

CRITERIA FOR HIGH RISK OF NURSING HOME ADMISSION

Completion of this form meets the requirements of Wisconsin Statute 46.277(5)(g)2 and must accompany waiver packet. Failure to complete and submit this form will result in the applicant not being eligible for special CIP II diversion funding.

Name – Applicant	County of Residence
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Care Manager must certify that the person: (please check all that apply)

- Meets functional and financial eligibility for CIP II
- Is at high risk of a long-term nursing home stay, and
- Fits in one of the two high risk groups below

High Risk Groups

Person achieves an Intensive Skilled Nursing (ISN) level of care on the LTC FS, **OR**

Person has at least one “yes” response in at least three of the categories (A-E) below (check all that apply).

A. Activities of Daily Living

- Needs help from a person with eating (not including meal prep) Yes No
- Needs help from a person with toileting Yes No
- Needs help from a person with transferring Yes No
- Has incontinence more than weekly Yes No
- Has fallen more than once in the last month Yes No

B. Cognition

- Has cognitive impairment that poses a risk to health and safety Yes No

C. Health Related

- Has terminal illness Yes No
- Has had three or more hospital admissions in the last six months Yes No
- Has had three or more emergency room visits in the last six months Yes No
- Takes six or more prescription medications Yes No

D. Living Arrangement and/or Caregiver Support

- Has experienced recent loss of primary caregiver Yes No
- Family/informal supports are fragile or insufficient Yes No
- Has no informal caregivers Yes No
- Faces imminent loss of current living arrangement (includes financial and other factors) Yes No

E. Other-if applicable

- Other circumstances exist that contribute to putting this person at imminent risk of nursing home admission. Describe in detail below but do not duplicate items A. – D. above. Yes No

PRINT – Care Manager’s Name	SIGNATURE – Care Manager	Date Signed
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*Signs of poor nutritional
often overlooked. Use this
to find out if you or someone you
at nutritional risk.*

Read the statements below.
Write the number in the yes column for those
that apply to you.
For each yes answer, score the number in the box.
Total your nutritional score.

DETERMINE YOUR NUTRITIONAL HEALTH

		YES
QI 01	I have an illness or condition that made me change the kind and/or amount of food I eat.	2
QI 02	I eat fewer than 2 meals per day.	3
QI 03	I eat few fruits or vegetables, or milk products.	2
QI 04	I have 3 or more drinks of beer, liquor or wine almost every day.	2
QI 05	I have tooth or mouth problems that make it hard for me to eat.	2
QI 06	I don't always have enough money to buy the food I need.	4
QI 07	I eat alone most of the time.	1
QI 08	I take 3 or more different prescribed or over-the-counter drugs a day.	1
QI 09	Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
QI 010	I am not always physically able to shop, cook, and/or feed myself.	2
	TOTAL	10

Total Your Nutritional Score. If it's –

0-2 **Good!** Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.**
See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help.
Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.**
Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional

These materials have been adapted from the Nutrition Screening Initiative, a project of American Academy of Family Physicians, The American Dietetic Association and National Council on the Aging, Inc.

The Nutritional Screening Initiative, 2626 Pennsylvania Avenue, NW Suite 301, Washington, DC 20037. The Nutrition Screening Initiative is funded in part by a grant from Ross Laboratories, a division of Abbott Laboratories

The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refused to provide this information. If you have questions regarding this, please call the Area Agency on Aging of Dane County at 261-9700.

Slide from presentation by the National Committee on Vital and Health Statistics:

Health Data User and Use Profile						
User: <i>Provider, Payer, Clearinghouse, Business Associate or Agent, Federally-sponsored Researcher, Commercial Researcher, Public Health, PHR Vendor, Other</i>						
Regulatory Status: <i>HIPAA Privacy and Security Rules, State Data Statutes, Common Rule, FDA Research Regulations, VA Research Regulations, HIPAA Privacy Board, Other State Laws, FTC, Other</i>						
Identity Status: <i>Identifiable, HIPAA De-identified (Safe Harbor), HIPAA De-identified (Statistical), Limited Data Set, Other</i>						
Analysis of Benefits and Potential Risks						
Intended use of data: <i>Treatment, Payment, Healthcare Operations, Research, Public Health, Other</i>						
Impact: <i>Benefits to Individual and Society, Potential Risk for Harms</i>						
Health Data Stewardship Attributes						
<i>Accountability/ Chain of Trust</i>	<i>Transparency</i>	<i>Individual Participation</i>	<i>HIPAA De- identification</i>	<i>Security Safeguards & Controls</i>	<i>Data Quality & Integrity</i>	<i>Oversight of Data Uses</i>

Excerpt from email BADR sent to all SAMS users on October 24, 2008 which is completely contrary to HIPAA principles:

“As you may notice in the video documentation, I&A functionality now exists in SAMS; it is referred to as the "SAMS IR" section of SAMS. However, Wisconsin is not yet using this piece of SAMS - meaning that you cannot yet see it or test it in SAMS. Wisconsin organizations currently using Beacon will continue to do so for some time yet. A migration of all Beacon data into SAMS is in the works; however, this will likely not occur for at least another couple of months. We (Wisconsin) are presently waiting for Harmony to implement additional, necessary I&A-related functionality into the SAMS IR screens. Once that has been done, we'll perform quite a bit of initial testing. Then we'll migrate real-world Beacon data into SAMS for a single pilot ADRC. After the pilot ADRC has had time to test and confirm that their data migrated successfully, the migration rollout can be defined and scheduled.

As has been mentioned in previous emails, we plan to run a script which will "scrub" social security numbers from the SAMS database. (This does NOT include the SAMS benefit specialist database.) In order to ensure optimal accuracy during the upcoming Beacon-to-SAMS migrations, this SSN scrub will be performed AFTER the Beacon-to-SAMS migrations have all been completed. (This is likely several months from now.) Some current users have expressed a desire to have continued access to SSN's which are currently stored in SAMS and/or Beacon. (The stated reason is the need to be able to look up client information in other data systems via SSN.) If you believe that you absolutely MUST retain SSN data which currently exists in SAMS and/or Beacon, please wait until after your Beacon migration has been completed. Then - at your discretion - you can perform an extraction of data from SAMS which would, e.g., list ONLY the SAMS user ID's and SSN's next to each other in some other medium (e.g., an Excel workbook). I am not endorsing this method of data retention; rather, I am merely pointing out that the option is available if your particular organization decides that it is absolutely necessary (and appropriate). If you want more information on the easiest way to extract this data, please call me.”