

Functioning Module for Children Age 0-3 – Training Manual

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



COLORADO

Department of Health Care
Policy & Financing

Prepared by HCBS Strategies, Inc.
JUNE 2018 |

Table of Contents

| | |
|---|----|
| Purpose..... | 3 |
| Overview of Contents | 3 |
| General Instructions for Completing the Module..... | 3 |
| Section Instructions | 4 |
| Section 1: Age 0-5 Months | 4 |
| Section 2: Age 6-11 Months | 5 |
| Section 3: Age 12-17 Months | 7 |
| Section 4: Age 18-23 Months | 9 |
| Section 5: Age 24-35 Months | 11 |
| Section 6: Age 36-47 Months | 13 |
| Section 7: Equipment..... | 17 |
| Section 8: Referrals & Goals | 18 |

DRAFT

Age 0-3 Functioning Module – Training

Purpose

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.

Overview of Contents

The Age 0-3 Functioning module is divided into six age categories that provide targeted inquiry into the participant's support needs:

- Age 0-5 Months
- Age 6-11 Months
- Age 12-17 Months
- Age 18-23 Months
- Age 24-35 Months
- Age 36-47 Months

The final section of this module documents referrals and goals needed to support functioning needs and goals.

Assessors should focus on the section that corresponds with the participant's age. Within these sections, assessors will document support needed with the identified ADLs, and also document whether the impairment is expected to last for at least one year or is more of a transient issue.

General Instructions for Completing the Module

This module is designed to collect information about the participant's ability to perform tasks that are essential to Activities of Daily Living (ADLs). Assessors should score items in the functioning module using a variety of sources, including:

- **Observation** - Assessors should use general observation skills during the assessment to inform responses to items in this module. The way the participant is able to get around his/her residence and the way he/she communicates or reacts to stimuli can provide a lot of information about his/her functioning.
- **Parent/Guardian/Caregiver Report** - The intent of this assessment is to determine if the participant/individual meets the level of care. This is a step in the process of determining eligibility for services and supports he she may need. These services will be delivered in a person-centered manner. The participant and/or parent/guardian/caregiver may report additional needs or preferences that the assessor does not observe or that others are not aware of being an issue for the participant.
- **Additional Information Sources** - When available, assessors should also speak with family, friends, and support staff about the participant's functioning levels. The assessor may also

consult other assessments and documentation. The assessor should inform the participant/parent/guardian that they may speak with others or get information from other sources to complete the assessment.

Assessors are **not required to observe all tasks**, as this would be too time consuming and would infringe on the participant's privacy or may be seen as disrespectful.

When discussing the level of support needed by the participant for completing ADL tasks, focus on required support that is beyond what is required for a child of a similar age without a disability. It is anticipated that children will need varying levels of support that is consistent with their chronological age.

Information obtained in an item may overlap with another item. If information has already been gathered in an earlier item, the assessor does not need to re-ask for information in the later item. Use information previously obtained. For example, when asking about dressing needed by the participant, the participant may provide other information asked later about bathing.

Section Instructions

The information below provides guidance for each section of the module. In the tables below, the assessment item is identified in the left column and item guidance is provided in the right column.

Section 1: Age 0-5 Months

| Assessment Item | Guidance |
|--|---|
| Section 1: Age 0-5 Months | |
| 1. Dressing <input type="checkbox"/> Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia, or extreme hypertonia. <input type="checkbox"/> Utilizes medical devices that make dressing very difficult, such as feeding tubes, breathing tubes, etc. <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 3) | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability. If additional support for the ADL is not required, skip to Item 3. |
| 2. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |

| Assessment Item | Guidance |
|---|--|
| Section 1: Age 0-5 Months | |
| 3. Eating - Select all that apply <input type="checkbox"/> Requires more than one hour per feeding <input type="checkbox"/> Receives tube feedings or TPN <input type="checkbox"/> Requires more than three hours per day for feeding or eating <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Section 7) | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability. If additional support for the ADL is not required, skip to Section 7. |
| 4. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |

