



## DEPARTMENT OF HUMAN SERVICES

OFFICE OF THE SECRETARY

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dhs.sd.gov

David Schied  
PO Box 321  
Spearfish, SD 57783

January 20, 2023

Dear Mr. Schied,

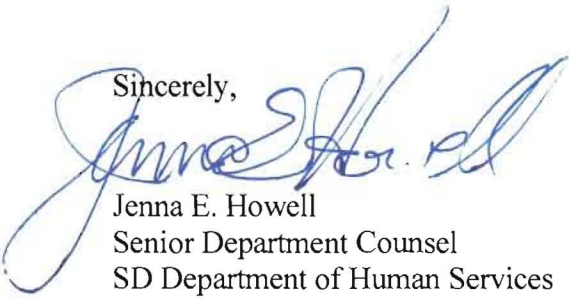
This response is in follow up to DHS's initial response of January 6, 2023 to your records request of December 24, 2022, which included a request for "all documents related to the "in-home assessment" conducted by Laura Nord/Charter between March and June 2021) as she interviewed me for the HOPE WAIVER qualifications; as well as any and all post-assessment notes, memorandums, recordings of phone calls, and any other correspondence related to discussions resulting to the FINAL DENIAL sent to me by the responding "AGENT" for the "DSS" based upon that "in-home assessment.""

While it is not an open record, in response to your request and SDCL 1-36A-29, included with this letter is the Assessment Form completed from your April 19, 2021 assessment. Pursuant to SDCL 1-27-1.5 (4) insofar as this request would include privilege documents, it is denied. Pursuant to SDCL 1-27-1.5 (12) and (19) insofar as this request would include correspondence, memoranda, or working papers of public officials or employees, whether personal or professional, it is denied. Pursuant to SDCL 1-27-1.7, insofar as this request would include drafts, notes, recommendations, and memoranda in which opinions are expressed or policies formulated or recommended, it is denied. Pursuant to SDCL 1-27-1.9 insofar as this request

would include documents, records, or communications used for the purpose of the decisional or deliberative process relating to any decision arising from the official duties of an elected or appointed official or state employee, it is denied.

South Dakota's open records procedures can be found at SDCL 1-27-35 through 1-27-41.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jenna E. Howell', is written over the typed name and title.

Jenna E. Howell  
Senior Department Counsel  
SD Department of Human Services

# InterRAI Home Care (HC) Assessment Form (9.1.2)

[CODE FOR LAST 3 DAYS, UNLESS OTHERWISE SPECIFIED]

## Form Information

Form ID : ASCAD-LTSSSD-K6M4NUSYZ5NSS

Status : Approved

Time Zone : US/Central

Created By : Laura Charter, LTSS Service Coordinator - Spearfish on 04/19/2021 10:03 AM

Last Updated By : Toni Rounds, MRT Nurse on 04/21/2021 02:20 PM

Submitted By : Laura Charter, LTSS Service Coordinator - Spearfish on 04/20/2021 09:32 AM

Returned By : Laura Charter, LTSS Service Coordinator - Spearfish on 04/20/2021 09:32 AM

Approved By : Toni Rounds, MRT Nurse on 04/21/2021 02:20 PM

## Demographic

Individual Name	David Schied	DOB	08/22/1957
SSN		Medicaid No.	

Assessment Date 04/19/2021

## SECTION A. Identification Information

### 1. NAME

- a. First David
- b. Middle Initial E
- c. Last Schied
- d. Jr. / Sr. [Not Answered]

### 2. GENDER

x Male

Female

### 3. BIRTHDATE 08/22/1957

### 4. MARITAL STATUS

Never Married

Married

Partner / Significant other

Widowed

Separated

x Divorced

### 5. NATIONAL NUMERIC IDENTIFIER [EXAMPLE - USA]

a. Social Security number 54

b. Medicare number (or comparable railroad insurance number) [Not Answered]

c. Medicaid number [Note: "+" if pending, "N" if not a Medicaid recipient] +

The LIES contained herein were never revealed to me until nearly 2-years later on 1/25/23. Why was I NEVER given privy to "approve" the accuracy of this "assessment" before it was passed along secretly to a non-disclosed "tag-team" member, while I was otherwise told over the RECORDED phone and in a face-to-face RECORDED meeting with the DSS that it was LAURA NORD/CHARTER who established the "denial"? That too was a LIE.

Why would Jenna Howell need to demand more time to respond to my "open records" demand if she already had this document "generated" on 1/4/23?

6. FACILITY / AGENCY PROVIDER NUMBER [EXAMPLE - USA] Region 2

7. CURRENT PAYMENT SOURCES [EXAMPLE - USA] [Note: Billing Office to indicate]

a. Medicaid

No

Yes

b. Medicare

No

Yes

c. Self or family pays for full cost

No

Yes

d. Medicare with Medicaid co-payment

No

Yes

e. Private insurance

No

Yes

f. Other per diem

No

Yes

8. REASON FOR ASSESSMENT

\* First assessment

Routine reassessment

Return assessment

Significant change in status reassessment

Discharge assessment, covers last 3 days of service

Discharge tracking only

Other - e.g., research

I suspect a written "policy and practice" (typical of many "governments" whereby "first assessments" are typically "DENIED"; however, the other pages reveal nonsensical "dereliction" or "discrimination" on the part of the "assessor" Laura Nord/Charter.

This should have been a "change" since I had arrived in February 2021 as a reported CRIME VICTIM and WITH MEDICAID INTACT from MICHIGAN.

9. ASSESSMENT REFERENCE DATE 04/19/2021

10. PERSON'S EXPRESSED GOALS OF CARE Enter primary goal in boxes at bottom

a. PERSON'S EXPRESSED GOALS OF CARE To remain safe at home and increase strength and independence.

b. PERSON'S EXPRESSED GOALS OF CARE (PRIMARY) [Not Answered]

11. POSTAL / ZIP CODE OF USUAL LIVING ARRANGEMENT [EXAMPLE - USA] 57783

12. RESIDENTIAL / LIVING STATUS AT TIME OF ASSESSMENT

\* Private home / apartment / rented room

Board and care

Assisted living or semi-independent living

Mental health residence - e.g., psychiatric group home

Group home for persons with physical disability

"Debt slavery" and "involuntary servitude" serve ONLY to DECREASE "independence". So too does COERCING a disabled person into LYING in order to have a "human service" (i.e., "butler") assist with showering and dressing.

Setting for persons with intellectual disability

Psychiatric hospital or unit

Homeless (with or without shelter)

Long-term care facility (nursing home)

Rehabilitation hospital / unit

Hospice facility / palliative care unit

Acute care hospital

Correctional facility

Other

### 13. LIVING ARRANGEMENT

#### a. Lives

Alone

With spouse / partner only

With spouse / partner and other(s)

With child (not spouse / partner)

With parent(s) or guardian(s)

With sibling(s)

With other relative(s)

FALSE CLAIM! "Barb" was here only for a very short visit to discontinued help. My LEASE AGREEMENT proves that "Barb" never was "living in the apartment." This "lie" of Nord/Charter CAN BE PROVEN as a LIE.

