Health Module Training Manual

COLORADO LONG TERM SERVICES AND SUPPORTS (LTSS ASSESSMENT) TOOL

COLORADO
Department of Health Care Policy & Financing

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Health Module – Training

Purpose

The purposes of the Health module of the Assessment Tool are to identify health issues and risks to the participant's safety as a result of health issues; identify the type and amount of support (e.g., treatments, therapies, medications) the participant currently receives to address health and safety issues; and identify additional services and supports that should be addressed during support planning.

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

Overview of Contents

The Health module is divided into 14 sections:

1. **Medical Services -** This section includes a list of medical services that the participant has received in the past six months. It provides an opportunity for assessors to gain an overview of the participant's recent health needs, and opens the conversation about health issues.
2. **Health Care Provider Information -** This section allows assessors to collect information on all of the participant's current health care providers, including the mandatory collection of information about the Primary Care Provider.
3. **General Health -** This section collects information about the general health of the participant, including allergies and height/weight.
4. **Risk Screen -** This section reviews a broad range of topics that deal with potential risks that may indicate the participant has unmet health needs or risks. These items will be used to inform support planning and address unmet needs.
5. **Medications –** This section documents all medications the participant currently takes, both prescription and over the counter. It also collects detailed information about prescription medication, including dose, frequency, and whether the medication is taken for psychotropic reasons. In addition to providing a concise location for all medications, the Department hopes to use this information in the future to help identify potential problematic drug interactions that should be addressed.
6. **Health Conditions and Diagnoses -** This section is divided into two primary components. The first is documenting all health conditions the participant ever has been diagnosed with, diagnoses that are currently active or have been in the last yaer, whether the condition affects his/her functioning, whether the participant is receiving treatment for the condition, and if there should be additional follow-up or referral. The second component of this section is documenting information about the risk of developing pressure ulcers and whether the participant has any other wound or skin conditions.
7. **Surgeries –** This section collects information about surgeries the participant has had that impact current functioning and/or quality of life. This does not include minor surgeries that have minimal effect on functioning and/or quality of life.
8. **Treatments and Monitoring -** This section collects information about special treatments the participant is currently receiving, such as scheduled toileting, pacemaker, bowel program, ostomy care, oxygen therapy, g-tube, or dialysis. Assessor should document each

treatment/monitoring and collect information about who it is performed by, whether the caregiver is able to perform the treatment/monitoring, and a brief description of the treatment/monitoring.

9. **Therapies -** This section contains a list of a variety of therapies, and assessors should document each type of therapy the participant is currently receiving, who it is performed by, whether the caregiver is able to perform the therapy, and a brief description of the therapy. There is also an option "Therapy needed but is not being received", which allows assessors to flag therapies that should be addressed during support planning.
10. **Assessment of Feet -** This section provides a brief assessment of the participant's foot issues and whether there are issues that should be addressed during support planning. This section will be used only with participants age 18 and older.
11. **Assessment of Pain –** This section collects information about pain the participant may be experiencing, including frequency, intensity, and effect on sleep and activities. This section also includes an observational assessment for assessors to document pain concerns that are not explicitly vocalized (e.g., non-verbal sounds, facial expressions).
12. **Assessment of Sleep -** This section provides a brief assessment of the participant's sleep issues and whether there are issues that should be addressed during support planning.
13. **HELPS Brain Injury Screen -** This section serves as a brief screen for participants who may have undiagnosed brain injuries. All participants not diagnosed with a brain injury will be asked about injuries they have had involving their head and other items that will allow the assessor to score the individual through an algorithm. Assessors should use this information to determine if support planning should address brain injury.
14. **Referrals and Goals -** This section documents outcomes desired by the participant as the result of supports and services, and identifies referrals or other follow-up that will occur.

General Instructions for Completing the Module

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

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

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

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

Special Instructions for Children and Age-Specific Items

This module contains items that may be skipped for or only asked of participants of a specified age. Items and response options in orange font are intended for children (age 0-18). Other items may include directions to skip for participants below a certain age.

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

Section Instructions

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

Section 1: Medical Services

Section 1 contains one item, which reviews the medical services the participant has received in the last six months. This item deals with the location/nature of the medical service rather than the direct services and treatment that were received at the facility. The purpose of this item is to gather an overview of the services the participant has sought in the recent past to better inform the flow of the conversation throughout the remainder of the module. Information on treatments and therapies will be collected later in the module.

Assessment Item	Guidance
Section 1: Medical Services	
1. *In the last 6 months, has the participant received services at any of the following facilities?* ☐ *Hospital emergency department* ☐ *Short-stay acute hospital (IPPS)* ☐ *Long-term care facility* ☐ *Skilled nursing facility (SNF)* ☐ *Long-term care hospital (LTCH)* ☐ *In-patient rehabilitation hospital or unit (IRF)* ☐ *Psychiatric hospital or unit* ☐ *Home health agency (HHA)* ☐ *Hospice* ☐ *Outpatient services*	The assessor should have a general conversation with the participant about medical services he/she has received in the past two months. The assessor should choose all options that apply. • **Hospital emergency department -** Visits to a hospital emergency room/department for any medical need • **Short-stay acute hospital (IPPS) -** A short term hospital visit that requires less than seven days of stay in the hospital • **Long-term care facility -** A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. Long-term care

Assessment Item	Guidance
Section 1: Medical Services	
☐ *IID Facility (ICF-IID)* ☐ Urgent Care ☐ Other:_____ ☐ *None*	facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, and long-term chronic care hospitals. • **Skilled nursing facility (SNF) –** A facility that houses long term medically compromised patients and provides long-term nursing care, rehabilitation, and other services. • **Long-term care hospital (LTCH) -** Focus on patients who, on average, stay more than 25 days. LTCHs specialize in treating patients who may have more than one serious condition, but who may improve with time and care, and return home. • **In-patient rehabilitation hospital or unit (IRF) -** An inpatient rehabilitation hospital/facility which provides an intensive rehabilitation program to inpatients. IRF provides skilled nursing care to inpatients on a 24-hour basis, under the supervision of a doctor and a registered professional nurse. • **Psychiatric hospital or unit** - A health care facility providing inpatient and outpatient therapeutic services to participants with behavioral or emotional illnesses. • **Home health agency (HHA) -** A public agency or private organization that is primarily engaged in providing skilled or unskilled personal care to participants in out-of-hospital settings. • **Hospice -** Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. Hospice can be delivered in a variety of settings, including private homes/apartments and nursing facilities. • **Outpatient services -** Medical procedures or tests that can be done in a medical center without an overnight stay. This can include weight-loss programs, counseling, and diagnostic lab test/scans. • **IDD Facility (ICF/IDD) -** Residential facilities for individuals with intellectual disabilities that provide active treatment and programming.

Assessment Item	Guidance
Section 1: Medical Services	
	• **Urgent Care -** Walk-in clinics focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room. • **None -** Select if the individual has not received any of the above services.

Section 2: Health Care Provider Information

Section 2 is used to collect information about all health care providers that the individual currently has or may need. This section is divided into five parts, and they are described below. The assessor should try to obtain information about the primary care physician and dentist, while information about other health care providers should be included if it is easily available.

Assessment Item	Guidance
Section 2: Health Care Provider Information	
Type of Health Care Provider ☐ Primary Care Provider/Pediatrician ☐ Psychiatrist ☐ Psychologist/Therapist ☐ Specialty Clinic/Specialist ☐ Dentist ☐ Optometrist/Vision Specialist ☐ Pharmacy (Primary) ☐ Pharmacy (Other) ☐ Home Health Agency ☐ Medical Case Manager ☐ RAE Case Manager ☐ Other:_____ ☐ None	Select all of the health care providers the individual has. Primary Care Provider (PCP) or, for participants under the age of 18, Pediatrician if applicable, and dentist are mandatory items because they are central in maintaining an individual's overall health. If the individual does not have a PCP and/or dentist or would like to change any of his/her providers, including facility health care providers, assessors should select the corresponding "Needs or Needs to Change" box and identify that a referral for change and/or for a PCP/Pediatrician and/or dentist should be made as part of the support planning process. Below are definitions and/or examples for each of the types of providers: • **Primary Care Provider -** A health care practitioner who sees people, typically adults, that have common medical problems. This person is usually a doctor, but may be a physician assistant or a nurse practitioner. • **Pediatrician -** A health care practitioner who sees infants, children, and adolescents that have common medical problems. • **Psychiatrist -** A medical practitioner specializing in the diagnosis and treatment of mental illness. • **Psychologist/Therapist -** A practitioner who is trained in treating mental or emotional problems.

