

## Assessment and Service Plan Approval for Adult Foster Care

Date of Assessment	Update:	Method of Appeal Request <input type="checkbox"/> Initial <input type="checkbox"/> Change <input type="checkbox"/> Emergency <input type="checkbox"/> Annual	Date of Entry
Applicant/Individual Name		Individual No.	Score
Provider Name			Telephone No.
Provider Address			

### Mobility and Transfer

**Appropriate Characteristics**

- 1. Needs some assistance in walking.
- 2. Is chairfast, but is able to transfer in and out of the chair and is able to move independently in the chair.
- 3. Requires help with back brace, leg brace or other aids.
- 4. Requires special equipment furnished by a donor agency, individual or family.

**Inappropriate Characteristics**

- 1. Is bedfast and completely dependent on others for assistance in moving about.
- 2. Is chairfast and is unable to transfer or move independently in the chair.
- 3. Has frequent falls (daily or several times a week).
- 4. Requires special equipment that is not available from other programs or resources and would have to be furnished by the provider.

**Tasks:**

- Transfer/Ambulation
- Exercising

**Additional Description of the Individual's Needs/Comments**

**Changes since last assessment**

### Eyesight, Hearing, and Speech

**Appropriate Characteristics**

- 1. Is vision impaired but able to manage own environment.
- 2. Is hearing or speech impaired but is able to communicate needs to provider.

**Inappropriate Characteristics**

- 1. Is legally blind and unable to move about in his home because of his vision.
- 2. Is hearing or speech impaired and unable to communicate needs to provider.

**Additional Description of the Individual's Needs/Comments**

**Changes since last assessment**

### Feeding

#### Appropriate Characteristics

- 1. Requires assistance with eating (cutting, opening cartons).
- 2. Requires self-help feeding devices provided by donor agency, individual or family.
- 3. Needs some encouragement to eat, but is compliant.

#### Inappropriate Characteristics

- 1. Requires spoon-feeding.
- 2. Requires self-help feeding devices furnished by the provider.
- 3. Refuses to eat to the extent it could affect his/her health
- 4. Requires tube feeding or IV feeding.

#### Tasks:

- 1. Assist with feeding

#### Additional Description of the Individual's Needs/Comments

#### Changes since last assessment

### Nutrition

#### Appropriate Characteristics

- 1. Is unable to plan or cook meals.
- 2. Requires supervision for maintenance of proper nutrition because of temporary illness or psychological conditions.
- 3. Requires selected diet from the general menu or special items of negligible cost. Is able to pay for own food supplements.

#### Inappropriate Characteristics

- 1. Requires special dietary items purchased at significant cost to the provider or diet preparation and monitoring performed by a licensed dietician or nutritionist.

#### Tasks:

- 1. Meal preparation

#### Additional Description of the Individual's Needs/Comments

#### Changes since last assessment

### Hygiene

#### Appropriate Characteristics

- 1. Requires assistance and special equipment for bathing, dressing and grooming.
- 2. Requires frequent observation of skin conditions and occasional assistance with elastic stocking and routine skin care, including treatment of minor cuts and burns.

#### Inappropriate Characteristics

- 1. Is totally dependent on provider for bathing, dressing and grooming.
- 2. Requires special skin care.
- 3. Refuses to bathe.
- 4. Requires special equipment that is not available from other programs or resources and would have to be furnished by the provider.

#### Tasks:

- 1. Bathing
- 2. Dressing
- 3. Grooming
- 4. Routine Hair and Skin Care

#### Additional Description of the Individual's Needs/Comments

#### Changes since last assessment

### Elimination

#### Appropriate Characteristics

- 1. Needs reminders to prevent incontinence. Has occasional episodes of urinary incontinence, and rare episodes of bowel incontinence.
- 2. Has ostomy or in-dwelling urinary catheter but is capable of total care.

#### Tasks:

- 1. Toileting

#### Additional Description of the Individual's Needs/Comments

#### Changes since last assessment

### Behavior and Mental Status

#### Appropriate Characteristics

- 1. Exhibits symptoms of emotional disturbance (e.g. disruption or combativeness) which may be managed with common sense, respect and guidance.
- 2. Is socially withdrawn or listless; rarely communicates with others.
- 3. Is forgetful, mildly confused or occasionally disoriented.
- 4. Wanders or acts irresponsibly on occasion.
- 5. Has some difficulty sleeping and requires self-administered night medication
- 6. Requires assistance or supervision in the self-administration of medications for control of mental disorders.
- 7. Has been discharged from an institution but demonstrates semi-independent living skills, including self-administration of medications/treatment during a trial period before discharge or during furloughs from the institution.

