

# Functioning Module for Participants Age Four and Older – Training Manual

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



**COLORADO**  
Department of Health Care  
Policy & Financing

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# Functioning Module – Four and Older – Training

## Purpose

Many individuals with LTSS needs have difficulties with their ability to complete daily tasks and function in a manner that allows them to remain independent in the community. The purpose of the Functioning module of the Assessment tool is to identify and document:

- Areas of daily living in which the participant may need additional support, and
- Preferences, guidance for workers, and supportive equipment needed to complete activities of daily living (ADLs) and instrumental activity of daily living (IADLs).

## Overview of Contents

The Functioning module contains items related to ADLs and IADLs. For each ADL and IADL, the assessor will document the participant's ability to complete the activity, preferences and guidance for staff related to the activity, and for a number of items, supportive equipment needed to complete the activity. The module is divided into the following sections:

- 1. Activities of Daily Living** - This section documents the participant's ability to complete daily self-care activities, such as bathing and dressing, as well as support needs and preferences for each activity the participant needs assistance with.
- 2. Instrumental Activities of Daily Living** - This section documents the participant's ability to complete IADLs (activities that are not necessarily fundamental for functioning, but allow the participant to live independently in the community). Additionally, this section collects information about support needs and preferences for each activity the participant needs assistance with.
- 3. Referrals and Goals** - This section includes a listing of potential referral options around functioning and implications for support planning.

## 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 personal health maintenance (ADLs) and tasks related to maintaining independence (IADLs). In collecting this information, assessors should be aware that research has shown that participants often overestimate their functioning levels, while family and other supports tend to underestimate. Assessors should use these information sources, along with their own observations, to accurately score the items. Every ADL/IADL section has a notes/comments box to provide additional information.

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, the way he/she speaks, and his/her ability to stay on task and respond to items can speak volumes about his/her functioning. *For example, the way the participant gets out of a*

*chair can inform his/her ability to transfer onto and off of a toilet (assessors should not observe a participant toileting during the assessment, nor are they required to).*

- **Participant Self Report** - The intent of this assessment is to determine if the participant the services and supports he/she may need in a person-centered manner. The participant may report additional needs or preferences that the assessor does not observe or that others are not aware of being an issue for the participant.
- **Additional Information Sources** - When available, assessors should also speak with family, friends, and support staff about the participant's functioning levels. The assessor may also consult other assessments and documentation. The assessor should inform the participant that they may speak with others or get information from other sources to complete the assessment.

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

Prior to starting the module, assessors should inform the participant that items directly related to his/her functioning levels are mandatory to establish the participant's functioning level, while items on preferences and guidance for workers are voluntary. Assessors should inform the participant that while these items are voluntary, his/her preferences and guidance will be included in the Support Plan and passed on to staff so that they can provide services in a manner the participant would like. Assessors may tailor the following script to assist in conducting this conversation:

*"At this time, we will be discussing your ability to perform activities you do during your day, such as dressing and eating, and activities that allow you to stay independent, such as doing laundry and managing your medication. These questions are required to enroll in or continue HCBS Services.*

*For the activities you need help with, I'm going to ask you questions about some of your preferences, such as how you like the activity done or whether you use equipment to help you. These types of items are voluntary and you only need to share with me as much as you feel comfortable with for these voluntary items.*

*Do you have any questions?"*

### Special Instructions for Children and Age-Specific Items

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

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

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

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

## Section Instructions

### Section 1: Activities of Daily Living

Section 1 contains items that establish the participant's ability to function and perform basic tasks related to daily living. If the participant is not able to complete an ADL independently, assessors will collect additional information about how the participant would like to be supported when completing the task and the equipment he/she may need.

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

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

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

### Trigger Items, Equipment and Devices, and Preferences and Guidance

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

- **Trigger item(s)** - Each ADL/IADL contains one or more trigger items. These items document the participant's support level for each ADL on a 10-point scale.

- If the participant is independent, the assessor will skip to the item identifying any equipment and devices used to support that activity.
- If the participant is not independent, the assessor will collect other additional information about supports and preferences, including guidance/preferences and equipment/devices.

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

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

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

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

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

- **Preferences and Guidance** - These items document information about the participant's preferences for how services are delivered. Assessors should ask the participant about preferences for how services/supports are delivered and then check all items that apply. Each item does not need to be read to the participant. Additionally, the assessor will provide guidance to support persons and document whether the participant is interested in receiving skill training to increase his/her independence.

#### Format of the Trigger Items

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

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

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

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

#### Scoring the Trigger Items

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

**06. Independent-** Participant completes the activity by him/herself with no assistance from helper.

- ✓ Participant DOES NOT require assistance or preparation prior to engaging in the activity
- ✓ Participant DOES NOT require review or follow-up after the activity has been completed
- ✓ Participant completes the activity without assistance from a support person
- ✓ Participant has not required support for the item in the past 30 days

**00. Age Appropriate Dependence -** For Children 4-18- Age appropriate dependence- The participant requires a level of support consistent with his/her age.

- ✓ Requires assistance that is consistent with a child of the same chronological age who does not have a disability
- ✓ If assistance that is required is related to a disability related issue, DO NOT use this score. Instead, select the score that most accurately reflects the level of support needed.

**05. Setup or Clean-up Assistance-** Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity.

- ✓ Participant REQUIRES assistance or preparation prior to engaging in the activity
- ✓ And/or Participant REQUIRES review or follow-up after the activity is complete
- ✓ Participant then completes the activity without assistance from a support person
- ✓ Includes cueing via telephone to set-up or clean-up

**04. Supervision or Touching Assistance (Including cueing and/or visual prompts)-** Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.

- ✓ Support person monitors some or all parts of the activity
- ✓ Support person provides cues, verbal direction or visual prompts during some or all steps of an activity
- ✓ Support person provides NO physical assistance beyond simple touch cues during the activity

**03. Partial/Moderate Assistance-** Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

- ✓ The participant functionally contributes more than half the effort for the activity

**02. Substantial/Maximal Assistance-** Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

- ✓ The participant functionally contributes less than half the effort for the activity

**01. Dependent-** Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity.

- ✓ Participant DOES NOT contribute functionally to any part of the activity
- ✓ The participant may contribute symbolically to the activity
- ✓ Support person completes the activity for the participant
- OR
- ✓ Two or more support persons are required to complete the task

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

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

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

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

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

At times, assessors may encounter a situation in which an activity was not completed by the participant. When this occurs use these additional scoring options: 'Participant refused', 'Not applicable' and 'Not

attempted due to medical condition or safety concerns’. If the activity is not completed due to the participant refusing support, and the activity is NOT being completed by another person, score as Participant refused. The Not applicable score is used if the participant does not engage in this activity and support is **not** required. If the activity is not attempted due to a medical condition or safety concerns, score it as such.

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

## ADL Items

### 1. Mobility

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

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

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

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>1A. Does the participant walk?</b> ⓘ</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No, but walking is indicated in the future [Skip to Item 1N]</li> <li><input type="radio"/> No, and walking is not indicated [Skip to Item 1N]</li> </ul>	<p>Indicate whether the participant currently walks, even if it is not his/her primary form of mobility.</p> <p>If the participant does not walk, skip to Item 1N. If the participant does not walk, indicate whether he/she indicates the possibility of walking in the future.</p>
<p><b>1B. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor or similar space. ⓘ</p> <p>(Standard 10 Point Scoring for Trigger Items)</p>	<p>These items are intended to capture how the participant walks in his/her residence. For each distance, select the level of support the participant needs to walk on an even, flat surface without obstacles. Assessors may observe this task during the assessment or discuss the ability with the participant or proxy.</p>

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

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
	<p>a participant will be unable to manage a curb without assistance, but will be able to go up and down 4 or 12 steps without assistance by using a railing.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- The helper touches the participant to steady them as they step down from a step.</li> <li>•Example of Partial/moderate- The participant leans on a helper’s arm for support as they lift their foot over the curb or onto the step.</li> <li>•Example of Substantial/maximal- The helper lifts the leg up and participant leans on a helper’s arm for support as they lift their foot over the curb or onto the step.</li> </ul> <p><b>IH-</b> Using a handrail does not affect the coding for the participant’s ability to complete the activity.</p> <ul style="list-style-type: none"> <li>•Example of Partial/moderate- The participant holds/leans onto the helper’s arm to go up the stairs.</li> </ul> <p><b>II-</b> This item is important for community mobility as 12 steps is the average number of steps for one floor in a staircase. If the participant does not have 12 steps in their home, provide the example of stairs in a building or a two-story home.</p> <ul style="list-style-type: none"> <li>• Example of setup or cleanup- Participant does not need assistance during the task, however, the participant requires assistance to begin the task such as taking out or arranging equipment, or at the end of the task such as putting away or restoring equipment.</li> <li>• Example of Supervision/touching- The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.</li> <li>• Example of Partial/moderate- The participant holds/leans onto the helper’s arm to go up the 12 stairs.</li> </ul>
<p><b>IJ- Carries something in both hands:</b>  <i>While walking indoors, e.g., several dishes, light laundry basket, tray with food.</i> </p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item assesses the ability to carry an item with both hands while walking, as well as the ability to multitask and divide one’s attention between carrying an object and navigating the surroundings. If the participant uses a walker bag or walker tray to carry objects, divided attention is not required and this would be coded 09 – Not Applicable.</p> <p>This item does not include carrying two objects, one in each hand.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- A participant’s balance is decreased when carrying an object with both hands</li> </ul>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
	<p>and the helper must stand by them as they walk. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.)</p> <ul style="list-style-type: none"> <li>•Example of Partial/moderate- The helper must physically assist the participant to hold the object and provide steady assist for balance.</li> </ul>
<p><b>1K. Picking up object:</b> <i>The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.</i></p> <p> ⓘ</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item is intended to establish whether there are balance problems related to mobility activities for picking up objects from the floor.</p> <p>This item begins with the participant stooping to pick up the object therefore a helper bringing a reaching device to the participant is not considered set up.</p> <ul style="list-style-type: none"> <li>•Example of Partial/moderate- The participant stooped down to pick up an object, but required assistance from their helper to return to standing.</li> </ul>
<p><b>1L. Walks for 15 minutes:</b> <i>without stopping or resting (e.g., department store, supermarket.)</i> ⓘ</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>Ask if participant is able to walk around a grocery store without having to rest. This item measures for ability to walk a certain amount of time.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- The participant is able to walk for 15 minutes but may be unsteady and require someone to provide some level of touching assistance.</li> <li>•Example of Partial/moderate- The participant is able to walk for 15 minutes but must lean on their helper who provides less than half the effort.</li> <li>•Example of substantial/maximal- The participant is able to walk for 15 minutes but must lean heavily on their helper who provides more than half the effort.</li> </ul>
<p><b>1M. Walks across a street:</b> <i>Crosses Street before light turns red.</i> ⓘ</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item measures the participant's ability to exhibit sufficient walking speed to function within most community settings and to use the appropriate judgment required to respond safely to walk sign changes.</p> <p>If the participant is unable to make it across the street before the light changes, use Code 01. If the participant lives in a place where there are not streets with crosswalk signs, use Code 09. Note that unless physical assistance increases the participant's speed allowing them to cross the street it is unlikely that Codes 02, 03, or 04 will be used for this item.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- A participant is able to increase their walking speed in response to a helper's</li> </ul>

