Basic Assessment Training Manual

COLORADO LONG-TERM SERVICES AND SUPPORTS (LTSS) ASSESSMENT TOOL

COLORADO
Department of Health Care
Policy & Financing

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JUNE 2018 |

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Basic Assessment - Training

Purpose

The purpose of the Basic Assessment is to provide an expedited assessment process for participants who are very familiar with Colorado's long term service and support (LTSS) system or participants who are only looking for specific services and are not interested in any additional supports. For participants who do not meet these criteria, such as participants unfamiliar with all of the LTSS options; participants who would like to explore more LTSS and community options; and participants who are medically, behaviorally otherwise complex and require enhanced supports, the Comprehensive Assessment would likely be more appropriate.

The origin of this expedited process is the Assessment stakeholder group, in which Jose Torres, who has a wealth of knowledge about the LTSS system, suggested that all participants may not want to explore areas beyond what is required for services. As a result, the expedited process that allows participants to skip modules, sections, and items is imbedded within the Comprehensive Assessment and embodies the Basic Assessment.

The mandatory items from all of the Comprehensive Assessment modules have been combined to create the Basic Assessment. While the Basic Assessment is an expedited process, it does provide sufficient information to identify Medicaid waivers and State Plan services and collect information to develop a Support Plan.

Overview of Contents

Because the Basic Assessment uses the mandatory items from the Comprehensive Assessment, the section flow mirrors that of the Comprehensive Assessment:

1. **Personal Story-** Allows the participant to tell his/her story and share information about his/her goals, strengths, needs, and preferences prior to discussing items within the functional portion of the assessment.
2. **Memory & Cognition-** Evaluates issues around memory, attention, problem solving, planning, and judgment.
3. **Functioning-** Assesses support that is needed to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
4. **Health-** Collects information about medications, diagnoses, and other medical issues.
5. **Sensory and Communication-** Assesses vision, hearing, and communication needs.
6. **Psychosocial-** Assesses behavioral needs and how services and supports impact behaviors.
7. **Safety & Self Preservation-** Collects information about emergency assistance and abuse/neglect.
8. **Housing & Environment-** Explores the participant's current housing, home safety, housing options, and transition supports.
9. **Employment, Volunteering, and Training (EVT)-** Identifies the participant's current EVT situation and whether he/she is interested in exploring new/alternative opportunities.
10. **Participant Direction-** Explores the participant's interest in participant direction programs.

11. **Living Safely in the Community-** Identifies supervision and support needs across a variety of settings.
12. **Referrals and Feedback-** Gathers referrals that have been identified across all sections and collects input about changes to the Basic Assessment or other portions of the process.

General Instructions for Completing the Basic Assessment

All items in the Basic Assessment are mandatory. Depending on responses, assessors may be directed to complete additional modules. For example, the Personal Story provides an overview of the contents of the Personal Story module and establishes whether the participant would like to respond to these items. If the participant would, the assessor should open and complete the appropriate sections of the Personal Story module.

Assessors do not have to complete the sections in order. Allow the participant to lead the discussion and input information in the corresponding sections.

Assessors should score items using a variety of sources, including:

- **Observation -** Assessors should use general observation skills during the assessment to inform responses to items in the Assessment. The way the participant is able to get around his/her residence, the way he/she speaks, and his/her ability to stay on task and respond to items can speak volumes. *For example, the way the participant gets out of a chair can inform his/her ability to transfer onto and off of a toilet* (assessors should not observe a participant toileting during the assessment, nor are they required to).
- **Participant Self Report -** The intent of this assessment is to determine if the participant the services and supports he/she may need in a person-centered manner. The participant may report additional needs or preferences that the assessor does not observe or that others are not aware of being an issue for the participant.
- **Additional Information Sources -** When available, assessors should also speak with family, friends, and support staff about the participant's functioning levels. The assessor may also consult other assessments and documentation. The assessor should inform the participant that they may speak with others or get information from other sources to complete the assessment.

Special Instructions for Children and Age-Specific Items

This Basic Assessment contains items that may be skipped for or only asked of participants of a specified age. Items and response options in orange font are intended for children age 0-18.

The assessor should include the child to the maximum extent possible throughout the assessment. This includes directing items and questions to the child and consulting the parent, guardian, and/or other legal representative as necessary. Where possible, document both the participant and parent/guardian's responses. If there are conflicting reports from the child and parent/guardian, the assessor should use the training guidance and his/her expertise in selecting a response.

Section Instructions

This portion of the manual provides specific discussion and guidance for sections and items in the Assessment.

Section 1: Personal Story

The Personal Story section to provide an opportunity for a participant to tell his/her story and share information he/she feels is important for service providers and others to know. Providing a place to document personal stories will give the participant a way to efficiently share information and reduce the need to routinely repeat information.

The following are **Key Points** of the Personal Story that the assessor should review with the participant:

- **Voluntary** – participant is not required to complete any of the sections within the Personal Story
- **Convenient** – online version will allow the participant to complete or update at any time
- **Participant Controlled** – the participant controls who can have access to the information and what information will be shared
- **Tells a Story** – is not an "assessment" and is intended to help others know more about what is important to the participant

Many of the items include open dialogue (text) boxes to allow information provided by the participant to be recorded. It is recommended that the assessor review the information that has been documented prior to moving to the next item to ensure the information is correctly recorded by the assessor.

Introductory Script – SAMPLE

The Personal Story is an opportunity for you to tell your story/tell the story of your child and share information you feel is important for service providers to know so they can better assist you/your child. After we are done, you will receive a copy of the Personal Story, which will allow you to share the information with important people you choose and reduce the number of times you have to tell people the same information. The Personal Story items are voluntary, so if you do not want to provide information about something, you are not required to do so. For items you decide you would not like to respond to, just let me know and we will move on.

Because you are participating in a pilot, this tool is not available yet online. My job will be to document the information you provide. In the future, we hope to have this tool available to you online so that you can choose to use the tool privately and make updates to information at your convenience.

The Personal Story is divided into six sections.

- Section 1: An opportunity to talk about your/your child life and interests.
- Section 2: A review of people in your/your child life who are important to you/him/her.
- Section 3: Information that will help with setting up a service planning meeting that is convenient to you/your child and parents/guardians and identifies people you/your child and parents/guardians want to include in the meeting.
- Section 4: An opportunity for you to talk about outcomes important to you/for your child.
- Section 5: Allows you to share other plans and protocols (e.g., behavior plan, disease management protocols) to inform the Assessment and Support Planning process
- Section 6: Identifies who you give permission to access your/your child's Personal Story information.

Item 1 in the Personal Story section is used to determine if some or all of the Personal Story module should be completed. If the participant responds "Yes", the case manager should open and complete the Personal Story module.

Section 2: Memory and Cognition

The purpose of the Memory and Cognition section is designed to determine if the participant has any deficits or needs related to memory and/or cognition and provide referrals to assist the participant in addressing these issues. Memory and cognition concerns affect people in many ways and can present a substantial challenge for continued independence.

Memory and cognition concerns can arise for a variety of reasons, such as an accident or a medical condition. Some participants may be used to dealing with and compensating for memory and cognition concerns, some may not be aware of memory or cognition deficits, while others may have impairments that he/she has not learned to manage.

While there is no specific order required for completing the Basic Assessment sections, assessors may find it helpful to complete the Memory and Cognition section at a later point in the assessment process. This will allow assessors to have interacted and built rapport with the participant prior to completing the section, allowing the assessor to identify potential memory and/or cognition issues.

If the participant does have some type of cognitive and/or memory impairment, assessors should take steps to better understand the impact that the impairment has on the participant's life. This should include obtaining information from the participant, to the extent possible, and may also include speaking with family, friends, caregivers, and support persons to gain a full understanding of the impairment.

This section will be skipped for participants age 0-3. Additional information about cognitive tasks for this age group will be collected in the Sensory and Communication section.

Assessment Item	Guidance
Section 2: Memory & Cognition	
1. Does the participant have any difficulty with memory (e.g., retain relevant functional information), attention (e.g., ability to stay focused on task), problem solving, planning, organizing or judgment? ❍ *Yes* ❍ *No* [Skip to Item 7] ❍ *Unknown* [Skip to Item 7] *If yes, describe the participant's difficulty in items 2-6:*	This item collects information about any potential memory or cognitive difficulties the individual may have. This includes memory, attention, problem solving, planning, and judgment. These issues are defined in items 2-6 and additional information about specific areas he/she has difficulties with can be described there. If the individual does <u>not</u> have difficulties with memory or cognition, the assessor should skip to Item 7.

Items 2-6 discuss the level of impairment with a variety of tasks related to memory and cognition. The level of difficulty scale below should be used to indicate the amount of difficulty the individual has when

engaging in a specific task during a typical day. Assessors should select one response for each item in 2-6.

Level of Difficulty Scale

○ **No impairment:** Demonstrates no impairment though there could be brief moments or situations in which a lapse occurs, for example, one might not remember the names of all members of a new group of people when meeting the first time.

○ **Age appropriate difficulty/dependence:** Used only for participants age 0-18, this response should be used if the participant has some difficulty with the task but the level of support needed is consistent with a child of a similar chronological age without a disability. For example, a four year old may not be able to plan out each step of his/her day or develop a multi-step process to accomplish goals. Support provided to accomplish these tasks would be expected given the participants chronological age.

○ **Mildly impaired: Demonstrates some difficulty** (limited but present): For example, if the individual functions independently but has trouble thinking of words or delays for several moments or needs a prompt before responding to queries for more information, it could suggest some difficulty. Noticeable impact on functioning is limited, but could be daily.

○ **Moderately Impaired: Demonstrates marked difficulty** (frequently present): For example, if the individual has difficulty remembering/describing routines or says "I don't know" a lot, but can speak generally about the happening, event or task, that could suggest marked difficulty. Marked difficulty could be suggested as well if he or she needs several prompts or interpreting questions to respond to queries for more information (such as for problem solving or judgment). Noticeable impact on functioning occurs regularly throughout the day.

○ **Severely Impaired: Demonstrates extreme difficulty** (nearly always to always present): For example, the individual requires high levels of assistance. (e.g., assistance needed to remember information, plan, judge and problem solve for the individual). If the individual is confused about where they are, what day it is, or can't describe what happens in their basic routines that could suggest extreme difficulty. Noticeable impact on functioning occurs continually, ongoing throughout the day.

○ **Impairment present, unable to determine degree of impairment:** There may be cases where assessors use their professional expertise observing and speaking with a participant and determine that there is an impairment present, but are unable to determine the degree to which the impairment impacts the task. This could be due the participant's ability to use other skills to compensate for the impairment or the inability to speak directly to the participant to assess the task. For example, a participant may be able to provide an appropriate answer when asked about his/her judgement, but has demonstrated some behavior the indicates impulsivity to his/her detriment.

○ **Unable to answer:** The assessor will choose this option when no information is available to assess cognitive functioning.

If the individual is unable to use verbal communication, with or without a device, gather information from someone who knows the individual well. Ask probing questions to determine if the individual is able to use gestures or body language to indicate cognitive ability.

The assessor should document the source of information the selection is based upon. Select all sources of information used to inform the response. Options include:

☐ **Observation**: Based upon the assessor's current and previous observations of the individual.
☐ **Self-report**: Based on the individual's own statements. This includes verbal, written, and other types of feedback.
☐ **Support Person**: Based upon information attained through a second party source, such as guardians, friends, family, paid support providers, or others with knowledge of the individual.

Additional strategies for assessing level of difficulty and its impact on daily functioning. Determining the level of difficulty may be challenging. Listed below are ideas and strategies that one may find useful for this section, but are not required to use.

Consider asking about IADLs (and some of the ADLs), without sounding like the individual is being tested. Ask about the steps involved in various tasks, such as laundry or cooking something simple (like diced ham and scrambled eggs).

Cooking example (this example may only work for people who have done some cooking on a regular/semi-regular basis):

• Memory – simply asking about the specific materials that might be needed.
• Attention – asking what to do if the phone rings or a text comes in while cooking, ask if things ever get burnt due to such distractions.
• Problem solving – asking what to do if the egg pan is dirty but it is time to cook; asking what to do if the egg runs onto the counter and floor when it is cracked.
• Planning – ask the individuals something like "You're having a busy day with lots of activities, how do you figure out when is the best time to cook?" or "If you're not sure you have all the ingredients, what could you do throughout the day to make sure you get to make the breakfast/dinner you want?"
• Judgment – asking what the individual might look for to determine if the eggs or ham is good/safe to eat.

Other strategies include:

• Ask about activities the individual likes either at home, community or in nature – then ask them to describe the details. Perhaps some kind of gaming, crafts, movies, preferred restaurants or stores (and where they are or how to get there).
• Ask the individual to explain a morning or work related routine.
• Ask about the person's job and responsibilities at work.
• Ask the person to tell you about a recent trip or other event that isn't a usual happening for her or him.

Assessment Item	Guidance
Section 2: Memory & Cognition	
2. **Memory -** Ability to retain relevant functional information, both short and long term ○ **No impairment** ○ **Age appropriate difficulty** ○ **Mildly impaired** ○ **Moderately impaired** ○ **Severely impaired** ○ **Impairment present, unable to determine degree** ○ **Unable to determine**	Consider if the individual remembers appointments or changes to routines, event times or locations. Consider if the individual remembers to complete routine tasks throughout the day or needs reminders, or remembers the location of materials needed (such as where keys are located).
3. **Attention -** Ability to stay focused on a task. ○ **No impairment** ○ **Age appropriate difficulty** ○ **Mildly impaired** ○ **Moderately impaired** ○ **Severely impaired** ○ **Impairment present, unable to determine degree** ○ **Unable to determine**	Consider the individual's usual performance for starting and completing tasks in the face of distractions. Does the individual start a number of tasks, but not finish them (e.g. dishes, laundry, feeding the cats and making breakfast).
4. **Problem Solving -** Ability to discover, analyze, and address an issue with the objective of overcoming obstacles and finding a solution that best resolves the issue. ○ **No impairment** ○ **Age appropriate difficulty** ○ **Mildly impaired** ○ **Moderately impaired** ○ **Severely impaired** ○ **Impairment present, unable to determine degree** ○ **Unable to determine**	Consider problems relevant to person's life, including those that currently are solved by others (for the individual). For example, late buses, lights burning out, spilling a glass of water, getting a rock in a shoe while walking, double booking schedule, can't find library book, running out of paper towels, etc.
5. **Planning -** Ability to think about and arrange the activities required to achieve a desired goal. ○ **No impairment** ○ **Age appropriate difficulty** ○ **Mildly impaired** ○ **Moderately impaired** ○ **Severely impaired** ○ **Impairment present, unable to determine degree**	Consider presenting a situation that might be relevant to, but not particularly common in, his or her life. For example, going to the movies with friends. Such a plan requires calling/contacting the friend(s), coordinating a time/day that works well, choosing a movie (could address problem solving too), budgeting spending money, figuring out bus routes or rides if needed, and adjusting the plan if needed.

Assessment Item	Guidance
Section 2: Memory & Cognition	
❍ **Unable to determine**	
6. **Judgment –** Ability to predict and anticipate outcomes based on information provided. ❍ **No impairment** ❍ **Age appropriate difficulty** ❍ **Mildly impaired** ❍ **Moderately impaired** ❍ **Severely impaired** ❍ **Impairment present, unable to determine degree** ❍ **Unable to determine**	Consider the judgment the individual uses to weigh available options and to disregard options that are not safe or otherwise impractical. For example, if the individual recognizes when food is spoiled and should not be eaten, recognizes the appropriate communication to engage in with strangers, not accepting rides from strangers, etc.
7. **Ability to make appropriate decisions regarding daily tasks, such as picking out an outfit, deciding when and what to eat, or selecting what to do throughout the day:** ❍ No impairment ❍ Age appropriate difficulty/dependence ❍ Mildly impaired: Demonstrates some difficulty ❍ Moderately impaired: Demonstrates marked difficulty ❍ Severely impaired: Demonstrates extreme difficulty ❍ Impairment present, unable to determine degree of impairment ❍ Unable to answer Scoring based on (Check all that apply): ☐ Observation ☐ Self-report ☐ Proxy	This is a mandatory item. Assessors should indicate the participant's ability to make decisions about daily tasks. Below are examples of scenarios for the response options in which the participant may demonstrate impairment: • **Mildly impaired -** *Ellen is able to perform most of her daily tasks, but on some days she feels easily confused and forgets when and if she has done things. She developed a schedule and checklist for herself to assist on those days. The schedule covers times for completing certain daily activities, such as walking her dog, picking up her mail from the box, and taking medication.* • **Moderately impaired -** *Stan is able to dress himself, but needs staff to organize his outfits. At the current time, Stan's daughter or his support worker lays out an outfit for the next day or for special events requiring a change of clothes. Stan also loses track of time. For example, someone must remind him it is time to eat. Stan is able to decide which outings he wants to go on, but someone must stay with him during outings because he gets confused and wanders in unfamiliar environments.* • **Severely impaired-** *Kyle requires someone to wake him, pick out an outfit, and help him dress. If he is not prompted and assisted, he will sit on his bed and not remember to eat, bathe, or use the toilet. He is not able to plan most aspects of his day, although he is able to tell others what he would like to do if asked.* The assessor should use all readily available mechanisms to score this item, including observing the participant,

Assessment Item	Guidance
Section 2: Memory & Cognition	
	having the participant self-report on his/her abilities, and interviewing family, friends, and caregivers.
8. What is important to the participant?	This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections, the assessor can bring these back up with the participant and talk about their importance. The assessor may need to prompt the participant. The following are examples of discussion or questions that might be posed. *Ted, you mentioned earlier that you have trouble planning tasks and following directions at work because you forget things after a period of time. What would you like to see happen and what would help you feel that you are effective at your job?* *Joan, you said you have a hard time remembering the people coming in to help you, or your doctor's appointment and the name of the people coming to help you. What would you like to see happen and what would help you keep track of the people you see on a regular basis?"*
9. Assessed Needs and Support Plan Implications:	This item allows the assessor to summarize needs and implications for support planning. *For example: Jill has some major issues related to her memory. Jill may benefit from a neurocognitive assessment., and would benefit from additional support to assist her with remembering to bathe, prepare meals, and take her medications.*

Section 3: Functioning

This section is intended to be used with participants age four and older. If the participant is under age four, the assessor should complete the appropriate section in the module "Functioning- Children Age 0-3".

This section is designed to collect information about the participant's ability to perform tasks that are essential to personal health maintenance (ADLs) and tasks related to maintaining independence (IADLs). In collecting this information, assessors should be aware that research has shown that participants often overestimate their functioning levels, while family and other supports tend to underestimate. Assessors should use these information sources, along with their own observations, to accurately score the items.

Assessors are **not required to observe all tasks**, as this would be too time consuming and would infringe on the participant's privacy or may be seen as disrespectful. Additionally, assessors should work with the participant to select appropriate responses without reading off each response option for every question. For example, assessors do not need to go into great depth to decide if the participant needs more than 50% or less than 50% support in tasks related to functioning. Assessors should work with the participant to obtain the best estimate and move to the next item.

Special Instructions for Children and Age-Specific Items

This section is intended to be used with children age 4 and older. If the child is age 0-3, use the separate functioning Comprehensive Assessment module for that age group.

When discussing the level of support needed by the participant for completing ADL/IADL tasks, focus on what is required for this child that a child of a similar age without a disability would not require. It is anticipated that children will need varying levels of support that is consistent with their chronological age. *For example, a four-year-old participant may need supervision while bathing or a twelve-year-old participant may need assistance with laundry.* This would correspond to the response option "Age Appropriate Dependence".

When scoring the items, assessors should **document the level of support needed that is related to disability related issues**. *For example, a thirteen-year-old with a cognitive impairment may need support picking out an outfit and getting dressed or a seventeen-year-old participant with a physical disability may need support bringing food to his/her mouth.*

This section contains items that may be skipped or only asked of participants of a specified age. Items and response options in orange font are intended for children (age 4-18). Other items may include directions to skip for participants below a certain age.

Activities of Daily Living

The first portion of Section 2 contains items that establish the participant's ability to function and perform basic tasks related to daily living. If the participant is not able to complete an ADL independently, assessors will collect additional information about how the participant would like to be supported when completing the task and the equipment he/she may need.

When scoring each ADL and IADL item, think about the participant's **usual** performance in the past 30 days and medical, cognitive, physical and behavioral factors unique to the participant that might influence task completion. Then consider the usual support needed to complete the task **or** the support needed during a task (a participant might complete a task independently, but requires supervision for a medical, behavioral or safety reason). The question to ask for each ADL/IADL item is: Does the participant have the functional ability to complete the tasks or parts of the tasks listed? If not, what support is needed?

During the assessment interview the assessor should not read each response option for every question. Assessors do not need to go into great depth to decide if the participant needs more than 50% or less than 50% of tasks to be completed for them. Instead, a conversational approach is an effective way to collect this information along with observation (e.g., observe the participant walking across the room to answer the door and or ask if they typically need help going down stairs). Assessors should work with the participant to obtain the best estimate of support needs and move to the next item.

In collecting this information, assessors should be aware that research has shown that participants often underestimate their support needs, while others in their life often overestimate support needs. Assessors should use all information sources to accurately score the items. **Please note**, the examples provided in the item language are not definitive examples. For example, the meal prep item states "pouring a bowl of cereal or making a sandwich." Do not limit scoring consideration to these specific tasks, also consider other essential elements of making these simple items, such as using a knife to cut vegetables or the stove top to heat soup, prepare eggs, etc. Indicate more detailed information specific to the participant in the preferences section.

