



**FIDELIS CARE®**

## Institutional Risk Screen Tool

Member First Name: \_\_\_\_\_ Member Last Name: \_\_\_\_\_

Member 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