

Basic Assessment

| Кеу |
|---|
| Bold Blue Highlight: Module narrative and directions- assessment level |
| instruction and/or help |
| Green: Skip patterns |
| Red: Additional instructions for assessors- item level help |
| Purple: Section level help |
| Teal: Notes for automation |
| Denotes a shared question with another module (one way only unless |
| otherwise indicated) |
| Gray Highlight: Responses/Text Boxes to pull forward to Assessment Output |
| Yellow Highlight: Populate and/or pull forward to the Support Plan from another module or section within the Support Plan itself |
| Green Highlight: Populate and/or pull forward from the member record to an assessment or from an assessment to the member record |
| Denotes mandatory item |
| Them populates forward for Reassessment |

Italics: Items from FASI (CARE)- Department use only

FUNCTIONING AGES 4 AND OLDER

The purpose of the Functioning module of the Assessment process is to identify and document: 1) Activities of Daily Living in which the participant may need additional support, and 2) Preferences, guidance for workers, and supportive equipment needed to complete Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Notes/Comments are present at the end of each section. These are used to: 1) Document additional information that was discussed or observed during the assessment process and was not adequately captured. 2) Document unique behavioral, cognitive or medical issue that were not captured in the assessment items that may increase the need for supervision or support. This narrative can provide additional justification in the event of a case review.

Note: As of October 2021, all items in the Basic Assessment module are included as mandatory items within the respective sections of the Needs Assessment (formerly Comprehensive Assessment). This means that, in the development of the CCM system, all modules are combined into one Needs Assessment that contains both voluntary items and mandatory items in one place.



ACTIVITIES OF DAILY LIVING (ADLS) - AGE 4 AND OLDER

When scoring each ADL and IADL item, think about the participant's performance over the past 3 days and medical, cognitive, physical and behavioral factors unique to the participant that might influence task completion. Then consider the typical 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 safely complete the tasks or parts of the tasks listed? If not, what support is needed?"

I. Mobility

- 1A. Does the participant walk? [13] (Shared from LOC)
 - O Yes

O No, and walking is not indicated (Skip to Item 1L- Use wheelchair/scooter)

O No, but walking is indicated in the future (Skip to Item 1L- Use wheelchair/scooter)

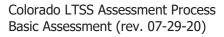
1B. Does the participant use a cane or walker for mobility? ^[] ^[] (Shared from LOC)

- **O** Yes, required during all mobility activities
- **O** Yes, but used intermittently and not required for all mobility activities
- O No

1C. Walk 150 feet indoors: Once standing, the ability to walk at least 150 feet in a

corridor or similar space. For example, an aisle in a grocery store (Shared from LOC)

| Last 3 Days | Performance Level |
|-------------|--|
| O | Independent - Participant completes the activity by him/herself with no assistance from helper Skip to Item 1E- Walk 150 Outside of Home) |
| O | <i>Age appropriate dependence- The participant requires a level</i> <i>of support consistent with his/her age (Skip to Item 1E- Walk 150</i> <i>Outside of Home)</i> |
| O | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance - Helper provides verbal</i> <i>cues or touching/steadying assistance as participant completes</i> <i>activity. Assistance may be provided throughout the activity or</i> <i>intermittently</i> |
| 0 | 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 |





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| O | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| O | 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 |
| Ο | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: (Shared from LOC)

□ Observation □ Self-report □ Proxy

1D. Walk 10 feet indoors: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. (Shared from LOC) (Only show if response to 1C "Walk 150 feet indoors" is NOT "Independent" OR "Age Appropriate Dependence")

| Last 3 Days | Performance Level |
|-------------|--|
| 0 | <i>Independent - Participant completes the activity by him/herself with no assistance from helper</i> |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance - Helper provides verbal</i> <i>cues or touching/steadying assistance as participant completes</i> <i>activity. Assistance may be provided throughout the activity or</i> <i>intermittently</i> |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| O | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on (Shared from LOC):

□ Observation □ Self-report □ Proxy

1E. Code the participant's level of independence for walking **150** feet OUTSIDE OF

THE HOME. Is "Independent" OR "Age Appropriate Dependence")

| Last 3 Days | Performance Level |
|-------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance - Helper provides verbal</i> <i>cues or touching/steadying assistance as participant completes</i> <i>activity. Assistance may be provided throughout the activity or</i> <i>intermittently</i> |
| 0 | 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. |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: (Shared from LOC)

□ Observation □ Self-report □ Proxy

1F. Code the participant's level of independence for walking 10 feet OUTSIDE OF

THE HOME. (Shared from LOC) (Only show if response to 1C "Walk 150 feet indoors" is NOT "Independent" OR "Age Appropriate Dependence")

| Last 3 Days | Performance Level |
|-------------|--|
| O | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age.</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance - Helper provides verbal</i> <i>cues or touching/steadying assistance as participant completes</i> <i>activity. Assistance may be provided throughout the activity or</i> <i>intermittently</i> |

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| 0 | 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 |
|---|--|
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| Ο | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: (Shared from LOC)
Observation Self-report Proxy

1G. Walks 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces, such as grass or gravel **U**

| | Porformance Level |
|-------------|---|
| Last 3 Days | Performance Level |
| 0 | Independent - Participant completes the activity by him/herself |
| | with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level |
| • | of support consistent with his/her age |
| | Setup or clean-up assistance - Helper sets up or cleans up; |
| 0 | participant completes activity. Helper assists only prior to or |
| | following the activity |
| | Supervision or touching assistance - Helper provides verbal |
| - | cues or touching/steadying assistance as participant completes |
| O | activity. Assistance may be provided throughout the activity or |
| | intermittently |
| | Partial/moderate assistance - Helper does less than half the |
| | |
| O | effort. Helper lifts, holds, or supports trunk or limbs, but provides |
| | less than half the effort |
| _ | Substantial/maximal assistance - Helper does more than half |
| 0 | the effort. Helper lifts or holds trunk or limbs and provides more |
| | than half the effort |
| | Dependent - Helper does all of the effort. Participant does none |
| Ο | of the effort to complete the task OR the assistance of 2 or more |
| | helpers is required for the participant to complete the activity |
| Ο | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or |
| | safety concern |
| 0 | Not applicable- Participant does not usually do this activity |
| | |

Scoring based on:

□ Observation □ Self-report □ Proxy

1H. 12 steps: The ability to go up and down 12 steps with a rail. 🕕



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| Last 3 Days | Performance Level |
|-------------|--|
| O | <i>Independent - Participant completes the activity by him/herself with no assistance from helper</i> |
| Ο | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| O | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance -</i> Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| O | 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 |
| O | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

1I. 1 step (curb): The ability to step over a curb or up and down one step ⊍

| Last 3 Days | Performance Level |
|-------------|--|
| 0 | <i>Independent - Participant completes the activity by him/herself</i> <i>with no assistance from helper</i> |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| O | <i>Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity</i> |
| 0 | <i>Supervision or touching assistance - Helper provides verbal</i> <i>cues or touching/steadying assistance as participant completes</i> <i>activity. Assistance may be provided throughout the activity or</i> <i>intermittently</i> |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |



| Ο | Activity not Attempted- Participant refused |
|---|---|
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

1J. Carries something in both hands: While walking indoors e.g., several dishes, light laundry basket, tray with food.

| Last 3 Days | Performance Level |
|-------------|--|
| O | <i>Independent - Participant completes the activity by him/herself with no assistance from helper.</i> |
| O | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance - Helper provides verbal</i> <i>cues or touching/steadying assistance as participant completes</i> <i>activity. Assistance may be provided throughout the activity or</i> <i>intermittently</i> |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| O | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

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.

| Last 3 Days | Performance Level | | |
|-------------|---|--|--|
| 0 | Independent - Participant completes the activity by him/herself | | |
| | with no assistance from helper | | |
| 0 | Age appropriate dependence- The participant requires a level | | |
| 0 | of support consistent with his/her age | | |
| | Setup or clean-up assistance - Helper sets up or cleans up; | | |
| 0 | participant completes activity. Helper assists only prior to or | | |
| | following the activity | | |



Department of Health Care Policy & Financing

| 0 | <i>Supervision or touching assistance - Helper provides verbal</i> <i>cues or touching/steadying assistance as participant completes</i> <i>activity. Assistance may be provided throughout the activity or</i> <i>intermittently</i> |
|---|--|
| O | 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 |
| O | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

1L. Does the participant use a wheelchair or scooter for mobility?

- **O** Yes, as the primary mechanism for mobility
- **O** Yes, but walking is the primary mechanism for mobility
- **O** *No* (Skip to Item 1P- Mobility Level of Support Need Varied)

Indicate the type of wheelchair/scooter used for this assessment: $m \Theta$

(Only Show if either "yes" response is selected in item 1L "Does the particpant use a

wheelchair...") (Shared from LOC)

- Manual
- □ Motorized wheelchair/scooter

1M. Wheel 50 feet with two turns: Once seated in a wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

| Last 3 Days | Performance Level | | |
|-------------|--|--|--|
| O | Independent - Participant completes the activity by him/herself with no assistance from helper | | |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> | | |
| o | <i>Setup or clean-up assistance - Helper sets up or cleans up;</i> <i>participant completes activity. Helper assists only prior to or following the</i> <i>activity</i> | | |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently</i> | | |
| 0 | 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 | | |



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| O | <i>Substantial/maximal assistance</i> - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
|---|--|
| O | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

| Observation | Self-report | Proxy |
|-------------|-------------|-------|
|-------------|-------------|-------|

1N. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.

| Last 3 Days | Performance Level |
|-------------|--|
| О | <i>Independent - Participant completes the activity by him/herself</i> <i>with no assistance from helper</i> |
| О | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance - Helper provides verbal</i> <i>cues or touching/steadying assistance as participant completes</i> <i>activity. Assistance may be provided throughout the activity or</i> <i>intermittently</i> |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

10. Wheels for 15 minutes: Without stopping or resting (e.g., department store, supermarket)

| Last 3 Days | Performance Level | | |
|-------------|--|--|--|
| O | Independent - Participant completes the activity by him/herself with no assistance from helper | | |
| O | Age appropriate dependence- The participant requires a level of support consistent with his/her age | | |

| | Setup or clean-up assistance - Helper sets up or cleans up; |
|---------|---|
| 0 | participant completes activity. Helper assists only prior to or |
| | following the activity |
| | Supervision or touching assistance - Helper provides verbal |
| \circ | cues or touching/steadying assistance as participant completes |
| • | activity. Assistance may be provided throughout the activity or |
| | intermittently |
| | Partial/moderate assistance - Helper does less than half the |
| 0 | effort. Helper lifts, holds, or supports trunk or limbs, but provides |
| | less than half the effort |
| | Substantial/maximal assistance - Helper does more than half |
| 0 | the effort. Helper lifts or holds trunk or limbs and provides more |
| | than half the effort |
| | Dependent - Helper does all of the effort. Participant does none |
| 0 | of the effort to complete the task OR the assistance of 2 or more |
| | helpers is required for the participant to complete the activity |
| 0 | Activity not Attempted- Participant refused |
| • | Activity not attempted due to short-term medical condition or |
| | safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Self-report □ Observation □ Proxy

1P. Has the level of support the participant needs for mobility varied over the last 30 days? (Shared from LOC) O No (Skip to Item 1T – Mobility Equipment)

O Yes, identify the highest level of support needed in the past 30 days:

| Last 3 Days | Performance Level |
|-------------|--|
| 0 | <i>Independent - Participant completes the activity by him/herself</i> with no assistance from helper |
| O | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| O | <i>Setup or clean-up assistance - Helper sets up or cleans up;</i> <i>participant completes activity. Helper assists only prior to or following the</i> <i>activity</i> |
| O | <i>Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently</i> |
| O | 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 |
| O | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: [6] (Shared from LOC) □ Proxy □ Observation □ Self-report

1Q. How frequently has this enhanced support for mobility been needed in the past 30

days?
 (Shared from LOC)

- O 2 or more times per day
- O Daily
- 4-6 times per week
- O 1-3 times per week O 3-4 times per month O 1-2 times per month
- O Other, specify frequency of enhanced support for mobility:

1R. Approximately how long does each instance of enhanced mobility support last? Θ (Shared from LOC)

O 0-15 minutes

O 31-45 minutes

O Greater than 60 minutes

O 16-30 minutes

O 46-60 minutes

1S. Describe the circumstances that result in this additional need for mobility support. $igsymbol{arphi}$

(Shared from LOC)

1T. Does the participant have or need any adaptive equipment to assist with mobility? 🖖

• No (Skip mobility equipment table)

O Yes

II. Mobility Equipment

Mobility Equipment Status

In Use of Device column use the following responses:

- Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home
- Assistive device needed but current device unsuitable- Devices is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home
- Participant refused- Participant chooses not to use needed device

| Type of Assistive Device | Use of Device (Drop down) | Comments/Supplier |
|--------------------------|------------------------------|-------------------|
| Cane | Drop down | |
| Crutch | Drop down | |
| Gait belt | Drop down | |

| Gel pad | Drop down | |
|--------------------------------|------------|--|
| Manual wheelchair | Drop down | |
| Motorized wheelchair/scooter | Drop down | |
| Medical response alert unit | Drop down | |
| Lower body prosthetics/ | Dron down | |
| orthotics (e.g., brace) | Drop down | |
| Prostheses, other | Drop down | |
| Quad cane | Drop down | |
| Ramps | Drop down | |
| Repositioning wheelchair | Drop down | |
| Room monitor | Drop down | |
| Scooter | Drop down | |
| Service animal | Drop down | |
| Specialized medical equipment | Drop down | |
| Specialized seating pad (e.g., | | |
| air-filled, gel, shaped foam | Drop down | |
| sensory is device/aid) | | |
| Stair/chair glides/ Lift chair | Drop down | |
| Stair rails | Drop down | |
| Splint/Braces | Drop down | |
| Walker | Drop down | |
| Walker with seat | Drop down | |
| Other mobility equipment (1) | | |
| Describe other mobility | Drop down | |
| equipment (1): | • | |
| Other mobility equipment | | |
| (2) | | |
| Describe other mobility | Drop down | |
| equipment (2): | 2.00 00000 | |
| | | |
| | | |

Notes/Comments: Mobility

2. Transfers

2A. Does the participant use a cane or walker for transferring? [][] (Shared from LOC)

- O No, does not use cane or walker
- No, only uses cane or walker for mobility
- Yes, required during all transferring activities
- O Yes, but used intermittently and not required for all transferring activities

2B. Roll left and right- The ability to roll from lying on back to left and right side and return to lying on back on the bed. (Shared from LOC)

| Last | |
|------|--|
| 3 | Performance Level |
| Days | |
| 0 | Independent - Participant completes the activity by him/herself with no |
| | assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| О | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety |
| 0 | concern |
| О | Not applicable- Participant does not usually do this activity |

Scoring based on: Shared w/LOC

2C. Sit to stand- The ability to safely come to a standing position from sitting in a chair or on the side of the bed (Shared w/LOC)

| Last | |
|------|--|
| 3 | Performance Level |
| Days | |
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| O | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | <i>Setup or clean-up assistance - Helper sets up or cleans up;</i> <i>participant completes activity. Helper assists only prior to or following</i> <i>the activity</i> |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently</i> |
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Colorado Assessment Process Restructuring Initiative: Draft Functioning Module (9-26-17)

| TM | |
|----|---|
| | Dependent - Helper does all of the effort. Participant does none of the |
| 0 | effort to complete the task OR the assistance of 2 or more helpers is |
| | required for the participant to complete the activity |
| 0 | Activity not Attempted- Participant refused |
| O | Activity not attempted due to short-term medical condition or safety |
| | concern |
| Ο | Not applicable- Participant does not usually do this activity |
| | |

Scoring based on: (Shared from LOC)
Observation Self-report Proxy

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Department of Health Care

2D. Chair/Bed-to-Chair Transfer - The ability to safely transfer to and from a bed to a chair. (Shared from LOC)

| Last 3 | |
|-----------|---|
| Days | Performance Level |
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| О | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| Ο | Activity not Attempted- Participant refused |
| О | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

□ Observation □ Self-report □ Proxy

2E. 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/close door or fasten seat belt.

| Last 3 Days | Performance Level |
|-------------------|---|
| О | Independent - Participant completes the activity by him/herself with no assistance from helper |

| О | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
|-------------------|--|
| О | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| О | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> |
| О | 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 |
| О | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| О | Activity not Attempted- Participant refused |
| О | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |
| Scoring based on: | |
| | becompation Colf report D Dress |

□ Observation □ Self-report □ Proxy

2F. Has the level of support the participant needs for transferring varied over the last 30

days? (Shared from LOC)

O No (Skip to Item 3A- Bathing)

O Yes, identify the highest level of support needed in the past 30 days:

| elf with no rel of | |
|--|--|
| | |
| inant | |
| ipant ' | |
| or ance may | |
| t. Helper effort | |
| e effort. fort | |
| Helper lifts or holds trunk or limbs and provides more than half the effortDependent - 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 | |
| | |
| or safety | |
| | |
| | |

Scoring based on: (Shared from LOC)

□ Observation □ Self-report □ Proxy

2G. How frequently has this enhanced support for transferring been needed in the past 30

days? 🕕 🗉 (Shared from LOC)

- O 2 or more times per
- day O Daily

- O 1-3 times per week
- O 3-4 times per month
- O 1-2 times per month
- O Other, specify frequency of enhanced support for transferring:_____

O 4-6 times per week

2H. Approximately how long does each instance of enhanced transferring support last? ⊍

(Shared from LOC)

- O 0-15 minutes
- **O** 16-30 minutes

 O Greater than 60 minutes

2I. Describe the circumstances that result in this additional need for transferring support. 4

2J. Does the participant have or need any adaptive equipment to assist with transfers? $igstyle{0}$

- **O** No (Skip transferring equipment table)
- O Yes

V. Transferring Equipment

Transfer Equipment Status

In Use of Device column use the following responses:

- Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home
- Assistive device needed but current device unsuitable- Devices is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home.
- Participant refused- Participant chooses not to use needed device.

| Type of Assistive Device | Use of Device (Drop down) 🖆 | Comments/Supplier |
|---|--------------------------------------|-------------------|
| Bed rail | Drop Down | |
| Brace | Drop Down | |
| Ceiling lift track system | Drop Down | |
| Draw sheet | Drop Down | |
| Durable medical equipment (e.g., cane/walker) | Drop Down | |
| Electronic bed | Drop Down | |



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| Gait belt | Drop Down | |
|---|-----------|--|
| Mechanical lift (e.g., Hoyer lift) | Drop Down | |
| Lift chair | Drop Down | |
| Slide board | Drop Down | |
| Specialized medical equipment | Drop Down | |
| Transfer board | Drop Down | |
| Other transfer equipment (1) Describe other transfer equipment (1): | Drop Down | |
| Other transfer equipment (2) Describe other transfer equipment (2): | Drop Down | |

Notes/Comments: Transfers



3. Bathing

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. [][] (Shared from LOC)

| Last 3 Days | Performance Level |
|-------------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| O | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| O | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: (Shared from LOC)

□ Observation □ Self-report

eport D Proxy

3B. Has the level of support the participant needs for bathing varied over the last 30 days?

(Shared from LOC)

O No (Skip to Item 3F – Bathing Equipment)

O Yes, identify the highest level of support needed in the past 30 days:

| Last 30 Days | Performance Level | |
|-----------------|---|--|
| 0 | Independent – Participant completes the activity by him/herself with no assistance from helper | |
| 0 | <i>Age appropriate dependence</i> - <i>The participant requires a level of support consistent with his/her age</i> | |
| 0 | <i>Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity</i> | |



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| o | <i>Supervision or touching assistance</i> – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
|---|--|
| o | 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 |
| o | Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| o | 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 |
| • | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: (Shared from LOC)

- □ Observation □ Self-report □ Proxy
- 3C. How frequently has this enhanced support for bathing been needed in the past 30

days? [1][15] (Shared from LOC)

- O 2 or more times per day
- O Daily
- O 4-6 times per week
- O 1-3 times per weekO 3-4 times per month
- O 1-2 times per month
- Other, specify frequency of enhanced support for bathing:_____

3D. Approximately how long does each instance of enhanced bathing support last? (Shared from LOC)



O 16-30 minutes

• 31-45 minutes • 46-60 minutes O Greater than 60 minutes

3E. Describe the circumstances that result in this additional need for bathing

support. () (Shared from LOC)

3F. Does the participant have or need any adaptive equipment to assist with bathing?