Trigger Items, Equipment and Devices, and Preferences and Guidance

Each of the ADL and IADL items are divided into two primary components:

- **Trigger item(s)** - Each ADL/IADL contains one or more trigger items. These items document the participant's support level for each ADL on a 6-point scale (7-point for participants age 4-18), ranging from independent to dependent.

  Assessors should score the support needed to complete the specific task, not the support provided out of convenience for the support person or participant (e.g., support person ties participant's shoes because person providing the support prefers not to wait for the participant to tie them).

- **Equipment and Devices -** Each ADL has a mandatory item that collects information about assistive devices the participant uses related to the ADL. A participant may report that he/she is independent in performing the activity, however he/she may be independent because of an assistive device. *For example, a participant may be able to independently transfer because of grab bars located throughout his/her home.*

Assessors should score for all applicable device/aids that the participant either has or needs. For each device/aid, assessors can choose one of the following response options:

- o **Assistive device needed and available -** The participant has the device/aid and is able to use it to perform part or all of the ADL task.
- o **Assistive device needed but current device unsuitable -** The participant has the device/aid, but does not use it to assist with the ADL. This could be for a number of reasons, including not knowing how to use the device/aid, problems with device itself, or not wanting to use it because it's embarrassing, complicated, or inconvenient. Assessors should briefly summarize why the participant does not use the device/aid and ways to improve utilization, such as training, in the comments section in the subsequent column.
- o **Assistive device needed but not available -** This response should be used to document devices/aids that the participant does not have but may benefit from. Assessors should briefly summarize the need for the device/aid in the comments section.
- o **Participant refused-** Participant chooses not to use needed device.
- o **Not applicable-** Participant does not need this device

For each item the participant currently has, assessors should record the supplier and any other equipment details that are readily available. For each item that is scored as *Assistive device needed but current device unsuitable* or *Assistive device needed but not available*, assessors should provide justification for the response in the comments box that is supplied for that device/aid. *For example, "Bill's prosthesis does not fit him well, and causes him pain to use, so he uses a wheelchair for mobility."*

Format of the Trigger Items

There are two columns when scoring the ADL and IADL items: Column A- Usual Performance and Colum B- Most Dependent Performance.

- **Usual performance**- The participant's most consistent performance during the past 3 days.
- **Most dependent**- The level of greatest need of assistance occurring over the past month.

Note: If the participant's performance has not changed in the past 30 days, code Column B (most dependent level of functioning) the same as the usual functioning coded in Column A.

If the participant required less assistance in the previous 30 days compared to the most consistent or usual performance in the past 3 days, i.e., the participant's most dependent performance has occurred within the previous 3 days, code Column B the same as Column A. Column B should always reflect the participant's most dependent performance. For example, the participant moved from sit to stand during the past month independently but within the past 3 days required supervision or touching assistance, both Columns A and B should be marked supervision or touching assistance.

Scoring the Trigger Items

Because people have different learning styles, the scoring key will be described in multiple ways. All methods described will lead the assessor to the same answer.

06. Independent- Participant completes the activity by him/herself with no assistance from helper.
- ✓ Participant DOES NOT require assistance or preparation prior to engaging in the activity
- ✓ Participant DOES NOT require review or follow-up after the activity has been completed
- ✓ Participant completes the activity without assistance from a support person
- ✓ Participant has not required support for the item in the past 30 days

00. Age Appropriate Dependence - For Children 4-18- Age appropriate dependence- The participant requires a level of support consistent with his/her age.
- ✓ Requires assistance that is consistent with a child of the same chronological age who does not have a disability
- ✓ If assistance that is required is related to a disability related issue, DO NOT use this score. Instead, select the score that most accurately reflects the level of support needed.

05. Setup or Clean-up Assistance- Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity.
- ✓ Participant REQUIRES assistance or preparation prior to engaging in the activity
- ✓ And/or Participant REQUIRES review or follow-up after the activity is complete
- ✓ Participant then completes the activity without assistance from a support person
- ✓ Includes cueing via telephone to set-up or clean-up

04. Supervision or Touching Assistance (Including cueing and/or visual prompts)- Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
- ✓ Support person monitors some or all parts of the activity
- ✓ Support person provides cues, verbal direction or visual prompts during some or all steps of an activity
- ✓ Support person provides NO physical assistance beyond simple touch cues during the activity

03. Partial/Moderate Assistance- Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- ✓ The participant functionally contributes more than half the effort for the activity

02. Substantial/Maximal Assistance- Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- ✓ The participant functionally contributes less than half the effort for the activity

01. Dependent- Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity.
- ✓ Participant DOES NOT contribute functionally to any part of the activity
- ✓ The participant may contribute symbolically to the activity
- ✓ Support person completes the activity for the participant
  OR
- ✓ Two or more support persons are required to complete the task

07. Not Attempted- Participant refused- Participant refuses support to complete the task. The activity was completed unsuccessfully by the participant, but the participant refuses support in this area and the activity is not completed by another person OR the participant refuses to answer *and there is no other source of information.*

08. Not Attempted due to short-term medical condition or safety concerns- For example, when a participant is undergoing treatment for an acute exacerbation of a mental, physical, or behavioral health issue and does not perform a task due to temporary safety concerns related to their illness or condition.

88. Not applicable: Participant does not engage in this activity regularly; support not required. The activity is not completed by another person.

To score the items for both Usual and Most Dependent performance:

- Consider whether any support is needed, or the participant is completely "**independent**". If the participant needs help setting up or cleaning up after the activity is complete, score "**set-up or clean-up assistance**". If the participant needs verbal or touch cues through some or all of the activity, score "**supervision or touching**". If the participant needs a support person to complete less than half the effort, score "**partial/moderate assistance**". If the participant needs a support person to complete more than half the effort, score "**substantial/maximal assistance**". If the participant needs the activity completed for them, score "**dependent**".
- Consider whether the participant is completely "**independent**" or completely "**dependent**". If the participant needs support from another person to do more than half the task select "**substantial/maximal assistance**". If the participant can do more than half the task but needs more support than cuing, coaching and supervision select "**partial/moderate assistance**". If the participant is able to do the task, consider whether help is needed to set up or clean up the activity only select "**set-up or clean-up assistance**", or whether the person

giving assistance needs to stay to provide verbal cues, coaching or supervision select "**supervision or touching**".

At times, assessors may encounter a situation in which an activity was not completed by the participant. When this occurs use these additional scoring options: 'Participant refused', 'Not applicable' and 'Not attempted due to medical condition or safety concerns'. If the activity is not completed due to the participant refusing support, and the activity is NOT being completed by another person, score as Participant refused. The Not applicable score is used if the participant does not engage in this activity and support is **not** required. If the activity is not attempted due to a medical condition or safety concerns, score it as such.

If the functional performance is cyclical: If the participant did not need support in the past thirty days, but does need support on a less than monthly basis, the assessor should score this as "independent" AND write a note describing the support need and frequency in the 'preferences' section. For example, a participant experiences severe depression episodes every few months for several days requiring increased support during this time. This is not a usual support need and is scored Independent.

ADL Items

1. Mobility

Item 1 collects information about the participant's mobility. The mobility items cover whether the participant uses a wheelchair or scooter, the longest distance he/she is able to walk/wheel, the level of independence while walking/wheeling, preferences for any required supports, and supportive equipment.

Assessors can use several methods to complete these items: 1) Observe the participant walking or using a wheelchair during the assessment. This could be when the participant comes to greet assessors or how he/she moves during the assessment and 2) Direct responses about mobility from the participant and caregiver.

Note: The mobility items are scored regardless of the use of an assistive device. The use of an assistive device should not affect code choice. Also, exact measurement of distance indicated in the applicable items are not required for assessment. Estimate the distance in the surrounding environment as applicable while conducting assessments.

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1A. Does the participant walk? ○ *Yes* ○ *No, but walking is indicated in the future* [Skip to Item 1N] ○ *No, and walking is not indicated* [Skip to Item 1N]	Indicate whether the participant currently walks, even if it is not his/her primary form of mobility. If the participant does not walk, skip to Item 1N. If the participant does not walk, indicate whether he/she indicates the possibility of walking in the future.
1B. Walk 10 feet: *Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.*	These items are intended to capture how the participant walks in his/her residence. For each distance, select the level of support the participant needs to walk on an even,

Assessment Item	Guidance
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(Standard 10 Point Scoring for Trigger Items) **1C. Walk 50 feet with two turns:** *Once standing, the ability to walk at least 50 feet and make two turns.* *(Standard 10 Point Scoring for Trigger Items)* **1D. Walk 150 feet:** *Once standing, the ability to walk at least 150 feet in a corridor or similar space.* *(Standard 10 Point Scoring for Trigger Items)*	flat surface without obstacles. Assessors may observe this task during the assessment or discuss the ability with the participant or proxy. If the participant is unable to walk 10 feet, code "Dependent" for all items B-D 1C- It is important for this item to ask specifically about the turns and if turning has resulted in any falls. 1D- Provide the participant with a contextual example such as a walking in a hospital corridor or a shopping center.
1E. Code the participant's level of independence for walking the maximum "Independent" distance in items 1B-D <u>outside of the home</u>. If no distance was selected as "Independent", code for walking 10 feet *(Standard 10 Point Scoring for Trigger Items)*	This item is intended to capture the difference in the ability to walk inside of the home (1B-D) vs. outside of the home. For the maximum distance that the participant is able to walk inside of the home independently in Items 1B-D, code the level of support needed to walk the same distance outside of the home. *For example, the participant may be able to walk 50 feet with two turns independently at home, he/she may become disoriented outside of the home and need supervision or touching assistance to walk 50 feet with two turns outside of the home.*
1F. Walks 10 feet on uneven surfaces: *The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel* *(Standard 10 Point Scoring for Trigger Items)*	This item is to evaluate the ability to transverse difficult terrain or ground with irregular footing. An example of partial/moderate assistance is helper occasionally holds the participant's arm when they walk on uneven surfaces, periodically righting them to prevent a fall. An example of substantial/maximal assistance is helper needs to continuously hold them up, move the walker and lift the leg as they walk on uneven pavement.
1G. 1 step (curb): *The ability to step over a curb or up and down one step.* **1H. 4 steps:** *The ability to go up and down four steps with or without a rail.* **1I. 12 steps:** *The ability to go up and down 12 steps with or without a rail.*	The intent of these items is to assess the ability of the participant to step up/down and whether this impacts mobility beyond the support needed for usual walking. If the participant cannot manage any steps, mark "Dependent" for all items.

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(Standard 10 Point Scoring for Trigger Items)	**IG-** One step is often defined as the same height as a curb, which is important in order to assess mobility in the community. For this item, the use of railings is not permitted as curbs do not have railings. It is possible that a participant will be unable to manage a curb without assistance, but will be able to go up and down 4 or 12 steps without assistance by using a railing. • Example of Supervision/touching- The helper touches the participant to steady them as they step down from a step. • Example of Partial/moderate- The participant leans on a helper's arm for support as they lift their foot over the curb or onto the step. • Example of Substantial/maximal- The helper lifts the leg up and participant leans on a helper's arm for support as they lift their foot over the curb or onto the step. **IH-** Using a handrail does not affect the coding for the participant's ability to complete the activity. • Example of Partial/moderate- The participant holds/leans onto the helper's arm to go up the stairs. **II-** This item is important for community mobility as 12 steps is the average number of steps for one floor in a staircase. If the participant does not have 12 steps in their home, provide the example of stairs in a building or a two-story home. • Example of setup or cleanup- Participant does not need assistance during the task, however, the participant requires assistance to begin the task such as taking out or arranging equipment, or at the end of the task such as putting away or restoring equipment. • Example of Supervision/touching- The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task. • Example of Partial/moderate- The participant holds/leans onto the helper's arm to go up the 12 stairs.
IJ- Carries something in both hands: *While walking indoors, e.g., several dishes, light laundry basket, tray with food.* *(Standard 10 Point Scoring for Trigger Items)*	This item assesses the ability to carry an item with both hands while walking, as well as the ability to multitask and divide one's attention between carrying an object and navigating the surroundings. If the participant uses a walker bag or walker tray to carry objects, divided attention is not required and this would be coded 09 – Not Applicable.

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	This item does not include carrying two objects, one in each hand. • Example of Supervision/touching- A participant's balance is decreased when carrying an object with both hands and the helper must stand by them as they walk. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) • Example of Partial/moderate- The helper must physically assist the participant to hold the object and provide steadying assist for balance.
1K. Picking up object: *The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.* *(Standard 10 Point Scoring for Trigger Items)*	This item is intended to establish whether there are balance problems related to mobility activities for picking up objects from the floor. This item begins with the participant stooping to pick up the object therefore a helper bringing a reaching device to the participant is not considered set up. • Example of Partial/moderate- The participant stooped down to pick up an object, but required assistance from their helper to return to standing.
1L. Walks for 15 minutes: *without stopping or resting (e.g., department store, supermarket.)* *(Standard 10 Point Scoring for Trigger Items)*	Ask if participant is able to walk around a grocery store without having to rest. This item measures for ability to walk a certain amount of time. • Example of Supervision/touching- The participant is able to walk for 15 minutes but may be unsteady and require someone to provide some level of touching assistance. • Example of Partial/moderate- The participant is able to walk for 15 minutes but must lean on their helper who provides less than half the effort. • Example of substantial/maximal- The participant is able to walk for 15 minutes but must lean heavily on their helper who provides more than half the effort.
1M. Walks across a street: *Crosses Street before light turns red.* *(Standard 10 Point Scoring for Trigger Items)*	This item measures the participant's ability to exhibit sufficient walking speed to function within most community settings and to use the appropriate judgment required to respond safely to walk sign changes. If the participant is unable to make it across the street before the light changes, use Code 01. If the participant lives in a place where there are not streets with crosswalk signs, use Code 09. Note that unless physical assistance increases the participant's speed allowing them to cross

Assessment Item	Guidance
Section 3: Functioning	
	the street it is unlikely that Codes 02, 03, or 04 will be used for this item. •Example of Supervision/touching- A participant is able to increase their walking speed in response to a helper's verbal cues so they are able to cross street before light turns red.
1N. Does the participant use a wheelchair or motorized scooter? ◯ Yes ◯ No [Skip to Item 1S]	Identify whether the participant uses a wheelchair or scooter as his/her primary mechanism for mobility.
1O. Indicate the type of wheelchair/ scooter used for this assessment: ◯ Manual ◯ Motorized wheelchair/scooter	Score the primary type of wheelchair/scooter the participant uses for mobility.
1P. Wheel 50 feet with two turns: *Once seated in a wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.* *(Standard 10 Point Scoring for Trigger Items)* **1Q. Wheel 150 feet:** *Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.* *(Standard 10 Point Scoring for Trigger Items)*	For each distance, select the level of support the participant needs to wheel his/her wheelchair on an even, flat surface without obstacles. Assessors may observe this task during the assessment or discuss the ability with the participant or proxy. If the participant is unable to wheel 50 feet with two turns, code "Dependent" 1P- It is not necessary to measure exactly the 50-ft. distance; instead use the example of a hallway or the distance between different rooms in the home as an approximation. 1Q- Provide the participant with an example such as wheeling in a mall or long corridor without stopping.
1R. Wheels for 15 minutes: *Without stopping or resting (e.g., department store, supermarket)* *(Standard 10 Point Scoring for Trigger Items)*	As mentioned in the item description, one way to assess this item is to ask the participant whether they are able to wheel around a department store or supermarket without stopping or resting. This item provides information on the participant's mobility endurance while in the community. If the participant is unable to wheel their wheelchair for 15 minutes without a break, use code "Dependent".
1S. Wheels across a street: *Crosses street before light turns red* *(Standard 10 Point Scoring for Trigger Items)*	This item measures the participant's need for assistance to adjust their speed and accurately judge whether they are able to wheel across a street before the stoplight changes.

Assessment Item	Guidance
Section 3: Functioning	
	If the participant is unable to make it across the street before the light changes, use code "Dependent". If the participant lives in a place where there are no streets with crosswalk signs, use "Not Applicable".
1S. Does the participant have or need any adaptive equipment to assist with mobility? ○ No [Skip to Item 2: Transferring] ○ Yes ***Indicate devices and aids needed at time of assessment for core functional mobility:***	Item 1S is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected. If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item. For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. *For example, Marta needs training for using her scooter safely.* Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. *For example, Fred needs a device to assist him with stability, such as a cane or walker.*

2. Transferring

Item 2 collects information about the participant's ability to transfer in a variety of scenarios.

Assessment Item	Guidance
Section 3: Functioning	
2a. **Roll left and right –** *The ability to roll from lying on their back to the left side and the right side, and returning to lying on their back.*	It is important to ask about rolling to both sides when assessing this item. A participant's ability to roll to one side does not determine the level of assistance required to complete this item as there may be a difference in the

Assessment Item	Guidance
Section 3: Functioning	
(Standard 10 Point Scoring for Trigger Items)	participant's ability to roll on one side versus the other. Assessors need to assess both directions. • Example of Supervision/touching- The helper has to give verbal instructions to the participant to bend their leg before attempting to roll so that they can do it successfully. • Example of Partial/moderate- The participant is able to bend their legs and roll to the right with no assistance but requires minimal assistance to fully roll onto their left side • Example of substantial/maximal- The participant is unable to roll to the right or left or bend their legs but is able to return to lie on their back from either position.
2B. Sit to lying: *The ability to move from sitting on side of bed to lying flat on the bed.* *(Standard 10 Point Scoring for Trigger Items)*	• Example of setup or clean-up- The helper provides the participant with a piece of adaptive equipment that the participant uses to bring their weak leg onto the bed as they lie down. • Example of Supervision/touching- The helper must explain each step of going from sitting to lying in order for the participant to complete the activity safely. (If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) • Example of Partial/moderate- The participant is able to move their upper body from sitting to lying on the bed and requires assistance from the helper to lift one leg onto the bed. • Example of substantial/maximal- The helper partially guides the participant's upper body and does most of the effort to lift their legs onto the bed.
2C. Lying to sitting on side of bed: *The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.* *(Standard 10 Point Scoring for Trigger Items)*	The level of assistance needed to move from lying to sitting may differ from the assistance required for the participant to move from sitting to lying down. • Example of setup or clean-up- The helper positions a bed rail and/or pillow to assist the participant. • Example of Supervision/touching- The participant required the helper to stand next to them and provide intermittent steadying by touch to avoid a fall off the bed when they are coming up to sit due to the participant's limited trunk control the item is coded 04 – Supervision or touching assistance.

Assessment Item	Guidance
Section 3: Functioning	
	• Example of substantial/maximal- The helper partially assists the participant to sit and moves their legs off of the bed.
2D. Sit to stand: *The ability to safely come to a standing position from sitting in a chair or on the side of the bed.* *(Standard 10 Point Scoring for Trigger Items)*	A participant will likely have to stand up from seats of varying materials that may make it harder to stand, such as the bed, a solid chair, or a softer couch. Code the participant's most dependent performance for the past 3 days and past month. • Example of Supervision/touching- The participant requires steadying assistance from a helper for balance, but can stand up on their own. (If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) • Example of Partial/moderate- The helper assists the participant to move to the front of the chair but the participant is able to stand by themselves. • Example of substantial/maximal- The helper manually assist the participant to move forward in the chair and stand partway up but the participant is able to help during the activity.
2E. Chair/Bed-to-Chair Transfer - *The ability to safely transfer to and from a chair (or wheelchair).* *(Standard 10 Point Scoring for Trigger Items)*	Score the level of support the participant needs to transfer from a chair or bed to another chair. Use the scoring definitions and descriptions provided earlier in the manual to select the appropriate activity. The chair or wheelchair does not have to be right next to the bed or another chair. Focus on the support needed to complete the transfer off of a chair/couch or wheelchair to another chair/couch or wheelchair. • Example of Independent- If a participant uses a sliding board for transfers and is able to place the board themselves and transfer without assistance, the item is coded 06 – Independent. • Example of setup or cleanup- The helper locks the brakes on the wheelchair before the participant transfers. • Example of Supervision/touching- If the helper reminds the participant to scoot forward in their chair and reach for the wheelchair arm as they transfer. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.)

