considered as primary caregivers.

Individual monthly income	<input type="text"/>	Refused <input type="checkbox"/>	Estimated total individual assets	<input type="text"/>	Individual Assets	<input type="text"/>	Refused <input type="checkbox"/>
Couple monthly income	<input type="text"/>	Refused <input type="checkbox"/>	Estimated total couple assets	<input type="text"/>	Couple Assets	<input type="text"/>	Refused <input type="checkbox"/>

Ask the client what their total **individual monthly income** is.

This is gross income and includes the following:

- Social Security income
- Supplemental Security Income (SSI)
- Pensions
- Veterans assistance benefits
- Rental income
- Money received from annuities
- Earnings from employment
- Money from family on a regular basis

Individual monthly income	Refused <input type="checkbox"/>	Estimated total individual assets	Individual Assets	Refused <input type="checkbox"/>
Couple monthly income	Refused <input type="checkbox"/>	Estimated total couple assets	M = \$0 - \$2000 N = \$2001 - \$5000 P = OVER \$5000	Refused <input type="checkbox"/>

Ask the client what their **estimated total assets** are.

Assets are things that can be turned into cash, but does not include the following:

- The client's primary residence,
- One primary vehicle, and
- \$2,500 for designated burial purposes.

## GENERAL HEALTH

How would you rate your overall health at this time?	<input type="text"/>
Compared to a year ago, how would you rate your health?	<input type="text"/>
How often are there things you want to do but cannot because of physical problems?	<input type="text"/>
When you need medical care, how often do you get it?	<input type="text"/>
When you need transportation to medical care, how often do you get it?	<input type="text"/>
How often do finances/insurance allow you to obtain healthcare and medications when you need them?	<input type="text"/>
Has a doctor or other health care professional told you that you suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer's disease?	<input type="checkbox"/>
In the last year were you in a nursing or rehabilitation facility?	<input type="checkbox"/>

Prior to beginning the general health questions, the screener should tell the individual that she is going to ask a number of multiple choice questions that will require the individual to select the most accurate answer for their situation.

- The screener should read each answer choice before allowing the individual to answer the question.
- Re-direct individuals when undecided between two answers by saying something like:  
*"Would you say on more days than not you feel fair or poor?"*

If the individual was in a rehab or nursing facility in the past year, screeners are encouraged to ask the following:

- When they were in the facility;
- The reason they were in the facility;
- The name of the facility; and
- The length of time they were in the facility.

While the form doesn't require the screener to ask about ER visits or hospitalizations, this information can provide additional information about the frailty level of an individual.

**Notes & Summary**

CLIENT WAS HOSPITALIZED TWICE LAST YEAR FOR CHF PROBLEMS.

CLIENT WAS IN PEACEFUL NF 3/10/2012 - 4/20/2015 AFTER RIGHT SIDE STROKE

# ADLs:

## ACTIVITIES OF DAILY LIVING

(The individual's ability to perform self-care activities)

CARES	ASSM	ASSM	ADL	ADL	HLTH	HLTH	HLTH	HLTH	COVR	NUTR	
How much assistance do you need with the following tasks?					How much assistance do you have with the following tasks?						
<p>0 = No assistance needed 1 = Uses assistive device 2 = Needs supervision or prompt 3 = Needs assistance (but not total help) 4 = Needs total assistance (cannot do at all)</p>					<p>3 = Always has assistance 2 = Has assistance most of the time 1 = Rarely has assistance 0 = No assistance needed 0 = Never has assistance</p>						
Assistive Device Used											
Bathing	<input type="checkbox"/>	Bathing	<input type="checkbox"/>	Dressing	<input type="checkbox"/>	Dressing	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Eating	<input type="checkbox"/>
Using the bathroom	<input type="checkbox"/>	Using the bathroom	<input type="checkbox"/>	Transferring	<input type="checkbox"/>	Transferring	<input type="checkbox"/>	Walking/Mobility	<input type="checkbox"/>	Walking/Mobility	<input type="checkbox"/>

To accurately complete this section of the assessment, guidance provided in the 701D Instructions must be utilized.

For each activity, the individual should be asked if they need any assistance to complete the task, and given a description of what assistance is considered for each task. For example:

*"Ms. Martinez, I am now going to ask you questions about personal tasks you complete within your home. I will ask you about an activity and then give you a description of how much help you may or may not need for each of the answers. I will repeat the answer choices for every activity, and if you need me to repeat them again, please say so."*

How much assistance do you need with the following tasks?		How much assistance do you have with the following tasks?	
0 = No assistance needed 1 = Uses assistive device 2 = Needs supervision or prompt 3 = Needs assistance (but not total help) 4 = Needs total assistance (cannot do at all)		Assistive Device Used	3 = Always has assistance 2 = Has assistance most of the time 1 = Rarely has assistance 0 = No assistance needed 0 = Never has assistance
Bathing	Dressing		
0 = No assistance needed 1 = Uses assistive device 2 = Needs supervision or prompt 3 = Needs assistance (but not total help) 4 = Needs total assistance (cannot do at all)		Bathing	Dressing
Eating		Eating	

The screener should ask how much assistance an individual needs with all ADLs, and then how much assistance the person has. The same should be done with the IADLs.