Section 2: Age 6-11 Months

| Assessment Item | Guidance |
|---|---|
| Section 2: Age 6-11 Months | |
| 1. Bathing <input type="checkbox"/> Needs adaptive equipment <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 3) | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability. If additional support for the ADL is not required, skip to Item 3. |
| 2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |
| <input type="checkbox"/> Dressing <input type="checkbox"/> Has physical characteristics that make dressing very difficult, such as | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what |

| Assessment Item | Guidance |
|--|--|
| <p>Section 2: Age 6-11 Months</p> <p>contractures, extreme hypotonia, or extreme hypertonia.</p> <p><input type="checkbox"/> Utilizes medical devices that make dressing very difficult, such as feeding tubes, breathing tubes, etc.</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Item 5)</p> | <p>would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 5.</p> |
| <p>3. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>4. Eating- Select all that apply</p> <p><input type="checkbox"/> Requires more than one hour per feeding</p> <p><input type="checkbox"/> Receives tube feedings or TPN</p> <p><input type="checkbox"/> Requires more than three hours per day for feeding or eating</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Item 7)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 7.</p> |
| <p>5. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>6. Mobility - Select all that apply</p> <p><input type="checkbox"/> Unable to maintain a sitting position when placed</p> <p><input type="checkbox"/> Unable to move self by rolling, crawling, or creeping</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> |

| Assessment Item | Guidance |
|---|---|
| Section 2: Age 6-11 Months | |
| <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Section 7) | If additional support for the ADL is not required, skip to Section 7. |
| 7. Is at least one of the mobility functional impairments expected to last for at least one year from the date of assessment? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |

Section 3: Age 12-17 Months

Section 3 should be used with participants age 12-17 months. Direct items at parent, guardian or other representative present at assessment.

| Assessment Item | Guidance |
|---|---|
| Section 3: Age 12-17 Months | |
| 1. Bathing- Select all that apply <input type="checkbox"/> Needs adaptive equipment <input type="checkbox"/> Becomes agitated requiring alternative bathing methods <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 3) | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability. If additional support for the ADL is not required, skip to Item 3. |
| 2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |
| 3. Dressing <input type="checkbox"/> Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia, or extreme hypertonia. | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability. |

| Assessment Item | Guidance |
|---|---|
| Section 3: Age 12-17 Months | |
| <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 5) | <p>If additional support for the ADL is not required, skip to Item 5.</p> |
| <p>4. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?</p> <input type="radio"/> Yes <input type="radio"/> No | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>5. Eating- Select all that apply</p> <input type="checkbox"/> Requires more than one hour per feeding <input type="checkbox"/> Receives tube feedings or TPN <input type="checkbox"/> Requires more than three hours per day for feeding or eating <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 7) | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 7.</p> |
| <p>6. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?</p> <input type="radio"/> Yes <input type="radio"/> No | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>7. Mobility- Select all that apply</p> <input type="checkbox"/> Unable to sit alone <input type="checkbox"/> Requires a stander or someone to support the child's weight in a standing position <input type="checkbox"/> Unable to crawl or creep <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Section 7) | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Section 7.</p> |

| Assessment Item | Guidance |
|--|--|
| Section 3: Age 12-17 Months | |
| <p>8. Is at least one of the mobility functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |

Section 4: Age 18-23 Months

| Assessment Item | Guidance |
|---|--|
| Section 4: Age 18-23 Months | |
| <p>1. Bathing - Select all that apply</p> <p><input type="checkbox"/> Needs adaptive equipment</p> <p><input type="checkbox"/> Becomes agitated requiring alternative bathing methods</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Item 3)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 3.</p> |
| <p>2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>3. Dressing</p> <p><input type="checkbox"/> Does not assist with dressing by helping to place arms in sleeves or legs into pants</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Item 5)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 5.</p> |

| Assessment Item | Guidance |
|--|---|
| Section 4: Age 18-23 Months | |
| <p>4. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>5. Eating - Select all that apply</p> <p><input type="checkbox"/> Receives tube feedings or TPN</p> <p><input type="checkbox"/> Requires more than three hours per day for feeding or eating</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Item 7)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 7.</p> |
| <p>6. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>7. Mobility - Select all that apply</p> <p><input type="checkbox"/> Requires a stander or someone to support the child's weight in a standing position</p> <p><input type="checkbox"/> Uses a wheelchair or other mobility device not including a single cane</p> <p><input type="checkbox"/> Unable to take steps holding on to furniture</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Section 7)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Section 7.</p> |

| Assessment Item | Guidance |
|--|--|
| Section 4: Age 18-23 Months | |
| <p>8. Is at least one of the mobility functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |

Section 5: Age 24-35 Months

Section 5 should be used with participants age 24-35 months. Direct items at parent, guardian or other representative present at assessment and, when possible, consult with participant to obtain any additional feedback.

| Assessment Item | Guidance |
|---|--|
| Section 5: Age 24-35 Months | |
| <p>1. Bathing - Select all that apply</p> <p><input type="checkbox"/> Needs adaptive equipment</p> <p><input type="checkbox"/> Becomes agitated requiring alternative bathing methods</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Item 3)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 3.</p> |
| <p>2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>3. Dressing</p> <p><input type="checkbox"/> Does not assist with dressing by helping to place arms in sleeves or legs into pants</p> <p><input type="checkbox"/> Unable to pull hats, socks, and mittens</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Item 5)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 5.</p> |

| Assessment Item | Guidance |
|---|--|
| Section 5: Age 24-35 Months | |
| <p>4. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>5. Eating - Select all that apply</p> <p><input type="checkbox"/> Receives tube feedings or TPN</p> <p><input type="checkbox"/> Requires more than three hours per day for feeding or eating</p> <p><input type="checkbox"/> Cannot pick up appropriate foods with hands and bring them to his/her mouth</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Item 7)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 7.</p> |
| <p>6. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>7. Mobility - Select all that apply</p> <p><input type="checkbox"/> Requires a stander or someone to support the child's weight in a standing position</p> <p><input type="checkbox"/> Does not walk or needs physical help to walk</p> <p><input type="checkbox"/> Uses a wheelchair or other mobility device not including a single cane</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Item 9)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 9.</p> |

| Assessment Item | Guidance |
|--|---|
| Section 5: Age 24-35 Months | |
| <p>8. Is at least one of the mobility functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>9. Transfers (Does not include bathtub or shower)</p> <p><input type="checkbox"/> Requires transfer assistance due to physical or cognitive deficits</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> <p><input type="checkbox"/> None of the above apply (Skip to Section 7)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Section 7.</p> |
| <p>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?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |

Section 6: Age 36-47 Months

Section 6 should be used with participants age 36-47 months. Direct items at parent, guardian or other representative present at assessment and, when possible, consult with participant to obtain any additional feedback.

| Assessment Item | Guidance |
|---|--|
| Section 6: Age 36-47 Months | |
| <p>1. Bathing - Select all that apply</p> <p><input type="checkbox"/> Needs adaptive equipment</p> <p><input type="checkbox"/> Is combative during bathing (e.g., flails, takes two caregivers to accomplish task)</p> <p><input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 3.</p> |

| Assessment Item | Guidance |
|--|---|
| Section 6: Age 36-47 Months | |
| <input type="checkbox"/> None of the above apply (Skip to Item 3) | |
| 2. Is at least one of the bathing functional impairments expected to last for at least one year from the date of assessment? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |
| 3. Grooming (brushing teeth, brushing hair, washing hands and face) <input type="checkbox"/> Is combative during grooming (e.g., flails, clamps mouth shut, takes two caregivers to accomplish task) <input type="checkbox"/> Has physical limitations that prevent completing the task (e.g. limited range of motion, unable to grasp brush) <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 5) | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability. If additional support for the ADL is not required, skip to Item 5. |
| 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? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |
| 5. Dressing <input type="checkbox"/> Is combative during dressing (e.g., flails, resists efforts to put clothes on, takes two caregivers to accomplish task) <input type="checkbox"/> Does not or cannot assist with dressing by helping to place arms in sleeves or legs into pants <input type="checkbox"/> Unable to undress self independently | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability. If additional support for the ADL is not required, skip to Item 7. |