Assessment Item	Guidance
Section 3: Functioning	
	• Example of Partial/moderate- If the helper places the slide board for the participant, assists with lift off during the scoot across the board, and removes the board but the participant is able to assist. • Example of substantial/maximal- The participant provides partial lift off from the surface but the helper provides most of the lifting and physically turns the participant to move from one surface to the other. **Note:** The use of a mechanical lift would also be coded 01 – Dependent if the participant was unable to assist in the transfer.
2F. Car transfer: *The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open or close the door or fasten seat belt.* *(Standard 10 Point Scoring for Trigger Items)*	If the participant never transfers into the passenger side of a car or van but wheels onto a lift and then into a van this item is coded 09 – Not Applicable. • Example of Supervision/touching- If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task. • Example of Partial/moderate- The participant completes the transfer but requires the helper to lift one of their legs into the car. • Example of substantial/maximal- The helper places a sliding board under the participant, assists them as they move across to the passenger seat and lifts both of their legs into the car.
2G. Does the participant have or need any adaptive equipment to assist with transfers? ⚠️ ◯ No [Skip to Item 3: Bathing] ◯ Yes **Transfer Equipment Status** *(Select all that apply)*:	Item 2G is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected. If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item. For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments

Assessment Item	Guidance
Section 3: Functioning	
	box. *example: Adam has a lift chair, but does not use the lift feature because he is not sure how to work it.*
	Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. *For example: Chad's parents struggle to help him get from his bed to his wheelchair. A Hoyer lift would help address this.*

3. Bathing
Item 3 collects information about the participant's ability to bathe.

Assessment Item	Guidance
Section 3: Functioning	
3A. Shower/bathe self- *The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.* *(Standard 10 Point Scoring for Trigger Items)*	Score the level of support the participant needs to shower/bathe him/herself. •Example of Independent- If a participant showers with no help but reports a fall once in the past month, but had no changes in the level of assistance, this item should be coded 06 – Independent. (The use of adaptive equipment, for example, a tub seat, grab bars, or long handled bath sponge does not affect coding.) •Example of setup or cleanup- The helper hands the participant soap and a washcloth but the participant does not need assistance during the task. •Example of Supervision/touching- If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task. •Example of Partial/moderate- The helper washes a participant's feet and lower legs providing less than half the effort. •Example of substantial/maximal- The participant is able to wash their arms but becomes fatigued and requires the helper to do the rest of their body. **Note:** If the participant does not take a shower due to their inability to perform any part of the task, use code

Assessment Item	Guidance
Section 3: Functioning	
	01. If the participant does not shower out of a preference for sponge bathing use code 09 – not applicable.
3B. Does the participant need any adaptive equipment to assist with bathing? 🟠 ◯ No [Skip to Item 4: Dressing] ◯ Yes **Bathing Equipment Status** (Select all that apply)**:**	Item 3B is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected. If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item. For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. *For example: Theresa has a shower chair, but it does not fit in her shower.* Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. *For example: Sue has fallen in the shower several times, and would benefit from a shower chair and a hand-held shower head adapter.*

4. Dressing

Item 4 collects information about a variety of dressing related tasks, including upper body, lower body, and putting on and taking off footwear.

Assessment Item	Guidance
Section 3: Functioning	
4A. Upper Body Dressing - *The ability to put on and remove shirt or pajama top. Includes buttoning, if applicable.* *(Standard 10 Point Scoring for Trigger Items)*	This item includes garments and orthotics that are a part of the participant's dressing routine, including garments such as bras, t-shirts and back braces. Do not include items that are not put on and taken off

Assessment Item	Guidance
Section 3: Functioning	
	while dressing (e.g., a back brace worn only while lifting heavy objects).
	• Example of setup or cleanup- A helper arranges the shirt in a particular manner or pre-buttons part of the shirt before the participant puts it on. (Bringing the shirt to the participant is not part of the item and should not be considered when coding.)
	• Example of Supervision/touching- A helper cues the participant to use a strategy to put on clothes but the participant is able to complete the task themselves. (The participant requires someone to be present throughout the entire task or the assistant provides light touch or
	• verbal/visual cueing during the task.)
	• Example of Partial/moderate- The participant is able to put on and take off a button down shirt, but the helper manages the buttons.
	• Example of substantial/maximal- The participant requires the helper to hold the shirt, help thread their arms into the sleeves, and manage the buttons, but once unbuttoned the participant is able to take off the shirt themselves.
4B. Lower Body Dressing - *The ability to dress and undress below the waist, including fasteners. Does not include footwear.* *(Standard 10 Point Scoring for Trigger Items)*	This item includes garments and orthotics that are a part of the participant's dressing routine. This includes putting on and taking off braces only if they are considered a part of the participant's regular dressing routine. • Example of Independent- If the participant usually wears sweatpants because they are able to put them on and off with no assistance. • Example of setup or cleanup- The helper lays out the pants for the participant but is not needed for dressing. • Example of Supervision/touching- If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task. • Example of Partial/moderate- The participant is able to get the pants over their feet and pull them up to their hips but requires a helper to pull them over their hips while the participant stands due to the participant's balance problems. • Example of substantial/maximal- The participant dresses in bed and is able to start the pants over their feet but requires a helper to complete the rest of the task.

Assessment Item	Guidance
Section 3: Functioning	
*4C. **Putting on/taking off footwear -** The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility.*	This item includes garments and orthotics that are a part of the participant's dressing routine. This item also includes compression socks, and ankle or foot orthotics, only if applied during the regular routine of putting on/taking off footwear.
(Standard 10 Point Scoring for Trigger Items)	• Example of setup or cleanup- A helper brings the shoes to a participant but they put them on themselves. • Example of Supervision/touching- The helper verbally cues the participant to use an adaptive technique that allows the participant to put on socks with no physical assistance. • Example of Partial/moderate- The participant can get their socks and shoes on and off their feet but requires a helper to tie their shoes. • Example of substantial/maximal- The participant can remove their shoes but is unable to put their shoes on or their socks on or off.
4D. Ability to select an outfit that is appropriate and safe for the weather. ◯ No impairment ◯ Age appropriate difficulty/dependence ◯ Mildly impaired: Demonstrates some difficulty ◯ Moderately impaired: Demonstrates marked difficulty ◯ Severely impaired: Demonstrates extreme difficulty ◯ Unable to answer	Item 4D is intended to capture the ability of the participant to pick out an outfit that is appropriate for the weather. This item focuses on the cognitive tasks that are related to identifying the weather conditions and realizing what appropriate clothing would be for the weather. For this item, the term "appropriate" means clothing that will keep the participant safe and prevent issues related to health as a result of clothing choice. For example, if the participant chooses to wear a parka on a sunny day in which the temperature is 90 degrees, he/she is putting him/herself at risk of heat stroke. This is a concern for health and safety. It is expected that children of specific chronological ages may need help/support when picking out an outfit. When scoring this item for children, consider the ability of a child the same chronological age who does not have a disability. Do not account for a participant's particular style. Some people like to wear work boots or rain boots year-round. Focus on appropriateness for weather and the ability of the clothing to keep him/her safe.
4E. Does the participant need any adaptive equipment or devices to assist with dressing?	Item 4E is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected.

Assessment Item	Guidance
Section 3: Functioning	
❍ No [Skip to Item 5: Toileting] ❍ Yes **Dressing Equipment Status** *(Select all that apply)***:**	If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item. For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. *For example: Alex has a prosthesis, but rarely uses it because it does not fit well and hurts him to wear.* Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. *For example: Sam's feet are constantly hurting her, which she blames on her shoes. She may benefit from orthotics.*

5. Toileting

Item 5 collects information about a variety of toileting related tasks, including hygiene and transferring.

Assessment Item	Guidance
Section 3: Functioning	
5A. Toilet hygiene-*The ability to maintain perineal/feminine hygiene, adjust clothes before and after using toilet, commode, bedpan, urinal. If managing ostomy, include wiping opening but not managing equipment.* *(Standard 10 Point Scoring for Trigger Items)*	This item also includes identifying the need to eliminate, empty a bed pan or commode, and flush a toilet. This item does not include support needed for transferring on and off the toilet and washing hands. If the participant only needs help to get on and off the toilet, score independent. •Example of Supervision/touching- A helper is present to provide steadying assistance while the participant adjusts their pants.

Assessment Item	Guidance
Section 3: Functioning	
	•Example of Partial/moderate- The participant is able to use the toilet on their own but requires the helper's assistance to manage the buttons on their pants.
5B. How often does the participant need assistance to keep him/herself clean after toileting? ◯ Never ◯ Daily ◯ Weekly ◯ Monthly or less Scoring based on (Check all that apply): ☐ Observation ☐ Self-report ☐ Proxy	Indicate the frequency with which the participant needs assistance with keeping him/herself clean after toileting. Tasks to consider include wiping for cleanliness and washing hands after toileting.
5C. How often does the participant need assistance to keep toilet environment clean? ◯ Never ◯ Daily ◯ Weekly ◯ Monthly or less Scoring based on (Check all that apply): ☐ Observation ☐ Self-report ☐ Proxy	Indicate the frequency with which the participant needs assistance with keeping the restroom environment clean toileting. Tasks to consider include cleaning up dribble/spills on the floor and flushing the toilet.
5D. Toilet Transfer: *The ability to safely get on and off a toilet or commode.* *(Standard 10 Point Scoring for Trigger Items)*	Score the level of support the participant needs to transfer onto and off of the toilet. The transfer may be between the toilet/commode to a chair, bed, or standing position. This item does not assess the ability to maintain hygiene or adjust their clothing. These skills are addressed under 5A- Toileting Hygiene. Use of grab bars, a raised toilet seat or other adaptive equipment does not affect coding. •Example of Supervision/touching- The helper reminds the participant to come forward in their wheelchair before they transfer onto the toilet. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) •Example of Partial/moderate- The helper provides lift off assistance for the participant to stand but the participant is able to move their feet and lower themselves to the toilet without assistance.
5E. Menses Care - Able to use tampons, sanitary napkins, or other menses care items; wash hands after changing tampons or sanitary napkins; change	Score the level of support the participant needs to manage menses care tasks as described in the item.

Assessment Item	Guidance
Section 3: Functioning	
tampons or sanitary napkins as required to keep the blood from soaking through clothes; and properly dispose of tampons or sanitary napkins. *(Standard 10 Point Scoring for Trigger Items)*	If the participant is male or does not experience menses, use score "Not Applicable". Use the scoring definitions and descriptions provided earlier in the manual to select the appropriate level of support.
5F. Does the individual require assistance with managing equipment related to bladder incontinence (e.g., urinal, bedpan, indwelling catheter, intermittent catheterization, incontinence pads/ undergarments) ○ Yes ○ No ○ N/A	This item includes changing a catheter bag, use of sanitary wipes, changing briefs, use of changing pads, etc. Assistance can include support provided from supervision and cueing to hands on help.
5G. Is a toileting program (e.g., scheduled toileting or prompted voiding) currently being used to managed the individual's urinary continence? ○ Yes ○No	Identify whether a toileting program is used to regulate/remind the participant to maintain urinary continence.
5H. Does the individual require assistance with managing equipment related to bowel incontinence (e.g., ostomy, incontinence pads/ undergarments)? ○ Yes ○ No ○ N/A	This item includes changing a colostomy bag, use of sanitary wipes, changing briefs, use of changing pads, etc. Assistance can include support provided from supervision and cueing to hands on help.
5I. Is a bowel program currently being used to manage the individual's bowel continence? ○Yes ○No	Identify whether a toileting program is used to regulate/remind the participant to maintain bowel continence.
5J. Does the participant need any equipment or devices to assist with toileting? ⚠️ ○ Yes ○ No [Skip to Item 6: Eating] **Hygiene Equipment Status** (Select all that apply)**:**	Item 5J is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected. If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage)

Assessment Item	Guidance
Section 3: Functioning	
	or has the need for adaptive equipment, assessors should complete the second portion of this item.
	For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. *For example: Megan has a mattress cover, but does not use it because it is difficult for her to put back on after washing.*
	Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. *For example: Abi has trouble with incontinence while going on outings. She may benefit from incontinence briefs/pads for these situations.*

6. Eating

Item 6 collects information about eating, oral hygiene, and, if applicable, tube feeding.

Assessment Item	Guidance
Section 3: Functioning	
6A. Eating - *The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. This includes modified food consistency.* ⚠	Think about the support needed on a typical day based on the food the participant eats. Consider the participant's preferences when eating food, such as finger foods.
	Only consider the use of utensils when it is applicable to the food.
(Standard 10 Point Scoring for Trigger Items)	This item does not include the ability to modify his/her own food consistency, for example pureeing, but it does include the support needed to eat modified food.
	If the participant primarily uses tube feeding for nutrition but also eats, assessors should score the type of support needed to eat. If the participant does not take anything

Assessment Item	Guidance
Section 3: Functioning	
	by mouth (NPO) the assessor should score "Not attempted due to medical condition or safety concern". If "Independent" or "Age Appropriate Dependence", item 6C may be skipped. • Example of Supervision/touching- Using light touch to steady the hand as the participant brings food toward their mouth or cueing to prompt or re-direct a participant who has difficulty focusing to continue eating. • Example of Partial/moderate- A participant eats independently for most of the meal but becomes fatigued and requires assistance to eat the remainder of the meal. • Example of substantial/maximal- A participant is able to feed themselves for a small part of the meal, but requires a helper to feed them more than half of the meal.
6B. Tube feeding - *The ability to manage all equipment/supplies related to obtaining nutrition.* ⚠️ *(Standard 10 Point Scoring for Trigger Items)*	If the participant does not use tube feeding, score 'not applicable' and move to the next item. This item includes setting up the equipment, attaching tubing, adding formula, flushing the tube, checking for residuals, ensuring proper operation throughout feeding, etc. This item does not include stoma care.
6C. Oral Hygiene: *The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]* ⚠️ *(Standard 10 Point Scoring for Trigger Items)*	Includes placing toothpaste on a toothbrush and using the toothbrush to brush teeth. Also includes denture care, if applicable. • Example of Supervision/touching- The participant is able to perform the mechanics of brushing their teeth on their own but requires the helper to give physical cueing on what needs to be done next. • Example of Substantial/maximal- The participant brushes the front half of their top dentures, but becomes tired and requires the helper to complete the back of the front dentures and all of the bottom denture for them.
6D. Does the participant have or need any adaptive equipment or devices to assist with eating? ⚠️ ◯ No [Skip to Item 7: Personal Hygiene] ◯ Yes **Eating Equipment Status** (Select all that apply):	Item 6D is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected. If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage)

Assessment Item	Guidance
Section 3: Functioning	
	or has the need for adaptive equipment, assessors should complete the second portion of this item.

For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. *For example: Ted has dentures, but does not wear them because they do not fit his mouth well.*

Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. *For example: Marcia struggles to chew her food, and may benefit from a mechanically altered diet.* |

7. Personal Hygiene

Item 7 collects information about the participant's ability to manage his/her personal hygiene, including combing hair, shaving, applying makeup, trimming nails, applying deodorant, and washing and drying face and hands.

Assessment Item	Guidance
Section 3: Functioning	
7A. Does the participant have unusually poor or neglected hygiene? ⚠️ ○ **Yes, due to support needs** ○ **Yes, not due to support needs** ○ **No**	This item should not be asked to the participant and should only be responded to by assessors. It is intended to capture whether the participant may be experiencing self or caregiver-related neglect. Participants may not need support to complete the tasks identified in 7B, however not have the ability to complete the tasks given the current residence or facilities available. This information will be used to identify support needs in the Support Plan.

"Unusually" refers to a lack of hygiene that is beyond what would be expected to maintain health and safety. For example, strong body odor, greasy or matted hair, or dirty or unclean skin. |

Assessment Item	Guidance
Section 3: Functioning	
	If the participant has unusually poor hygiene, identify if it is due to a lack of support being provided. *For example, if a participant needs support with bathing and has strong odor and matted hair, this may indicate that they are not receiving adequate support.* If this is the case, mark "Yes, due to support needs". If the participant has adequate support and does not wish to maintain personal hygiene, mark "Yes, not due to support needs".
7B. Personal Hygiene- The ability to manage personal hygiene, including combing hair, shaving, applying makeup, trimming nails, applying deodorant, and washing and drying face and hands. DOES NOT include bathing, washing upper body, or oral hygiene. ⚠️ *(Standard 10 Point Scoring for Trigger Items)*	Identify the support needed to complete activities including combing hair, shaving, applying makeup, trimming nails, applying deodorant, and washing and drying face and hands. If different support is needed across activities, code for the highest level of need under "Usual". When scoring this item, only code for personal hygiene tasks not previously scored, not for bathing, washing body, or oral hygiene. If "Independent" or "Age Appropriate Dependence", skip to Section 2.

Instrumental Activities of Daily Living (IADLs) Items

This portion of Section 2 collects information about instrumental activities of daily living (IADLs). IADLs are those activities that are not necessarily fundamental for functioning, but allow the participant to live independently in the community.

1. Medication Management

Item 1 collects information about the participant's medication management. This includes the ability to prepare medications and to take the medications reliably and safely. Items 1A-C establish the participant's ability to take oral, inhalant/mist, and injectable medications.

Assessment Item	Guidance
Section 3: Functioning	
1A. Medication management - oral medication: *The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.*	Items 1A-C are to be used to gauge the supports needed to manage a variety of medications. Consider medications that are used usually or routinely by the participant. Do not include medications that are used less than monthly and medication that have limited duration such as antibiotics for a sinus infection.
1B. Medication management - inhalant/mist medications: *The ability to prepare and take all prescribed*	Responses to these items should be based on whether the participant uses the medication. If yes, score based on

Assessment Item	Guidance
Section 3: Functioning	
inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.	the supports needed to manage the medication. If no, use the "Not applicable" response. Do not include medications that are administered through a feeding tube.
1C. Medication management-injectable medications: *The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.*	This item includes remembering or having a system so that medications are taken at the appropriate times/intervals. The use of timers, pill boxes, and/or other assistive devices does not affect the coding choice. Scoring should be based on the level of support needed. • Example of setup or cleanup- A helper fills a pill box for the participant at the beginning of each week, but provides no other assistance. • Example of Supervision/touching- A helper reminds the participant to take their medications and stands by to ensure the participant completes the task. • Example of Partial/moderate- A helper opens the pill bottle and places the pill in the participant's hand who is then able to place it in their mouth and swallow it with water. • Example of substantial/maximal- The helper opens the pill bottle, places the pill in the participant's hand, and helps them drink from a cup of water to swallow the pill. The participant is able to place the pill in their mouth. • Example dependent- The helper places the pill in the participant's mouth, holds a cup as the participant sips liquid through a straw to swallow the pill and is responsible for giving the participant their medication at the appropriate time and correct dosage.
1D. Does the participant have or need any adaptive equipment or devices to assist with managing medications? ◯ No [Skip to Item 2] ◯ Yes **Medication Equipment Status** (Select all that apply): • CompuMed • Medi-minder • Medi-set • Pill crusher	Item 1D is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected. If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item. For each aid or device that the participant has, assessors should indicate whether the participant has the device and

Assessment Item	Guidance
Section 3: Functioning	
• Pill cutter • Specialized medical equipment • Syringe • Other: • Other:	it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. *For example: Arielle has a pill cutter, but is not able to accurately cut her medication.* Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. *For example: Shelley has trouble remembering to take her medication. A Medi-minder may be a good way to address this.*

2. Making a Light Meal

Item 2 collects information about the participant's ability to make a light meal, such as a bowl of cereal, TV dinner, or a sandwich.

Assessment Item	Guidance
Section 3: Functioning	
2A. Make a light cold meal - The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal or a sandwich and cold drink.	The examples provided in the item language are not definitive examples. Assessors should consider all aspects of making a light cold meal. Consider the ability to pour, cut and mix or similar tasks that may be needed to prepare a light cold meal. This item includes modified textures and food preparation specific to a medically necessary dietary need. •Example of setup or cleanup- A helper taking out the bread and other ingredients for a sandwich. The participant is then able to complete the sandwich with no additional help. •Example of Supervision/touching- A helper providing touching assistance for balance while participant makes a sandwich. •Example of Partial/moderate- If the helper cuts an onion for a salad but the participant prepares the rest of it without help. •Example of substantial/maximal- If the participant reports getting a cold drink and a piece of fruit

Assessment Item	Guidance
Section 3: Functioning	
	themselves and the helper prepares the sandwich (getting out the bread, lunchmeat, and condiments, spreading mustard on the bread, putting lunchmeat on the bread, cutting and putting tomato and lettuce on the sandwich) this item will likely be coded 02 – Substantial/maximal assistance. However, if the participant views the amount of helper assistance as less than half the effort use code 03 – Partial/moderate assistance.
2B. Make a light hot meal - The ability to plan and prepare all aspects of a light hot meal such as a bowl of soup and reheating a prepared meal.	The examples provided in the item language are not definitive examples. Assessors should consider all aspects of making a light meal. Consider using a microwave, stove or oven to cook or reheat food items. Also consider the ability to pour, cut and mix or similar tasks that may be needed to prepare a light meal. This item includes modified textures and food preparation specific to a medically necessary dietary need. Does not include more complex meals, such as preparing a Thanksgiving dinner, making bread from scratch, etc. If meals are prepared by a helper, use probing questions to determine if this is due to the participant's lack of ability or lack of interest. In situations where the participant reports the ability to complete a task but observation suggests otherwise, use probing questions and available written reports to inform scoring. •Example of setup or cleanup- The helper takes the frozen dinner from the freezer, removes the packaging, and places the dinner on the counter but provides no additional assistance. •Example of Supervision/touching- At the end of the task, helper verbally cues the participant to turn off the burner used to heat soup. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) •Example of substantial/maximal- The participant pours soup into a pan and turns on the burner to heat it but the helper opens the can of soup, stirs it, turns off the burner, pours it into a bowl and prepares toast to go with it.

3. Housework

This item collects information about the participant's ability to perform tasks related to housework, including maintaining his/her living environment and doing laundry.

Assessment Item	Guidance
Section 3: Functioning	
3A. Light daily housework- *The ability to complete light daily housework to maintain a safe home environment such that the person is not at risk for harm within their home. Examples include wiping counter tops or doing dishes.* ⚠️	When responding, consider typical, day-to-day tasks that are completed to ensure a clean living area, including wiping counter tops, doing dishes, and dusting, setting and clearing a table. Focus on housework that is traditionally performed on a daily or near daily basis. Do not include heavier housework, such as cleaning gutters or bathroom. • Example of setup or cleanup- A helper gets out a cloth and furniture polish and the participant dusts with no additional assistance. • Example of Partial/moderate- The participant is able wipe countertops, dust, set and clear the table but is unable to load or unload the dishwasher due to limited standing tolerance and arm weakness. • Example of substantial/maximal- The participant is able to do a few light household tasks but depends on family for most light housework.
3B. Heavier periodic housework: *The ability to complete heavier periodic housework to maintain a safe home environment such that the person is not at risk for harm within their home. Examples include doing laundry, vacuuming, cleaning bathroom.* Items skipped if participant is less than age 8	These activities, compared to the previous item's activities, involve more lifting and maneuvering which may require more strength and ambulation. When responding to this item, consider intermittent chores that would traditionally be performed once per week or month. It may be helpful to use the examples in the item when prompting the participant's response. • Example of setup or cleanup- The participant completes heavy housework but needs a family member to carry the vacuum up to the second floor. No assistance is needed during the cleaning. • Example of Partial/moderate- The participant is able to do laundry, vacuuming, and the majority of other housework with the exception of cleaning the tub. • Example of substantial/maximal- The participant does a few or portions of heavier periodic housework but a helper does more than half of the tasks.