If the individual reports using assistive devices (such as a grab bar, shower chair, wheelchair, cane, etc.), documentation should be made in the “Notes & Summary” field under the IADL section.

**NOTE:** The highest need level is used to determine a score, so checking “Assistive Device Used” will not increase the individual’s priority score.

The “Notes & Summary” field under the ADL section should also contain the following:

- Any additional information the individual gives related to ADL/IADL activities that provide clarification, including who provides assistance; and
- Related health conditions which cause the person to need assistance

*For example:* the individual states they need assistance to complete bathing (physical assistance needed for bathing) due to a stroke two years ago

#### Notes & Summary

Ms. Martinez has and uses a grab bar in the shower and uses a cane for walking. Her aide stands outside by the bathroom door while she bathes to make the client feel safe. She also reports that her grab bar is not secure and needs some repair.

Ms. Martinez’s daughter-in-law comes over to bathe her mother-in-law because Ms. Martinez is paralyzed on her right side from a stroke. But, due to the daughter-in-law’s work schedule, she may sometimes have to miss a day or two some weeks.

If the individual identifies using an *inappropriate* item to provide assistance with an ADL, mark “Assistive Device Used,” and document the situation in the “Notes & Summary” section under ADLs.

Indicate what the current inappropriate assistive device is and what may be needed in its place.

How much assistance do you need with the following tasks?	
0 = No assistance needed	Assistive Device Used
1 = Uses assistive device	
2 = Needs supervision or prompt	
3 = Needs assistance (but not total help)	
4 = Needs total assistance (cannot do at all)	

Bathing    1 = Uses assistive ...

Notes & Summary

Mr. Pratt uses a plastic stool in the shower because he becomes weak and needs to sit down while he bathes. He needs a shower chair.

**BATHING:** “Ms. Martinez, how much assistance do you need with bathing?”

- **No assistance needed** – This means that you can complete all parts of bathing without assistance from a person or equipment. You can turn on the water in the tub or shower, wash all parts of your body (including your hair), and dry all parts of your body.
- **Do you use an assistive device?** – Such as a shower chair, grab bars, or a hand held shower sprayer.
- **Do you need supervision or prompting?** – This means someone is nearby but doesn’t provide any physical assistance to help you bathe.
- **Do you need assistance?** – This means someone needs to hold a part of your body or perform some part of helping you bathe, such as helping you into the tub or washing your hair, but you are able to do other parts of the activity yourself.
- **Do you need total assistance?** – This means you are unable to complete any part of taking a bath by yourself. You cannot wash or dry any part of your body. Someone must gather towels and a washcloth, turn on the water, wash your whole body (including your face and hands), and then dry you off.

**DRESSING:** "Ms. Martinez, how much assistance do you need with dressing?"

- **No assistance needed** – This means you can complete all parts of dressing without any help from a person or equipment.
- **Do you use an assistive device?** – Such as Velcro closures, zipper pulls, long handled reacher, or shoe horn.
- **Do you need supervision or prompting?** – This means someone is nearby but doesn't provide any physical assistance to help you dress.
- **Do you need assistance?** – This means that someone must hold a part of your body or perform some part of helping you dress, such as helping you fasten your clothes, pull a shirt over your head, or put on your shoes, but you are able to do other parts of the activity by yourself.
- **Do you need total assistance?** – This means that you are unable to complete any part of getting dressed by yourself; including putting on a shirt, dress, or night wear; snapping closed or opening a dress, slipping on shoes, or pulling up undergarments.

**EATING:** "Ms. Martinez, how much assistance do you need with eating?"

- **No assistance needed** – This means that you can complete all parts of eating by yourself without any help from another person or special equipment.
- **Do you use an assistive device?** – Such as adapted utensils, plates or bowls with suction cups on the bottom, or a bendable straw.
- **Do you need supervision or prompting?** – This means someone is nearby but doesn't provide any physical assistance to help you feed yourself.
- **Do you need assistance?** – This means that someone must perform some part of helping you eat; such as heating your food, cutting up your food, or carrying the meal or cup to the table; but you are able to do other parts of the activity like eating off the plate once it is prepared.
- **Do you need total assistance?** – This means that you are unable to complete any part of feeding yourself. You cannot use utensils, drink from a cup, or pick up food off of a plate or bowl with your hands and put it in your mouth.

**USING THE BATHROOM:** "Ms. Martinez, how much assistance do you need with using the bathroom?"

- **No assistance needed** – This means that you can complete all parts of using the bathroom without any help from a person or equipment. This includes sitting on the toilet, adjusting your clothing, and wiping or cleaning up after yourself if you have an accident.
- **Do you use an assistive device?** – Such as a raised toilet seat, urinal, bedside commode, and/or adult incontinence briefs.
- **Do you need supervision or prompting?** – This means someone is nearby but doesn't provide any physical assistance to help you use the bathroom.
- **Do you need assistance?** – This means that someone must perform some part of helping you use the bathroom; such as helping you get on and off the toilet, cleaning you up, or emptying the bedside commode or urinal; but you are able to do other parts of the activity, such as getting on and off the toilet and adjusting your clothes by yourself.
- **Do you need total assistance?** – This means that you are unable to complete any part of using the bathroom by yourself. You cannot pull your clothing up or down, get on or off a toilet, or clean yourself.

