

- PAS Extract

File Layout



EPD - PAS Information



Assessment ID: 17	PAS type: I	Medical Eligibility Specialist: Emma Metherell
Customer: Frank Whitmore	Customer#: 39900172114171	Assessment Location: Home

Score	Physician Review	Override
Functional: 81.00 Medical: 0.00 Total: 81.00	Physician Requested Date: Physician Name: Decision: Physician Review Date: Special Status:	Date Requested: Review Date: Reason:

Assessment Information

AHCCCS ID: A01290026
 AHCCCS Member: Yes
 Application Date: 04/25/2017
 DD Status: Not DD
 DD Age: 48

Date of Birth: 08/28/1969
 Date of Death:
 Gender: Male
 Marital Status:
 Language:
 Ethnicity:

Financial ES Name: Christina Shaw
 Office: Qca
 Phone: (602) -----

PAS Assessor-SW: Emma Metherell
 Office: Qca
 Phone: (602) 417-4000

PAS Assessor-SW:
 Office:
 Phone:

Demographic Information

Residence Address:

Mailing Address:

County:

Begin Date:

Facility Name: HEALTH CLIN

Phone: (928) 757-8111

Usual Living Arrangement: Community

Usual Living Situation: With Spouse

Phone:

Living Arrangement: Behavioral Health Inpatient Facility

Authorized Representative:
 Residence Phone:

Relationship:
 Business Phone:

Personal contacts

Name	Type Physician	Relationship	Phone
Functional Scores			
<u>Activities of Daily Living (ADLs)</u>			
Mobility	2	HANDS-ON - Customer is mobile only with hands-on assistance for safety	Test
Transferring	2	HANDS-ON - Customer needs to be physically lifted or moved, but can participate physically	Test
Bathing	2	HANDS-ON - Customer may need assistance transferring and may not be able to get into and out of the tub alone OR requires moderate hands-on help OR requires stand-by assistance throughout bathing activities in order to maintain safety	Test
Dressing	2	HANDS-ON - Customer needs physical assistance or significant verbal assistance to complete dressing or undressing	Test
Grooming	2	HANDS-ON - Customer needs hands-on physical assistance, but can participate physically	Test
Eating	2	HANDS-ON - Customer can feed self, but needs stand-by assistance for frequent gagging, choking, swallowing difficulty, or aspiration OR must be fed some food by mouth by another person	Test
Toileting	3	TOTAL DEPENDENCE - Customer is totally dependent on others for the entire toileting process [may include total care of catheter or Ostomy]; customer may or may not be aware of the situation	Test

Continence

Bowel Continence	3	Incontinent episodes 2 or more times a week and/or no voluntary control	Test
Bladder Continence	3	Frequently or Totally Incontinent. Incontinent daily and/or no voluntary control	Test

Deterioration in Overall Function

Deterioration	1	Deteriorated	Test
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Communication/Sensory

Hearing	0	Hears adequately (e.g., conversations, TV, phone) / Unable to assess
Expressive Communication	0	Understood/Unable to assess
Vision	0	Sees adequately (e.g., newsprint, TV, medication labels) /Unable to assess

Orientation - Person/Caregiver

First Name	0	Knows/Unable to assess
Last Name	0	Knows/Unable to assess
Caregiver's Name	0	Knows/Unable to assess
First Name (Caregiver judgment)	0	Always knows
Last Name (Caregiver judgment)	0	Always knows
Caregiver's Name (Caregiver judgment)	0	Always knows

Orientation - Place

Immediate Environment	0	Knows/Unable to assess
Place of Residence	0	Knows/Unable to assess
City	0	Knows/Unable to assess
State	0	Knows/Unable to assess
Immediate	0	Always knows

Environment (Caregiver judgment)		
Place of Residence (Caregiver judgment)	0	Always knows
City (Caregiver judgment)	0	Always knows
State (Caregiver judgment)	0	Always knows

Orientation - Time

Day	0	Knows/Unable to assess
Month	0	Knows/Unable to assess
Year	0	Knows/Unable to assess
Time of Day	0	Knows/Unable to assess
Day (Caregiver judgment)	0	Always knows
Month (Caregiver judgment)	0	Always knows
Year (Caregiver judgment)	0	Always knows
Time of Day (Caregiver judgment)	0	Always knows