4. Telephone Use

Item 4 collects information about the participant's ability to use the phone, including answering and placing calls.

Assessment Item	Guidance
Section 3: Functioning	
4A. Telephone-Answering: *The ability to answer call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.*	Identify whether the participant is able to answer a phone call, including activating the phone for the call by pushing the answer button, and carry on a conversation for one minute or more. Only consider the ability to communicate on the phone, not the time or effort that it takes to get to the phone. • Example of setup or cleanup- If a helper must place the phone in a particular place for the participant to access it, code this item 05 – Set up and clean up assistance. • Example of Supervision/touching- If a helper provides verbal cues to encourage the participant to stay engaged in the call for one minute or more. The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task. • Example of Partial/moderate- A helper is needed to place the phone on speaker but the participant completes the other parts of answering a call. • Example of substantial/maximal- The helper picks up the phone and holds it to the participant's ear while they engage on the call for one minute or more.
4B. Telephone-placing call: *The ability to place call in participant's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.*	Identify whether the participant is able to make a phone call, including dialing the number and placing the call, and carry on a conversation for one minute or more. Only consider the ability to place and communicate the phone, not the time or effort that it takes to get to the phone. • Example of setup or cleanup- The participant requires the helper to set up the phone in a particular place for the participant to access it. • Example of Partial/moderate- The helper dials the number but the participant is able to talk on the phone and hang up with no assistance. • Example of substantial/maximal- The helper dials the phone and holds it for the participant but provides no further assistance.

5. Shopping

Item 5 collects information about the participant's ability to shop once at the store. Items skipped if participant is younger than age 10.

Assessment Item	Guidance
Section 3: Functioning	
5A. Light Shopping - *Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.*	This item includes interactions with store personnel to locate and select the needed products, taking the cart or basket to the checkout stand, and paying for the items. This item does not include making/writing a shopping list, budgeting, or interactions with the public other than what is needed to complete shopping. Transportation is not included in this item. If the "Independent" or "Age appropriate dependence", skip to item 6. • Example of setup or cleanup- A helper ensures that the participant takes their debit card and shopping list to the store but does not need to go with them to supervise. • Example of Supervision/touching- A participant is able to locate and gather the items and bring them to the check out line, but requires verbal cues from a helper to pay for the items. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) • Example of Partial/moderate- A helper is needed to carry a basket with five items to the checkout but the participant completes the other elements of the task.

6. Money Management

Item 6 collects information about the participant's ability manage money and make budgeting and financial decisions. Item is skipped if participant is younger than age 8.

Assessment Item	Guidance
Section 3: Functioning	
6A. Simple financial management: *The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, online/mobile bill pay, banking, or shopping.*🔶 *For participants <18, skip to Item 6C.*	This item includes several aspects of conducting a transaction, including recognizing the amount due, providing the correct change and verifying that it is correct, and writing a check. Focus on these more simple tasks, and do not extrapolate for budgeting in this item. Do not include transportation to place of business or selecting items to purchase as part of the response. If "Age Appropriate Dependence", skip to item 7. • Example of independent- Paying a cashier at a store with cash, writing a check or using credit/debit card would be

Assessment Item	Guidance
Section 3: Functioning	
	coded 06 – Independent if the participant paid for new shoes in the past 3 days with a credit card with no assistance, but chose this method due to difficulties using paper money and coins. The participant is still able to complete purchases without assistance, despite difficulties with other methods of payment. • Example of Supervision/touching- The participant requires verbal cues from a helper to select the appropriate amount of money from their wallet to pay a cashier. • Example of Partial/moderate- If during the past month, the participant used his credit card for most purchases but had to pay for a haircut with a check and required a helper to fill in most of the check then the item is coded 03 – Partial/moderate assistance for the past 30 days as the helper is assisting with one of the tasks encompassed by this item. • Example of substantial/maximal- The participant can sign checks but needs assistance from a helper to fill in the information, requires frequent assistance to use cash and occasional assistance to use their credit card correctly.
6B. *Complex financial management:* *The ability to complete financial decision-making such as budgeting and remembering to pay bills.*⚠️	This item may not have been completed in the last 3 days. In this instance, use code 09. This item can include creating a weekly budget, paying rent and other bills. This item should be skipped if the participant is under age 18. • Example of Supervision/touching- The participant requires verbal cues when paying bills to ensure each check is complete and the bill is placed in the correct envelope. • Example of substantial/maximal- The participant signs checks and places bills in envelopes but the helper fills in the checks and manages the participant's budget.

7. Managing and using technology

Technology plays an important role in society and in many people's daily lives. This item is intended to capture the participant's need for support in utilizing technology.

7A. Managing and using technology: The ability to use and manage technology, including computers and tablets. Includes the ability to access the Internet.	Consider the technology the participant typically uses, such as video games, smart phone, tablet, laptop, or desktop computer. Include the ability to turn on, operate, access the internet, and turn off the machine.

Assessment Item	Guidance
	If the participant does not typically use any of these devices, discuss his/her level of comfort and perceived level of support needed to operate technology in order to access the internet. If he/she does not require support because technology is not used, mark Activity not attempted-participant refused. If "Independent" or "Age appropriate dependence", skip to Section 3.

Items 8 and 9 aggregate information from the Functioning section that will be used for Support Planning.

Assessment Item	Guidance
Section 3: Functioning	
1. What is important to the individual?	This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections, the assessor can bring these back up with the participant and talk about their importance. The assessor may need to prompt the participant. The following is an example of discussion or questions that might be posed. *Ted, you mentioned you would like help with balancing your checkbook and planning your monthly budget. What can we do to help you accomplish this?*
2. Assessed Needs and Support Plan Implications:	This item allows the assessor to summarize needs and implications for support planning. *For example: Jill is having problems getting dressed in the morning. She is able to bathe herself, but has difficulties moving her arms over her head and using buttons and zippers.*

Section 4: Health

The purposes of the Health section are to identify health issues and risks to the participant's safety as a result of health issues and identify additional services and supports that should be addressed during support planning.

Assessors should not try to diagnose a participant's health concern or condition. Items in this section should only be used to document existing health issues and provide follow-up for health concerns.

The assessor can use various sources of information for completing this section. Direct observation of health issues is not necessary. Information can be obtained from 1) talking with the participant or his/her caregiver (paid or unpaid) or, if applicable, parents/guardians and 2) consulting health records.

The information provided is treated as protected health information, comparable to the level of security patients have when discussing medical issues with physicians. Assessors should reassure the participant and, if applicable, caregiver or other supports that the information collected is confidential and will only be used to inform support planning.

Participants or parents/guardians of participants under the age of 18 may hesitate to share health information because they are unsure how it will impact services, they do not feel comfortable talking about it with an assessor they are not familiar with, or because of perceived stigma attached to the condition. For example, participants with mental health conditions and/or diagnoses may feel that they will be perceived as less competent if they admit to having the conditions and/or diagnoses, or they may feel that they will be forced into treatment. If the participant is uncomfortable, he/she may choose not to answer or can ask to revisit it later when he/she feels more comfortable.

As mentioned previously, assessors should **not** be using the Health section to diagnose conditions. Assessors should look for health conditions or issues that place the participant's health or safety at risk, represent an unmet health need, or involve information that may be important to share with support providers (with consent of the participant).

Health Care Provider Information

This portion of Section 4 is used to collect information about health care providers that the individual currently has or may need. This section is divided into five parts, and they are described below.

Assessment Item	Guidance
Section 4: Health	
Type of Health Care Provider ☐ Primary Care Provider/Pediatrician ☐ Dentist	Select all of the health care providers the individual has. Primary Care Provider (PCP) or, for participants under the age of 18, Pediatrician if applicable, and dentist are mandatory items because they are central in maintaining an individual's overall health. If the individual does not have a PCP and/or dentist or would like to change any of his/her providers, select the corresponding "Needs or Needs to Change" box and identify that a referral for change and/or for a PCP/Pediatrician and/or dentist should be made as part of the support planning process.
Name/Clinic	Use this item to document the practitioner and/or clinic name for each of the health care providers selected in the "Health Care Providers" item.

Assessment Item	Guidance
Section 4: Health	
	Assessors should try to collect this information for Primary Care Provider/Pediatrician, and if accessible for other health care providers.
Contact Information	Document the practitioner/clinic contact information. This can include phone number, location address, email address, and any other relevant contact information. Assessors should collect this information for Primary Care Provider/Pediatrician, and if accessible for other health care providers.
Needs or Needs to Change	This item should be used for each practitioner that the participant **does not currently have but probably should have** based on presenting needs or practitioners that the participant **would like to change**. This item will be used to inform the support planning process and generate a referral to health care providers that the participant may need or want to change. As assessors complete the remainder of the Health section, the need for additional practitioners may arise. Assessors should revisit this item prior to closing out the section and select any additional needed practitioners.
Comments	Use the Comments to document additional information about the health care provider or a need to access additional practitioners. This can include how often the participant sees the practitioner, services provided by the practitioner (e.g., Specialty clinic provides pain treatment), and rationale for why the participant does not have a practitioner but may need one.

General Health

This portion of Section 4 documents if there are any immediate health concerns that need to be addressed.

Assessment Item	Guidance
Section 4: Health	
1. Are there any immediate health concerns? ○ No ○ Yes **Explain:** _____	This item is intended to record immediate health concerns that require additional follow-up as identified by the participant. Assessors can ask, "*Is there anything going*

Assessment Item	Guidance
Section 4: Health	
○ Chose not to answer	*on with your health that you may need see a doctor about."*
	This item is not intended to be a diagnostic tool, but if the participant answers "yes", assessors should document the concerns the participant expresses and provide referral or follow-up if necessary.
	Examples of immediate health concerns may be: *"Juan suffers from constant headaches that make it hard for him to perform his daily activities."*
	"Margaret has trouble getting her prescribed medications, including insulin for her diabetes."

Medications

This portion of Section 4 collects information about whether the participant currently takes medications, information about the medications, and his/her ability to access and manage those medications. In addition to providing a concise location for all medications, the Department hopes to use this information in the future to help identify potential problematic drug interactions that should be addressed.

For this section, it will be helpful for assessors to have the participant bring all prescription medications that he/she is currently taking to expedite the process. If the medication information is not readily available, assessors can collect as much information as is easily accessible.

The first item in the section is a mandatory trigger question:

1. **Participant currently takes prescription medications.**
   ○ No [Skip to Item 3]
   ○ Yes

If the participant is not currently taking prescription medications, assessors should skip to Item 3. If he/she is taking prescription medications, the next item will be used to document the name, unit, route, frequency and other information about all of the medications.

2. Medications
This overall item is broken up into eight items; the name of the medication and supplemental information about each medication. Assessors should complete the first seven items, and, if applicable, the planned stop date, for each of the prescription medications the participant is currently taking.

Name of Medication Supplement - This should be the exact name from the prescription label. If the participant is taking a generic medication, the generic name should be entered.

Dose - This is the numerical amount of the medication that should be taken. For example if the individual is taking a 5 milligram sleep aid or a 5 ounce diuretic, assessors should enter "5" as the dose.

If the dose is a non-numerical value, assessors should enter the daily amount administered. For example, a puff of an inhaler or a drop of an anti-fungal cream should be entered as "1".

Unit - This item is the unit type that the dose is administered as. The response to this item is set up as a drop down option for assessors to select from. Options include:

- Cubic Centimeter
- Cup
- Dram
- Drops
- Grams
- Grain
- Kilogram

- Liters
- Micrograms
- Micrograins
- Milliequivalent
- Milligram
- Milliliter
- Ounce

- Pound
- Puffs
- Tablespoon
- Teaspoon
- Other (describe in notes)

Route - The route is the path through which the medication is taken into the body. The responses to this item are also set up as drop-down options, and include:

- Oral route: swallowed by mouth as a pill, liquid, tablet or lozenge
- Rectal route: suppository inserted into the rectum
- Intravenous route: injected into vein with a syringe or into intravenous (IV) line
- Infusion: injected into a vein with an IV line and slowly dripped in over time
- Intramuscular route: injected into muscle through skin with a syringe
- Topical route: applied to skin
- Enteric: delivered directly into the stomach with a g-tube or j-tube

- Nasal: sprays or pumps that deliver drug into the nose
- Inhaled: inhaled through a tube or mask (e.g. Lung medications)
- Otic: drops into the ear
- Ophthalmic: drops, gel or ointment for the eye
- Sublingual: under the tongue
- Buccal: held inside the cheek
- Transdermal: a patch on the skin
- Subcutaneous: injected just under the skin
- Other, describe in notes

Frequency - This item corresponds to the number of times the medication is administered. This could be routinely or as needed/desired. The response options for this item are set up as a drop-down menu, and provide both the full and abbreviated versions for frequency (e.g., after meals can be abbreviated on prescription bottles as p.c.). Options for frequency include:

- After meals - pc
- Before meals - ac
- Twice a day - bid
- Three times a day - tid

- Four times a day - qid
- Every other day - qod
- In the morning - qam
- Every four hours - q4h

- At bedtime - hs
- As desired - ad lib.
- As needed - prn
- Other, describe in notes

Started in the last 90 days - The purpose of this item is to identify whether a medication could potentially be associated with a recent change in mood, behavior, or other symptoms that could put the participant at risk to health and safety concerns.

Assessors should check this box if the prescription medication has been taken in the last 90 days. If the participant is unsure, assessors can provide context for events that happened in the past 90 days. For example, if the assessment is taking place in March, assessors can ask the participant if he/she started taking the medication after the New Year holiday.

Taken for psychotropic reasons - The purpose of this item is to help assessors identify medications that are taken to address behavioral or emotional issues. Psychotropic medications are those that can affect the mind, emotions, and behavior.

Examples of psychotropic medications include Haldol, Thorazine, Lithium, Prozac, Zoloft, Ativan, and Xanax.

Taking as Prescribed - The purpose of this item is to identify whether the individual is taking the medication as prescribed by a medical professional. If the participant deviates from the prescribed routine for reasons such as forgetting to take meds or taking too much or too few of the medications, this may indicate that a referral is necessary to provide support with med management.

Understand why participant/child is taking medication - The participant or, if participant is under age 18, his/her parent/guardian, understands why the medication is needed. The purpose of this item is to identify when additional discussion with a physician may be necessary so that the participant, caregiver, parent/guardian, or other support persons better understand the participant's medication regimen.

Prescribing Physician - The purpose of this item is to identify medications that may be duplicative or otherwise problematic. If the participant does not have a primary practitioner monitoring the prescriptions referral to a PCP or medical case manager (e.g., RAE case manager) may be necessary. Assessors should not attempt to identify drug interactions without proper medical training.

Planned stop date (If applicable) - If the participant and his/her physician have planned to stop or adjust the dose of the medication, assessors should provide the estimated date that this will occur. This does not include instances where the participant plans to stop taking the medication but has not consulted his/her physician about the change. The assessor should encourage the participant to consult his or her physician about the intended change.

The other item in this portion of Section 4 is in the table below.

Assessment Item	Guidance
Section 4: Health	
3. If the participant is currently enrolled in an IDD waiver AND receives services in a provider controlled setting, have ALL psychotropic medications identified in item two been reviewed by the Human Rights Committee (HRC)? ○ No, none have been reviewed by the HRC ○ No, some have been reviewed by the HRC. Identify psychotropic medications not yet reviewed:_____ ○ Yes, all have been reviewed by the HRC ○ Not applicable	Within the State's regulations for IDD waiver services, participants enrolled in IDD services who have psychotropic medications administered in a provider controlled setting (e.g., ICF-IID, group home) are required to have those medications reviewed by the HRC. Assessors should use this item to identify if the medications have been reviewed or need to be reviewed so this can be incorporated into Support Planning.

Health Conditions and Diagnoses

This portion of Section 4 collects information about the health conditions the participant currently or has previously experienced, whether the condition affects functioning, whether he/she is receiving treatment, and if follow-up/referral is necessary. This section is not intended to be a diagnostic tool. Rather, assessors should talk with the participant about conditions that have been diagnosed and, if accessible, consult the participant's medical record.

This section begins with a question on whether the participant has any health conditions/diagnoses, and then selecting the applicable conditions:

1. Has a physician or other health care provider told you that you have one or more of the following diagnoses/conditions (check all that apply):

Assessors should not list each of the conditions/diagnoses provided in this section during a conversation with the participant. Assessors should ask whether the participant has been diagnosed with any medical/health conditions and collect information only about those diagnoses. Some diagnoses may not be active in the past year, however they have previously been active (e.g., cancer). If the participant has concerns about a health issue, assessors may check the "Requires Follow-up or Referral" box that pertains to the specific health issue and identify the referral in the Referrals section. For example, a participant may say:

"My doctor told me I have high blood pressure and osteoporosis, but I also have bad pains in my bones, especially in my hands."

In the above scenario, the participant may suggest he/she has a form of undiagnosed arthritis, but again, assessors should not try to diagnosis the condition. Assessors should ask if the participant has talked with his/her doctor about this pain and if not, whether he/she would like to. **If the participant**

would like to be seen about this condition, assessors should check the "Requires Follow-up or Referral" box next to an applicable condition, in this case arthritis, describe the follow-up that is necessary in the text box at the end of the section, and provide a referral to see his/her PCP.

Some items in this section are indicated as mandatory. These items will be used during support planning to establish whether the participant meets the qualifying diagnoses and targeting criteria for several of Colorado's Medicaid waivers.

This section is divided into four components. The first is identifying whether the individual has the condition/diagnosis and if so, collecting follow-up information about the condition. Each of the components are described below.

Ever had diagnosis - This box should be checked if the individual has ever been diagnosed with the specific condition listed. For this item, a diagnosis is one that is made by a doctor, not the participant. If the participant has concerns about a diagnosed or undiagnosed health issue, assessors may check the "Requires Follow-up or Referral" box that pertains to the specific health issue and identify the referral in the Referrals section.

Diagnosis active in the past year - This box should be checked if the individual has been diagnosed with the specific condition listed **AND** the diagnosis has been active in the past year. This distinction is being made because of targeting criteria for some of the Medicaid waivers. For this item, a diagnosis is one that is made by a doctor, not the participant. If the participant has concerns about a diagnosed or undiagnosed health issue, assessors may check the "Requires Follow-up or Referral" box that pertains to the specific health issue and identify the referral in the Referrals section.

Affects functioning - For each of the conditions/diagnoses selected in the previous component, assessors should talk with the participant about how it affects his/her daily routine. If the condition/ diagnosis affects the participant's functioning, this item should be selected. For example, the box should be checked if the participant says:

"My emphysema makes it hard for me to breathe, so when I go to my daughter's house I have to take a break halfway up the stairs. I also sometimes have to sit down when I'm making dinner because I need to catch my breath."

Receiving treatment for the condition - If the participant is receiving any type of treatment for the condition indicated in the first two columns, assessors should select this box. This could include a prescribed treatment, such as physical, occupational, or behavioral therapy or a medicinal regimen, or non-prescribed treatments, such as herbs and supplements. Assessors should note the type of treatment being received.

Requires follow-up or referral - This box should be selected for all conditions that may require some sort of follow-up or referral, regardless of whether the participant has been diagnosed with the condition. For example, a participant with diagnosed depression who currently takes medication for the condition may need a referral because the medication is no longer effective. Alternatively, a participant who has been having issues with his/her memory getting progressively worse may need additional follow-up.

If the participant requires follow-up or referral, assessors should also document the referral in the Referrals section.

Below are definitions for each of the conditions/diagnoses contained within the table. These definitions are not provided for assessors to make a diagnosis, rather assessors should be familiar with the conditions so they can facilitate an informed discussion with the participant.

Memory Related

    a. **Alzheimer's Disease or Other Dementia -** Alzheimer's disease is a progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain. Other dementia is categorized as a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.

Mental Health Issues

    b. **Attention deficit hyperactivity disorder (ADHD or ADD) -** A childhood mental disorder involving impaired or diminished attention, impulsivity, and hyperactivity.

    c. **Bipolar Disorder -** A mental disorder marked by alternating periods of elation and depression.

    d. **Depressive Disorders-** A mood disorders causing a persistent feeling of sadness and loss of interest.

    e. **Disruptive, Impulse-Control and Conduct Disorders -** Include Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). Common symptoms occurring in children with these disorders include: defiance of authority figures, angry outbursts, and other antisocial behaviors such as lying and stealing.

    f. **Mood Disorder -** A psychological disorder characterized by the elevation or lowering of a person's mood, such as depression or bipolar disorder.

    g. **Obsessive Compulsive Disorder (OCD) -** A psychiatric disorder characterized by obsessive thoughts and compulsive actions, such as cleaning, checking, counting, or hoarding.

    h. **Paranoid Disorders -** A personality disorder which involves odd or eccentric ways of thinking. People with paranoid disorder also suffer from paranoia, an unrelenting mistrust and suspicion of others, even when there is no reason to be suspicious.

    i. **Trauma and Stressor Related disorders (e.g., PTSD, Reactive Attachment disorder, Acute Stress disorder)**

        ➢ PTSD- A mental health condition that's triggered by a witnessing or experiencing a traumatic event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

        ➢ Reactive Attachment Disorder- A rare but serious condition in which an infant or young child doesn't establish healthy attachments with parents or caregivers. Reactive attachment disorder may develop if the child's basic needs for comfort, affection and nurturing aren't met and loving, caring, stable attachments with others are not established.