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

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>1S. Does the participant have or need any adaptive equipment to assist with mobility?</b></p> <p><input type="radio"/> No [Skip to Item 1S]</p> <p><input type="radio"/> Yes</p> <p><b>Indicate devices and aids needed at time of assessment for core functional mobility:</b></p>	<p>Item 1S is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected.</p> <p>If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item.</p> <p>For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. <i>For example, Marta needs training for using her scooter safely.</i></p> <p>Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. <i>For example, Fred needs a device to assist him with stability, such as a cane or walker.</i></p>
<p><b>1T. Did the participant respond "Independent" or "Age Appropriate Dependence" to all items asked of participant in 1B-1R?</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes [Skip to Item 2]</p>	<p>Score based on the responses to 1B-1R. If the participant was not independent or age appropriately dependent on these items, proceed to 1U.</p> <p>It is anticipated that the automated version of the tool would have this algorithm built in.</p>
<p><b>1U. Preferences – What does the participant prefer when needing to get around his/her home?</b></p> <p><input type="checkbox"/> Can walk, but prefers wheelchair</p> <p><input type="checkbox"/> Cane</p> <p><input type="checkbox"/> Contact guard when walking</p> <p><input type="checkbox"/> Crutch</p> <p><input type="checkbox"/> Electric wheelchair</p> <p><input type="checkbox"/> Gait belt</p>	<p>This item deals only with the participant's preferences for getting around his/her <u>home/residence</u>. There may be many reasons for these preferences, such as preferring not to walk because it is painful for the participant to be on his/her feet.</p> <p>Assessors should check all applicable options.</p>

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Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Pushed in wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Walker with seat <input type="checkbox"/> Other: <input type="checkbox"/> Other:	
<b>1V. Preferences – What does the participant prefer to get around his/her community?</b> <input type="checkbox"/> Can walk, but prefers wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Contact guard when walking <input type="checkbox"/> Crutch <input type="checkbox"/> Electric wheelchair <input type="checkbox"/> Gait belt <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Pushed in wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Walker with seat <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<p>This item deals only with the participant's preferences for getting around his/her <u>community</u>. There may be many reasons for these preferences, such as preferring not to walk due to unsteadiness or pain.</p> <p>Assessors should check all applicable options.</p>
<b>1W. Guidance for Workers – Age appropriate factors to consider when assisting the participant in getting around his/her home:</b> <input type="checkbox"/> Able to exit in emergency <input type="checkbox"/> Access to backup equipment or same day repair <input type="checkbox"/> Activity limited; afraid of falling <input type="checkbox"/> Assist participant over thresholds <input type="checkbox"/> Cannot propel wheelchair <input type="checkbox"/> Cooperates with caregiver <input type="checkbox"/> Behavioral issues <input type="checkbox"/> Disease/symptoms interfere with performing task <input type="checkbox"/> Evacuation plan: call neighbor <input type="checkbox"/> Evacuation plan: caregiver assistance <input type="checkbox"/> Evacuation plan: use PERS <input type="checkbox"/> Has a steady gait <input type="checkbox"/> Keep walkways clear <input type="checkbox"/> Leans to one side <input type="checkbox"/> Leave assistive device within reach <input type="checkbox"/> Manage his/her own need <input type="checkbox"/> Misplaces/forgets assistive device	<p>This item deals only with guidance for workers assisting the participant in getting around his/her <u>home/residence</u>. This item should be used as an additional measure of the participant's abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>When getting around your home/residence, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Motivated</li> <li><input type="checkbox"/> Poor navigation</li> <li><input type="checkbox"/> Propels own wheelchair</li> <li><input type="checkbox"/> Provide contact guard when walking</li> <li><input type="checkbox"/> Provide physical support with stairs</li> <li><input type="checkbox"/> Remind to use assistive device</li> <li><input type="checkbox"/> Recharge batteries daily</li> <li><input type="checkbox"/> Sees well enough to navigate independently</li> <li><input type="checkbox"/> Unable to exit in emergency</li> <li><input type="checkbox"/> Unable to walk/bear weight</li> <li><input type="checkbox"/> Use gait belt</li> <li><input type="checkbox"/> Visual impairment</li> <li><input type="checkbox"/> Will not use assistive device</li> <li><input type="checkbox"/> Other:</li> <li><input type="checkbox"/> Other:</li> </ul>	
<p><b>1X. Guidance for Workers – Age appropriate factors to consider when assisting the participant in getting around the community:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access to backup equipment or same day repair</li> <li><input type="checkbox"/> Activity limited; afraid of falling</li> <li><input type="checkbox"/> Assist on uneven surfaces</li> <li><input type="checkbox"/> Behavioral issues</li> <li><input type="checkbox"/> Can evacuate in emergency</li> <li><input type="checkbox"/> Cannot open doors</li> <li><input type="checkbox"/> Cue to use assistive device</li> <li><input type="checkbox"/> Difficulty navigating unfamiliar environments</li> <li><input type="checkbox"/> Disease/symptoms interfere with performing task</li> <li><input type="checkbox"/> Gets lost outside residence</li> <li><input type="checkbox"/> Has good endurance</li> <li><input type="checkbox"/> Independent with stairs</li> <li><input type="checkbox"/> Keep assistive device within reach</li> <li><input type="checkbox"/> Manage his/her own need</li> <li><input type="checkbox"/> Navigates safely in community</li> <li><input type="checkbox"/> Needs assistance with stairs</li> <li><input type="checkbox"/> Needs assistance to evacuate</li> <li><input type="checkbox"/> Needs wheelchair for distance</li> <li><input type="checkbox"/> Outings in the afternoon</li> <li><input type="checkbox"/> Outings in the morning</li> <li><input type="checkbox"/> Poor safety awareness</li> </ul>	<p>This item deals only with guidance for workers assisting the participant in getting around his/her <u>community</u>. This item should be used as an additional measure of the participant's abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>How do you prefer to be assisted when in your community?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<input type="checkbox"/> Remembers to use assistive device <input type="checkbox"/> Residence has ramp <input type="checkbox"/> Set brakes for participant <input type="checkbox"/> Use gait belt <input type="checkbox"/> Visual impairment <input type="checkbox"/> Will ask for assistance <input type="checkbox"/> Other <input type="checkbox"/> Other	
<b>1Y. Is training/skill building needed to increase independence?</b> <input type="radio"/> No <input type="radio"/> Yes, describe: _____	Document whether the participant's ability to ambulate throughout their home or community would benefit from training/skill building.  <i>Examples of training/skill building include occupational therapy to improve mobility, training to use adaptive devices, or other steps that might help increase the participant's mobility or improve safety when mobile.</i>

## 2. Transferring

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

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<b>2a. Roll left and right</b> – The ability to roll from lying on their back to the left side and the right side, and returning to lying on their back. ⓘ  <i>(Standard 10 Point Scoring for Trigger Items)</i>	It is important to ask about rolling to both sides when assessing this item. A participant's ability to roll to one side does not determine the level of assistance required to complete this item as there may be a difference in the participant's ability to roll on one side versus the other. Assessors need to assess both directions.  <ul style="list-style-type: none"> <li>•Example of Supervision/touching- The helper has to give verbal instructions to the participant to bend their leg before attempting to roll so that they can do it successfully.</li> <li>•Example of Partial/moderate- The participant is able to bend their legs and roll to the right with no assistance but requires minimal assistance to fully roll onto their left side</li> <li>•Example of substantial/maximal- The participant is unable to roll to the right or left or bend their legs but is able to return to lie on their back from either position.</li> </ul>
<b>2B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed. ⓘ  <i>(Standard 10 Point Scoring for Trigger Items)</i>	<ul style="list-style-type: none"> <li>•Example of setup or clean-up- The helper provides the participant with a piece of adaptive equipment that the participant uses to bring their weak leg onto the bed as they lie down.</li> </ul>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
	<ul style="list-style-type: none"> <li>•Example of Supervision/touching- The helper must explain each step of going from sitting to lying in order for the participant to complete the activity safely. (If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.)</li> <li>•Example of Partial/moderate- The participant is able to move their upper body from sitting to lying on the bed and requires assistance from the helper to lift one leg onto the bed.</li> <li>•Example of substantial/maximal- The helper partially guides the participant's upper body and does most of the effort to lift their legs onto the bed.</li> </ul>
<p><b>2C. Lying to sitting on side of bed:</b> <i>The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.</i> ⓘ</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>The level of assistance needed to move from lying to sitting may differ from the assistance required for the participant to move from sitting to lying down.</p> <ul style="list-style-type: none"> <li>•Example of setup or clean-up- The helper positions a bed rail and/or pillow to assist the participant.</li> <li>•Example of Supervision/touching- The participant required the helper to stand next to them and provide intermittent steadying by touch to avoid a fall off the bed when they are coming up to sit due to the participant's limited trunk control the item is coded 04 – Supervision or touching assistance.</li> <li>•Example of substantial/maximal- The helper partially assists the participant to sit and moves their legs off of the bed.</li> </ul>
<p><b>2D. Sit to stand:</b> <i>The ability to safely come to a standing position from sitting in a chair or on the side of the bed.</i> ⓘ</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>A participant will likely have to stand up from seats of varying materials that may make it harder to stand, such as the bed, a solid chair, or a softer couch. Code the participant's most dependent performance for the past 3 days and past month.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- The participant requires steadying assistance from a helper for balance, but can stand up on their own. (If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.)</li> <li>•Example of Partial/moderate- The helper assists the participant to move to the front of the chair but the participant is able to stand by themselves.</li> <li>•Example of substantial/maximal- The helper manually assist the participant to move forward in the chair and</li> </ul>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>2E. Chair/Bed-to-Chair Transfer</b> - The ability to safely transfer to and from a chair (or wheelchair). ⓘ</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>stand partway up but the participant is able to help during the activity.</p> <p>Score the level of support the participant needs to transfer from a chair or bed to another chair. Use the scoring definitions and descriptions provided earlier in the manual to select the appropriate activity.</p> <p>The chair or wheelchair does not have to be right next to the bed or another chair. Focus on the support needed to complete the transfer off of a chair/couch or wheelchair to another chair/couch or wheelchair.</p> <ul style="list-style-type: none"> <li>•Example of Independent- If a participant uses a sliding board for transfers and is able to place the board themselves and transfer without assistance, the item is coded 06 – Independent.</li> <li>•Example of setup or cleanup- The helper locks the brakes on the wheelchair before the participant transfers.</li> <li>•Example of Supervision/touching- If the helper reminds the participant to scoot forward in their chair and reach for the wheelchair arm as they transfer. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.)</li> <li>•Example of Partial/moderate- If the helper places the slide board for the participant, assists with lift off during the scoot across the board, and removes the board but the participant is able to assist.</li> <li>•Example of substantial/maximal- The participant provides partial lift off from the surface but the helper provides most of the lifting and physically turns the participant to move from one surface to the other.</li> </ul> <p><b>Note:</b> The use of a mechanical lift would also be coded 01 – Dependent if the participant was unable to assist in the transfer.</p>
<p><b>2F. Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open or close the door or fasten seat belt. ⓘ</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>If the participant never transfers into the passenger side of a car or van but wheels onto a lift and then into a van this item is coded 09 – Not Applicable.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.</li> </ul>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
	<ul style="list-style-type: none"> <li>•Example of Partial/moderate- The participant completes the transfer but requires the helper to lift one of their legs into the car.</li> <li>•Example of substantial/maximal- The helper places a sliding board under the participant, assists them as they move across to the passenger seat and lifts both of their legs into the car.</li> </ul>
<p><b>2G. Does the participant have or need any adaptive equipment to assist with transfers?</b> ⓘ</p> <p><input type="radio"/> No [Skip to Item 2H]</p> <p><input type="radio"/> Yes</p> <p><b>Transfer Equipment Status</b> <i>(Select all that apply):</i></p>	<p>Item 2G is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected.</p> <p>If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item.</p> <p>For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. <i>example: Adam has a lift chair, but does not use the lift feature because he is not sure how to work it.</i></p> <p>Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. <i>For example: Chad's parents struggle to help him get from his bed to his wheelchair. A Hoyer lift would help address this.</i></p>
<p><b>2H. Did the participant respond "Independent" or "Age Appropriate Dependence" to Items 2A-F?</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes [Skip to Item 3]</p>	<p>Score based on the responses to 2A-F. If the participant was not independent or age appropriately dependent on these items, proceed to 2I.</p> <p>It is anticipated that the automated version of the tool would have this algorithm built in.</p>

