

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS (DHH)
 OFFICE OF AGING AND ADULT SERVICES (OAAS)
Clinical Assessment Protocols Summary

SOCIAL LIFE ISSUES CATEGORY		
Participant Name:	(First)	(Last) Medicaid Number:
CAP Triggered <i>X = Triggered: Addressed Here</i> <i>O = Triggered: Addressed in Another Category</i> <i>A = Triggered: Participant does <u>not</u> want to address</i> <i>N = <u>Not</u> Triggered: But Participant wants to plan</i>	__ Brittle Supports __ Social Functioning	
Related CAPS:		
CAP Goals: Trigger Levels – Prevent Decline – Improve Functioning – Monitor	(Short Term)	(Long Term)
Intervention Needed & Participant Preference for <u>Family/Informal</u> Supports	<i>This is what actually needs to be done. Indicate if participant prefers certain activities at a particular time of day or has any other specific routines he/she would like to have followed (i.e. order of day, use of special products, etc.). Identify who will assist and what kind of assistance they will provide, as well as any recommendations.</i>	
Intervention Needed & Participant Preference for <u>Formal</u> Services	<i>This is what actually needs to be done. Indicate if participant prefers certain activities at a particular time of day or has any other specific routines he/she would like to have followed (i.e. order of day, use of special products, etc.) Also, include waiver services and any other paid services currently being provided as well as any recommendations.</i>	

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COGNITIVE/MENTAL HEALTH ISSUES CATEGORY					
CAP Triggered <i>X = Triggered: Addressed Here</i> <i>O = Triggered: Addressed in Another Category</i> <i>A = Triggered: Participant does <u>not</u> want to address</i> <i>N = <u>Not</u> Triggered: But Participant wants to plan</i>	___ Behavior ___ Cognition ___ Communication Disorder ___ Depression/Anxiety				
Related CAPS:					
CAP Goals: Trigger Levels – Prevent Decline – Improve Functioning – Monitor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"><i>(Short Term)</i></td> <td style="width: 50%; text-align: center; padding: 2px;"><i>(Long Term)</i></td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	<i>(Short Term)</i>	<i>(Long Term)</i>		
<i>(Short Term)</i>	<i>(Long Term)</i>				
Intervention Needed & Participant Preference for <u>Family/Informal</u> Supports	<i>This is what actually needs to be done. Indicate if participant prefers certain activities at a particular time of day or has any other specific routines he/she would like to have followed (i.e. order of day, use of special products, etc.). Identify who will assist and what kind of assistance they will provide, as well as any recommendations.</i>				
Intervention Needed & Participant Preference for <u>Formal</u> Services	<i>This is what actually needs to be done. Indicate if participant prefers certain activities at a particular time of day or has any other specific routines he/she would like to have followed (i.e. order of day, use of special products, etc.) Also, include waiver services and any other paid services currently being provided as well as any recommendations.</i>				

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PHYSICAL/FUNCTIONAL ISSUES CATEGORY

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Related CAPS:		
CAP Goals: <u>Trigger Levels</u> – Prevent Decline – Improve Functioning – Monitor	<i>(Short Term)</i>	<i>(Long Term)</i>
Intervention Needed & Participant Preference for <u>Family/Informal</u> Supports	<i>This is what actually needs to be done. Indicate if participant prefers certain activities at a particular time of day or has any other specific routines he/she would like to have followed (i.e. order of day, use of special products, etc.). Identify who will assist and what kind of assistance they will provide, as well as any recommendations.</i>	
Intervention Needed & Participant Preference for <u>Formal</u> Services	<i>This is what actually needs to be done. Indicate if participant prefers certain activities at a particular time of day or has any other specific routines he/she would like to have followed (i.e. order of day, use of special products, etc.) Also, include waiver services and any other paid services currently being provided as well as any recommendations.</i>	

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Clinical Issues Category

CAP Triggered X = Triggered: Addressed Here O = Triggered: Addressed in Another Category A = Triggered: Participant does <i>not</i> want to address N = <i>Not</i> Triggered: But Participant wants to plan	<input type="checkbox"/> Adherence <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Bowel Management <input type="checkbox"/> Cardio/Respiratory <input type="checkbox"/> Dehydration <input type="checkbox"/> Falls <input type="checkbox"/> Health Promotion <input type="checkbox"/> Medication Management <input type="checkbox"/> Nutrition <input type="checkbox"/> Oral Health <input type="checkbox"/> Pain <input type="checkbox"/> Palliative Care <input type="checkbox"/> Pressure Ulcers <input type="checkbox"/> Preventative Health <input type="checkbox"/> Psychotropic Drugs <input type="checkbox"/> Reduction in Formal Services <input type="checkbox"/> Skin and Foot Conditions <input type="checkbox"/> Urinary Incontinence <input type="checkbox"/> Visual Functioning	
Related CAPS:		
CAP Goals:		
Trigger Levels	<i>(Short Term)</i>	<i>(Long Term)</i>
– Prevent Decline – Improve Functioning – Monitor		
Intervention Needed & Participant Preference for Family/Informal Supports	<i>This is what actually needs to be done. Indicate if participant prefers certain activities at a particular time of day or has any other specific routines he/she would like to have followed (i.e. order of day, use of special products, etc.). Identify who will assist and what kind of assistance they will provide, as well as any recommendations.</i>	
Intervention Needed & Participant Preference for Formal Services	<i>This is what actually needs to be done. Indicate if participant prefers certain activities at a particular time of day or has any other specific routines he/she would like to have followed (i.e. order of day, use of special products, etc.) Also, include waiver services and any other paid services currently being provided as well as any recommendations.</i>	