- **O** No (Skip bathing equipment table)
- O Yes

VIII. Bathing Equipment

Bathing Equipment Status

In Use of Device column use the following responses:

- Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home
- Assistive device needed but current device unsuitable- Devices is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home
- Participant refused- Participant chooses not to use needed device

| Type of Assistive Device | Use of Device (Drop down) | Comments/Suppli er |
|--|------------------------------|-----------------------|
| Bath bench | Drop Down | |
| Grab bars | Drop Down | |
| Hand-held shower | Drop Down | |
| Hoyer lift | Drop Down | |
| Walk/wheel-in shower | Drop Down | |
| Shower chair | Drop Down | |
| Specialized medical equipment | Drop Down | |
| Transfer bench | Drop Down | |
| Other bathing equipment (1) Describe other bathing equipment (1): | Drop Down | |
| Other bathing equipment (2) | Drop Down | |



Describe other bathing equipment (2):

Notes/Comments: Bathing

4. Dressing

4A. Upper Body Dressing - The ability to put on and remove shirt or pajama top.

| Includes buttoning, if applicable. | | (Shared from LOC) | | |
|------------------------------------|----|-------------------|--|--|
| | 1+ | | | |

| Last | |
|------|--|
| 3 | Performance Level |
| Days | |
| О | Independent - Participant completes the activity by him/herself with no assistance from helper |
| О | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance</i> <i>may be provided throughout the activity or intermittently</i> |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| Ο | Not applicable- Participant does not usually do this activity |

Scoring based on: Observation

(Shared from LOC)

□ Self-report □ Proxy

4B. Lower Body Dressing - The ability to dress and undress below the waist,

including fasteners. Does not include footwear. 💵 (Shared from LOC)

| Last 3 Days | Performance Level |
|-------------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| О | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |



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| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
|---|---|
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| Ο | Activity not Attempted- Participant refused |
| O | Activity not attempted due to short-term medical condition or safety concern |
| Ο | Not applicable- Participant does not usually do this activity |
| | |

Scoring based on: (Shared from LOC)
Observation Self-report Proxy

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. from LOC)

| Last 3 Days | Performance Level |
|-------------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| O | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| Ο | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| O | Activity not attempted due to short-term medical condition or safety concern |
| Ο | Not applicable- Participant does not usually do this activity |



□ Self-report □ Proxy

4D. Has the level of support the participant needs for dressing varied over the last 30

days? (Shared from LOC)

O No (Skip to Item 4H- Dressing Equipment)

O Yes, identify the highest level of support needed in the past 30 days:

| Last 30 Days | Performance Level |
|-----------------|--|
| 0 | Independent – Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | <i>Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity</i> |
| o | <i>Supervision or touching assistance</i> – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| o | 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 |
| o | Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| o | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: (Shared from LOC)

□ Self-report

□ Proxy

4E. How frequently has this enhanced support for dressing been needed in the past

- 30 days? [] [] (Shared w/LOC)
- **O** 2 or more times per day

□ Observation

O Daily

- **O** 3-4 times per month
- month
- **O** 4-6 times per week **O** 1-3 times per week
- **O** 1-2 times per

O Other, specify frequency of enhanced support for dressing:____



4F. Approximately how long does each instance of enhanced dressing support last?

(Shared from LOC)

- **O** 0-15 minutes O 31-45 minutes

• Greater than 60 minutes

O 16-30 minutes **O** 46-60 minutes 4G. Describe the circumstances that result in this additional need for dressing

support. 🕕 🧧 (Shared from LOC)

4H. Does the participant have or need any equipment or devices to assist with

- dressing?
 - **O** No (Skip dressing equipment table)
 - O Yes

XI. Dressing Equipment

Dressing Equipment Status

In Use of Device column use the following responses:

- Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home
- Assistive device needed but current device unsuitable- Devices is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home
- Participant refused- Participant chooses not to use needed device

| Type of Assistive Device | Use of Device (Drop down) 🖻 | Comments/ Supplier |
|-------------------------------|---|-----------------------|
| Adapted clothing | Drop Down | |
| Button hook | Drop Down | |
| Elastic shoelaces | Drop Down | |
| Helmet | Drop Down | |
| Orthotics/Brace | Drop Down | |
| Prosthesis | Drop Down | |
| Protective gear | Drop Down | |
| Reacher/grabber | Drop Down | |
| Sock aid | Drop Down | |
| Specialized medical equipment | Drop Down | |



| Type of Assistive Device | Use of Device (Drop down) 🖻 | Comments/ Supplier |
|--|---|-----------------------|
| TED hose | Drop Down | |
| AFOs | Drop Down | |
| Correct lighting | Drop Down | |
| Other dressing equipment (1) Describe other dressing equipment (1) status: | Drop Down | |
| Other dressing equipment (2) Describe other dressing equipment (2) status: | Drop Down | |

Notes/Comments: Dressing

5. Toileting

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. (Shared from LOC)

| Last 3 Days | Performance Level |
|-------------------|--|
| O | Independent - Participant completes the activity by him/herself with no assistance from helper |
| О | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |

COLORADO Colorado Assessment Process Restructuring Initiative: Draft Functioning Module (9-26-17) Department of Health Care Policy & Financing Ο Activity not Attempted - Participant refused Activity not attempted due to short-term medical condition or safety Ο concern 0 Not applicable- Participant does not usually do this activity

□ Proxy

(Shared from LOC) Scoring based on: Observation

□ Self-report

5B. Toilet Transfer: The ability to safely get on and off a toilet or commode. (Shared from LOC)

| Last 3 | Performance Level |
|-----------|---|
| Days | |
| О | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| O | 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 |
| O | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| O | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

(Shared from LOC)

□ Observation □ Self-report □ Proxy

5C. Menses Care- Able to use tampons, sanitary napkins, or other menses care items; wash hands after changing tampons or sanitary napkins; change tampons or sanitary napkins as required to keep the blood from soaking through clothes; and properly dispose of tampons

or sanitary napkins. (I) (Shared from LOC)

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| Last | |
|--------|---|
| 30 | |
| Days | |
| Note: | |
| only | |
| ADL | Performance Level |
| item | |
| that | |
| uses | |
| last | |
| 30 | |
| days | |
| О | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support |
| 0 | consistent with his/her age |
| \sim | Setup or clean-up assistance - Helper sets up or cleans up; participant |
| 0 | completes activity. Helper assists only prior to or following the activity |
| | Supervision or touching assistance - Helper provides verbal cues or |
| 0 | touching/steadying assistance as participant completes activity. Assistance may |
| | be provided throughout the activity or intermittently |
| 2 | Partial/moderate assistance - Helper does less than half the effort. Helper |
| Ο | lifts, holds, or supports trunk or limbs, but provides less than half the effort |
| | Substantial/maximal assistance - Helper does more than half the effort. |
| Ο | Helper lifts or holds trunk or limbs and provides more than half the effort |
| | |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: (Shared from LOC)

□ Observation

□ Self-report

5D. Has the level of support the participant needs for toileting varied over the last

Proxy

- 30 days? (Shared from LOC)
 - **O** No (Skip to Item 5H-Toileting Equipment)
 - **O** Yes, identify the high level of support needed in the past 30 days:

| Last 3 Days | Performance Level | |
|----------------|---|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper | |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> | |
| 0 | <i>Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity</i> | |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently | |
| 0 | <i>Partial/moderate assistance - Helper does less than half the effort.</i> <i>Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort</i> | |

Colorado Assessment Process Restructuring Initiative: Draft Functioning Module (9-26-17)



| o | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
|---|--|
| o | 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 |
| О | Activity not Attempted- Participant refused |
| O | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: (Shared from LOC)

□ Observation □ Self-report □ Proxy

5E. How frequently has this enhanced support for toileting been needed in the past

30 days? 1 (Shared from LOC)

- O 2 or more times per day
- O 1-3 times per week
- O 3-4 times per month
- O 1-2 times per month
- Other, specify frequency of enhanced support for toileting:_____

O 4-6 times per week

• Daily

5F. Approximately how long does each instance of enhanced toileting support last? Θ

(Shared from LOC)

- O 0-15 minutes
- O 46-60 minutes
- O 16-30 minutes
 O 31-45 minutes
- ${\rm O}~$ Greater than 60
- minutes

5G. Describe the circumstances that result in this additional need for toileting

support.
 (Shared from LOC)

5H. Does the participant have or need any equipment or devices to assist with toileting?

- **O** No (Skip toileting equipment table)
- O Yes



XIV. Toileting Equipment

Toileting Equipment Status

- In Use of Device column use the following responses:
- Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home
- Assistive device needed but current device unsuitable- Devices is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home
- Participant refused- Participant chooses not to use needed device

| Type of Assistive Device | Use of Device (Drop down) | Comments/Supplier |
|--|------------------------------|-------------------|
| Barrier cream | Drop Down | |
| Bed pad | Drop Down | |
| Incontinence briefs/pads | Drop Down | |
| Colostomy bag | Drop Down | |
| Commode chair | Drop Down | |
| Disinfectant spray | Drop Down | |
| External catheter | Drop Down | |
| Gloves | Drop Down | |
| Grab bars | Drop Down | |
| Ileostomy bag | Drop Down | |
| Internal catheter | Drop Down | |
| Mattress cover | Drop Down | |
| Raised toilet seat | Drop Down | |
| Specialized medical equipment | Drop Down | |
| Urinal | Drop Down | |
| Other toileting equipment (1) Describe other toileting equipment (1) status: | Drop Down | |
| Other toileting equipment (2) Describe other toileting equipment (2) status: | Drop Down | |

51. Does the participant require assistance with managing equipment related to bladder incontinence (e.g., urinal, bedpan, indwelling catheter, intermittent catheterization, incontinence pads/ undergarments) [1] [3] (Shared from LOC) OYes ONo **ON/A** - Does not use equipment Scoring based on: (Shared from LOC) □ Observation □ Self-report □ Proxv 5J. Is a bladder program (e.g., scheduled toileting or prompted voiding) currently being used to manage the participant's urinary continence? 0 (Shared from LOC) O Yes O No 5K. Does the participant require assistance with managing equipment related to bowel incontinence (e.g., ostomy, incontinence pads/ undergarments)? (Shared from LOC) OYes ONo **ON/A** - Does not use equipment Scoring based on: [5] (Shared from LOC) □ Observation □ Self-report □ Proxv 5L. Is a bowel program currently being used to manage the participant's bowel continence? O Yes O No **Notes/Comments: Toileting**

6. Eating

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. [9] [9] (Shared from LOC)

| Last 3 Days | Performance Level | |
|----------------|--|--|
| О | Independent - Participant completes the activity by him/herself with no assistance from helper | |
| O | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> | |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity | |

| O | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> |
|---|--|
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| O | 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 |
| О | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on: (Shared from LOC)

□ Observation □ Self-report □ Proxy

6B. Cutting food-The ability to use suitable utensils to cut food once meal is presented on a table/tray.

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

 \Box Observation \Box Self-report \Box Proxy

6C. Does the participant need a modified diet because of a concern about choking or aspirating?

O No

- **O** Yes, type of modified diet:
 - □ Soft/pureed food
 - □ Thickened liquids/foods
 - □ Moistening dry foods
 - □ Cut food into small pieces
 - □ Other diet modification for choking/aspirating: _____

Scoring based on:

6D. Does the participant exhibit conditions/diagnoses, behaviors, or symptoms that may cause choking or aspirating?

O No

O Yes, conditions/diagnoses, behaviors, or symptoms that may cause choking or aspirating:

Coughing during meals

□ Holding food in mouth/cheeks

□ Difficulty or pain swallowing

□ Other condition, behavior, or symptom around choking/aspirating:

Scoring based on:

□ Observation □ Self-report □ Proxy

6E. Tube feeding - The ability to manage all equipment/supplies related to obtaining nutrition.

| ⊎ 💾 (| Shared from LOC) | |
|-------|--|--|
| Last | | |
| 3 | Performance Level | |
| Days | | |
| О | Independent - Participant completes the activity by him/herself with no assistance from helper | |
| О | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> | |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity | |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> | |
| 0 | 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 | |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort | |
| 0 | 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 | |
| 0 | Activity not Attempted- Participant refused | |
| 0 | Activity not attempted due to short-term medical condition or safety concern | |
| 0 | Not applicable- Participant does not usually do this activity | |

Scoring based on: [5] (Shared from LOC)

□ Observation

□ Self-report Proxy

6F. Has the level of support the participant needs for eating varied over the last 30

days? (Shared from LOC)

• No (Skip to Item 6J- Eating Equipment)

O Yes, identify the highest level of support needed in the past 30 days:

| Last 3 | Performance Level |
|--------|-------------------|
| Days | Ferrormance Level |



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| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
|---|--|
| О | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | <i>Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity</i> |
| O | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> |
| О | <i>Partial/moderate assistance -</i> Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| О | Activity not Attempted- Participant refused |
| О | Activity not attempted due to short-term medical condition or safety concern |
| О | Not applicable- Participant does not usually do this activity |

Scoring based on: [8] (Shared from LOC)

□ Observation □ Self-report

□ Proxy

6G. How frequently has this enhanced support for eating been needed in the past 30

- days?
- **O** 2 or more times per
- day • Daily

- O 1-3 times per week O 3-4 times per month
- O 1-2 times per month
- O Other, specify frequency of enhanced support for eatina:

O 4-6 times per week

6H. Approximately how long does each instance of enhanced eating support last? ⊍

(Shared from LOC) O 0-15 minutes

O 16-30 minutes

- O 31-45 minutes
- O 46-60 minutes

O Greater than 60 minutes

61. Describe the circumstances that result in this additional need for eating support. (Shared from LOC)

6J. Does the participant have or need any adaptive equipment to assist with eating? 🖖

- No (Skip eating equipment table)
- O Yes

XVII. Eating Equipment

Eating Equipment Status

In Use of Device column use the following responses:

 Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home



- Assistive device needed but current device unsuitable- Devices is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home
- Participant refused- Participant chooses not to use needed device

| Type of assistive device | Use of Device (Drop down) | Comments/Supplier |
|--|------------------------------|-------------------|
| Adapted cup | Drop Down | |
| Adapted utensils | Drop Down | |
| Dentures | Drop Down | |
| Non-slip mat | Drop Down | |
| Gastrostomy tube | Drop Down | |
| Parenteral/IV feeding | Drop Down | |
| Jejunostomy tube | Drop Down | |
| Mechanically altered diet | Drop Down | |
| Nasogastric or abdominal feeding tube (PEG) | Drop Down | |
| Plate guard | Drop Down | |
| Straw | Drop Down | |
| Therapeutic diet | Drop Down | |
| Other eating equipment (1) Describe other eating equipment (1) status: | Drop Down | |
| Other eating equipment (2) Describe other eating equipment (2) status: | Drop Down | |

Notes/Comments: Eating



7. Personal Hygiene

7A. Does the participant have unusually poor or neglected hygiene? igvee (This item

should not be asked to the participant and should only be responded to by assessors.)

- O No
- O Yes, due to support needs
- O Yes, not due to support needs

7B. 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.]

| Last 3 Days | Performance Level |
|----------------|---|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

7C. 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.

| Last 3 Days | Performance Level | |
|----------------|---|--|
| О | Independent - Participant completes the activity by him/herself with no assistance from helper | |
| O | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> | |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity | |
| O | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently | |



| С | 0 | L | 0 | R | A | D | 0 | |
|---------------------------|---|---|---|---|---|---|---|--|
| Department of Health Care | | | | | | | | |
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| 0 | <i>Partial/moderate assistance - Helper does less than half the effort.</i> <i>Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort</i> | | | |
|-------------------|--|--|--|--|
| O | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort | | | |
| 0 | 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 | | | |
| 0 | Activity not Attempted- Participant refused | | | |
| O | Activity not attempted due to short-term medical condition or safety concern | | | |
| 0 | Not applicable- Participant does not usually do this activity | | | |
| Scoring based on: | | | | |

□ Observation □ Self-report □ Proxy

7D. Has the level of support the participant needs for hygiene varied over the last 30 days?

- No (Skip items 7E-7G: 7E. How frequently has this enhanced support for hygiene been needed in the past 30 days?; 7F. Approximately how long does each instance of enhanced personal hygiene support last?; 7G. Describe the circumstances that result in this additional need for personal hygiene support.)
- Yes, identify the highest level of support needed in the past 30 days:

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy



7E. How frequently has this enhanced support for hygiene been needed in the past 30

days? 🖖

day

O Daily

O 2 or more times per

O 4-6 times per week

- O 1-3 times per week
- O 3-4 times per month
- O 1-2 times per month
- Other, specify frequency of enhanced support for hygiene_____

7F. Approximately how long does each instance of enhanced personal hygiene support last?

- O 0-15 minutes
- O 16-30 minutes

- \bigcirc 31-45 minutes
- O 46-60 minutes

O Greater than 60 minutes

7G. Describe the circumstances that result in this additional need for personal hygiene support.



Notes/Comments: Personal Hygiene

2. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)

1. Meal Preparation

1A. Make a light cold meal - The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal and a sandwich and cold drink.

| Last 3 Days | Performance Level |
|----------------|--|
| O | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

| Observation | Self-report | Proxy |
|-------------|-------------|-------|
|-------------|-------------|-------|



1B. Make a light hot meal - The ability to plan and prepare all aspects of a light hot meal such as

heating a bowl of soup and reheating a prepared meal. 🤑

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |
| Scoring | hased on: |

Scoring based on:

 \Box Observation \Box Self-report \Box Proxy

1C. Has the level of support the participant needs for meal preparation varied over the last 30 days?

• No (Skip items 1D-1F)

• Yes, identify the highest level of support needed in the past 30 days:

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| О | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| О | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> |
| О | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| О | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

| Observation | Self-report | 🗆 Proxy |
|-------------|-------------|---------|
|-------------|-------------|---------|



1D. How frequently has this enhanced support for meal preparation been needed in the

past 30 days? 🖖

- O 2 or more times per
 - day
- O Daily
- O 4-6 times per week
- O 1-3 times per week
- O 3-4 times per month
- O 1-2 times per month

meal preparation:_____

- O Other, specify frequency of
 - enhanced support for

1E. Approximately how long does each instance of enhanced meal preparation support last? ⊍

O 0-15 minutes O 16-30 minutes O 31-45 minutes

O Greater than 60 minutes

O 46-60 minutes

1F. Describe the circumstances that result in this additional need for meal preparation support.

Notes/Comments: Meal Preparation

2. Housework

2A. Light daily housework- The ability to complete light daily housework to maintain a safe home environment such that the participant is not at risk for harm within their home. Examples include wiping counter tops or doing dishes. EXCLUDES doing laundry.

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

| Observation | Self-report | Proxy |
|-------------|-------------|-------|
|-------------|-------------|-------|



2B. Heavier periodic housework: The ability to complete heavier periodic housework to maintain a safe home environment such that the participant is not at risk for harm within their home. Examples include vacuuming and cleaning bathroom. EXCLUDES doing laundry. Only show for

participant's age 8 and older 🕕

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| О | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| О | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |
| Scoring b | |

□ Observation □ Self-report □ Proxy

2C. Laundry- The ability to wash, dry, and fold laundry, including getting to and from the laundry area and carrying a laundry basket. Only show for participant's age 8 and older \bigcirc

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| О | Not applicable- Participant does not usually do this activity |
| . | |

2D. Is the washer and dryer the participant uses for laundry located within his/her

residence? Only show for participant's ages 8 and older 4

- O No
- **O** Yes

2E. Has the level of support the participant needs for housework varied over the last 30 days? 🖖

• No (Skip items 2F-2H)

O Yes, identify the highest level of support needed in the past 30 days:

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | <i>Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity</i> |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

2F. How frequently has this enhanced support for housework been needed in the past 30 days? 🖖

- 2 or more times per day
- O Daily
- O 4-6 times per week
- O 1-3 times per week
- O 3-4 times per month
- O 1-2 times per month
- O Other, describe frequency for enhanced support for housework:

2G. Approximately how long does each instance of enhanced housework support last? $igstyle{4}$

| O 0-15 minutes | O 31-45 minutes | O Greater than 60 minutes |
|-----------------|-----------------|---------------------------|
| O 16-30 minutes | O 46-60 minutes | |

2H. Describe the circumstances that result in this additional need for housework support.



Notes/Comments: Housework

3. Telephone Use

3A. Telephone-Answering: The ability to answer call in participant's customary manner and maintain for 1 minute or longer. Does not include getting to the phone.

| Last 3 Days | Performance Level |
|----------------|--|
| О | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| О | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

3B. 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.

| Last 3 Days | Performance Level |
|----------------|---|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | 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 |



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| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
|----------|--|
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |
| <u> </u> | |

Scoring based on:

□ Observation □ Self-report □ Proxy

3C. Texting- The ability to unlock a cell phone and open, read, create, and respond to a text message.

