

## Home and Community Based Services Employment-related Personal Assistant Services Criteria Scoring Form, MDS-HC

Eligibility Requirements Instructions:

The EPAS Assessor will utilize the MDS-HC Criteria Scoring Form to determine if the applicant meets the minimum eligibility criteria for the EPAS program. The individual is considered eligible if the participant scores greater than 0 (>0) on five or more of the nine criteria. In the case of IADLs, the score will be derived from the Difficulty Code in column B. However, the EPAS Assessor may use their discretion according to circumstances or situations of the EPAS participant to also utilize information from column A in order for the EPAS participant to meet criteria.

The individual must score > 0 on five or more of the nine criteria listed on this Scoring Form.

Participant Name:		Assessment Date:	
Medicaid ID:		Place of Residence:	Select one
Reason for Assessment:	Select one	Next Scheduled Assessment Date:	

Criterion	Score:		Impairment Score>0
	IADLs (A) - Self Performance Code	IADLs (B) - Difficulty Code	
Meal Preparation, (H1ab>0)	Select one	Select one	Select one
Housework , (H1bb>0)	Select one	Select one	Select one
Medication Management, (H1db>0)	Select one	Select one	Select one
Shopping, (H1fb>0)	Select one	Select one	Select one
Transportation, (H1gb>0)	Select one	Select one	Select one
	<b>ADL – Self Performance Code</b>		
Personal Hygiene, (H2i>0)	Select one		Select one
	<b>Cognitive Patterns</b>		
Memory Recall, (B1a or b>0)	Select one	Select one	Select one
Cognitive Skills for Daily Decision Making, (B2a or b>0)	Select one	Select one	Select one
	<b>Mood and Behavior Patterns</b>		
Mood and Behavior Patterns, (E-any response>0)			Select one
<b>Total Number of Criteria Scored&gt;0</b>	Select one		Select one

Select one

\_\_\_\_\_
\_\_\_\_\_

EPAS Assessor Signature
Date