#### x With nonrelative(s)

#### Comments

*His ex-wife Barb is currently living in the apartment, but she's likely not going to remain there as she has her own health issues. She did live with him in Michigan as his live-in caretaker.*

#### b. As compared to 90 DAYS AGO (or since last assessment), person now lives with someone new-e.g., moved in with another person, other moved in

x No Prior to being CRIMINALLY EVICTED from Michigan - within the "90-days" - I was living WITH "Barb" - so this too is

c. Person or relative feels that the person would be better off living elsewhere a LIE that, again, indicates that at this time I was otherwise living WITH someone when I otherwise WAS NOT!

x No

Yes, other community residence

Yes, institution

### 14. TIME SINCE LAST HOSPITAL STAY Code for most recent instance in LAST 90 DAYS

#### x No hospitalization within 90 days

31 - 90 days ago

15 - 30 days ago

8 - 14 days ago

In the last 7 days

Now in hospital

### SECTION B. Intake and Initial History

[Note: Complete at Admission/First Assessment only]

#### 1. DATE CASE OPENED (this agency) 04/14/2021

**2. ETHNICITY AND RACE [EXAMPLE - USA]****Ethnicity****a. Hispanic or Latino**☒ No

Yes

**Race****b. American Indian or Alaska Native**☒ No

Yes

**c. Asian**☒ No

Yes

**d. Black or African American**☒ No

Yes

**e. Native Hawaiian or other Pacific Islander**☒ No

Yes

**f. White**

No

☒ Yes**3. PRIMARY LANGUAGE [EXAMPLE - USA]**☒ English

Spanish

French

Other

I was clearly identified very early on by these "WOMEN OF POWER" as a "white male". Again, "DISCRIMINATION" has been an ongoing "COMPLAINT" from the beginning ... even as these complaints were "tacitly agreed" to by "guilty silence."

**4. RESIDENTIAL HISTORY OVER LAST 5 YEARS** Code for all settings person lived in during 5 years prior to date case opened (Item B1)**a. Long-term care facility-e.g., nursing home**

No

☒ Yes

Though I reported LIVING in the NURSING HOME between June-August 2018, this sounds like I was fine and maybe using the NH as an outpatient instead.

**Comments**

went to rehab for about 2 months after his legs and fingers were amputated

DECEPTIVELY  
WORDED!

**b. Board and care home, assisted living**☒ No

Yes

**c. Mental health residence-e.g., psychiatric group home**☒ No

Yes

**d. Psychiatric hospital or unit**☒ No

Yes

NOWHERE in this 45-page "assessment" did Nord/Charter mention either that I was "totally and permanently disable" or that I was a RECENT "quad-amputee" that will FOREVER be at a "nursing home level of needed care" without "durable medical equip".

## e. Setting for persons with intellectual disability

x No

Yes

**SECTION C. Cognition**

**1. COGNITIVE SKILLS FOR DAILY DECISION MAKING** Making decisions regarding tasks of daily life-e.g., when to get up or have meals, which clothes to wear or activities to do

x **Independent-Decisions consistent, reasonable, and safe**

Modified Independence-Some difficulty in new situations only

Minimally impaired - In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times

Moderately impaired- Decisions consistently poor or unsafe; cues / supervision at all times

Severely impaired- Never or rarely makes decisions

No discernable consciousness, coma [Skip to Section G]

**2. MEMORY/RECALL ABILITY** Code for recall of what was learned or known

a. **Short-term memory OK** Seems / appears to recall after 5 minutesx **Yes, memory OK**

Memory problem

b. **Procedural memory OK** Can perform all or almost all steps in a multitask sequence without cuesx **Yes, memory OK**

Memory problem

c. **Situational memory OK** Both: recognizes caregivers' names / faces frequently encountered AND knows location of places regularly visited (bedroom, dining room, activity room, therapy room)x **Yes, memory OK**

Memory problem



A year later, and as a result of my "fighting" against STATE CORRUPTION and LACK OF TRANSPARENCY,

**3. PERIODIC DISORDERED THINKING OR AWARENESS** [Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of person's behavior over this time]

a. **Easily distracted** e.g., episodes of difficulty paying attention; gets sidetrackedx **Behavior not present**

Behavior present, consistent with usual functioning

Behavior present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)

b. **Episodes of disorganized speech** e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thoughtx **Behavior not present**

Behavior present, consistent with usual functioning

Behavior present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)

c. **Mental function varies over the course of the day** e.g., sometimes better, sometimes worsex **Behavior not present**

Behavior present, consistent with usual functioning

Behavior present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)

"DHS" Kelli Werner and "DSS" Angie Reichert began a FRAUDULENT PAPER TRAIL that said I admitted to having emotional" and/or mental "disabilities" and was being "uncooperative."



**4. ACUTE CHANGE IN MENTAL STATUS FROM PERSON'S USUAL FUNCTIONING** e.g., restlessness, lethargy, difficult to arouse, altered environmental perception

☒ **No**

Yes

**5. CHANGE IN DECISION MAKING AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT)**

Improved

☒ **No change**

Declined

Uncertain

## SECTION D. Communication and Vision

**1. MAKING SELF UNDERSTOOD (Expression)** Expressing information content - both verbal and nonverbal

☒ **Understood - Expresses ideas without difficulty**

Usually understood - Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required

Often understood - Difficulty finding words or finishing thoughts AND prompting usually required

Sometimes understood - Ability is limited to making concrete requests

Rarely or never understood

**2. ABILITY TO UNDERSTAND OTHERS (Comprehension)** Understanding verbal information content (however able; with hearing appliance normally used)

☒ **Understands - Clear comprehension**

Usually understands - Misses some part / intent of message BUT comprehends most conversation

Often understands - Misses some part / intent of message BUT with repetition or explanation can often comprehend conversation

Sometimes understands - Responds adequately to simple, direct communication only

Rarely or never understands

**3. HEARING** Ability to hear (with hearing appliance normally used)

Adequate - No difficulty in normal conversation, social interaction, listening to TV

☒ **Minimal difficulty - Difficulty in some environments (e.g., when person speaks softly or more than 6 feet [2 meters] away)**

Moderate difficulty - Problem hearing normal conversation, requires quiet setting to hear well

Severe difficulty - Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)

No hearing

**Comments** has hearing aides

**4. VISION** Ability to see in adequate light (with glasses or with other visual appliance normally used)

☒ **Adequate - Sees fine detail, including regular print in newspapers/books**

Minimal difficulty - Sees large print, but not regular print in newspapers/books

Moderate difficulty - Limited vision; not able to see newspaper headlines, but can identify objects

Severe difficulty - Object identification in question, but eyes appear to follow objects; sees only light, colors, shapes

No vision



## SECTION E. Mood and Behavior

**1. INDICATORS OF POSSIBLE DEPRESSED, ANXIOUS, OR SAD MOOD** Code for indicators observed in last 3 days, irrespective of the assumed cause [Note: Whenever possible, ask person]

**a. Made negative statements** e.g., "Nothing matters"; "Would rather be dead"; "What's the use"; "Regret having lived so long"; "Let me die"

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**b. Persistent anger with self or others** e.g., easily annoyed, anger at care received

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**c. Expressions, including nonverbal, of what appear to be unrealistic fears** e.g., fear of being abandoned, being left alone, being with others; intense fear of specific objects or situations

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

There is NO MENTION here of being rendered HOMELESS and a CRIME VICTIM just two months prior to this as a "REFUGEE" from Michigan. Nor is there mention that in

**d. Repetitive health complaints** e.g., persistently seeks medical attention, incessant concern with body functions

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

this new State of South Dakota, I was tasked with having to start all over again with a whole hosts of doctor specialists to deal with post-amputation and "stage-3 kidney disease" as just two of the many

**e. Repetitive anxious complaints / concerns (non-health related)** e.g., persistently seeks attention / reassurance regarding schedules, meals, laundry, clothing, relationships

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

persisting "medical conditions" still remaining and needing ongoing attention.

**f. Sad, pained, or worried facial expressions** e.g., furrowed brow, constant frowning

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**g. Crying, tearfulness**

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**h. Recurrent statements that something terrible is about to happen** e.g., believes he or she is about to die, have a heart attack

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**i. Withdrawal from activities of interest** e.g., long-standing activities, being with family / friends

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

Nord/Charter and her fellow "CO-TRUSTEES"  
have instead sought to FORCE me into  
furtherance from "access to the  
community" by REFUSING to "grant"  
MEDICAID which otherwise pays for me  
to have "paid public transportation".  
Likewise, they have all sought to FORCE  
me back to being "bedridden" by REFUSING  
to even reimburse me for costs to replace  
dead batteries in my electric wheelchair  
(or "scooter" as Nord/Charter called it).