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | <i>Setup or clean-up assistance - Helper sets up or cleans up;</i> <i>participant completes activity. Helper assists only prior to or following</i> <i>the activity</i> |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently</i> |
| 0 | <i>Partial/moderate assistance -</i> Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

3D. Has the level of support the participant needs for telephone use varied over the last 30 days?



• No (Skip items 3E-3G)

| \cap V = = : | | latala a ak lavial | of support needed in the past 30 days: | |
|----------------|--------------------|--------------------|--|--|
| () YAC I | <u>nentity</u> the | ημηρέςτι μένρι | of clinnort needed in the nast 311 dave. | |
| | | | | |
| | | | | |

| Last 30 Days | Performance Level |
|-----------------|---|
| O O | Independent – Participant completes the activity by him/herself with no assistance from helper |
| o | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | <i>Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity</i> |
| o | Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| o | 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 |
| o | <i>Substantial/maximal assistance</i> – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| o | 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 |
| • | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

3E. How frequently has this enhanced support for telephone use been needed in the past 30 days? 🖖

- O 2 or more times per
 - day

- O 3-4 times per month
- O 1-2 times per month

• Daily

- O Other, specify frequency of
- O 4-6 times per week O 1-3 times per week
- enhanced support for

3F. Approximately how long does each instance of enhanced telephone use support last? 😣

O 0-15 minutes

- O 31-45 minutes
- O 16-30 minutes
- O 46-60 minutes

O Greater than 60 minutes

telephone

use:____

3G. Describe the circumstances that result in this additional need for telephone use support. Θ



Notes/Comments: Telephone Use

4. Shopping- Only show for ages 10 and older

4A. Light Shopping - Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.

| Last 3 Days | Performance Level |
|----------------|--|
| O | Independent - Participant completes the activity by him/herself with no assistance from helper |
| О | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | <i>Setup or clean-up assistance - Helper sets up or cleans up;</i> <i>participant completes activity. Helper assists only prior to or following</i> <i>the activity</i> |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently</i> |
| 0 | <i>Partial/moderate assistance - Helper does less than half the effort.</i> <i>Helper lifts, holds, or supports trunk or limbs, but provides less than</i> <i>half the effort</i> |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| О | Activity not Attempted- Participant refused |
| O | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

4B. Has the level of support the participant needs for shopping varied over the last 30 days? O No (Skip items 4C-4E)

• Yes, identify the highest level of support needed in the past 30 days:



Department of Health Care Policy & Financing

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| О | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> |
| 0 | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| O | 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 |
| О | Activity not Attempted- Participant refused |
| О | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on

□ Observation □ Self-report □ Proxy

4C. How frequently has this enhanced support for shopping been needed in the past 30 days? $igstyle{4}$

O 2 or more times per

O 4-6 times per week

O 1-3 times per week

day O Daily

- O 3-4 times per month O 1.2 times per month
 - O 1-2 times per month
- Other, specify frequency enhanced support for shopping:_____

4D. Approximately how long does each instance of enhanced shopping support last? $igstyle{4}$

O 0-15 minutes
 O 16-30 minutes

O 31-45 minutes O 46-60 minutes **O** Greater than 60 minutes

4E. De<u>scribe the circumstances that result in this ad</u>ditional need for shopping support. Θ

Notes/Comments: Shopping

5. Financial (Money) Management

5A. Simple financial management: The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, and/or using a debit or credit card. Only show for ages 8 and older

| Last 3 Days | Performance Level |
|----------------|---|
| О | <i>Independent - Participant completes the activity by him/herself with no assistance from helper</i> |



Department of Health Care Policy & Financing

| | - |
|---|--|
| О | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; |
| | participant completes activity. Helper assists only prior to or following |
| | the activity |
| | Supervision or touching assistance - Helper provides verbal cues |
| 0 | or touching/steadying assistance as participant completes activity. |
| • | Assistance may be provided throughout the activity or intermittently |
| - | |
| | Partial/moderate assistance - Helper does less than half the effort. |
| 0 | Helper lifts, holds, or supports trunk or limbs, but provides less than |
| | half the effort |
| | Substantial/maximal assistance - Helper does more than half the |
| Ο | effort. Helper lifts or holds trunk or limbs and provides more than half |
| | the effort |
| | Dependent - Helper does all of the effort. Participant does none of |
| 0 | the effort to complete the task OR the assistance of 2 or more helpers |
| | is required for the participant to complete the activity |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or |
| | |
| | safety concern |
| 0 | Not applicable- Participant does not usually do this activity |
| | |

Scoring based on:

□ Observation □ Self-report □ Proxy

5B. Complex financial management: The ability to complete financial decision-making such as budgeting, balancing a checking/banking account, online/mobile bill pay, online or in-person banking, and

remembering to pay bills. Only show for ages 18 and older

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance</i> - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | <i>Partial/moderate assistance - Helper does less than half the effort.</i> <i>Helper lifts, holds, or supports trunk or limbs, but provides less than half</i> <i>the effort</i> |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |



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| o | 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 |
|---|--|
| 0 | Activity not Attempted- Participant refused |
| o | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

5C. Has the level of support the participant needs for financial management varied over the last 30 days?

• No (Skip items 5D-5F)

• Yes, identify the highest level of support needed in the past 30 days:

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| O | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| O | <i>Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity</i> |
| O | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> |
| O | 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 |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| 0 | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

5D. How frequently has this enhanced support for financial management been needed in the past 30 days?

- O 2 or more times per day
- O Daily
- O 4-6 times per week
- O 1-3 times per week
- O 3-4 times per month
- O 1-2 times per month
- O Other, specify frequency of enhanced support for financial management:

| 5E. Approximately how long does | | Process Restructuring tioning Module (9-26-17) financial management support last? |
|--|---|--|
| O 0-15 minutes O 16-30 minutes | O 31-45 minutesO 46-60 minutes | O Greater than 60 minutes |
| 5F. Describe the circumstances t support. | hat result in this additional n | eed for financial management |
| receiving money, such as supple rent and utilities. | Money Management) Nyee. Being your own payee n | neans that you are responsible for benefits, and paying bills, such as |
| ONo OYes, check all that apply: Develop plan to transition paye Scheduled meeting at Social Se Develop plan for client to learn become own payee OUnknown | ecurity 🗆 Establis | payee ship prior to discharge h plan for client to receive check |
| 5I. Participant would like to hav No Yes, identify individual and who unknown | | - |
| Notes/Comments: Money Manag | ement | |

6. Technology

6A. Managing and using technology: The ability to use and manage technology, including computers and tablets. Includes the ability to access the Internet.

| Last 3 | Performance Level |
|-----------|--|
| Days | |
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| O | Age appropriate dependence- The participant requires a level of support consistent with his/her age |

| | | COLORADO Department of Health Care Policy & Financing | Colorado Assessment Process Restructuring Initiative: Draft Functioning Module (9-26-17) | | |
|--|---|--|---|--|--|
| 0 | | | - Helper sets up or cleans up; participant | | |
| | • | completes activity. Helper assists | only prior to or following the activity | | |
| | | Supervision or touching assist | tance - Helper provides verbal cues or | | |
| | O | touching/steadying assistance as | participant completes activity. Assistance | | |
| | | may be provided throughout the a | activity or intermittently | | |
| | | Partial/moderate assistance - | Helper does less than half the effort. | | |
| | O | Helper lifts, holds, or supports trunk or limbs, but provides less than half | | | |
| | | the effort | | | |
| | | Substantial/maximal assistan | ce - Helper does more than half the | | |
| | Ο | effort. Helper lifts or holds trunk or limbs and provides more than half the | | | |
| | | effort | | | |
| | | Dependent - Helper does all of t | he effort. Participant does none of the | | |
| | Ο | effort to complete the task OR the | e assistance of 2 or more helpers is | | |
| | | required for the participant to con | nplete the activity | | |
| | О | Activity not Attempted- Partici | pant refused | | |
| Activity not attempted due to short-term medical condition or se | | short-term medical condition or safety | | | |
| | 0 | concern | | | |
| | О | Not applicable- Participant does | not usually do this activity | | |

Scoring based on:

1

□ Observation □ Self-report □ Proxy

6B. Has the level of support the participant needs for using technology varied over the last 30 days?

O No (Skip items 6C-6E)

• Yes, identify the highest level of support needed in the past 30 days:

| Last 3 Days | Performance Level | | | |
|----------------|--|--|--|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper | | | |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> | | | |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity | | | |
| О | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> | | | |
| 0 | 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 | | | |
| O | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort | | | |
| О | 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 | | | |
| 0 | Activity not Attempted- Participant refused | | | |
| 0 | Activity not attempted due to short-term medical condition or safety concern | | | |
| 0 | Not applicable- Participant does not usually do this activity | | | |
| ^ | | | | |

Scoring based on:

 \Box Observation \Box Self-report \Box Proxy



6C. How frequently has this enhanced support for using technology been needed in the

past 30 days? 🖖

- 2 or more times per day
- O Daily
- O 4-6 times per week
- O 1-3 times per week
- O 3-4 times per month
- O 1-2 times per month
- O Other, specify frequency of enhanced support for using technology:

6D. Approximately how long does each instance of enhanced technology support last? 😣

O 0-15 minutes

O 31-45 minutes

O Greater than 60 minutes

O 16-30 minutes

O 46-60 minutes

6E. Describe the circumstances that result in this additional need for technology support.

Notes/Comments: Managing and using technology

7. Transportation

7A. Driving self: Including the ability to access and navigate the participant's personal vehicle, such

as a car or van. ⊍

| Last 3 Days | Performance Level |
|----------------|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | <i>Partial/moderate assistance - Helper does less than half the effort.</i> <i>Helper lifts, holds, or supports trunk or limbs, but provides less than half the</i> <i>effort</i> |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| О | Activity not Attempted- Participant refused |

| | COLORADO Department of Health Care Policy & Financing | Colorado Assessment Process Restructuring Initiative: Draft Functioning Module (9-26-17) | |
|---|--|---|--|
| 0 | Activity not attempted due to short-term medical condition or safety concern | | |
| 0 | Not applicable- Participant does not usually do this activity | | |

Scoring based on:

 \Box Observation \Box Self-report \Box Proxy

7B. Public Transportation: Including navigating public transit system and paying fares. This includes buses and light rail.

| puses and lig | |
|----------------|--|
| Last 3 Days | Performance Level |
| O | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| 0 | <i>Partial/moderate assistance -</i> Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |
| 0 | 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 |
| Ο | Activity not Attempted- Participant refused |
| 0 | Activity not attempted due to short-term medical condition or safety concern |
| 0 | Not applicable- Participant does not usually do this activity |

Scoring based on:

□ Observation □ Self-report □ Proxy

7C. Arranges Transportation Provided by Other: Ability to understand when transportation is needed, contact and schedule with others for transportation, and navigating to and from the vehicle. This includes paratransit, pre-scheduled taxis, ride sharing services such as Uber or Lyft,

and transportation provided by others, such as family members. Θ

| Last 3 Days | Performance Level |
|----------------|--|
| О | Independent - Participant completes the activity by him/herself with no assistance from helper |
| 0 | Age appropriate dependence- The participant requires a level of support consistent with his/her age |
| O | <i>Setup or clean-up assistance - Helper sets up or cleans up;</i> <i>participant completes activity. Helper assists only prior to or following</i> <i>the activity</i> |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently</i> |

| | Colorado Assessment Process Restructuri Initiative: Draft Functioning Module (9-2 | - | | |
|------|--|---|--|--|
| | Partial/moderate assistance - Helper does less than half the effort. | | | |
| O | Helper lifts, holds, or supports trunk or limbs, but provides less than | | | |
| | half the effort | | | |
| | Substantial/maximal assistance - Helper does more than half the | | | |
| O | effort. Helper lifts or holds trunk or limbs and provides more than half | | | |
| | the effort | | | |
| | Dependent - Helper does all of the effort. Participant does none of | | | |
| O | the effort to complete the task OR the assistance of 2 or more helpers | | | |
| | is required for the participant to complete the activity | | | |
| Ο | Activity not Attempted- Participant refused | | | |
| О | Activity not attempted due to short-term medical condition or | | | |
| | safety concern | | | |
| 0 | Not applicable- Participant does not usually do this activity | | | |
| Scor | ing based on: | | | |

 \Box Observation \Box Self-report \Box Proxy

7E. Has the level of support the participant needs for transportation varied over the last 30 days?

• No (Skip items 7F-7H)

• Yes, identify the highest level of support needed in the past 30 days:

| Last 3 Days | Performance Level | | | | |
|----------------|---|--|--|--|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper | | | | |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> | | | | |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity | | | | |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently | | | | |
| O | 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 | | | | |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort | | | | |
| O | 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 | | | | |
| 0 | Activity not Attempted- Participant refused | | | | |
| 0 | Activity not attempted due to short-term medical condition or safety concern | | | | |
| Ο | Not applicable- Participant does not usually do this activity | | | | |
| Scoring h | ased on: | | | | |

Scoring based on:

□ Observation □ Self-report □ Proxy

7F. How frequently has this enhanced support for transportation been needed in the past 30 days?

- O 2 or more times per day
- O 1-3 times per week
- O 3-4 times per month

O Daily

- O 1-2 times per month
- O Other, specify enhanced support for transportation:_____

O 4-6 times per week

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7G. Approximately how long does each instance of enhanced transportation support last? ⊍

- O 0-15 minutes
- O 16-30 minutes

O 31-45 minutes
 O 46-60 minutes

• Greater than 60 minutes

7H. Describe the circumstances that result in this additional need for transportation support. ⊍

Notes/Comments: Transportation

II. PARTICIPANTS UNDER AGE 4 FUNCTIONING

Many individuals with Long-Term Services and Supports (LTSS) needs, regardless of age, have difficulties with their ability to complete daily tasks and function in a manner that will allow them to maintain age appropriate independence that allows them to remain in the community. The Age 0-3 Functioning module has been specifically tailored to evaluate support needs related to functional abilities, specifically activities of daily living (ADLs), across targeted age categories.

Notes/Comments are present at the end of each section. These are used to: 1) Document additional information that was discussed or observed during the assessment process and was not adequately captured. 2) Document unique behavioral, cognitive or medical issue that were not captured in the assessment items that may increase the need for supervision or support. This narrative can provide additional justification in the event of a case review

51. AGE 0-5 MONTHS

1. Bathing

- Needs adaptive equipment
- Utilizes medical devices that make bathing very difficult, such as feeding tubes, breathing tubes, etc.
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for bathing: _____
- □ None of the above apply (Skip to Item 3- Dressing)
- 2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment?
 - Yes
 - O No
- Describe why bathing functional impairment(s) is not expected to last for at least a year: _____



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Dressing:

- Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia, or extreme hypertonia.
- □ Utilizes medical devices that make dressing very difficult, such as feeding tubes, breathing tubes, etc.
- Other concerns
 - Describe other concerns that may affect the amont of support the child needs for dressing:_____
- □ None of the above apply (Skip to Item 5- Eating)
- 4. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
- Describe why dressing functional impairment(s) is not expected to last for at least a year:_____

5. Eating

- Requires more than one hour per feeding
- Receives tube feedings or TPN
- Requires more than three hours per day for feeding or eating
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for eating:
- □ None of the above apply (Skip to Bathing Equipment Section in Functioning 4+ Module)

6. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?

- O Yes
- O No
- Describe why eating functional impairment(s) is not expected to last for at least a year:_____

7. Notes/Comments ADLs: Age 0-5 months

2. AGE 6-11 MONTHS

1. Bathing:

- Needs adaptive equipment
- Utilizes medical devices that make bathing very difficult, such as feeding tubes, breathing tubes, etc.
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for bathing:
- □ None of the above apply (Skip to Item 3- Dressing)
- 2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment?



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No

• Describe why bathing functional impairment(s) is **not**

expected to last for at least a year:____

3. Dressing

- □ Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia, or extreme hypertonia.
- □ Utilizes medical devices that make dressing very difficult, such as feeding tubes, breathing tubes, etc.
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for dressing:
- □ None of the above apply (Skip to Item 5- Eating)
- 4. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - □ Describe why dressing functional impairment(s) is **not** expected to last for at least a year:____

5. Eating

- Requires more than one hour per feeding
- Receives tube feedings or TPN
- Requires more than three hours per day for feeding or eating
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for eating:______
- □ None of the above apply (Skip to Item 7- Mobility)
- 6. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why eating functional impairment(s) is **not** expected to last for at least a year:_____

7. Mobility

- Unable to maintain a sitting position when placed
- □ Unable to move self by rolling, crawling, or creeping
- Other concerns
 - Describe other concerns that may affect the amount of support the child need for mobility:______
 - None of the above apply (Skip to Mobility Equipment Section in Functioning 4+ Module)
- 8. Is least one of the mobility functional impairments expected to last for at least one year from the date of assessment?
 - Yes

O No

Describe why mobility functional impairment(s) is **not** expected to last for at least a year:

9. Notes/Comments ADLs: Age 6-11 months



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3. AGE 12-17 MONTHS

1. Bathing:

- Needs adaptive equipment
- Utilizes medical devices that make bathing very difficult, such as feeding tubes, breathing tubes, etc.
- Becomes agitated requiring alternative bathing methods
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for bathing:______
- □ None of the above apply (Skip to Item 3- Dressing)
- 2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
- Describe why bathing functional impairment(s) is **not** expected to last for at least a year:

3. Dressing:

- Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia, or extreme hypertonia.
- Utilizes medical devices that make dressing very difficult, such as feeding tubes, breathing tubes, etc.
- Other concerns
 - Describe other concerns that may affect the amount of support the child need for dressings:
- □ None of the above apply (Skip to Item 5- Eating)

4. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?

- O Yes
- O No
 - Describe why dressing functional impairment(s) is **not** expected to last for at least a year:_____

5. Eating:

- Requires more than one hour per feeding
- Receives tube feedings or TPN
- Requires more than three hours per day for feeding or eating
- Other concerns
 - Describe other concern that may affect the amount of support the child needs for eating:______
- □ None of the above apply (Skip to Item 7- Mobility)
- 6. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why eating functional impairment(s) is **not** expected to last for at least a year:
- 7. Mobility:
 - Unable to sit alone
 - Requires a stander or someone to support the child's weight in a standing position



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Unable to crawl or creep Other concerns

- Describe other concerns that may affect the amount of support the child needs for mobility:______
- □ None of the above apply (Skip to Mobility Equipment Section in Functioning 4+ Module)
- 8. Is at least one of the mobility functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why mobility functional impairment(s) is **not** expected to last for at least a year:_____
- 9. Notes/Comments ADLs: Age 12-17 months

4. AGE 18-23 MONTHS

1. Bathing:

- Needs adaptive equipment
- Utilizes medical devices that make bathing very difficult, such as feeding tubes, breathing tubes, etc.
- Becomes agitated requiring alternative bathing methods
- □ Other concerns
 - Describe other concerns that may affect the amount of support the child needs for bathing:______
- □ None of the above apply (Skip to Item 3-Dressing)
- 2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
- Describe why bathing functional impairment(s) is **not** expected to last for at least a year:_____

3. Dressing:

- □ Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia, or extreme hypertonia
- Utilizes medical devices that make dressing very difficult, such as feeding tubes, breathing tubes, etc.
- Does not assist with dressing by helping to place arms in sleeves or legs into pants
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for dressing:
- □ None of the above apply (Skip to Item 5- Eating)
- 4. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why dressing functional impairment(s) is **not** expected to last for at least a year:_____



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Eating:

Receives tube feedings or TPN

Requires more than three hours per day for feeding or eating

- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for eating:______
- □ None of the above apply (Skip to Item 7- Mobility)
- 6. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why eating functional impairment(s) is **not** expected to last for at least a year:

7. Mobility

- Requires a stander or someone to support the child's weight in a standing position
- □ Uses a wheelchair or other mobility device not including a single cane
- Unable to take steps holding on to furniture
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for mobility:
 - None of the above apply (Skip to Mobility Equipment Section in Functioning 4+ Module)
- 8. Is at least one of the mobility functional impairments expected to last for at least one year from the date of assessment?
 - O Yes

- O No
 - Describe why mobility functional impairment(s) is **not** expected to last for at least a year:_____
- 9. Notes/Comments ADLs: Age 18-23 months

5. AGE 24-35 MONTHS

1. Bathing:

- Needs adaptive equipment
- Utilizes medical devices that make bathing very difficult, such as feeding tubes, breathing tubes, etc.
- Becomes agitated requiring alternative bathing methods
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for bathing:______
- □ None of the above apply (Skip to Item 3- Dressing)
- 2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No



Department of Health Care Policy & Financing O Describe why bathing functional impairment(s) is **not** expected to last for at least a year:_____

3. Dressing:

- □ Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia, or extreme hypertonia
- Utilizes medical devices that make dressing very difficult, such as feeding tubes, breathing tubes, etc.
- Does not assist with dressing by helping to place arms in sleeves or legs into pants
- Unable to pull hats, socks, and mittens
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for dressing:______
- □ None of the above apply (Skip to Item 5-Eating)
- 4. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why dressing functional impairment(s) is **not** expected to last for at least a year:_____

5. Eating:

- Receives tube feedings or TPN
- □ Requires more than three hours per day for feeding or eating
- □ Cannot pick up appropriate foods with hands and bring them to his/her mouth
- □ Other concerns
 - Describe other concerns that may affect the amount of support the child needs for eating:______
- □ None of the above apply (Skip to Section 3 Health)
- 6. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why eating functional impairment(s) is **not** expected to last for at least a year:

7. Mobility:

- Requires a stander or someone to support the child's weight in a standing position
- Does not walk or needs physical help to walk
- Uses a wheelchair or other mobility device not including a single cane
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for mobility:
- □ None of the above apply (Skip to Item 9- Transfers)
- 8. Is at least one of the mobility functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why mobility functional impairment(s) is **not** expected to last for at least a year:_____
- 9. Transfers (Does not include bathtub or shower)
 - Requires transfer assistance due to physical or cognitive deficits



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Other concerns

 Describe other concerns that may affect the amount of support the child needs for transfers:

- □ None of the above apply (Skip to Mobility Equipment Section in Functioning 4+ Module)
- **10.** Is at least one of the functional impairments related to transferring (does not include bathtub or shower) expected to last for at least one year from the date of assessment?
 - Yes
 - O No
- Describe why transferring functional impairment(s) is **not** expected to last for at least a year:_____

11.