Note: Refer to the "Asking Difficult Questions" module in the online 701B training for techniques if asking questions like these are challenging.

**TRANSFERRING:** "Ms. Martinez, how much assistance do you need with transferring? Transferring is the ability to get in and out of bed or other furniture."

- **No assistance needed** – This means you can complete all parts of transferring without any help from a person or special equipment.
- **Do you use an assistive device?** – Such as a transfer board, chair lift, transfer chair, walker, or a cane to help you rise up or sit down.
- **Do you need supervision or prompting?** – This means that someone is nearby but doesn't provide any physical assistance to help you transfer.
- **Do you need assistance?** – This means that someone must hold a part of your body or perform some part of helping you transfer, such as helping you out of bed by swinging your legs over and onto the floor, but you are able to do other parts of the activity like getting back in bed shifting yourself to the side of the bed by yourself.
- **Do you need total assistance?** – This means that you are unable to complete any part of transferring by yourself; you cannot move on your own at all, and someone must complete every step of transferring you to and from a bed and/or in and out of a chair or seat.

**WALKING/MOBILITY:** "Ms. Martinez, how much assistance do you need with walking and mobility?"

- **No assistance needed** – This means you can walk without any help from a person or special equipment. This includes walking short distances in your home without any aides such as a cane, holding on to furniture, or using a wheelchair.
- **Do you use an assistive device?** – Such as a cane, walker, wheelchair, scooter, and/or a ramp.
- **Do you need supervision or prompting?** – This means that someone is nearby but doesn't provide any physical assistance to help you walk or be mobile.
- **Do you need assistance?** – This means that you need another person to help you walk, such as by supporting your elbow as you walk or getting your wheelchair started, and you are able to do other parts of the activity by yourself.
- **Do you need total assistance?** – This means that you are unable to complete any part of walking; someone must push you in a wheelchair because you are unable to walk at all or assist with moving the wheelchair in any way.

How much assistance do you need with the following tasks?		How much assistance do you have with the following tasks?	
0 = No assistance needed 1 = Uses assistive device 2 = Needs supervision or prompt 3 = Needs assistance (but not total help) 4 = Needs total assistance (cannot do at all)	Assistive Device Used	3 = Always has assistance 2 = Has assistance most of the time 1 = Rarely has assistance 0 = No assistance needed 0 = Never has assistance	
Bathing	<input type="checkbox"/>	Bathing	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	Dressing	<input type="checkbox"/>
Eating	<input type="checkbox"/>	Eating	<input type="checkbox"/>

Once the screener has determined how much assistance an individual needs with all of the ADL tasks, the screener will then ask how much assistance the individual has with completing each of the tasks.

The individual may have included assistance received when describing their needs. If so, at this point in the screening the screener will confirm what the individual had previously said.

If the individual is undecided between two answers, clarify with a statement such as: "Would you say more days than not you have assistance?"

If the individual reports “No assistance needed” and/or “Uses assistive device” in the question “*How much assistance do you need with the following tasks?*”, the answer should correspond with the answer chosen in “*How much assistance do you have with the following tasks?*” The answer choice would be “No assistance needed.”

How much assistance do you need with the following tasks?	Assistive Device Used	How much assistance do you have with the following tasks?
0 = No assistance needed 1 = Uses assistive device 2 = Needs supervision or prompt 3 = Needs assistance (but not total help) 4 = Needs total assistance (cannot do at all)		3 = Always has assistance 2 = Has assistance most of the time 1 = Rarely has assistance 0 = No assistance needed 0 = Never has assistance
Bathing [0 = No assistance]		Bathing [0 = No assistance]



“Ms. Martinez, now I am going to ask you how much help you have with each of these tasks. If you have already told me how much help you have, I will just ask you to verify the information for each of the questions.”

**BATHING:** “Ms. Martinez, how much assistance do you have with bathing?”

- **Always have assistance** – This means that **you do need** someone to help you bathe (either by providing supervision or physical assistance), and whenever you want to bathe, someone is available to assist.
- **Have assistance most of the time** – This means that **you do need** someone to help you bathe, and more often than not, someone is available to provide the assistance you need.
- **Rarely have assistance** – This means that **you do need** someone to help you bathe, but you seldom get the help you need because it is unreliable or unpredictable.
- **No assistance needed** – This means you **do not need** any help from another person to bathe.
- **Never have assistance** – This means that **you do need** someone to help you bathe, but you never have help.