**j. Reduced social interactions**

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**k. Expressions, including nonverbal, of a lack of pleasure in life (anhedonia)** e.g., "I don't enjoy anything anymore"

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**2. SELF-REPORTED MOOD** Ask: "In the last 3 days, how often have you felt..."

**a. Little interest or pleasure in things you normally enjoy?**

× **Not in last 3 days**

Not in last 3 days, but often feels that way

In 1-2 of last 3 days

Daily in the last 3 days

Person could not (would not) respond

**b. Anxious, restless, or uneasy?**

× **Not in last 3 days**

Not in last 3 days, but often feels that way

In 1-2 of last 3 days

Daily in the last 3 days

Person could not (would not) respond

**c. Sad, depressed, or hopeless?**

× **Not in last 3 days**

Not in last 3 days, but often feels that way

In 1-2 of last 3 days

Daily in the last 3 days

Person could not (would not) respond

**3. BEHAVIOR SYMPTOMS** Code for indicators observed, irrespective of the assumed cause

**a. Wandering** Moved with no rational purpose, seemingly oblivious to needs or safety

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**b. Verbal abuse** e.g., others were threatened, screamed at, cursed at

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**c. Physical abuse** e.g., others were hit, shoved, scratched, sexually abused

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**d. Socially inappropriate or disruptive behavior** e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through other's belongings

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**e. Inappropriate public sexual behavior or public disrobing**

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**f. Resists care** e.g., taking medications/injections, ADL assistance, eating

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1-2 of last 3 days

Exhibited daily in last 3 days

**SECTION F. Psychosocial Well-Being**

**1. SOCIAL RELATIONSHIPS** [Note: Whenever possible, ask person]

**a. Participation in social activities of long-standing interest**

Never

More than 30 days ago

8 - 30 days ago

4 - 7 days ago

In last 3 days

**x Unable to determine**

**b. Visit with a long-standing social relation or family member**

Never

More than 30 days ago

8 - 30 days ago

4 - 7 days ago

**x In last 3 days**

Unable to determine

**c. Other interaction with long-standing social relation or family member-e.g., telephone, e-mail**

Never

More than 30 days ago

8 - 30 days ago

**x 4 - 7 days ago**

In last 3 days

Unable to determine

**d. Conflict or anger with family or friends**

**x Never**

More than 30 days ago

8 - 30 days ago

4 - 7 days ago

In last 3 days

Unable to determine

**e. Fearful of a family member or close acquaintance**

**x Never**

More than 30 days ago

8 - 30 days ago

4 - 7 days ago

In last 3 days

Unable to determine

**f. Neglected, abused, or mistreated**

**x Never**

More than 30 days ago

8 - 30 days ago

4 - 7 days ago

In last 3 days

Unable to determine

**2. LONELY** Says or indicates that he / she feels lonely

☒ No

Yes

**3. CHANGE IN SOCIAL ACTIVITIES IN LAST 90 DAYS (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS AGO)**

Decline in level of participation in social, religious, occupational, or other preferred activities  
IF THERE WAS A DECLINE, person distressed by this fact

☒ No decline

Decline, not distressed

Decline, distressed

**4. LENGTH OF TIME ALONE DURING THE DAY (MORNING AND AFTERNOON)**

Less than 1 hour

☒ 1-2 hours

More than 2 hours but less than 8 hours

8 hours or more

Again, this is a LIE since "Barb" NEVER "lived in the home" after I became HOMELESS and a REFUGEE to South Dakota.

**Comments** While Barb lives in the home, David is not alone often. If or when she moves, he will be alone all the time.

**5. MAJOR LIFE STRESSORS IN LAST 90 DAYS** e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving license / car

No

☒ Yes

**Comments** eviction, move from Michigan to Spearfish

GROSS "OMISSIONS" by failure to include RECENT loss of legs and fingers; loss of driving "privilege," and that I had reported myself as a CRIME VICTIM.

**SECTION G. Functional Status**

**1. IADL SELF-PERFORMANCE AND CAPACITY** Code for PERFORMANCE in routine activities around the home or in the community during the LAST 3 DAYS

Code for CAPACITY based on presumed ability to carry out activity as independently as possible. This will require "speculation" by the assessor.

**a. Meal preparation** How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)

**Performance**

Independent - No help, setup, or supervision

Setup help only

Supervision - Oversight / cuing

☒ **Limited assistance - Help on some occasions**

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

Activity did not occur - During entire period

**Comments**

Meals on wheels

**Capacity**

Independent - No help, setup, or supervision

Setup help only

How can Nord/Charter "qualify" this "answer" of doing better than 50% with NO FINGERS and the STATE's refusal to pay for replacement wheelchair batteries and FULL DEPENDENCY at the time upon "MEALS ON WHEELS" because of the DENIAL OF MEDICAID that pays for TRANSPORTATION to the grocery store?

Supervision - Oversight / cuing

× **Limited assistance - Help on some occasions**

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

**b. Ordinary housework** How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry)

**Performance**

Independent - No help, setup, or supervision

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

× **Total dependence - Full performance by others during entire period**

Activity did not occur - During entire period

**Capacity**

Independent - No help, setup, or supervision

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

× **Maximal assistance - Help throughout task, but performs less than 50% of task on own**

Total dependence - Full performance by others during entire period

**c. Managing finances** How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored

**Performance**

× **Independent - No help, setup, or supervision**

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

Activity did not occur - During entire period

**Capacity**

× **Independent - No help, setup, or supervision**

Setup help only

Supervision - Oversight / cuing

Nord/Charter was WRONGLY basing her answers upon her FALSE CLAIM that "Barb" was "living" at my apartment when that was flatly UNTRUE.

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

**d. Managing medications** How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)

**Performance**

**× Independent - No help, setup, or supervision**

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

Activity did not occur - During entire period

**Capacity**

**× Independent - No help, setup, or supervision**

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

**e. Phone use** How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)

**Performance**

**× Independent - No help, setup, or supervision**

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

Activity did not occur - During entire period

**Capacity**

**× Independent - No help, setup, or supervision**

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions



Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

**f. Stairs** How full flight of stairs is managed (12-14 stairs)

**Performance**

Independent - No help, setup, or supervision

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

**x Activity did not occur - During entire period**

**Capacity**

Independent - No help, setup, or supervision

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

**x Extensive assistance - Help throughout task, but performs 50% or more of task on own**

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

**g. Shopping** How shopping is performed for food and household items (e.g., selecting items, paying money)†

**EXCLUDE TRANSPORTATION**

**Performance**

Independent - No help, setup, or supervision

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

**x Activity did not occur - During entire period**

**Capacity**

Independent - No help, setup, or supervision

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

**x Extensive assistance - Help throughout task, but performs 50% or more of task on own**

How can I even GO shopping when  
I am being DENIED TRANSPORTATION?  
Why am I being DENIED "ACCESS" to  
my community, to doctors, to  
recreation, to leisure activities,  
and to all else when I am OWED THIS -  
and OWED "DIGNITY"  
BY RIGHT under the  
SOCIAL SECURITY ACT!

I should NEVER be reduced to a  
"BEGGER" in order to get to places  
for these and other BASIC HUMAN NEEDS!

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

**Comments** David states that he prefers to do his own shopping for produce. He wears his prosthetic legs and has to hang onto the cart. He is unable to pick up heavier items like laundry detergent, water, etc.