6. AGE 36-47 MONTHS

1. Bathing:

- Needs adaptive equipment
- Utilizes medical devices that make bathing very difficult, such as feeding tubes, breathing tubes, etc
- □ Is combative during bathing (e.g., flails, takes two caregivers to accomplish task)
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for bathing:______
- □ None of the above apply (Skip to Item 3-Grooming)
- 2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why bathing functional impairment(s) is **not** expected to last for at least a year:
- 3. Grooming (brushing teeth, brushing hair, washing hands and face) Select all that apply
 - Is combative during grooming (e.g., flails, clamps mouth shut, takes two caregivers to accomplish task)
 Has physical limitations that prevent completing the task (e.g. limited range of motion, unable to grasp brush)
 - Other concerns
 - Describe other concerns that may affect the amount of support the child needs for grooming:
 - □ None of the above apply (Skip to Item 5-Dressing)
- 4. Is at least one of the grooming (brushing teeth, washing hands, and face) functional impairments expected to last for at least one year from the date of assessment?

O No

- Describe why grooming functional impairment(s) is **not** expected to last for at least a year:_____
- 5. Dressing:



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difficult, such as contractures, extreme hypotonia, or extreme hypertonia.

- Utilizes medical devices that make dressing very difficult, such as feeding tubes, breathing tubes, etc.
- □ Is combative during dressing (e.g., flails, resists efforts to put clothes on, takes two caregivers to accomplish task)
- Does not or cannot assist with dressing by helping to place arms in sleeves or legs into pants
- Unable to undress self independently
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for dressing:______
- □ None of the above apply (Skip to Item 7- Eating)
- 6. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?
 - **O** Yes

O No

 Describe why dressing functional impairment(s) is not expected to last for at least a year:_____

7. Eating:

□ Is combative while eating (e.g., flails, throws food so will not have to eat, takes two caregivers to accomplish task)

- Receives tube feedings or TPN
- Requires more than three hours per day for feeding or eating
- Needs to be fed by another individual
- Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for eating:______
- □ None of the above apply (Skip to Item 9- Toileting)

8. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?

O Yes

- O No
 - Describe why eating functional impairment(s) is **not** expected to last for at least a year:

9. Toileting:

- □ Is combative during toileting (e.g., flails, takes two caregivers to accomplish task)
- □ Has no awareness of being wet or soiled
- □ Requires caregiver assistance to be placed onto the toilet/potty chair
- Does not use toilet/potty chair when placed there by a caregiver
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for toileting:______
- □ None of the above apply (Skip to Item 11- Mobility)

10. Is at least one of the toileting functional impairments expected to last for at least one year from the date of assessment?

O Yes

- O No Describe w
 - Describe why bathing functional impairment(s) is **not** expected to last for at least a year:



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Department of Health Care Policy & Financing **11.**

Mobility:

Does not walk or needs physical help to walk

□ Uses a wheelchair or other mobility device not including a single cane

- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for mobility:
- □ None of the above apply (Skip to Item 13- Transfers)
- 12. Is at least one of the mobility functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
 - Describe why mobility functional impairment(s) is **not** expected to last for at least a year:_____

13. Transfers (Does not include bathtub or shower)

- Needs physical help with transfers
- Uses a mechanical lift
- Other concerns
 - Describe other concerns that may affect the amount of support the child needs for transfers:
- □ None of the above apply (Skip to Section 5 Transferring Equipment in Functioning 4+ Module)

14. Is at least one of the transfers (does not include bathtub or shower) functional impairments expected to last for at least one year from the date of assessment?

O Yes

O No

Describe why transferring functional impairment(s) is **not** expected to last for at least a year:

15. Notes/Comments ADLs: Age 36-47 months

III. HEALTH

1. Medical Services

- 1. In the last 6 months, has the participant received services at any of the following facilities? Θ
 - □ Hospital emergency department
 - □ Short-stay acute hospital (IPPS)
 - □ Long-term care facility
 - □ Skilled Nursing facility (SNF)
 - □ Long-term care hospital (LTCH)
 - □ In-patient rehabilitation hospital or unit (IRF)
 - □ Psychiatric hospital or unit
 - □ Home health agency (HHA)
 - □ Hospice
 - Outpatient services

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|--------------|---|-------------------------|
| | Department of Health Care Policy & Financing | IID Facility (ICF-IID) |
| 🛛 Urgent Ca | re | |
| Other | | |
| Describe c | other medical services receive | d in the last 6 months: |
| None | | |
| 2 Notes/Comm | ents: Medical Services | |

2. Health Care Provider Information

Health Care Provider Information is maintained in the Member record and will populate to this section. Any updates need to be made in the Member record. Primary Care Physician/Pediatrician and Dentist must be documented in the Member record. If Member does not have a PCP/Pediatrician or Dentist, assessor must select "Needs Referral to Obtain." Only if the Member has a provider in the Member record, should the assessor select "Would Like to Change Provider" if applicable.

1A. Primary and Dental Care Providers 🖻 😣

| Health Care Provider Type | Name/Clinic | Contact Information | Would Like to Change Provider | Needs Referral to Obtain | Comments | |
|------------------------------|-------------|------------------------|----------------------------------|--------------------------------|-----------------|--|
| Primary Care Physician/ | | | O Yes | O Yes | | |
| Pediatrician 🕕 | | | O No | O No | | |
| Dentist | | | O Yes | O Yes | | |
| | | | O No | O No | | |

3. General Health

1. Are there any immediate health concerns? 😣

- O No
- **O** Choose not to answer
- O Yes,

Describe immediate health concerns:

Notes/Comments: General Health



4. Risk Screen

This section is used to identify whether the participant experiences health-related circumstances that may put him/her at risk. The purpose of this section is to inform support planning and allow risk mitigation strategies to be developed.

In the past year, participant has had two or more falls or any fall with injury. $igstyle{}$

- **O** No [Skip to Section 5- Medications]
- O Choose not to answer [Skip to Section 5- Medications]
- O Unknown [Skip to Section 5- Medications]
- **O** Yes (Only show for ages 18 and older)
- Yes, age appropriate falls (Only show for ages 17 and under)[Skip to Section 5- Medications]
- **O** Yes, falls related to a disability and/or health condition (Only show for ages 17 and under)

2. Fall(s) that resulted in an injury.

- No
- Yes, type:
- □ Fracture
- □ Head Injury
- □ Other,

Describe other falls that resulted in injury:_____

Notes/Comments: Risk Screen

5. Medications

4. Has issues with getting prescription(s) and/or over the counter medication(s) filled or refilled regularly.

- 🔾 No
- **O** Choose not to answer
- **O** Unknown
- O Yes,

Describe issues with getting prescription(s) and/or over the counter medication filled:

5. Medication Management

5A. Indicate the type(s) of medication the participant currently takes: to show items 5B "oral medications," 5C "inhalant/mist medications," 5D "injectable



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medications," 5E "intravenous medications," and 5F "other type(s) of medication" based on "Current Medications" route

(column 2)]

- □ Oral medications
- □ Inhalant/mist medications
- □ Injectable medications (includes subcutaneous, intradermal and intramuscular)
- □ Intravenous medications (includes IV push/injection and infusion)
- \Box Other type(s) of medication
- □ None (Skip to 5G- Level of support varied past 30 days)

5B. 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.

| Last 3 | Performance Level | | | | | |
|-----------|---|--|--|--|--|--|
| Days | | | | | | |
| О | Independent - Participant completes the activity by him/herself with no assistance from helper | | | | | |
| o | Age appropriate dependence- The participant requires a level of support consistent with his/her age | | | | | |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity | | | | | |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently | | | | | |
| 0 | 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 | | | | | |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort | | | | | |
| 0 | 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 | | | | | |
| 0 | Activity not Attempted- Participant refused | | | | | |
| 0 | Activity not attempted due to short-term medical condition or safety concern | | | | | |
| 0 | Not applicable- Participant does not usually do this activity | | | | | |
| Scoring | based on: | | | | | |
| - | servation | | | | | |

5C. Medication management-inhalant/mist medications: The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.

| Last 3 Days | Performance Level |
|-------------------|--|
| О | Independent - Participant completes the activity by him/herself with no assistance from helper |
| O | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity |
| 0 | <i>Supervision or touching assistance - Helper provides verbal cues or</i> <i>touching/steadying assistance as participant completes activity. Assistance may</i> <i>be provided throughout the activity or intermittently</i> |



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|-------------------|---|--|--|
| 0 | 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 | | |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. | | |
| | Helper lifts or holds trunk or limbs and provides more than half the effort | | |
| 0 | 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 | | |
| 0 | Activity not Attempted- Participant refused | | |
| Ο | Activity not attempted due to short-term medical condition or safety concern | | |
| 0 | Not applicable- Participant does not usually do this activity | | |
| Scoring based on: | | | |

□ Observation □ Self-report □ Proxy

5D. 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.

| Last | | | | | | |
|---------|---|--|--|--|--|--|
| 3 | Performance Level | | | | | |
| Days | Independent Devision to complete the patients have him the world with me | | | | | |
| О | Independent - Participant completes the activity by him/herself with no assistance from helper | | | | | |
| О | Age appropriate dependence- The participant requires a level of support | | | | | |
| | consistent with his/her age | | | | | |
| Ο | Setup or clean-up assistance - Helper sets up or cleans up; participant | | | | | |
| | completes activity. Helper assists only prior to or following the activity | | | | | |
| | Supervision or touching assistance - Helper provides verbal cues or | | | | | |
| 0 | touching/steadying assistance as participant completes activity. Assistance may | | | | | |
| | be provided throughout the activity or intermittently | | | | | |
| 0 | Partial/moderate assistance - Helper does less than half the effort. Helper | | | | | |
| 0 | lifts, holds, or supports trunk or limbs, but provides less than half the effort | | | | | |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. | | | | | |
| 0 | Helper lifts or holds trunk or limbs and provides more than half the effort | | | | | |
| | Dependent - Helper does all of the effort. Participant does none of the effort to | | | | | |
| Ο | complete the task OR the assistance of 2 or more helpers is required for the | | | | | |
| • | participant to complete the activity | | | | | |
| 0 | | | | | | |
| | Activity not Attempted- Participant refused | | | | | |
| 0 | Activity not attempted due to short-term medical condition or safety concern | | | | | |
| 0 | Not applicable- Participant does not usually do this activity | | | | | |
| Scoring | based on: | | | | | |

□ Observation □ Self-report □ Proxy

5E. Medication management-intravenous: The ability to prepare and take all prescribed intravenous medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.

| Last 3 Days | Performance Level | | | | | |
|----------------|--|--|--|--|--|--|
| О | Independent - Participant completes the activity by him/herself with no assistance from helper | | | | | |
| О | Age appropriate dependence- The participant requires a level of support consistent with his/her age | | | | | |



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|----------|---|--|--|--|--|
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| | Setup or clean-up assistance - Helper sets up or cleans up; | | | | |
| 0 | participant completes activity. Helper assists only prior to or following | | | | |
| | the activity | | | | |
| | Supervision or touching assistance - Helper provides verbal cues | | | | |
| 0 | or touching/steadying assistance as participant completes activity. | | | | |
| | Assistance may be provided throughout the activity or intermittently | | | | |
| | Partial/moderate assistance - Helper does less than half the effort. | | | | |
| 0 | Helper lifts, holds, or supports trunk or limbs, but provides less than | | | | |
| | half the effort | | | | |
| | Substantial/maximal assistance - Helper does more than half the | | | | |
| 0 | effort. Helper lifts or holds trunk or limbs and provides more than half | | | | |
| | the effort | | | | |
| | Dependent - Helper does all of the effort. Participant does none of | | | | |
| 0 | the effort to complete the task OR the assistance of 2 or more helpers | | | | |
| | is required for the participant to complete the activity | | | | |
| Ο | Activity not Attempted- Participant refused | | | | |
| | Activity not attempted due to short-term medical condition or | | | | |
| <u> </u> | safety concern | | | | |
| 0 | Not applicable- Participant does not usually do this activity | | | | |
| | | | | | |

Scoring based on:

□ Observation □ Self-report □ Proxy

5F. Medication management-other type(s) of medication: The ability to prepare and take all prescribed other type(s) of medication reliably and safely, including administration of the correct dosage at the appropriate times/intervals.

| Last 3 Days | Performance Level | | | | | | |
|----------------|--|--|--|--|--|--|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper | | | | | | |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> | | | | | | |
| 0 | <i>Setup or clean-up assistance - Helper sets up or cleans up;</i> participant completes activity. Helper assists only prior to or following the activity | | | | | | |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently | | | | | | |
| 0 | 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 | | | | | | |
| 0 | <i>Substantial/maximal assistance -</i> Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort | | | | | | |
| 0 | 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 | | | | | | |
| 0 | Activity not Attempted- Participant refused | | | | | | |



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Activity not attempted due to short-term medical condition or 0 safety concern Ο Not applicable- Participant does not usually do this activity

Scoring based on:

□ Observation □ Self-report □ Proxy

5G. Has the level of support the participant needs for medication management varied over the last 30 days? 🖖

• No (Skip to Item 5I- Medication Management Equipment)

• Yes, identify the highest level of support needed in the past 30 days:

| Last 3 Days | Performance Level | | | | | |
|----------------|---|--|--|--|--|--|
| 0 | Independent - Participant completes the activity by him/herself with no assistance from helper | | | | | |
| 0 | <i>Age appropriate dependence- The participant requires a level of support consistent with his/her age</i> | | | | | |
| 0 | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity | | | | | |
| 0 | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently | | | | | |
| 0 | 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 | | | | | |
| 0 | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort | | | | | |
| 0 | 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 | | | | | |
| 0 | Activity not Attempted- Participant refused | | | | | |
| 0 | Activity not attempted due to short-term medical condition or safety concern | | | | | |
| 0 | Not applicable- Participant does not usually do this activity | | | | | |

Scoring based on:

□ Observation □ Self-report □ Proxy

5H. How frequently has this enhanced support for medication management been needed in the past 30 days? 🖖

O 2 or more times per day

O 3-4 times per month

- Daily
- O 4-6 times per week
- O 1-3 times per week
- O 1-2 times per month
- O Other, Specify frequency of enhanced support for medication management:

51. Approximately how long does each instance of enhanced medication management support last? 🖖

- O 0-15 minutes
- O 31-45 minutes
- Greater than 60 minutes

- O 16-30 minutes
- O 46-60 minutes



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5J. Describe the circumstances that result in this additional need for medication management support . 9

5K. Does the participant have or need any adaptive equipment to assist with medication

management? 🖖

- **O** No (Skip equipment table)
- ${\bf O}$ Yes

II. MEDICATION EQUIPMENT

Medication Equipment Table:

In Use of device column use the following responses:

- Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home
- Assistive device needed but current device unsuitable- Devices is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home
- Participant refused- Participant chooses not to use needed device

| Type of Assistive Device | Use of Device (Drop down) | Comments/Supplier |
|---|------------------------------|-------------------|
| CompuMed | Drop Down | |
| Medi-minder | Drop Down | |
| Medi-set | Drop Down | |
| Pill crusher | Drop Down | |
| Pill cutter | Drop Down | |
| Specialized medical equipment | Drop Down | |
| Syringe | Drop Down | |
| Other medication equipment (1), Describe other medication equipment (1): | Drop Down | |
| Other medication equipment (2), Describe other medication equipment (2): | Drop Down | |

Notes/Comments: Medication Management



6. DIAGNOSES

Diagnoses information, if present, will populate from the Diagnoses section of the Member record. All Diagnoses information needs to be verified and updated prior to completing the assessment. Updates to diagnoses information are bi-directional: Adding and/or editing diagnoses in this section will be reflected in the Member record and adding and/or editing diagnoses in the Member record will be reflected in this section.

1. Diagnoses 4 C (ICD.10/Diagnosis information populates from Diagnosis Section in Member Record)

| ICD.10 Code/ Diagnosis | Health Care Provider has diagnosed participant | Diagnosis active in past year | Affects functioning | | Receiving treatment for condition | Requires follow-up or referral |
|---|---|-------------------------------------|------------------------|--|---|--------------------------------------|
| Searchable Field of ICD code or diagnosis | | | | | | |

7. HEALTH CONDITIONS, DIAGNOSES AND SURGERIES

1. Does the participant have a diagnosis of any of the following <u>mental health</u> <u>conditions</u> that have been active in the past year?

