

Member ID Number: \_\_\_\_\_

**MANAGED LONG-TERM CARE (MLTC)  
SEMI-ANNUAL ASSESSMENT OF MEMBERS (SAAM)  
Version 2.5**

**(Adapted from the Outcome and Assessment Information Set [OASIS-B1])**

**CLINICAL RECORD ITEMS**

**(M0090) Date Assessment Completed:**

\_\_\_/\_\_\_/\_\_\_  
month day year

**(L0091) Assessor Name:**

\_\_\_\_\_(First) \_\_\_\_\_(MI) \_\_\_\_\_(Last) \_\_\_\_\_(Suffix)

**(L0092) Assessor License Number:**

\_\_\_\_\_

**(ML0100) This Assessment is Currently Being Completed for the Following Reason:**

- 1 – Start of enrollment
- 2 – Reassessment due to:
  - 1 – Scheduled semiannual reassessment
  - 2 – Deferred semiannual reassessment
  - 3 – Significant condition change or other optional reassessment
- 3 – Disenrollment [ **Go to L0904** ]

**(L0110) Member's Location at the Time of This Assessment:**

- 1 – Community
- 2 – Nursing Home
- 3 – Hospital [ **Assessment at this location must be for pre-enrollment purposes only** ]

**(L0120a) Member's Most Current SAAM Index at the Time of this Assessment. (Item is calculated by DELTA):**

\_\_\_\_\_

**DIAGNOSIS/PROGNOSIS/SURGERIES**

**(ML0230/ML0240/L0245) Diagnoses, Severity Index and Surgeries:** List the member's primary diagnosis and other secondary diagnoses or problems and ICD-9-CM code(s) at the level of highest specificity for which the member is receiving long-term care. ICD-9-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses. Rate each condition using the following severity index.

Severity Rating

- 0 - Asymptomatic, no treatment needed at this time
- 1 - Symptoms well controlled with current therapy
- 2 - Symptoms controlled with difficulty, affecting daily functioning; member needs ongoing monitoring
- 3 - Symptoms poorly controlled, member needs frequent adjustment in treatment and dose monitoring
- 4 - Symptoms poorly controlled, history of rehospitalizations

<u>(ML0230) Primary Diagnosis</u> <i>(V-codes may be used)</i>	<u>ICD-9-CM</u> <i>(Three digits required; Five digits optional)</i>	<u>Severity Rating</u> <i>(Choose one value that represents the most severe rating appropriate for each diagnosis)</i>
a. _____	( ____ . ____ )	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

<u>(ML0240) Other Diagnoses</u> <i>(E-codes or V-codes may be used)</i>	<u>ICD-9-CM</u> <i>(Three digits required; Five digits optional)</i>	<u>Severity Rating</u> <i>(Choose one value that represents the most severe rating appropriate for each diagnosis)</i>
b. _____	( █ ____ . ____ )	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
c. _____	( █ ____ . ____ )	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
d. _____	( █ ____ . ____ )	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
e. _____	( █ ____ . ____ )	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
f. _____	( █ ____ . ____ )	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

Using ICD-9 procedure codes, list surgeries the member has had that impact the member's functional status.

<u>(L0245) Surgeries</u>	<u>ICD-9-CM</u> <i>(Three digits required; Four digits optional)</i>
g. _____	( █ ____ . ____ )
h. _____	( █ ____ . ____ )
i. _____	( █ ____ . ____ )

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**(ML0250a) Nursing Therapies** the member receives from the managed long-term care plan (all settings): **(Mark all that apply.)**

- 1 - Intravenous or infusion therapy (excludes TPN)
- 2 - Parenteral nutrition (TPN or lipids)
- 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)
- 4 - Suctioning
- 5 - Bowel rehabilitation
- 6 - Bladder rehabilitation
- 7 - Inhalation therapy
- 8 - None of the above

**(ML0260) Overall Prognosis:** BEST description of member's overall prognosis:

- 0 - Poor: imminent decline likely
- 1 - Fair: maintenance likely
- 2 - Good: some improvement expected

**(L0265) Rehabilitation Therapies:** Therapies provided by a therapist **at the time of this assessment** for skilled rehabilitation on a **short-term or long-term** basis or to improve functioning or to establish a maintenance therapy program. **(Mark all that apply.)**