**h. Transportation** How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, into and out of vehicles)

**Performance**

Independent - No help, setup, or supervision

Setup help only

Supervision - Oversight / cuing

Limited assistance - Help on some occasions

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

× **Activity did not occur - During entire period**

**Capacity**

Independent - No help, setup, or supervision

Setup help only

Supervision - Oversight / cuing

× **Limited assistance - Help on some occasions**

Extensive assistance - Help throughout task, but performs 50% or more of task on own

Maximal assistance - Help throughout task, but performs less than 50% of task on own

Total dependence - Full performance by others during entire period

**Comments** would need to utilize a wheelchair lift if he takes the public bus.

**2. ADL SELF-PERFORMANCE** Consider all episodes over 3-day period.

If all episodes are performed at the same level, score ADL at that level.

If any episodes at level 6, and others less dependent, score ADL as a 5.

Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times]. If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2-5.

**a. Bathing** How takes a full-body bath / shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area - EXCLUDE WASHING OF BACK AND HAIR

× **Independent - No physical assistance, setup, or supervision in any episode**

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

Activity did not occur during entire period

FRAUD! I made it VERY CLEAR that I MUST HAVE A FUNCTIONAL CHAIR AND BENCH BOTH OUTSIDE AND INSIDE THE TUB IN ORDER TO SHOWER.

The above "NEEDS" for "independence" calls for "durable medical equipment" while ALL evaluation criteria calls for "HUMAN" services

**b. Personal hygiene** How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands - **EXCLUDE BATHS AND SHOWERS**

**x Independent - No physical assistance, setup, or supervision in any episode**

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

Activity did not occur during entire period

**c. Dressing upper body** How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.

**x Independent - No physical assistance, setup, or supervision in any episode**

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

Activity did not occur during entire period

**Comments** wears pull-over sweatshirts and things that he can easily get on independently. He'd be unable to manage a button-down shirt

**d. Dressing lower body** How dresses and undresses (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc.

**x Independent - No physical assistance, setup, or supervision in any episode**

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

Activity did not occur during entire period

**Comments** pull on athletic or sweat shorts/pants he can manage. He gets his own prosthetic legs on and has some dress pants tailored to his needs that have zippers on the sides to fit his prosthetics through.

**e. Walking** How walks between locations on same floor indoors

I cannot fit into the "pants" anymore;

New prosthetic legs cost a prohibitive \$16,000 when I have NO MEDICAID to pay the 20% that MEDICARE does not cover!

These "answers" are LAME in that they do not take into account that weight gain/loss and skin conditions affects whether or not pants or "own prosthetic legs" can even

Independent - No physical assistance, setup, or supervision in any episode

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

× Activity did not occur during entire period

Another "COP OUT" statement by Nord/Charter. She does not give reason WHY legs are not worn (i.e., skin damage, internal bruising, etc.)

Comments can walk with his prosthetics on, but he states he hasn't used them in about a week

f. Locomotion How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair

× Independent - No physical assistance, setup, or supervision in any episode

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

Activity did not occur during entire period

How about FUNCTIONAL wheelchair and prosthetic legs ... that the STATE REFUSES to help pay to keep maintained?

Again, this "evaluation" being done by the DEPARTMENT OF "HUMAN" SERVICES, wrongly DENIES me "independence" through things, and instead

g. Transfer toilet How moves on and off toilet or commode

× Independent - No physical assistance, setup, or supervision in any episode

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

Activity did not occur during entire period

FOSTERS "DEPENDENCY" upon "HUMAN" services and the promotion of BIGGER GOVERNMENT and their CORPORATE contractors AT "TAXPAYER" expense.

THIS IS FRAUD, WASTE, and ABUSE!

h. Toilet use How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes - EXCLUDE TRANSFER ON AND OFF TOILET

× Independent - No physical assistance, setup, or supervision in any episode

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

FRAUD! I made amply clear that I could NOT toilet myself without a "BIDET" as "DURABLE MEDICAL EQUIPMENT" attached to the toilet.

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

Activity did not occur during entire period

**i. Bed mobility** How moves to and from lying position, turns from side to side, and positions body while in bed

**\* Independent - No physical assistance, setup, or supervision in any episode**

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

Activity did not occur during entire period

**j. Eating** How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

**\* Independent - No physical assistance, setup, or supervision in any episode**

Independent, setup help only - Article or device provided or placed within reach, no physical assistance or supervision in any episode

Supervision - Oversight / cuing

Limited assistance - Guided maneuvering of limbs, physical guidance without taking weight

Extensive assistance - Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Maximal assistance - Weight-bearing support (including lifting limbs) by 2+ helpers-OR-Weight-bearing support for more than 50% of subtasks

Total dependence - Full performance by others during all episodes

Activity did not occur during entire period

### 3. LOCOMOTION / WALKING

**a. Primary mode of locomotion**

Walking, no assistive device

Walking, uses assistive device-e.g., cane, walker, crutch, pushing wheelchair

**\* Wheelchair, scooter**

Bed-bound

This is misleading because, again, WITHOUT DURABLE MEDICAL EQUIPMENT, I WOULD BE "BEDRIDDEN" and at a "NURSING HOME LEVEL OF NEEDED CARE"

**b. Timed 4-meter (13-foot) walk** Lay out a straight, unobstructed course. Have person stand in still position, feet just touching start line. Then say: "When I tell you begin to walk at a normal pace (with cane/walker if used). This is not a test of how fast you can walk. Stop when I tell you to stop. Is this clear?" Assessor may demonstrate test. Then say: "Begin to walk now." Start Stopwatch (or can count seconds) when first foot falls. End count when foot falls beyond 4-meter mark. Then say: "You may stop now." Enter time in seconds, up to 30 seconds, 30 (30 or more seconds to walk 4 meters), 77 (Stopped before test complete), 88 (Refused to do the test), 99 (Not tested—e.g., does not walk on own) 99

**c. Distance walked** Farthest distance walked at one time without sitting down in the LAST 3 DAYS (with support as needed)

☒ **Did not walk**

Less than 15 feet (under 5 meters)

15-149 feet (5-49 meters)

150-299 feet (50-99 meters)

300+ feet (100+ meters)

1/2 mile or more (1+ kilometers)

**Comments** if using prosthetic legs, he cannot go very far without taking a break. He has both a walker and a cane.

**d. Distance wheeled self** Farthest distance wheeled self at one time in the LAST 3 DAYS (includes independent use of motorized wheelchair)

Wheeled by others

☒ **Used motorized wheelchair / scooter**

The STATE REFUSES "MEDICAL ASSISTANCE" to help ensure that this "DURABLE MEDICAL EQUIPMENT" remains functional.

Wheeled self less than 15 feet (under 5 meters)

Wheeled self 15-149 feet (5-49 meters)

Wheeled self 150-299 feet (50-99 meters)

Wheeled self 300+ feet (100+ meters)

Did not use wheelchair

#### 4. ACTIVITY LEVEL

**a. Total hours of exercise or physical activity in LAST 3 DAYS** e.g., walking

☒ **None**

Less than 1 hour

1-2 hours

3-4 hours

More than 4 hours

The STATE's DISCRIMINATORY refusal to provide me with PAID PUBLIC TRANSPORTATION and "ACCESS TO MY COMMUNITY" causes the DAMAGES of deteriorated health by lack of "ACCESS" to physical therapists and recreational opportunities.

**b. In the LAST 3 DAYS, number of days went out of the house or building in which he / she resides** (no matter how short the period)

No days out

Did not go out in last 3 days, but usually goes out over a 3-day period

☒ **1-2 days**

3 days

**Comments** out on patio

#### 5. PHYSICAL FUNCTION IMPROVEMENT POTENTIAL

**a. Person believes he / she is capable of improved performance in physical function**

No

☒ **Yes**

**b. Care professional believes person is capable of improved performance in physical function**

No

☒ **Yes**

FRAUDULENT ANSWER ON NEXT PAGE!