*Etc...*

# IADLs:

## INSTRUMENTAL ACTIVITIES OF DAILY LIVING

(Activities to assist an individual function within their community)

CARES	ASSM	ASSM	ADL	IADL	HLTH	HLTH	HLTH	CGVR	NUTR
How much assistance do you need with the following tasks?					How much assistance do you have with the following tasks?				
0 = No assistance needed 1 = Uses assistive device 2 = Needs supervision or prompt 3 = Needs assistance (but not total help) 4 = Needs total assistance (cannot do at all)					3 = Always has assistance 2 = Has assistance most of the time 1 = Rarely has assistance 0 = No assistance needed 0 = Never has assistance				
Heavy chores		<input type="checkbox"/>			Heavy chores		<input type="checkbox"/>		
Light housekeeping		<input type="checkbox"/>			Light housekeeping		<input type="checkbox"/>		
Using the telephone		<input type="checkbox"/>			Using the telephone		<input type="checkbox"/>		
Managing money		<input type="checkbox"/>			Managing money		<input type="checkbox"/>		
Preparing meals		<input type="checkbox"/>			Preparing meals		<input type="checkbox"/>		
Shopping		<input type="checkbox"/>			Shopping		<input type="checkbox"/>		
Managing medication		<input type="checkbox"/>			Managing medication		<input type="checkbox"/>		
Using transportation		<input type="checkbox"/>			Using transportation		<input type="checkbox"/>		
Notes & Summary <div style="border: 1px solid black; height: 100px; width: 100%;"></div>									
Count    Score									

The same procedure will be followed for IADL tasks as was done for ADLs.

To accurately complete this section of the 701S, guidance provided in the 701D Instructions must be utilized.

For each activity, the individual should be asked if any assistance is needed to complete the task and given a description of what assistance is considered for each task.

*"Ms. Martinez, now I am going to ask you questions about activities that are done to help you remain independent in your community. I will ask you about an activity and then give you a description of how much help you may or may not need for each of the answers. I will repeat the answer choices for every activity, and if you need me to repeat them again, please say so."*

Keep in mind that an individual capable of performing an IADL – but choosing not to do so – should be scored based on their capability level.

If the individual is using an *inappropriate* item to provide assistance with an IADL, mark "Assistive Device Used" and document the situation in the "Notes & Summary" section. Indicate what the inappropriate device is, and, if known, what an proper assistive device would be.

How much assistance do you need with the following tasks?	
0 = No assistance needed	Assistive Device Used
1 = Uses assistive device	
2 = Needs supervision or prompt	
3 = Needs assistance (but not total help)	
4 = Needs total assistance (cannot do at all)	
Heavy chores	<input type="checkbox"/>
Light housekeeping	<input type="checkbox"/>
Using the telephone	<input type="checkbox"/>
Managing money	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>
Shopping	<input type="checkbox"/>
Managing medication	<input type="checkbox"/> 1 = Uses assistive d...
Using transportation	<input type="checkbox"/>

**Notes & Summary**

Ms. Ross is currently using an egg carton to help her keep track of when to take her medication. She states it is a little hard because she has some pills that are supposed to be taken 3 times a day, so she alternates when she takes them. One day she takes them with her morning meds, and the next day with her evening meds. She needs a pill minder/organizer that is divided so that she can appropriately take her medication as prescribed.

**HEAVY CHORES:** *"Ms. Martinez, how much assistance do you need with heavy chores? Heavy chores are considered to be yard work, moving furniture, washing windows, and doing laundry."*

- **No assistance needed** – This means that you can complete all heavy chores, such as heavy cleaning, yard work, and/or laundry without any help from another person or special equipment.
- **Do you use an assistive device?** – Such as reaching tools, adaptable walker or wheelchair baskets, or container openers.
- **Do you need supervision or prompting?** – This means someone is nearby but doesn't provide any physical assistance to help you with heavy chores.
- **Do you need assistance?** – This means that someone has to perform some part of helping you complete heavy chores, but you are able to do other parts of the activity by yourself. For instance, another person prepares the equipment or puts it away after use, or you can wash your own clothes but not other tasks.
- **Do you need total assistance?** – This means you are unable to complete any heavy chores by yourself, and another person has to complete these tasks because, for example, you are unable to lift your arms or pick-up any heavy objects.

**LIGHT HOUSEKEEPING:** *"Ms. Martinez, how much assistance do you need with light housekeeping? Light housekeeping includes dusting, mopping, vacuuming, and sweeping."*

- **No assistance needed** – This means that you can complete light housekeeping, such as dusting, vacuuming, or sweeping without any help from another person or special equipment.
- **Do you use an assistive device?** – Such as a long-handled reacher/duster/scrubber, rolling laundry cart, wheelchair, or walker basket.
- **Do you need supervision or prompting?** – This means that someone is nearby but doesn't provide any physical assistance to help you with light housekeeping.
- **Do you need assistance?** – This means that someone has to perform some part of helping you complete light housekeeping, but you are able to do other parts of the activity by yourself. For example, you can dust but not sweep or vacuum.
- **Do you need total assistance?** – This means you are unable to complete any light housekeeping, and another person has to complete this task because you cannot bend, reach, carry, or hold any kind of cleaning equipment involved in light housekeeping.