- 1 Physical therapy
- 2 - Occupational therapy
- 3 - Speech therapy
- 4 - None of the above

**(ML0270) Rehabilitative Prognosis:** BEST description of member's prognosis for functional status:

- 0 - Poor: minimal improvement in functional status is expected; decline is possible
- 1 - Good: marked improvement in functional status is expected
- UK - Unknown

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**(ML0290a) High Risk Factors** characterizing this member: **Body Mass Indices (BMI) are provided as a reference and are NOT required prior to assigning a member to either of the weight risk factors. Assessors may mark these risk factors based on observation.**

- 1 - Smoking
- 2 - Underweight (BMI < 18.5)
- 3 - Overweight (BMI 25-29.9)
- 4 - Obese (BMI >=30)
- 5 - Alcohol dependency
- 6 - Drug dependency
- 7 - None of the above
- UK - Unknown

**(L0300) Flu Immunization Status:** Has the member received an influenza vaccination in the past year?

***[Do not answer if this is the member's SOE assessment.]***

- 1 - Yes
- 2 - No - Contraindicated
- 3 - No - Refuses immunization
- 4 - No - Other

### **LIVING ARRANGEMENTS**

**(ML0340) Member lives:**

**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 1 - Alone
- 2 - With family member or friend
- 3 - With other than above

### **SUPPORTIVE ASSISTANCE**

**(ML0350) Assisting Person(s) Other than Services Covered by Plan: (Mark all that apply.)**

**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 1 - Relatives, friends, or neighbors living outside the home
- 2 - Person residing in the home (EXCLUDING paid help)
- 3 - Paid help
- 4 - None of the above **[ If None of the above, go to ML0390 ]**
- UK - Unknown **[ If Unknown, go to ML0390 ]**

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**(ML0370) How often does the member receive assistance from the caregiver(s)?**  
**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 1 - Several times during day and night
- 2 - Several times during day
- 3 - Once daily
- 4 - Three or more times per week
- 5 - One to two times per week
- 6 - Less often than weekly
- UK - Unknown

**(ML0380) Type of Caregiver Assistance: (Mark all that apply.) [ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 1 - ADL assistance (e.g., bathing, dressing, toileting, bowel/bladder, eating/feeding)
- 2 - IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances)
- 3 - Clinical assistance (e.g., wound care, colostomy care, etc.)
- 4 - Environmental support (housing, home maintenance)
- 5 - Psychosocial support (socialization, companionship, recreation)
- 6 - Advocates or facilitates member's participation in appropriate medical care
- 7 - Financial agent, power of attorney, or conservator of finance
- 8 - Health care agent, conservator of person, or medical power of attorney
- UK - Unknown

## **SENSORY STATUS**

**(ML0390) Vision with corrective lenses if the member usually wears them:**

- 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint.
- 1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.
- 2 - Severely impaired: cannot locate objects without hearing or touching them or member nonresponsive.

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**(ML0400) Hearing and Ability to Understand Spoken Language** in member's own language (with hearing aids if the member usually uses them):

- 0 - No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation.
- 1 - With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time, or louder voice.
- 2 - Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance.
- 3 - Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, additional time.
- 4 - Unable to hear and understand familiar words or common expressions consistently, or member nonresponsive.

**(ML0410) Speech and Oral (Verbal) Expression of Language** (in member's own language):

- 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment.
- 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance).
- 2 - Expresses simple ideas or needs with moderate difficulty (needs minimal prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences.
- 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases.
- 4 - Unable to express basic needs even with maximal prompting or assistance but is not comatose or unresponsive (e.g., speech is nonsensical or unintelligible).
- 5 - Member nonresponsive or unable to speak.

**(ML0420) Frequency of Pain** interfering with member's activity or movement:

- 0 - Member has no pain or pain does not interfere with activity or movement
- 1 - Less often than daily
- 2 - Daily, but not constantly
- 3 - All of the time

**(ML0430) Intractable Pain:** Is the member experiencing pain that is not easily relieved, occurs at least daily, and affects the member's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?