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Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>2I. Preferences- What does the participant prefer when making transfers?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caregivers use a gait belt</li> <li><input type="checkbox"/> Someone to assist</li> <li><input type="checkbox"/> Mechanical and/or ceiling lifts</li> <li><input type="checkbox"/> Use a transfer board/pole</li> <li><input type="checkbox"/> Weight bearing transfer</li> <li><input type="checkbox"/> Other</li> </ul>	<p>This item deals with the participant's preferences for transferring. Assessors should check all applicable options.</p>
<p><b>2J. Guidance for Workers – Age appropriate factors to consider when assisting the participant with transferring:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asks for assistance</li> <li><input type="checkbox"/> Assist all wheelchair transfers</li> <li><input type="checkbox"/> Aware of safety</li> <li><input type="checkbox"/> Behavioral issues</li> <li><input type="checkbox"/> Can transfer self using a lift</li> <li><input type="checkbox"/> Cooperates with caregiver</li> <li><input type="checkbox"/> Cue to use adaptive equipment</li> <li><input type="checkbox"/> Disease/symptoms interfere with performing task</li> <li><input type="checkbox"/> Has good upper body strength</li> <li><input type="checkbox"/> Maintain contact until steady</li> <li><input type="checkbox"/> Manage his/her own need</li> <li><input type="checkbox"/> Motivated</li> <li><input type="checkbox"/> Talk participant through each transfer</li> <li><input type="checkbox"/> Transfer quickly</li> <li><input type="checkbox"/> Transfer slowly</li> <li><input type="checkbox"/> Transfers with some support</li> <li><input type="checkbox"/> Two-person transfer</li> <li><input type="checkbox"/> Unable to transfer without assistance</li> <li><input type="checkbox"/> Unsteady during transfer</li> <li><input type="checkbox"/> Use mechanical lift for transfers</li> <li><input type="checkbox"/> Use transfer board for transfers</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Other</li> </ul>	<p>This item deals with guidance for workers assisting the participant with transferring. This item should be used as an additional measure of the participant's abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>When you are transferring, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<b>2K. Is training/skill building needed to increase independence?</b> <input type="radio"/> No <input type="radio"/> Yes, describe: _____	Document whether the participant’s ability to transfer between locations in their home would benefit from training/skill building.  <i>An example of training/skill building includes: How to independently transfer using assistive equipment such as grab bars.</i>

### 3. Bathing

Item 3 collects information about the participant’s ability to bathe. The first item is mandatory, and if the participant is independent, assessors can skip to 3C to address any adaptive equipment he/she may use. However, if the participant needs support to bathe, the assessor will use the remainder of the items to collect preferences, guidance for workers, and any additional training needs.

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<b>3A. Shower/bathe self-</b> <i>The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower. ⓘ</i>  <i>(Standard 10 Point Scoring for Trigger Items)</i>	Score the level of support the participant needs to shower/bathe him/herself.  <ul style="list-style-type: none"> <li>•Example of Independent- If a participant showers with no help but reports a fall once in the past month, but had no changes in the level of assistance, this item should be coded 06 – Independent. (The use of adaptive equipment, for example, a tub seat, grab bars, or long handled bath sponge does not affect coding.)</li> <li>•Example of setup or cleanup- The helper hands the participant soap and a washcloth but the participant does not need assistance during the task.</li> <li>•Example of Supervision/touching- If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.</li> <li>•Example of Partial/moderate- The helper washes a participant’s feet and lower legs providing less than half the effort.</li> <li>•Example of substantial/maximal- The participant is able to wash their arms but becomes fatigued and requires the helper to do the rest of their body.</li> </ul> <p><b>Note:</b> If the participant does not take a shower due to their inability to perform any part of the task, use code 01. If the participant does not shower out of a preference for sponge bathing use code 09 – not applicable.</p>
<b>3B. Wash upper body:</b> <i>The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.</i>	This item is different than Item 3A - Shower/Bathe self. The participant may wash their upper body while seated on the edge of the bed and shower/bathe in a tub/shower

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>in which case both items should be coded. However, they may only perform one of the two items. The one they do not do should be coded 09 – Not applicable.</p> <ul style="list-style-type: none"> <li>•Example of Independent- If a participant cannot wash their back but can wash all other areas with no set up the item is coded 06 – Independent. (This item does not include washing the back.)</li> <li>•Example of setup or cleanup- Placing the soap and washcloth on the sink and/or turning the faucet on and off.</li> <li>•Example of Supervision/touching- If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.</li> <li>•Example of Partial/moderate- The participant is unable to wash their right arm due to left arm weakness but bathes the rest of their body without help.</li> <li>•Example of substantial/maximal- The participant is only able to wash their face, with the helper completing the remainder of the bathing.</li> </ul>
<p><b>3C. Does the participant need any adaptive equipment to assist with bathing?</b> </p> <p><input type="radio"/> No [Skip to Item 3D]</p> <p><input type="radio"/> Yes</p> <p><b>Bathing Equipment Status</b> (Select all that apply):</p>	<p>Item 3C is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected.</p> <p>If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item.</p> <p>For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. <i>For example: Theresa has a shower chair, but it does not fit in her shower.</i></p> <p>Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver,</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
	and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. <i>For example: Sue has fallen in the shower several times, and would benefit from a shower chair and a hand-held shower head adapter.</i>
<b>3D. Did the participant respond "Independent" or "Age Appropriate Dependence" to Item 3A?</b> <input type="radio"/> No [Skip to Item 4] <input type="radio"/> Yes	Score based on the response to 3A. If the participant was not independent or age appropriately dependent on these items, proceed to 3E.  It is anticipated that the automated version of the tool would have this algorithm built in.
<b>3E. Preferences – What does the participant prefer when bathing?</b> <input type="checkbox"/> Bath <input type="checkbox"/> Bed bath <input type="checkbox"/> Female caregiver <input type="checkbox"/> Male caregiver <input type="checkbox"/> Shower <input type="checkbox"/> Sponge bath <input type="checkbox"/> Use specific products <input type="checkbox"/> Special toys <input type="checkbox"/> Scald guard for bathtub <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> None	This item deals with the participant's preferences for bathing. Assessors should check all applicable options.
<b>3B. Guidance for Workers – Age appropriate factors to consider when assisting the participant with bathing:</b> <input type="checkbox"/> Able to direct caregiver <input type="checkbox"/> Able to manage his/her own needs <input type="checkbox"/> Afraid of bathing <input type="checkbox"/> Assist with drying and dressing <input type="checkbox"/> Bathes self with cueing <input type="checkbox"/> Behavioral issues <input type="checkbox"/> Cannot be left unattended <input type="checkbox"/> Cannot judge/feel water temperature <input type="checkbox"/> Cooperates with caregiver <input type="checkbox"/> Disease/symptoms interfere with performing task <input type="checkbox"/> Enjoys bathing <input type="checkbox"/> Give bed/sponge bath <input type="checkbox"/> Participant is weight bearing	This item deals with guidance for workers assisting the participant with bathing. This item should be used as an additional measure of the participant's abilities and support needs, and will help inform workers how best to work with the participant.  Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.  To begin this conversation, assessors can use the following prompt: <i>When you are bathing, what is most important to you to have workers or other supports help you with?</i>  <b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.

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Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<input type="checkbox"/> Perform skin inspection <input type="checkbox"/> Soak feet <input type="checkbox"/> Standby during bathing <input type="checkbox"/> Transfer in/out of tub/shower <input type="checkbox"/> Unable to shampoo hair <input type="checkbox"/> Unable to stand alone <input type="checkbox"/> Wash back, legs, feet <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
<b>3G. Is training/skill building needed to increase independence?</b> <input type="radio"/> No <input type="radio"/> Yes, describe: _____	Document whether the participant's ability to bathe him/herself would benefit from training/skill building.  <i>An example of training/skill building is teaching alternative methods to showering, such as sponge bathing, for participants who may have a difficult time independently showering.</i>

#### 4. Dressing

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

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<b>4A. Upper Body Dressing - The ability to put on and remove shirt or pajama top. Includes buttoning, if applicable. ⓘ</b>  <i>(Standard 10 Point Scoring for Trigger Items)</i>	This item includes garments and orthotics that are a part of the participant's dressing routine, including garments such as bras, t-shirts and back braces.  Do not include items that are not put on and taken off while dressing (e.g., a back brace worn only while lifting heavy objects).  <ul style="list-style-type: none"> <li>•Example of setup or cleanup- A helper arranges the shirt in a particular manner or pre-buttons part of the shirt before the participant puts it on. (Bringing the shirt to the participant is not part of the item and should not be considered when coding.)</li> <li>•Example of Supervision/touching- A helper cues the participant to use a strategy to put on clothes but the participant is able to complete the task themselves. (The participant requires someone to be present throughout the entire task or the assistant provides light touch or verbal/visual cueing during the task.)</li> <li>•Example of Partial/moderate- The participant is able to put on and take off a button down shirt, but the helper manages the buttons.</li> </ul>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
	<ul style="list-style-type: none"> <li>•Example of substantial/maximal- The participant requires the helper to hold the shirt, help thread their arms into the sleeves, and manage the buttons, but once unbuttoned the participant is able to take off the shirt themselves.</li> </ul>
<p><b>4B. Lower Body Dressing</b> - The ability to dress and undress below the waist, including fasteners. Does not include footwear. 🚩</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item includes garments and orthotics that are a part of the participant’s dressing routine. This includes putting on and taking off braces only if they are considered a part of the participant’s regular dressing routine.</p> <ul style="list-style-type: none"> <li>•Example of Independent- If the participant usually wears sweatpants because they are able to put them on and off with no assistance.</li> <li>•Example of setup or cleanup- The helper lays out the pants for the participant but is not needed for dressing.</li> <li>•Example of Supervision/touching- If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.</li> <li>•Example of Partial/moderate- The participant is able to get the pants over their feet and pull them up to their hips but requires a helper to pull them over their hips while the participant stands due to the participant’s balance problems.</li> <li>•Example of substantial/maximal- The participant dresses in bed and is able to start the pants over their feet but requires a helper to complete the rest of the task.</li> </ul>
<p><b>4C. Putting on/taking off footwear</b> - The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility. 🚩</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item includes garments and orthotics that are a part of the participant’s dressing routine. This item also includes compression socks, and ankle or foot orthotics, only if applied during the regular routine of putting on/taking off footwear.</p> <ul style="list-style-type: none"> <li>•Example of setup or cleanup- A helper brings the shoes to a participant but they put them on themselves.</li> <li>•Example of Supervision/touching- The helper verbally cues the participant to use an adaptive technique that allows the participant to put on socks with no physical assistance.</li> <li>•Example of Partial/moderate- The participant can get their socks and shoes on and off their feet but requires a helper to tie their shoes.</li> <li>•Example of substantial/maximal- The participant can remove their shoes but is unable to put their shoes on or their socks on or off.</li> </ul>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>4D. Ability to select an outfit that is appropriate and safe for the weather.</b> ⓘ</p> <ul style="list-style-type: none"> <li><input type="radio"/> No impairment</li> <li><input type="radio"/> Age appropriate difficulty/dependence</li> <li><input type="radio"/> Mildly impaired: Demonstrates some difficulty</li> <li><input type="radio"/> Moderately impaired: Demonstrates marked difficulty</li> <li><input type="radio"/> Severely impaired: Demonstrates extreme difficulty</li> <li><input type="radio"/> Unable to answer</li> </ul> <p>Scoring based on (Check all that apply):</p> <ul style="list-style-type: none"> <li>• Observation</li> <li>• Self-report</li> <li>• Proxy</li> </ul>	<p>Item 4D is intended to capture the ability of the participant to pick out an outfit that is appropriate for the weather. This item focuses on the cognitive tasks that are related to identifying the weather conditions and realizing what appropriate clothing would be for the weather.</p> <p>For this item, the term “appropriate” means clothing that will keep the participant safe and prevent issues related to health as a result of clothing choice. For example, if the participant chooses to wear a parka on a sunny day in which the temperature is 90 degrees, he/she is putting him/herself at risk of heat stroke. This is a concern for health and safety.</p> <p>It is expected that children of specific chronological ages may need help/support when picking out an outfit. When scoring this item for children, consider the ability of a child the same chronological age who does not have a disability.</p> <p>Do not account for a participant’s particular style. Some people like to wear work boots or rain boots year-round. Focus on appropriateness for weather and the ability of the clothing to keep him/her safe.</p>
<p><b>4E. Does the participant need any adaptive equipment or devices to assist with dressing?</b> ⓘ</p> <ul style="list-style-type: none"> <li><input type="radio"/> No [Skip to Item 4F]</li> <li><input type="radio"/> Yes</li> </ul> <p><b>Dressing Equipment Status</b> (Select all that apply):</p>	<p>Item 4E is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected.</p> <p>If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item.</p> <p>For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. <i>For example: Alex has a prosthesis, but rarely uses it because it does not fit well and hurts him to wear.</i></p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
	Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. <i>For example: Sam's feet are constantly hurting her, which she blames on her shoes. She may benefit from orthotics.</i>
<b>4F. Did the participant answer items 4A, B and C as "Independent" AND 4D as "No Impairment" or "Age Appropriate difficulty/dependence"?</b> <input type="radio"/> Yes [Skip to Item 5] <input type="radio"/> No	<p>Score based on the response to 4A-C. If the participant was not independent or age appropriately dependent on these items, proceed to 4F.</p> <p>It is anticipated that the automated version of the tool would have this algorithm built in.</p>
<b>4G. Preferences – What does the participant prefer when dressing?</b> <input type="checkbox"/> Changes clothes multiple times daily <input type="checkbox"/> Choose own clothes <input type="checkbox"/> Female caregiver <input type="checkbox"/> Male caregiver <input type="checkbox"/> Same clothing daily <input type="checkbox"/> Slip on shoes <input type="checkbox"/> Velcro closures <input type="checkbox"/> Loose clothing <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p>This item deals with the participant's preferences for dressing. Assessors should check all applicable options.</p>
<b>4H. Guidance for Workers – Age appropriate factors to consider when assisting the participant with dressing:</b> <input type="checkbox"/> Able to direct caregiver <input type="checkbox"/> Behavioral issues <input type="checkbox"/> Cannot button clothing <input type="checkbox"/> Cannot lift arms <input type="checkbox"/> Cannot put on shoes/socks <input type="checkbox"/> Cooperates with caregiver <input type="checkbox"/> Disease/symptoms interfere with performing task <input type="checkbox"/> Dress participant's lower body <input type="checkbox"/> Dress participant's upper body <input type="checkbox"/> Gets dressed with cueing	<p>This item deals with guidance for workers assisting the participant with dressing. This item should be used as an additional measure of the participant's abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>When you are dressing, what is most important to you to have workers or other supports help you with?</i></p>