- Attention deficit hyperactivity disorder (ADHD or ADD)
- □ Autism Spectrum Disorder
- □ Bipolar Disorder
- □ Depressive Disorders
- □ Disruptive, Impulse Control, and Conduct disorders
- □ Mood Disorder
- □ Obsessive Compulsive Disorder (OCD)
- □ Paranoid Disorders
- □ Trauma and Stressor Related disorders (e.g., PTSD, Reactive Attachment disorder, Acute Stress disorder)
- □ Schizophrenia Spectrum and Other Psychotic Disorders
- □ Other
 - Specify other Mental Health Diagnosis:
- □ None

2. Does the participant have a diagnosis of any of the following brain injury conditions?

- □ Reported brain injury, need to identify specific diagnosis
- □ Nonpsychotic mental disorders due to brain damage
- □ Toxic encephalopathy
- □ Subarachnoid and/or intracerebral hemorrhage
- $\hfill\square$ Occlusion and stenosis of precerebral arteries



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- □ Acute, but ill-defined cerebrovascular disease
- $\hfill \Box$ Other and ill-defined cerebrovascular disease
- $\hfill\square$ Late effects of cerebrovascular disease
- □ Fracture of the skull or face
- $\hfill\square$ Concussion resulting in an ongoing need for assistance with activities of daily living
- $\hfill\square$ Cerebral laceration and contusion
- □ Subarachnoid, subdural, and extradural hemorrhage, following injury
- □ Other unspecified intracranial hemorrhage following injury
- □ Intracranial injury
- $\hfill\square$ Late effects of musculoskeletal and connective tissue injuries
- Unspecified injuries to the head resulting in ongoing need for assistance with activities of daily living
- □ None

3. Does the participant have a diagnosis of any of the following <u>spinal cord injury</u> conditions?

- □ Spinal cord injury unspecified
- □ Complete lesion of spinal cord
- □ Anterior cord syndrome
- □ Central cord syndrome
- □ Other specified spinal cord injury
- □ Lumbar spinal cord injury without spinal bone injury
- □ Sacral spinal cord injury without spinal bone injury
- □ Cauda equina spinal cord injury without spinal bone injury
- □ Multiple sites of spinal cord injury without spinal bone injury
- □ Unspecified site of spinal cord injury without spinal bone injury
- □ Injury to cervical nerve root
- □ Injury to dorsal nerve root
- □ Injury to lumbar nerve root
- □ Injury to sacral nerve root
- □ Injury to brachial plexus
- □ Injury to lumbosacral plexus
- □ Injury to multiple sites of nerve roots and spinal plexus
- □ Injury to unspecified site of nerve roots and spinal plexus
- □ Injury to cervical sympathetic nerve excluding shoulder and pelvic girdles
- □ Injury to other sympathetic nerve excluding shoulder and pelvic girdles
- □ Injury to other specified nerve(s) of trunk excluding shoulder and pelvic girdles
- □ Injury to unspecified nerve of trunk excluding shoulder and pelvic girdles
- □ Paraplegia
- □ Paraplegia, Unspecified
- □ Paraplegia, Complete
- □ Paraplegia, Incomplete
- Quadriplegia/Tetraplegia/Incomplete unspecified
- □ Quadriplegia C1-C4/Complete
- □ Quadriplegia C1-C4/Incomplete
- □ Quadriplegia C5-C7/Complete
- □ Quadriplegia C5-C7/Incomplete
- □ None



- 3A. Does the diagnosis impact the participant's functioning? (Show if any response EXCEPT "None" was slected in item 3 "Does the participant have of any of the following <u>spinal cord</u> injury diagnoses")
 - O No
 - O Yes
- 4. 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. (Shared with LOC) (Only show for ages 19 and under)

- O No
- O Yes
- 5. Has the participant been diagnosed with a life limiting illness by a medical professional? Note: The definition of a life limiting illness for adults (18+) is a prognosis of death within the next year due to a medical condition. ^I ○ (Only show for ages 19 and older)
 - O No
 - O Yes
- 6. Participant has had surgery(ies) that affects current functioning or quality of life. Θ
 - **O** No [Skip to section 8: Treatments and Monitoring]
 - **O** Choose not to answer [Skip to section 8: Treatments and Monitoring]
 - **O** Unknown [Skip to section 8: Treatments and Monitoring]
 - O Yes

□ Surgeries that negatively affect current functioning or quality of life

□ Surgeries that positively affect current functioning or quality of life

9A. Describe the surgeries that impact functioning or quality of life:

10. Notes/Comments: Health Conditions, Diagnoses and Surgeries

8. Treatments and Monitoring

1. On average the participant requires intervention greater than verbal redirection at least <u>once every two</u> <u>hours during the day</u> AND on average <u>once every three hours at night</u> across all behavioral and/or <u>medical</u>



issues OR exhibits constant vocalization. (Shared from Psychosocial module: Bi-directional) This item is to help determine if participant meets targeting criteria for the Children's Extensive Services (CES) waiver. If "yes" is selected for "Due to medical issues," the documentation must include for each treatment and monitoring- status, who performs, status of caregiver, frequency and description.

- O No
- O Yes
- ☐ Yes- Due to behavioral issues (Interventions for behavioral issues are documented in the Psychosocial Module)
- □ Yes-Due to medical issues (Interventions for medical issues are documented in the Health Module)
- □ Yes-Due to constant vocalization (Interventions for constant vocalization are documented in the Psychosocial Module)

2. Participant is in danger of being admitted to an institution/out of home placement because of a medical issue(s). \bigcirc

- O No
- ${\bf O}$ Yes

3.Treatments and Monitoring $oldsymbol{\mathbb{Z}}_{oldsymbol{ extsf{b}}}$

IDENTIFY TREATMENTS AND MONITORING THE PARTICIPANT RECEIVES AND/OR NEEDS.

- □ Bowel program
- □ Bladder program
- □ Chemotherapy
- □ Catheter changes
- □ CPAP/ Sleep Apnea Treatment
- $\hfill\square$ Colostomy or Ileostomy
- □ Glucometer
- □ Hemodialysis or Peritoneal Dialysis
- □ Insulin Pump
- □ Intravenous (IV) care and/or medication administration
- □ Nasogastric Tube (NG), Gastrostomy Tube (GT), Jejunostomy Tube (JT) care and/or medication administration
- Nebulizer treatment
- □ Oxygen concentrator
- □ Seizure monitoring
- □ Suctioning treatments (e.g., Nasopharyngeal or tracheostomy)
- □ Telemedicine
- □ Turning/repositioning program
- □ Vital sign monitoring
- □ Vascular access device (e.g., central line, PICC, Portacath) care and/or medication administration
- □ Ventilator
- □ Wound care (e.g., dressings or drainage tubes)
- □ Other (1)
 - Specify other (1) type of treatment/monitoring
- Other (2)
 Specify other (2) type of treatment/monitoring



Show "Treatment/Monitoring Status" (column 1) for each if applicable therapy selected in item 3 (treatments and monitoring) Then

Show "Performed by", "Caregiver Status", and "Frequency" (columns 2-4) ONLY if response selected in "Treatment/Monitoring Status" (column 1) is: "Treatment/monitoring needed and available" OR "Treatment/monitoring needed but no longer meets participant's needs." If these columns show, responses are mandatory.

Show item "Briefly describe ..." for each applicable therapy selected in item 1, responses are mandatory.

| Treatment/monitoring Status | Performed By: | Caregiver Status: 🌗 | Frequency: 🕕 | | |
|--|--|--|--|--|--|
| Treatment/ monitoring needed and available- Participant needs this treatment/monitoring for health and safety and/or to complete daily activities and has the device in the home Treatment/ monitoring needed but no longer meets participant's needs- Treatment/monitoring is performed but no longer meets participant's needs Treatment/ monitoring needed but is not being received- Participant needs the treatment/monitoring but it is not currently receiving. Participant refused- Participant refuses the treatment/monitoring. | Caregiver Nurse Parent Self Relevant Mental Health Care Professional Other Identify person who performed treatment | Can an existing caregiver (excluding those provided through an agency) provide the treatment or monitoring? O Yes O No Identify which caregiver(s) can perform the task. If some or all caregivers cannot perform the task, describe the reasons and identify training or other supportive service that would allow the caregiver to perform the task. If the caregiver is not interested in providing the support or additional training, document this: | Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) | | |
| | efly describe 1) the reason for the treatment or monitoring 2) the participant's strengths, preferences and Ilenges related to the treatment or monitoring including any other information, such as planned end dates: Ψ | | | | |

4. Notes/Comments: Treatments and Monitoring



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9. THERAPIES - SKILLED/SPECIALIZED THERAPIES

1. Therapy – Skilled/Specialized Therapies (Non-Behavioral/Mental Health) Identify therapies the participant receives and/or needs.

- □ Alternative/ Integrated Therapies (e.g., acupuncture, dry needling, cupping)
- □ Hippotherapy/ Equine Therapy
- □ Massage Therapy
- □ Music Therapy
- □ Occupational Therapy
- □ Pain Management
- □ Physical Therapy
- □ Range of Motion Exercise
- □ Respiratory Therapy
- □ Speech Therapy
- □ Other,
- Specify other therapy type: _____
- □ None

Show "Therapy Status" (column 1) for each if applicable therapy selected in item 3

Then

Show "Performed by", Caregiver Status", and Frequency (columns 2-4) ONLY if the response selected in "Therapy Status" (column 1) is: "Therapy needed and available" OR "Therapy needed but no longer meets participant's needs." If these columns show, responses are mandatory.

Show item "Briefly describe ..." for each applicable therapy selected in item 1, responses are mandatory.

Department of Health Care Initiative: Draft Functioning Module (9-26-17) Policy & Financing Performed By: U Frequency: U Therapy Status: Caregiver Status: ⊍ □ Caregiver Therapy needed and Can an existing caregiver □ Nurse (excluding those provided available- Participant needs • Less than monthly □ Parent through an agency) and is currently receiving to once per month □ Self this therapy provide the treatment or • More than once □ Relevant Mental Therapy needed but no monitoring? per month and up longer meets participant's Health Care **O** Yes to weekly Professional needs-Participant needs the O No • More than once therapy but no longer □ Other Identify which caregiver(s) per week and up Identify person meet's participant's needs. can perform the task. If who performed Therapy needed but is not to daily some or all caregivers treatment being received- Participant O 2+ times per day cannot perform the task, needs the therapy but is (at least 5 days describe the reasons and not currently receiving. per week) identify training or other Participant refused-• supportive service that Participant chooses not to would allow the caregiver receive this therapy to perform the task. If the caregiver is not interested in providing the support or additional training, document this: ____ Briefly describe 1) the reason for the therapy 2) the participant's strengths, preferences and challenges related to the therapy and other

information, such planned end dates of the therapy:

Notes/Comments: Skilled/Specialized Therapies

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10. ASSESSMENT OF FEET

1. Participant has conditions related to his/her feet such as bunions, diabetes related, etc. ⊍

- O No
- **O** Yes
- Choose not to answer

Notes/Comments: Assessment of Feet



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11. ASSESSMENT OF SLEEP

1. Concerns about sleep

- O No
- O Yes
- **O** Sometimes
- O Choose not to answer

Notes/Comments: Sleep

12. HELPS BRAIN INJURY SCREEN

- 1. Participant has a diagnosed brain injury. 😣
 - O No
 - **O** Yes

Notes/Comments: HELPS Brain injury screen

IV. SENSORY AND COMMUNICATION

- 1. VISION & VISION DEVICES
- 1. Does participant have or need any vision devices? $\mathbf{\Psi}$
 - **O** No (Skip to item 2-Ability to see)
 - O Yes

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In Use of Device column use the following responses:

- Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home
- Assistive device needed but current device unsuitable- Device is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home
- Participant refused- Participant chooses not to use needed device

| Type of Assistive Device | Use of Device (Drop down) | Comments/ Supplier |
|---|------------------------------|--------------------|
| Glasses | Drop Down | |
| Contacts | Drop Down | |
| Eye patch | Drop Down | |
| Hand reader or stand magnifier | Drop Down | |
| Projection devices | Drop Down | |
| Strong convex lenses | Drop Down | |
| Distance magnifiers | Drop Down | |
| Reading rectangle | Drop Down | |
| Computer software (i.e., for screen magnification such as Zoomtext, Magic, or screen reading, such as JAWS) | Drop Down | |
| Computer output device (refreshable Braille display) | Drop Down | |
| Computer input devices (switches, buttons, adaptive key strokes, EyeGaze) | Drop Down | |
| CCTV (closed circuit TV for magnification of print materials) | Drop Down | |
| Books on tape/CD/Audio books | Drop Down | |
| Orbital Implant | Drop Down | |
| Tactile or Braille markings for appliances/ other IADL items | Drop Down | |
| Talking watch/clock | Drop Down | |
| Talk to text | Drop Down | |
| Large number phone | Drop Down | |
| Large Visual Display (LVD) for TTY | Drop Down | |
| Medical phone alert system | Drop Down | |
| Long or folding cane | Drop Down | |



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| Type of Assistive Device | Use of Device (Drop down) | Comments/ Supplier |
|-----------------------------------|------------------------------|--------------------|
| Service animal (e.g., guide dog) | Drop Down | |
| Other, Specify Vision Device/Aid: | Drop Down | |

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 [Skip to Notes and Comments- Vision]
- Mildly to moderately impaired: Can identify objects; may see large print
- **O** Severely impaired: No vision or object identification questionable
- **O** Unable to determine

3. Issues related to vision: \bigcirc

- □ 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)
- □ Problems with Depth Perception
- □ Retinitis Pigmentosa
- □ Tunnel Vision
- Other
 - Describe other issues related to vision:
- □ None

Notes/Comments: Vision & Vision Devices

2. Hearing & Hearing Devices



1. Does the participant have or need any hearing devices? D

- O No (Skip to item 2-Ability to Hear)
- Yes

In **Use of Device** column use the following responses:

- Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home
- Assistive device needed but current device unsuitable- Devices is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home
- Participant refused- Participant chooses not to use needed device

| Type of Assistive Device | Use of Device (Drop down) ☎ 🥹 | Comments/Supplier |
|--|----------------------------------|-------------------|
| Hearing aid- left | Drop Down | |
| Hearing aid- right | Drop Down | |
| Cochlear implant(s) | Drop Down | |
| Bone anchored hearing aid (BAHA) implant(s) | Drop Down | |
| FM sound system | Drop Down | |
| Infra-red sound system | Drop Down | |
| Service animal | Drop Down | |
| Alerting devices for phone and doorbell ringing, | Drop Down | |
| smoke detectors, etc. | | |
| Closed captioning | Drop Down | |
| Adaptive phone/texting | Drop Down | |
| Assistive listening device | Drop Down | |
| Other, | Drop Down | |
| Specify other hearing device/aid: | | |

2. Ability to hear (with hearing aid or hearing appliance, if normally used): igsidem b

- O 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
- O Severely impaired: Absence of useful hearing
- **O** Unable to determine

Notes/Comments: Hearing & Hearing Devices

3. Functional Communication & Functional Communication Devices

1. Does the participant have or need any functional communication devices?

• Yes

In Use of Device column use the following responses:

- Assistive device needed and available- Participant needs this device to complete daily activities and has the device in the home
- Assistive device needed but current device unsuitable- Devices is in home but no longer meets participant's needs
- Assistive device needed but not available- Participant needs the device but it is not available in the home
- Participant refused- Participant chooses not to use needed device

| Type of Assistive Device | Use of Device (Drop down) ^조 민 | Comments/ Supplier |
|--|--|-----------------------|
| Low-tech communication board (e.g., point | Drop Down | |
| board) | | |
| Voice output application/speech generating | Drop Down | |
| device | | |
| iPad/Tablet | Drop Down | |
| Other, | Drop Down | |
| Specify other functional communication | | |
| device: | | |

2. Understanding verbal content (excluding language barriers): $igstyle{D}$

- **O** Understands: Clear comprehension without cues or repetitions
- Age appropriate difficulty with understanding verbal content
- 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
- **O** Rarely/Never understands
- **O** Unable to determine
- Participant's ability to express ideas and/or wants with individuals he/she is familiar with.
 (Shared from LOC)
 - O Expresses complex messages without difficulty and with speech that is clear and easy to understand
 - Age appropriate difficulty with expressing needs and/or ideas



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- Exhibits some difficulty with expressing needs and/or ideas (e.g., some words or finishing thoughts) or speech is not clear
- **O** Rarely/never expresses self or speech is very difficult to understand
- **O** Unable to determine
- 4. Participant's ability to express ideas and/or wants with individuals he/she is NOT familiar with. 🔁 🕛
 - C Expresses complex messages without difficulty and with speech that is clear and easy to understand
 - Age appropriate difficulty with expressing needs and/or ideas
 - C Exhibits some difficulty with expressing needs and/or ideas (e.g., some words or finishing thoughts) or speech is not clear

 - Rarely/never expresses self or speech is very difficult to understand
 - Unable to determine

5. Type of augmentative communication device(s) participant uses: 🖖 🖻 🗖 Ability to select multiple applicable devices. [For all other than none, Skip to Notes/Comments]

| Alpha Smart | |
|---|--------------------------------------|
| Alpha Talker | Video relay service |
| Artificial Larynx | Voice Photo Album |
| Big Mack Switch | Voice Recognition Software |
| Braille Screen Communicator | Other Personal Listening Device |
| Cheap Talk | Describe other personal listening |
| Computer/Cell phone applications (e.g., | device: |
| Skype/Facetime) | Other Picture Systems |
| Dynamite | Describe other picture |
| Dynavox | systems |
| Electric Output Device | Other type of communication |
| Link Assistive Device | device: |
| Lite writer | Describe other type of communication |
| Mini Message Mate | device: |
| PECS | |
| Pocket Talker | |
| Speak Easy | 🗆 None |
| Tablet (Including iPad and Smartphone) | |
| (Only show when "None" response | is selected in item "Type of |

augmentative communication device)

6. Participant would like to have an augmentative communication **device: U** (Augmentative communication includes communication devices that are used to express thoughts, needs, wants, and ideas.)

- No [Skip to Item 11- Harder to be understood]
- **O** Yes, and needs a referral [Staff should make referral to Speech Language Pathologist] [Skip to Item 11- Harder to be understood]



7. Notes/Comments: Functional Communication & Functional Communication Devices

V. PARTICIPANTS UNDER AGE 12 SENSORY AND COMMUNICATION MODULE SUPPLEMENT

I. AGE 0-6 MONTHS

1. Functional Communication - Select all that apply:

- Does not startle, jump, or blink to sudden, loud, unexpected sounds
- □ Does not make any vocal sounds (includes crying)
- Other concerns
- Describe other concerns that may affect the amount of support the child needs for communication:
- □ None of the above apply (Supplement Complete)
- 2. Is at least one of the communication functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No,
- Describe why the communication functional impairment is **not** expected to last at least a year: ______
- II. AGE 7-12 MONTHS

1. Functional Communication - Select all that apply:

- Does not react to changes in tone of voice
- □ Does not make any vocal sounds (includes crying)
- Does not express him/herself through vocal, visual, or gesture exchange
- Other concerns
- Describe other concerns that may affect the amount of support the child needs:
- □ None of the above apply (Supplement Complete)

2. Is at least one of the communication functional impairments expected to last for at least one year from the date of assessment?

- O Yes
- O No
- Describe why the communication functional impairment is **not** expected to last at least a year:______

III. AGE 13-18 MONTHS

1. Functional Communication - Select all that apply:

- Does not react to changes in tone of voice
- Does not respond to simple requests (e.g., no, stop, come here, give me, look)
- Does not express him/herself through vocal, visual, or gesture exchange
- Does not jabber or babble as if they are trying to say something
- Other concerns
- Describe other concerns that may affect the amount of support the child needs for communication:
- □ None of the above apply (Supplement Complete)



2. Is at least one of the communication functional impairments expected to last for at least one year from the date of assessment?

- O Yes
- O No
- Describe why the communication functional impairment is **not** expected to last at least a year:______

IV. AGE 19-24 MONTHS

1. Functional Communication - Select all that apply:

- □ Does not respond to simple requests (e.g., no, stop, come here, give me, look)
- Does not point to or look at familiar objects or people when asked
- Does not use more than 10 meaningful words or word approximations
- Does not imitate environmental sounds through any means
- Other concerns
- Describe other concerns that may affect the amount of support the child needs for communication:______
- □ None of the above apply (Supplement Complete)
- 2. Is at least one of the communication functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
- Describe why the communication functional impairment is **not** expected to last at least a year:______

V. AGE 25-36 MONTHS

- **1.** Functional Communication Select all that apply:
 - Does not follow two-step instructions that are related and are not routine
 - □ Does not point to or look at 3 familiar objects or people when asked
 - □ Does not use more than 10 meaningful words or word approximations
 - □ Does not join familiar words into phrases (e.g., "me drink", "red truck", "baby cry", "no juice")
 - Other concerns
- Describe other concerns that may affect the amount of support the child needs for communication:
- □ None of the above apply (Supplement Complete)
- 2. Is at least one of the communication functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
- Describe why the functional impairment is **not** expected to last at least a year:______

VI. AGE 37-47 MONTHS

1. Functional Communication - Select all that apply:

- Does not follow two-step instructions that are related and are not routine
- Does not understand any preposition in unfamiliar single step instructions (e.g., in, on, under)
- Does not use at least 50 words
- Does not use "mine" to indicate possession
- Other concerns
- Describe other concerns that may affect the amount of support the child needs for communication:
- □ None of the above apply (Supplement Complete)
- 2. Is at least one of the communication functional impairments expected to last for at least one year from the date of assessment?



- YesNo
- Describe why the communication functional impairment is **not** expected to last at least a year:______

VII. AGE 4 TO 5 YEARS 🖖

1. Functional Communication - Select all that apply:

- Does not follow two-step instructions that are related and are not routine
- Does not understand at least 3 prepositions in unfamiliar single step instructions (e.g., in, on, under)
- Does not ask for objects by naming them
- Does not combine 3 or more words into a meaningful sentence
- Other concerns
- Describe other concerns that may affect the amount of support the child needs for communication:
- □ None of the above apply (Supplement Complete)
- 2. Is at least one of the communication functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
- Describe why the communication functional impairment is **not** expected to last at least a year:______

VIII. AGE 6 TO 11 YEARS 😉

1. Functional Communication - Select all that apply:

- Does not follow 3-step instructions that are related and are not routine
- Does not follow 2 single-step instructions given at the same time that are unrelated and are not routine
- Does not use language to share information other than basic needs or wants
- Is not understood by familiar people that have infrequent contact with the child
- Does not combine 6 or more words into a meaningful sentence
- Other concerns
- Describe other concerns that may affect the amount of support the child needs for communication:
- □ None of the above apply (Supplement Complete)
- 2. Is at least one of the communication functional impairments expected to last for at least one year from the date of assessment?
 - O Yes
 - O No
- Describe why the communication functional impairment is **not** expected to last at least a year:______

VI. PSYCHOSOCIAL

1. BEHAVIORS, EMOTIONS, AND SYMPTOMS

This section is used to identify if the participant displays behaviors, emotions and/or symptoms. Assessors should check all the behaviors the participant demonstrates, has a history of, or those that the assessor or others have a concern. If there are no concerns, history, or presence of these behaviors, select "None". For all behaviors identified use the following guidance: **Behavior status (column 1)** - should be based on what would be considered a "typical" week of behavior for the participant. Identify the status for each behavior chosen.