#### 6. CHANGE IN ADL STATUS AS COMPARED TO 90 DAYS AGO, OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS



- AGO** FRAUD! The "INDEPENDENCE" comes from "DURABLE MEDICAL EQUIPMENT" being FUNCTIONAL and at my disposal inside my apartment ... NOT due a "HUMAN SERVICE" showering and dressing me. "Barb" was NOT doing this in Michigan! This is a LIE by Nord/Charter doing evaluations based
- x Improved** *David's caretaker, Barb, was helping him with showers and getting dressed when he lived in Michigan. He is now able to do these tasks independently with his ADA accessible apartment and using various shower chairs.*
- No change
- Declined
- Uncertain
- Comments**
- 7. DRIVING** strictly upon "HUMAN" services. The "ADA accessible apartment"
- a. Drove car (vehicle) in the LAST 90 DAYS** certainly also had NOTHING to do with my
- x No** ability to shower (with "grab bars") and dress (in pullover clothes ONLY). How does this help me to PAY for the 20%
- Yes
- b. If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving**
- x No, or does not drive** that MEDICARE refuses to cover for medical expenses and TRANSPORTATION?
- Yes

## SECTION H. Continence

### 1. BLADDER CONTINENCE

- x Continent - Complete control; DOES NOT USE any type of catheter or other urinary collection device**

Control with any catheter or ostomy over last 3 days

Infrequently incontinent - Not incontinent over last 3 days, but does have incontinent episodes

Occasionally incontinent - Less than daily

Frequently incontinent - Daily, but some control present

Incontinent - No control present

Did not occur - No urine output from bladder in last 3 days

### 2. URINARY COLLECTION DEVICE [Exclude pads / briefs]

- x None**

Condom catheter

Indwelling catheter

Cystostomy, nephrostomy, ureterostomy

### 3. BOWEL CONTINENCE

- x Continent - Complete control; DOES NOT USE any type of ostomy device**

Control with ostomy - Control with ostomy device over last 3 days

Infrequently incontinent - Not incontinent over last 3 days, but does have incontinent episodes

Occasionally incontinent - Less than daily

Frequently incontinent - Daily, but some control present

Incontinent - No control present

Did not occur - No bowel movement in the last 3 days

### 4. PADS OR BRIEFS WORN

- x No**



Yes

**SECTION I. Disease Diagnoses****1. DISEASE DIAGNOSES****Musculoskeletal****a. Hip fracture during last 30 days (or since last assessment if less than 30 days)****x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**b. Other fracture during last 30 days (or since last assessment if less than 30 days)****x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**Neurological****c. Alzheimer's disease****x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**d. Dementia other than Alzheimer's disease****x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**e. Hemiplegia****x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**f. Multiple sclerosis****x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**g. Paraplegia****x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**h. Parkinson's disease**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**i. Quadriplegia**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

South Dakota legislators DISCRIMINATE against "quad-amputees." We do not receive "equal treatment" even though ALL FOUR LIMBS ARE DISABLED.

**j. Stroke / CVA**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**Cardiac or Pulmonary**

**k. Coronary heart disease**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**l. Chronic obstructive pulmonary disease**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**m. Congestive heart failure**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**Psychiatric**

**n. Anxiety**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**o. Bipolar disorder**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**p. Depression**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**q. Schizophrenia**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**Infections**

**r. Pneumonia**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**s. Urinary tract infection in last 30 days**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**Other**

**t. Cancer**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**u. Diabetes mellitus**

**x Not present**

Primary diagnosis/diagnoses for current stay

Diagnosis present, receiving active treatment

Diagnosis present, monitored but no active treatment

**2. OTHER DISEASE DIAGNOSES** [Note: Add additional lines as necessary for other disease diagnoses.

You can add up to 6 diagnosis]

Diagnosis	Disease code	Coding System	ICD Code
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Why was not "totally and permanently disabled" or "quad-amputee" or "Nursing Home level of needed care" added as a diagnosis?

Diagnosis	Disease code	Coding System	ICD Code
No diagnoses added			

**Comments** \*David had Sepsis 3 years ago that led to needing both his lower legs amputated and most of his fingers. He has his thumb on his right hand and his thumb and pinky finger on his left hand. \*A car accident 17 years ago resulted in him losing a kidney and his spleen. \*Stage 3 kidney disease \*History of Hepatitis C--has been eradicated with treatment.

## SECTION J. Health Conditions

### 1. FALLS

No fall in last 90 days

No fall in last 30 days, but fell 31-90 days ago

#### × One fall in last 30 days

Two or more falls in last 30 days

### 2. RECENT FALLS [Skip if last assessed more than 30 days ago or this is first assessment]

No

Yes

### 3. PROBLEM FREQUENCY Code for presence in last 3 days

#### Balance

#### a. Difficult or unable to move self to standing position unassisted

Not present

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

#### × Exhibited daily in last 3 days

FRAUD! Elsewhere in this LAME "evaluation" Nord Charter stated that I had NOT used the prosthetic legs in a week. How then could I be doing "standing" and "turning" in the "last 3 days"?

#### b. Difficult or unable to turn self around and face the opposite direction when standing

Not present

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

#### × Exhibited daily in last 3 days

FRAUD! Elsewhere in this LAME "evaluation" Nord Charter stated that I had NOT used the prosthetic legs in a week. How then could I be doing "standing" and "turning" in the "last 3 days"?

#### c. Dizziness

Not present

Present but not exhibited in last 3 days

#### × Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

#### d. Unsteady gait

Not present

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

× **Exhibited daily in last 3 days**

**Cardiac or Pulmonary**

**e. Chest pain**

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**f. Difficulty clearing airway secretions**

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**Psychiatric**

**g. Abnormal thought process** e.g., loosening of associations, blocking, flight of ideas, tangentiality, circumstantiality

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**h. Delusions Fixed false beliefs**

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**i. Hallucinations False sensory perceptions**

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**Neurological**

**j. Aphasia**

× **Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

FRAUD! Elsewhere in this LAME "evaluation" Nord Charter stated that I had NOT used the prosthetic legs in a week. How then could I be "dizzy" and with an "unsteady gait" happening "last 3 days"?

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**GI Status**

**k. Acid reflux** Regurgitation of acid from stomach to throat

Not present

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

**x Exhibited on 2 of last 3 days**

Exhibited daily in last 3 days

**l. Constipation** No bowel movement in 3 days or difficult passage of hard stool

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**m. Diarrhea**

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**n. Vomiting**

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**Sleep Problems**

**o. Difficulty falling asleep or staying asleep; waking up too early; restlessness; non-restful sleep**

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**p. Too much sleep** Excessive amount of sleep that interferes with person's normal functioning

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**Other**

**q. Aspiration**

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**r. Fever**

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**s. GI or GU bleeding**

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**t. Hygiene** Unusually poor hygiene, unkempt, disheveled

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**u. Peripheral edema**

**x Not present**

Present but not exhibited in last 3 days

Exhibited on 1 of last 3 days

Exhibited on 2 of last 3 days

Exhibited daily in last 3 days

**4. DYSPNEA [Shortness of breath]**

**x Absence of symptom**

Absent at rest, but present when performed moderate activities

Absent at rest, but present when performed normal day-to-day activities

Present at rest

**5. FATIGUE** Inability to complete normal daily activities - e.g., ADLs, IADLs

None



× **Minimal - Diminished energy but completes normal day-to-day activities**

Moderate - Due to diminished energy, UNABLE TO FINISH normal day-to-day activities

Severe - Due to diminished energy, UNABLE TO START SOME normal day-to-day activities

Unable to commence any normal day-to-day activities - Due to diminished energy

**6. PAIN SYMPTOMS** [Note: Always ask the person about pain frequency, intensity, and control. Observe person and ask others who are in contact with the person.]