- 0 - No
- 1 - Yes

**INTEGUMENTARY STATUS**

**(ML0440)** Does this member have a **Skin Lesion** or an **Open Wound**? This excludes "OSTOMIES."

- 0 - No [ If No, go to **ML0490** ]
- 1 - Yes

**(ML0445)** Does this member have a **Pressure Ulcer**?

- 0 - No [ If No, go to **ML0468** ]
- 1 - Yes

**(M0450)** **Current Number of Pressure Ulcers at Each Stage:** (Mark one response for each stage.)

<u>Pressure Ulcer Stages</u>	<u>Number of Pressure Ulcers</u>
a) Stage 1: Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-pigmented skin, warmth, edema, hardness, or discolored skin may be indicators.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more
b) Stage 2: Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more
c) Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue which may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more
d) Stage 4: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more
e) In addition to the above, is there at least one pressure ulcer that cannot be observed due to the presence of eschar or a nonremovable dressing, including casts?	
<ul style="list-style-type: none"> <li><input type="radio"/> 0 - No</li> <li><input type="radio"/> 1 - Yes</li> </ul>	

**(ML0468)** Does this member have a **Stasis Ulcer**?

- 0 - No [ If No, go to **ML0482** ]
- 1 - Yes

**(M0470)** **Current Number of Observable Stasis Ulcer(s):**

- 0 - Zero
- 1 - One
- 2 - Two
- 3 - Three
- 4 - Four or more

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**(M0476) Status of Most Problematic (Observable) Stasis Ulcer:**

- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing
- NA - No observable stasis ulcer

**(ML0482) Does this member have a Surgical Wound?**

- 0 - No [ If No, go to *ML0490* ]
- 1 - Yes

**(M0484) Current Number of (Observable) Surgical Wounds:** (If a wound is partially closed but has more than one opening, consider each opening as a separate wound.)

- 0 - Zero
- 1 - One
- 2 - Two
- 3 - Three
- 4 - Four or more

**(M0488) Status of Most Problematic (Observable) Surgical Wound:**

- 1 - Fully granulating
- 2 - Early/partial granulation
- 3 - Not healing
- NA - No observable surgical wound

**RESPIRATORY STATUS**

**(ML0490) When is the member dyspneic or noticeably Short of Breath?**

- 0 - Never, member is not short of breath
- 1 - When walking more than 20 feet, climbing stairs
- 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- 4 - At rest (during day or night)



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**(ML0500) Respiratory Treatments** utilized (all settings): **(Mark all that apply.)**

- 1 - Oxygen (intermittent or continuous)
- 2 - Ventilator (continually or at night)
- 3 - Continuous positive airway pressure
- 4 - None of the above

**ELIMINATION STATUS**

**(L0510) Urinary Tract Infection:** Please indicate if, and how often, the member has been treated for a urinary tract infection since the last assessment. ***[ If the member has a urinary tract infection at the time of assessment, include it in the count. If this is the member's SOE assessment, mark "0 - None" if s/he does not have a urinary tract infection, mark "1 - One" if s/he has a urinary tract infection. ]***

- 0 - None
- 1 - One
- 2 - Two
- 3 - Three
- 4 - Four or more
- NA - Member on prophylactic treatment
- UK - Unknown

**(ML0520a) Urinary Incontinence or Urinary Catheter Presence:**

- 0 - No incontinence or catheter  
**[ If No, go to ML0540b ]**
- 1 - Member is incontinent
- 2 - Member has a urinary ostomy or requires urinary catheter (i.e., external, indwelling, intermittent, suprapubic)  
**[ Go to ML0540b ]**

**(ML0530) When does Urinary Incontinence occur?**

- 0 - Timed-voiding defers incontinence  
**[Go to ML0540b]**
- 1 - During the night only
- 2 - During the day and night

**(L0535) How often does Urinary Incontinence occur?**

- 0 - Once a week or less
- 1 - More than once a week

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**(ML0540b) Bowel Incontinence Frequency:**

- 0 - Very rarely or never has bowel incontinence
- 1 - Less than once weekly
- 2 - One to three times weekly
- 3 - Four to six times weekly
- 4 - On a daily basis
- 5 - More often than once daily
- 6 - Member has an ostomy for bowel elimination with which member needs assistance from the **MLTC plan**
- 7 - Member has an ostomy for bowel elimination
- UK - Unknown

**FALLS**

**(L0550)** Indicate the **Number of Falls** experienced by the member during the past six months:

- 0 - None [**Go to ML0560** ]
- 1 - One
- 2 - Two to five
- 3 - More than five

**(L0555) Number of Falls Resulting in Medical Intervention:** Indicate the number of falls requiring medical intervention (e.g., emergency department visit, clinic, physician's office, etc.)