Assessment Item	Guidance
Section 2: Health Care Provider Information	
	Practitioners can include PhD psychologists, MSW/BSW counselors, or others licensed to practice in specific types of behavioral support therapies. • **Specialty Clinic/Specialist -** Includes a variety of treatments the participant may be receiving outside of primary care. Clinics can include treatments for issues around pain, vision, hearing, and neurology. • **Dentist -** A person qualified to treat the diseases and conditions that affect the teeth and gums. • **Optometrist/Vision specialist -** A person who is qualified to examine the eyes and prescribe and supply spectacles and contact lenses. • **Pharmacy (Primary) -** The primary location where individuals have prescriptions filled. • **Pharmacy (Other) -** The secondary location where individuals have prescriptions filled. • **Home Health Agency -** Agencies that provide health care services and supports in an individual's home. This includes home based supports provided under health insurance (including Medicare), private pay, or Medicaid services (includes consumer directed supports as well as traditional services). • **Medical Case Manager -** Support personnel who help an individual specifically with obtaining and coordinating medical services. • **RAE Case Manager -** Support personnel located at one of Regional Accountability Entities (RAEs) that help individuals with obtaining and coordinating medical services. • **Other -** Any other health care providers the individual may have. • **None -** Select if the participant has no health care providers. If this option is selected, assessors should also select the option for "Needs or Needs to Change" for Primary Care Provider/Pediatrician to generate a referral.
Name/Clinic	Use this item to document the practitioner and/or clinic name for each of the health care providers selected in the "Health Care Providers" item. Assessors should try to collect this information for Primary Care Provider/Pediatrician, and if accessible for other health care providers.

Assessment Item	Guidance
Section 2: Health Care Provider Information	
Contact Information	Document the practitioner/clinic contact information. This can include phone number, location address, email address, and any other relevant contact information. Assessors should collect this information for Primary Care Provider/Pediatrician, and if accessible for other health care providers.
Needs or Needs to Change	This item should be used for each practitioner that the participant **does not currently have but probably should have** based on presenting needs or practitioners that the participant **would like to change**. This item will be used to inform the support planning process and generate a referral to health care providers that the participant may need or want to change. As assessors complete the remainder of the Health module, the need for additional practitioners may arise. Assessors should revisit this item prior to closing out the module and select any additional needed practitioners.
Comments	Use the Comments to document additional information about the health care provider or a need to access additional practitioners. This can include how often the participant sees the practitioner, services provided by the practitioner (e.g., Specialty clinic provides pain treatment), and rationale for why the participant does not have a practitioner but may need one.

Section 3: General Health

Section three is used to gather an overview of health information about the individual. Information in this section is based upon individual self-report. If the assessor has access to the individual's medical records, he/she may verify the information provided.

Assessment Item	Guidance
Section 3: General Health	
1. Overall, how does the participant rate his/her health? ❍ Excellent ❍ Good ❍ Fair ❍ Poor	Ask the participant how he/she rates their health overall. This should be the rating based on the participant's reaction rather than the assessor's perception of the participant's health needs.

Assessment Item	Guidance
Section 3: General Health	
❍ Chose not to answer	Assessors may need to provide additional guidance about how to categorize a participant's health. For example, the participant may say, *"I have some pain when I wake up, but overall I can do all of the activities I want during the day without any issues."* Assessors may suggest that this sounds like the participant is in good health, but should confirm with participant before selecting the response option. If the participant is under age 8, assessors should work with the participant and parent/guardian to establish a response.
2. Are there any immediate health concerns? ❍ No ❍ Yes **Explain:** _____ ❍ Chose not to answer	This mandatory item should be used to inform any health issues that may need immediate attention. This item is intended to record immediate health concerns that require additional follow-up as identified by the participant. Assessors can ask, *"Is there anything going on with your health that you may need see a doctor about."* This item is not intended to be a diagnostic tool, but if the participant answers "yes", assessors should document the concerns the participant expresses and provide referral or follow-up if necessary. Examples of immediate health concerns may be: *"Juan suffers from constant headaches that make it hard for him to perform his daily activities."* *"Margaret has trouble getting her prescribed medications, including insulin for her diabetes."*
3. Does the participant have allergies or any known adverse drug reactions? ❍ *None known* ❍ *Yes, describe allergy and reaction:* _____ ❍ Chose not to answer	Document whether the participant has any allergies and/or adverse drug interactions, and if he/she does, document the allergy and reaction. Examples may be *"Helen experiences severe swelling upon skin contact with latex"* or *"Dave will become severely nauseous if given ibuprofen and a diuretic."*

Assessment Item	Guidance
Section 3: General Health	
4. Current Height: _____ *Feet* _____ *Inches* [If unknown or participant refuses, respond 888 for feet and inches]	Ask the participant to estimate his/her height in feet and inches. This does not need to be a precise height, and assessors can ask the participant if he/she remembers the measurement from a recent doctor's visit. If the participant refuses, assessors should enter 888 for both feet and inches.
5. *Current Weight:* _____ *Pounds* [If unknown or participant refuses, respond 8888]	Ask the participant to estimate his/her weight in pounds. This does not need to be a precise weight, and assessors can ask the participant if he/she remembers the measurement from a recent doctor's visit. If the participant refuses, assessors should enter 888.
6. *BMI*	BMI will be autocalculated within the automated system
7. Has the participant lost 5% or more weight in the last month? ❍ *No or unknown* ❍ *Yes, on physician-prescribed weight-loss regimen* ❍ *Yes, not on physician-prescribed weight-loss regimen*	For this item, assessors can use the weight provided in item 5 to provide a rough estimate of what the 5% weight threshold may be. For example, if the individual answered he/she weighs 200 pounds, assessors can ask if he/she has lost 10 or more pounds in the past month. If the individual refused to answer item 5, assessors should still ask item 8. If the individual answers "yes", assessors should determine whether the weight loss was a result of a physician-prescribed weight-loss program. A non-prescribed weight loss can be intentional or unintentional.
8. Has the participant had a physical examination by a qualified medical professional performed in the past year? ❍ No ❍ Yes	Document whether the participant has had a full physical examination within the last year. Consult medical records and, if necessary, discuss with the participant and his/her caregiver.

Section 4: Risk Screen

Section 4 contains items that assist the assessor in identifying whether the participant experiences health-related circumstances that may put him/her at risk. The purpose of this section is to inform support planning and allow risk mitigation strategies to be developed.

Each of the items in this section relates to activities that occurred in the **past year**. If the participant answers "yes" to any of the items, assessors will be asked to collect additional follow-up information about the situation.

An introductory script has been developed for this section. Assessors may tailor it as they see fit.

"In this next section, I would like to ask you some questions about the kinds of health services you may have received and any risks to your health that may exist."

Assessment Item	Guidance
Section 4: Risk Screen	
1. Been seen by his/her primary care provider. ❍ No ❍ Yes Number of times: _____ Reason(s): _____ ❍ Chose not to answer/unable to answer	Ask whether the participant has been seen by his/her primary care provider (PCP) in the past year. The PCP is typically a doctor, but may be a physician assistant or a nurse practitioner. The assessor may ask if the participant has been seen by his or her provider or had a visit to the doctor's office in the past year. If the participant responds "yes", assessors should document the number of times and the reason(s) for being seen.
2. Called 911. ❍ No ❍ Yes Number of times: _____ Reason(s): _____ ❍ Chose not to answer/unable to answer	This item is about calling 911 for any health-related reasons in the past year. This does not include calls to 911 for non-health emergencies, such as criminal activity. If the participant responds "yes", assessors should document the number of times and the reason(s) for calling. Repeated calls for health-related assistance may indicate a need for additional support or other action steps to be included in the support plan.
3. Called Colorado Crisis Services Line. ❍ No ❍ Yes Number of times: _____ Reason(s): _____ ❍ Chose not to answer/unable to answer	This item is about whether a child, parent/guardian, and/or other individual called the Colorado Crisis Services Line in the past year to request assistance for the participant. If the response is "Yes", assessors should document the number of times and the reason(s) for calling. Repeated calls for health/safety crisis assistance may indicate a need for additional support or other action steps to be included in the support plan.
4. Gone to the hospital emergency room (not counting overnight stay). ❍ No ❍ Yes Number of times: _____ Reason(s): _____ ❍ Chose not to answer/unable to answer	This item pertains to acute hospital emergency room visits that are not overnight hospital stays. Overnight stays are considered admissions to the hospital; if the individual enters the emergency room in the late evening and remains in the emergency room through the night but is not admitted, this item should be coded as an emergency room visit.