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Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<input type="checkbox"/> Help select appropriate, clean, and/or matching clothes <input type="checkbox"/> Label/organize clothing by color, style, etc. <input type="checkbox"/> Manage his/her own need <input type="checkbox"/> Participant is motivated <input type="checkbox"/> Worker put on/take off footwear <input type="checkbox"/> Worker put on/take off sock/TED hose <input type="checkbox"/> Unable to tie <input type="checkbox"/> Unable to undress independently <input type="checkbox"/> Unable to zip <input type="checkbox"/> Uses assistive device <input type="checkbox"/> Will wear dirty clothes <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>
<p><b>4I. Is training/skill building needed to increase independence?</b></p> <input type="radio"/> No <input type="radio"/> Yes, describe: _____	<p>Document whether the participant's ability to dress him/herself would benefit from training/skill building.</p> <p><i>For example, training to use adaptive equipment that helps increase independence is an example of skill building.</i></p>

## 5. Toileting

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

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>5A. Toilet hygiene-</b><i>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.</i> ⚠</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item also includes identifying the need to eliminate, empty a bed pan or commode, and flush a toilet. This item does not include support needed for transferring on and off the toilet and washing hands. If the participant only needs help to get on and off the toilet, score independent.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- A helper is present to provide steadying assistance while the participant adjusts their pants.</li> <li>•Example of Partial/moderate- The participant is able to use the toilet on their own but requires the helper's assistance to manage the buttons on their pants.</li> </ul>
<p><b>5B. How often does the participant need assistance to keep him/herself clean after toileting?</b> ⚠</p> <input type="radio"/> Never <input type="radio"/> Daily	<p>Indicate the frequency with which the participant needs assistance with keeping him/herself clean after toileting. Tasks to consider include wiping for cleanliness and washing hands after toileting.</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<input type="radio"/> Weekly <input type="radio"/> Monthly or less Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy	
<b>5C. How often does the participant need assistance to keep toilet environment clean?</b> ⓘ <input type="radio"/> Never <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly or less Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy	Indicate the frequency with which the participant needs assistance with keeping the restroom environment clean toileting. Tasks to consider include cleaning up dribble/spills on the floor and flushing the toilet.
<b>5D. Toilet Transfer:</b> <i>The ability to safely get on and off a toilet or commode.</i> ⓘ  <i>(Standard 10 Point Scoring for Trigger Items)</i>	Score the level of support the participant needs to transfer onto and off of the toilet. The transfer may be between the toilet/commode to a chair, bed, or standing position.  This item does not assess the ability to maintain hygiene or adjust their clothing. These skills are addressed under 5A- Toileting Hygiene. Use of grab bars, a raised toilet seat or other adaptive equipment does not affect coding.  <ul style="list-style-type: none"> <li>•Example of Supervision/touching- The helper reminds the participant to come forward in their wheelchair before they transfer onto the toilet. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.)</li> <li>•Example of Partial/moderate- The helper provides lift off assistance for the participant to stand but the participant is able to move their feet and lower themselves to the toilet without assistance.</li> </ul>
<b>5E. Menses Care</b> - 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>(Standard 10 Point Scoring for Trigger Items)</i>	Score the level of support the participant needs to manage menses care tasks as described in the item.  If the participant is male or does not experience menses, use score "Not Applicable".  Use the scoring definitions and descriptions provided earlier in the manual to select the appropriate level of support.

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>5F. Does the participant need any equipment or devices to assist with toileting?</b> ⓘ</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No [Skip to Item 5G]</p> <p><b>Hygiene Equipment Status</b> (Select all that apply):</p>	<p>Item 5F is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected.</p> <p>If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item.</p> <p>For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. <i>For example: Megan has a mattress cover, but does not use it because it is difficult for her to put back on after washing.</i></p> <p>Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. <i>For example: Abi has trouble with incontinence while going on outings. She may benefit from incontinence briefs/pads for these situations.</i></p>
<p><b>5G. Did the participant answer items 5A and D as "Independent" or "Age Appropriate Dependence" AND 5B and C as "Never" AND 5E as "Independent" or "Age Appropriate Dependence" or "Not Applicable"?</b></p> <p><input type="radio"/> Yes [Skip to Item 5K]</p> <p><input type="radio"/> No</p>	<p>If the responses indicated that the participant is "independent" or shows "age appropriate dependence" in items 5A and D <b>AND</b> assessors scored "Never" in items 5B-C <b>AND</b> item 5E is "Independent", "Age Appropriate Dependence" or "Not applicable", assessors should mark "Yes" for 5G and skip to item 5K. If any of these responses were not "independent" or "Yes", staff should proceed to 5H and collect additional information about needs related to toileting.</p> <p>It is anticipated that the automated version of the tool would have this algorithm built in.</p>

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Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>5H. Preferences – What does the participant prefer when being supported to stay dry and clean?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bed pan only</li> <li><input type="checkbox"/> Bedside commode</li> <li><input type="checkbox"/> Female caregiver</li> <li><input type="checkbox"/> Male caregiver</li> <li><input type="checkbox"/> Pads/briefs when going out</li> <li><input type="checkbox"/> Specific products</li> <li><input type="checkbox"/> Urinal</li> <li><input type="checkbox"/> Use feminine hygiene pads/sanitary napkins</li> <li><input type="checkbox"/> Use tampons</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p>This item deals with the participant's preferences for toileting. Assessors should check all applicable options.</p>
<p><b>5I. Guidance for Workers – Age appropriate factors to consider when assisting the participant with toileting:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Able to use incontinence products</li> <li><input type="checkbox"/> Assist caregiver with transfer</li> <li><input type="checkbox"/> Aware of need to use toilet</li> <li><input type="checkbox"/> Behavioral issues</li> <li><input type="checkbox"/> Bowel/bladder program</li> <li><input type="checkbox"/> Can toilet with cueing</li> <li><input type="checkbox"/> Cannot always find bathroom</li> <li><input type="checkbox"/> Cannot change incontinence pads</li> <li><input type="checkbox"/> Cannot do own peri care</li> <li><input type="checkbox"/> Cannot empty ostomy/catheter bag</li> <li><input type="checkbox"/> Cooperates with caregiver</li> <li><input type="checkbox"/> Does not need assistance at night</li> <li><input type="checkbox"/> Experiences urgency</li> <li><input type="checkbox"/> Manages his/her own need</li> <li><input type="checkbox"/> Painful urination</li> <li><input type="checkbox"/> Refuses to use pads/briefs</li> <li><input type="checkbox"/> Unaware of need</li> <li><input type="checkbox"/> Use condom catheter as needed</li> <li><input type="checkbox"/> Wets/soils bed/furniture</li> <li><input type="checkbox"/> Workers change pads as needed</li> <li><input type="checkbox"/> Needs reminders to use/change feminine hygiene products</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p>This item deals with guidance for workers assisting the participant with toileting. This item should be used as an additional measure of the participant's abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>When you are toileting, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>5J. Is training/skill building needed to increase independence?</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe: _____</p>	<p>Document whether the participant's ability to complete the toileting process would benefit from training/skill building.</p> <p><i>An example of training/skill building is teaching a participant to improve management of his/her ostomy bag.</i></p>
<p><b>5K. Indicate the frequency of bladder incontinence:</b></p> <p><input type="radio"/> Continent (no documented incontinence) <i>(Skip to Item 5N)</i></p> <p><input type="radio"/> Continent due to existing support/program</p> <p><input type="radio"/> Stress incontinence only- bladder (e.g., when coughing or jumping)</p> <p><input type="radio"/> Incontinent less than daily</p> <p><input type="radio"/> Incontinent daily (at least once a day)</p> <p><input type="radio"/> Always incontinent</p> <p><input type="radio"/> No urine output (e.g., renal failure)</p> <p><input type="radio"/> Not applicable (e.g., indwelling catheter)</p>	<p>This item captures the occurrence and frequency of bladder incontinence. If participant is scored "continent (no documented incontinence)", skip to item 5N.</p>
<p><b>5L. Does the individual require assistance with managing equipment related to bladder incontinence (e.g., urinal, bedpan, indwelling catheter, intermittent catheterization, incontinence pads/undergarments)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> N/A</p>	<p>This item includes changing a catheter bag, use of sanitary wipes, changing briefs, use of changing pads, etc.</p> <p>Assistance can include support provided from supervision and cueing to hands on help.</p>
<p><b>5M. Is a toileting program (e.g., scheduled toileting or prompted voiding) currently being used to managed the individual's urinary continence?</b></p> <p><input type="radio"/> Yes    <input type="radio"/> No</p>	<p>Identify whether a toileting program is used to regulate/remind the participant to maintain urinary continence.</p>
<p><b>5N. Indicate the frequency of bowel incontinence:</b></p> <p><input type="radio"/> Continent (no documented incontinence) <i>(Skip to Item 6)</i></p> <p><input type="radio"/> Continent due to existing support/program</p> <p><input type="radio"/> Incontinent less than daily</p>	<p>This item captures the occurrence and frequency of bowel incontinence. If participant is scored "continent (no documented incontinence)", skip to item 6.</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<input type="radio"/> <i>Incontinent daily (at least once a day)</i> <input type="radio"/> <i>Always incontinent</i> <input type="radio"/> <i>No bowel output</i> <input type="radio"/> <i>Not applicable (e.g., indwelling catheter)</i>	
<b>50. Does the individual require assistance with managing equipment related to bowel incontinence (e.g., ostomy, incontinence pads/undergarments)?</b> <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i> <input type="radio"/> <i>N/A</i>	<p>This item includes changing a colostomy bag, use of sanitary wipes, changing briefs, use of changing pads, etc.</p> <p>Assistance can include support provided from supervision and cueing to hands on help.</p>
<b>5P. Is a bowel program currently being used to manage the individual's bowel continence?</b> <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i>	<p>Identify whether a toileting program is used to regulate/remind the participant to maintain bowel continence.</p>