- 0 - None
- 1 - One
- 2 - Two to five
- 3 - More than five

## NEURO/EMOTIONAL/BEHAVIORAL STATUS

**(ML0560) Cognitive Functioning:** (Member's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.)

- 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.
- 1 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions.
- 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility.
- 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time.
- 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.

**(ML0570) When Confused (Reported or Observed):**

- 0 - Never
- 1 - In new or complex situations only
- 2 - On awakening or at night only
- 3 - During the day and evening, but not constantly
- 4 - Constantly
- NA - Member nonresponsive

**(ML0580) When Anxious (Reported or Observed):**

- 0 - None of the time
- 1 - Less often than daily
- 2 - Daily, but not constantly
- 3 - All of the time
- NA - Member nonresponsive

**(ML0590) Depressive Feelings Reported or Observed in Member: (Mark all that apply.)**

- 1 - Depressed mood (e.g., feeling sad, tearful)
- 2 - Sense of failure or self reproach
- 3 - Hopelessness
- 4 - Recurrent thoughts of death
- 5 - Thoughts of suicide
- 6 - None of the above feelings observed or reported

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<b><u>(ML0610) Behaviors Demonstrated</u></b> <b>(Reported or Observed)</b>	<b><u>Frequency of Behaviors Demonstrated</u></b>  Key: 0 Never 1 Less than once a month 2 Once a month 3 Several times each month 4 Several times a week 5 At least daily UK Unknown
a. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> UK
b. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> UK
c. Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> UK
d. Disruptive, infantile, or socially inappropriate behavior ( <b>excludes</b> verbal actions)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> UK
e. Delusional, hallucinatory, or paranoid behavior	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> UK
f. Self abuse	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> UK

**(L0615) Wandering:** Has the member wandered over the past six months? (Wandering is defined as straying or becoming lost in the community due to impaired judgment. Example: A confused participant leaves home unattended and is not able to find his or her way back.)

- 0 - Never, with no special precautions. Has not wandered away from home, the Day Health Center, or other locations and no special precautions are in place or needed.
- 1 - Never, because special precautions are in place. Has not wandered away from home, Day Health Center, or other locations because special precautions have been instituted, such as continuous supervision and/or secured exits.
- 2 - Seldom (once/week or less). Has wandered away from home, the Day Health Center or other locations occasionally (once a week or less) over the past six months.
- 3 - Often (more than once/week). Has wandered away from home, the Day Health Center or other locations more than once a week over the past six months OR wanders once a week or more from some locations, but not others.
- UK - Unknown

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**(L0620) Memory Deficit: (Mark all that apply.)**

- 1 - Failure to recognize familiar persons/places
- 2 - Inability to recall events of past 24 hours
- 3 - Significant memory loss so that supervision is required
- 4 - None of the above

**ADL/IADLs**

**(ML0640) Grooming:** Ability to tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 - Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 - Someone must assist the member to groom self.
- 3 - Member depends entirely upon someone else for grooming needs.
- UK - Unknown

**(ML0650) Ability to Dress Upper Body** (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

- 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
- 1 - Able to dress upper body without assistance if clothing is laid out or handed to the member.
- 2 - Someone must help the member put on upper body clothing.
- 3 - Member depends entirely upon another person to dress the upper body.
- UK - Unknown

**(ML0660) Ability to Dress Lower Body** (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

- 0 - Able to obtain, put on, and remove clothing and shoes without assistance.
- 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the member.
- 2 - Someone must help the member put on undergarments, slacks, socks or nylons, and shoes.
- 3 - Member depends entirely upon another person to dress lower body.
- UK - Unknown

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**(ML0670) Bathing:** Ability to wash entire body. Excludes grooming (washing face and hands only).