        ➢ Acute Stress Disorder (ASD)- A sub-acute diagnosis of PTSD. The diagnosis of ASD can only be considered from 3 days to one month following a traumatic event (commonly referred to as the acute phase). If posttraumatic symptoms persist beyond a month, the clinician would assess for the presence of PTSD. The ASD diagnosis would no longer apply.

    j. **Schizophrenia Spectrum and Other Psychotic Disorders -** Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions. People with psychoses lose touch with reality. Two of the main symptoms are delusions and hallucinations. Also considered a long-term mental disorder of a type involving a breakdown in the relation between thought,

emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation.

k. **Other Mental, Emotional or Nervous Condition -** Other conditions not included in this list that are related to mental, emotional, or nervous conditions.

Neurodevelopmental Disorders

l. **Autism -** A condition related to brain development that impacts how a person perceives and socializes with others, causing problems in social interaction and communication.

m. **Cerebral Palsy -** A condition marked by impaired muscle coordination (spastic paralysis) and/or other disabilities, typically caused by damage to the brain before or at birth.

n. **Developmental Delay (age 0 to 5) -** The definition of a developmental delay for the purposes of receiving DD services in Colorado means "that a child meets one or more of the following: A. A child who is less than five (5) years of age at risk of having a developmental disability because of the presence of one or more of the following: 1. Chromosomal conditions associated with delays in development, 2. Congenital syndromes and conditions associated with delays in development, 3. Sensory impairments associated with delays in development, 4. Metabolic disorders associated with delays in development, 5. Prenatal and perinatal infections and significant medical problems associated with delays in development, 6. Low birth weight infants weighing less than 1200 grams, or 7. Postnatal acquired problems resulting in delays in development. B. A child less than five (5) years of age who is significantly delayed in development in one or more of the following areas: 1. Communication, 2. Adaptive behavior, 3. Social-emotional, 4. Motor, 5. Sensory, or 6. Cognition. C. A child less than three (3) years of age who lives with one or both parents who have a developmental disability."

o. **Developmental Disability (> age 5)-** The definition of a developmental disability for the purposes of receiving DD services in Colorado is, "IQ of 70 or below OR Adaptive Behavior of 70 or below with a neurological condition that manifested prior to the individual's 22nd birthday."

p. **Down Syndrome -** A genetic disorder caused when abnormal cell division results in an extra full or partial copy of chromosome 21.

q. **Fetal Alcohol Syndrome (FAS) -** A pattern of birth defects, learning, and behavioral problems affecting individuals whose mothers consumed alcohol during pregnancy

r. **Intellectual Disability -** A participant with an Intellectual Disability shall have reduced general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the development period, which prevents the child from receiving reasonable educational benefit from general education.

s. **Learning Disorder -** A chronic condition that interferes with development, integration and/or demonstration of verbal and/or non-verbal abilities

t. **Micro/macrocephaly -** Small or large size of the head in relation to the rest of the body

u. **Prader Willi Syndrome -** A genetic condition characterized by developmental delay, poor muscle tone, short stature, small hands and feet, incomplete sexual development, and unique facial features. Insatiable appetite is a classic feature of PWS. This uncontrollable appetite can lead to health problems and behavior disturbances.

v. **Spina Bifida -** A birth abnormality in which the spinal cord is malformed and lacks its usual protective skeletal and soft tissue coverings

Neurological/Central Nervous System

w. **Spinal Cord Injury -** An injury to the spinal cord resulting in a change, either temporary or permanent, in the cord's normal motor, sensory, or autonomic function.
x. **Traumatic Brain Injury**
  b. **Nonpsychotic mental disorders due to brain damage -** Includes frontal lobe syndrome, personality change due to conditions classified elsewhere, post-concussion syndrome, and other specified nonpsychotic mental disorders following organic brain damage.
  c. **Anoxic brain damage -** Injury to the brain due to a lack of oxygen.
  d. **Compression of the brain -** Brain injury cause by internal compression of the brain.
  e. **Toxic encephalopathy -** A degenerative neurologic disorder caused by exposure to toxic substances like organic solvents.
  f. **Subarachnoid hemorrhage -** Brain damage when blood leaks into the space between two membranes that surround the brain.
  g. **Occlusion and stenosis of precerebral arteries -** A narrow, partially obstructed area in one or both of the carotid arteries of the neck that prevents crucial blood flow to the brain.
  h. **Acute, but ill-defined cerebrovascular disease -** Used when the medical record documents apoplectic attack, cerebral apoplexy, apoplectic seizure or cerebral seizure.
  i. **Other and ill-defined cerebrovascular disease -** Used for brain injuries that occur as a result of cerebrovascular disease but do not fall within the typical brain injury categorization.
  j. **Late effects of cerebrovascular disease -** Long-term impact of abnormal blood supply to the brain.
  k. **Fracture of skull or face -** Cognitive impairments and brain injuries as a result of injury that has caused multiple fractures to the skull and/or other facial bones.
  l. **Concussion -** A brain injury caused by a blow to the head or a violent shaking of the head and body.
  m. **Cerebral laceration and contusion-** Bruises of the brain, usually caused by a direct, strong blow to the head. Cerebral lacerations are tears in brain tissue, caused by a foreign object or pushed-in bone fragment from a skull fracture.
  n. **Subarachnoid, subdural, and extradural hemorrhage, following injury -** A build-up or leak of blood around the brain that puts pressure on the brain and can cause stroke or brain injury.
  o. **Other unspecified intracranial hemorrhage following injury -** A build-up or leak of blood around the brain that puts pressure on the brain and can cause stroke or brain injury that is not categorized as subarachnoid, subdural, or extradural.
  p. **Intracranial injury of other and unspecified nature -** A build-up or leak of blood around the brain that puts pressure on the brain and can cause stroke or brain injury that does not fall into a specified category of intracranial injury.
  q. **Late effects of musculoskeletal and connective tissue injuries -** Long term effects of musculoskeletal and connective tissue injuries on the brain.
  r. **Late effects of injuries to the nervous system -** Long term effects of injuries to the nervous system on the brain.
  s. **Other unspecified injuries to the head resulting in ongoing need for assistance with activities of daily living (ADLs)-** Other disorders related to head injuries that cause impairment in the ability to complete ADLs such as bathing, eating, and dressing.
  t. **Other TBI**

The table concludes with an item on whether all health conditions/diagnoses have been documented:

2. Is this list complete?
　○No *[Document additional information and referrals/follow-ups needed in Comments and Notes]*
　○Yes

If there are additional conditions/diagnoses or other health concerns not captured by the list of conditions, assessors should document these in the notes. If necessary, assessors should provide additional referral for the condition(s) and document these referrals in the Referrals section.

Assessment Item	Guidance
Section 4: Health	
3. Has the participant been diagnosed with a life limiting illness by a medical professional? Note: Life Limiting Illness means a medical condition that, in the opinion of the medical specialist involved, has a prognosis of death that is highly probable before the client reaches adulthood. ⚠️ ○ No ○ Yes	This is a mandatory item to capture whether any of the participant's diagnoses are life limiting. The definition of a life limiting illness is a medical condition that, in the opinion of the medical specialist involved, has a prognosis of death that is highly probable before the client reaches adulthood.

Item 4 is intended to be used to determine whether the participant may be eligible for the CES waiver. Assessors should work with participants/families to determine how often, during an average day, medical or behavioral intervention is required to ensure health and safety. If intervention is required at least 15 minutes on average during a day (including awake and asleep time), mark "Yes" and complete the CES application if the family would like to explore CES.

1.　Is the participant under age 18 AND requires medical and/or behavioral intervention for health and safety at least every 15 minutes on average throughout a 24 hour period?
　　○ Yes- Complete CES Application if participant/parent/guardian wishes to pursue CES
　　○ No

Item 3 contains four components that collect information about the type of treatment/monitoring, who performs it, whether the caregiver is able to perform the treatment/monitoring, and a description of the treatment/monitoring.

Goals and Support Plan Implications

Assessment Item	Guidance
Section 4: Health	
1. What is important to the participant?	This item includes goals or outcomes the participant would like to see. If the participant expresses desired outcomes during the discussion of previous sections, the assessor can bring these back up with the participant and talk about their importance.

Assessment Item	Guidance
Section 4: Health	
	The assessor may need to prompt the participant. The following includes some examples of discussion or questions that might be posed. *Kathryn, we've talked about a lot of things related to your health and I'm interested in what is important for you to see happen in this area.* *Are there changes you'd like to see happen because of services or help from others?* *How could services help you maintain things that are going well for you now?*
2. Assessed Needs and Support Plan Implications _____ ⚠️	The assessor should summarize information that will be critical for developing the Support Plan and the authorization of services. For example: *Edwin has a primary care physician but due to pain that results from a back injury, could potentially benefit from an evaluation for therapy, exercise or other relief strategies.* Or *Beth is currently on many medications prescribed by a variety of physicians, and has had some recent health concerns (falls and confusion) that may be attributable to the medications. Support plan should address medical case management needs.*

Section 5: Sensory and Communication

This section includes items that help determine how well the senses of vision and hearing function for the participant, and the participant's ability to communicate with others. These factors play a critical role in being independent and having meaningful engagement with family and community. Safety of the participant may also be an issue in some cases.

Many medical conditions can affect a participant's senses or his/her ability to internalize information gathered through the senses. Normal aging alone frequently results in changes that make it harder for participants to use their senses and to communicate with others. Disabilities caused by stroke, brain injury, or conditions such as autism can interfere with the participant's ability to take in and

process information correctly. These situations can result in social isolation or may present as a behavioral challenge due to challenges in understanding or expressing needs/wants.

Many participants may be reluctant to admit a challenge or may be unfamiliar with the range of assistive devices available to help compensate for changes in their senses and ability to communicate. Others who admit a challenge may be reluctant to accept the changes caused by their condition. The assessor may need to encourage the participant to seek appropriate medical or other professional help and should refer the participant to resources that provide assistance to compensate for sensory loss or integration issues.

In completing this section, the assessor should use a variety of information sources, including interviews with the participant or others, observation, and record review (e.g., medical records, professional assessments, etc.).

This section contains a special supplement for participants under the age of 12 that will be used to replace items in the Functional Communication portion of the section. The contents of this supplement provide targeted, age-specific items to document communication and cognition abilities and support needs. Assessors should take special care to follow directions and the skip logic when completing this section with participants under the age of 12.

Vision

The first portion of Section 5 deals with vision. The purpose of the section is to determine whether the participant has issues related to vision that affect functioning and to identify any use of or need for adaptive devices and equipment to assist participants with vision challenges in daily functioning. If a participant has vision challenges but does not use adaptive equipment to assist him/her, the assessor may want to consider a referral to determine what other options may help to improve daily functioning. The assessor should also note instances in which training is needed to assist the participant to make better use of equipment or if repair and maintenance of equipment is required.

Information obtained in an item may overlap with another item. If information has already been gathered in an earlier item, the assessor does not need to re-ask the participant for information in the later item. Use information previously obtained. For example, when asking about vision devices needed by the participant, the participant may also talk about the use or need for training on using the device.

Item 1 captures information about visual devices that the participant has or needs. Assessors should score for all applicable device/aids that the participant either has or needs. For each device/aid, assessors can choose one of the following response options:
- o **Assistive device needed and available -** The participant has the device/aid and is able to use it to perform part or all of the task.
- o **Assistive device needed but current device unsuitable -** The participant has the device/aid, but does not use. This could be for a number of reasons, including not knowing how to use the device/aid, problems with device itself, or not wanting to use it because it's embarrassing, complicated, or inconvenient. Assessors should briefly summarize why the participant does not use the device/aid and ways to improve utilization, such as training, in the comments section in the subsequent column.

- o **Assistive device needed but not available -** This response should be used to document devices/aids that the participant does not have but may benefit from. Assessors should briefly summarize the need for the device/aid in the comments section.
- o **Participant refused-** Participant chooses not to use needed device.
- o **Not applicable-** Participant does not need this device

The list of devices includes many items, ranging from low-tech items such as magnifying glasses or larger visual displays to higher tech items such as specialized computer software.

The assessor should identify all that apply by asking the participant about any devices used and by reviewing available records. All assistive devices used by the participant should be documented, including those used in specific settings. For example, participants may use different devices at home than in the work place.

Some of the listed items, such as audio books, are commonly used and preferred by a large number of people for a variety of reasons. **In this section, the assessor should indicate the use/need of the device only if it is used because of vision challenges.** *For example, a participant may listen to audio books while in the car or doing other things in order to free-up hands or because he/she prefers to listen to a book/information. In this case the item would NOT be checked. Only check off the item if the use relates to a vision related issue.*

Below are definitions and guidance for select items contained in the list:

- **Projection device -** This is a device used to project and enlarge images on a monitor or other screen. This can include projection of written text or three dimensional items.
- **Strong convex lens** - This type of lens includes specialized glasses or other lenses used to correct for refraction errors.
- **Distance magnifiers** - This refers to a telescopic magnifier used for far distance vision, frequently used by participants with macular degeneration.
- **Reading rectangle** - A black matte plastic device in which a rectangular opening shows only a few lines of type. This is frequently used to reduce glare or other distractions that affect the person's ability to see printed material.
- **Computer software** - This includes adaptive equipment used in conjunction with the computer that convert text to Braille or other alternatives for use by a participant. Refreshable Braille displays usually work in conjunction with the computer keyboard, Bluetooth technology, or voice over. Displays are convert transmitted information to alternative formats that can be interpreted by the participant. This also includes portable Braille displays.
- **Medical phone alert system** - This includes a device that allows the participant to obtain help for a medical emergency without dialing a telephone. For example, in the case of an emergency a device worn by the participant (e.g. pendant) will call predetermined numbers to alert others to the participant's need for assistance. This item should only be checked if the medical phone alert system is needed (at least in part) because of a visual impairment.
- **Service animal** - This refers to a service animal that has received specific training as a seeing eye dog to assist a participant who has a visual impairment.

Assessment Item	Guidance
Section 5: Sensory and Communication	
2. Ability to see in adequate light (with glasses or other visual devices and aids): ○ Adequate: sees fine detail, including regular print in newspapers/books ○ Mildly to moderately impaired: Can identify objects; may see large print ○ Severely impaired: No vision or object identification questionable ○ Unable to assess ○ Unknown	Document the participant's vision abilities. Consider the participant's use of equipment discussed in item 1, such as glasses and contacts, when making the determination.
3. Issues related to vision: ☐ Cataracts ☐ Congenital blindness ☐ Cortical blindness ☐ Decreased side vision – Left ☐ Decreased side vision – Right ☐ Diabetic retinopathy ☐ Eye movement disorders ☐ Farsighted ☐ Glaucoma ☐ Halos or rings around light, curtains over eyes, or flashes of lights ☐ Intermittent exotropia ☐ Legally blind (even with the use of glasses or contacts) ☐ Macular degeneration ☐ Nearsighted ☐ Night blindness (unable to functionally see in dark environments) ☐ Challenges with Depth Perception ☐ Retinitis pigmentosa ☐ Tunnel vision ☐ Other _____ ☐ Other _____	This item is mandatory. The assessor will indicate any diagnosis affecting vision. Check all that apply. If any of the vision issues were discussed/recorded during the Health section, staff do not need to revisit the issues; they should simply document applicable issues. Definitions and guidance for some select items are below. Cataracts - A medical condition in which the lens of the eye becomes progressively opaque, resulting in blurred vision. Congenital blindness- Participant was blind at birth for a variety of medical and/or genetic reasons. Cortical blindness- Total or partial loss of vision in a normal-appearing eye caused by damage to the brain's occipital cortex Diabetic retinopathy - Damage to the tiny blood vessels that nourish the retina. They leak blood and other fluids that cause swelling of retinal tissue and clouding of vision. Farsighted- Unable to see things that are relatively close to the eyes Glaucoma- A group of diseases that damage the eye's optic nerve and can result in vision loss and blindness. Intermittent exotropia- When the eye turns outward only some of the time.

Assessment Item	Guidance
Section 5: Sensory and Communication	
	Macular degeneration - An eye disease that progressively destroys the macula, the central portion of the retina, impairing central vision.
	Nearsighted- Unable to see things that are relatively far from the eye
	Retinitis pigmentosa - A chronic hereditary eye disease characterized by black pigmentation and gradual degeneration of the retina
	Tunnel vision - Defective sight in which objects cannot be properly seen if not close to the center of the field of view.

Hearing

The next portion of Section 5 is used to determine whether the participant has issues related to hearing that affect functioning and to identify any use of or need for adaptive devices and equipment to assist participants with hearing challenges with daily functioning. If a participant has challenges but does not use adaptive equipment to assist him/her, the assessor may want to consider a referral to determine what might be feasible to help improve functioning. The assessor should also note instances in which training is needed to assist the participant to make better use of their equipment or if repair and maintenance of equipment is required.

Item 1 captures information about auditory devices that the participant has or needs. Assessors should score for all applicable device/aids that the participant either has or needs. For each device/aid, assessors can choose one of the following response options:
  - **Assistive device needed and available -** The participant has the device/aid and is able to use it to perform part or all of the task.
  - **Assistive device needed but current device unsuitable -** The participant has the device/aid, but does not use. This could be for a number of reasons, including not knowing how to use the device/aid, problems with device itself, or not wanting to use it because it's embarrassing, complicated, or inconvenient. Assessors should briefly summarize why the participant does not use the device/aid and ways to improve utilization, such as training, in the comments section in the subsequent column.
  - **Assistive device needed but not available -** This response should be used to document devices/aids that the participant does not have but may benefit from. Assessors should briefly summarize the need for the device/aid in the comments section.
  - **Participant refused-** Participant chooses not to use needed device.
  - **Not applicable-** Participant does not need this device

The assessor should identify all items that apply by asking the participant about any devices used and by reviewing available records. Assistive devices in various settings should be considered. For example,

participants may use different devices at home than in public places due to background or ambient noise.

- **Cochlear implant(s)** - A cochlear implant (CI) is a surgically implanted electronic device that provides a sense of sound to a person who is profoundly deaf or severely hard of hearing. The cochlear implant is often referred to as a bionic ear.
- **FM Sound System** - This refers to a personal frequency modulation system. This system works like a mini radio station in which a microphone transmits sound to a receiving headset used by the participant. These items are commercially available and are used in various settings, such as theaters or venues used for presentations.
- **Infrared Sound System** - Infrared sound systems transmit sound using infrared light waves. These systems are frequently used in homes to assist participants to hear audio on TV sets, but may also be used in theaters or other venues.
- **Closed Captioning** - Closed captioning refers to the display of text on a television, monitor, or other screen.
- **Assistive listening device** - These are devices, such as a telephone amplifier or remote doorbell, which can help in situations where participants have difficulty hearing - either because of background noise or because sounds come from far away.

Assessment Item	Guidance
Section 5: Sensory & Communication	
3. Ability to hear (with hearing aid or hearing device, if normally used): ◯ Adequate: hears normal conversation and TV without difficulty ◯ Mildly to moderately impaired: Difficulty hearing in some environments or speaker may need to increase volume or speak distinctly ◯ Severely impaired: Absence of useful hearing ◯ Unable to assess ◯ Unknown	Document the participant's hearing abilities. Consider the participant's use of equipment discussed in item 1, such as cochlear implants or hearing aids, when making the determination.

Functional Communication

The next portion of Section 5 deals with functional communication. The purpose is to determine how the participant expresses him/herself and what, if any, challenges exist with expression or the understanding of others. If a participant has challenges but does not use devices, aids, or other alternative mechanisms for communicating, the assessor may want to consider a referral to determine what might be feasible to help improve opportunities to communicate. The assessor should also note instances in which training is needed to assist the participant to make better use of alternatives or their equipment or if repair and maintenance of equipment is required.

Information obtained in an item may overlap with another item. If information has already been gathered in an earlier item, the assessor does not need to re-ask the participant for information in the later item. Use information previously obtained.

Item 1 is a mandatory item that captures information about auditory devices that the participant has or needs. Assessors should score for all applicable device/aids that the participant either has or needs. For each device/aid, assessors can choose one of the following response options:
- **Assistive device needed and available -** The participant has the device/aid and is able to use it to perform part or all of the task.
- **Assistive device needed but current device unsuitable -** The participant has the device/aid, but does not use. This could be for a number of reasons, including not knowing how to use the device/aid, problems with device itself, or not wanting to use it because it's embarrassing, complicated, or inconvenient. Assessors should briefly summarize why the participant does not use the device/aid and ways to improve utilization, such as training, in the comments section in the subsequent column.
- **Assistive device needed but not available -** This response should be used to document devices/aids that the participant does not have but may benefit from. Assessors should briefly summarize the need for the device/aid in the comments section.
- **Participant refused-** Participant chooses not to use needed device.
- **Not applicable-** Participant does not need this device

The assessor should identify all items that apply by asking the participant about any devices used and by reviewing available records. Assistive devices in various settings should be considered. For example, participants may use different devices at home than in public places or in the workplace.

Participants under the age of 12 will work with the assessor to complete item two-five below and proceed to the Sensory and Communication Supplement. The supplement contains targeted items that are specific to the expected level of functional and cognitive abilities based on the participant's chronological age. See the separate training manual that is specific to the supplement. Participants over the age of 12 will skip Item 2 and complete the rest of the section.