## 6. Eating

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

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<b>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.</b> 🚩  <i>(Standard 10 Point Scoring for Trigger Items)</i>	<p>Think about the support needed on a typical day based on the food the participant eats. Consider the participant's preferences when eating food, such as finger foods.</p> <p>Only consider the use of utensils when it is applicable to the food.</p> <p>This item does not include the ability to modify his/her own food consistency, for example pureeing, but it does include the support needed to eat modified food.</p> <p>If the participant primarily uses tube feeding for nutrition but also eats, assessors should score the type of support needed to eat. If the participant does not take anything by mouth (NPO) the assessor should score "Not attempted due to medical condition or safety concern".</p> <p>If "Independent" or "Age Appropriate Dependence", item 6C may be skipped.</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
	<ul style="list-style-type: none"> <li>•Example of Supervision/touching- Using light touch to steady the hand as the participant brings food toward their mouth or cueing to prompt or re-direct a participant who has difficulty focusing to continue eating.</li> <li>•Example of Partial/moderate- A participant eats independently for most of the meal but becomes fatigued and requires assistance to eat the remainder of the meal.</li> <li>•Example of substantial/maximal- A participant is able to feed themselves for a small part of the meal, but requires a helper to feed them more than half of the meal.</li> </ul>
<p><b>6B. Tube feeding</b> - The ability to manage all equipment/supplies related to obtaining nutrition. ⓘ</p> <p>(Standard 10 Point Scoring for Trigger Items)</p>	<p>If the participant does not use tube feeding, score 'not applicable' and move to the next item.</p> <p>This item includes setting up the equipment, attaching tubing, adding formula, flushing the tube, checking for residuals, ensuring proper operation throughout feeding, etc.</p> <p>This item does not include stoma care.</p>
<p><b>6C. Oral Hygiene:</b> 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.] ⓘ</p> <p>(Standard 10 Point Scoring for Trigger Items)</p>	<p>Includes placing toothpaste on a toothbrush and using the toothbrush to brush teeth. Also includes denture care, if applicable.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- The participant is able to perform the mechanics of brushing their teeth on their own but requires the helper to give physical cueing on what needs to be done next.</li> <li>•Example of Substantial/maximal- The participant brushes the front half of their top dentures, but becomes tired and requires the helper to complete the back of the front dentures and all of the bottom denture for them.</li> </ul>
<p><b>6D. Does the participant have or need any adaptive equipment or devices to assist with eating?</b> ⓘ</p> <p><input type="radio"/> No [Skip to Item 6E]</p> <p><input type="radio"/> Yes</p> <p><b>Eating Equipment Status</b> (Select all that apply):</p>	<p>Item 6D is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected.</p> <p>If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item.</p> <p>For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
	<p>not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. <i>For example: Ted has dentures, but does not wear them because they do not fit his mouth well.</i></p> <p>Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors should provide a brief explanation about the need in the corresponding comments box. <i>For example: Marcia struggles to chew her food, and may benefit from a mechanically altered diet.</i></p>
<p><b>6E. Did the participant respond "Independent" or "Age Appropriate Dependence" to Item 6A AND 6C AND "Independent", "Age Appropriate Dependence", or "Not Applicable" to Item 6B?</b></p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes <a href="#">[Skip to Item 7]</a></p>	<p>If the responses indicated that the participant is "independent" or shows "age appropriate dependence" in items 6A AND 6C <b>AND</b> assessors scored "Independent", "Age Appropriate Dependence", or "Not Applicable" in item 6B, assessors should mark "Yes" for 6E and skip to Item 7. If the participant does not meet this criteria, staff should proceed to 6F and collect additional information about needs related to toileting.</p> <p>It is anticipated that the automated version of the tool would have this algorithm built in.</p>
<p><b>6F. Preferences – What does the participant prefer when eating?</b></p> <p><input type="checkbox"/> Bland diet</p> <p><input type="checkbox"/> Cold food</p> <p><input type="checkbox"/> Eat alone</p> <p><input type="checkbox"/> Eat with others present</p> <p><input type="checkbox"/> Finger foods</p> <p><input type="checkbox"/> Hot food</p> <p><input type="checkbox"/> Large portions</p> <p><input type="checkbox"/> Only eat specific foods</p> <p><input type="checkbox"/> Small portions</p> <p><input type="checkbox"/> Snacks</p> <p><input type="checkbox"/> Soft/pureed foods</p> <p><input type="checkbox"/> Use own recipes</p> <p><input type="checkbox"/> Using dentures</p> <p><input type="checkbox"/> Using a specific type of toothbrush</p> <p><input type="checkbox"/> Using a specific type of toothpaste</p>	<p>This item deals with the participant's preferences for eating. Assessors should check all applicable options.</p> <p>If "Other" is selected, the assessor should briefly describe the preference. For example, the participant may prefer certain spices, eat only kosher food, or have aversions to certain textures or consistencies when eating. Use the "other" to describe any preferences that workers should know.</p>

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Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<input type="checkbox"/> Using a specific type of denture treatment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	
<p><b>6G. Guidance for Workers – Age appropriate factors to consider when assisting the participant with eating:</b></p> <input type="checkbox"/> Behavioral issues <input type="checkbox"/> Cannot cut food <input type="checkbox"/> Can brush teeth <input type="checkbox"/> Can brush or setup denture cleaning <input type="checkbox"/> Can place dentures in mouth <input type="checkbox"/> Chewing problem <input type="checkbox"/> Choking problem <input type="checkbox"/> Cooperates with caregivers <input type="checkbox"/> Cut food into small pieces <input type="checkbox"/> Disease/symptoms interfere with performing task <input type="checkbox"/> Has a good appetite <input type="checkbox"/> Independent with equipment/adaptations <input type="checkbox"/> Manages own tube feeding <input type="checkbox"/> Monitor liquids <input type="checkbox"/> Mouth pain <input type="checkbox"/> Needs reminders to brush teeth <input type="checkbox"/> Swallowing problems <input type="checkbox"/> Participant is motivated <input type="checkbox"/> Plate to mouth assistance needed <input type="checkbox"/> Poor appetite <input type="checkbox"/> Problems with taste <input type="checkbox"/> Provide cues <input type="checkbox"/> Scalding alert <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	<p>This item deals with guidance for workers assisting the participant with eating. This item should be used as an additional measure of the participant’s abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>When you are eating, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>
<p><b>6H. Is training/skill building needed to increase independence?</b></p> <input type="radio"/> No <input type="radio"/> Yes, describe: _____	<p>Assessors should document if the participant’s ability to eat would benefit from training/skill building.</p> <p><i>An example of training/skill building is teaching a participant to use utensils to feed him/herself.</i></p>

## 7. Personal Hygiene

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

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>7A. Does the participant have unusually poor or neglected hygiene?</b> ⓘ</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes, due to support needs</li> <li><input type="radio"/> Yes, not due to support needs</li> <li><input type="radio"/> No</li> </ul>	<p>This item should not be asked to the participant and should only be responded to by assessors. It is intended to capture whether the participant may be experiencing self or caregiver-related neglect. Participants may not need support to complete the tasks identified in 7B, however not have the ability to complete the tasks given the current residence or facilities available. This information will be used to identify support needs in the Support Plan.</p> <p>“Unusually” refers to a lack of hygiene that is beyond what would be expected to maintain health and safety. For example, strong body odor, greasy or matted hair, or dirty or unclean skin.</p> <p>If the participant has unusually poor hygiene, identify if it is due to a lack of support being provided. <i>For example, if a participant needs support with bathing and has strong odor and matted hair, this may indicate that they are not receiving adequate support.</i> If this is the case, mark “Yes, due to support needs”. If the participant has adequate support and does not wish to maintain personal hygiene, mark “Yes, not due to support needs”.</p>
<p><b>7B. Personal Hygiene-</b> 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. ⓘ</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>Identify the support needed to complete activities including combing hair, shaving, applying makeup, trimming nails, applying deodorant, and washing and drying face and hands. If different support is needed across activities, code for the highest level of need under “Usual”.</p> <p>When scoring this item, only code for personal hygiene tasks not previously scored, not for bathing, washing body, or oral hygiene.</p> <p>If “Independent” or “Age Appropriate Dependence”, skip to Section 2.</p>

Assessment Item	Guidance
<b>Section 1: Activities of Daily Living</b>	
<p><b>7C. Preferences – What does the participant prefer when performing personal hygiene tasks?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assistance before bedtime</li> <li><input type="checkbox"/> Assistance in the morning</li> <li><input type="checkbox"/> Disposable razor</li> <li><input type="checkbox"/> Electric razor</li> <li><input type="checkbox"/> Hair done in a salon</li> <li><input type="checkbox"/> Prefers female caregiver</li> <li><input type="checkbox"/> Prefers male caregiver</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> None</li> </ul>	<p>This item deals with the participant’s preferences for personal hygiene. Assessors should check all applicable options.</p> <p>If “Other” is selected, the assessor should briefly describe the preference.</p>
<p><b>7D. Guidance for Workers – Age appropriate factors to consider when assisting the participant with personal hygiene:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Behavioral issues</li> <li><input type="checkbox"/> Able to brush/comb hair</li> <li><input type="checkbox"/> Cannot raise arms</li> <li><input type="checkbox"/> Aware of grooming needs</li> <li><input type="checkbox"/> Can shave him/herself</li> <li><input type="checkbox"/> Able to trim nails</li> <li><input type="checkbox"/> Able to apply make-up, lotions, etc.</li> <li><input type="checkbox"/> Cooperates with caregivers</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> None</li> </ul>	<p>This item deals with guidance for workers assisting the participant with personal hygiene. This item should be used as an additional measure of the participant’s abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>When you are doing personal hygiene tasks, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>
<p><b>7E. Is training/skill building needed to increase independence?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes, describe: _____</li> </ul>	<p>Assessors should document if the participant’s ability to complete personal hygiene tasks would benefit from training/skill building.</p> <p><i>An example of training/skill building is teaching a participant how to shave.</i></p>

## Section 2: Instrumental Activities of Daily Living (IADLs)

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

With the exception of item 1 (which includes an item on assistive devices and aids), each of the IADL items are divided into two primary components:

- **Trigger item(s)** - Each IADL contains one or more trigger items. These items document the participant's support level for each IADL on a 10-point scale, ranging from independent to dependent with additional options for not applicable and activity not attempted. If the participant is independent, the assessor should skip to the item on equipment and devices used to support the activity if the IADL collects this information. If the participant is not independent, the assessor will collect the additional information about supports and preferences as indicated below.
- **Guidance and Preferences** - These items document information about the participant's preferences for how services are delivered. Assessors should check all items that apply, however, each item does not need to be read to the participant. Assessors should ask the participant about the support he/she needs and the preferences he/she has related to how the services and supports are performed by staff and score according to this conversation.