- 0 - Able to bathe self in shower or tub independently.
- 1 - With the use of devices, is able to bathe self in shower or tub independently.
- 2 - Able to bathe in shower or tub with the assistance of another person:  
(a) for intermittent supervision or encouragement or reminders, OR  
(b) to get in and out of the shower or tub, OR  
(c) for washing difficult to reach areas.
- 3 - Participates in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
- 4 - Unable to use the shower or tub and is bathed in bed or bedside chair.
- 5 - Unable to effectively participate in bathing and is totally bathed by another person.
- UK - Unknown

**(ML0680) Toileting:** Ability to get to and from the toilet or bedside commode.

- 0 - Able to get to and from the toilet independently with or without a device.
- 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet.
- 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
- 4 - Is totally dependent in toileting.
- UK - Unknown

**(ML0690a) Transferring:** Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if member is bedfast.

- 0 - Able to independently transfer.
- 1 - Transfers with use of an assistive device.
- 2 - Transfers with minimal human assistance.
- 3 - Unable to transfer self but is able to bear weight and pivot during the transfer process.
- 4 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
- 5 - Bedfast, unable to transfer but is able to turn and position self in bed.
- 6 - Bedfast, unable to transfer and is unable to turn and position self.
- UK - Unknown

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**(ML0700a) Ambulation/Locomotion:** Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

- 0 - Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device).
- 1 - Requires use of a device (e.g., cane, walker) to walk alone.
- 2 - Requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
- 3 - Able to walk only with the supervision or assistance of another person at all times.
- 4 - Chairfast, unable to ambulate but is able to wheel self independently.
- 5 - Chairfast, unable to ambulate and is unable to wheel self.
- 6 - Bedfast, unable to ambulate or be up in a chair.
- UK - Unknown

**(ML0710) Feeding or Eating:** Ability to feed self meals and snacks. **Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.**

- 0 - Able to independently feed self.
- 1 - Able to feed self independently but requires:
  - (a) meal set-up; OR
  - (b) intermittent assistance or supervision from another person; OR
  - (c) a liquid, pureed or ground meat diet.
- 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack.
- 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.
- 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
- 5 - Unable to take in nutrients orally or by tube feeding.
- UK - Unknown

**(ML0720) Planning and Preparing Light Meals** (e.g., cereal, sandwich) or reheat delivered meals:  
**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR  
(b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this long-term care admission).
- 1 - Unable to prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
- 2 - Unable to prepare any light meals or reheat any delivered meals.
- UK - Unknown

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**(ML0730) Transportation:** Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway).

**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 0 - Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus.
- 1 - Able to ride in a car only when driven by another person; OR able to use a bus or handicap van only when assisted or accompanied by another person.
- 2 - Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance.
- UK - Unknown

**(ML0740) Laundry:** Ability to do own laundry -- to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 0 - (a) Able to independently take care of all laundry tasks; OR  
(b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this long-term care admission).
- 1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry.
- 2 - Unable to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.
- UK - Unknown

**(ML0750) Housekeeping:** Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 0 - (a) Able to independently perform all housekeeping tasks; OR  
(b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this long-term care admission).
- 1 - Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently.
- 2 - Able to perform housekeeping tasks with intermittent assistance or supervision from another person.
- 3 - Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process.
- 4 - Unable to effectively participate in any housekeeping tasks.
- UK - Unknown



Member ID Number: \_\_\_\_\_

**(ML0760) Shopping:** Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 0 - (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR  
(b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this long-term care admission).
- 1 - Able to go shopping, but needs some assistance:  
(a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR  
(b) Unable to go shopping alone, but can go with someone to assist.
- 2 - Unable to go shopping, but is able to identify items needed, place orders, and arrange home delivery.
- 3 - Needs someone to do all shopping and errands.
- UK - Unknown

**(ML0770) Ability to Use Telephone:** Ability to answer the phone, dial numbers, and effectively use the telephone to communicate.

- 0 - Able to dial numbers and answer calls appropriately and as desired.
- 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.
- 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
- 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
- 4 - Unable to answer the telephone at all but can listen if assisted with equipment.
- 5 - Totally unable to use the telephone.
- NA - Member does not have a telephone.
- UK - Unknown

## **MEDICATIONS**

**(ML0780) Management of Oral Medications:** Member's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)**

**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
- 1 - Able to take medication(s) at the correct times if:
  - (a) individual dosages are prepared in advance by another person; OR
  - (b) given daily reminders; OR
  - (c) someone develops a drug diary or chart.
- 2 - Unable to take medication unless administered by someone else.
- NA - No oral medications prescribed.
- UK - Unknown