**a. Frequency with which person complains or shows evidence of pain** [including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain]

× No pain

Present but not exhibited in last 3 days

× **Exhibited on 1-2 of last 3 days**

Exhibited daily in last 3 days

**b. Intensity of highest level of pain present**

No pain

× **Mild**

Moderate

Severe

Times when pain is horrible or excruciating

**c. Consistency of pain**

No pain

Single episode during last 3 days

× **Intermittent**

Constant

**d. Breakthrough pain** Times in LAST 3 DAYS when person experienced sudden, acute flare-ups of pain

× No

Yes

**e. Pain control** Adequacy of current therapeutic regimen to control pain (from person's point of view)

No issue of pain

Pain intensity acceptable to person; no treatment regimen or change in regimen required

× **Controlled adequately by therapeutic regimen**

Controlled when therapeutic regimen followed, but not always followed as ordered

Therapeutic regimen followed, but pain control not adequate

No therapeutic regimen being followed for pain; pain not adequately controlled

**Comments** *David says he's been able to reduce his pain medications lately.*

**7. INSTABILITY OF CONDITIONS**

**a. Conditions / diseases make cognitive, ADL, mood, or behavior patterns unstable** (fluctuating, precarious, or deteriorating)

× No

Yes

**b. Experiencing an acute episode, or a flare-up of a recurrent or chronic problem**

☒ No

Yes

c. End-stage disease, 6 or fewer months to live

☒ No

Yes

8. SELF-REPORTED HEALTH Ask: "In general, how would you rate your health?"

Excellent

☒ Good

Fair

Poor

Could not (would not) respond

9. TOBACCO AND ALCOHOL

a. Smokes tobacco daily

☒ No

Not in last 3 days, but is usually a daily smoker

Yes

b. Alcohol Highest number of drinks in any "single sitting" in LAST 14 DAYS

☒ None

1

2-4

5 or more

## SECTION K. Oral and Nutritional Status

1. HEIGHT AND WEIGHT [INCHES AND POUNDS - COUNTRY SPECIFIC] Record (a.) height in inches and (b.) weight in pounds. Base weight on most recent measure in LAST 30 DAYS.

a. HT (in.) 68.0

Comments with prosthetics on

b. WT (lb.) 185.0

Comments with prosthetics on

2. NUTRITIONAL ISSUES

a. Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS

☒ No

Yes

b. Dehydrated or BUN / Cre ratio > 25 [Ratio, country specific]

☒ No

Yes

c. Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day)

☒ No

Yes

d. Fluid output exceeds input

☒ No

Yes

### 3. MODE OF NUTRITIONAL INTAKE

#### ☒ Normal - Swallows all types of foods

Modified independent - e.g., liquid is sipped, takes limited solid food, need for modification may be unknown

Requires diet modification to swallow solid food - e.g., mechanical diet (e.g., puree, minced, etc.) or only able to ingest specific foods

Requires modification to swallow liquids - e.g., thickened liquids

Can swallow only pureed solids-AND-thickened liquids

Combined oral and parenteral or tube feeding

Nasogastric tube feeding only

Abdominal feeding tube - e.g., PEG tube

Parenteral feeding only - Includes all types of parenteral feedings, such as total parenteral nutrition (TPN)

Activity did not occur - During entire period

### 4. DENTAL OR ORAL

#### a. Wears a denture (removable prosthesis)

☒ No

Yes

FRAUD! I definitely NEEDED and HAD a dental prosthesis!

#### b. Has broken, fragmented, loose, or otherwise non-intact natural teeth

☒ No

Yes

#### c. Reports having dry mouth

☒ No

Yes

#### d. Reports difficulty chewing

☒ No

Yes

## SECTION L. Skin Condition

### 1. MOST SEVERE PRESSURE ULCER

#### ☒ No pressure ulcer

Any area of persistent skin redness

Partial loss of skin layers

Deep craters in the skin

Breaks in skin exposing muscle or bone

Not codeable, e.g., necrotic eschar predominant

### 2. PRIOR PRESSURE ULCER

☒ No

Yes

**3. PRESENCE OF SKIN ULCER OTHER THAN PRESSURE ULCER** e.g., venous ulcer, arterial ulcer, mixed venous-arterial ulcer, diabetic foot ulcer

☒ No

Yes

4. MAJOR SKIN PROBLEMS e.g., lesions, 2nd- or 3rd-degree burns, healing surgical wounds

☒ No

Yes

5. SKIN TEARS OR CUTS Other than surgery

☒ No

Yes

6. OTHER SKIN CONDITIONS OR CHANGES IN SKIN CONDITION e.g., bruises, rashes, itching, mottling, herpes zoster, intertrigo, eczema

No

☒ Yes

Comments

has off and on issues with his skin on his legs where the prosthetics touch

7. FOOT PROBLEMS e.g., bunions, hammertoes, overlapping toes, structural problems, infections, ulcers

☒ No foot problems

Foot problems, no limitation in walking

Foot problems limit walking

Foot problems prevent walking

Foot problems, does not walk for other reasons

This idiot Nord/Charter - and her supervisory "nurse" approving of all of these ERRORS and OMISSIONS - do not comprehend that having amputations to legs does NOT preclude having "problems" in adapting to MECHANICAL FEET?

Comments

both legs amputated from below the knees

## SECTION M. Medications

1. LIST OF ALL MEDICATIONS List all active prescriptions, and any non-prescribed (over-the-counter) medications taken in the LAST 3 DAYS

[Note: Use computerized records if possible; hand enter only when absolutely necessary]

[Note: Add additional lines, as necessary, for other drugs taken. You can add up to 12 medications]

Name	Dose	Unit	Route	Freq	PRN	Coding System	Code
No medications added						MALFEASANCE / MEDICAID FRAUD	

2. ALLERGY TO ANY DRUG

No known drug allergies

☒ Yes

Why did not the NEEDED DRUGS get listed, such as for "phantom pains" in the legs, and for other pain, skin conditions, acid reflux, and

3. ADHERENT WITH MEDICATIONS PRESCRIBED BY PHYSICIAN for blood pressure?

☒ Always adherent

Adherent 80% of time or more

Adherent less than 80% of time, including failure to purchase prescribed medications

No medications prescribed

MEDICAID PAYS WHAT MEDICARE DOES NOT!

## SECTION N. Treatments and Procedures

1. PREVENTION

a. Blood pressure measured in LAST YEAR

No

☒ Yes

**b. Colonoscopy test in LAST 5 YEARS**

☒ No

Yes

**Comments** *has one ordered*

**c. Dental exam in LAST YEAR**

No

☒ Yes

**d. Eye exam in LAST YEAR**

☒ No

Yes

**e. Hearing exam in LAST 2 YEARS**

No

☒ Yes

**f. Influenza vaccine in LAST YEAR**

No

☒ Yes

**g. Mammogram or breast exam in LAST 2 YEARS (for women)**

☒ No

Yes

**h. Pneumovax vaccine in LAST 5 YEARS or after age 65**

☒ No

Yes

**2. TREATMENTS AND PROGRAMS RECEIVED OR SCHEDULED IN THE LAST 3 DAYS (OR SINCE LAST ASSESSMENT IF LESS THAN 3 DAYS)**

**Treatments**

**a. Chemotherapy**

☒ Not ordered AND did not occur

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**b. Dialysis**

☒ Not ordered AND did not occur

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**c. Infection control e.g., isolation, quarantine**

☒ Not ordered AND did not occur

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**d. IV medication**

× **Not ordered AND did not occur**

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**e. Oxygen therapy**

× **Not ordered AND did not occur**

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**f. Radiation**

× **Not ordered AND did not occur**

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**g. Suctioning**

× **Not ordered AND did not occur**

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**h. Tracheostomy care**

× **Not ordered AND did not occur**

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**i. Transfusion**

× **Not ordered AND did not occur**

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**j. Ventilator or respirator**