Assessment Item	Guidance
Section 5: Sensory & Communication	
For participants under the age of 12 only. 2. **Describe any functional communication impairments, diagnoses, or issues. Include a description of barriers/challenges that this creates and any devices that are used to address them.**⚠	Item 2 is intended to allow the assessor to capture any known diagnoses, conditions, or other issues that may impact functional communication for participants under the age of 12. Young participants may exhibit symptoms of a functional communication impairment but have not been assessed. Assessors should note any related concerns that the parent/guardian/participant express, diagnosed or not. This information will be helpful for support planning and completing the supplement. When documenting this conversation, also consider equipment that is used to improve functional

Assessment Item	Guidance
Section 5: Sensory & Communication	
	communication, such as behavior modifications, environmental enhancements, or other interventions. At this time, proceed to the Sensory and Communication Supplement and complete the section that corresponds with the participant's age. Return to Item 3 after the Supplement is complete.
3. Understanding verbal content (excluding language barriers): ○ Understands: Clear comprehension without cues or repetitions ○ Usually understands: Understands most conversations, but misses some part/intent of message. Requires cues at times to understand ○ Sometimes understands: Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand ○ Rarely/Never understands ○ Unable to answer ○ Unknown	This item requires the assessor to indicate the extent to which the participant is able to understand verbal content. This does not include language barriers (e.g., participant understands Spanish spoken to him/her but does not understand English). For some participants, it may be difficult to determine the amount of verbal language he/she understands. This item can be somewhat subjective, and is sometimes based only on cues picked up by other people who know the participant. In this situation, the assessor should obtain information from others who know the participant well and have regular interaction. These other people are most likely to be able to pick up on cues that indicate understanding of verbal content.
4. Participant's ability to express ideas or wants with individuals he/she is familiar with. ○ Expresses complex messages without difficulty and with speech that is clear and easy to understand ○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear ○ Frequently exhibits difficulty with expressing needs and ideas ○ Rarely/never expresses self or speech is very difficult to understand ○ Unable to assess ○ Unknown	**Items 4 and 5** document the participant's ability to communicate with individuals he/she is familiar and not familiar with, respectively. These items are intended to be coded based on the participant's <u>ability</u> to express ideas or wants and any barriers related to memory and/or cognition. *For example, if the participant is able to express complex messages clearly but does not like to because he/she is shy, staff should still code on the ability, which would be "Expresses complex messages without difficulty."* Some participants are able to more effectively communicate with individuals he/she is familiar with than individuals he/she is not familiar with. This may be because of a speech issue related to stroke or brain injury or cognitive issues that do not allow the formation of lucid thoughts.
5. Participant's ability to express ideas or wants with individuals he/she is not familiar with.	Staff should use all readily available mechanisms to score this item, including observing the participant, having the participant self-report on his/her abilities, and interviewing family, friends, and caregivers.

Assessment Item	Guidance
Section 5: Sensory & Communication	
○ Expresses complex messages without difficulty and with speech that is clear and easy to understand ○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear ○ Frequently exhibits difficulty with expressing needs and ideas ○ Rarely/never expresses self or speech is very difficult to understand ○ Unable to assess ○ Unknown If participant is age 12 or under, skip to Section 4: Supports Needed	
6. Method(s) participant likes to use to communicate with others: ☐ Verbal English ☐ Verbal Spanish ☐ Verbal Other Language, identify:_____ ☐ Sign Language ☐ Writing/Braille ☐ Gestures ☐ Facial expression ☐ Texting/Email/Social Media ☐ Electronic Device ☐ Other:_____ If Sign Language was not selected, skip to Item 8.	Identify the participant's preferred method of communication. Check all that apply. For example, a participant with cerebral palsy may prefer to communicate in both verbal English and an electronic device, such as an iPad. If the participant responds with "Sign Language", proceed to item 7, otherwise skip to item 8.
7. Type of sign language participant uses: ☐ American Sign Language ☐ Baby Sign ☐ Cued speech ☐ Emoticon + Bodicon (facial expression + body language) ☐ Home Signs, Gestures ☐ International Sign Language ☐ Limited or Close Vision Signing ☐ Manual alphabet (finger spelling) ☐ Signed English	If applicable, indicate the type of sign language used by the participant. Check all that apply. **Definitions of Sign Language:** • **American Sign Language (ASL)** - This form of sign language is the most frequently used in the US and Canada. • **Baby Sign** - This is a simplified version of signing used with babies and toddlers.

Assessment Item	Guidance
Section 5: Sensory & Communication	
☐ Tactile (hand in hand) Signing ☐ Other, describe:_____	• **Cued Speech-** A method of communication in which the mouth movements of speech are combined with a system of hand movements. • **Emoticon + Bodicon** - This form of communication is achieved through facial expression and body language. Generally, this form of communication is most understandable to a small group familiar with the participant. • **Home Signs, Gestures** - Home signs and gestures are a form of sign language not formally recognized. Generally, this form of sign language is only understandable to a small group familiar with a participant. • **International Sign Language** - This is another form of sign language, frequently used in other countries and/or at international events. • **Limited or Close Vision Signing** - This includes signing close to the face/eyes of a person, due to the person's restricted field of vision. • **Manual Alphabet** - The manual alphabet uses signs for each letter of the alphabet. Participants spell out words using these hand signs. • **Signed English** - This is a form of sign language based on English words and syntax. • **Tactile Signing** - This refers to the use of signs that are "read" by a participant by feeling the shape of the sign language. In this case, the participant is not able to visually see the sign.
8. Method(s) participant likes others to use to communicate with him/her: ☐ Verbal English ☐ Verbal Spanish ☐ Verbal Other Language, identify _____ ☐ Sign Language ☐ Writing/Braille ☐ Gestures ☐ Facial Expression ☐ Texting/Email/Social Media ☐ Electronic Device ☐ Other:_____	Identify the participant's preferred method for others to communicate with him/her. Check all that apply. For example, a participant who is deaf may be able to read lips of English speaking individuals but prefers using sign language.
9. Participant uses any type of augmentative communication device: ◯ No	Indicate whether participant uses augmentative communication devices or would like to explore use of a device. If devices are currently used, briefly identify them.

Assessment Item	Guidance
Section 5: Sensory & Communication	
○ No, but would like to and/or needs referral [Staff should make referral to Speech Language Pathologist] ○ Yes, identify:_____	*Augmentative communication includes communication devices that are used to express thoughts, needs, wants, and ideas.*

Supports Needed

This portion of Section 5 is used to summarize specific supports needed, including supports to ensure health and welfare. These items should be used in developing the Support Plan and to address risk mitigation.

Assessment Item	Guidance
Section 5: Sensory & Communication	
1. **Are there any health or safety issues that need to be considered in providing support to the participant? For example, does he/she need signaling devices (e.g., bell tap light)?** ○ No ○ Yes, describe:_____	This is a mandatory item. Indicate whether there are health and safety issues that should be addressed in providing support. If coded "yes", the assessor should briefly describe.
2. **Does the participant need help in an emergency because of a vision, hearing, or communication need?** ○ No ○ Yes, describe:_____	This is a mandatory item. Indicate the need for help in an emergency because of a vision, hearing or communication need.

Goals and Support Plan Implications

Assessment Item	Guidance
Section 6: Goals and Support Plan Implications	
1. **What is important to the individual?** _____	This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections, the assessor can bring these back up with the participant and talk about their importance. The assessor may need to prompt the participant. The following includes some examples of discussion or questions that might be posed. *For example: Mary Sue, we've talked about a lot of things related to your (vision, hearing, communication, sensory integration). I'm interested in what is important for you to see happen in this area.*

Assessment Item	Guidance
Section 6: Goals and Support Plan Implications	
	▪ *Are there changes you'd like to see happen as a result of services or help from others?* ▪ *What would be most important to you see change as the result of services?* ▪ *How could services help you maintain things that are going well for you now?*
2. Assessed Needs and Support Plan Implications	This item allows the assessor to summarize needs and implications for support planning. *For example, Chris is deaf and will need a sign language interpreter for his support planning meeting. His plan should address assistive technology in his home that would support his independence and safety.*

Section 6: Psychosocial

The purposes of the Psychosocial section are to document whether the participant demonstrates any behaviors affecting functioning, health and safety; and the type and amount of support needed in this context.

Particular attention should be paid to the types of intervention used to address behavioral needs and whether the intervention results in placing conditions on participant's privacy or access in the home or community. The need for intervention should be addressed in the participant's Support Plan and, depending on the nature of intervention, may require other review. The section provides information for the Support Plan including:

- The specific nature and frequency of the behavior and its impact on functioning.
- The type and frequency of intervention to address behavioral needs.
- The need for referral to obtain additional professional assessment or assistance.

The assessor can use various sources of information for completing this section. Direct observation of behavioral issues is not necessary. Information can be obtained from talking with the participant or his/her caregiver (paid or unpaid), or from records such as incident reports, health records, provider notes, or other assessment information (e.g., behavioral health assessments, etc.) Sometimes caregivers may fear the assessment will fail to truly capture the nature and intensity of behavioral issues or that the level of assistance/supervision necessary to be provided will be understated by the assessment. Assure the caregiver that the assessment items will help gather a thorough description of the behavior, and the participant and caregiver will have ample opportunity to talk about the impacts of the behavior and what types of prevention or intervention should occur. Assessors should take any notes that will help in the development of a support plan, including notes to clarify how the behavior impacts functioning and the people around the participant, and the efforts made by the participant and/or caregiver to prevent the behavior and/or intervene when the behaviors occur.

Completing the Psychosocial Items

The first portion of Section 6 deals with 4 areas of behavior. Minimally, assessors should identify if the participant demonstrates, has a history of, or if the assessor or others have a concern about the re-occurrence of a specific behavior issue.

For participants over the age of 18, assessors should use the response options to indicate whether the behavior issue is present, if there is a history of the behavior, and if there is a concern about re-occurrence. If any response is selected other than "No history and no concern about this behavior/Behavior is present but is consistent with chronological age" the assessor will document follow-up information about the behavior. If the participant currently requires intervention, assessors will document an additional layer of information including its impact on functioning, and the type and frequency of intervention.

For individuals under the age of 18, assessors should evaluate whether the behavior is consistent with the child's chronological, **NOT** cognitive, age AND is problematic. Some behaviors may be expected in younger children but may become more socially and/or legally problematic if they are not addressed as the child ages.

For example:

Behavior Issue	Intervention Type & Intervention Frequency	Presenting Behaviors
Withdrawal - Participant has a tendency, or would without an intervention, to avoid, isolate or retreat from conversation, interaction or activity. ○ No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 2) ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 1A and describe history) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 1A and describe history and concerns) ○ Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age	☐ None 0 Cueing 0 Physical Prompts 0 Planned intervention 0 Other, describe:＿＿ ☐ Not adequately addressed in the support plan ☐ Behavior is intermittent and/or cyclical, describe: ＿＿＿＿＿＿	☐ Avoidance ☐ Isolation ☐ Lack of interest in life events ☐ Other

Guidance for Columns 1-2

Columns 1-2 above include the following:

– Behavior issue
– Intervention type and frequency

Behavior Issue - Does the participant exhibit the behavior? As mentioned above, the assessor will document at least whether or not the participant displays the behavior, a history of the behavior

issue, and whether there is a concern about re-occurrence. If the behavior is not exhibited or, for children, is exhibited but consistent with chronological age, the assessor should record "No history and no concern about this behavior/Behavior is present but is consistent with chronological age " and then proceed to the next listed behavior. If the participant has a history of the behavior, assessors should briefly describe the history in the follow-up (A) version of the item. If the assessor has concerns about the re-occurrence of a behavior, for example because of types of interventions (or lack of interventions) or lack of structure in the living environment, the assessor should describe these concerns to be addressed in Support Planning in the follow-up (A) version of the item. If a behavior is not exhibited because of implementation of planned, preventative intervention, score the behavior displayed as "Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age" and complete the follow-up items.

Guidance for Behaviors Reported as New:

Sometimes an assessment will occur at a time shortly after a participant begins to demonstrate new behaviors not previously seen. New behaviors may start appearing for many reasons, may significantly affect functioning, and potentially can become a long-term concern if not addressed. Behavioral changes can be related to a sudden or temporary change of life circumstances or may signal an underlying problem that should be explored. For example, a recent loss may cause someone to substantially withdraw from activities and friends. Or, someone may be feeling distress brought on by illness or pain, a threatening event, environmental changes, or other circumstances that cause feelings of worry or stress. In these cases, the recent onset of a behavior may result in only being able to obtain incomplete or unclear information regarding the behavior, providing little indication about whether ongoing intervention is likely to be required.

The assessor is not being asked to make a determination about the likelihood that the behavior is transitory versus likely to present an ongoing need. The assessor should use this section to inquire about recent events that may relate to the onset of the new behavior. Following completion of this section, the assessor may need to provide a referral for a medical appointment or mental health professional, and address the new behavior as part of support planning.

Intervention type & frequency - How frequently are various types of intervention required for the behavior? Select the frequency that best describes a typical intervention experience for the behavior within each of the levels of intervention type. If a behavior has escalated in frequency or intensity due to a recent change (e.g., within the past 30 days), the assessor should make a note of this.

For example, combative behavior may escalate if the participant is recovering from surgery or is experiencing pain. Making note of this type of information will assist in support planning regarding whether the change is likely to require longer term supports versus additional/new supports for a temporary situation. It may be necessary to re-evaluate the behavior prior to developing or renewing the support plan, or the assessor may also want to recommend a review of the assessment information to occur within a specified time period.

For each intervention type, provide the frequency code (number only) that the corresponding intervention is needed for each behavior issue. Intervention types include:

- **None -** Requires no intervention

- **Cueing/Verbal prompt –** Responds to simple verbal or gestural redirection
- **Physical Prompts –** Responds to simple cueing using physical touch or leading
- **Planned Intervention –** Requires a planned intervention approach using positive reinforcement, extensive supervision, restriction of rights (all settings), or other appropriate intervention to be carried out by staff or unpaid caregivers.
- **Other, describe –** Requires other approaches (e.g., structured environment)

Frequency codes for the needed intervention include:

- **0) Never -** Intervention is not needed
- **1) Less than monthly to once per month -** Intervention occurs once per month or less. This option may also indicate that the behavior is intermittent and/or cyclical
- **2) More than once per month and up to weekly -** Intervention occurs twice or more per month, up to once per week
- **3) More than once per week and up to daily -** Intervention occurs twice or more per week, up to once per day
- **4) 2+ times per day (at least 5 days per week) -** Intervention occurs 2 or more times per day, at least 5 days per week

For example: *When William does not agree with what his supports say, he hits himself in the head and screams. This usually occurs five times per week. In these instances, staff are able to talk the issue through with him and get him to calm down. However, 2-3 times per month, Billy becomes very upset and scratches his face, gouges his eyes, and attempts to cut himself. In these instances, staff usually need to use physical or mechanical restraints to maintain Billy's health and safety.*

Using the table below, insert the frequency code for each intervention type:

⭕	None
3	Cueing
0	Physical Prompts
2	Planned intervention
0	Other, describe:___

For behavior that is demonstrated less than one time per month, the assessor should indicate whether the behavior is intermittent and/or cyclical. <u>In general, intermittent or cyclical refers to behaviors clustered around a particular time of year, event or behaviors that recur over a fairly predictable timeframe (e.g., every four months)</u>. The assessor should check the box indicating the behavior is intermittent or cyclical and use the text box to describe how the behavior typically cycles (e.g. holidays, anniversaries, after doctor's appointments, when medication levels are low, etc.).

Guidance for Scoring Presenting Behaviors (Column 3)

Column 3 deals with specific ways in which an area of behavior that is problematic presents itself. Using the earlier example of withdrawal, the following presenting behaviors are displayed under the column entitled Presenting Behaviors: avoidance, isolation, lack of interest in life activities and other.

Presenting behaviors - What types of specific behaviors does the participant display?

If the behavior is identified as being present, the assessor will need to identify the specific ways in which the behavior presents itself. Check all descriptions that apply to the behavior of the participant. The *Guidance* column below provides the list contained in the assessment tool and gives some guidance and examples for the assessor.

Following each behavior issue, there is an opportunity for the assessor to further describe the details of the response. The follow-up (A) version of each item can be used to document additional information, such as the type of intervention that is most effective for the behavior, other presenting behaviors, and related diagnoses.

Assessment Item	Guidance
Section 6: Psychosocial	
1. ***Injurious to Self -*** Participant displays dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs). ○ No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 2) ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 1A and describe history) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 1A and describe history and concerns) ○ Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age	This category includes behaviors that pose a risk of self-injury. Examples include: ☐ Chemical abuse/misuse ☐ Cutting self ☐ Head-banging ☐ Overeating with acute medical implications ☐ Pulling out hair ☐ Puts self in dangerous situations that cause or may cause self-harm or injury ☐ Self-biting ☐ Self-burning ☐ Self-hitting ☐ Self-poking/stabbing ☐ Self-restricts eating ☐ Other:_____ If "other" is selected, briefly describe the self-injurious behavior. *For example: John digs with his fingernails at wounds or scabs, causing infection.* If the behavior(s) checked above are not currently demonstrated because of preventative efforts or controls (*e.g., caregiver locks up scissors or access to matches so that participant cannot hurt him/herself with them*), record the behavior(s) being prevented, and indicate the preventative intervention as "other" in the Intervention area.
2. **Physically aggressive or combative** Participant displays physical behavior symptoms directed toward others (e.g., hits, kicks, pushes, or punches others, throws objects, spitting).	This category includes behaviors that present a physical threat to others. Examples include: ☐ Bites

Assessment Item	Guidance
Section 6: Psychosocial	
○ No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 3) ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 2A and describe history) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 2A and describe history and concerns) ○ Currently requires intervention and/or displays symptoms and behavior is not consistent with	☐ Hits/Punches ☐ Kicks ☐ Pulls other's hair ☐ Pushes ☐ Scratches ☐ Throws objects at others ☐ Unwanted touching of others ☐ Tripping ☐ Uses objects to hurt others ☐ Other:_____ If "other" is selected, briefly describe the behavior. *For example: When Betty gets mad she attempts to hit others near her.* If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
3. Verbally aggressive towards others - Participant displays verbal behavioral symptoms directed towards others (e.g., yelling, screaming, threatening, cursing, excessive profanity, sexual references). ○ No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 4) ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 3A and describe history) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 3A and describe history and concerns) ○ Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age	This category includes behaviors that are verbally aggressive towards others. If the participant uses alternative forms of communication, but the contents of such are aggressive or abusive toward others, score this behavior the same as someone who communicates verbally. If the participant is concurrently physically and verbally aggressive toward others, score each category of behavior (Aggressive towards others, verbal – item 3, and Aggressive or combative – item 2.) Examples of aggressive or abusive verbal behavior include: ☐ Attempts to intimidate through aggressive gestures with no physical contact ☐ Goads/provokes ☐ Intimidates/stares ☐ Manipulates others - verbal/gestural ☐ Swears at others ☐ Taunts/teases ☐ Verbal Threats ☐ Writes threatening notes (includes electronic or other) ☐ Yells/screams at others

Assessment Item	Guidance
Section 6: Psychosocial	
	☐ Other:_____ If "other" is selected, briefly describe the behavior. For the pilot, the following item has been added: Present threat to own or other's safety? 　○ No 　○ Yes If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.
4. Property destruction - Participant engages in behavior, or would without an intervention, to intentionally disassemble, damage or destroy public or private property or possessions. ○ No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 5) ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 4A and describe history) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 4A and describe history and concerns) ○ Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age	This category of behaviors includes destruction of public or private property which require intervention. This does not include minor accidental or incidental property damage. Rather, it involves purposeful and intentional damaging of property. Examples include: ☐ Breaks windows, glasses, lamps or furniture ☐ Sets fires ☐ Tears clothing ☐ Uses tools/objects to damage property ☐ Other:_____ If "other" is selected, briefly describe the behavior. *For example, Sam destroys household items by throwing items into the garbage or out into the yard/street.* If the behavior is not currently demonstrated because of preventative efforts or controls (*e.g., avoidance of triggers that cause behaviors to occur*), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.

The remaining items in Section 6 are described below.

Assessment Item	Guidance
Section 6: Psychosocial	
5. **Is the participant under age 18 AND on average requires intervention greater than verbal redirection at least once every two hours during the day and/or once every three hours at night across all behavior and health issues AND/OR every 15 minutes throughout a 24 hour period for constant vocalizations?** ❍ Yes- Complete CES Application if participant/parent/guardian wishes to pursue CES ❍ No	This item is intended to identify participants who may be eligible for CES and should proceed with the CES Waiver Application. Participants who meet this criteria should be provided brief information about the CES waiver and assessors should work with the participant/parent/guardian to establish if the CES application should be completed. If the participant is over age 18, mark "No" and skip to the next item.
6. **Participant has a DD Determination on file.** ❍ Yes ❍ No	To be able to access IDD services, participants must have a DD Determination form on file. Indicate whether the form has been completed and submitted. If the participant potentially has IDD and would like IDD services, assist or provide a referral for assistance with completing the DD Determination.
7. **The participant is 18 or older and has an IDD diagnosis.** ↗ ❍ No ❍ Yes	This item will be automated if the diagnoses items have been previously completed. It is used to indicate whether a participant may be eligible for IDD services.
8. How likely is it that disruptive or dangerous behaviors would occur and/or escalate if services were withdrawn? ❍ Highly unlikely ❍ Unlikely ❍ Likely ❍ Very likely ❍ Behavior would almost certainly reoccur ❍ Not sure ❍ Not currently receiving services If likely or higher, explain:_____	The assessor will indicate whether the removal of supports would likely result in the (re)occurrence of disruptive or dangerous behaviors. The purpose of this item is to identify the important role of supports that function as a preventative to behavioral issues. This item informs the Support Planning team about the necessity and continuation of preventative supports in regard to behaviors. Indicate the choice that best describes the likelihood that removal of supports would result in the return and/or escalation of the behavior. If likely, the assessor should briefly explain.
9. What is important to the individual?	This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections, the assessor can bring these back up with the participant and talk about their importance.