Assessment Item	Guidance
Section 4: Risk Screen	
	If the participant responds "yes", assessors should document the number of times and the reason(s) for being seen.
5. Stayed overnight or longer in a hospital. ❍ No [Skip to Item 6] ❍ Yes Number of times: _____ Reason(s): _____ ❍ Chose not to answer/unable to answer [Skip to Item 6]	This item asks about admissions to the hospital that were overnight or longer in the past year. This includes in-patient surgeries, mental health hospitalizations, and other treatments that would require hospital admissions of one night or longer. If the participant responds "yes", assessors should document the number of times and the reason(s) for being seen and proceed to item 5A. If the participant responds "no" or "chose not to answer/unable to respond", assessors should skip to Item 6.
5A. Were any of these admissions planned? ❍ No ❍ Yes Number of times: _____ Reason(s): _____ ❍ Chose not to answer/unable to answer	This question pertains to the admissions identified in item 5. Examples of planned admissions include surgeries, over-night stays for medication monitoring, and in-patient rehabilitative therapies. If none of the admissions were planned, assessors should select "no". If some or all of the admissions planned, assessors should document the number of times and the reason(s) for the admission(s).
6. Spent time in a nursing facility. ❍ No ❍ Yes Number of times: _____ Reason(s): _____ ❍ Chose not to answer/unable to answer	This question relates to any nursing facility stays that occurred during the past year. This includes stays for rehabilitation, temporary stays during transition periods, and permanent stays. Nursing facilities provide skilled long-term nursing care, rehabilitation, and other services, and do not include assisted living facilities or independent living communities. If the participant responds "yes", assessors should document the number of times and the reason(s) for the stay. If the participant currently resides in a nursing facility, assessors should include the current stay in the count and document the reason for the stay.
7. Had two or more falls or any fall with injury. ❍ *No [Skip to Item 8]* ❍ *Yes* ❍ *Unknown [Skip to Item 8]*	The purpose of this item is to identify participants who present a fall risk and/or who need supports (or additional supports) to reduce and eliminate falls. If the participant has had two or more falls or any falls

Assessment Item	Guidance
Section 4: Risk Screen	
	with injury in the past year, assessors should respond "yes" and continue to 7A. If the participant has had one fall that did not result in injury, no falls, or the response is unknown, assessors should respond accordingly and skip to Item 8.
7A. Fall(s) that resulted in an injury. ❍ No ❍ Yes, type check all that apply: ☐ Fracture ☐ Head Injury ☐ Other, describe:_____	This item is a follow-up to item 7 and asks whether any of the falls resulted in an injury. If none of the falls documented in item 7resulted in injury, assessors should select "no". If one or more of the falls resulted in an injury, assessors should select "yes" and check all of the injuries that occurred as a result of the fall(s). Examples of "other" responses include severe swelling/contusions, sprains, and ongoing pain.
8. Fear of falling keeps him/her from doing things. ❍ No ❍ Yes, explain: _____	This item applies to both individuals who have had falls in the past year and those who have not but avoid activities as a result of a fear of falling. This is an opportunity for assessors to document information that can be used to develop fall mitigation strategies during support planning. An example of this is *"Fran does not want to go out to eat with her daughter because she is worried about falling while going up and down steps."* If the individual responds "yes", assessors should document the reason(s) the individual has a fear of falling and activities he/she avoids as a result of this fear.
9. Participant has received crisis or urgent behavioral or mental health support in the last 90 days. ❍ No ❍ Yes, describe:_____	Use this item to document the individual's need for crisis or urgent behavioral/mental health services and supports within the past 90 days. For example, the individual may have contacted Colorado Crisis Services while having suicidal thoughts or may have been admitted to an emergency room for a drug overdose. If the individual responds "yes", assessors should document the types of services/supports that were received, cause of the request/need for service, and when the service was provided.

Assessment Item	Guidance
Section 4: Risk Screen	
10. Infant health- Has the participant had any of the following issues? Check all that apply. ☐ Born prematurely ☐ Low birth weight ☐ Experienced health problems due to issues with the mother's health during pregnancy	Document whether the child has experienced any of the listed issues related to infant health. • **Born prematurely-** A birth that takes place before 37 weeks of gestation have passed. • **Low birth weight-** Child weighed about 5.5 pounds or less at birth • **Health problems due to mother's health-** This may include physical health issues, such as a stroke or accident, or mental health issues such as an eating disorder or substance abuse
11. Has the participant missed over 25 percent of work or classes because of a disability related issue? ❍ No ❍ Yes, why: ☐ Physical health issues ☐ Behavioral health issues ☐ Issues with attention or stamina ☐ Other reason(s), describe:_____	Use this item to discuss absences from work or school specifically due to a disability related issue. If the individual has missed over 25% of work/classes in the past three months, indicate which disability related issue(s) this was due to. Use the "other" check box to describe additional reasons.

Section 5: Medications

Section 5 collects information about whether the participant currently takes medications, information about the medications, and his/her ability to access and manage those medications. In addition to providing a concise location for all medications, the Department hopes to use this information in the future to help identify potential problematic drug interactions that should be addressed.

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

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

1. Participant currently takes prescription medications.
- ❍ No [Skip to Item 3]
- ❍ Yes

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

2. Medications

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

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

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

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

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

- Cubic Centimeter
- Cup
- Dram
- Drops
- Grams
- Grain
- Kilogram
- Liters
- Micrograms
- Micrograins
- Milliequivalent
- Milligram
- Milliliter
- Ounce
- Pound
- Puffs
- Tablespoon
- Teaspoon
- Other (describe in notes)

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

- Oral route: swallowed by mouth as a pill, liquid, tablet or lozenge
- Rectal route: suppository inserted into the rectum
- Intravenous route: injected into vein with a syringe or into intravenous (IV) line
- Infusion: injected into a vein with an IV line and slowly dripped in over time
- Intramuscular route: injected into muscle through skin with a syringe
- Topical route: applied to skin
- Enteric: delivered directly into the stomach with a g-tube or j-tube
- Nasal: sprays or pumps that deliver drug into the nose
- Inhaled: inhaled through a tube or mask (e.g. Lung medications)
- Otic: drops into the ear
- Ophthalmic: drops, gel or ointment for the eye
- Sublingual: under the tongue
- Buccal: held inside the cheek
- Transdermal: a patch on the skin
- Subcutaneous: injected just under the skin
- Other, describe in notes

Frequency - This item corresponds to the number of times the medication is administered. This could be routinely or as needed/desired. The response options for this item are set up as a drop-down menu,

and provide both the full and abbreviated versions for frequency (e.g., after meals can be abbreviated on prescription bottles as p.c.). Options for frequency include:

- After meals - pc
- Before meals - ac
- Twice a day - bid
- Three times a day - tid
- Four times a day - qid
- Every other day - qod
- In the morning - qam
- Every four hours - q4h
- At bedtime - hs
- As desired - ad lib.
- As needed - prn
- Other, describe in notes

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

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

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

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

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

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

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

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

The remainder of the items in Section 5 are in the table below.

Assessment Item	Guidance
Section 5: Medication	
3. If the participant is currently enrolled in an IDD waiver AND receives services in a provider controlled setting, have ALL psychotropic medications identified in item two been reviewed by the Human Rights Committee (HRC)? ❍ No, none have been reviewed by the HRC ❍ No, some have been reviewed by the HRC. Identify psychotropic medications not yet reviewed:_____ ❍ Yes, all have been reviewed by the HRC ❍ Not applicable	Within the State's regulations for IDD waiver services, participants enrolled in IDD services who have psychotropic medications administered in a provider controlled setting (e.g., ICF-IID, group home) are required to have those medications reviewed by the HRC. Assessors should use this item to identify if the medications have been reviewed or need to be reviewed so this can be incorporated into Support Planning.
4. Regularly takes over the counter medications, vitamins or supplements. ❍ No ❍ Yes, identify in box below	If the participant is taking non-prescription medication, assessors should use this item to document the names of these medications. Detailed information about the medication is not necessary. Examples of over the counter medications include regular strength Tylenol, Ibuprofen, and Nyquil. Examples of vitamins and supplements include multivitamins, mineral supplements, probiotics, herbal supplements, fish oil, and flax seed.
5. Has issues with getting prescription medications filled or refilled regularly. ❍ No ❍ Yes, identify in box below	The purpose of this item is to collect information about the types of support the participant may need in obtaining prescription and over the counter medication so that it can be addressed during the support planning process. If the participant has issues with getting prescriptions filled or refilled, assessors should document the cause. This can include no or unreliable transportation and not having enough money to pay for the prescription.
5A-C. Medication Management ***5A. Medication management - oral medication:*** *The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.*	Items 5A-C are to be used to gauge the participant's ability to manage a variety of medications. Assessors are not required to observe the participant managing and/or administering medications. Responses to these items should be based on the participant's usual ability to manage the medications. If the participant does not currently take medications or

Assessment Item	Guidance
Section 5: Medication	
❍ *Independent - Participant completes the activity by him/herself with no assistance from helper.* ❍ ***Age appropriate dependence -*** *The child requires a level of support consistent with his/her age.* ❍ *Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity.* ❍ *Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.* ❍ *Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.* ❍ *Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.* ❍ *Dependent - Helper does all of the effort. Participant does none of the effort to complete the task.* Scoring based on (Check all that apply): ☐ Observation ☐ Self-report ☐ Proxy	does not take all three types of medications listed (oral, mist/inhalant, injection), assessors should code the item based on the participant's ability to manage the medications if he/she would need to take them. Assessors should work with the participant and, if applicable, the participant's support person to accurately code each item. Assessors should also document the source of the response by checking all applicable responses in the follow-up item (e.g. observation, self-report, support person). Age appropriate dependence refers to children who may require assistance that is consistent with their chronological age. If the child requires assistance beyond a child of the same chronological age due to a health or disability related issue, code the level of support needed. These items are also contained in the Functional module and will pre-populate between modules, so duplicative information collection will not be necessary. •Example of setup or cleanup- A helper fills a pill box for the participant at the beginning of each week, but provides no other assistance. •Example of Supervision/touching- A helper reminds the participant to take their medications and stands by to ensure the participant completes the task. •Example of Partial/moderate- A helper opens the pill bottle and places the pill in the participant's hand who is then able to place it in their mouth and swallow it with water. •Example of substantial/maximal- The helper opens the pill bottle, places the pill in the participant's hand, and helps them drink from a cup of water to swallow the pill. The participant is able to place the pill in their mouth. Example dependent- The helper places the pill in the participant's mouth, holds a cup as the participant sips liquid through a straw to swallow the pill and is responsible for giving the participant their medication at the appropriate time and correct dosage.
5B. Medication management - inhalant/mist medications: *The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.* ❍ *Independent - Participant completes the activity by him/herself with no assistance from helper.* ❍ ***Age appropriate dependence -*** *The child requires a level of support consistent with his/her age.*	

