

## Imminent Risk of Nursing Facility Placement Assessment

The purpose of this assessment is to determine if an applicant would qualify for nursing facility diversion priority status on the MI Choice waiting list. An applicant is eligible for diversion status if they are living in the community or are being released from an acute care setting and are found to be at imminent risk of nursing facility admission using this assessment.

The supports coordinator must complete this instrument in person for applicants seeking MI Choice program enrollment who indicate that without MI Choice services, they will be admitted to a nursing facility in the very near future. **Once completed, the supports coordinator must forward the form with a completed Nursing Facility Transition Exception Request form to MDCH, HCBS Section, 400 S. Pine Street, Lansing MI 48909-7979 for final approval and authorization.**

Agency Information	
<b>Waiver Agent:</b>	
<b>Supports Coordinator:</b>	
<b>Date:</b>	

Applicant Information	
<b>Name (Last, First):</b>	
<b>Type of Residence (check one)</b>	<input type="checkbox"/> Private home/apartment (includes unlicensed assisted living) <input type="checkbox"/> Licensed AFC/HFA
<b>Date of Birth:</b>	
<b>Social Security #:</b>	
<b>Medicaid ID #</b>	

Imminent Risk Assessment
<p>Supports coordinators should answer the questions based on all information available at the time of the assessment. This includes observations, answers to questions obtained from the applicant or other knowledgeable individuals, and medical records. Supports coordinators may ask probing questions when necessary to determine the most appropriate answer. More detailed instructions for completion of each item are available.</p>

Item	Answer (check one)	Score
<b>1. Bathing</b>		
1.a. In the last three days, has the person required ANY help (including set-up or supervision more than two times in that period) to bathe, shower, or take a sponge bath?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Activity did not occur	
1.b. What kind of bathing help was provided?	<input type="checkbox"/> No help <input type="checkbox"/> Set-up help <input type="checkbox"/> Supervision <input type="checkbox"/> Physical assistance more than three times <input type="checkbox"/> Bathing did not occur	
<p><b>SCORING for Item #1:</b></p> <p>➤ For persons residing in <b>private home/apartment</b> score one (1) point if answer to 1.a. is “<b>yes</b>” or “<b>activity did not occur.</b>”</p> <p>➤ For persons residing in a <b>licensed setting (AFC/HFA)</b>, score one (1) point if answer to 1.b. is “<b>physical assistance more than three times</b>” or “<b>activity did not occur.</b>”</p> <p>➤ Otherwise, score zero (0).</p>		

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Item	Answer (check one)	Score
<b>2. Dressing</b>		
2.a. In the last three days, has the person required ANY help (including set-up or supervision more than two times in that period) to dress themselves (including laying out of clothes, putting them on, and taking them off)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Activity did not occur	
2.b. What kind of dressing help was provided?	<input type="checkbox"/> No help <input type="checkbox"/> Set-up help <input type="checkbox"/> Supervision <input type="checkbox"/> Physical assistance more than three times <input type="checkbox"/> Dressing did not occur	
<b>SCORING for Item #2:</b> ➤ For persons residing in <b>private home/apartment</b> score one (1) point if answer to 2.a. is <b>“yes”</b> or <b>“activity did not occur.”</b>  ➤ For persons residing in a <b>licensed setting (AFC/HFA)</b> , score one (1) point if answer to 2.b. is <b>“physical assistance more than three times”</b> or <b>“activity did not occur.”</b>  ➤ Otherwise, score zero (0).		
<b>3. Moving in Bed</b>		
3.a. In the last three days, has the person required ANY help (including set-up or supervision more than two times in that period) to move in bed, including turning side to side and moving to and from a laying position?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Activity did not occur	
3.b. What kind of help was provided to move in bed?	<input type="checkbox"/> No help <input type="checkbox"/> Set-up help <input type="checkbox"/> Supervision <input type="checkbox"/> Physical assistance more than three times <input type="checkbox"/> Activity did not occur	
<b>SCORING for Item #3:</b> ➤ For persons residing in <b>private home/apartment</b> score one (1) point if answer to 3.a. is <b>“yes”</b> or <b>“activity did not occur.”</b>  ➤ For persons residing in a <b>licensed setting (AFC/HFA)</b> , score one (1) point if answer to 3.b. is <b>“physical assistance more than three times”</b> or <b>“activity did not occur.”</b>  ➤ Otherwise, score zero (0).		
4. In the last three days, what assistive devices has the person used to move around indoors?	<input type="checkbox"/> No assistive devices <input type="checkbox"/> Cane, walker, scooter <input type="checkbox"/> Wheelchair <input type="checkbox"/> Activity did not occur	
<b>SCORING for Item #4:</b> ➤ Score one (1) point if answer is <b>“wheelchair”</b> or <b>“activity did not occur,”</b> regardless of type of residence.  ➤ Otherwise, score zero (0).		