**USING THE TELEPHONE:** “Ms. Martinez, how much assistance do you need using the telephone? Using the telephone is your ability to receive and place calls with or without adaptive devices or help from another person.”

- **No assistance needed** – This means you can complete all parts of using the telephone without any help from a person or equipment to answer the phone or make a call.
- **Do you use an assistive device?** – Such as a loud ringtone, flashing ring indicator light, large dial buttons, or an amplifier.
- **Do you need supervision or prompting?** – This means that someone is nearby but doesn’t provide any physical assistance to help you use the telephone.
- **Do you need assistance?** – This means that someone has to perform some part of helping you use the phone, and you are able to do other parts of the activity. For example, you can answer the phone yourself, but you cannot dial numbers.
- **Do you need total assistance?** – This means that you are unable to use the phone at all by yourself, and another person has to complete this task. You are unable to reach for the phone, dial numbers, hold the phone, or understand conversations.

**MANAGING MONEY:** “Ms. Martinez, how much assistance do you need managing money? Managing money is considered paying bills and balancing a check book.”

- **No assistance needed** – This means that you can pay your bills and balance your checkbook without any help from another person or special equipment.
- **Do you use an assistive device?** – Such as online banking (other than for convenience), adaptable writing instruments, or a lighted magnifier.
- **Do you need supervision or prompting?** – This means that someone is nearby but doesn’t provide any physical assistance to help you manage your money.
- **Do you need assistance?** – This means that someone has to perform some part of helping you manage your money, and you are able to do other parts of the activity. For example, another person writes out your checks or balances your checkbook, but you put them in the mail or take them to pay your bills.
- **Do you need total assistance?** – This means you are unable to manage your money, and you cannot complete any part of managing money, including keeping track of bills, paying bills, or balancing a checkbook.

**PREPARING MEALS:** "Ms. Martinez, how much assistance do you need with preparing meals? Preparing meals might include making sandwiches, cooking meals, and heating frozen meals."

- **No assistance needed** – This means you can complete all parts of preparing a meal without any help from another person or special equipment.
- **Do you use an assistive device?** – Such as easy-grip utensils, adapted kitchen appliances, etc.
- **Do you need supervision or prompting?** – This means that someone is nearby but doesn't provide any physical assistance to help you prepare your meal.
- **Do you need assistance?** – This means that someone has to perform some part of helping you prepare a meal, and you are able to do other parts of the activity. For example, you can make a sandwich, but you are not able to prepare a hot meal.
- **Do you need total assistance?** – This means that you are unable to complete any part of preparing a meal by yourself, and another person has to prepare every meal for you, including cereal, sandwiches, or microwaving a frozen meal.

**SHOPPING:** "Ms. Martinez, how much assistance do you need with shopping? Shopping is considered the ability to shop for food and other items that you need. This does not include transportation to and from the store."

- **No assistance needed** – This means you can complete all parts of shopping without any help from another person or special equipment, not including someone transporting you to buy items.
- **Do you use an assistive device?** – Such as mobilized wheelchair or scooter, long-handled reachers, adaptable walker baskets, or wheelchair tray or basket.
- **Do you need supervision or prompting?** – This means that someone is nearby but doesn't provide any physical assistance to help you shop.
- **Do you need assistance?** – This means that someone has to perform some part of helping you shop, and you are able to do other parts of the activity. For example, you can move around the store with the aid of a motorized cart and get most items, but you need someone to reach high or low shelves.
- **Do you need total assistance?** – This means that you are unable to complete any part of shopping by yourself, and another person has to go to the store and pick out all items, and bring them to you.

**MANAGING MEDICATION:** “Ms. Martinez, how much assistance do you need with managing your medication? Managing medication is considered to be the ability to prepare and take one’s own medication.”

- **No assistance needed** – This means that you can complete all parts of managing your medicine without any help from another person or special equipment, including taking the medicine as the doctor prescribed, or as instructed on over-the-counter medications.
- **Do you use an assistive device?** – Such as a pill minder that you set up, a pill cutter, magnifying glass to read labels or see pills, calendar or alarms, or prepackaged pills.
- **Do you need supervision or prompting?** – This means that someone is nearby but doesn’t provide any physical assistance to help you manage your medications.
- **Do you need assistance?** – This means that someone has to perform some part of helping you manage your medication, and you are able to do other parts of the activity yourself. For example, you can take your pills but someone else fills your pill minder.
- **Do you need total assistance?** – This means that you are unable to manage your medications at all. Total assistance means that someone puts a pill in your mouth, holds the cup or straw up to your mouth, and assists with encouraging you to swallow if needed.

**USING TRANSPORTATION:** “Ms. Martinez, how much assistance do you need using transportation? Using transportation is the ability to use public transportation or drive yourself to local places.”

