

Home Health VNA

CLINICAL ASSESSMENT TOOL FOR HHA FREQUENCY

*****PLEASE NOTE: Patient should be referred to OT if score is 9 or above*****

- 1) Circle numerical value in each of the functional areas and total.
- 2) Utilize total point score as guideline to determine patients ADL capacity and level of HHA services needed.

<u>Communication/Cognitive Ability</u> <i>Sight, Hearing, Speaking</i>	<u>Ambulation</u> <i>Gait, posture, stance</i>	<u>ADL's</u> <i>Grooming, self-feeding, hygiene, dressing, meal preparation, shopping</i>	<u>Elimination</u> <i>Bowel/ Bladder</i>	<u>Transfer</u> <i>Ability to assume sitting or standing position</i>
0. Some impairment-corrected with person/device, i.e., forgetful, slightly confused 1. Non-communicative or impairment not corrected	1. Assist of person/device 3. Non-ambulatory wheelchair or bed bound	2. Assist (even cueing) person/device 3. Totally dependent	1. Dribbling, occasional bladder and/or bowel incontinence 2. Totally incontinent	1. Cueing-personal guidance/device. 2. Min assist (1 person transfer) 3. Mod-Max Assist for transfer (1-2 person) or unable to transfer

TOTAL SCORE _____

- 0-4** Independent: No HHA potential
- 5-8** Minimal Assistance Required: Potential for HHA assistance 1 or 2 times a week.
- 9-10** Moderate Assistance Required: Potential for HHA assistance 2-3 times a week
- 10-12** Total Assistance should have support in home at all times. Potential for 5, 6, or 7 days a week.

Note: a patient, by law, is entitled to have the costs or reasonable and necessary services reimbursed by Medicare under a physician's plan of care. However, where a family member or other caring person is or will be providing services (i.e., willing and capable) that adequately meets the client's needs, it would not be reasonable and necessary for the home health agency personnel to furnish such service.