### 1. Medication Management

Item 1 collects information about the participant's medication management. This includes the ability to prepare medications and to take the medications reliably and safely. Items 1A-C establish the participant's ability to take oral, inhalant/mist, and injectable medications. Item 1E is used to determine whether additional information should be collected about medication management supports.

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<b>1A. Medication management - oral medication:</b> <i>The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.</i> ⓘ	Items 1A-C are to be used to gauge the supports needed to manage a variety of medications. Consider medications that are used usually or routinely by the participant. Do not include medications that are used less than monthly and medication that have limited duration such as antibiotics for a sinus infection.
<b>1B. Medication management - inhalant/mist medications:</b> <i>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.</i> ⓘ	Responses to these items should be based on whether the participant uses the medication. If yes, score based on the supports needed to manage the medication. If no, use the "Not applicable" response.  Do not include medications that are administered through a feeding tube.
<b>1C. Medication management-injectable medications:</b> <i>The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.</i> ⓘ	This item includes remembering or having a system so that medications are taken at the appropriate times/intervals. The use of timers, pill boxes, and/or other assistive devices does not affect the coding choice.  Scoring should be based on the level of support needed.

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
	<ul style="list-style-type: none"> <li>•Example of setup or cleanup- A helper fills a pill box for the participant at the beginning of each week, but provides no other assistance.</li> <li>•Example of Supervision/touching- A helper reminds the participant to take their medications and stands by to ensure the participant completes the task.</li> <li>•Example of Partial/moderate- A helper opens the pill bottle and places the pill in the participant’s hand who is then able to place it in their mouth and swallow it with water.</li> <li>•Example of substantial/maximal- The helper opens the pill bottle, places the pill in the participant’s hand, and helps them drink from a cup of water to swallow the pill. The participant is able to place the pill in their mouth.</li> <li>•Example dependent- The helper places the pill in the participant’s mouth, holds a cup as the participant sips liquid through a straw to swallow the pill and is responsible for giving the participant their medication at the appropriate time and correct dosage.</li> </ul>
<p><b>1D. Does the participant have or need any adaptive equipment or devices to assist with managing medications?</b> ⓘ</p> <p><input type="radio"/> No [Skip to Item 1E]</p> <p><input type="radio"/> Yes</p> <p><b>Medication Equipment Status</b> (Select all that apply):</p> <ul style="list-style-type: none"> <li>• CompuMed</li> <li>• Medi-minder</li> <li>• Medi-set</li> <li>• Pill crusher</li> <li>• Pill cutter</li> <li>• Specialized medical equipment</li> <li>• Syringe</li> <li>• Other:</li> <li>• Other:</li> </ul>	<p>Item 1D is a mandatory item and serves as a trigger item to determine whether additional information about adaptive equipment should be collected.</p> <p>If the participant does not currently have any adaptive equipment or does not need any equipment, the equipment table can be skipped. However, if the participant has adaptive equipment (regardless of usage) or has the need for adaptive equipment, assessors should complete the second portion of this item.</p> <p>For each aid or device that the participant has, assessors should indicate whether the participant has the device and it is available or unsuitable or if the device is needed but not available. If the participant needs additional support or training to use the aid or device, assessors should provide an explanation in the corresponding comments box. <i>For example: Arielle has a pill cutter, but is not able to accurately cut her medication.</i></p> <p>Assessors should also indicate each aid or device that the participant does not have but may need. Assessors do not need to review the entire list of items with the participant, but should indicate items that the participant, caregiver, and/or staff believe the participant needs in order to improve functioning. For each selected item, assessors</p>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
	should provide a brief explanation about the need in the corresponding comments box. <i>For example: Shelley has trouble remembering to take her medication. A Medi-minder may be a good way to address this.</i>
<p><b>1E. Did the participant respond to items 1A, B, and C as "Independent" or "Age Appropriate Dependence"?</b></p> <p><input type="radio"/> Yes [Skip to Item 2]    <input type="radio"/> No</p>	<p>If the responses indicated that participant is "independent" or has "age appropriate dependence" in items 1A-C, assessors should mark "Yes" and skip to item 2.</p> <p>If responses for items 1A-C were not all "independent" or "age appropriate dependence", staff should proceed to 1F and collect additional information about needs related to medication management.</p>
<p><b>1F. Preferences – What does the participant prefer related to medication management?</b></p> <p><input type="checkbox"/> Keep meds in room</p> <p><input type="checkbox"/> Medications delivered</p> <p><input type="checkbox"/> Pre-filled syringe</p> <p><input type="checkbox"/> Use a pill box</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p>This item deals with the participant's preferences for medication management. Assessors should check all applicable options.</p>
<p><b>1G. Guidance for Workers – Age appropriate factors to consider when assisting the participant with medication:</b></p> <p><input type="checkbox"/> Able to manage multiple medications</p> <p><input type="checkbox"/> Able to put medications in mouth</p> <p><input type="checkbox"/> Able to use/give own injections</p> <p><input type="checkbox"/> Aware of frequency &amp; dosages</p> <p><input type="checkbox"/> Aware of potential side effects</p> <p><input type="checkbox"/> Behavioral issues</p> <p><input type="checkbox"/> Cannot crush pills</p> <p><input type="checkbox"/> Cannot open containers</p> <p><input type="checkbox"/> Cannot fill syringe</p> <p><input type="checkbox"/> Cannot swallow whole pills</p> <p><input type="checkbox"/> Cue to swallow medications</p> <p><input type="checkbox"/> Disease/symptoms interfere with performing task</p> <p><input type="checkbox"/> Doesn't take medications due to cost</p> <p><input type="checkbox"/> Does not use correct dosage</p> <p><input type="checkbox"/> Forgets to refill medications</p> <p><input type="checkbox"/> Forgets to take medication</p> <p><input type="checkbox"/> Has multiple prescriptions</p>	<p>This item deals with guidance for workers assisting the participant with managing medications. This item should be used as an additional measure of the participant's abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>In terms of managing medications, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>

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Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Inform participant of each medication given</li> <li><input type="checkbox"/> Organize/Label medications</li> <li><input type="checkbox"/> Put medications in lock box</li> <li><input type="checkbox"/> Place medication in participant's hand/mouth</li> <li><input type="checkbox"/> Read labels to participant</li> <li><input type="checkbox"/> Reorder medication</li> <li><input type="checkbox"/> Resistive to medication. Requires special handling (describe): _____</li> <li><input type="checkbox"/> Takes medications as prescribed</li> <li><input type="checkbox"/> Takes outdated or expired medications</li> <li><input type="checkbox"/> Unable to read labels</li> <li><input type="checkbox"/> Understands purpose of medication</li> <li><input type="checkbox"/> Uses multiple pharmacies</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> </ul>	
<p><b>1H. Is training/skill building needed to increase independence?</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe: _____</p>	<p>Assessors should document if the participant's ability to manage medications would benefit from training/skill building.</p> <p><i>For example, Myron would benefit from learning how to use a pill container to keep his/her medications organized.</i></p>

## 2. Making a Light Meal

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

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<p><b>2A. Make a light cold meal</b> - The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal or a sandwich and cold drink. ⓘ</p>	<p>The examples provided in the item language are not definitive examples. Assessors should consider all aspects of making a light cold meal. Consider the ability to pour, cut and mix or similar tasks that may be needed to prepare a light cold meal.</p> <p>This item includes modified textures and food preparation specific to a medically necessary dietary need.</p> <ul style="list-style-type: none"> <li>•Example of setup or cleanup- A helper taking out the bread and other ingredients for a sandwich. The participant is then able to complete the sandwich with no additional help.</li> </ul>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
	<ul style="list-style-type: none"> <li>•Example of Supervision/touching- A helper providing touching assistance for balance while participant makes a sandwich.</li> <li>•Example of Partial/moderate- If the helper cuts an onion for a salad but the participant prepares the rest of it without help.</li> <li>•Example of substantial/maximal- If the participant reports getting a cold drink and a piece of fruit themselves and the helper prepares the sandwich (getting out the bread, lunchmeat, and condiments, spreading mustard on the bread, putting lunchmeat on the bread, cutting and putting tomato and lettuce on the sandwich) this item will likely be coded 02 – Substantial/maximal assistance. However, if the participant views the amount of helper assistance as less than half the effort use code 03 – Partial/moderate assistance.</li> </ul>
<p><b>2B. Make a light hot meal - The ability to plan and prepare all aspects of a light hot meal such as a bowl of soup and reheating a prepared meal.</b> 🕒</p>	<p>The examples provided in the item language are not definitive examples. Assessors should consider all aspects of making a light meal. Consider using a microwave, stove or oven to cook or reheat food items. Also consider the ability to pour, cut and mix or similar tasks that may be needed to prepare a light meal.</p> <p>This item includes modified textures and food preparation specific to a medically necessary dietary need.</p> <p>Does not include more complex meals, such as preparing a Thanksgiving dinner, making bread from scratch, etc.</p> <p>If meals are prepared by a helper, use probing questions to determine if this is due to the participant’s lack of ability or lack of interest. In situations where the participant reports the ability to complete a task but observation suggests otherwise, use probing questions and available written reports to inform scoring.</p> <ul style="list-style-type: none"> <li>•Example of setup or cleanup- The helper takes the frozen dinner from the freezer, removes the packaging, and places the dinner on the counter but provides no additional assistance.</li> <li>•Example of Supervision/touching- At the end of the task, helper verbally cues the participant to turn off the burner used to heat soup. (The participant requires someone to</li> </ul>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
	<p>be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.)</p> <ul style="list-style-type: none"> <li>•Example of substantial/maximal- The participant pours soup into a pan and turns on the burner to heat it but the helper opens the can of soup, stirs it, turns off the burner, pours it into a bowl and prepares toast to go with it.</li> </ul>
<p><b>2C. Did the participant respond to items 2A and B as “Independent” or “Age Appropriate Dependence”?</b></p> <p><input type="radio"/> Yes [Skip to Item 3]    <input type="radio"/> No</p>	<p>If the responses indicated that participant is “independent” or has “age appropriate dependence” in items 2A &amp; B, assessors should mark “Yes” and skip to item 3.</p> <p>If responses for items 2A &amp; B were not all “independent” or “age appropriate dependence”, staff should proceed to 2D and collect additional information about needs related to medication management.</p>
<p><b>2D. Preferences – What does the participant prefer related to meal preparation?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bland diet</li> <li><input type="checkbox"/> Foods from my culture</li> <li><input type="checkbox"/> Fresh fruits and vegetables</li> <li><input type="checkbox"/> Home-cooked meals</li> <li><input type="checkbox"/> Home delivered meals</li> <li><input type="checkbox"/> Kosher diet</li> <li><input type="checkbox"/> Large portions</li> <li><input type="checkbox"/> Smaller meals, more than three times per day</li> <li><input type="checkbox"/> Other religious/ethnic foods</li> <li><input type="checkbox"/> Salt-free foods</li> <li><input type="checkbox"/> Small portions</li> <li><input type="checkbox"/> Sugar-free foods</li> <li><input type="checkbox"/> Vegan diet</li> <li><input type="checkbox"/> Vegetarian diet</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Other</li> </ul>	<p>This item deals with the participant’s preferences for meal preparation. Assessors should check all applicable options.</p>
<p><b>2E. Guidance for Workers – Age appropriate factors to consider when assisting the participant with preparing meals:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assists with meals</li> <li><input type="checkbox"/> Aware of food allergies</li> <li><input type="checkbox"/> Behavioral issues</li> <li><input type="checkbox"/> Can prepare a simple meal</li> <li><input type="checkbox"/> Can prepare food with cueing</li> </ul>	<p>This item deals with guidance for workers assisting the participant with meal preparation. This item should be used as an additional measure of the participant’s abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<input type="checkbox"/> Can use the microwave <input type="checkbox"/> Cannot cut/peel/chop <input type="checkbox"/> Cannot plan meals <input type="checkbox"/> Directs caregiver to prepare meal <input type="checkbox"/> Disease/symptoms interfere with performing task <input type="checkbox"/> Does not know how to cook <input type="checkbox"/> Food allergies <input type="checkbox"/> Has accessible kitchen <input type="checkbox"/> Keeps spoiled food <input type="checkbox"/> Label/organize food products <input type="checkbox"/> Leaves burners on <input type="checkbox"/> Makes good meal choices <input type="checkbox"/> Make food accessible to participant <input type="checkbox"/> Prepare all meals <input type="checkbox"/> Prepare meals for participant to reheat <input type="checkbox"/> Prepare special diet <input type="checkbox"/> Special diet <input type="checkbox"/> Work out a menu with participant <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p>To begin this conversation, assessors can use the following prompt:  <i>What is most important to you to have workers or other supports help you with in terms of preparing your meals?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>
<p><b>2F. Is training/skill building needed to increase independence?</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe: _____</p>	<p>Document whether the participant's ability to complete meal preparation would benefit from training/skill building.</p> <p><i>For example, Mary needs training on how to put together a more balanced meal.</i></p>