- □ Has history, no symptoms or interventions in past year, no concern about reoccurrence- Select if the participant has a history of the behavior however there is no concern about reoccurrence. The only follow-up item for this response is to briefly describe the history.
- □ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence- Select if the participant has a history of the behavior and assessor has concerns about reoccurrence (e.g., because of types of interventions (or lack of interventions) or lack of structure in the living environment). The only follow-up item for this response is to briefly describe the history.
- □ Currently requires intervention and/or displays symptoms -Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions.

Behavior information (column 2) – This item will appear for all behaviors with status of "currently requires intervention and or displays symptoms"

- Impacts functioning: Does the behavior impact the participant's ability to function in a manner appropriate to the setting or situation?
- Prevents from doing things: Does the behavior prevent the participant from doing things he/she wants to do?
- Behavior needs to be addressed in Support Plan: Identify whether the behavior needs to be addressed in the Support Plan.
- Behavior is intermittent and/or cyclical: If the behavior is intermittent and/or cyclical, staff should check the box and describe how the behavior typically cycles (e.g. holidays, anniversaries, after doctor's appointments, seasonal, etc.).

Intervention type & frequency (column 3) - The type of supports and/or services that need to be provided by staff and/or caregiver and the frequency. Identify the intervention for each behavior chosen and the frequency of the 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)

• None, and intervention needed — intervention needed but is not receiving Frequency

- 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
- More than once per month and up to weekly- Intervention occurs twice or more per month, up to once per week
- More than once per week and up to daily- Intervention occurs twice or more per week, up to once per day
- 2+ times per day (at least 5 days per week)- Intervention occurs 2 or more times per day, at least 5 days per week

COLORADO



Describe additional details regarding including presenting behaviors, interventions and historical information if applicable. (row 1/column 5)

For participants under age 4, Only show responses: "Injurious to Self", "Physically aggressive or combative", Verbally aggressive towards others, "Property destruction", "Injurious to animals", "Socially unacceptable behavior", "Verbal perseveration", "PICA", "Constant vocalization", "Other Behaviors" and "None."

1. Has the participant previously or currently required interventions or present symptoms

for any of the following: () (Shared from LOC)

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, such as intrusiveness, may be expected in younger children but may become more socially and/or legally problematic if they are not addressed as the child ages.

- □ Injurious to self
- □ Physically aggressive or combative
- □ Verbally aggressive towards others
- Property destruction
- □ Injurious to animals
- □ Socially unacceptable behavior
- □ Verbal perseveration
- D PICA
- □ Bullying others
- □ Fire setting or preoccupation with fire
- □ Refusing ADL/IADL and/or medical care
- □ Wandering/elopement
- □ Legal involvement
- Difficulties regulating emotions
- Susceptibility to victimization

- □ Withdrawal
- □ Agitation
- □ Impulsivity
- □ Intrusiveness
- □ Anxiety
- □ Psychotic behaviors
- □ Manic behaviors
- □ Confabulation
- □ Constant vocalization
- □ Other behavior issues
- None (Skip to Item 28-Were any Emergency Control Procedures used...)

(Add definitions to each behavior response it item 1. Reference automation spreadsheet given. Definitions are also below in column 1 following the behavior)

For Items 2-26 (table): Show "Behavior Status" (column 1) for each applicable behavior selected in Item 1



COLORADO Department of Health Care Policy & Financing

Show items "Behavior Information", "Intervention Frequency", and "Presenting Behaviors", (Columns 2-4) ONLY if the response selected in Behavior Status is: "Currently requires intervention and/or displays symptoms." If these columns show, responses are mandatory.

For each "Intervention Type" selected there must be an "Intervention Frequency" selected. For example, assessor selects "Cueing" then "Intervention Frequency" for "Cueing" needs to be selected. Then assessor selects "Planned Intervention" then "Intervention Frequency" for "Planned Intervention" needs to be selected.

Show item "If necessary, describe behavior issues..." for each applicable behavior(s) selected in item 1 and is mandatory.

| HEPP Department of Health (| | 1 | | |
|--|--|--|--|--|
| Behavior Issue () (Shared from LOC) | Behavior Information (Shared | Intervention Frequency 📴 | Presenting behaviors | |
| | from LOC) | (Shared from LOC) | LOC) | |
| 2. Injurious to Self - Participant displays disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs). (Chared from LOC) (Chared from l | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None | Intervention Type Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month- More than once per month and up to weekly More than once per week and up to daily times per day (at least 5 days per week) | Chemical abuse/misuse Cutting self Bangs head Overeating with acute medical implications Pulling out hair Puts self in dangerous situations that causes or may cause self- harm or injury Self-biting Self-biting Self-hitting Self-poking/stabbing Self-restricts eating Other Describe other injurious to self behaviors: | |
| 2A. Describe additional details regarding injurious to self behavior(s), including presenting behaviors, interventions, and historical information if applicable () (Shared from LOC): | | | | |
| 3.Physically aggressive or combative Participant displays physical behavior symptoms directed toward others (e.g., hits, kicks, pushes, or punches others, throws objects, spitting). (Shared from LOC) As history, no symptoms or interventions in past year, no concern about | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical | Intervention Type Cueing Physical Prompts Planned intervention Medications to manage behavior Other | Bites Hits/Punches Kicks Pulls other's hair Pushes Scratches Throws objects Unwanted touching of others Tripping | |

| reoccurrence (Skip to 3A and describe additional details) Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 3A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | carrae None | Describe other intervention: None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily times per day (at least 5 days per week) | Uses objects to hurt others Other Describe other physically aggressive or combative behaviors: |
|---|--|---|--|
| 3A. Describe additional details rega | rding physically aggre | | r(s), including presenting |
| behaviors, interventions, and historic | | | |
| 4. Verbally aggressive towards others - Participant displays verbal behavioral symptoms directed towards others (e.g., yelling, screaming, threatening, cursing, excessive profanity, sexual references). (Shared from LOC) O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 4A and describe additional details) O Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 4A and describe additional details) O Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None Present threat to own or other's safety? No Yes | Intervention Type Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) | 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 Other Describe other verbally aggressive towards others behaviors: |

| A Describe additional details raga | Calineg verbally aggress | sive towards others behavior(s), including presenting | |
|--|--|--|--|
| behaviors, interventions, and historic 5.Property destruction - Participant engages in behavior, or would without an intervention, to intentionally disassemble, damage or destroy public or private property or possessions. (Shared from LOC) Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 5A and describe additional details) Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 5A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None | sive towards others behavior(s), including presenting icable (Shared from LOC): Intervention Type Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) ction behavior(s), including presenting behaviors, | |
| interventions, and historical information if applicable (Shared from LOC) | | | |

| 6. Injurious to animalsmearticipent of displays, or would with four animals intervention, behaviors that would result in the injury of an animal. Aas history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 6A and describe additional details) Aas history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 6A and describe additional) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned interventions to manage behavior and other identified interventions) | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None | Intervention Type Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) | Rough pulling on limbs or body of animal Attempts to maim or kill animals Sexual abuse against animals Other Describe other injurious to animals behaviors: |
|--|--|--|--|
| 6A. Describe additional details rega interventions, and historical informat | | mals behavior(s), including p | presenting behaviors, |
| 7. Socially unacceptable behavior - Participant expresses him/herself, or would without an intervention, in an inappropriate or unacceptable manner. Includes disruptive, infantile, or socially inappropriate behavior (e.g., inappropriate sexual comments or other behaviors, disrobing, smearing/ throwing food or feces) O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 7A and describe additional details) O Has history, no symptoms or intervention in past year, assessor has concerns about | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None | Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Loss than monthly | Disrupts other's activities Perseverates Exhibits hand flapping Excessive repetitive behavior Does not understand personal boundaries Spits Throws food Throws feces Smears feces Urinates/defecates in inappropriate places Exposes private body areas to others Inappropriately touches others Masturbates in public |

| re-occurrence (Skip to 7A and 0 describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 7A. Describe additional details reganterventions, and historical information | rding socially unaccer | More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) Describe other socially unacceptable behaviors: |
|---|---|--|
| 3. Verbal perseveration - Participant engages, or would without intervention, in continuous verbal repetition (such as of a word or obrase) As history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 8A and describe additional details) Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 8A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None If impacts functioning was selected above: Check all that apply: Threatens relationships with others. Places participant at risk of harm. Threatens ability to remain in job or home. Other Describe other way functioning is impacted by verbal perseveration: | Intervention Type > > Cueing > > Physical Prompts > > Planned :ntervention > Medications to > manage behavior > > Other Describe other Describe other :ntervention: > None and intervention intervention needed Frequency Less than monthly to once per month More than once per week and up to weekly More than once per week and up to daily 2 + times per day (at least 5 days per week) 2+ times per day weekly |

:

| 9.PICA (Ingestion of non-nutritivethor substances)* - Participant ingests, or would without an intervention, non-food items (e.g., liquid detergent, coins, paper clips, cigarettes). O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 9A and describe additional details) O Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 9A and describe additional details) O Has history requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 9A. Describe additional details regansitional details | Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None | Intervention Type Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) s), including presenting ber | Typically ingests: Dirt Glass Stones Paper Hair Urine Feces Wood Toxic substances (e.g., soap, cleaning solutions) Cigarettes Other Describe other PICA behaviors maviors, interventions, and |
|---|---|---|---|
| I0. Bullying Others - Using force, threat, or coercion to abuse, intimidate, or aggressively dominate others. Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 10A and describe additional details) Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 10A and describe additional details) C Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 10A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include) | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None | Intervention Type > Cueing > Physical Prompts > Planned intervention > Medications to manage behavior > Other Describe other intervention: > None and intervention needed Frequency Q Less than monthly to once per month | Threatens others Hurts others physically Hurts others mentally or emotionally (e.g., goading, hurtful words, name calling) Attempts to intimidate through aggressive gestures with no physical contact Taunts/teases Verbal threats Writes threatening notes (includes electronic or other) Encourages others to bully |

| Intervention, medications intervention, medications intervention, medications interventions identified interventions) 10A. Describe additional details regulater interventions, and historical information. | arding bullying others | More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) behavior(s), including presentation | Takes others' property to taunt or coerce Other Describe other bullying others behaviors: – | |
|--|--|---|---|--|
| 11. Fire setting or preoccupation with fire- Participant has, or would without intervention, set fires or has an excessive fascination with fire. O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 11A and describe additional details) O Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 11A and describe additional details) C Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 11A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | Impacts Functioning Prevents from doing things Behavior needs to beaddressed in Support Plan Behavior is intermittent and/or cyclical None | Intervention Type Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) | Has set fires Inappropriately plays with or uses fire ignitors (e.g., lighters, gas burners, etc.) Excessively discusses fires Other Describe other fire setting or preoccupation with fire behavior(s): | |
| 11A. Describe additional details regarding fire setting or preoccupation with fire behavior(s), including presenting behaviors, interventions, and historical information if applicable | | | | |
| 12. Refusing ADL/IADL and/or medical care - Participant resists required assistance (e.g., resists ADL assistance or medications) O Has history, no symptoms or interventions in past | Impacts Functioning Prevents from doing things Behavior needs to be | Intervention Type Cueing Physical Prompts Planned intervention | Is physically combative against assistance Is verbally combative against assistance Is resistant against ADL/IADL assistance | |

| | Care addressed in Support Plan □ Behavior is intermittent and/or cyclical □ None | Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) Is resistant to being seen by a medical professional Is resistant to taking medications Requires full sedation for dental appointments Other Describe other refusing ADL/IADL and/OR medical care behavior(s): |
|--|---|--|
| 12A. Describe additional details regpresenting behaviors, interventions, 13.Wandering/ elopement - Participant purposefully, or would without an intervention, leaves an area or group without telling others or departs from the supervising staff, caregiver, parent or other guardian unexpectedly resulting in increased vulnerability. O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 13A and describe additional details) O Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 13A and describe additional details) O Currently requires intervention and/or displays symptoms (Interventions include cueing, physical | | ADL and/or medical care behavior(s), including attor if applicable Intervention Type Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month and up to weekly More than once per week and up to daily Wanders away from staff, parent, or other guardian while in the home and/or community Uardian while in the home and/or community Leaves living area for extended period of time without informing appropriate person Runs away Attempts to jump out of vehicle Other Describe other wandering/elopement behavior(s): — |

| intervention, medications to or manage behavior and other identified interventions) 13A. Describe additional details register interventions, and historical information interventions, and historical information 14. Legal Involvement- Participant has been engaged with or is at risk of being engaged with or is at risk of being engaged with law enforcement, arrested, and/or convicted of breaking a law or laws and has been determined to have had knowledge of breaking laws. Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 14A and describe additional | arding wandering/elo | 2+ times per day (at least 5 days per week) ppement behavior(s), including presenting behaviors, ppement behavior(s), including presenting behaviors, Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and Arson Drug related crimes Financial crimes Issues related to homelessness (e.g., urinating in public, camping ban violations, etc.) Prostitution |
|--|--|---|
| details) Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 14A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | | None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) Public nuisance Sexual crimes Shoplifting Terroristic threats Theft Trespassing Other Describe other legal involvement behavior(s) |
| 14A. Describe additional details reg interventions, and historical informat | | ent behavior(s), including presenting behaviors, |
| 15. Difficulties regulating emotions Participant has instances, or would without an intervention, of emotional reactions that are atypical of others in similar situations. O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 15A and describe additional details) | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None | Intervention Type Cries Cueing Frequently argues about small things Physical Prompts Impulsivity Planned Impulsivity intervention Over excitement Medications to Overzealous social manage behavior Screams Describe other Shouts angrily Intervention: Throws self on floor |

| Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 15A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) | Other Describe other difficulties regulating emotions behavior(s) |
|--|---|--|
| 15A. Describe additional details regarding diff behaviors, interventions, and historical informations in the second secon | |), including presenting |
| increase the participant's level of risk or harm or exploitation by others, such as befriending strangers. ○ Has history, no symptoms or interventions in past | Cueing Cueing Physical Prompts Planned intervention Medications to manage behavior Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) | Presenting Issues: Attachment to strangers Lack of stranger awareness Domestic abuse Financial exploitation Participant easily manipulated to their detriment Physical exploitation Physically threatened Prostitution Puts self in harm's way Sexual exploitation Other Describe other susceptibility to victimization behavior(s) |

behaviors, interventions, and historical information if applicable

| 17 Withdrawal Papticipant draseatting tendency, of would withbut an ingring intervention, to retreat into or seclude oneself or to avoid conversation, interaction or activity. As history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 17A and describe additional details) Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 17A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions in clude cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | | Functioning Prevents from doing things Behavior needs to be addressed in Support Plan | C P P ir M M N ir M N ir N ir M <l< td=""><td>vention Type Cueing Physical Prompts Planned Intervention Medications to nanage behavior Other Describe other intervention meeded uency ess than monthly o once per month fore than once per month and up to weekly More than once per veek and up to laily + times per day at least 5 days per week)</td><td> Avoidance Isolation Lack of interest in life events Other Describe other withdrawal behavior(s) </td></l<> | vention Type Cueing Physical Prompts Planned Intervention Medications to nanage behavior Other Describe other intervention meeded uency ess than monthly o once per month fore than once per month and up to weekly More than once per veek and up to laily + times per day at least 5 days per week) | Avoidance Isolation Lack of interest in life events Other Describe other withdrawal behavior(s) |
|--|----|---|--|---|--|
| 17A. Describe additional details reg and historical information if applicabl : 18.Agitation - Participant has a tendency, or would without an intervention, to suddenly or quickly become upset or violent. O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 18A and describe additional details) O Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 18A and describe additional details) C Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 18A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions | le | Impacts Functioning | Inter > C > P > P ir > M n > C N ir n Frequ O L | | ing behaviors, interventions, Easily agitated Easily angered Easily frustrated Hyperactivity Other Describe other agitation behavior(s): |

| in the cubic state of the prompts, plan of the plan of the prompts, plan of the pla | arding agitation beha | More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) vior(s), including presenting behaviors, interventions, |
|--|---|---|
| 19.Impulsivity - Participant has a tendency, or would without an intervention, for sudden or spontaneous decisions or actions. Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 19A and describe additional details) Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 19A and describe additional details) Has history requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned interventions, planned intervention, medications to manage behavior and other identified interventions) | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None | Intervention Type → Cueing → Cueing → → Physical Prompts □ → Planned sudden decisions □ Disregards personal safety → Other Describe other Describe other intervention: □ → None and intervention intervention needed Frequency ○ Less than monthly to once per month ○ More than once per week and up to weekly ○ ○ 2+ times per day (at least 5 days per week) □ |
| 19A. Describe additional details reg and historical information if applicabl | | navior(s), including presenting behaviors, interventions, |
| 20. Intrusiveness - Participant has a tendency, or would without an intervention, for entering personal or private space without regard or permission. | Impacts Functioning Prevents from doing things Behavior needs to be | Intervention Type □ Inappropriate boundaries > Cueing □ nublic/private areas > Physical Prompts □ Physical > Planned □ Verbal □ Unaware of interpersonal space |

| | Care addressed in Support Plan □ Behavior is intermittent and/or cyclical □ None | Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) |
|---|--|--|
| 20A. Describe additional details reginterventions, and historical informat 21.Anxiety - The participant experiences feelings of anxiety (e.g., worry or tensions), often unrealistic or out of proportion to the situation. Common physical signs of anxiety include racing heart, sweating, feeling dizzy, nausea and rapid breathing. O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 21A and describe additional details) O Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 21A and describe additional details) C Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 21A and describe additional details) C LIA and describe additional details) C Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned) | | Intervention Type Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed None than once per wonth and up to weekly More than once per week and up to daily Avoids people/situations Avoids people/situations Avoids people/situations Avoids people/situations Avoids people/situations Easily triggered due to past trauma Resistance to prompts Hyper-vigilant Unable to concentrate Phobias Panic attacks Perseveration Rocks self Other Describe other anxiety: |

| in the paraditation of the | Care | • 2+ times per day (at least 5 days per week) | |
|--|--|---|--|
| 21A. Describe additional details reg information if applicable 22.Psychotic Behaviors - The | Impacts | Intervention Type | Catatonic behavior |
| participant experiences psychotic symptoms (such as: auditory hallucinations, visual hallucinations and/or delusions) that cause the participant to have markedly inappropriate behavior that affects the participant's daily functioning and social interactions. Behavior is characterized by marked difficulty interacting within social norms due to an altered perception of reality. O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 22A and describe additional details) O Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 22A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 22A. Describe additional details reg and historical information if applicable : | | Cueing Physical Prompts Planned intervention Medications to manage behavior Other Describe other intervention: None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) | Delusions Disorganized speech Auditory hallucinations Visual hallucinations Olfactory hallucinations Saving urine or feces Significant paranoia Other Describe other psychotic behavior(s) |
| 23.Manic Behaviors - The participant experiences elevated changes in mood states characterized by severe fluctuations in energy and activity level, inappropriate elation and grandiose notions. Manic behavior patterns include hyperactivity, marked irritability and/or | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan | Intervention TypeCueingPhysical PromptsPlannedinterventionMedications tomanage behaviorOther | Decreased need for sleep Distractible Grandiose thinking Inflated self-esteem Rapid/intense speech inappropriate to situation Excessive involvement in pleasurable activities |

| heightened mood. Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 23A and describe additional details) Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 23A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | ermittent d/or cyclical one None ar interven needed Frequency ○ Less that to once ○ More that month a | antion behavior). Other Describe other manic behavior(s) |
|---|--|---|
| | week ar daily O 2+ time | an once per and up to an once per nd up to |
| distorted, or misinterpreted memories about his/herself or the world, without the conscious intention to deceive. O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 24A and describe additional details) O Has history, no symptoms or intervention in past year, precessor has concerns | pacts nctioning events from ing things havior eds to be dressed in pport Plan havior is ermittent d/or cyclical ne None ar interven None ar interven | n Type Gives false impressions of capabilities to others who don't know participant well. I Prompts Gives false impressions of capabilities to others who don't know participant well. ntion Gives false impressions of their daily activities. ions to Gives false impressions of their daily activities. behavior Other cribe other Describe other cribe other behavior(s): nd Gives false impressions of their daily activities. |

| identified Policy & Fillonsing | Threatens ability to remain in job or home. Other way functioning is impacted by confabulation:_ | • 2+ times per day (at least 5 days per week) | |
|--|---|---|---|
| 24A. Describe additional details reg | arding confabulation | behavior(s), including preser | nting behaviors, |
| interventions, and historical informat | - | | |
| 25. Constant vocalization- Participant exhibits constant vocalizations, such as screaming, crying, laughing, or verbal threats, which cause emotional distress to family caregivers. "Constant" is defined as an occurrence on average of fifteen minutes of each waking hour. As history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 25A and describe additional details) Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 25A and describe additional details) Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | Impacts Functioning Prevents from doing things Behavior needs to be addressed in Support Plan Behavior is intermittent and/or cyclical None | None and intervention needed Frequency Less than monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days per week) | Screaming/Shrieking Humming Swearing Perseveration Echolalia Crying Grunting Laughing Verbal Threats Other Describe other constant vocalization behavior(s): |
| 25A. Describe additional details reginterventions, and historical informat | | lization behavior(s), including | g presenting behaviors, |
| : | | | |
| 26.Other behavior issues- Identify and describe other behavior issues that were not already captured. O Has history, no symptoms or interventions in past year, no concern about | Impacts Functioning Prevents from | Intervention Type ➤ Cueing ➤ Physical Prompts ➤ Planned intervention | |

| intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) | month and up to weekly |
|---|---------------------------|
|---|---------------------------|

27. On average the participant requires intervention greater than verbal redirection at least once every two hours during the day AND on average once every three hours at night across all <u>behavior and/or medical</u> issues OR exhibits constant vocalization.