Assessment Item	Guidance
Section 6: Psychosocial	
	The assessor may need to prompt the participant. The following includes some examples of discussion or questions that might be posed. *For example: Mary Sue, we've talked about a lot of things related to behavior and how you are feeling during this part of the assessment and I'm interested in what is important for you to see happen in this area.* ▪ *Are there changes you'd like to see happen as a result of services or help from others?* ▪ *What would be most important for you to see change as the result of services?* ▪ *How could services help you maintain things that are going well for you now?*
10. Referrals Needed: ☐ Addiction counseling (e.g., 12 Step programs) ☐ Advocacy ☐ Behavioral services/therapies ☐ Behavioral Health Organization (BHO)/ diagnostic assessment by a Mental Health Professional ☐ Counselor ☐ Colorado Quit Line ☐ Crisis Services ☐ Functional behavior assessment ☐ Gambling Evaluation ☐ Ongoing care from a Mental Health Professional ☐ Primary Health Care Provider ☐ Protective Services ☐ Special training for staff ☐ Other, describe:_____ ☐ Other, describe:_____	The assessor should summarize any referral needs identified in the assessment. Check all that apply. If a referral is not listed, use the "other" category at the end of the list and describe the referral.

Section 7: Safety and Self Preservation

The purposes of Section 7 are to identify if the participant needs help in an emergency and whether he/she is at risk of abuse, neglect, or exploitation.

Assessment Item	Guidance
Section 7: Safety and Self Preservation	
1. Do you need help in an emergency? ○ No	Indicate whether the participant needs help in evacuating or moving to a safe area in the case of an emergency.

Assessment Item	Guidance
Section 7: Safety and Self Preservation	
○ Yes, describe:	
2. **Is this participant at risk of self-neglect?** ⚠️ ○ No [Skip to Item 3] ○ Yes, check all that apply: ☐ Alcohol and/or other drug use leading to health or safety concerns ☐ Behaviors that pose a threat of harm to self or others ☐ Dehydration or malnutrition ☐ Hygiene that may compromise health ☐ Impairment of orientation, memory, reasoning and/or judgment ☐ Inability to manage funds that may result in negative consequences ☐ Inability to manage medications or to seek medical treatment that may threaten health or safety ☐ Unsafe/unhealthy living conditions ☐ Other, describe:_____	The assessor should score this item based on information gathered throughout the assessment. It may be advisable to complete this item toward the latter part of the assessment. Children are expected to require supervision and oversight and may, on their own, be at risk of self-neglect. When responding to this item, consider only those instances of self-neglect that a child the same age without a disability would not likely experience or have addressed with supervision and oversight. If the participant does not appear to be at risk of self-neglect, mark "No" and skip to Item 3.
3. **Is this participant at risk of neglect, abuse, or exploitation by another person?** ○ No ○ Yes, describe:	The assessor should score this item based on information gathered throughout the assessment. It may be advisable to complete this item toward the latter part of the assessment.
4. **What is important to the individual?**	This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections, the assessor can bring these back up with the participant and talk about their importance. The assessor may need to prompt the participant. The following is an example of discussion or questions that might be posed. *Ted, you mentioned earlier that you sometimes don't feel safe at home. What would you like to see happen so that you no longer feel that way?*
5. **Assessed Needs and Support Plan Implications:**	This item allows the assessor to summarize needs and implications for support planning.

Assessment Item	Guidance
Section 7: Safety and Self Preservation	
	For example: Jill is afraid of falling at home, not being able to get up, and laying on the floor for days before someone finds her. She would like some way to get help or have someone check on her regularly to make sure she is okay.

Section 8: Housing and Environment

The purpose of the Housing and Environment section is to assess current housing circumstances to determine any environmental and safety concerns; identify opportunities to increase independence through environment modifications or other changes to the living situation; identify needs for individuals transitioning to a new residence or desiring to change residences; and identify referrals and any support/service needs related to housing and environment.

The Housing and Environment section helps to identify housing and environmental needs that should be addressed as part of developing a comprehensive support plan for the participant. The assessor will be using a variety of approaches and sources to indicate items in the section. For example, the section on home safety is designed to be done through a combination of observation and discussion with the participant or his/her representative. Some items may be informed through other portions of the assessment, reports or information from others having interaction with the participant over time, or through a discussion with the participant.

Housing Status

This portion of Section 8 should prefill from the Participant Information section. If not, the assessor should complete.

Assessment Item	Guidance
Section 8: Housing and Environment	
1. Participant's residence: ❍ Alone, in own home (owned or rented) ❍ With both parents/guardians ❍ With single parent/guardian and other legally responsible parent/guardian is living elsewhere ❍ With single parent/guardian, no other legally responsible parent/guardian ❍ With spouse ❍ With children ❍ With non-spouse relatives ❍ With non-relatives ❍ Alternative Care Facility [Skip to Section 2, Item 2-Environmental Quality] ❍ Foster Care ❍ Nursing Facility [Skip to Section 2, Item 2-Environmental Quality]	Assessors should code the participant's setting in 1) the last 3 days (single select) and 2) the past month (multi-select). Select all that apply for the past month. This section prefills from the Intake Screen, however assessors should verify the information provided

Assessment Item	Guidance
◯ Hospital, discharge date if known:_____ [Skip to Section 4] ◯ Host Home ◯ Group Home ◯ ICF/IID [Skip to Section 2, Item 2-Environmental Quality] ◯ Juvenile Correctional Facility [Skip to Section 4] ◯ Adult Correctional Facility [Skip to Section 4] ◯ Homeless [Skip to Section 4] ◯ Residential Treatment Center [Skip to Section 4] ◯ Other. Specify _____ [If stable arrangement, proceed to Section 2. If temporary arrangement, skip to Section 4.]	

Home Environment

Item 1, Environmental Safety, is divided into two components, Emergency Preparedness and Home Safety. The assessor should use observation, interview items and other relevant sources of information to determine scoring for the safety items. If the assessment occurs in the participant's residence, the assessor should observe and document any potential hazards while at the residence. This does not mean the assessor should investigate each room in the house or otherwise invade the participant's privacy. Additionally, it is not necessary to interview the participant about each item.

These items below will be used to identify any home environment concerns that present a substantial risk and should be addressed as part of the plan for the participant. This may include actions such as referral, service provision, mandatory report, or the development of a risk mitigation plan. Each item should be marked Yes (meaning it is reasonably safe), No (meaning there is a substantial risk), or N/A (meaning the item is not applicable at this time).

Assessment Item	Guidance
Section 8: Housing and Environment	
1A. Emergency Preparedness 1. Can get out of the home easily in an emergency 2. Emergency exit plan is in place 3. Emergency kit available (flashlight, candle, water, etc.) 4. Emergency phone numbers easily available 5. Disaster response plan is in place.	Identify any issues related to emergency preparedness, including ensuring that a plan is in place for evacuation in the event of a disaster, such as a wildfire. The disaster response plan includes a plan for receiving notification of a disaster and accommodations for transporting the participant to a safe location with all necessary medications and critical information related to support needs.

Assessment Item	Guidance
Section 8: Housing and Environment	
1B. Home Safety 1. Can access areas of the home safely (including stairs) 2. Doorways of home sufficiently lit 3. Areas of home are sufficiently lit to see 4. Home is free of obstacles (papers, cords, furniture) 5. Home is free of excessive piles (newspapers, magazines, boxes, or other paper materials) 6. Refuse/garbage regularly emptied and removed from the home 7. Carpets and small rugs present no danger of tripping (with or without mobility aid/wheelchair) (Skip to 9 for children age <9) 8. Stove controls are easy to see and use for the participant 9. Participant can reach appropriate items in the home without help 10. Smoke detector works on each floor of home 11. Fire extinguisher is located near the stove and is in working order 12. Adequate heating and cooling 13. Stair rails and banisters appear in good repair 14. All steps in good repair (not loose, broken, missing or worn in places) 15. Water is clean/drinkable 16. Refrigerator works and appears cool enough for food 17. Home appears insect/rodent free 18. Shower/tub has non-skid surface 19. Tub/shower has a sturdy grab bar 20. If needed, home has been safety-proofed 21. No other hazards noted	Identify any issues that present a safety issue for the participant. Safety issues should be dealt with as part of the risk management portion of the support plan. Note: If a participant is unable to access all parts of the home due to mobility issues (e.g., uses a wheelchair and cannot access the upstairs), this item does not imply that the participant must be able to access all areas. The assessor should note any areas of the home that are not accessible to the participant. If lack of access presents a safety concern, this should be noted. If lack of access presents a concern about maximizing independence, this should be noted in the section of this section dealing with environmental needs.

Transition Housing Needs

This portion of Section focuses on environmental or housing needs. Some of the items in the section include this icon: ⬆. This indicates the item is a mandatory item for participants transitioning from one residence to another. This includes transition from a hospital to a new residence, or from an institution,

corrections, or a current community residence to a new community residence. Items marked with the icon ⚠️ are mandatory for all participants, including those who are not transitioning.

Assessment Item	Guidance
Section 8: Housing and Environment	
1. **Summary of the discussion about where the participant lives:** ⚠️	Document the discussion about where the participant lives, including likes (ex: Access to community activities, supports available nearby) and challenges (ex: Difficult to maneuver wheelchair, does not get along with neighbors). Note information that the participant finds important. Example 1: *I live in a two-story home by myself and I believe this is the best arrangement for me. My case manager and I explored other options, such as an assisted living facility and I am not interested in moving. I want to live in my home for as long as possible* Example 2: *I live in a two-story home by myself and I am concerned about being able to get up and down the stairs by myself. I believe I can be independent for a longer period of time if I rearrange my house so that my bedroom is on the first floor and the bathroom on the first floor is made more accessible.* Example 3: *I live in my parents' home, however, I want to be able to live on my own. I would like to get an apartment, but I want it to be nearby my parents because I love them very much and they would worry about me if I was far away*
2. ☐ **Case Manager discussed all the places that are available to the participant to live, including a home or apartment, assisted living facility, or an institution.** ⚠️	Confirm that you have discussed <u>all</u> living options available to the participant. The discussion must include both the benefits and challenges of each location as it pertains to the participant's needs. While it is not necessary to document the reasons why a participant rejected other living situations, if the conversation results in the participant wanting to consider another living arrangement, document this in notes and as part of the follow-up discussion.
3. **Will the participant be transitioning from where he/she is residing currently to a residence in the community?** ⚠️ ◯ No [Skip to 11] ◯ Yes	This item is used to determine if transition information needs to be collected. If the participant will be transitioning from an institution or a home in the community to a/another home in the community, mark "Yes"

Assessment Item	Guidance
Section 8: Housing and Environment	

4. Is the participant transitioning from a facility? ⌂
 ○ No [Skip to Item 7]
 ○ Yes, indicate the type of facility the individual is transitioning from:
   ○ Hospital
   ○ Intermediate Care Facility-Individuals with Intellectual Disabilities (ICF-IID)
   ○ Nursing Facility – Long Term Skilled Nursing Services
   ○ Nursing Facility – Rehabilitation Facility
   ○ Neurobehavioral Hospital
   ○ Acute Care Inpatient Hospital
   ○ Mental Health Institute – Inpatient
   ○ Mental Health Residential Facility
 	
 a) Name of Facility _____
 b) Address _____
 c) Name of Contact _____
 d) Contact Information _____
 e) Date of current admission_____
	This is a mandatory item for anyone transitioning. If "yes", indicate the type of facility the person is leaving and provide information about the name/location of the facility, contact/contact information, and date of current admission.

5. Reason for admission to the hospital or institution: Check all that apply ○ Medical treatment ○ Post-acute care (rehabilitation) ○ Medical/physical need for skilled nursing care other than rehabilitation ○ Treatment for mental illness – acute ○ Treatment/stabilization of serious and persistent mental illness ○ Cognitive need for skilled care – non IDD ○ Functional or cognitive disabilities requiring 24-hour supervision – IDD ○ Other _____	If the participant currently resides in a hospital or institution, indicate the reason for admission. If "Post acute care (rehabilitation)" was not selected, skip to item 8.
6. Is physician ordered rehabilitation still active? ⌂ ○ No ○ Yes ○ Unknown	For participants who had a response of ""Post acute care (rehabilitation)" in item 5, indicate whether the physician ordered rehabilitation will remain active throughout the transition.

Assessment Item	Guidance
Section 8: Housing and Environment	
7. Is the participant transitioning from a facility? 🏠 ○ No [Skip to Item 7] ○ Yes a) Name of Facility _____ b) Address _____ c) Name of Contact _____ d) Contact Information _____ e) Date of current admission_____	This is a mandatory item for anyone transitioning. If "yes", indicate the type of facility the person is leaving and provide information about the name/location of the facility, contact/contact information, and date of current admission.
8. How soon must a new living arrangement be found? 🏠 ○ Immediate need ○ 24 hours to 3 days ○ 4-7 days ○ 7-14 days ○ 14-30 days ○ More than 30 days	Indicate the timeframe within which a new residence must be found.

9. Type of HCBS Setting participant will Transition To: 🏠
○ Home owned by the participant
○ Home rented by the participant
○ Home of parent/guardian
○ Home of other family member
○ Home of friend
○ Host home
○ HCBS provider owned/operated home
   ○ ID home
   ○ Alternative Care Facility
○ Other, describe: _____
○ Unknown (Skip to Item 11)
 	
10. If residence is already known, provide location. If Unknown, enter N/A:
Address, City, State, Zip code
_____
	This is a mandatory item for anyone transitioning to a community residence with supports. Indicate where the participant will transition to. If the residence is already known, document the address. If unknown, skip to item 11.

11. Does the participant want to live somewhere else? ⚠️ ○ No [Skip to Item 13] ○ Yes ○ Not applicable (setting unknown)	Identify if the *participant* would like to live somewhere else. This item should be asked of all participants, regardless of whether they are transitioning.

Assessment Item	Guidance
Section 8: Housing and Environment	
	Mark "Yes" even if the representative or assessor does not believe that another living option would be best for the participant. If the participant does not want to live somewhere else, skip to item 13.
12. Type of HCBS setting participant prefers: ⚠ ○ Home owned by the participant ○ Home rented by the participant ○ Home of parent/guardian ○ Home of other family member ○ Home of friend ○ Host home ○ HCBS provider owned/operated home 　○ ID home 　○ Alternative Care Facility ○ Other, describe: _____	The assessor should talk with the participant about the type of living arrangement he/she prefers. Some considerations include: • Location or type of neighborhood • Type of residence (apartment, house, etc.) • Roommate(s) or live alone • Live with specific person • Access to transportation or other public amenities • Other attributes identified by the participant *Example: Joan wants a location near her sister and within walking distance to a grocery store. She'd like to live in a small house with a yard so she can have a dog. She is willing to share housing with one or two other women or a couple. She prefers a neighborhood environment.*
13. The participant has a roommate(s). 🏠 ○ Yes　　○ No (Skip to item 15)	Document whether the participant currently has a roommate where he/she lives. If the participant does not have a roommate, skip to item 15.
14. Participant would like to change roommate(s). 🏠 ○ Yes, describe:_____ ○ No	Identify if the participant would like to change his/her roommates. If the participant would like to make a change, describe the problems with his/her current roommates and the type of change he/she would like to make.
15. Making a change in setting and/or roommates should be one of the participant's goals: ⚠ ○ Yes　(Skip to Item 13)　　○ No ○ N/A, does not want to change setting or roommate (Skip to Item 13)	If the participant would like to make a change in his/her setting or roommate during the Support Planning process, select "Yes". If the participant would like to make a change however is unable to (e.g., guardian will not agree to change), select "No" and describe in item 16. If the participant will not be transitioning because he/she does not want to and/or does not wish to change his/her roommates, select the final option.
16. Reasons why participant cannot live where he/she prefer: ⚠	Briefly describe the rationale for why the participant cannot live in his/her preferred setting. Example, Ryann: *I would like to live in my own home, however I do not have enough income to afford rent and*

Assessment Item	Guidance
Section 8: Housing and Environment	
	my guardian does not believe that I would be safe living on my own.
17. I feel safe and am able to meet my health outcomes where I live. ⚠️ ◯Strongly Agree ◯Agree ◯Neither Agree nor Disagree ◯Disagree ◯Strongly Disagree **18. My legal representative feels I am safe and able to meet my health outcomes where I live.** ⚠️ ◯Strongly Agree ◯Agree ◯Neither Agree nor Disagree ◯Disagree ◯Strongly Disagree ◯Not applicable (no legal representative) **19. I feel that where I live allows me to live a meaningful life.** ⚠️ ◯Strongly Agree ◯Agree ◯Neither Agree nor Disagree ◯Disagree ◯Strongly Disagree **20. My legal representative feels that where I live allows me to live a meaningful life.** ⚠️ ◯Strongly Agree ◯Agree ◯Neither Agree nor Disagree ◯Disagree ◯Strongly Disagree ◯Not applicable (no legal representative)	Have participants respond directly to items 17 and 19, while legally recognized representatives should respond directly to items 18 and 20. If the participant does not have a legally recognized representative, select "Not applicable". It may be helpful to print out the response choices in large letters.
21. Indicate the need for environmental accommodations related to physical access/use of a residence in the community. This item applies to either a current home OR to a home the participant will be moving to. Check all that apply. 🏠 ☐ Widened doors ☐ Bathroom handrails ☐ Childproofing/making environment safe for children	Indicate any environmental accommodations needed in the participant's residence. This item applies to either a current home OR to a home the participant will be moving to. Note that the listing includes a variety of different types of accommodations to meet the needs of people with mobility, sensory, sensory integration, medical or other disability related needs. Check all that apply. If an accommodation needed is not listed, check "Other" and briefly describe.

Assessment Item	Guidance
Section 8: Housing and Environment	
☐ Environmental control systems(e.g., activated heating system, cooling systems, humidifiers, air purifiers) ☐ Ramp or no-step entrance into the home ☐ Modifications to flooring (e.g., related to ease of moving across floors) ☐ Modifications of stairs (e.g., treads, coverings, etc.) ☐ Modifications to floor, walls or other areas to accommodate equipment or other assistive devices needed ☐ Roll-in shower ☐ Stand-alone shower (does not have to be roll-in) ☐ Room in shower for bench ☐ Specialized/customized lighting – interior ☐ Specialized/customized lighting – exterior ☐ Specialized/customized sleeping area ☐ Specialized/customized living areas (e.g., due to sensory, behavioral or other needs) ☐ Other ☐ None If other, briefly describe below:	
22. **Describe the need for environmental accommodations related to behavioral issues and needs within the residence (e.g., fence, plexiglass windows, sound proofing).**	Ask the individual what behaviors he or she may have that may cause a concern for his or her safety. Identify the behavior and some recommendations for accommodations to address the behavior or help keep the individual safe.
23. **Are there other concerns that may impact the ability of the participant to live safely in the community?** ○ No [Skip to Next Applicable Section] ○ Yes, indicate any other needs related to a residence in the community's environment. Check all that apply. ☐ Noise abatement	If the participant is currently living in a community home, check any needs that apply to that current residence. Note: Some of these items may also have been identified during the review of home safety or the environmental quality interview. It is okay for the assessor to mark these in both this item and in the earlier section.

Assessment Item	Guidance
Section 8: Housing and Environment	
☐ Access to area within home for increased privacy ☐ Improved access to common areas or furnishings within the household ☐ Ability to keep possessions away from others (e.g., locked drawer, cabinet, etc.) ☐ Key for access into home/ apartment ☐ Interior home repairs needed for safety _____ ☐ Exterior repairs needed for safety _____ ☐ Trash removal ☐ Housekeeping ☐ Remediation of fire safety concerns _____ ☐ Remediation of other home concerns _____ ☐ Other _____	

Housing Supplement

This portion of Section 8 collects additional transition information. It should **only** be used with participants who indicated that they will be transitioning in Section 4 (i.e. responded "Yes" to items 3, 4, or 7)

Items 1, 2, and 3 evaluate whether the participant's support network is supportive of him/her transitioning to/within the community and if they are available to assist within transitioning. It will be important to understand the support network and how support will be provided to inform the discussion within the transition supplement. If individuals do not support the participant's transition to/across (if transitioning from one residence in the community to another) the community, it is important to discuss why they do not support this and what, if any, support they are willing to provide.

Item 1 is divided into 4 columns. We will use the following example to describe how the table should be complete:

Bill has a development disability and will be transitioning from a group home to his own apartment in the community with the help and support of his mother, Deborah. He will live in the same apartment complex as Deborah, and Deborah is available to stop by if Bill needs help cooking a meal or doing laundry. She will do so as Bill requests and respect his privacy.

- **Support Name-** Complete the name of each person who provides the participant with important support, with a special consideration for support provided during transition.