**(ML0790) Management of Inhalant/Mist Medications:** Member's ability to prepare and take all prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **Excludes all other forms of medication (oral tablets, injectable and IV medications).**

**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 0 - Able to independently take the correct medication and proper dosage at the correct times.
- 1 - Able to take medication at the correct times if:
  - (a) individual dosages are prepared in advance by another person, OR
  - (b) given daily reminders.
- 2 - Unable to take medication unless administered by someone else.
- NA - No inhalant/mist medications prescribed.
- UK - Unknown

**(ML0800) Management of Injectable Medications:** Member's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. **Excludes IV medications.**

**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 0 - Able to independently take the correct medication and proper dosage at the correct times.
- 1 - Able to take injectable medication at correct times if:
  - (a) individual syringes are prepared in advance by another person, OR
  - (b) given daily reminders.
- 2 - Unable to take injectable medications unless administered by someone else.
- NA - No injectable medications prescribed.
- UK - Unknown

Member ID Number: \_\_\_\_\_

**(L0802) Adherence to Medications:** Based on your knowledge, observation, and/or examination, how closely is the member's prescribed medication regimen adhered to (e.g., takes appropriate dosage, adheres to medication schedule, etc.)?

**[Do not answer if the member is in a nursing home at the time of reassessment.]**

- 0 - Poorly (medications taken appropriately less than 40% of the time)
- 1 - Fairly well (medications taken appropriately 40-80% of the time)
- 2 - Completely (medications taken appropriately over 80% of the time)
- NA - Participant does not have prescription medications
- UK- Unknown

**(L0803) Adherence to Therapy/Medical Interventions:** Based on your knowledge, observation, and/or examination, how closely is the member's therapy or medical intervention (other than medications) adhered to? (For example, prescribed diet, rehab therapy, etc.)

**[Do not answer if the member is in a nursing home at the time of reassessment.]**

- 0 - Poorly (adhered to as directed less than 40% of the time)
- 1 - Fairly well (adhered to as directed 40-80% of the time)
- 2 - Completely (adhered to as directed over 80% of the time)
- NA - No therapy or medical intervention (not including medications) prescribed
- UK- Unknown

## **EQUIPMENT MANAGEMENT**

**(ML0810) Member Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):** Member's ability to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. **(NOTE: This refers to ability, not compliance or willingness.)**  
**[ Do not answer if the member is in a nursing home at the time of reassessment. ]**

- 0 - Member manages all tasks related to equipment completely independently.
- 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides member with prepared solutions), member is able to manage all other aspects of equipment.
- 2 - Member requires considerable assistance from another person to manage equipment, but independently completes portions of the task.
- 3 - Member is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.
- 4 - Member is completely dependent on someone else to manage all equipment.
- NA - No equipment of this type used in care

## **EMERGENT CARE**

**(ML0830) Emergent Care:** Since the last time SAAM data were collected, has the member utilized any of the following services for emergent care (other than home care services). **(Mark all that apply.)**

**[ Do not answer if this is the member's SOE assessment. ]**

- 0 - No emergent services [If no emergent care, go to ML0890]
- 1 - Hospital emergency room (includes 23-hour holding)g
- 2 - Doctor's office emergency visit/house call
- 3 - Outpatient Department/clinic emergency (includes urgicenter sites)
- UK - Unknown [If unknown, go to ML0890]

**(ML0840) Emergent Care Reason:** For what reason(s) did the member/family seek emergent care? **(Mark all that apply.)**

**[ Do not answer if this is the member's SOE assessment. ]**

- 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 - Nausea, dehydration, malnutrition, constipation, impaction
- 3 - Injury caused by fall or accident at home
- 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)
- 5 - Wound infection, deteriorating wound status, new lesion/ulcer
- 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)
- 7 - Hypo/Hyperglycemia, diabetes out of control
- 8 - GI bleeding, obstruction
- 9 - Other than above reasons
- UK - Reason unknown

## **HOSPITALIZATIONS**

In the table below, please complete the following information concerning hospitalizations for this member since the last assessment.