× **Not ordered AND did not occur**

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**k. Wound care**

× **Not ordered AND did not occur**

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**Programs**

**l. Scheduled toileting program**

× Not ordered AND did not occur

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**m. Palliative care program**

× Not ordered AND did not occur

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**n. Turning / repositioning program**

× Not ordered AND did not occur

Ordered, not implemented

1-2 of last 3 days

Daily in last 3 days

**3. FORMAL CARE** Days and Total minutes of care in last 7 days

Extent of care / treatment in LAST 7 DAYS (or since last assessment or admission, if less than 7 days) involving:

**a. Home health aides**

1. No. of Days 0

2. Total Minutes in Last Week 0

**b. Home nurse**

1. No. of Days 0

2. Total Minutes in Last Week 0

**c. Homemaking services**

1. No. of Days 0

2. Total Minutes in Last Week 0

**d. Meals**

1. No. of Days 5

**e. Physical therapy**

1. No. of Days 0

Comments Doctor has ordered PT but it hasn't started yet

2. Total Minutes in Last Week 0

**f. Occupational therapy**

1. No. of Days 0

2. Total Minutes in Last Week 0

**g. Speech-language pathology and audiology services**

1. No. of Days 0

2. Total Minutes in Last Week 0



**h. Psychological therapy (by any licensed mental health professional)**

1. No. of Days 0

2. Total Minutes in Last Week 0

No help whatsoever after reporting to  
the STATE that I am a CRIME VICTIM and REFUGEE

**4. HOSPITAL USE, EMERGENCY ROOM USE, PHYSICIAN VISIT** Code for number of times during the LAST 90 DAYS (or since last assessment if LESS THAN 90 DAYS)

a. Inpatient acute hospital with overnight stay 0

b. Emergency room visit (not counting overnight stay) 0

c. Physician visit (or authorized assistant or practitioner) 1

that was "EVICTED" in the middle of winter  
and made HOMELESS and fled Michigan as  
a REFUGEE!

**5. PHYSICALLY RESTRAINED** Limbs restrained, used bed rails, restrained to chair when sitting

x No

Yes

**SECTION O. Responsibility**

**1. LEGAL GUARDIAN [EXAMPLE - USA]**

x No

Yes

This entire section is FRAUD generated solely  
by "STATE ACTORS." It is "framed" by the  
creator of this "FORM" of "input device"

**SECTION P. Social Supports**

**1. TWO KEY INFORMAL HELPERS**

**a1. Relationship to person - Helper 1**

Child or child-in-law

Spouse

Partner / significant other

Parent / guardian

Sibling

Other relative

x Friend

Neighbor

No informal helper

**a2. Relationship to person - Helper 2**

Child or child-in-law

Spouse

Partner / significant other

Parent / guardian

Sibling

Other relative

x Friend

Neighbor

No informal helper

**b1. Lives with person - Helper 1**

based upon the PRESUMPTION that - as a declared  
"REFUGEE" from Michigan having moved to South  
Dakota just two months prior while HOMELESS  
and CRIMINALLY EVICTED - that I somehow had  
"TWO KEY INFORMAL HELPERS" volunteering their  
time on my behalf WHEN THAT HAS NEVER BEEN  
THE CASE!

Laura Nord/Charter - if even this actually is  
one-and-the-same person (which has not yet  
been proven as a fact - has "interpreted" my  
ex-wife "Barb" (i.e., divorced for 12 YEARS and  
having arrived to South Dakota from California  
just shortly before Nord/Charter's timely  
"assessment interview") flying from out of state  
to merely TALK with me about my possible need  
for her "live-in" assistance ... as well as TALK  
about the previous causes for our earlier  
divorce and her other ongoing health problems ...  
as otherwise being ALREADY a "LIVE-IN HELPER #1"

No

Yes, 6 months or less

☒ **Yes, more than 6 months**

No informal helper

**b2. Lives with person - Helper 2**

☒ **No**

Yes, 6 months or less

Yes, more than 6 months

No informal helper

**Areas of Informal Help during Last 3 Days**

**c1. IADL help - Helper 1**

No

☒ **Yes**

No informal helper

**c2. IADL help - Helper 2**

No

☒ **Yes**

No informal helper

**d1. ADL help - Helper 1**

No

☒ **Yes**

No informal helper

**Comments**

*Barb was providing ADL help, but since David's been in Spearfish since February, he's been doing ADLs independently*

**d2. ADL help - Helper 2**

☒ **No**

Yes

No informal helper

**2. INFORMAL HELPER STATUS**

**a. Informal helper(s) is unable to continue in caring activities**-e.g., decline in health of helper makes it difficult to continue

No

☒ **Yes**

At least this part was TRUE.

**b. Primary informal helper expresses feelings of distress, anger, or depression**

☒ **No**

Yes

**c. Family or close friends report feeling overwhelmed by person's illness**

☒ **No**

Yes

**3. HOURS OF INFORMAL CARE AND ACTIVE MONITORING DURING LAST 3 DAYS** For instrumental and personal activities of daily living in the LAST 3 DAYS, indicate the total number of hours of help received from all family, friends, and neighbors 3

**4. STRONG AND SUPPORTIVE RELATIONSHIP WITH FAMILY**

No

☒ **Yes**

THIS IS OUTRIGHT FRAUD! My ONLY son moved to California to start a life of his own; and my EX-WIFE moved back to that

**SECTION Q. Environmental Assessment** very same State. My parents had both DIED

before I ever became HOMELESS and landed here in South Dakota.

**1. HOME ENVIRONMENT** Code for any of following that make home environment hazardous or uninhabitable (if temporarily in institution, base assessment on home visit)

**a. Disrepair of the home** e.g., hazardous clutter; inadequate or no lighting in living room, sleeping room, kitchen, toilet, corridors; holes in floor; leaking pipes

☐ **No**

Yes

**b. Squalid condition** e.g., extremely dirty, infestation by rats or bugs

☐ **No**

Yes

**c. Inadequate heating or cooling** e.g., too hot in summer, too cold in winter

☐ **No**

Yes

**d. Lack of personal safety** e.g., fear of violence, safety problem in going to mailbox or visiting neighbors, heavy traffic in street

☐ **No**

Yes

This answer by Nord/Charter was MISLEADING because I was still reporting myself to be a CRIME VICTIM and recently HOMELESS

"REFUGEE" after being CRIMINALLY EVICTED from my home in Michigan  
**e. Limited access to home or rooms in home** e.g., difficulty entering or leaving home, unable to climb stairs, difficulty maneuvering within rooms, no railings although needed in the middle of Winter.

☐ **No**

Yes

**2. LIVES IN APARTMENT OR HOUSE RE-ENGINEERED ACCESSIBLE FOR PERSONS WITH DISABILITIES**

No

☒ **Yes**

**3. OUTSIDE ENVIRONMENT**

**a. Availability of emergency assistance** e.g., telephone, **alarm response system**

No

FRAUD!

☒ **Yes**

**b. Accessibility to grocery store without assistance**

☒ **No**

Yes

**c. Availability of home delivery of groceries**

No

☒ **Yes**

**4. FINANCES** Because of limited funds, during the last 30 days made trade-offs among purchasing any of the following: adequate food, shelter, clothing; prescribed medications; sufficient home heat or cooling; necessary health care

☒ **No**

Yes

FRAUD! Again, this "last 30-days" FRAMED IN by this questionnaire did not take into account that I was a "totally and permanently disabled quad-amputee" was rendered HOMELESS as a CRIME VICTIM and

## SECTION R. Discharge Potential and Overall Status

### 1. ONE OR MORE CARE GOALS MET IN THE LAST 90 DAYS (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS)

No

Yes

### 2. OVERALL SELF-SUFFICIENCY HAS CHANGED SIGNIFICANTLY AS COMPARED TO STATUS OF 90 DAYS AGO (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS)

\* Improved [Skip to Section S]

No Change [Skip to Section S]

Deteriorated

FRAUD! The ONLY measure of "improvement" was that I had gotten a new roof over my head and was no longer HOMELESS -- WITHOUT FRIENDS AND FAMILY IN THE AREA AT THE TIME OF THIS "ASSESSMENT".