Formatted: Justified, Indent: Left: 0.25", Bulleted + Level: 1 + Aligned at: 0.75" + Indent at: 1"

| Assessment Item | Guidance |
|--|---|
| Section 6: Age 36-47 Months | |
| <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 7) | |
| 6. Is at least one of the dressing functional impairments expected to last for at least one year from the date of assessment? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |
| 7. Eating - Select all that apply <input type="checkbox"/> Is combative while eating (e.g., flails, throws food so will not have to eat, takes two caregivers to accomplish task) <input type="checkbox"/> Receives tube feedings or TPN <input type="checkbox"/> Requires more than three hours per day for feeding or eating <input type="checkbox"/> Needs to be fed by another individual <input type="checkbox"/> Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 9) | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability. If additional support for the ADL is not required, skip to Item 9. |
| 8. Is at least one of the eating functional impairments expected to last for at least one year from the date of assessment? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |
| 9. Toileting - Select all that apply <input type="checkbox"/> Is combative during toileting (e.g., flails, takes two caregivers to accomplish task) | Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability. |

| Assessment Item | Guidance |
|---|---|
| Section 6: Age 36-47 Months | |
| <input type="checkbox"/> Has no awareness of being wet or soiled <input type="checkbox"/> Requires caregiver assistance to be placed onto the toilet/potty chair <input type="checkbox"/> Does not use toilet/potty chair when placed there by a caregiver <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 11) | <p>If additional support for the ADL is not required, skip to Item 11.</p> |
| <p>10. Is at least one of the toileting functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>11. Mobility - Select all that apply</p> <p><input type="checkbox"/> Does not walk or needs physical help to walk <input type="checkbox"/> Uses a wheelchair or other mobility device not including a single cane <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Item 13)</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> <p>If additional support for the ADL is not required, skip to Item 13.</p> |
| <p>12. Is at least one of the mobility functional impairments expected to last for at least one year from the date of assessment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> | <p>Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No".</p> |
| <p>13. Transfers (Does not include bathtub or shower)</p> <p><input type="checkbox"/> Needs physical help with transfers <input type="checkbox"/> Uses a mechanical lift</p> | <p>Identify whether the participant has any physical or cognitive characteristics or other issues, including behaviors, that require support for the ADL beyond what would be expected of a child of a similar age without a disability.</p> |

Formatted: Justified, Indent: Left: 0.25", Bulleted + Level: 1 + Aligned at: 0.75" + Indent at: 1"

| Assessment Item | Guidance |
|--|---|
| Section 6: Age 36-47 Months <input type="checkbox"/> Other concerns that may affect the amount of support the child needs: _____ <input type="checkbox"/> None of the above apply (Skip to Section 7) | If additional support for the ADL is not required, skip to item Section 7. |
| 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? <input type="radio"/> Yes <input type="radio"/> No | Identify if the enhanced need for support is expected to last for more than one year beyond the present assessment. If the issue causing the need for support is currently present but is expected to be corrected within the next year, select "No". |

Section 7: Equipment

Each ADL has a mandatory item that collects information about assistive devices the participant uses related to the ADL. A participant may be independent in performing the activity, however he/she may be independent because of an assistive device. *For example, a participant may be able to dress with special medical equipment.*

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

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

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

Section 8: Referrals & Goals

Section 8 includes items that should be reviewed and/or acted upon as part of support planning.

| Assessment Item | Guidance |
|--|--|
| Section 8: Referrals & Goals | |
| 1. What is important to the participant?  | This item includes any goals or outcomes the parent, guardian, and/or participant would like to see happen for the child. If the parent/guardian/participant expresses desired outcomes during the discussion of previous sections in this module, the assessor can bring these back up and talk about their importance. |
| 2. Referrals Needed (Select all that apply):  <ul style="list-style-type: none"> <input type="checkbox"/> Assistance with Personal Care <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Behavioral Therapy <input type="checkbox"/> Early intervention and/or special education <input type="checkbox"/> Environmental Accessibility Consultation <input type="checkbox"/> Equipment and Supplies <input type="checkbox"/> Home Health <input type="checkbox"/> Nutritionist/Dietician <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Primary Health Care Provider <input type="checkbox"/> Skilled Nurse or Aide Visits <input type="checkbox"/> Speech/Language Therapy <input type="checkbox"/> Other <input type="checkbox"/> Other | This is a mandatory item. Check all that apply. |
| 3. Assessed Needs and Support Plan Implications | This item allows the assessor to summarize needs and implications for support planning. <i>For example: Beth's muscle rigidity presents a significant challenge when dressing her.</i> |
| 4. Recommended changes, clarifications or other issues: Describe any changes to the items (included changes to training) in this section that the case manager believes will make the items clearer and/or collect more useful information. | Describe any recommendations for improving the assessment module or training, including adding/removing items or items that require further clarification. |