Assessment Item	Guidance
Section 5: Medication	
❍ *Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity.* ❍ *Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.* ❍ *Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.* ❍ *Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.* ❍ *Dependent - Helper does all of the effort. Participant does none of the effort to complete the task.* Scoring based on (Check all that apply): ☐ Observation ☐ Self-report ☐ Proxy	
5C. Medication management-injectable medications: *The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.* ❍ *Independent - Participant completes the activity by him/herself with no assistance from helper.* ❍ ***Age appropriate dependence -*** *The child requires a level of support consistent with his/her age.* ❍ *Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity.* ❍ *Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity.*	

Assessment Item	Guidance
Section 5: Medication	
Assistance may be provided throughout the activity or intermittently. ❍ *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.* ❍ *Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.* ❍ *Dependent - Helper does all of the effort. Participant does none of the effort to complete the task.* Scoring based on (Check all that apply): ☐ Observation ☐ Self-report ☐ Proxy	

Section 6: Health Conditions and Diagnoses

The first portion of Section 6 collects information about the health conditions the participant currently or has previously experienced, whether the condition affects functioning, whether he/she is receiving treatment, and if follow-up/referral is necessary. This section is not intended to be a diagnostic tool. Rather, assessors should talk with the participant about conditions that have been diagnosed and, if accessible, consult the participant's medical record.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Below are definitions for each of the conditions/diagnoses contained within Section 6. These definitions are not provided for assessors to make a diagnosis, rather assessors should be familiar with the conditions so they can facilitate an informed discussion with the participant.

Cancer

a. **Cancer or Malignant Neoplasm of Any Kind -** Cancer is the disease caused by an uncontrolled division of abnormal cells in a part of the body. Malignant neoplasms are any new growth of abnormal tissue that is often uncontrolled and progressive.

Memory Related

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

Vision

c. **Glaucoma -** A condition of increased pressure within the eyeball, causing gradual loss of sight.
d. **Macular Degeneration -** An eye disease that progressively destroys the macula, impairing central vision.

Eating Habits/Nutrition

e. **Dysphagia -** Difficulty swallowing
f. **Eating disorder, including anorexia or bulimia** - Group of disorders in which abnormal feeding habits are associated with psychological factors.
g. **Failure to Thrive** - Describes a delay in a child's growth or development. It is usually applied to infants and children up to two years of age who do not gain or maintain weight as they should.

Gastrointestinal

h. **Chronic Constipation -** A chronic condition in which bowel movements occur less often than usual or consist of hard, dry stools that are painful or difficult to pass.
i. **Gastroesophageal Reflux Disease (GERD) -** Any of various conditions resulting from gastroesophageal reflux. Principal characteristics are heartburn and regurgitation.

Heart/Circulatory

j. **Anemia -** A condition marked by a deficiency of red blood cells or of hemoglobin in the blood, resulting in pallor and weariness.
k. **Blood disorder -** Disorder that affects the component cells and plasma elements of the blood. They are generally divided into two broad groups: those in which an increase in bulk occurs (e.g., plethora, hydremia, polycythemia) and those in which a decrease in bulk occurs (e.g., anhydremia, dehydration, anemia).
l. **Congenital heart disorder -** A structural defect of the heart or great vessels or both, present at birth.
m. **Coronary Heart Disease -** A disease in which plaque builds up inside the coronary arteries, causing damage and/or disease in the heart's major blood vessels.
n. **Congestive Heart Failure -** A weakness of the heart that leads to a buildup of fluid in the lungs and surrounding body tissues.

o. **Heart Attack (Myocardial Infarction) -** A sudden and sometimes fatal occurrence of coronary thrombosis, typically resulting in the death of part of a heart muscle.
p. **High Blood Pressure or Hypertension -** A condition in which the force of the blood against the artery walls is too high.

Mental Health Issues

q. **Attention deficit hyperactivity disorder (ADHD or ADD) -** A childhood mental disorder involving impaired or diminished attention, impulsivity, and hyperactivity.
r. **Bipolar Disorder -** A mental disorder marked by alternating periods of elation and depression.
s. **Depressive Disorders-** A mood disorders causing a persistent feeling of sadness and loss of interest.
t. **Disruptive, Impulse-Control and Conduct Disorders -** Include Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). Common symptoms occurring in children with these disorders include: defiance of authority figures, angry outbursts, and other antisocial behaviors such as lying and stealing.
u. **Mood Disorder -** A psychological disorder characterized by the elevation or lowering of a person's mood, such as depression or bipolar disorder.
v. **Obsessive Compulsive Disorder (OCD) -** A psychiatric disorder characterized by obsessive thoughts and compulsive actions, such as cleaning, checking, counting, or hoarding.
w. **Paranoid Disorders -** A personality disorder which involves odd or eccentric ways of thinking. People with paranoid disorder also suffer from paranoia, an unrelenting mistrust and suspicion of others, even when there is no reason to be suspicious.
x. **Trauma and Stressor Related disorders (e.g., PTSD, Reactive Attachment disorder, Acute Stress disorder)**
    - PTSD- A mental health condition that's triggered by a witnessing or experiencing a traumatic event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.
    - Reactive Attachment Disorder- A rare but serious condition in which an infant or young child doesn't establish healthy attachments with parents or caregivers. Reactive attachment disorder may develop if the child's basic needs for comfort, affection and nurturing aren't met and loving, caring, stable attachments with others are not established.
    - Acute Stress Disorder (ASD)- A sub-acute diagnosis of PTSD. The diagnosis of ASD can only be considered from 3 days to one month following a traumatic event (commonly referred to as the acute phase). If posttraumatic symptoms persist beyond a month, the clinician would assess for the presence of PTSD. The ASD diagnosis would no longer apply.
y. **Schizophrenia Spectrum and Other Psychotic Disorders -** Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions. People with psychoses lose touch with reality. Two of the main symptoms are delusions and hallucinations. Also considered a long-term mental disorder of a type involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation.
z. **Other Mental, Emotional or Nervous Condition -** Other conditions not included in this list that are related to mental, emotional, or nervous conditions.

Musculoskeletal

aa. **Arthritis or Rheumatoid Arthritis -** Arthritis is a painful inflammation and stiffness of the joints. Rheumatoid arthritis is a chronic progressive disease-causing inflammation in the joints

and resulting in painful deformity and immobility, especially in the fingers, wrists, feet, and ankles.

bb. **Osteoporosis -** A medical condition in which the bones become brittle and fragile from loss of tissue, typically as a result of hormonal changes, or deficiency of calcium or vitamin D.

cc. **Scoliosis -** A sideways curvature of the spine that occurs most often during the growth spurt just before puberty.

Neurodevelopmental Disorders

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

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

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

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

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

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

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

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

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

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

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

Neurological/Central Nervous System

oo. **Epilepsy -** A group of neurological disorders characterized by epileptic seizures.
pp. **Hydrocephaly -** A usually congenital condition in which an abnormal accumulation of fluid in the cerebral ventricles causes enlargement of the skull and compression of the brain, destroying much of the neural tissue.
qq. **Multiple Sclerosis -** A chronic autoimmune disease of the central nervous system in which gradual destruction of myelin occurs in patches throughout the brain or spinal cord or both, interfering with the nerve pathways and causing muscular weakness, loss of coordination, and speech and visual disturbances.
rr. **Muscular Dystrophy -** Any of a group of progressive muscle disorders caused by a defect in one or more genes that control muscle function and characterized by gradual irreversible wasting of skeletal muscle.
ss. **Parkinson's Disease -** A progressive disease of the central nervous system, associated with the destruction of brain cells that produce dopamine and characterized by muscle tremors, muscle rigidity or stiffness, abnormally slow movement, and impaired balance and coordination.
tt. **Partial or Total Paralysis -** The loss of the ability to move (and sometimes to feel anything) in part or most of the body, typically as a result of illness, poison, or injury.
uu. **Seizure disorder -** A type of medical condition that is characterized by episodes of uncontrolled electrical activity in the brain (seizures).
vv. **Spinal Cord Injury** **-** An injury to the spinal cord resulting in a change, either temporary or permanent, in the cord's normal motor, sensory, or autonomic function.
ww. **Stroke -** Damage to the brain from interruption of its blood supply.
xx. **Traumatic Brain Injury**
    b. **Nonpsychotic mental disorders due to brain damage -** Includes frontal lobe syndrome, personality change due to conditions classified elsewhere, post-concussion syndrome, and other specified nonpsychotic mental disorders following organic brain damage.
    c. **Anoxic brain damage -** Injury to the brain due to a lack of oxygen.
    d. **Compression of the brain -** Brain injury cause by internal compression of the brain.
    e. **Toxic encephalopathy -** A degenerative neurologic disorder caused by exposure to toxic substances like organic solvents.
    f. **Subarachnoid hemorrhage -** Brain damage when blood leaks into the space between two membranes that surround the brain.
    g. **Occlusion and stenosis of precerebral arteries -** A narrow, partially obstructed area in one or both of the carotid arteries of the neck that prevents crucial blood flow to the brain.
    h. **Acute, but ill-defined cerebrovascular disease -** Used when the medical record documents apoplectic attack, cerebral apoplexy, apoplectic seizure or cerebral seizure.
    i. **Other and ill-defined cerebrovascular disease -** Used for brain injuries that occur as a result of cerebrovascular disease but do not fall within the typical brain injury categorization.
    j. **Late effects of cerebrovascular disease -** Long-term impact of abnormal blood supply to the brain.
    k. **Fracture of skull or face -** Cognitive impairments and brain injuries as a result of injury that has caused multiple fractures to the skull and/or other facial bones.
    l. **Concussion -** A brain injury caused by a blow to the head or a violent shaking of the head and body.