Behaviors

Wandering - Frequency	0	Behavior has not been observed, or history of wandering behavior; not a current problem [includes if chemically controlled]
Wandering - Intervention	0	Customer requires no intervention
Self Injurious Behavior - Frequency	0	No problems in this area or history of injurious behavior; not a current problem [includes if chemically controlled]
Self Injurious Behavior - Intervention	0	Customer requires no intervention
Aggression - Frequency	0	No problems in this area or history of aggression; not a current problem [includes if chemically

Aggression - Intervention	0	controlled - Describe in comments the controlled behavior(s) Customer requires no intervention
Resistiveness - Frequency	0	Problem does not occur or occurs at a level not requiring intervention [includes if chemically controlled - Describe in comments the controlled behavior(s)]
Resistiveness - Intervention	0	Customer requires no intervention
Disruptive Behavior - Frequency	0	Problem does not occur or occurs at a low level not requiring intervention, or no history of disruptive behavior; not a current problem [includes if chemically controlled - Describe in comments the controlled behavior(s)]
Disruptive Behavior - Intervention	0	Customer requires no intervention

Medical Assessment

Medical Condition

Description	Major Diagnosis	Comments
Amputation	Yes	Test
Fracture	Yes	Test

Skin Ulcers

Description	Answer
History of Skin Ulcers	
Number of Pressure Ulcers	0

Medications/Treatments

Description	Answer
Number of acute hospitalizations over the past year:	
Currently requires direct care staff or caregiver trained in special health care	N

procedures:
Currently requires
special diet planned by
dietitian, nutritionist, or
nurse: N

Medications

Description
OXYCODONE PO
10mg BID

Services Treatments

Description	Comments
Drug Regulation	
Drug Administration	
Catheter Care	

Summary/Evaluation

1. Height:	5'10"
2. Weight:	180.00 lbs.
3. Number of hospitalizations in the last six months:	2
4. Number of emergency rooms visit in the last six months:	2
5. Number of falls in the last 90 days:	2
6. Is applicant currently hospitalized, or in an intensive rehabilitation facility:	No
7. If in an acute facility, is discharge imminent?	No
8. Ventilator independent?	No

Summary/Comments

Frank Whitmore is a 47 year old male whose usual living arrangement is Community with Amputation, Fracture and does not have Medicare Part D. Frank Whitmore has had 2 of hospitalizations, 2 ER visits, 2 falls.
Summary information. Spouse case. Each spouse has 3x PQs.

Physician Review:Requestor Comments

Physician Review:Physician Comments

PAS Scoring Worksheet

Functional Score	<i>Category</i>	<i>Rating</i>	<i>Weight</i>	<i>Score</i>
Mobility		2	5	10.0
Transferring		2	5	10.0
Bathing		2	5	10.0
Dressing		2	5	10.0
Grooming		2	5	10.0
Eating		2	5	10.0
Toileting		3	5	15.0
	Activities of Daily Living (ADLs) Subtotal			<u>75.0</u>
Bowel Continence		3	1	3.0
Bladder Continence		3	1	3.0
	Continence Subtotal			<u>6.0</u>
Vision		0	2	0.0
	Communication/Sensory Subtotal			<u>0.0</u>
Immediate Environment		0	0.5	0.0
Place of Residence		0	0.5	0.0
City		0	0.5	0.0
State		0	0.5	0.0
	Orientation - Place Subtotal			<u>0.0</u>
Day		0	0.5	0.0
Month		0	0.5	0.0
Year		0	0.5	0.0
Time of Day		0	0.5	0.0
	Orientation - Time Subtotal			<u>0.0</u>
Wandering - Frequency		0	1.5	0.0
Wandering - Intervention		0	1.5	0.0
Self Injurious Behavior - Frequency		0	1.5	0.0
Self Injurious Behavior - Intervention		0	1.5	0.0
Aggression - Frequency		0	1.5	0.0
Aggression - Intervention		0	1.5	0.0
Resistiveness - Frequency		0	1.5	0.0
Resistiveness - Intervention		0	1.5	0.0
Disruptive Behavior - Frequency		0	1.5	0.0
Disruptive Behavior - Intervention		0	1.5	0.0
	Behaviors Subtotal			<u>0.0</u>
	Functional Subtotal			<u>81.0</u>
Medical Score				
	Medical Subtotal			<u>0.0</u>
Summary				
	Functional Subtotal			<u>81.0</u>
	Medical Subtotal			<u>0.0</u>
	Total Score			<u>81.0</u>