**[ If there were no hospitalizations for this member, please skip to ML0900. ]**

**[ Do not answer if this is the member's SOE assessment. ]**

**(ML0890) Hospitalization Admission Type:**

- 1 - Emergent (unscheduled) care
- 2 - Urgent (scheduled within 24 hours of admission) care
- 3 - Elective (scheduled more than 24 hours before admission) care
- UK - Unknown

**(ML0895) Clinical Reason(s) for Hospitalization:**

- 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2 - Injury caused by fall or accident at home
- 3 - Respiratory problems (SOB, infection, obstruction, COPD, pneumonia)
- 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer
- 5 - Hypo/Hyperglycemia, diabetes out of control
- 6 - GI bleeding, obstruction
- 7 - Exacerbation of CHF, fluid overload, heart failure
- 8 - Myocardial infarction, stroke
- 9 - Chemotherapy or other cancer-related admission
- 10 - Scheduled surgical procedure
- 11 - Urinary tract infection
- 12 - IV catheter-related infection
- 13 - Deep vein thrombosis, pulmonary embolus
- 14 - Uncontrolled pain (including back pain)
- 15 - Psychotic episode or other change in mental status
- 16 - Other than above reasons

Member ID Number: \_\_\_\_\_

<b>(ML0890) Hospitalization Admission Type</b> <i>(Mark one response for each hospitalization.)</i>					<b>(ML0895) Clinical Reason(s) for Hospitalization</b> <i>(Mark all that apply for each hospitalization.)</i>															
Hospitalization #1	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> UK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
Hospitalization #2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> UK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
Hospitalization #3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> UK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
Hospitalization #4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> UK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

## **NURSING HOME ADMISSIONS**

In the table below, please indicate the reason(s) for any nursing home admissions for this member since the last assessment.

**[ Do not answer if there were no nursing home admissions for this member ]**

**[ Do not answer if this is the member's SOE assessment. ]**

**(ML0900)** For what Reason(s) was the member Admitted to a Nursing Home?

- 1 - Therapy services
- 2 - Respite care
- 3 - End of life care
- 4 - Permanent placement
- 5 - Unsafe for care at home
- 6 - Other
- UK - Unknown

<b>(ML0900) Nursing Home Admission Reasons(s)</b> <i>(Mark all that apply for each nursing home admission.)</i>							
Nursing Home Admission #1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> UK
Nursing Home Admission #2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> UK
Nursing Home Admission #3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> UK
Nursing Home Admission #4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> UK

Member ID Number: \_\_\_\_\_

**(L0904) Date of Death:** (If no death, go to L0905)

\_\_\_/\_\_\_/\_\_\_

month day year

**(L0905) Disenrollment Date:**

\_\_\_/\_\_\_/\_\_\_

month day year

**(L0910) Disenrollment Status:**

- 1 - Voluntary
- 2 - Involuntary

**(L0920) Disenrollment Reason(s): (Mark all that apply.)**

- 1 - Dissatisfied with quality of services
- 2 - Dissatisfied with quantity of services
- 3 - Did not like to be locked into provider network
- 4 - Admitted to out-of-network nursing home
- 5 - Did not like following approval process to obtain service
- 6 - Did not want to pay amount owed to plan
- 7 - No longer resides in service area
- 8 - Enrolled in another managed care program capitated by Medicaid, a hospice, a Home and Community Based Services (HCBS) Program, OMRDD Day Treatment or a Comprehensive Medicaid Case Management (CMCM) Program
- 9 - Absent from the plan's service area for more than 30 consecutive days (PACE w/o NYS DOH approval), 60 days (MLTC) or 90 days (MAPlus)
- 10 - Member/family/other informal care giver engaged in conduct or behavior which seriously impaired plan's ability to furnish services
- 11 - Physician refused to collaborate with the plan **(MLTC only)**
- 12 - Moved to new county, but denied continued enrollment by the new LDSS **(non-PACE)**
- 13 - Required nursing home care, but not institutionally eligible for Medicaid **(non-PACE)**

Member ID Number: \_\_\_\_\_

- 14 - Lost Medicaid Eligibility (**non-PACE**)
- 15 - Inpatient hospitalization for 45 days or longer (**MLTC Only**)
- 16 - Inpatient/resident of OMH/OMRDD/OASAS facility for 45 days or more (**MLTC Only**)
- 17 - No longer clinically eligible for nursing home level of care based on last clinical assessment of the calendar year
- 18 - Provided false information, deceived contractor or engaged in fraudulent conduct
- 19 - Knowingly failed to complete and submit necessary consent or release
- 20 - Other
- UK - Unknown