m. **Cerebral laceration and contusion-** Bruises of the brain, usually caused by a direct, strong blow to the head. Cerebral lacerations are tears in brain tissue, caused by a foreign object or pushed-in bone fragment from a skull fracture.
n. **Subarachnoid, subdural, and extradural hemorrhage, following injury -** A build-up or leak of blood around the brain that puts pressure on the brain and can cause stroke or brain injury.
o. **Other unspecified intracranial hemorrhage following injury -** A build-up or leak of blood around the brain that puts pressure on the brain and can cause stroke or brain injury that is not categorized as subarachnoid, subdural, or extradural.
p. **Intracranial injury of other and unspecified nature -** A build-up or leak of blood around the brain that puts pressure on the brain and can cause stroke or brain injury that does not fall into a specified category of intracranial injury.
q. **Late effects of musculoskeletal and connective tissue injuries -** Long term effects of musculoskeletal and connective tissue injuries on the brain.
r. **Late effects of injuries to the nervous system -** Long term effects of injuries to the nervous system on the brain.
s. **Other unspecified injuries to the head resulting in ongoing need for assistance with activities of daily living (ADLs)-** Other disorders related to head injuries that cause impairment in the ability to complete ADLs such as bathing, eating, and dressing.
t. **Other TBI**

Respiratory

yy. **Apnea -** Temporary absence or voluntary cessation of breathing.
zz. **Asthma -** A respiratory condition marked by spasms of the lungs, causing difficulty in breathing.
aaa. **Emphysema -** A condition in which the air sacs of the lungs are damaged and enlarged, causing breathlessness.
bbb. **Chronic Bronchitis -** Inflammation and swelling of the lining of the airways, leading to narrowing and obstruction generally resulting in daily cough.
ccc. **Chronic Lung Disease –** A general diagnostic term for long-term respiratory problems
ddd. **Chronic Obstructive Pulmonary Disease (COPD) -** A chronic inflammatory lung disease that causes obstructed airflow from the lungs.

Other Conditions

eee. **Chronic Eczema -** A noncontagious inflammation of the skin, characterized chiefly by redness, itching, and the outbreak of lesions that may discharge serous matter and become encrusted and scaly.
fff. **Chronic Foot Issues -** Any diagnosed issues related to the feet, including bunions, hammer toes, etc. (For adults, more information about foot issues will be collected later in the module)
ggg. **Cleft Palate -** A congenital fissure in the roof of the mouth, resulting from incomplete fusion of the palate during embryonic development.
hhh. **Cystic Fibrosis -** A genetic disease that involves dysfunction of the exocrine glands and affects many organs and organ systems, especially the respiratory system, the pancreas, the intestines, the sweat glands, and, in males, the reproductive system.
iii. **Diabetes -** A metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose in the blood.
jjj. **Gout, Lupus, or Fibromyalgia -** Gout is a disease in which defective metabolism of uric acid causes arthritis, especially in the smaller bones of the feet, deposition of chalkstones, and episodes of acute pain. Lupus is any of various diseases or conditions marked by inflammation

of the skin, especially lupus vulgaris or lupus erythematosus. Fibromyalgia is a chronic disorder characterized by widespread musculoskeletal pain, fatigue, and tenderness in localized areas.

kkk. **Hypotonia -** A deficiency of muscle tone

lll. **Kidney Disease -** Longstanding disease of the kidneys leading to renal failure.

mmm. **Missing limb/body part (e.g., amputation, congenital/genetic) that effect functioning-** Identify any missing limbs that the participant has that impact his/her ability to function. This can include portions or all of arms, legs, eyes, or other body parts. Focus on the impact to functioning; amputations, such as a ring finger, that do not impact functioning do not need to be documented. The cause (e.g., birth, amputation) does not need to be specified unless impactful for Support Planning (e.g., recent occurrence and participant needs training on functioning)

nnn. **Any other condition or disease (other than listed above)**

This portion of Section 6 concludes with an item on whether all health conditions/diagnoses have been documented:

2. Is this list complete?

❍*No [Document additional information and referrals/follow-ups needed in Comments and Notes]*

❍*Yes*

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

The second portion of Section 6 collects information about pressure ulcers and skin conditions. The items contained in this section are described in the table below:

Assessment Item	Guidance
Section 6: Health Conditions and Diagnoses	
3. Has the participant been diagnosed with a life limiting illness by a medical professional? Note: Life Limiting Illness means a medical condition that, in the opinion of the medical specialist involved, has a prognosis of death that is highly probable before the client reaches adulthood. ❍ No ❍ Yes	This is a mandatory item to capture whether any of the participant's diagnoses are life limiting. The definition of a life limiting illness is a medical condition that, in the opinion of the medical specialist involved, has a prognosis of death that is highly probable before the client reaches adulthood.
4. Is the participant at risk of developing pressure ulcers? ❍ No ❍ Yes, indicated by professional judgment (e.g., person has paralysis/limited mobility, is incontinent)	This item speaks to the *risk* of the participant developing pressure ulcers rather than assessors *diagnosing* existing pressure ulcers. Pressure ulcers, also referred to as bedsores, are defined as injury to skin and underlying tissue resulting from prolonged pressure on the skin. They occur most frequently in people with a medical condition that limits

Assessment Item	Guidance
Section 6: Health Conditions and Diagnoses	
❍ Yes, indicated in home health plan or clinical record indicated high risk by formal assessment (e.g., on Braden or Norton tools)	their ability to change positions, requires them to use a wheelchair or stay in a bed for an extended time. Pressure ulcers most often develop on skin that covers bony areas of the body, such as the heels, ankles, hips and tailbone. The assessor should use his/her judgment in answering this item. If the participant is at risk based on the assessor's judgment (e.g., primarily uses wheelchair for seating and mobility or has to stay in bed), the assessor should mark "Yes, indicated by professional judgment". If the conversation with the participant reveals that he/she has had a formal assessment for pressure ulcers or has an existing pressure ulcer, the assessor should select the third response option.
5. Does the participant have any wounds or skin conditions? ❍ *No [Skip to Section 7: Surgeries]* ❍ *Yes* ❍ *Unsure [Skip to Section 7: Surgeries]* ❍ *Chose not to answer [Skip to Section 7: Surgeries]*	This item is used as a trigger item to determine if additional information should be collected about the participant's wounds or skin conditions. If the participant does not have any wounds or skin conditions, is unsure, or chooses not to answer this item, assessors should skip to the next section, Surgeries. If he/she does have wounds or skin conditions, assessors should use the following items to collect additional information.
6. If yes, check all that apply: ☐ *Bruises* ☐ *Burns – 2 degree or greater* ☐ Chronic irritation ☐ *Diabetic foot ulcer* ☐ *Delayed healing of surgical wound* ☐ *Dry skin* ☐ *Epidermis Bullosa (EB)* ☐ *Open lesions, abrasions, cuts or skin tears* ☐ *Rash* ☐ *Skin desensitized to pain/pressure* ☐ Skin disease ☐ *Stasis ulcers* ☐ *Surgical site* ☐ *Vascular ulcer (arterial or venous including diabetic ulcers not located on the foot)* ☐ *Trauma-related wound* ☐ *Wounds*	Document all the skin conditions the participant currently has and has been diagnosed with. Some of these may not be clinically diagnosed (e.g. bruises or dry skin), but may require follow-up. Subsequent items in this section will be used to document this need for follow-up. As for all items in the Health module, assessors are not being asked to make a diagnosis of skin conditions, but to document existing conditions. Below are the definitions for all the response options in this section. • ***Bruises -*** An injury appearing as an area of discolored skin on the body, caused by a blow or impact rupturing underlying blood vessels. • ***Burns –*** *2 degree or greater*- Damage to the skin or deeper tissues caused by sun, hot liquids, fire, electricity, or chemicals. Second degree burns are also called partial thickness burns, and blisters the skin and can heal without scaring.