[CODE FOLLOWING THREE ITEMS IF "DETERIORATED" IN LAST 90 DAYS - OTHERWISE SKIP TO SECTION S]

### 3. NUMBER OF 10 ADL AREAS IN WHICH PERSON WAS INDEPENDENT PRIOR TO DETERIORATION [Not Answered]

### 4. NUMBER OF 8 IADL PERFORMANCE AREAS IN WHICH PERSON WAS INDEPENDENT PRIOR TO DETERIORATION [Not Answered]

### 5. TIME OF ONSET OF THE PRECIPITATING EVENT OR PROBLEM RELATED TO DETERIORATION

Within last 7 days

8 - 14 days ago

15 - 30 days ago

31 - 60 days ago

More than 60 days ago

No clear precipitating event

## SECTION S. Discharge

[Note: Complete Section S at Discharge only]

### 1. LAST DAY OF STAY [Not Answered]

### 2. RESIDENTIAL / LIVING STATUS AFTER DISCHARGE

Private home / apartment / rented room

Board and care

Assisted living or semi-independent living

Mental health residence - e.g., psychiatric group home

Group home for persons with physical disability

Setting for persons with intellectual disability

Psychiatric hospital or unit

Homeless (with or without shelter)

Long-term care facility (nursing home)

Rehabilitation hospital / unit

Hospice facility / palliative care unit

Acute care hospital

Correctional facility

Other

---

**SECTION R. Discharge Potential and Overall Status**

---

**1. ONE OR MORE CARE GOALS MET IN THE LAST 90 DAYS (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS)**

No

Yes

**2. OVERALL SELF-SUFFICIENCY HAS CHANGED SIGNIFICANTLY AS COMPARED TO STATUS OF 90 DAYS AGO (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS)**

× Improved [Skip to Section S]

No Change [Skip to Section S]

Deteriorated

[CODE FOLLOWING THREE ITEMS IF "DETERIORATED" IN LAST 90 DAYS - OTHERWISE SKIP TO SECTION S]

**3. NUMBER OF 10 ADL AREAS IN WHICH PERSON WAS INDEPENDENT PRIOR TO DETERIORATION** [Not Answered]

**4. NUMBER OF 8 IADL PERFORMANCE AREAS IN WHICH PERSON WAS INDEPENDENT PRIOR TO DETERIORATION** [Not Answered]

**5. TIME OF ONSET OF THE PRECIPITATING EVENT OR PROBLEM RELATED TO DETERIORATION**

Within last 7 days

8 - 14 days ago

15 - 30 days ago

31 - 60 days ago

More than 60 days ago

No clear precipitating event

---

**SECTION S. Discharge**

---

[Note: Complete Section S at Discharge only]

**1. LAST DAY OF STAY** [Not Answered]

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Rehabilitation hospital / unit

Hospice facility / palliative care unit

Acute care hospital

Correctional facility

Other

---

Deceased**SECTION T. Assessment Information**

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**SIGNATURE OF PERSON COORDINATING / COMPLETING THE ASSESSMENT****1. Signature** Laura Nord**2. Date assessment signed as complete** 04/19/2021

The beginning of this "assessment" shows that the "assessment" was "created" and "submitted" by Laura CHARTER. But it is "signed" by Laura NORD. This discrepancy, as well as the long delay of Jenna Howell in refusing to provide this this document soon after being "generated" by Leslie Lowe ... who has a long work history connected with the NIH (NATIONAL INSTITUTE OF HEALTH that worked with Anthony Fauci and CHINA's "gain-of-function research" leading to the COVID PANDEMIC) ... and with Leslie Lowe's own local history associated with "Sexual Violence Prevention and Education" with men seen as the perpetrators of violence against women ... is indicative of even more FRAUD in these three or four women who are all untrained and inexperienced with evaluating men who are quad-amputees but who yet are "creating" and "generating" and legally solely protecting the interest of the "DEEP STATE" when it comes to this 45-page "evaluation" and "qualification" document for "MEDICAID" (a.k.a. "MEDICAL ASSISTANCE" otherwise paid for by "TAXPAYERS" through "federally-funded" CONGRESSIONAL spending and during a time of the BIDEN ADMINISTRATION's "policy" of "equity," "Critical Race Theory." and "Cancel Culture" against Anglo-American men in our society.

**SCORE(S)****Scale**

Name	Value	Value Label
ADL Hierarchy Scale 0-6 range	0	0: Independent
Aggressive Behaviour Scale	0	No Signs of Aggression
ADL Long Form Scale 0-28 range	0	No ADL Impairment
ADL Short Form Scale 0-16 range	0	No ADL Impairment
Age in years 0-130 range	63	[Not Present]
Body Mass Index (kg/m^2) 5-70 range	28.12887	[Not Present]
Communication Scale 0-8 range	0	Intact
Cognitive Performance Scale 0-6 range	0	Intact
Cognitive Performance Scale 0-8 range	0	Intact 1
Deafblind Severity Index 0-5 range	1	One Sense Intact, The Other Mild/Moderately Impaired
Depression Rating Scale 0-14 range	0	[Not Present]
Falls Scale	2	One Fall in Last 30 Days
IADL Capacity Hierarchy Scale 0-6 range	2	Some Difficulties 2-3
ADL-IADL Functional Hierarchy Scale 0-11 range	2	2 - IADL Early 2
sPAIN Scale 0-4 range	1	Less Than Daily Pain
sPAIN1 Scale 0-3 range	1	Less Than Daily Pain
DIVERT Scale 1-6 range	2	2
PUR Scale 0-8 range	1	Low Risk
Method for Assigning Priority Levels	2	Mild
sCHESS Scale 0-5 range	0	0: No Health Instability
Vulnerable Persons Risk	[Not Present]	[Not Present]
MI CHOICE Level	B	Level B

**CAP**

Name	Value	Value Label
Cardio-respiratory CAP	1	Triggered
Abusive Relationship CAP	0	Not Triggered
ADL CAP	0	Not Triggered
Appropriate Medications CAP	0	Not Triggered
Behavior CAP	0	Not Triggered

Name	Value	Value Label
Bowel CAP	0	Not Triggered
Cognitive CAP	0	Not Triggered
Communication CAP	0	Not Triggered
Dehydration CAP	0	Not Triggered
Delirium CAP	0	Not Triggered
Falls CAP	1	Triggered - Medium Risk
Feeding Tube CAP	0	Not Triggered
Environmental CAP	0	Not Triggered
(Brittle) Informal Support CAP	0	Not Triggered
Institutional Risk CAP	0	Not Triggered
IADL Improvement CAP	1	Triggered
Mood CAP	0	Not Triggered
Pain CAP	0	Not Triggered
Physical Activity Promotion CAP	1	Triggered
Pressure Ulcer CAP	0	Not Triggered
Prevention CAP	1	Triggered - Physician Visit
Social Function CAP	0	Not Triggered
Smoking and Drinking CAP	0	Not Triggered
Nutrition CAP	0	Not Triggered
Urinary Incontinence CAP	1	Not Triggered - Continent at Baseline

**Casemix**

Name	Value	Value Label
RUG-III/HC GROUP NUMBER	742	[Not Present]
RUG-III/HC GROUP CODE	PA1	[Not Present]