- **No assistance needed** – This means you can use transportation without any help from another person or special equipment by driving yourself or using public transportation.
- **Do you use an assistive device?** – Such as a scooter, wheelchair, and/or adapted vehicle.
- **Do you need supervision or prompting?** – This means that someone is nearby but doesn’t provide any physical assistance to help you use transportation.
- **Do you need assistance?** – This means that someone has to perform some part of helping you use transportation, and you are able to do other parts of the activity. For example, you can drive a car but someone else has to help you in and out of the car. Or, you can use the Council on Aging bus with your wheelchair, but someone calls and arranges the transportation for you.
- **Do you need total assistance?** – This means that you are unable to drive or use public transportation, and another person has to arrange all of your transportation needs, and must physically provide all help to get you in and out of a car.

How much assistance do you have with the following tasks?	
3 = Always has assistance	<input type="radio"/>
2 = Has assistance most of the time	<input type="radio"/>
1 = Rarely has assistance	<input type="radio"/>
0 = No assistance needed	<input type="radio"/>
0 = Never has assistance	<input type="radio"/>
Heavy chores	<input type="radio"/>
Light housekeeping	<input type="radio"/>
Using the telephone	<input type="radio"/>
Managing money	<input type="radio"/>
Preparing meals	<input type="radio"/>
Shopping	<input type="radio"/>
Managing medication	<input type="radio"/>
Using transportation	<input type="radio"/>

Once the screener has determined how much assistance an individual **needs** with all of the IADL tasks, the screener will then ask how much assistance the individual **has** with completing each of the tasks.

The individual may have included assistance received when describing their needs. If so, at this point in the screening the screener will confirm what the individual had previously said.

If the individual is undecided between two answers, clarify with a statement such as: *“Would you say more days than not you have assistance?”*

*“Ms. Martinez, now I am going to ask you how much help **you have** with each of these tasks. If you have already told me how much help you have, I will just ask you to verify the information for each of the questions.”*

**HEAVY CHORES:** *“Ms. Martinez, how much assistance do you **have** with heavy chores?”*

- **Always have assistance** – This means that **you do need** someone to help you with heavy chores (either by providing supervision or physical assistance), and whenever you want to do heavy chores, someone is available.
- **Have assistance most of the time** – This means that **you do need** someone to help you with heavy chores (either by providing supervision or physical assistance), and more often than not, someone provides the assistance you need.
- **Rarely have assistance** – This means that **you do need** someone to help you with heavy chores (either by providing supervision or physical assistance), and you seldom get the help you need because it is unreliable or unpredictable.
- **No assistance needed** – This means that **you do not need** any help from another person to do heavy chores.
- **Never have assistance** – This means that **you do need** someone to help you (either by providing supervision or physical assistance), but you never have help with heavy chores.

*Etc...*

## HEALTH CONDITIONS

CARES	ASSM	ASSM	ADL	IADL	HLTH	HLTH	HLTH	NUTR																																																																				
<p>Have you been told by a physician that you have any of the following health conditions?</p> <p>SCREENER: Indicate if a problem occurred in the past by marking the first box and if a problem is current by marking the second box. Please mark all that apply.</p> <table border="1"><thead><tr><th>Past</th><th>Current</th><th>Health Conditions</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Acid reflux/GERD</td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Allergies</td><td>List: _____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Amputation</td><td>Site: _____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Anemia</td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Arthritis</td><td>Type: _____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bed sore(s) (Decubitus)</td><td>Location: _____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Blood pressure</td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Broken bones/fractures</td><td>Location: _____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Cancer</td><td>Site: _____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Chlamydia</td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Cholesterol</td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Dehydration</td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Diabetes</td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Dizziness</td><td>_____</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Fibromyalgia</td><td></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Gallbladder</td><td>_____</td></tr></tbody></table>									Past	Current	Health Conditions		<input type="checkbox"/>	<input type="checkbox"/>	Acid reflux/GERD		<input type="checkbox"/>	<input type="checkbox"/>	Allergies	List: _____	<input type="checkbox"/>	<input type="checkbox"/>	Amputation	Site: _____	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	Bed sore(s) (Decubitus)	Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones/fractures	Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	Site: _____	<input type="checkbox"/>	<input type="checkbox"/>	Chlamydia		<input type="checkbox"/>	<input type="checkbox"/>	Cholesterol	_____	<input type="checkbox"/>	<input type="checkbox"/>	Dehydration		<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	_____	<input type="checkbox"/>	<input type="checkbox"/>	Fibromyalgia		<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder	_____
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There should be no introduction to this section other than asking the health questions as written on the 701S:

*"Have you been told by a physician that you have any of the following health conditions?"*

- All health conditions must be asked in the order listed on the 701S.
- As the screener completes the review of conditions, it is important to ask the client a few times throughout this section if the physician has told them that they have one of the health conditions. This helps the client differentiate between conditions that they may think they have, versus those that have actually been diagnosed by a physician.

Note: Because of the impact that they can have on a client, *incontinence status* and *dizziness* should be noted even if not diagnosed by a physician.