### 3. Housework

This item collects information about the participant's ability to perform tasks related to housework, including maintaining his/her living environment and doing laundry. The first two items are mandatory, and item 3C is used to triage whether assessors should collect additional support information.

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<p><b>3A. Light daily housework-</b> <i>The ability to complete light daily housework to maintain a safe home environment such that the person is not at risk for harm within their home. Examples include wiping counter tops or doing dishes.</i> ⓘ</p>	<p>When responding, consider typical, day-to-day tasks that are completed to ensure a clean living area, including wiping counter tops, doing dishes, and dusting, setting and clearing a table.</p> <p>Focus on housework that is traditionally performed on a daily or near daily basis. Do not include heavier housework, such as cleaning gutters or bathroom.</p>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
	<ul style="list-style-type: none"> <li>•Example of setup or cleanup- A helper gets out a cloth and furniture polish and the participant dusts with no additional assistance.</li> <li>•Example of Partial/moderate- The participant is able wipe countertops, dust, set and clear the table but is unable to load or unload the dishwasher due to limited standing tolerance and arm weakness.</li> <li>•Example of substantial/maximal- The participant is able to do a few light household tasks but depends on family for most light housework.</li> </ul>
<p><b>3B. Heavier periodic housework:</b> <i>The ability to complete heavier periodic housework to maintain a safe home environment such that the person is not at risk for harm within their home. Examples include doing laundry, vacuuming, cleaning bathroom. Items skipped if participant is less than age 8</i></p>	<p>These activities, compared to the previous item's activities, involve more lifting and maneuvering which may require more strength and ambulation. When responding to this item, consider intermittent chores that would traditionally be performed once per week or month. It may be helpful to use the examples in the item when prompting the participant's response.</p> <ul style="list-style-type: none"> <li>•Example of setup or cleanup- The participant completes heavy housework but needs a family member to carry the vacuum up to the second floor. No assistance is needed during the cleaning.</li> <li>•Example of Partial/moderate- The participant is able to do laundry, vacuuming, and the majority of other housework with the exception of cleaning the tub.</li> <li>•Example of substantial/maximal- The participant does a few or portions of heavier periodic housework but a helper does more than half of the tasks.</li> </ul>
<p><b>3C. Did the participant respond to items 3A AND B as "Independent" or "Age Appropriate Dependence"?</b>  <input type="radio"/> Yes [Skip to Item 4]    <input type="radio"/> No</p>	<p>If the responses indicated that the participant is "independent" or "age appropriate dependence" in items 3A-B, assessors should mark "Yes" and skip to item 4. If responses for items 3A-B were not all "independent", staff should proceed to 3D and collect additional information about needs related to housework.</p>
<p><b>3D. Preferences – What does the participant prefer when performing housework?</b></p> <p><input type="checkbox"/> Likes a neat house  <input type="checkbox"/> Wants items left where they are  <input type="checkbox"/> Other:  <input type="checkbox"/> Other:</p>	<p>This item deals with the participant's preferences for housework. Assessors should check all applicable options.</p>
<p><b>3E. Guidance for Workers – Age appropriate factors to consider when assisting the participant with performing housework:</b></p>	<p>This item deals with guidance for workers assisting the participant with housework. This item should be used as an additional measure of the participant's abilities and</p>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<input type="checkbox"/> Able to make bed <input type="checkbox"/> Able to sweep <input type="checkbox"/> Allergies to dust, pollen, etc. <input type="checkbox"/> Behavioral issues <input type="checkbox"/> Can do dishes <input type="checkbox"/> Can do light housekeeping <input type="checkbox"/> Can do light laundry <input type="checkbox"/> Can fold clothes <input type="checkbox"/> Can instruct caregiver <input type="checkbox"/> Can take out garbage <input type="checkbox"/> Can wash windows <input type="checkbox"/> Cannot make or change bedding <input type="checkbox"/> Cannot operate washer/dryer <input type="checkbox"/> Cannot see when surfaces need cleaning <input type="checkbox"/> Change/wash linens weekly <input type="checkbox"/> Cue to perform tasks <input type="checkbox"/> Disease/symptoms interfere with performing task <input type="checkbox"/> Staff should dust/vacuum as needed <input type="checkbox"/> Has chemical sensitivities <input type="checkbox"/> Mow lawn as needed <input type="checkbox"/> Shovel snow as needed <input type="checkbox"/> Sweep/mop floors as needed <input type="checkbox"/> Take out garbage <input type="checkbox"/> Unaware of need <input type="checkbox"/> Other <input type="checkbox"/> Other	<p>support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>In terms of housework, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>
<p><b>3F. Is training/skill building needed to increase independence?</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe: _____</p>	<p>Document whether if the participant’s ability to complete housework would benefit from training/skill building.</p> <p><i>For example, helping the participant to better understand the functions and use of a new washer/dryer would assist in helping the participant save time and energy with maintaining clothing and home items.</i></p>

#### 4. Telephone Use

Item 4 collects information about the participant’s ability to use the phone, including answering and placing calls. The first two items are mandatory, and item 4C is used to triage whether assessors should collect additional support information.

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<p><b>4A. Telephone-Answering:</b> <i>The ability to answer call in person’s customary manner</i></p>	<p>Identify whether the participant is able to answer a phone call, including activating the phone for the call by pushing</p>

Assessment Item	Guidance
<p><b>Section 2: Instrumental Activities of Daily Living</b></p> <p><i>and maintain for 1 minute or longer. Does not include getting to the phone. ⓘ</i></p>	<p>the answer button, and carry on a conversation for one minute or more.</p> <p>Only consider the ability to communicate on the phone, not the time or effort that it takes to get to the phone.</p> <ul style="list-style-type: none"> <li>•Example of setup or cleanup- If a helper must place the phone in a particular place for the participant to access it, code this item 05 – Set up and clean up assistance.</li> <li>•Example of Supervision/touching- If a helper provides verbal cues to encourage the participant to stay engaged in the call for one minute or more. The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.</li> <li>•Example of Partial/moderate- A helper is needed to place the phone on speaker but the participant completes the other parts of answering a call.</li> <li>•Example of substantial/maximal- The helper picks up the phone and holds it to the participant’s ear while they engage on the call for one minute or more.</li> </ul>
<p><b>4B. Telephone-placing call:</b> <i>The ability to place call in participant’s customary manner and maintain for 1 minute or longer. Does not include getting to the phone. ⓘ</i></p>	<p>Identify whether the participant is able to make a phone call, including dialing the number and placing the call, and carry on a conversation for one minute or more.</p> <p>Only consider the ability to place and communicate the phone, not the time or effort that it takes to get to the phone.</p> <ul style="list-style-type: none"> <li>•Example of setup or cleanup- The participant requires the helper to set up the phone in a particular place for the participant to access it.</li> <li>•Example of Partial/moderate- The helper dials the number but the participant is able to talk on the phone and hang up with no assistance.</li> <li>•Example of substantial/maximal- The helper dials the phone and holds it for the participant but provides no further assistance.</li> </ul>
<p><b>4C. Did the participant respond to items 4A and B as Independent or “Age Appropriate Dependence”?</b></p> <p><input type="radio"/> Yes [Skip to Item 5]</p> <p><input type="radio"/> No</p>	<p>If the responses indicated that the participant is “independent” or “age appropriate dependent” in items 4A-B, assessors should mark “Yes” and skip to item 5. If responses for items 4A-B were not all “independent”, staff should proceed to 4D and collect additional information about needs related to phone use.</p>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<p><b>4D. Guidance for Workers – Age appropriate factors to consider when assisting the participant with using the telephone:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Answer telephone for participant</li> <li><input type="checkbox"/> Assist with TDD/TTY</li> <li><input type="checkbox"/> Behavioral issues</li> <li><input type="checkbox"/> Can take messages</li> <li><input type="checkbox"/> Can use PERS</li> <li><input type="checkbox"/> Can use phone book/411 service</li> <li><input type="checkbox"/> Can use relay service</li> <li><input type="checkbox"/> Can use speaker phone</li> <li><input type="checkbox"/> Cannot dial phone</li> <li><input type="checkbox"/> Cannot get to phone</li> <li><input type="checkbox"/> Cannot hear phone ringing</li> <li><input type="checkbox"/> Difficulty hearing/understanding callers</li> <li><input type="checkbox"/> Disease/symptoms interfere with performing task</li> <li><input type="checkbox"/> Leave phone within reach of participant</li> <li><input type="checkbox"/> No telephone</li> <li><input type="checkbox"/> Set up speed dial</li> <li><input type="checkbox"/> Set up voice-activated dialing</li> <li><input type="checkbox"/> Other:</li> <li><input type="checkbox"/> Other:</li> </ul>	<p>This item deals with guidance for workers assisting the participant with using the telephone. This item should be used as an additional measure of the participant’s abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>In terms of using the telephone, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>
<p><b>4E. Is training/skill building needed to increase independence?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes, describe: _____</li> </ul>	<p>Document whether the participant’s ability to use the phone would benefit from training/skill building.</p> <p><i>An example of training/skill building is teaching the participant how to procure and use a cell phone.</i></p>

## 5. Shopping

Item 5 collects information about the participant’s ability to shop once at the store. The first item is mandatory, and if the participant is independent, assessors can skip to the next IADL. However, if the participant needs support to shop, the assessor will use the remainder of the items to collect preferences, guidance for workers, and any additional training needs. **Items skipped if participant is younger than age 10.**