#### Tasks:

- 1. Routine Supervision     2. Not to be left alone

#### Additional Description of the Individual's Needs/Comments

#### Changes since last assessment

#### Inappropriate Characteristics

- 1. Is dependent, but not totally dependent, on provider for toileting.
- 2. Has frequent episodes of urinary incontinence or occasional episodes of bowel incontinence.
- 3. Requires skilled assistance with ostomy or in-dwelling urinary catheter.

#### Inappropriate Characteristics

- 1. Is unresponsive, incoherent or hostile when communication is initiated.
- 2. Exhibits disruptive behavior during the night, requiring routine attendance during the night-time sleeping hours.
- 3. Is addicted to alcohol or non-prescribed drugs and is not in an active treatment plan.
- 4. Is dangerous to self and to others.
- 5. Is totally disoriented, confused, incoherent or incapable of following directions in emergencies.
- 6. Refuses to accept medication or other recommended treatments and as a result is a threat to health or safety of self and/or others.
- 7. Refuses to provide sufficient medical information to allow a provider to determine if his needs can be met.

### Medication, Treatment and Medical Services

#### Appropriate Characteristics

- 1. Requires reminders to take prescribed medication and/or supervision in self-administering medication.
- 2. Has sterile dressings but is able to apply dressings.
- 3. Has non-communicable disease or other infirmities.
- 4. Requires appointments with therapists and/or other medical professionals in the community.
- 5. Requires the services of a licensed nurse or a nurse's aide if these services are available through a home health program.
- 6. Attends day programs (DAHS, day habilitation programs, DSHS centers, etc.)

#### Inappropriate Characteristics

- 1. Is totally dependent on the provider for medication administration.
- 2. Is totally dependent on the provider for the application of sterile dressings.
- 3. Has communicable disease (other than a sexually transmitted one, HIV-positive or AIDS) which could be transmitted to other individuals.
- 4. Is dependent on the provider or others for skilled medical services.

#### Tasks:

- 1. Assistance with self-administered medications.

#### Additional Description of the Individual's Needs/Comments

#### Changes since last assessment

#### Additional Information about the Individual

#### Health and Physical Problems:

#### Medications:

#### Brief history of individual's behavior; describe any mental health problems:

#### Background and family resources:

**Additional Tasks Authorized (Give reasons why tasks are needed.):**

**Escort:**

**Shopping:**

**Transportation:**

**Other:**

\_\_\_\_\_  
Signature – Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Case Manager

\_\_\_\_\_  
Date

**Update**

\_\_\_\_\_  
Signature – Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Case Manager

\_\_\_\_\_  
Date

**Approval of Adult Foster Care and the Service Plan**

**I. Supervisory Approval**

After review of Form 2330, this individual meets the criteria for appropriate characteristics for placement in Adult Foster Care. The service plan developed on Form 2330 appears to adequately meet the individual's needs. Adult Foster Care is approved.

\_\_\_\_\_  
Signature – Supervisor

\_\_\_\_\_  
Date

Or  **Telephone Approval**

\_\_\_\_\_  
Date

**Update**

\_\_\_\_\_  
Signature – Supervisor

\_\_\_\_\_  
Date

Or  **Telephone Approval**

\_\_\_\_\_  
Date

**II. Supervisory Disapproval**

After review of Form 2330, this individual is not approved for Adult Foster Care due to the following reasons:

**Note: Do not** approve AFC if there are inappropriate characteristics which would prevent the individual from being appropriately placed and served in AFC.

\_\_\_\_\_  
Signature – Supervisor

\_\_\_\_\_  
Date

Or  **Telephone Contact**

\_\_\_\_\_  
Date

**III. Contract Manager Approval for Private Pay**

After review of Form 2330, this individual meets the criteria for appropriate characteristics for Adult Foster Care and appears to pose no threat to the health and safety of other AFC individuals.

\_\_\_\_\_  
Signature – Supervisor

\_\_\_\_\_  
Date

**IV. Contract Manager Disapproval for Private Pay**

After review of Form 2330, this individual does not meet the criteria for appropriate characteristics for Adult Foster Care and could pose a threat to the health and safety of other AFC individuals or be an impediment to the delivery of services to certified individuals. The individual is not approved due to the following reasons:

\_\_\_\_\_  
Signature – Contract Manager

\_\_\_\_\_  
Date