- **Lives Close By-** This item is intended to measure those individuals who live close to the participant and would be able to assist him/her if an immediate event occurred that required assistance. For the purpose of this item "Close By" is approximately 10-15 minutes away from the participant. In the example, Deborah lives in the same apartment complex as Bill and is able to provide support in an emergency, so the assessor would check this column.
- **Supportive of Transition-** Identify if the individual is individual is supportive of the participant's transition to/across the community. Situations may arise where the support does not believe that the transition is in the best interest of the participant. It will be important to note and discuss these concerns so that they can be appropriately addressed in Support Planning if the participant/guardian desires. In the example, we see the Deborah is helping Bill with the transition and is supportive.
- **Available to Assist in Transition and Continued Community Living-** Identify whether the individual is willing and able to support the participant with the transition to/across the community. Assistance may include support with ADLs/IADLs such as cooking or money management; responding to questions about safely living in the community; and providing regular check-ins with the person. This will be further discussed in the section and within Support Planning. In the example, we see that Deborah is available to support Bill with IADLs and other areas Bill may request.

Item 2 collects contact information about the individuals providing support with the transition.

Item 3 allows the case manager to identify other individuals who may not be involved with the assessment process who are supportive of the transition. Assessors do not need to consult if the information is not readily available with these individuals, however should work with the participant and family members to establish others who support the transition. This information should be used to inform the support needs moving forward and other individuals who are able to provide support when the transition plan is further solidified during Support Planning

Assessment Item	Guidance
Section 8: Housing and Environment	
4. Financial Information 🏠 a. My income and financial information b. Spousal Financial Information	Identify all current sources of income and location of savings, such as checking and savings accounts and trusts, for both the individual and his/her spouse. Assessors should discuss that this information will be used to identify areas in which the participant may be able to receive financial support while transitioning.
5. Finances and anticipated relocation expenses: 🏠 ☐ HUD Section 8/ Housing Voucher ☐ First month's rent ☐ Rent deposit ☐ Utility payments ☐ Utility deposit ☐ Rental assistance ☐ Moving costs	Work with the participant and representative to identify financial components that have been addressed and those areas that the participant needs financial support. For example, the participant may have planned to save for monthly rent but needs support affording utility payments. Assessors should establish a rough dollar value for each item marked "Has" or "Needs" and include the frequency of the payment (e.g., one-time, monthly, weekly, etc.).

Assessment Item	Guidance
Section 8: Housing and Environment	
☐ Other:_____	
6. **Unpaid or ongoing debts:** 🏠 ☐ Landlord:____ ☐ Child support:_____ ☐ Housing authority:___ ☐ Mortgage:____ ☐ Utility bills:____ ☐ Credit cards:_____ ☐ None	Identify debts that currently exist (e.g., unpaid credit card bills) and how much outstanding debt exists for each area. Discuss with the participant that financial support and/or counseling may be available to assist with addressing these debts.
7. **If housing has not yet been identified, document any location considerations when selecting housing:** 🏠 ☐ Distance from family, school or work ☐ Distance from medical or therapy services ☐ Transportation access (public or privately arranged) ☐ Pet friendly ☐ Service animal ☐ Housing must qualify for housing assistance program ☐ Number of bedrooms ☐ Accessibility of personal, non-HCBS supports (e.g., support groups, mentors, etc.) ☐ Availability of and access to communities related to ethnic or religious practices or traditions ☐ Neighborhood location or type (e.g., related to noise, traffic, or other factors potentially affecting safety, behavior, or other known risk factors) ☐ Distance to services such as grocery store, post office, etc. ☐ Legal constraints on ability to locate (e.g., probationary or parole limitations, restraint orders, etc.) ☐ Other ☐ Not applicable	This is a mandatory item for anyone transitioning to a community home IF the housing has not yet been located. Indicate any location considerations in selecting a new residence. Check all that apply and briefly describe the consideration.

Assessment Item	Guidance
Section 8: Housing and Environment	
Briefly describe considerations indicated:	
8. Are there household set-up needs required for transition to a new residence? ⌂ ○ No [Skip to Item 9] ○ Yes [Check all that apply] 　☐ Furniture 　☐ Appliances – large (e.g., refrigerator/stove) 　☐ Appliances – small (e.g. microwave enabling person to make simple meals) 　☐ Linens 　☐ Houseware items 　☐ Basic household set-up items 　☐ Electric Service set up and deposit 　☐ Telephone service set up and deposit 　☐ Gas service set up and deposit 　☐ Water service set-up and deposit 　☐ Security deposit required for lease on residence 　☐ P.O. Box 　☐ Moving expenses 　☐ Packing/unpacking assistance 　☐ Pre-move cleaning of home 　☐ Yard clean-up 　☐ Pest eradication 　☐ Initial food supplies 　☐ Other _____ Assessor comments or notes on household set-up needs. _____	This is a mandatory item for anyone transitioning to a community home. Indicate if there are any set-up needs required. If "yes" check all that apply.
9. Transportation requirements or preferences: ⌂ 　☐ None 　☐ Fixed route bus 　☐ Personal vehicle 　☐ Family or friends 　☐ Paratransit/demand response eligibility 　☐ Non-medical transportation to day program	Identify if the participant has any requirements or preferences around transportation has around accessing and utilizing transportation in his/her new residence in the community. This may, but does have to be, related to a disability.

Assessment Item	Guidance
Section 8: Housing and Environment	
☐ Door-to-door attendant ☐ Taxi ☐ Medical transportation ☐ Other:_____	
10. Transportation assistance needed: 🏠 ☐ None ☐ Travel training ☐ Para transit scheduling ☐ Vehicle transfer ☐ Eligibility establishment for paratransit/demand response use ☐ Orientation and mobility instruction ☐ Non-medical transportation ☐ Training for fixed-route bus ☐ Escort ☐ Medical transportation	Identify if the participant needs any support with accessing transportation in his/her new residence in the community.
11. Indicate any additional assistance needed with finances requiring a referral or other action prior to transition. 🏠 ☐ Representative payee needed ☐ Power of attorney for finances ☐ Guardianship over financial matters ☐ Financial counseling ☐ Debt remediation ☐ Application for financial assistance ☐ Application for food assistance ☐ Support with money management (e.g., creating household budget, writing checks, balancing accounts, etc.) ☐ Set up bank account ☐ Arrange for direct deposit or bill pay service through bank ☐ Other: _____ ☐ None	This is a mandatory item for anyone transitioning to a community home. These items deal with financially related assistance. Check all that apply.
12. Are there any referrals or action steps related to housing and not already mentioned that must be completed prior to transition? 🏠 ○ No ○ Yes. List below.	This is a mandatory item for anyone transitioning to a community home. Indicate if there are any other actions to be taken prior to referral. If yes, list those actions.
13. I have the following challenges or support needs that I and my supports will	Across each of the domains, identify if support needs or barriers to transitioning exist. These areas will be utilized

Assessment Item	Guidance
Section 8: Housing and Environment	
need to address if I am to stay in my new home: 🏠	during Support Planning to identify available or needed supports to allow the participant to transition.

Goals and Support Plan Implications

Assessment Item	Guidance
Section 8: Housing and Environment	
1. What does the participant want to see happen?	This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections, the assessor can bring these back up with the participant and talk about their importance. The assessor may need to prompt the participant. The following includes some examples of discussion or questions that might be posed. *Example: Theresa, you mentioned earlier that you sometimes feel overwhelmed with keeping up your home. What would you like to see happen and are there things we could do to help you?* *Example: Don, you are turning 22 next month and will start a job at Walgreens. You also mentioned you'd like to move out of your parent's home and be more independent. What would you like to see happen?*
2. Implications related to transition and safety to address in Support Plan: 🏠 ☐ Address environmental safety concerns identified in Section 2 ☐ Address environmental quality concerns identified in Section 2 ☐ Wants/needs change in residence meeting needs in Section 3 ☐ Wants/needs environmental modifications to current residence ☐ Address limited finances which place current housing at risk ☐ Wants/needs assistance to set up budget for housing and household expenses 🏠	The assessor should check any items (for both persons transitioning and persons remaining in their community home) that require follow-up during support planning. Some of the sub-items have been designated for a required review if the person is transitioning. However, the assessor should still only check if applicable. For those items checked in the list (or other), the assessor should write a brief description of what is needed in the support plan. For example: *Theo wants a plan to help take care of snow and ice on the exterior of his home. He also needs a doorbell installed because he no longer able to hear someone knocking at his door. This has caused him to miss his in-home appointments for rehab physical therapy since his surgery.*

Assessment Item	Guidance
Section 8: Housing and Environment	
☐ Wants/needs to set up plan or arrangements for bill pay of housing related costs ⬆ ☐ Will transition and needs home set-up ⬆ ☐ Wants/needs roommate to share housing costs ⬆ ☐ Wants/needs plan for care of property - **interior** (e.g., cleanliness, care of refuse, identifies and takes appropriate action on unsafe conditions such as loose carpeting, closes windows when storming, etc.) ⬆ ☐ Wants/needs plan for care of property – **exterior** (e.g., ice/snow at entrances, etc.) ⬆ ☐ Plan to address environmental awareness (e.g., aware of neighborhood and home environment for personal safety, puts out cigarettes, locks door to home) ⬆ ☐ Plan for safe use of home systems (e.g., stove, keeps food at appropriate temperature, heating, cooling, fireplace, etc.) ⬆ ☐ Plan for addressing previous issues leading to eviction ⬆ ☐ Other ⬆ ☐ None Apply ⬆ Assessor description of items for Support Plan: _____	
3. Assessed Needs and Support Plan Implications	The assessor should indicate all potential supports needed for housing and transition. These areas of need should be reviewed and discussed during the Support Plan meeting.

Section 9: Employment, Volunteering, and Training (EVT)

The purposes of the Employment, Volunteer and Training (EVT) section are to explore the participant's interests in employment, a volunteer position, or education and training opportunities. It is intended to be used with all participants age 13 and older.

Items 1-3 explore the participants current employment (Item 1), training or education (Item 2), and volunteer (Item 3) status. Response options within each item include a response that captures whether the participant is interested in or would like to make a change to any of these areas. If the participant expresses interest in any of these areas, complete the corresponding section.

Items 4 and 5 capture information that should be carried forward to the Support Plan. Document any relevant discussion that has implications for goals or support needs within the Support Plan.

Section 10: Participant Direction

The Participant Direction section provides guidance to a discussion about Participant-directed service delivery options. These early conversations help the participant or, parent/guardian to be aware of the options. The assessor may not review all the delivery options at the initial intake meeting as participants and/or parents/guardians may be overwhelmed with the amount of information they have received. A decision about choosing a Participant-directed option is not expected at the time of assessment. This will occur during the development of the Support Plan.

For many participants/parents/guardians, information provided during the assessment may be the first introduction to Participant-directed service options. The assessor should complete this section if one of the following scenarios applies to the participant:

- It is the participant's initial assessment
- Participant is enrolled in a HCBS waiver and is not receiving supports through a Participant-directed service delivery option

The assessor does NOT need to complete this section with participants who are already using a Participant-directed option. However, the assessor should examine whether they are in the most appropriate Participant-directed option during the support planning process.

Item 1

1. Determination of participant's/parent/guardian(s)' interest in participant-direction
   If you/your child are/is eligible for long term services and supports, you may have the option to self-direct some of those services, depending on what you/your child are/is eligible for and services that are chosen. This means that with the support of your case manager you will have an active role in selecting who comes into the home, when they come into the home, and what they do when they come into the home. This is different than traditional home health, personal care or homemaking services provided through an agency. In participant direction, you or a representative acting on your behalf control how services are delivered, including choosing and managing caregivers.

   If you're interested we can get you additional information about these options. If you are not interested right now, that's okay and if you change your mind we can talk it about it at another time.

   Also, if your/your child's needs or goals change, you may want to change the chosen service delivery model, if available, including making changes to the allowed budget and the people who provide you services. If this is the case, contact your case manager to discuss service options

   Is participant/parent/guardian(s) interested in participant direction? ⚠️

❍ Yes, describe information provided and next steps in supporting the discussion

❍ No, describe why not, _____

_____

❍ Participant/parent/guardian(s) not ready to discuss participant-direction, identify timeframe for bringing up discussion again: _____

Section 11: Living Safely in the Community

Section 2 requires the assessor to use his/her judgment to estimate the supervision and support needs by setting. Assessors should use a variety of information, including assessment information, discussion with participant, proxies, support persons, medical records and others to make this determination. **Code based on a typical weekday.**

For each setting, assessors should consider the typical amount of supervision required during the past 30 days. Check all types of supervision needed for each setting. If supervision needs vary, check all types used and input the corresponding number of daily hours that level of supervision is needed. If there is likely to be a temporary need for supervision that is likely to be resolved, describe the items following the tables for each setting.

If supervision supports vary from day to day, the assessor will take an average of the five days and score the average amount of hours needed for each setting. When hours are averaged, the assessor will indicate the calculation used in the text box provided to describe the supervision needed for each setting.

Enter in approximate hours for each level of supervision needed on a typical weekday. Support needed across all settings cannot exceed 24 hours within one weekday.

Each setting also contains two follow-up items. If the participant does not require supervision for the setting, the assessor should skip to the next setting. If the participant requires supervision, assessors should indicate the hours in the specified settings.

It is important to note that these items reflect the assessor's judgment. Supervision may fluctuate greatly on any given day. The assessor should use his/her best judgment to indicate the typical amount of hours of supervision needed at each setting. There's no obligation to provide supervision hours exactly as outlined below, given activities vary from day to day.

Each item requires separate judgments for the following settings and circumstances:

- **At residence, awake time -** The usual awake hours for the participant. This may be during the day or night if the participant has an altered sleep schedule. Assessors will need to document the number of hours and type of supervision the participant requires at the residence. For this setting, assessors will also need to document the number of hours spent awake each day.
- **At residence, asleep time -** The usual sleeping hours for the participant. This may be during the day or night if the participant has an altered sleep schedule. For the residential setting, assessors will need to document the number of hours spent asleep each day and the type of supervision the participant requires at the residence.

- **Employment site -** If applicable, the typical number of hours and type of supervision the participant requires at an employment site. Include time spent during transportation. ***This item is skipped for participants under the age of 16.***
- **Day Program -** If applicable, the typical number of hours and type of supervision the participant requires at a day program. Include time spent during transportation. <u>Do not include school programs; supports and supervision needs will be captured through the development of an Individualized Education Program (IEP)</u>.
- **Other Community Settings -** If applicable, the typical number of hours and type of supervision the participant requires in other community settings (e.g., church, mall, grocery store, movies, etc.). Include time spent during transportation.

Each setting (e.g., home awake, employment) contains a table to document the type of supervision required within the setting. Multiple levels of supervision can be documented for each setting. The grand total from all tables cannot exceed 24 hours. An example of a table is displayed below:

Example:

Supervision Type Needed	# of daily hours
☐ No supervision (Skip to item xx)	
☐ Remote supervision/monitoring	
☐ Onsite supervision (can be asleep)	
☐ Awake onsite supervision	
☐ Direct sight and hearing supervision (excludes remote monitoring)	
☐ Undivided attention of one person	
☐ Undivided attention of one person with one or more persons able to provide assistance at a moment's notice	

Supervision types are defined according to the following:

- **No supervision -** Record the amount of time the participant is independent and does not need supervision in this setting.
- **Remote supervision/monitoring -** The participant requires remote monitoring via security camera, microphone, web camera or other mechanism. This can be monitoring from a separate physical site (e.g., support person's office) or remote monitoring <u>only</u> from support persons on site who are not in direct contact with the participant.
- **Onsite supervision -** Intermittent or continuous onsite supervision of a participant. Support person may be asleep or awake, but must be physically onsite. <u>Support persons do not have to be within hearing or visual range.</u>
- **Awake onsite supervision -** Intermittent or continuous onsite supervision of a participant. Support person must be awake and physically onsite. <u>Support persons must be continually within hearing **or** visual range.</u>
- **Direct sight and hearing supervision (excludes remote monitoring) -** Continuous onsite supervision of the participant during which <u>support persons must be within hearing **and**</u>

<u>visual distance of the participant.</u> This includes only onsite support persons, not remote monitoring.

- **Undivided attention of one person -** Participant requires the undivided attention of one support person. The support person must not be performing other tasks or supervising other individuals during this time.
- **Undivided attention of one person with one or more persons able to provide assistance at a moment's notice -** Participant requires the undivided attention of one support person with another support person in the immediate area who is able to provide additional physical assistance at a moment's notice. The support person providing undivided attention must not be performing other tasks or supervising other individuals during this time.

Assessment Item	Guidance
Section 2: Living Safely in the Community	
Describe the supervision needed	Use this text field to provide a detailed description of the supervision the participant requires. If more than one level of supervision was selected, describe the time of day and reasons for variation in supervision. If more supervision is needed during certain periods of the week (e.g., weekends), document the rationale for the increased need and type of supervision needed here.
Is the level of supervision needed likely to change prior to the next scheduled assessment? ○ Yes, describe:_____ ○ No ○ Unknown	Use this item to capture whether the level of supervision is potentially intermittent and/or may change prior to the next scheduled assessment. This could be due to cyclical behaviors or events. For example, a participant in school may have a summer vacation prior to the next assessment period and need additional support. If "Yes", describe the potential changes in supervision that may be needed prior to the next scheduled assessment.
Notes: _____	The notes box provides space for the assessor to write any specific notes which they feel is important to capture.

Establishing Medical Fragility

Item 6 identifies whether the participant requires supervision during asleep hours to prevent a crisis due to a medical condition. A medical crisis is defined as an event or condition that presents a threat to the participant's health and safety. The focus of this item is on medical conditions and medical fragility **not** on behavioral issues that may present a crisis.

If supervision is required to prevent a medical crisis, the participant may potentially meet Hospital Level of Care (LOC) due to medical fragility. Hospital LOC can potentially allow the participant to access enhanced services.

If the response to item 6 is "Yes", complete the Medical Fragility Supplement with the participant **prior to the completion of the assessment**. Consult medical records, physician and other health care provider notes, representatives, providers, and other sources to inform the completion of the Supplement.

Section 12: Referrals and Other Feedback

Section 12 is the final section, and it documents referrals that were identified across all sections and any changes that the assessor or participant recommends to the form, training, or process.

Item 1 should be used to Describe any recommendations for improving the assessment or training, including adding/removing items or items that require further clarification.

Item 2 identifies referral sources, including:

- ☐ (Re) Establish new behavioral health provider relationship
- ☐ ADA assistance
- ☐ Adult/Child Protective Services
- ☐ Advocacy Services
- ☐ Arrange for day treatment
- ☐ Arrange supports needed for mentorship
- ☐ Arrange transportation for appointments with behavioral health providers
- ☐ Assistance with Personal Care
- ☐ Assistive Technology
- ☐ Behavioral support services, management/education, and/or transition
- ☐ Behavioral Therapy
- ☐ Benefits counseling, including information about Medicaid buy-in
- ☐ CCB for DD Determination
- ☐ Centers for Independent Living (CIL)
- ☐ Child care assistance
- ☐ Cognitive Diagnostic Evaluation
- ☐ Colorado Center for the Blind
- ☐ Colorado School for the Deaf and Blind
- ☐ Colorado Works
- ☐ Community Agency:_____
- ☐ Community education program
- ☐ County Department of Human Services
- ☐ County Offices of Emergency Management (e.g., Training on emergency preparedness, fire safety services)
- ☐ County Public Health Department

- ☐ Crisis intervention or emergency services
- ☐ Deaf Blindness Services
- ☐ Dentist
- ☐ Division of Vocational Rehabilitation (DVR)
- ☐ Early Intervention Services
- ☐ Employment counseling and/or assessment-Non-DVR
- ☐ Environmental Accessibility Consultation
- ☐ Equipment and Supplies
- ☐ Family Support Services Program
- ☐ Further testing for evaluation, identify referral:_____
- ☐ Hearing Loss Resource Center
- ☐ Hearing Specialist (audiologist, ENT)
- ☐ Home Health
- ☐ Home repair assistance
- ☐ Homecare
- ☐ Housekeeping
- ☐ Housing agency
- ☐ Independent Living Skills Training (ILST)
- ☐ Interpreter Services
- ☐ Legal assistance for financial management (e.g., payee, guardian, trustee, etc.)
- ☐ Life Coach
- ☐ Meal Prep. Training
- ☐ Medicare Part B prevention information
- ☐ Medication Management
- ☐ Mental Health Professional/Services
- ☐ Money Management
- ☐ Neuropsychological Assessment

- ☐ Nutritionist/Dietician
- ☐ Occupational Therapist
- ☐ Ombudsman
- ☐ One-Stop Career Centers
- ☐ Optometrist/Ophthalmologist
- ☐ Personal budget counseling or assistance
- ☐ Pest control
- ☐ Physical Therapist
- ☐ Primary Health Care Provider
- ☐ Public housing authority
- ☐ Respite for paid or unpaid caregivers
- ☐ School counselor
- ☐ School Health Services
- ☐ Shopping Assistance
- ☐ Skilled Nurse or Aide Visits
- ☐ Social Security Administration - Other
- ☐ Social Security Administration – Ticket to Work
- ☐ Specialized training for paid workers
- ☐ Speech/Language Therapy
- ☐ State Supported Living Services
- ☐ Support to develop emergency, disaster (e.g., FEMA), and/or community plan (e.g., Smart911)
- ☐ Telephone Equipment Assistance
- ☐ Training:_____
- ☐ Transitional Housing
- ☐ Transportation assistance
- ☐ Victims' Advocates
- ☐ Vision Loss Resource Center
- ☐ Vision Specialist (optometrist, ophthalmologist, etc.)
- ☐ Volunteer coordination assistance
- ☐ Other:_____
- ☐ Other:_____
- ☐ Other:_____
- ☐ None