- Screeners must not skip any health conditions.
- All health conditions, therapies, and treatments must be reviewed to ensure that screeners have an understanding of what is being asked and the ability to explain, if required. Screeners should review the 701D Instructions, as well as the health conditions section of the online 701B training, for a complete understanding of each condition, treatment, and therapy.

It may be helpful to practice saying each health condition, therapy, and treatment aloud to a co-worker to ensure that the proper pronunciation of these words are used.

All health conditions and their clarifying descriptions must be asked:

- **Past** – has not impacted the individual within the past month
- **Current** – it currently impacts the individual or has within the past month

If it was diagnosed in the past and is still impacting the individual, both "Past" and "Current" should be checked.

For example: An individual had a right-sided stroke which caused left-sided paralysis two years ago, and the individual still has paralysis on the left-side. Both "Past" and "Current" paralysis would be checked, along with the clarifying description:

Past	Current	Health Conditions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Paralysis
		L = Local
		Site <b>LEFT SIDE</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stroke/CVA

- All health conditions and their clarifying descriptions must be asked.

For example: If incontinence is checked, a clarifying description of "Constant," "Frequent," "Occasional," or "Rare" must also be checked.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Incontinence, Bladder				
<table border="1"><tr><td>C = Constant</td></tr><tr><td>F = Frequent</td></tr><tr><td>O = Occasional</td></tr><tr><td>R = Rare</td></tr></table>			C = Constant	F = Frequent	O = Occasional	R = Rare
C = Constant						
F = Frequent						
O = Occasional						
R = Rare						

- The screener should also ask if the individual has been told by their physician if there is a medical reason that they are incontinent (which could be due to a urinary tract infection or benign prostatic hyperplasia (BPH, an enlarged prostate)).
- Screeners should also ask if the individual has any other medical conditions that were not asked, including hearing or vision problems when completing the screening.

## TREATMENTS AND THERAPIES

Please provide information on the frequency of current therapies or specialty care:

Treatment type ~ continued: N = N/A or None M = Monthly W = Weekly S = Several times a week D = Daily T = Several times a day

- Must be asked of all individuals at each assessment
- Must be provided by a licensed professional (RN, physical therapist, etc.)
  - The individual or family can not be providing a treatment or therapy service
- If the individual states they are receiving a therapy or treatment, the screener must ask who is providing the service.

For instance the individual reports they are receiving “skilled nursing.” The screener will ask what type of professional is providing the skilled nursing services and what type of services they are providing.

## CAREGIVER

- If there is no primary caregiver, the caregiver fields will not display in CIRTS.
- This section is designed not only to gather information about the primary caregiver, but also to address the ability of the caregiver to continue providing care to the individual being screened.
- The caregiver questions are to be addressed only to the primary caregiver.
- If the primary caregiver is not available at the time the 701S is being completed, the screener will need to arrange another time to talk with the primary caregiver. The individual being screened is not to answer these questions. The assessment will be partially saved until the screener can speak with the caregiver directly.

When you begin this section with the caregiver, there should be a pause in the screening. The caregiver should be told that this part of the screening is designed to focus on their abilities and needs as a caregiver.

Caregiver full name:		Caregiver phone number
First Name	M.I. Last Name	<input type="text"/> <input type="text"/> <input type="text"/>
How much of a mental or emotional strain is it on you to provide care for the client?		
Considering other aspects of your life, please rate the level of difficulty in your: N = No difficulty      L = Little difficulty      S = Some difficulty      M = Moderate difficulty      A = A lot of difficulty		
N = None S = Some strain A = A lot of strain		
Physical health N = No difficulty L = Little difficulty S = Some difficulty M = Moderate difficulty A = A lot of difficulty		

CARES	ASSM	ASSM	ADL	IADL	HLTH	HLTH	HLTH	HLTH	CGVR	NUTR
How confident are you that you will have the ability to continue to provide care? <input type="text" value="N = Not very confident"/>										

If the caregiver states they are “**very confident**” or “**somewhat confident**” in their ability to continue to provide care, do not ask the next question.

What is the main reason you may be unable to continue to provide care?
I TOOK OFF TIME FROM WORK TO HELP MY MOM AFTER MY DAD DIED. I HAVE TO GO BACK TO WORK AND WILL NOT BE HERE DURING THE DAY TO MAKE SURE SHE IS SAFE AND FED.

Screener/CM: Is the caregiver in crisis? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Emotional <input type="checkbox"/> Physical
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The screener will make a professional determination of the primary caregiver’s ability to continue providing care after an evaluation of the entire assessment.

If the screener marks the caregiver is in crisis, details must be provided in the “Notes & Summary” section to support the screener’s determination.

