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 |
|  | **ADL – Self Performance Code** |  |
| Personal Hygiene, (H2i>0) | Select one | Select one |
|  | **Cognitive Patterns** |  |
| 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 |
|  | **Mood and Behavior Patterns** |  |
| Mood and Behavior Patterns, (E-any response>0) |       | Select one |
| **Total Number of Criteria Scored>0** | **Select one** | **Select one** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |       | Select one |  |       |  |
|  | EPAS Assessor Signature |  |  | Date |  |