(Shared with Health module: Bi-directional) This item is to help determine if participant meets targeting criteria for the Children's Extensive Services (CES) waiver. If "yes" is selected for "Due to behavioral issues" or "Due to constant vocalization," the documentation must show descriptions of the presenting behavior, intervention, and frequency in the Behaviors, Emotions, and Symptoms Section.

- No (Skip to item 28 Were any Emergency Control Procedures used during the past year?)
- O Yes
 - Yes Due to behavioral issues (Interventions for behavioral issues are documented in the Psychosocial Module)
 - □ Yes Due to medical issues (Interventions for medical issues are documented in the Health Module)
 - □ Yes Due to constant vocalization (Interventions for constant vocalization are documented in the Psychosocial Module)

28. How likely is it that disruptive or dangerous behaviors would occur and/or escalate if HCBS

services were withdrawn? [] [] (Shared from LOC)

- Highly likely
- O Likely
- O Unlikely

| COLORADO Highly unlikely artment of Health Care Not sure Policy & Financing Not currently receiving services If likely or higher, explain: | |
|--|--|
| Scoring based on: Observation Self-report Proxy | |

Notes/Comments: Behaviors, Emotions, and Symptoms

2. PSYCHOSOCIAL THERAPIES **(CURRENT AND PAST)**

1. Current behavioral and Behavioral Health Therapies (including mental health):

- □ Professional therapies such as psychiatric care, psychotherapy, cognitive therapy, cognitivebehavioral therapy, group therapy, etc. run by professionals with training in therapy
- □ Formalized behavior plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers
- □ Counseling services provided by a trained counselor
- □ Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA
- □ Other behavioral health (including mental health) therapies designed to address the specialized needs of the participant
- □ None

2. Past behavioral and Behavioral Health Therapies (including mental health):

- □ Professional therapies such as psychiatric care, psychotherapy, cognitive therapy, cognitivebehavioral therapy, group therapy, etc. run by professionals with training in therapy
- □ Formalized behavior plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers
- □ Counseling services provided by a trained counselor
- □ Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA
- Other behavioral health (including mental health) therapies designed to address the specialized needs of the participant
- □ None

Show "Therapy Status" (column 1) for each if applicable therapy selected in item 1 "Current behavioral and Behavioral Health Therapies"

Then

Show "Performed by," "Caregiver Status", and "Frequency" (columns 2-4) ONLY if the response selected in "Therapy Status" (column 1) is: "Therapy needed and available" OR "Therapy needed but no longer meets participant's needs."

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For Caregiver Fistatus" (column 3) only show if response selected in Item 1 "Current behavioral and Behavioral Health Therapies" is any of the following responses: 1) Formalized behavior plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers, OR 2) Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA, OR 3) Other behavioral health (including mental health) therapies designed to address the specialized needs of the participant AND if response selected in "Performed By" (column 2) is any of the following: 1) Caregiver, 2) Parent or 3) Other

If columns 2-4 show the responses are mandatory.

Show item "Briefly describe ..." for each applicable therapy selected in items 1, responses are mandatory.

| Therapy needed and available- Participant needs and is currently receiving this therapy Therapy needed but no longer meets participant's needs. Therapy needed but is not being received-Participant needs the therapy but is not currently receiving. Participant needs the therapy but is not currently receiving. Participant refused-Participant chooses not to receive this therapy | Therapy Status: | Performed By: | Caregiver Status: | Frequency |
|--|---|--|---|--|
| | available- Participant needs and is currently receiving this therapy Therapy needed but no longer meets participant's needs- Participant needs the therapy but no longer meet's participant's needs. Therapy needed but is not being received- Participant needs the therapy but is not currently receiving. Participant refused- Participant chooses not to | Nurse Parent Self Relevant Mental Health Care Professional Other Identify person who performed | (excluding those provided through an agency) provide the treatment or monitoring? O Yes O No Identify which caregiver(s) can perform the task. If some or all caregivers cannot perform the task, describe the reasons and identify training or other supportive service that would allow the caregiver to perform the task. If the caregiver is not interested in providing the support or additional training, | monthly to once per month More than once per month and up to weekly More than once per week and up to daily 2+ times per day (at least 5 days |

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Briefly describers) the reasons for the therapy 2) the participant's strengths, preferences and challenges related to the therapy including any other information, such planned end dates: igodots

3. Notes/Comments: Psychosocial Therapies

3. DEPRESSION SCREEN- ONLY SHOW FOR AGES 18 AND OLDER

- 1. Does the participant, representative, and/or case manager wish to complete the depression screen?
 - **O** No (Skip to Section 5- Suicide and Homicide Screen)
 - O Yes

If Yes is selected, open depression screen in Psychosocial Module, starting at Q2. Does the participant have an intellectual and/or developmental disability?

Notes/Comments: Depression Screen and or Glasgow IDD Screen

4. PEDIATRIC SYMPTOMS CHECKLIST- ONLY SHOW FOR AGES 4-17

1. Have you or another caregiver ever completed a Pediatric Symptom Checklist form?

- O No, and do not wish to complete the checklist
- **O** No, but would like to complete the Checklist now

O Yes, describe the outcome of assessment: (Skip to Section 5-Homicide and Suicide Screen)

O Unsure

If Yes is selected, open pediatric symptoms checklist in Psychosocial Module, starting at Q2. Indicate the items that best fit you/the child: Fidgety, unable to sit still.

COLORADO Comments Rediatric Symptom Checklist: Policy & Financing

VII. MEMORY & COGNITION SHOW FOR AGES 4 AND OLDER

The purpose of the Memory and Cognition module of the Assessment process is 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.

Notes/Comments are present at the end of each section. These are used to: 1) Document additional information that was discussed or observed during the assessment process and was not adequately captured. 2) Document unique behavioral, cognitive or medical issue that were not captured in the assessment items that may increase the need for supervision or support. This narrative can provide additional justification in the event of a case review

IDENTIFYING MEMORY & COGNITION ISSUES SHOW FOR AGES 4 AND OLDER

- 1. Does the participant have any difficulty with any of the following: ⁽⁾ (Shared from LOC)
 - □ Memory (e.g., retain relevant functional information)
 - □ Attention (e.g., ability to stay focused on task)
 - □ Problem solving (e.g., ability to discover, analyze, and address an issue with the objective of overcoming obstacles and finding a solution)
 - □ Planning (e.g., ability to think about and arrange the activities required to achieve a desired goal)
 - □ Judgment (e.g., ability to predict and anticipate outcomes based on information provided)
 - □ No difficulty [Skip to Item 6- In the past 30 days there has been a change in the participant's mental status from his/her usual functioning]

show not the percent of the percent

If any of the below responses are selected for "Level of Impairment" a completion in "Difficulty Occurs in" is required.

- Mildly impaired: Demonstrates some difficulty
- Moderately impaired: Demonstrates marked difficulty
- Severely impaired: Demonstrates extreme difficultly
- Impairment present, unable to determine degree of impairment

All responses for Level of Impairment Scoring Based is required

If any of the below responses are selected for "Level of Impairment" a completion in "Difficulty Occurs in" is required.

- Mildly impaired: Demonstrates some difficulty
- Moderately impaired: Demonstrates marked difficulty
- Severely impaired: Demonstrates extreme difficultly
- Impairment present, unable to determine degree of impairment

All responses for Level of Impairment Scoring Based is required

| | Area of Potential Difficulty (Shared from LOC) | Level of Impairment | Difficulty Occurs In: | Scoring Based On (check all that apply) |
|----|--|---|---|---|
| 1. | Memory | 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 | ☐ Home ☐ Work ☐ School ☐ Community | □ Observation □ Self Report □ Proxy |
| 2. | Attention | 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 | ☐ Home ☐ Work ☐ School ☐ Community | □ Observation □ Self Report □ Proxy |
| 3. | Problem Solving | Age appropriate difficulty/dependence Mildly impaired: Demonstrates some difficulty Moderately impaired: Demonstrates marked difficulty Severely impaired: Demonstrates extreme difficulty | ☐ Home ☐ Work ☐ School ☐ Community | Observation Self Report Proxy |

| | COLORADO | | |
|-------------|---|---|---|
| HCPF | O Impairment present, unable to determine degree of ^{Pou} impairment ^{ng} | | |
| 4. Planning | 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 | ☐ Home ☐ Work ☐ School ☐ Community | □ Observation □ Self Report □ Proxy |
| 5. Judgment | 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 | ☐ Home ☐ Work ☐ School ☐ Community | □ Observation □ Self Report □ Proxy |

6. In the past 30 days there has been a change in the participant's mental status from his/her usual functioning.

O No O Yes

Scoring based on:

□ Observation □ Self-report □ Proxy

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:

OAge appropriate difficulty/dependence

OMildly impaired: Demonstrates some difficulty

OModerately impaired: Demonstrates marked difficulty

OSeverely impaired: Demonstrates extreme difficulty

OImpairment present, unable to determine degree of impairment

OUnable to answer

Scoring based on:

□ Observation □ Self-report □ Proxy

Notes/Comments: Memory and Cognition



VIII. HOUSING AND ENVIRONMENT

- 1. Housing Status
- 1. Participant's residence:

A. Last 3 Days: B. Past Month:

(1A is single select and 1B is a multi-select with the same response options)

- □ 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
- \Box With spouse
- □ With children
- □ With non-spouse relatives
- □ With non-relatives
- □ Alternative Care Facility
- □ Foster Care Home
- □ Kinship Foster Care Home
- □ Specialized Group Facility
- □ Residential Child Care Facility
- □ Nursing Facility
- □ Hospital
- □ Individual Residential Service and Supports (Host Home)
- □ Individual Residential Service and Supports (Non Host Home)
- Group Residential Service and Supports (Group Home)
- □ ICF/IID
- □ Juvenile Correctional Facility
- □ Adult Correctional Facility
- □ Homeless
- □ Residential Treatment Center
- □ Other- Stable Arrangement
 - Specify other stable arrangement _____
- Other- Temporary Arrangement
 Specify other temporary arrangement
- 2. Summary of the discussion about where the participant lives: $igsidemodesize{1}$
- 3. 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.
 - O No
 - O Yes
- 4. Does participant want to live somewhere else? ⊍
 - O No [Skip to Item 7- Participant has roommates]
 - O Yes



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• Not applicable (setting unknown)

5. Type of community setting participant prefers: 🖖

- Home owned by participant
- Home rented by participant
- Home of parent/guardian
- Home of other family member
- Home of friend
- Host home
- HCBS provider owned/operated home-Group home
- **O** HCBS provider owned/operated home-Alternative Care Facility
- **O** Other

Describe other preferred community setting:

6. Reasons why participant cannot live where he/she prefers: 🖖

Only show items 7-8 for ages 16 and older UNLESS Item 1.1A in this module (Residence in Past 3 Days) is "Foster Care".

- 7. The participant has a roommate(s).
 - O No

OYes

- 8. Making a change in setting and/or roommates should be one of the participant's goals: O No

O Yes

ON/A, does not want to change setting or roommate

9. I feel safe and am able to meet my health outcomes where I live. U Only show for ages 8 and older

OStrongly Agree OAgree ONeither Agree nor Disagree ODisagree OStrongly Disagree

- 10.My legal representative feels I am safe and able to meet my health outcomes where I live. $m \psi$ OStrongly Agree OAgree ONeither Agree nor Disagree ODisagree OStrongly Disagree ONot applicable (no legal representative)
- 11.I feel that where I live allows me to live a meaningful life. Only show for ages 8 and older OStrongly Agree OAgree ONeither Agree nor Disagree ODisagree OStrongly Disagree
- 12.My legal representative feels that where I live allows me to live a meaningful life. ⊍ OStrongly Agree OAgree ONeither Agree nor Disagree ODisagree OStrongly Disagree ONot applicable (no legal representative)
- 13. Indicate the need for environmental accommodations related to physical access/use, behavioral issues, or other needs for current home OR to a home the participant will be moving to. This item applies to either a current home OR to a home the participant will be moving to. Check all that apply, 🕛

Bathroom handrails

- Childproofing/making environment safe for children
- Environmental control systems (e.g., activated heating system, cooling systems, humidifiers, air purifiers)
- Fence
- □ Modifications to flooring (e.g., related to ease of moving across floors)
- □ Modifications of stairs (e.g., treads, coverings, etc.)

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| | Modifications to floor, walls or other areas to accommodate equipment or other assistive devices needed |
|----|--|
| | |
| | Plexiglass windows |
| | Ramp or no-step entrance into the home |
| | Roll-in shower |
| | Room in shower for bench |
| | Stand-alone shower (does not have to be roll-in) |
| | Sound proofing |
| | 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 |
| _ | Describe other need for environmental accommodations: |
| | Widened doors |
| | None |
| | re there other concerns that may impact the ability of the participant to live safely in the |
| CO | ommunity? 🤑 |
| | O No [Skip to Section 2-Home Environment] |
| | O Yes, indicate any other needs related to a residence in the community's environment. |
| | Noise abatement/sensitivity |
| | 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/bedroom/bathroom |
| | Interior home repairs needed for safety |
| | Describe interior home repairs needed for safety: |
| | |
| | Exterior home repairs needed for safety Describe exterior home repairs needed for safety: |
| | o Describe exterior nome repairs needed for safety. |
| | Trash removal |
| | |
| | Fire safety concerns |
| | Describe fire safety concerns: |
| | Other |
| | • Describe concerns that may impact ability of participant to live safely in the community |
| | |
| | |

16. Notes/Comments: Housing Status



2.Home Environment

The assessor should use observation, interview items and other relevant sources of information to determine coding of the safety items. It is not necessary to interview the participant about each item.

Show Section if response to Section 1, Item 1a- Last 3 days is NOT: Hospital, Juvenile Correctional Facility, Adult Correctional Facility, Homeless, Residential Treatment Center, or Other- Temporary Arrangement

1. Environmental Safety- Identify all of the concerns the participant, proxy, and assessor regarding the participant's home environment. For all areas checked, describe in Item 2.

These items should 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, or the development of a risk mitigation plan.

- □ Cannot access areas of the home safely (including stairs)
- Doorways of home are not sufficiently lit
- □ Areas of home are not sufficiently lit to see
- Home has obstacles/piles throughout (papers, cords, furniture newspapers, magazines, boxes, or other paper materials)
- □ Issues with refuse/garbage being regularly emptied and removed from the home
- □ Carpets and small rugs present danger of tripping (with or without mobility aid/wheelchair)
- \Box Stove controls are not easy for the participant to use (Hide for children age <9)
- Cannot reach appropriate items in the home without help
- □ Smoke detectors do not work on each floor of home
- □ Fire extinguisher is not located near the stove and is not in working order
- Does not have adequate heating and cooling
- □ Stair rails and banisters do not appear to be in good repair
- □ Steps are loose, broken, missing or worn in places
- Water is not clean/drinkable
- Refrigerator does not work
- □ Shower/tub needs to have a non-skid surface, does not currently have
- □ Tub/shower needs to have a sturdy grab bar, does not currently have
- □ Home has not been safety-proofed to the extent necessary
- □ Insects/rodents present in the home
- □ Other

Describe other environmental safety concerns:

□ None (Skip to Section 3- Housing Supplement)

2. Notes/Comments: Home Environment

3. Housing Supplement

- 1. Will the participant be transitioning from where he/she is residing currently to a new or different residence in the community? \bigcirc
 - No [Skip to Section IX- Employment, Volunteering, and Training]

O Yes



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- 2. Type of setting participant will transition to: igsidem b
 - O Community Setting-Home owned by participant
 - O Community Setting-Home rented by participant
 - **O** Community Setting-Home of parent/guardian
 - O Community Setting-Home of other family member
 - **O** Community Setting-Home of friend
 - Community Setting-Host home
 - O Community Setting-HCBS provider owned/operated home
 - Community Setting-Group home
 - **O** Community Setting-Alternative Care Facility
 - Facility Setting-Hospital
 - O Facility Setting-Intermediate Care Facility- Individuals with Intellectual Disabilities (ICF-IID)
 - O Facility Setting-Nursing Facility Long Term Skilled Nursing Services
 - **O** Facility Setting-Nursing Facility Rehabilitation Facility
 - Facility Setting-Neurobehavioral Hospital
 - **O** Facility Setting-Acute Care Inpatient Hospital
 - O Facility Setting-Mental Health Institute Inpatient
 - **O** Facility Setting-Mental Health Residential Facility
 - **O** Other

Describe other type of setting participant will transition to:

- **O** Unknown (Skip to Item 6- How soon must a new living arrangement be found)
- 3. If residence is already known, provide location. If Unknown, enter N/A: Address, City, State, Zip code

4. Is the participant transitioning from a facility?

- No [Skip to Section IX- Employment, Volunteering, and Training]
- Yes, indicate the type of facility the participant 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
 - O Mental Health Institute Inpatient
 - O Mental Health Residential Facility
 - Correctional Facility
- a) Name of Facility
- b) Address
- c) Name of Contact
- d) Contact Information

e) Date of current admission

5. Reason for admission to the hospital or institution: Θ 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
 - Describe reason for admission to hospital or institution:

5aIs physician ordered rehabilitation still active? (Only show if response is "Post-acute care" in item 5 is selected.)

- O No
- O Yes
- O Unknown

6. How soon must a new living arrangement be found? 🤑

- O Arrangement already found
- O Immediate need
- 24 hours to 3 days
- **O** 4-7 days

7-14 days
 14-30 days

O More than **30 days**

7. Are there other needs required for successful transition to a new residence?

- **O** No (Skip to Section IX- Employment, Volunteering, and Training)
- O Yes

7a. Household Setup Needs

- Furniture
- Appliances large (e.g., refrigerator/stove)
- □ Appliances small (e.g. microwave enabling participant to make simple meals)
- Linens
- Houseware items
- Toiletries
- Clothing
- □ 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
- D P.O. Box
- Moving expenses
- Packing/unpacking assistance
- Pre-move cleaning of home
- Yard clean-up
- Pest eradication
- Initial food supplies



Other,

Describe other household setup needs:

7b. Other Transition Needs

- Prepared meals
- □ Skills training to become more independent
- □ Working with a peer to learn how to successfully transition
- □ Other
 - Describe other transition needs:_

For each of the needs identified above, provide a description of the need to be met for successful transition and identify whether the need is ongoing or only needed during the transition period.

Notes/Comments: Housing Supplement

IX. EMPLOYMENT, VOLUNTEER, AND TRAINING

This section is used for participants ages 13 and older

2. EMPLOYMENT

In this section we will discuss your interest in being employed and what, if any, barriers exist that keep you from working. We may be able to identify services and referrals to reduce the perceived barriers that keep you from working or working at the job you want.

If you currently have a job, we can discuss if there are any supports that would assist you to continue working in a job that you enjoy.

