

IAF Frequently Asked Questions

1. What is the correct response for the individual who will not begin dressing without being told to do so, but after that initial verbal prompt completes all tasks without further prompts or physical assistance?

This question like all others is designed to report factors that indicate significant differences between individuals in their staff resource needs. To respond to questions where it may be difficult to distinguish between attributes for an individual, think in terms of the staff resources the individual requires.

The adaptive skills of the above individual can best be described as somewhere between the literal definitions of levels 0 and 1. To select the most appropriate response, ask yourself whether this individual is more similar in staff time required to an individual needing verbal prompting, cueing by touch etc., or whether he/she is closer in staff time required to an individual who dresses independently.

2. If an individual utilizes oral and non-oral means of nourishment, would this person receive "3" (nourished by other oral means)?

The assessor should ask themselves what is the resource need to feed the individual by oral means. If it is similar to the resource need to feed those who require hands-on assistance or to be fed and do not also utilize non-oral means, then the assessor should score it as a 2, since that is the response with the highest resource need. If they only spend a minor amount of staff time providing assistance with oral nutrition and the majority of nutrition is received through non-oral means, then the assessor should score it as a 3.

IAF Frequently Asked Questions

3. If someone needs assistance with all tasks required for oral hygiene (ex. someone with dentures would need a staff member to physically remove the dentures from the mouth, get a glass of water ready for soaking, put cleaning solution in water, brush dentures as needed, then put fixture paste on dentures and put dentures securely back in mouth), how would this be assessed?

The answer would be 3, does not perform the task. Task must be done for the individual. However, if the individual can take the dentures out and put them back in, but staff assist with putting cleaning solution in water and brushing dentures, then the assessor should ask how much time does that take staff and compare that to the amount of staff time needed for the other answers (independently, prompts, hands-on assistance or total assistance) and select the answer that most closely mirrors the amount of staff time needed. For example, if the individual can do everything but open the solution, that might only take staff a few seconds and would most closely mirror the amount of time spent with someone who is independent in oral hygiene.

4. If an individual needs assistance with flossing as part of their oral hygiene how would this be assessed?

If the individual can do everything in regards to oral hygiene except flossing, then the assessor should ask how much time does that take staff and compare that to the amount of staff time needed for the other answers (independently, prompts, hands-on assistance or total assistance) and select the answer that most closely mirrors the amount of staff time needed. Please refer to the above question as it is similar.

5. If an Individual has a PT order for ROM consisting of 10 leg lifts 3x a day, how would this be rated?

This would be rated for the amount of times per day (3) the PT was ordered and not the total number of leg lifts (30). Under Turning and Positioning, this would then be rated as a "2" – Two to five times.

IAF Frequently Asked Questions

6. If an Individual has a PT order for ROM consisting of 10 leg lifts 3x a day and must be positioned 5 times a day for postural drainage, how would this be rated?

This would be rated for the amount of times per day (3) the PT was ordered and the number of times the Individual is positioned (5) In this case this would be 8 times and would be rated as a "3" – Six to twelve times. ROM and the postural drainage are separate occurrences.

7. What consideration been given for staffing of residents who require a 2 person transfer?

This is covered under question #8, Transfer. A score of 2 covers the assistance of 1 or more persons.

8. What is the difference between "Minimal, Moderate, and Continual" for Community Mobility?

Minimal – moves about the neighborhood or community with minimal supervision requiring staff to be available in the setting as a resource for that individual if required (i.e. the individual is aware of staff's presence and can use them as a resource if they need assistance and/or staff is able to assist the Individual as required).

Moderate – moves about the neighborhood or community with moderate supervision requiring staff in the vicinity of the individual (i.e. staff must be within audible and visual range of the individual).

Continual - means staff must be within audible, visual, and physical proximity of the individual.

9. How do you rate an Individual who due to either their cognitive or physical impairments is unable to participate in the activity (i.e. purchasing skills) at all?

They would be rated as a "3" – Does not perform the tasks. Tasks must be done for the Individual.

10. How do we handle behaviors that are addressed (with guidelines, not formal plans) but not documented with data collection? This happens frequently with stereotypic behaviors and behaviors that are addressed via ignoring.

This will depend on how much staff interaction/intervention is required for the behavior. Does staff need to be there for health and welfare? If there are guidelines, these should be documented (IP) and specific to what the staff should be doing in relation to the exhibited behavior. An example would be offering replacement behaviors by redirecting/maintaining the individual is actively absorbed in recreation and/or functional activities.

IAF Frequently Asked Questions

11. If an Individual requires Tracheostomy Care and Suctioning Care, how would this be rated?

This would be rated by adding the total amount of times Tracheostomy Care was completed to the amount of times Suctioning Care was completed that day for the Individual. For example: The Individual requires Tracheostomy Care 2 times a day and Suctioning Care 2 times a day, then this Individual received a total of 4 instances throughout the day in which they required care under Attribute #25. Dependent upon the times of the day the care was completed and the scheduled hours of the DSP's, this would determine how to properly rate this Individual. If the DSP's worked 7am – 7pm and 7pm – 7am and the individual received their Tracheostomy Care once and Suctioning Care once at 8am and each once again at 8pm then this would be rated as a "4" – All shifts. If the DSP's worked 7am – 3pm, 3pm – 11pm, and 11pm -7am and the Individual received their Tracheostomy Care once and Suctioning Care once at 8am and each once again at 8pm then this would be rated as a "3" – Three or more times a day.

12. Where are blood pressure monitoring or glucose checks captured?

These should be included in question #28, since these are tasks related to the administration of medication.

13. Why is delegated nursing a 0 under medication frequency?

When the IAF was originally created, there was no delegated nursing and nursing staff were required to administer medications. Since the original intent of this question was to measure the amount of nursing time needed to administer medications, delegated nursing would not fit within the scope of the question.

14. If more than 1 staff is needed by the individual to attend out of home health care, are all staff hours reflected in the response?

All staff time spent with the individual for out of home health should be included.

IAF Frequently Asked Questions

15. How should assessors measure Out of Home Health, since this is asked on a yearly basis and not a quarterly basis like most of the other questions?

The rater will use a rolling calendar year (i.e. The individual is being rated on March 31, 2013 therefore the rater will use information going back to March 31, 2012 up to March 31, 2013.) to rate the Individual. If an Individual is admitted and has not been at their current Provider for a year, the rater will use information going back to the date of admission up to the date of the current rating and then pro-rate that amount to project a full year (i.e. The individual has been in the facility for 6 months, the rater should take the amount of time and multiply it by 2). If an Individual is transferred from one ICF/IID to another ICF/IID under the same Provider/Company, the rater will use a rolling calendar year.

16. Has there been any consideration of staff time spent at hospitals? Many hospitals rely on ICF staff for assistance at meals, to reduce restraints, for companionship and family communication, to monitor IV's so they don't get pulled out, discharge planning, etc.

This would be covered under the "Out of Home Health Care" question #31. Staff time spent out of the home for hospitalizations is included. However, providers should be able to evidence the time spent with some sort of documentation of actual staff hours spent with the individual out of the home.

17. Question 31, Out of Home Health Care, will require specific documentation or will be disallowed. What is needed and what is the process?

The requirement is just that the response be evidenced. We are not requiring providers to use a specific format to do this, but believe that they should have documentation already existing in multiple places (nursing notes, medical records, staffing schedules, transportation logs, etc.). Providers should maintain some documentation that will show how they arrived at their score on this question.