Assessment Item	Guidance
Section 6: Health Conditions and Diagnoses	
☐ *Other (text box displays when checked)*	• **Chronic irritation -** Also call pruritus, is an uncomfortable, irritating sensation that people want to scratch. • ***Diabetic foot ulcer -*** An open sore in people with diabetes that is commonly located on the bottom of the foot. • ***Delayed healing of surgical wound -*** Surgical wounds that are not healing in the expected time period. This could be due to infection or other conditions. • ***Dry skin -*** Cracked or peeling skin that is a result of a lack of skin moisture. • ***Open lesions, abrasions, cuts or skin tears -*** Injuries to the skin that result in semi- or fully-open wounds. • ***Rash -*** A change of the skin which affects its color, appearance, or texture and may cause the skin to change color, itch, become warm, bumpy, chapped, dry, cracked or blistered, swell, and may be painful. • ***Skin desensitized to pain/pressure -*** Portions or all of the skin that are unable to sense pain or pressure. • **Skin disease -** A broad term that should be used to document other skin conditions not listed. • ***Stasis ulcers -*** A breakdown of the skin caused by fluid build-up in the skin from poor vein function. • ***Surgical site -*** The site of a recent surgery that may be prone to infection. • ***Vascular ulcer (arterial or venous including diabetic ulcers not located on the foot) -*** Wounds that are thought to occur due to improper functioning of venous valves, usually of the legs. • ***Trauma-related wound -*** Cuts, lacerations or puncture wounds which have caused damage to both the skin and underlying tissues. • ***Wounds -*** An injury to living tissue caused by a cut, blow, or other impact, typically one in which the skin is cut or broken. • ***Other (text box displays when checked)***

Assessment Item	Guidance
Section 6: Health Conditions and Diagnoses	
6. How long have the issues in item 5 been a problem?	This open text box should be used to describe how long the skin conditions listed in item 5 have been an issue. Assessors should document whether the skin condition is new or if it has been an ongoing issue for each skin condition listed in item 5.
7. Have you received treatment for this problem? ❍ *No* ❍ *Yes, describe:_____* ❍ *Received treatment for some conditions, but not all* ❍ *Unsure* ❍ *Chose not to answer*	This item should be used to flag skin conditions that may require additional follow-up. This question pertains to whether the participant is *currently* receiving treatment for the skin condition. The participant may be receiving treatment for one skin condition but may benefit from treatment for another skin condition that is not currently being treated. For example: *"Susan has been receiving treatment for her diabetic foot ulcer, but also has a rash on her abdomen that has not been evaluated by a physician."* If this is the case, assessors should select "No" and provide a referral and document this referral in Referrals and Goals. If the participant has received treatment for all skin conditions, assessors should select "Yes" and describe the type of treatment being received.

Section 7: Surgeries

Section 7 collects information about surgeries that the participant has had that impact his/her current functioning and/or quality of life, both positively and negatively. This could apply to surgeries that happened recently or several years ago. For example:

"Meredith had hip surgery two years ago that has alleviated her pelvic pain and allowed her to walk normally and play with her grandchildren."

"*Devin had open heart surgery three months ago and currently suffers from shortness of breath and fatigue as he continues his recovery."*

Surgery(ies) documented in this section should only relate to those that impact current functioning and/or quality of life. This does not include minor surgeries, such as appendectomy or removal of wisdom teeth, that may be used to alleviate acute pain but do not necessarily have long term impacts on functioning or quality of life.

This section contains two items. The first is a trigger question that will be used to determine if additional information about the surgery(ies) the participant has had should be collected:

1. **Participant has had surgery(ies) that affect current functioning or quality of life?**
   - ❍ No [Skip to Section 8: Treatments and Monitoring]
   - ❍ Yes
   - ❍ Unsure [Skip to Section 8: Treatments and Monitoring]
   - ❍ Chose not to answer [Skip to Section 8: Treatments and Monitoring]

If the participant has not had surgeries that impact current functioning or quality of life, is unsure, or chose not to answer the item, assessors should skip to the next section, Treatments and Monitoring. If the participant has had an impactful surgery, assessors should collect information about this surgery(ies) in the second item:

2. **Describe the surgery(ies) and the impact on functioning or quality of life:**

This open-ended item should be used to document the type of surgery the participant had (e.g., knee replacement or lung transplant) and the impact this surgery had on functioning and/or quality of life. Assessors should document this information about all relevant surgeries.

Section 8: Treatments and Monitoring

This section should be used to document all health treatments and monitoring the participant is currently receiving. Assessors should discuss the type of treatments/monitoring being received with the participant and, if available, paid or unpaid supports (e.g., family, friends, staff) and consult medical records if available. Assessors are not expected to prescribe a treatment/monitoring regimen, but should document all currently received.

Examples of treatments and monitoring include:

- Pacemaker
- Bowel/bladder/toileting program
- Catheter changes
- Colostomy or Ileostomy care
- Feeding tubes
- Seizure monitoring
- CPAP mask or tracheotomy tube
- Nebulizer
- Oxygen therapy
- Suctioning treatments (e.g., Nasopharyngeal or tracheostomy)
- Ventilator
- Dialysis
- Blood glucose monitoring
- Blood transfusion monitoring
- Chemotherapy
- Wound dressings or drainage tubes
- Pressure relieving device
- Turning/repositioning program
- Electroconvulsive therapy
- Telemedicine

The first item in Section 8 is a trigger item to evaluate whether the participant is currently receiving treatment/monitoring and if additional information about treatments and monitoring should be collected:

1. **Is the participant currently receiving any Special Treatments, such as a CPAP machine, scheduled toileting, pacemaker, bowel program, ostomy care, oxygen therapy, g-tube, or dialysis?**
   - ❍ No [Skip to Section 9: Therapies]
   - ❍ Yes
   - ❍ Unsure [Skip to Section 9: Therapies]
   - ❍ Chose not to answer [Skip to Section 9: Therapies]

If the participant is not currently receiving treatments/monitoring, is unsure, or chose not to answer the trigger item, assessors should skip to the next section, "Therapies". If he/she is receiving treatments/ monitoring, assessors will use Item 2 to document all currently received.

Item 2 is intended to be used to determine whether the participant may be eligible for the CES waiver. Assessors should work with participants/families to determine how often, during an average day, medical or behavioral intervention is required to ensure health and safety. If intervention is required at least15 minutes on average during a day (including awake and asleep time), mark "Yes" and complete the CES application if the family would like to explore CES.

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

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

Type of treatment/monitoring - Using the above list of treatments/monitoring as a guide, assessors should list all that are currently being received by the participant.

Status- Use this item to identify treatments/monitoring that are currently being received, those that are unsuitable, and those that are not available using the following response options:

- **02. Treatment/ monitoring needed and available-** Participant **needs this** treatment/monitoring for health and safety and/or **to complete daily activities and has the device in the home**
- **01. Treatment/ monitoring needed but current device unsuitable-** Treatment/monitoring is performed **but no longer meets** participant**'s needs**
- **00. Treatment/ monitoring needed but not available-** Participant **needs the** treatment/monitoring **but it is not available.**
- **07. Participant refused-** Participant refuses the treatment/monitoring**.**
- **09. Not applicable-** Participant **does not need** or receive the treatment/monitoring

Performed by:

Indicate who performs or monitors the corresponding treatment. The choices are:

- ☐ Caregiver
- ☐ Nurse
- ☐ Parent
- ☐ Self

☐ Professional _____ ☐ Other

If professional or other is checked, describe. *For example, if Professional is checked, the assessor may describe as "dialysis specialist".*

In many cases, a professional will likely develop the treatment/monitoring plan and it may be carried out by a variety of people that routinely interact or provide support to the participant. Check all that apply in the above list. *For example: Cherri worked with her doctor to develop her oxygen regimen, which includes the use of a nebulizer and oxygen therapy, and sees him once a month. Cherri administers the treatment.* In the example, the assessor would check self (Cherri) as well as professional (physician), who performs monitoring of the treatment.

Is the caregiver able to perform the necessary support required for the treatment/ monitoring?
If the participant has a caregiver, the assessor will indicate whether the caregiver is able to carry out any treatment/monitoring supports called for as part of the participant's plan. This item does **NOT** include caregiver support provided by an agency. The assessor should identify the caregiver, task(s) performed, and additional training or support is needed.

If supports are only provided by an agency or by a professional, such as clinic assessors, then the assessor would not complete this item. It is assumed that an agency/professional providing support will meet the necessary training requirements for providing supports identified in the plan.

Briefly describe the treatment/monitoring
The assessor will then need to provide a very brief description of the following: 1) the reason for the treatment or monitoring 2) the participant's strengths, preferences and challenges related to the treatment or monitoring and 3) other information, such as frequency of the treatments and monitoring.

For example, Jasmine has quadriplegia and is on a turning/repositioning program to ensure she does not develop bedsores. She has set alarms in her phone to remind her when she needs to be repositioned, and works with her staff to ensure she is moved at least once every three hours.

Section 9: Therapies

Section 9 allows the assessor to discuss the therapies the participant is receiving. Similar to Section 8, assessors should discuss the type of therapies being received with the participant and, if available, paid or unpaid supports (e.g., family, friends, staff) and consult medical records if readily available. Assessors are not expected to prescribe a therapy regimen, but should document all currently being received.

The first item in Section 9 is a trigger question to determine if the participant is currently receiving therapies:

1. **Is the participant currently receiving any therapies?**
   - ❍ No
   - ❍ Yes
   - ❍ Unsure
   - ❍ Chose not to answer

   If "Yes" was not selected, assessors should identify any therapies participant may not have but needs and move to section 10. Assessment of Feet.