1. Participant's current employment status ⊍

- C Employed or in Internship/Apprenticeship (Skip to Item 3- Current Employment)
- **O** Not employed and interested in working
- **O** Retired and not interested in working (Skip to Section 3- Training and Education)
- Not employed and **not interested** in working (Skip to Item 5- Perceived Barriers (to keeping current employment or getting the kind of job he/she wants or being interested in employment)
- **O** Choose not to answer (Skip to Section 3- Training and Education)

2. Current Employment

| Name of | Start | End Date | Employment | Type of | Employment Category | Wage Rate | Approx. |
|----------|-------|----------|------------|------------|---------------------|-----------|----------|
| Employer | Date | (If | Status | Employment | | | Wage |
| | | known) | | | | | Per Hour |



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| Text | <i>Cale</i> <i>ndar</i> | Calendar | Full-time Part-time Seasonal | Competitive integrated employment Work crew/ enclave Pre- vocational Self- employed | Assembly, Manufacturing, or Packing Building/Grounds Cleaning or maintenance Food Prep/Food Service Office Work, Communications, Administrative Retail Technology, Social Media or Development Other, specify employment category: | Hourly: earns minimum wage or more Hourly: paid less than minimum wage Paid per piece or deliverable Salaried | Text for currency □Unkno wn |
|------|----------------------------|----------|--|--|--|--|--------------------------------------|

Additional employers may be added

2. Training and Education

1. Current involvement or interest in training or education: U

- **O** Currently in training or educational program
- O Currently in training or educational program but wants a change
- O Is NOT in training/education program but is interested
- O Not interested in training/education activities
- 3. Volunteer

1. Current volunteer status: U

- O Currently volunteers
- O Currently volunteers but wants a change
- O Does not volunteer but is looking for or interested in volunteer work
- **O** Not interested in volunteer work

X. SAFETY AND SELF PRESERVATION (EMERGENCY AND PERSONAL SAFETY)

1. Emergency Safety and Preparedness

For participants age 0-3, have the parent/guardian answer the items on behalf of the participant. For participants age 4-13, have the participant answer the following items with assistance from parents/guardians. For participants age 14 and older, have the participant answer the following items without assistance.

1. How would you get help in an emergency? (Pulls to Section 15 Support Plan)



2. Do you need help in an emergency? () (Pulls to Section 15 Support Plan)

- O No
- O Yes

Describe help needed in an emergency:

| <mark>3.</mark> | Emergency preparedness: Q (Pulls to Section 15 Support | rt Plan) | |
|-----------------|---|----------------|-----|
| | | No | Yes |
| 1. | Can get out of the home easily in an emergency | <mark>0</mark> | 0 |
| 2. | Emergency exit plan is in place | <mark>0</mark> | 0 |
| 3. | Emergency kit available (flashlight, candle, water, etc.) | <mark>0</mark> | 0 |
| <mark>4.</mark> | Emergency phone numbers easily available | <mark>0</mark> | 0 |
| - | tos/Commente: Emergency Safety & Proparedness | , | 1 |

otes/Comments: Emergency Safety & Preparedness

2. Personal Safety

1. Is this participant at risk of self-neglect?

- O No
- O Yes.
- 1A. 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 risk of selfneglect:

2. Is this participant at risk of neglect, abuse, or exploitation by another person? O No

Yes, describe risk of neglect, abuse, or exploitation by another person:

3. In the past five years has adult protective services (APS) and/or child protective services (CPS)/child welfare received a report or referral of mistreatment about the participant?

- **O** Unknown
- Choose not to respond
- O No
- O Yes

□ unsubstantiated allegation(s) have been made



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> Describe unsubstantiated allegations: If participant/proxy

declines to provide indicate in the describe field.

□ Current involvement APS

□ Current involvement CPS

□ Past involvement APS

□ Past involvement CPS

4. Is the participant currently on probation and/or parole?

- **O** Unknown
- Choose not to respond
- O No
- O Yes

Describe reason for probation/and or parole: If participant/proxy

declines to provide indicate in the describe field.

Does this have implications for rights modifications?

O No

O Yes

4. Notes/Comments: Personal Safety

3. Living Safely in the Community \mathbf{U}

For each of the settings identified in Item 1, identify the type of supervision and the frequency the supervision is needed for the setting. Definitions for the types of supervision are:

- > On call remote/phone support The participant requires a support to be available by phone, text, email, or other communication but does not require direct monitoring. For example, a participant with IDD may require standby phone support to answer questions about bus routes or cooking but is otherwise independent and requires no supervision.
- > Remote video/auditory/other 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. Support persons do not have to be within hearing or visual range.
- > Awake onsite supervision Intermittent or continuous onsite supervision of a participant. Support person must be awake and physically onsite. Support persons must be continually within hearing or visual range.
- > Direct sight and hearing supervision (excludes remote monitoring) Continuous onsite supervision of the participant during which support persons must be within



<u>hearing and 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.

Definitions for the frequency response options are:

- > All of the time activity occurs- Requires the identified level(s) of supervision during the entire occurrence of the activity (e.g., awake, asleep, employment site)
- > 50% or more of the time the activity occurs- Requires the identified level(s) of supervision 50% or more of the occurrence of the activity (e.g., awake, asleep, employment site)
- Less than 50% of time the activity occurs- Requires the identified level(s) of supervision <u>less</u> than 50% of the occurrence of the activity (e.g., awake, asleep, employment site)
- Weekly- Requires the identified level(s) of supervision throughout the week but does not require this supervision daily
- Less than weekly up to monthly- Requires the identified level(s) of supervision less than weekly but the supervision need occurs at least monthly

1. Participant requires non age-appropriate supervision in the following settings: U

□ No supervision needed (Skip to Item 2- Level of supervision likely to change)

Awake in Residence (Show Items 1A-1B)

- □ Asleep in Residence (Show Items 1C-1D)
- □ Employment (Show Items 1E-F)
- □ Day program (Show Items 1G-H)
- □ Other community activity (Show Items 1I-J)

1A. Awake Time in Residence 😣

| Supervision Type Needed | Frequency |
|--|---|
| On call remote/phone support | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly Less than weekly up to monthly |
| Remote video/auditory/other supervision/monitoring | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly Less than weekly up to monthly |
| Onsite supervision (supervising support can be asleep) | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly |



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| | Less than weekly up to monthly |
|---|--|
| Awake onsite supervision | ➤All of the time activity occurs |
| - | > 50% or more of the time the activity occurs |
| | ➤Less than 50% of the time the activity occurs |
| | ➤Weekly |
| | Less than weekly up to monthly |
| Direct sight and hearing supervision | ➤All of the time activity occurs |
| (excludes remote monitoring) | > 50% or more of the time the activity occurs |
| | Less than 50% of the time the activity occurs |
| | ➤Weekly |
| | Less than weekly up to monthly |
| Undivided attention of one person | All of the time activity occurs |
| | > 50% or more of the time the activity occurs |
| | Less than 50% of the time the activity occurs |
| | >Weekly |
| | Less than weekly up to monthly |
| Undivided attention of one person with one | All of the time activity occurs |
| or more persons able to provide assistance | > 50% or more of the time the activity occurs |
| at a moment's notice | ➤Less than 50% of the time the activity occurs |
| | ➤Weekly |
| | Less than weekly up to monthly |
| escribe details of supervision needed during awak | e time in residence: 🕛 |

1C.Asleep Time in Residence

| Supervision Type Needed | Frequency |
|--|---|
| □ Stand by remote/phone support | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly Less than weekly up to monthly |
| Remote video/auditory/other supervision/monitoring | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly Less than weekly up to monthly |
| Onsite supervision (supervising support can be asleep) | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly Less than weekly up to monthly |
| Awake onsite supervision | All of the time activity occurs 50% or more of the time the activity occurs |



| | Less than 50% of the time the activity |
|--|--|
| | occurs |
| | ≻Weekly |
| | Less than weekly up to monthly |
| Direct sight and hearing supervision | All of the time activity occurs |
| (excludes remote monitoring) | > 50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | >Weekly |
| | Less than weekly up to monthly |
| Undivided attention of one person | All of the time activity occurs |
| | > 50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | >Weekly |
| | Less than weekly up to monthly |
| Undivided attention of one person with one | ➤All of the time activity occurs |
| or more persons able to provide assistance | > 50% or more of the time the activity |
| at a moment's notice | occurs |
| | Less than 50% of the time the activity |
| | OCCURS |
| | >Weekly |
| | Less than weekly up to monthly |

1D. Describe details of supervision needed during asleep time in residence: $oldsymbol{\Theta}$

1E. At employment site 🖖

| <u>t employment site 🔍</u> | |
|---|--|
| Supervision Type Needed | Frequency |
| □ Stand by remote/phone support | All of the time activity occurs |
| | >50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | >Weekly |
| | Less than weekly up to monthly |
| Remote video/auditory/other | All of the time activity occurs |
| supervision/monitoring | >50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | >Weekly |
| | Less than weekly up to monthly |
| □ Onsite supervision (supervising support can | All of the time activity occurs |
| be asleep) | >50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | ≻Weekly |
| | Less than weekly up to monthly |
| | Page 126 of 1 |



| Awake onsite supervision | All of the time activity occurs |
|--|---|
| | > 50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | ≻Weekly |
| | Less than weekly up to monthly |
| Direct sight and hearing supervision | All of the time activity occurs |
| (excludes remote monitoring) | >50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | ≻Weekly |
| | Less than weekly up to monthly |
| Undivided attention of one person | All of the time activity occurs |
| | ≻50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | > Weekly |
| | ≻Less than weekly up to monthly |
| Undivided attention of one person with one | >All of the time activity occurs |
| or more persons able to provide assistance | > 50% or more of the time the activity |
| at a moment's notice | occurs |
| | ►Less than 50% of the time the activity |
| | occurs |
| | >Weekly |
| | Less than weekly up to monthly |
| | |

1F. Describe details of supervision needed at employment site: $oldsymbol{\Theta}$

1G. At day program 😣

| t day program 🥌 | | | | |
|--|---|--|--|--|
| Supervision Type Needed | Frequency | | | |
| □ Stand by remote/phone support | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly Less than weekly up to monthly | | | |
| Remote video/auditory/other supervision/monitoring | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly Less than weekly up to monthly | | | |
| Onsite supervision (supervising support can be asleep) | All of the time activity occurs 50% or more of the time the activity occurs | | | |



| | Less than 50% of the time the activity |
|--|--|
| | occurs |
| | ➤Weekly |
| | Less than weekly up to monthly |
| Awake onsite supervision | All of the time activity occurs |
| | ≻50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | ➤Weekly |
| | Less than weekly up to monthly |
| Direct sight and hearing supervision | ➤All of the time activity occurs |
| (excludes remote monitoring) | ≻50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | ≻Weekly |
| | Less than weekly up to monthly |
| Undivided attention of one person | All of the time activity occurs |
| | ≻50% or more of the time the activity |
| | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | ≻Weekly |
| | Less than weekly up to monthly |
| Undivided attention of one person with one | All of the time activity occurs |
| or more persons able to provide assistance | >50% or more of the time the activity |
| at a moment's notice | occurs |
| | Less than 50% of the time the activity |
| | occurs |
| | ≻Weekly |
| | Less than weekly up to monthly |
| | |

1H. Describe details of supervision needed at day program: ⊍

1I. At other community activity. ⊍

| Supervision Type Needed | Frequency |
|---|---|
| □ Stand by remote/phone support | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly Less than weekly up to monthly |
| Remote video/auditory/other supervision/monitoring | All of the time activity occurs 50% or more of the time the activity occurs Less than 50% of the time the activity occurs Weekly Less than weekly up to monthly |



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|---|-------|---------|--------------------------------------|--|
| ſ | 🛛 Or | nsite s | supervision (supervising support can | All of the time activity occurs |
| | | e aslee | | 50% or more of the time the activity occurs |
| | | | | Less than 50% of the time the activity occurs |
| | | | | ➤Weekly |
| | | | | Less than weekly up to monthly |
| | 🛛 Av | wake d | onsite supervision | All of the time activity occurs |
| | | | | 50% or more of the time the activity occurs |
| | | | | Less than 50% of the time the activity occurs |
| | | | | ➤Weekly |
| | | | | Less than weekly up to monthly |
| | 🗖 Di | rect si | ight and hearing supervision | All of the time activity occurs |
| | (e: | xclude | es remote monitoring) | 50% or more of the time the activity occurs |
| | | | | Less than 50% of the time the activity occurs |
| | | | | ➤Weekly |
| | | | | Less than weekly up to monthly |
| | 🛛 Ur | ndivide | ed attention of one person | All of the time activity occurs |
| | | | | 50% or more of the time the activity occurs |
| | | | | Less than 50% of the time the activity occurs |
| | | | | >Weekly |
| | | | | Less than weekly up to monthly |
| Ī | Undiv | vided a | attention of one person with one or | All of the time activity occurs |
| | | | | 50% or more of the time the activity |
| | mome | ent's r | | occurs |
| | | | | Less than 50% of the time the activity |

1J. Describe details of supervision needed during other community activity: 😣

2. Is the level of supervision needed likely to change prior to the next scheduled assessment in any of the following areas: •••

occurs •Weekly

Awake Time in Residence Describe level of supervision change needed for Awake Time in Residence:

Less than weekly up to monthly

□ Asleep Time in Residence Describe level of supervision change needed for Asleep Time in Residence:

Employment

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|----|-----------|---|
| | | Describe level of supervision change needed for employment: |
| | | Day program |
| | | Describe level of supervision change needed for day program: |
| | | |
| | | Other community activity |
| | | Describe level of supervision change needed for other community activity: |
| | | □ None |
| 3. | Notes/Cor | nments: Living Safely in the Community |
| | | |

XI. PARTICIPANT ENGAGEMENT

The purpose of the Participant Engagement module is to explore ways in which the participant/parent/guardian can engage in the decision-making process and in controlling service delivery so that services meet his/her preferences and needs. A key component in the design of person-centered assessment and planning approaches is the engagement of participants and parents/guardians (to whatever extent is possible for them). This module covers two aspects of participant engagement: self-advocacy and advocacy on behalf of the participant and preferences for receiving and understanding information about services.

If the participant is under age 14, the assessor will work with the parent/guardian to determine the capacity and desire to advocate on behalf of the participant.

2. RECEIVING AND UNDERSTANDING INFORMATION

This section includes items to find out about participant/parent/guardian preferences and needs for receiving and understanding information related to services.

- 1. Is the participant/parent/guardian(s) able to read printed or written information (if participant is blind or visually impaired, includes Braille)?
 - O No
 - O Yes
 - **O** Unable to determine
- 2. Is the participant/parent/guardian(s) able to count numbers from 0 to 20 and backwards from 18 to 6?
 - O No
 - O Yes
 - O Unable to determine



3. INTERESTED IN PARTICIPANT DIRECTION

Depending on the HCBS waiver(s) you are eligible for, you may have the option to self-direct some of your services. 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 about it at another time.

Also, if your 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

3. Is participant/parent/guardian's interested in participant direction?

O Yes,

Describe information provided and next steps in supporting the discussion_

O No,

Describe why no interest in participant direction_

XIII. REFERRALS AND GOALS

1. REFERRALS IDENTIFIED IN THE ASSESSMENT

Identify referrals that the participant and/or their supports may need to improve their health, safety, and other outcomes Pull all items chosen to the referrals section in the support plan

- □ ADA assistance
- □ Addiction counseling (e.g., 12 Step programs)
- □ Adult/Child Protective Services
- □ Advocacy services
- □ Aging and Disability Resources for Colorado (ADRC)
- □ Area Agency on Aging (AAA)
- □ Arrange for day treatment
- $\hfill\square$ Arrange for/assist in obtaining substance abuse counseling or AA
- □ Arrange supports needed for mentorship



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- □ Assistance to meet reasonable accommodation needs
- □ Arrange transportation for appointments with behavioral health providers
- □ Assistance with and/or training and follow up for management of medical condition at home
- □ Assistance with financial management or Social Security Benefits
- □ Assistive Technology
- Behavioral Health Organization (BHO)/ diagnostic assessment by a Mental Health Professional
- □ Behavioral health set-up needs
- □ Behavioral support services/therapies, management/education, and/or transition
- □ Benefits counseling, including information about Medicaid buy-in
- □ Caregiver Training and Education
- □ CCB for DD Determination
- □ Centers for Independent Living (CIL)
- □ Child care assistance
- □ Colorado Chapters of The Arc
- □ Cognitive Diagnostic Evaluation
- □ Colorado Center for the Blind
- □ Colorado Cross-Disability Coalition (CCDC)
- □ Colorado Gerontological Society
- □ Colorado Quit Line
- □ Colorado School for the Deaf and Blind
- □ Colorado Works
- □ Community education program
- □ Contact with agency, advocate or peer-advocate to provide additional information or navigation assistance
- □ Counselor
- □ 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/services or emergency services
- Deaf Blindness Services
- □ Dentist
- Department of Vocational Rehabilitation (DVR)
- Disability Law Colorado
- □ Early Intervention Services
- □ Employment counseling and/or assessment- Non-DVR
- □ Employment support provider- Non-DVR
- □ Environmental Accessibility Consultation
- □ Equipment and Supplies
- □ Establish new pharmacy or arrange for obtaining medications on a timely basis
- □ Family counseling
- □ Family Support Services Program
- □ Financial assistance
- □ Functional behavior assessment
- □ Further testing for evaluation, identify referral:
- □ Gambling Evaluation
- □ Health/Disease Education Services
- □ Hearing Loss Resource Center
- □ Hearing Specialist (audiologist, ENT)
- □ Home Health
- □ Home Repair Assistance
- □ Homecare



- □ Housekeeping
- □ Housing assistance
- □ Independent Living Skills Training (ILST)
- □ Insurance Assistance/Information
- □ Interpreter Services
- □ Legal assistance for financial management (e.g., payee, guardian, trustee, etc.)
- □ Life Coach
- □ Meal Prep. Training
- □ Medical Specialist
- □ Medicare Part B prevention information
- □ Medication management
- □ Mental Health Services
- Neuropsychological Assessment
- □ Nutritionist/Dietician
- □ Occupational Therapy
- □ Ombudsman
- □ One-Stop Career Centers
- Optometrist/Ophthalmologist
- □ Personal budget counseling or assistance
- Pest control
- □ Physical Therapy
- □ Primary Health Care Provider
- □ Public Housing Authority
- □ (Re) Establish dental/oral care relationship
- □ (Re) Establish new behavioral health provider relationship
- □ (Re) Establish primary care or specialty care relationships
- □ Representative Payee
- □ Respite
- □ School counsellor
- □ School Health Services
- □ Shopping Assistance
- □ Skilled Nurse or Aide Visits
- □ Social Security Administration
- □ Special training for staff
- □ Specialized training for paid workers
- □ Speech/Language Therapy
- □ State Supported Living Services
- □ Stress management/self-care (e.g., counseling, training, support group)
- □ Substance abuse or mental health education
- □ Support to develop emergency, disaster (e.g., FEMA), and/or community plan (e.g., Smart911)
- □ System navigation assistance
- Telephone Equipment Assistance
- □ Training for unpaid caregiver(s) concerning behavioral health needs
- □ Training to increase self-advocacy capabilities
- □ Transitional Housing
- □ Transportation assistance
- □ Transportation for medical, dental or therapy appointments
- □ Victims' Advocates
- □ Vision Loss Resource Center
- □ Vision Specialist (optometrist, ophthalmologist, etc.)
- □ Volunteer coordination assistance
- □ Other

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|-----------------|--|--|
| Desc | cribe Other Referral (1): | |
| \Box Other: _ | | |
| Desc | cribe Other Referral (2): | |
| \Box Other: _ | | |
| Desc | cribe Other Referral (3): | |
| None | | |
| | | |

2. Notes/Comments: Referrals Identified the Assessment

2. PERSONAL GOALS IDENTIFIED IN THE ASSESSMENT

1. Identify Personal Goals from the Assessment ((This table should pull forward into the Support Plan) (Shared with Personal Story Module (Bi-Directional)

| Goal Number | Description of Goal | Participant Rating of How Meaningful Goal Is | Legally Recognized Representative Rating of How Meaningful Goal Is | How Progress Towards Goal Will be Measured | Timeframe for Achieving Goal |
|--|------------------------|---|--|--|--|
| <mark>1</mark> (Each goal should have a unique identifie used to pull forward into the Support Plan) | r Text Field | Extremely Meaningful Very Meaningful Meaningful Somewhat Meaningful Not Meaningful Unable to respond | Extremely Meaningful Very Meaningful Meaningful Somewhat Meaningful Not Meaningful | <mark>Text Field</mark> | (S)= Short term, Accomplish Within Support Plan Year (O)= Long Term, Ongoing Goal (F)= Future Goal |

Allow for additional goals to be added

Notes/Comments: Personal Goals Identified in the Assessment