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Item	Answer (check one)	Score
<b>5. In the last three days, has the person been left alone in the mornings or afternoons?</b>	<input type="checkbox"/> No – person is never or hardly ever left alone <input type="checkbox"/> Yes – person is left alone, even if only for about an hour	
<b>SCORING for Item #5:</b> ➔ Score one (1) point if answer is “ <b>no – person is never or hardly ever left alone,</b> ” regardless of type of residence. ➔ Otherwise, score zero (0).		
<b>6. In the last three days, has the person experienced a flare up of a recurrent or chronic health problem?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>SCORING for Item #6:</b> ➔ Score one (1) point if answer is “ <b>yes,</b> ” regardless of type of residence. ➔ Otherwise, score zero (0).		
<b>7. In the last seven days, has the person received prevention/care of a wound or skin ulcer, such as dietary treatments, moving/turning treatments, or use of pressure relieving devices?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>SCORING for Item #7:</b> ➔ Score one (1) point if answer is “ <b>yes,</b> ” regardless of type of residence. ➔ Otherwise, score zero (0).		
<b>8. In the last seven days, has the person received or been scheduled for treatment with peripheral intravenous medication?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>SCORING for Item #8:</b> ➔ Score one (1) point if answer is “ <b>yes,</b> ” regardless of type of residence. ➔ Otherwise, score zero (0).		
<b>9. In the last three days, how well did the person make decisions about organizing the day (e.g., when to get up or have meals, what clothes to wear, what to do)?</b>	<input type="checkbox"/> Person made decisions that were consistently reliable without difficulty <input type="checkbox"/> Person made decisions, even if he/she had difficulty, or decisions were poor and required supervision. <input type="checkbox"/> Person rarely or never made decisions.	
<b>SCORING for Item #9:</b> ➔ Score one (1) point if answer is “ <b>person rarely or never made decisions,</b> ” regardless of type of residence. ➔ Otherwise, score zero (0).		
<b>10. In the past 90 days, has the person become agitated or disoriented such that the person’s safety was endangered?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>SCORING for Item #10:</b> ➔ Score one (1) point if answer is “ <b>yes,</b> ” regardless of type of residence. ➔ Otherwise, score zero (0).		

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Item	Answer (check one)	Score
<b>11. In the last three days, how well has the person been able to make him/herself understood?</b>	<input type="checkbox"/> Person is understood even if he/she has difficulty in finding words or finishing thoughts. <input type="checkbox"/> Person is limited to making concrete requests or is rarely or never understood.	
<b>SCORING for Item #11:</b> ➤ Score one (1) point if answer is <b>“person is limited to making concrete requests or is rarely or never understood,”</b> regardless of type of residence. ➤ Otherwise, score zero (0).		
<b>12. In the last three days, has the person threatened, cursed at, or screamed at others?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>SCORING for Item #12:</b> ➤ Score one (1) point if answer is <b>“yes,”</b> regardless of type of residence. ➤ Otherwise, score zero (0).		
<b>13. In the last 90 days, has the person moved in with others, or have others moved in with the person?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>SCORING for Item #13:</b> ➤ For persons residing in <b>private home/apartment</b> score two (2) points if answer is <b>“yes.”</b> ➤ Otherwise, score zero (0).		
<b>14. In the last 14 days, has this person permanently lost an essential caregiver who provided necessary care (e.g., death of a spouse, child moved away, serious and permanent health decline of informal supports)?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>SCORING for Item #14:</b> ➤ For persons residing in <b>private home/apartment</b> score one (1) point if answer is <b>“yes.”</b> ➤ Otherwise, score zero (0).		
<b>TOTAL SCORE (add scores from items 1 through 14):</b>		

Persons with a total score of eight (8) or more may qualify for diversion status. Supports Coordinators should forward completed Imminent Risk Assessments with a score of 8 or more **AND** a completed Nursing Facility Transition Exception Request form to MDCH at the address indicated above for final approval. The Nursing Facility Transition Exception Request form must include a detailed explanation of why the Supports Coordinator is requesting diversion status for each applicant.