

Arkansas Brief Likely Eligible (ABLE) Screen

Purpose

This screen is designed to give persons seeking long term services and supports, their families, and those who provide HCBS services a simple tool to measure whether an individual is “likely” to be found eligible for HCBS waiver services. To be approved for services, individuals must meet criteria established by the Arkansas Department of Human Services Medical Services Administration. These include both financial criteria, including individual monthly income and individually and jointly owned resources, and medical criteria, specifically the threshold for the intermediate levels of care that may be served in HCBS.

This screen provides a rough measure of a person’s financial and medical eligibility. People who are both likely financially eligible and likely medically eligible are likely to be found eligible for HCBS waiver services. A definitive financial determination will be made after review by the Division of County Operations, and the level of care determination will be made after an in-person assessment by Division of Aging and Adult Services staff and review by the Office of Long Term Care.

The Financial Eligibility section includes two items, and the Medical Eligibility section contains ten items. Criteria for evaluating screening results appears at the end of each section. See the separate ABLE Screen Instructions for specific information that must be understood to answer the questions below correctly.

Financial Eligibility

- Q1. What is your total monthly gross income, before any deductions?**
- Q2. Other than your home, a car, personal items, and burial policies, if you sold or cashed in everything else that you and your spouse own, what would it be worth?**

Financial Screen Scoring:

A person is likely financially eligible if **both** of the following conditions are met:

- The monthly income (#1) is less than \$2130*.
- Resources (#2) are valued at less than:
 - \$2000 if not married
 - \$3000 if married and both members of the couple are applying
 - \$25,184* if married and only one member of the couple is applying

The income and resource limits marked by asterisks above change yearly. The numbers above are true for calendar year 2013. In subsequent years, check <http://www.daas.ar.gov/> for current guidelines.

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Medical Eligibility

Directions

For each question, circle the answer that best describes what the person actually did for themselves, or that others have done for the person. Answer all questions. Directions for scoring the screen are on p.4.

Part One: Everyday Activities

Q1. In the last three days, what kind of help did the person get to move around indoors? (Note: if the person used a wheelchair, score for what the person did for themselves once in the wheelchair)

0. Independent—no help, set-up, or supervision
1. Set-up help only
2. Supervision—oversight, cueing; but no hands-on assistance by another
3. Limited assistance: hands-on assistance, but no weight bearing help given
4. Weight bearing help given
5. Activity did not occur

Q2. In the last three days, did the person use any help to move around in bed? (Includes moving to and from a lying position, turning from side to side, and positioning body while in bed)

0. Independent—no help, set-up, or supervision
1. Set-up help only
2. Supervision—oversight, cueing; but no hands-on assistance by another
3. Limited assistance: hands-on assistance but no weight bearing help given
4. Weight bearing help given
5. Activity did not occur

Q3. In the last three days, did the person use any help to transfer from one position to another? (Includes moving from bed to chair or wheelchair, or rising out of a chair to a standing position)

0. Independent—no help, set-up, or supervision
1. Set-up help only
2. Supervision—oversight, cueing;
3. Limited assistance: hands-on assistance but no weight bearing help given
4. Weight bearing help given
5. Activity did not occur

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Q4. In the last three days, did the person use any help to eat? (Includes taking in food by any method, including tube feeding)

0. Independent—no help, set-up, or supervision
1. Set-up help only
2. Supervision—oversight, cueing; but no hands-on assistance by another
3. Limited assistance: hands-on assistance but no weight bearing help given
4. Weight bearing help given
5. Activity did not occur

Q5. In the last three days, did the person use any help to toilet? (Includes using a commode, urinal, or bedpan; also includes cleansing self, adjusting clothes, managing a catheter or ostomy)

0. Independent—no help, set-up, or supervision
1. Set-up help only
2. Supervision—oversight, cueing; but no hands-on assistance by another
3. Limited assistance: hands-on assistance but no weight bearing help given
4. Weight bearing help given
5. Activity did not occur

Q6. In the last three days, which of the following most accurately describes the person's bladder continence?

0. Person had complete bladder continence
1. Person had one or more incontinent episodes, but not on a daily basis
2. Person had one or more incontinent episodes daily, but had some control
3. Person had daily incontinent episodes without control
4. Person had no urine output from bladder in last three days

Part Two: Cognition

Q7. In the last three days, how well did the person make decisions about organizing the day, for example, when to get up, have meals, what clothes to wear, what to do?

0. Person made decisions independently and decisions were reasonable and safe
1. In specific recurring situation, person's decisions were poor or unsafe
2. Person's decisions were consistently poor
3. Person rarely or never made decisions

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Q8. In the last three days, has the person had any trouble remembering recent events, like who came to see them or what they ate for lunch?

- 0. No
- 1. Yes

Q9. In the last three days, how well has the person been able to make themselves understood?

- 0. Person expresses ideas without difficulty
- 1. Person is understood but has difficulty finding words or finishing thoughts
- 2. Person is limited to making concrete requests or is rarely or never Understood

Part Three: Health Conditions and Care

Q10. Does the person currently have any of the following:

- a. Troubling serious skin conditions, such as burns, tears, or open lesions?
- b. Shortness of breath when resting?
- c. Edema in lower legs, ankles or feet?
- d. Any kind of tube feeding from an unpaid helper?
- e. Care of a wound or pressure ulcer, or moving/turning to prevent skin breakdown, from an unpaid helper?
- f. Monitoring by a nurse?
- g. Physical therapy, less than daily?
- h. Occupational therapy, less than daily?
- i. Respiratory therapy, less than daily?
- j. Tracheostomy care from an unpaid helper?
- k. Suctioning care from an unpaid helper?
- l. Ventilator/Respirator care from an unpaid helper?

Medical Screen Scoring:

The person is likely medically eligible if **any** of the following conditions are met:

- Any of Q1-Q5 scored 4 or more
- Two or more of the following six possibilities: Q1-Q5 scored 3 or more or Q6 scored 1 or more
- Q7 scored 3
- Q7 scored 2 or more AND EITHER Q8 scored 1 or Q9 scored 1 or more
- Q9 scored 2 AND EITHER Q8 scored 1 or Q7 scored 1 or more
- Any of Q10 (a through l) are “yes”