# NUTRITION

CARES	ASSM	ASSM	ADL	IADL	HLTH	HLTH	HLTH	HLTH	CGVR	NUTR
Nutritional Risk Score Section										
Do you usually eat at least two meals a day? <input type="checkbox"/>										Nutrition Score <input type="text"/>
Do you eat alone most of the time? <input type="checkbox"/>										
On average, how many servings of fruits and vegetables do you eat every day? (One "serving" is one small piece of fruit or vegetable, about one-half cup of chopped fruit or vegetable, or one-half cup of fruit or vegetable juice.) <input type="text"/>										
On average, how many servings of dairy products do you have every day? (One "serving" of dairy is about a slice of cheese, a half of a cup of yogurt, or a cup of milk or dairy substitute.) <input type="text"/>										
Have you lost or gained weight in the last few months? <input type="text"/>										
How much? <input type="text"/>					Was the weight loss/gain on purpose (i.e. dieting or trying to lose/gain weight)? <input type="checkbox"/>					
Are you on a special diet(s) for medical reasons? <input type="checkbox"/>										
<input type="checkbox"/> Calorie supplement		<input type="checkbox"/> Low fat/cholesterol		<input type="checkbox"/> Low salt/sodium		<input type="checkbox"/> Low sugar/carb		<input type="checkbox"/> Other		
How long have you been on this diet? <input type="text"/>										
Why are you on this diet? <input type="text"/>										
Do you have any problems that make it hard for you to chew or swallow? <input type="checkbox"/> Check all that apply:										
<input type="checkbox"/> Mouth/tooth/dentures		<input type="checkbox"/> Pain or difficulty swallowing		<input type="checkbox"/> Taste		<input type="checkbox"/> Nausea				
<input type="checkbox"/> Saliva production		<input type="checkbox"/> Other, describe <input type="text"/>								
Do you take three or more prescribed or over-the-counter medications a day? <input type="checkbox"/>										
How many days in a typical week do you drink alcohol? <input type="text"/>										
On the days when you have some alcohol, about how many drinks do you usually have? <input type="text"/>										
About how many times in the last month have you had four or more drinks in a day? <input type="text"/>										

When asking the individual how many servings of fruit and vegetables and dairy products they eat every day, it is important to also give the definition of a serving size.

This practice will provide the following:

- More accurate information on the client's nutritional status;
- Education the client on correct serving size amounts.

A single serving of fruits and vegetables is equivalent to the following:

- One small piece of fruit or vegetable, or
- About one-half cup of chopped fruit or vegetables, or
- One-half cup of fruit or vegetable juice

A single serving of dairy products is equivalent to the following:

- One slice of cheese, or
- Half a cup of yogurt, or
- A cup of milk or dairy substitute

Do not coach or lead the individual when asking if they are on a special diet or have problems chewing.

Avoid questions like:

- *"So because you are diabetic you are on a low sugar/low carb diet, right?"*
- *"It is probably hard to chew or swallow since you have no teeth, isn't it?"*

Are you on a special diet(s) for medical reasons? <input checked="" type="checkbox"/> Y				
<input type="checkbox"/> Calorie supplement	<input type="checkbox"/> Low fat/cholesterol	<input type="checkbox"/> Low salt/sodium	<input type="checkbox"/> Low sugar/carb	<input type="checkbox"/> Other
How long have you been on this diet?				
Why are you on this diet?				
Do you have any problems that make it hard for you to chew or swallow? <input checked="" type="checkbox"/> Y Check all that apply:				
<input type="checkbox"/> Mouth/tooth/dentures	<input type="checkbox"/> Pain or difficulty swallowing	<input type="checkbox"/> Taste	<input type="checkbox"/> Nausea	
<input type="checkbox"/> Saliva production	<input type="checkbox"/> Other, describe	<input type="text"/>		

## CALL WRAP-UP

The Department does not want to be prescriptive; however, the call wrap-up should include these pieces:

- Thank the client for their time.

*“Ms. Smith, I have completed the screening form and want to thank you for your time, patience, and information.”*

- Explain the waitlist procedures, if applicable:

*“There are a number of home and community-based services that you may find helpful. Because of the high demand for these services, most of these programs have a waitlist. Releases from the waitlist are done periodically and are based on a client’s frailty level. Our agency will conduct annual screenings as long as you are on the waitlist. If you have any significant changes in your health; living arrangements; caregiver, environmental, or income situation, please call us back so that we can document these changes through another screening.”*

- Explain what the next steps will be. This will vary based on agency protocol. For example:

*"Based on the screening we completed, Ms. Smith, you may be eligible for the Statewide Medicaid Managed Long-Term Care Program. Would you like to be added to the waitlist for this program?"*

*-or-*

*"Ms. Smith, during the screening you requested Meals-on-Wheels in addition to being placed on the Managed Long-Term Care waitlist. I will add you to the Managed Care Long-Term Care waitlist, and then I will need to transfer you back to the Elder Helpline so that they can assist you with your request for Meals-on Wheels."*

- Let the caregiver know that he or she should also call the ADRC if they have any changes in their situation.

## **CRITICAL TAKEAWAYS**

- There are no optional questions on the 701S.
- Excuses, apologies, or qualifiers should not be given when asking questions.
- Questions should be asked as written and in the order displayed.
- Questions should not be grouped together.
- Screeners must be very familiar with all health conditions, treatments, and therapies.
- The “Notes & Summary” sections should be utilized to document conflicting or additional information during the call.