If the participant is not currently receiving therapies, is unsure, or chose not to answer the trigger item, assessors should discuss with the participant if he/she should receive any therapy to address his/her health concerns. For example:

"Beth experiences severe pain when she lifts her right hand above her shoulder. Beth has agreed to a referral to her primary care provider to address this issue."

Based on this discussion and the information the assessor has gathered during the assessment, he/she will select the "Therapy needed but is not being received" option for each therapy the participant may need. This referral will be a component of the support plan, and the assessor will document the referral in Referrals and Goals. After the assessor has marked all appropriate therapies, the participant does not have but may need, he/she move to the next section, Assessment of Feet.

If the participant is receiving therapies, the assessor will use items 2 and 3 to document all currently received.

Item 2 - Skilled/Specialized Therapies- Non-Behavioral/Mental Health

Item 2 will be used to collect information about health therapies not related to behavioral or mental health. It is divided into five components, which are described below.

Therapy received - Assessors will document each of the therapies the participant is currently receiving. Options include:

- **Alternative/Integrated therapies -** Any healing or treatment methods that are not traditionally taught in medical schools. These include homeopathy, chiropractic, naturopathy, nutrition and Ayurveda.
- **Occupational therapy -** A form of therapy for those recuperating from physical or mental illness that encourages rehabilitation through the performance of activities required in daily life.
- **Pain management -** The specific treatment of pain using a variety of techniques that include physical therapy, medication management, injections, and/or other non-invasive pain management techniques such as exercise and behavioral modification.
- **Physical therapy -** The treatment of disease, injury, or deformity by physical methods such as heat treatment and exercise rather than by drugs or surgery.
- **Range of motion exercise -** Exercise and activity aimed at improving movement of a specific joint.
- **Respiratory therapy -** A combination of physical therapy and medication used to address health care issues affecting the cardiopulmonary system such as asthma, emphysema, pneumonia, cardiovascular disorders, and trauma.

- **Speech therapy -** Training to help people with speech and language problems to speak more clearly.
- **Other**

Who performs or monitors the therapy? Indicate who performs or monitors the corresponding therapy. The choices are:

- ☐ Caregiver
- ☐ Nurse
- ☐ Parent
- ☐ Self
- ☐ Relevant Healthcare Professional
- ☐ Other

If professional or other is checked, describe. *For example, if Professional is checked, the assessor may describe as "physical therapist".*

In many cases a professional will likely develop the therapeutic plan and it may be carried out by a variety of people that routinely interact or provide support to the participant. Check all that apply in the above list. *For example: Louella sees a speech therapist twice each week to improve her speaking abilities. At home, Louella's mother helps her work through speech exercises.* In the example, the assessor would check parent (mother) as well as professional (speech therapist).

Caregiver Status
The assessor will indicate whether the caregiver is able to carry out any supports called for as part of the participant's therapy plan. This item does NOT include caregiver support provided by an agency. The assessor should identify the caregiver, task(s) performed, and additional training or support is needed.

If supports are only provided by an agency or by a professional, such as a respiratory therapist, then the assessor would not complete this item. It is assumed that an agency/professional providing support will meet the necessary training requirements for providing supports identified in the plan.

Briefly describe the therapy.
The assessor will then need to provide a very brief description of the following: 1) the reason for the therapy 2) the participant's strengths, preferences and challenges related to the therapy and 3) other information, such as frequency of the therapy.

For example:
Andy was recently in an accident and has had a reduction in fine motor skills, such as being able to hold a pencil. He works with an occupational therapist three times a week to improve his abilities. He gets frustrated about not being able to perform simple tasks, but is able to talk through these frustrations with his occupational therapist, friends, and family.

Item 3 deals with **behavioral and mental health therapies**. This item is also found in the Psychosocial module, and will auto populate if assessors have already documented a response.

Does the participant receive any skilled/specialized, behavioral/mental health therapies?
Behavioral health therapies include a range of therapies to address behavioral health issues. Examples include:

- Professional therapies such as psychiatric care, psychotherapy, cognitive therapy, cognitive-behavioral therapy, group therapy, etc. run by professionals with training in therapy;
- Formalized behavioral plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers;
- Counseling services provided by a trained counselor;
- Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA;
- Mental health services not already mentioned;
- Other behavioral health therapies designed to address the specialized needs of the participant.

If the participant receives a behavioral therapy service, the assessor will need to address follow-up items as described for item 2.

Section 10: Assessment of Feet

Section 10 collects information specific to the participant's foot health. It contains five items, which are described below. Skip for participants under age 18.

Assessment Item	Guidance
Section 10: Assessment of Feet	
1. Last foot exam: ❍ Month/Year _____ ❍ Never ❍ Unknown ❍ Chose not to answer	If the participant has had a foot exam conducted by a medical professional, assessors should use this item to document the approximate month and year of the most recent exam. If the participant has never had a foot exam, assessors should select "Never". If the participant has issues with his/her feet and would like to be further assessed, assessors should provide a referral to his/her podiatrist, if applicable, or primary care provider and document in Referrals and Goals.
2. Participant had surgeries or medical procedures on his/her feet. ❍ No ❍ Yes, explain: _____ ❍ Chose not to answer	If the response to this item is "Yes", assessors should document all foot surgeries and procedures that the participant has had in the explanation. Examples of foot surgeries/procedures includes hammer toe correction, removal of diabetic foot ulcer, toe amputation, or bunion treatment. This item should be used to supplement the information collected in other sections of the Health module in addition to documenting new information. If the assessor has already described the foot surgeries the participant has undergone in Section 7, the assessor may copy language from Section 7 or briefly summarize the surgery in this item.

Assessment Item	Guidance
Section 10: Assessment of Feet	
3. Participant has conditions related to his/her feet. ❍ No [Skip to Item 5] ❍ Yes ❍ Chose not to answer [Skip to Item 5]	This item serves as a trigger item to determine if additional information existing foot conditions needs to be gathered. The list of conditions can be found in Item 4. If the participant does not have conditions related to feet or chooses not to respond to Item 3, assessors should skip to Item 5. If the participant has conditions related to his/her feet, assessors should identify the specific conditions in Item 4.

4. Conditions and Current Status of Feet

Assessors should use this item to document all of the foot conditions and whether these are problematic issues. Assessors should not be making a diagnosis of issues, but should be documenting all conditions that are present at the time of the assessment.

Assessors should begin by selecting all the conditions the participant experiences, including:

- **Bunions -** A painful bony bump or swelling that forms on the joint at the base of the big toe.
- **Calluses -** Thick, hardened layers of skin that develop when the skin tries to protect itself against friction and pressure.
- **Corns -** A hard protective surface that forms when sweat is trapped against a callus and the hard core softens.
- **Fungus -** Primary fungal foot issues are nail fungus. Nail fungus is a common condition that begins as a white or yellow spot under the tip of the fingernail or toenail. As the fungal infection goes deeper, nail fungus may cause the nail to discolor, thicken and crumble at the edge.
- **Hammer toes -** A toe that is bent permanently downward, typically as a result of pressure from footwear.
- **Infection** (cellulitis, drainage) - Foot infections are most commonly found in individuals with diabetes. Foot infections can develop in the skin, muscles, or bones of the foot as a result of the nerve damage and poor circulation, and can include puss and drainage.
- **Open lesions-** A break or wound to the skin of the foot.
- **Overlapping toes -** When the toes overlap and cause pain, skin irritation and disruption to normal functioning of the foot. Often other problems arise like blister and calluses on the top of toes.
- **Other**

For each condition assessors should select whether the issue is problematic or non-problematic. Problematic foot conditions are those that impact a participant's functioning and/or quality of life. For example:

"Abigail's hammer toes require her to walk with a cane to relieve the pressure on her right foot. This makes it difficult for her to get around enjoy activities she likes."

Non-problematic foot conditions are those that do not impact a participant's functioning and/or quality of life. For example:

"Will has large calluses on the top of each of his toes because of years of performing ballet. While these are monitored to ensure they do not rupture, they do not affect his daily functioning."

After assessors select whether the condition is problematic or not, they can make a note regarding each condition. This should include the type of problems the condition causes, if applicable, and whether the issue requires follow-up and if a referral should be made.

Assessment Item	Guidance
Section 10: Assessment of Feet	
5. Foot care needs ☐ Apply ointments/ lotions ☐ Diabetic foot care ☐ Dry bandage change ☐ Foot soaks ☐ Healing Inserts ☐ Nails trimmed in last 9 days ☐ Pads ☐ Protective booties ☐ Special Shoes ☐ Toe nails need trimming ☐ Toe separators ☐ Other _____ ☐ Other _____	This item should be used to document any foot care that is currently being provided to the participant, whether the participant has foot conditions or not. These could be preventative measures to ensure the participant does not develop foot conditions (e.g., apply ointments/ lotions) or active treatments. Assessors should select all foot care needs that apply.

Section 11: Assessment of Pain

Pain can be an issue that participants live with and do not seek treatment. This section is used to establish whether the participant experiences pain and may need to be referred for further treatment. If the participant requires additional follow-up, assessors should document this in Referrals and Goals.

