

Institutional Risk Screen Tool

Member First Name: _____ Member Last Name: _____

WellCare ID: _____ DOB: _____ Medicaid ID: _____

Please review below and answer based on member's current presenting condition.

Answering YES to three or more triggers indicates Institutional Risk

1. Prior history of nursing home placement (last 5 years): Yes___ No___
2. Reported impaired decision making: Yes___ No___
3. Short term memory deficit: Yes___ No___
4. Impaired ability to make self understood or to understand: Yes___ No___
5. Member exhibits behavioral issues (wandering, verbal abuse, physical abuse, inappropriate social behavior, resists care): Yes___ No___
6. Member requires assistance with activities of daily living (ADL): Yes ___ No___
7. Member has had a decline in ADL status within the last 90 days: Yes___ No___
8. Member/family report bladder incontinence: Yes___ No___
9. Member requires assistance with ambulation or transfers: Yes___ No___
10. Wheelchair is member's primary mode of transportation: Yes___ No___
11. Member has a diminished ability to leave the house: Yes___ No___
12. Member has been diagnosed with Alzheimer's disease: Yes___ No___
13. Member has a history of falling within last 90 days: Yes___ No___

Please refer non-Division of Developmental Disabilities (DDD) members determined to be 'at-risk' to MLTSS.

Adapted from Institutional Risk Clinical Assessment Protocol (CAP)/NJ Choice HC Assessment