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<p><b>5A. Light Shopping</b> - <i>Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction.</i> </p>	<p>This item includes interactions with store personnel to locate and select the needed products, taking the cart or basket to the checkout stand, and paying for the items.</p>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
	<p>This item does not include making/writing a shopping list, budgeting, or interactions with the public other than what is needed to complete shopping.</p> <p>Transportation is not included in this item.</p> <p>If the "Independent" or "Age appropriate dependence", skip to item 6.</p> <ul style="list-style-type: none"> <li>•Example of setup or cleanup- A helper ensures that the participant takes their debit card and shopping list to the store but does not need to go with them to supervise.</li> <li>•Example of Supervision/touching- A participant is able to locate and gather the items and bring them to the check out line, but requires verbal cues from a helper to pay for the items. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.)</li> <li>•Example of Partial/moderate- A helper is needed to carry a basket with five items to the checkout but the participant completes the other elements of the task.</li> </ul>
<p><b>5B. Preferences – What does the participant prefer when shopping?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shop at a specific store</li> <li><input type="checkbox"/> Shop weekly</li> <li><input type="checkbox"/> Specialty items</li> <li><input type="checkbox"/> Use coupons</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Other</li> </ul>	<p>This item deals with the participant's preferences for shopping. Assessors should check all applicable options.</p>
<p><b>5C. Guidance for Workers – Age appropriate factors to consider when assisting the participant with shopping:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Able to arrange transportation</li> <li><input type="checkbox"/> Able to budget income and expenses</li> <li><input type="checkbox"/> Able to communicate with store personnel</li> <li><input type="checkbox"/> Arrange to have groceries delivered</li> <li><input type="checkbox"/> Behavioral issues</li> <li><input type="checkbox"/> Can carry small items</li> <li><input type="checkbox"/> Can navigate within the store</li> <li><input type="checkbox"/> Can see/identify needed items</li> <li><input type="checkbox"/> Cannot carry heavy items</li> <li><input type="checkbox"/> Cannot reach items</li> </ul>	<p>This item deals with guidance for workers assisting the participant with shopping. This item should be used as an additional measure of the participant's abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:  <i>In terms of shopping, what is most important to you to have workers or other supports help you with?</i></p>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<input type="checkbox"/> Cannot read labels <input type="checkbox"/> Cannot see/locate items <input type="checkbox"/> Cannot shop online <input type="checkbox"/> Disease/symptoms interfere with performing task <input type="checkbox"/> Do all shopping for participant <input type="checkbox"/> Guide participant within store, find/describe items <input type="checkbox"/> Help participant make grocery list <input type="checkbox"/> Label items <input type="checkbox"/> Read labels to participant <input type="checkbox"/> Staff put items away <input type="checkbox"/> Take participant to store <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>
<p><b>5D. Is training/skill building needed to increase independence?</b></p> <input type="radio"/> No <input type="radio"/> Yes, describe: _____	<p>Assessors should document if the participant’s shopping abilities would benefit from training/skill building. An example of training/skill building is teaching the participant how to access public transportation.</p>

## 6. Money Management

Item 6 collects information about the participant’s ability manage money and make budgeting and financial decisions. The first item is mandatory, and if the participant is independent, assessors can skip to Section 3. However, if the participant needs support to manage finances, the assessor will use the remainder of the items to collect preferences, guidance for workers, and any additional training needs. **Item is skipped if participant is younger than age 8.**

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<p><b>6A. Simple financial management:</b> <i>The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, online/mobile bill pay, banking, or shopping.</i> ⓘ</p> <p><i>For participants &lt;18, skip to Item 6C.</i></p>	<p>This item includes several aspects of conducting a transaction, including recognizing the amount due, providing the correct change and verifying that it is correct, and writing a check. Focus on these more simple tasks, and do not extrapolate for budgeting in this item.</p> <p>Do not include transportation to place of business or selecting items to purchase as part of the response.</p> <p>If “Age Appropriate Dependence”, skip to item 7.</p> <ul style="list-style-type: none"> <li>•Example of independent- Paying a cashier at a store with cash, writing a check or using credit/debit card would be coded 06 – Independent if the participant paid for new shoes in the past 3 days with a credit card with no assistance, but chose this method due to difficulties using</li> </ul>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
	<p>paper money and coins. The participant is still able to complete purchases without assistance, despite difficulties with other methods of payment.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- The participant requires verbal cues from a helper to select the appropriate amount of money from their wallet to pay a cashier.</li> <li>•Example of Partial/moderate- If during the past month, the participant used his credit card for most purchases but had to pay for a haircut with a check and required a helper to fill in most of the check then the item is coded 03 – Partial/moderate assistance for the past 30 days as the helper is assisting with one of the tasks encompassed by this item.</li> <li>•Example of substantial/maximal- The participant can sign checks but needs assistance from a helper to fill in the information, requires frequent assistance to use cash and occasional assistance to use their credit card correctly.</li> </ul>
<p><b>6B. Complex financial management:</b> <i>The ability to complete financial decision-making such as budgeting and remembering to pay bills.</i> ⓘ</p>	<p>This item may not have been completed in the last 3 days. In this instance, use code 09. This item can include creating a weekly budget, paying rent and other bills.</p> <p>This item should be skipped if the participant is under age 18.</p> <ul style="list-style-type: none"> <li>•Example of Supervision/touching- The participant requires verbal cues when paying bills to ensure each check is complete and the bill is placed in the correct envelope.</li> <li>•Example of substantial/maximal- The participant signs checks and places bills in envelopes but the helper fills in the checks and manages the participant’s budget.</li> </ul>
<p><b>6C. Guidance for Workers – Age appropriate factors to consider when assisting the participant with finances:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Arrange credit counseling</li> <li><input type="checkbox"/> Balance checkbook monthly</li> <li><input type="checkbox"/> Behavioral issues</li> <li><input type="checkbox"/> Can use EBT card</li> <li><input type="checkbox"/> Can use debit card</li> <li><input type="checkbox"/> Can write checks and pay bills</li> <li><input type="checkbox"/> Cannot see/read bills or account information</li> <li><input type="checkbox"/> Contact POA regarding finance issues</li> </ul>	<p>This item deals with guidance for workers assisting the participant with finances. This item should be used as an additional measure of the participant’s abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt:</p>

Assessment Item	Guidance
<b>Section 2: Instrumental Activities of Daily Living</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty keeping up with paperwork to maintain eligibility for health care and other benefits</li> <li><input type="checkbox"/> Difficulty differentiating between needs /wants</li> <li><input type="checkbox"/> Disease/symptoms interfere with performing task</li> <li><input type="checkbox"/> Has a payee</li> <li><input type="checkbox"/> Has direct deposit</li> <li><input type="checkbox"/> Has guardian</li> <li><input type="checkbox"/> Has POA</li> <li><input type="checkbox"/> Has conservator</li> <li><input type="checkbox"/> Has representative payee</li> <li><input type="checkbox"/> Needs POA</li> <li><input type="checkbox"/> Hides money</li> <li><input type="checkbox"/> Pay bills for participant</li> <li><input type="checkbox"/> Setup automatic payment plan</li> <li><input type="checkbox"/> Needs assistive/adaptive equipment to see paperwork</li> <li><input type="checkbox"/> Set up budget for participant</li> <li><input type="checkbox"/> Set up utility payment plan</li> <li><input type="checkbox"/> Vulnerable to financial exploitation</li> <li><input type="checkbox"/> Will not pay bills</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><i>In terms of managing your finances, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>
<p><b>6D. Is training/skill building needed to increase independence?</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe: _____</p>	<p>Assessors should document if the participant's financial management abilities would benefit from training/skill building.</p> <p><i>An example of training/skill building is teaching the participant how to balance a checkbook or use online bill pay.</i></p>

## 7. Managing and using technology

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

<p><b>7A. Managing and using technology:</b> The ability to use and manage technology, including computers and tablets. Includes the ability to access the Internet.</p>	<p>Consider the technology the participant typically uses, such as video games, smart phone, tablet, laptop, or desktop computer. Include the ability to turn on, operate, access the internet, and turn off the machine.</p>
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	<p>If the participant does not typically use any of these devices, discuss his/her level of comfort and perceived level of support needed to operate technology in order to access the internet. If he/she does not require support because technology is not used, mark Activity not attempted-participant refused.</p> <p>If "Independent" or "Age appropriate dependence", skip to Section 3.</p>
<p><b>7B. Guidance for Workers – Age appropriate factors to consider when assisting the participant with technology:</b></p> <p><input type="checkbox"/> Can use tablet (e.g., iPad)</p> <p><input type="checkbox"/> Can use computer</p> <p><input type="checkbox"/> Can access the internet where available</p> <p><input type="checkbox"/> Can use a mouse or other remote operating device</p> <p><input type="checkbox"/> Able to use device for work/school</p> <p><input type="checkbox"/> Needs specific support in using the device (e.g., turning on, open specific application, charging)</p> <p><input type="checkbox"/> Does not like others to use device</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>	<p>This item deals with guidance for workers assisting the participant with technology. This item should be used as an additional measure of the participant's abilities and support needs, and will help inform workers how best to work with the participant.</p> <p>Assessors should score this item based on observations, conversations throughout the assessment, and discussion with the participant. Check all that apply.</p> <p>To begin this conversation, assessors can use the following prompt: <i>In terms of using technology and looking things up on the internet, what is most important to you to have workers or other supports help you with?</i></p> <p><b>Note:</b> Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the participant. Document what the participant shares.</p>
<p><b>7C. Is training/skill building needed to increase independence?</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe: _____</p>	<p>Assessors should document if the participant's ability to use technology would benefit from training/skill building. An example of training/skill building is teaching the participant how to use a modified tablet to accommodate functional needs.</p>

### Section 3: Referrals and Goals

Section 3 includes items that should be reviewed and/or acted upon as part of support planning.

Assessment Item	Guidance
<b>Section 3: Referrals and Goals</b>	
<b>1. What is important to the individual?</b>	This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections in this module, the assessor can bring these back up with the participant and talk about their importance.

Assessment Item	Guidance
<b>Section 3: Referrals and Goals</b>	
	<p>The assessor may need to prompt the participant. The following is an example of discussion or questions that might be posed.</p> <p><i>Ted, you mentioned you would like help with balancing your checkbook and planning your monthly budget. What can we do to help you accomplish this?</i></p>
<p><b>2. Referrals needed for ADLs (Select all that apply):</b> ⓘ</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assistance with Personal Care</li> <li><input type="checkbox"/> Assistive Technology</li> <li><input type="checkbox"/> Behavioral Therapy</li> <li><input type="checkbox"/> Environmental Accessibility Consultation</li> <li><input type="checkbox"/> Equipment and Supplies</li> <li><input type="checkbox"/> Home Health</li> <li><input type="checkbox"/> Nutritionist/Dietician</li> <li><input type="checkbox"/> Occupational Therapist</li> <li><input type="checkbox"/> Physical Therapist</li> <li><input type="checkbox"/> Primary Health Care Provider</li> <li><input type="checkbox"/> Speech/Language Therapy</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> None</li> </ul>	<p>This is a mandatory item. Check all that apply.</p>
<p><b>3. Referrals needed for IADLs (Select all that apply):</b> ⓘ</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assistive Technology</li> <li><input type="checkbox"/> Equipment and Supplies</li> <li><input type="checkbox"/> Housekeeping</li> <li><input type="checkbox"/> Community Agency: _____</li> <li><input type="checkbox"/> Medication Management</li> <li><input type="checkbox"/> Money Management</li> <li><input type="checkbox"/> Occupational Therapist</li> <li><input type="checkbox"/> Physical Therapist</li> <li><input type="checkbox"/> Primary Health Care Provider</li> <li><input type="checkbox"/> Skilled Nurse or Aide Visits</li> <li><input type="checkbox"/> Shopping Assistance</li> <li><input type="checkbox"/> Telephone Equipment Assistance</li> <li><input type="checkbox"/> Transportation Services</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> None</li> </ul>	<p>This is a mandatory item. Check all that apply.</p>
<p><b>4. Assessed Needs and Support Plan Implications:</b></p>	<p>This item allows the assessor to summarize needs and implications for support planning.</p>

Assessment Item	Guidance
<b>Section 3: Referrals and Goals</b>	
	<i>For example: Jill is having problems getting dressed in the morning. She is able to bathe herself, but has difficulties moving her arms over her head and using buttons and zippers.</i>
<b>5. 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.</b>	Describe any recommendations for improving the assessment module or training, including adding/removing items or items that require further clarification.