Assessment Item	Guidance
Section 11: Assessment of Pain	
1. Pain presence ❍ *No [Skip to Item 6]* ❍ *Yes* ❍ *Unable to answer or No Response [Skip to Item 6]*	This item is intended to be a trigger item about whether the participant experiences pain. This refers to physical pain that impacts the participant's functioning and/or quality of life. To begin this conversation, assessors should ask the participant: *"Have you had pain or hurting at any time in the last week?"* If he/she has pain or hurting in the past two days, assessors should work through the rest of the items in this section with the participant. If the participant has not experienced pain or hurting in the past two days or if the participant is unable to answer or does not respond, assessors should skip to Item 6.

Assessment Item	Guidance
Section 11: Assessment of Pain	
2. Pain frequency ❍ *Almost constantly* ❍ *Frequently* ❍ *Occasionally* ❍ *Rarely* ❍ *Unable to answer*	Assessors should document approximately how often the participant reports having pain. Assessors should ask the participant *"How much of the time have you experienced pain or hurting over the last week?"* Based on the participant's response, assessors should code accordingly. Assessors should work with the participant to code his/her response according to the options provided. For example, the participant may say *"I have pain in my knees in the morning when I wake up and just before I go to bed. The pain is ok during the day, but it's really bad at those times."* Assessors would then confirm with the participant that the appropriate response would be "Frequently".
3. Pain intensity _____	Assessors should ask the participant *"Please rate your worst pain during the last 2 days on a zero to 10 scale, with zero being no pain and 10 as the worst pain you can imagine."*
4. Pain effect on sleep ❍ *No* ❍ *Yes* ❍ *Unable to answer or No Response*	This item should capture the impact of the physical pain on the participant's ability to sleep. This should not include sleep disorders or other issues that may impact sleep. Assessors should ask the participant: *"During the past 2 days, has pain made it hard for you to sleep at night?"*
5. Pain effect on activities ❍ *No* ❍ *Yes* ❍ *Unable to answer or No Response*	This item should capture the impact of the physical pain on the participant's ability to complete activities and meet functioning needs. This includes being able to perform activities of daily living (ADL) and being able to perform activities he/she enjoys, such as going to the park. Assessors should ask the participant *"During the past week, have you limited your activities because of pain?"*
6. **Do you have intermittent pain, or pain that is triggered by specific events?** ❍ No ❍ Yes, describe ❍ Unable to answer or no response	This item is intended to gather information about pain that has not occurred within the past two days, but has an impact on the participant's ability to complete activities and meet functioning. If the participant has intermittent/irregular pain and or pain that is triggered by a specific event (e.g., humidity, temperature, noises), assessors should indicate "yes" and

Assessment Item	Guidance
Section 11: Assessment of Pain	
	provide a brief description.
7. Is there a concern that pain is affecting the individual's behaviors? ❍ No ❍ Yes, identify behaviors: ☐ Injurious to self ☐ Aggressive or combative ☐ Aggressive towards others, verbal ☐ Injurious to animals ☐ Socially unacceptable behavior ☐ Destroys property ☐ Fire setting or preoccupation with fire ☐ Refuses ADL/IADL and/or medical care ☐ Wandering/elopement ☐ PICA ☐ Difficulties regulating emotions ☐ Withdrawal ☐ Agitation ☐ Impulsivity ☐ Intrusiveness ☐ Anxiety ☐ Psychotic behaviors ☐ Manic behaviors ☐ Other:_____ ❍ Unable to answer or No Response	The purpose of this item is to identify behaviors that could be present as a result of physical pain. The behavior options correspond with the behavior issues that are provided in the Psychosocial module. Talk with the participant and, if necessary, caregiver, parent and/or guardian. If the participant has pain symptoms, discuss how the symptoms may be causing behavior issues. For example, a participant may punch a wall if he/she hears ringing in his or her ears or feels pain in his/her head. If the behaviors are present but do not seem to be related to pain, it is not necessary to document behaviors in this item.
8. Pain observational assessment. Check all that apply. ☐ Non-verbal sounds (e.g., crying whining, gasping, moaning, or groaning) ☐ Vocal complaints of pain (e.g., "that hurts, ouch, stop") ☐ Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw) ☐ Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement) ☐ None of these signs observed or documented	This item should be used by assessors to document any pain indicators that they observe during the assessment by participants who are experiencing pain, not able to answer the pain items, or did not respond to the pain items. Assessors should select all indicators of pain or possible pain.

Section 12: Assessment of Sleep

Section 12 provides an opportunity for assessors to learn about whether the participant has issues with sleeping and may require additional follow-up and referral to address these issues. If the participant requires additional follow-up, assessors should document this need in Referrals and Goals.

Assessment Item	Guidance
Section 12: Assessment of Sleep	
1. Participant has concerns about how he/she sleeps. ❍ No [Skip to Section 13: HELPS Brain Injury Screen] ❍ Yes ❍ Sometimes ❍ Chose not to answer [Skip to Section 13: HELPS Brain Injury Screen]	This is a broad item that should include any concerns the participant has about he/she sleeps. Concerns can be related to pain, anxiety, distress, or unknown issues. Assessors should make a note of the cause of the concern in their notes to inform support planning. If the participant does not have concerns about his/her sleep or if they choose not to answer this item, assessors should skip to the next section, HELPS Brain Injury Screen. If the participant has concerns or sometimes has concerns, assessors should work through the rest of the items in this section.
2. Sleep issues ☐ Agitation ☐ Bedwetting/incontinence ☐ Difficulty waking up ☐ Difficulty Falling (or staying) asleep ☐ Falling asleep when not intending to ☐ Insomnia ☐ Nightmares/Night terrors ☐ Repositioning ☐ Sleep apnea ☐ Sleep walking ☐ Snoring ☐ Other: _____ ☐ Other: _____	Use this item to discuss and document all the sleep issues the participant has. This item should only be used to document concerns getting to sleep or during sleep s, not conditions that cause sleep issues (e.g., pain or anxiety) or results of not getting enough sleep. (e.g., lack of concentration or sluggish feeling).
3. Participant has had a sleep study completed. ❍ No ❍ Yes ❍ Unknown ❍ No response	This item should be used by assessors to inform support planning on whether the participant may need a referral for a sleep study. If the participant has ongoing sleep issues that impact quality of life and/or functioning and has not had a sleep study, assessors should provide a referral for a sleep study in the Referrals and Goals section. If the participant has had a sleep study and still has sleep issues, assessors should discuss with the participant whether he/she would like a referral to his/her primary care doctor to discuss the issue further.

Section 13: HELPS Brain Injury Screen

The HELPS brain injury screen is a validated tool that can help identify whether the participant may have an undiagnosed brain injury. Assessors should begin the screen using the language below as a guide; feel free to customize the language so that it is understandable for both assessors and participants.

"Brain injury is a common problem and many participants with a brain injury might be undiagnosed. To evaluate service eligibility and make appropriate referrals, I will need to ask you some questions that will help me learn more about a potential brain injury."

The tool contains an algorithm that uses the item responses to calculate a score. The HELPS Brain Injury screen is not designed to diagnose a head injury, however, if the participant has a score of two or more the participant may have an undiagnosed brain injury and should be referred for evaluation.

Assessment Item	Guidance
Section 13: HELPS Brain Injury Screen	
1. Participant has a diagnosed brain injury. ❍ Yes [Skip to Section 14: Referrals and Goals] ❍ No	This item is used to identify whether the participant has already been diagnosed with a brain injury. If he/she has, the assessor does not need to continue through this section and should skip to Referrals and Goals. The assessor should work through the remainder of the section with <u>all</u> individuals who have not been diagnosed with a brain injury.
2. H- Have you hit your head or been hit on the head? ❍ Yes ❍ No	To illicit an accurate response, the assessor should prompt the participant to think about all incidents that may have occurred at any age, even those that did not seem serious, including • Vehicle accidents • Falls • Assault • Abuse • Sports • Violent shaking of the head (e.g., being shaken as a baby or child) If possible, the assessor should ask about injuries related to domestic violence and child abuse. The assessor should also ask about combat/service related injuries if applicable.
3. E- Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head? ❍ Yes [Skip to P]	Encourage the participant to consider all times he/she has visited the emergency room for both an injury to the head and other injuries in which the head was not the primary reason for the visit but may have been impacted in the injury process.

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❍ No	If the participant responds "Yes", the assessor should skip to Item 5.
4. L- Did you ever Lose consciousness or experience a period of being dazed and confused because of an injury to your head? ❍ Yes ❍ No	People with a brain injury may not lose consciousness but experience an alteration of consciousness. This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.
5. P - Do you experience any of these Problems in your daily life since you hit your head? ☐ Anxiety ☐ Depression ☐ Difficulty Concentrating ☐ Difficulty Performing Your Job/School Work ☐ Difficulty Reading, Writing, Calculating ☐ Difficulty Remembering ☐ Dizziness ☐ Headaches ☐ Poor Judgment (Being Fired From Job, Arrests, Fights) ☐ Poor Problem Solving ☐ None ☐ Has not hit head	Document <u>all</u> problems the participant has had since hitting and/or injuring his/her head. If the participant does not have any problems, assessors should select "None". If the participant has never hit his/her head, assessors should select "Has not hit head".
6. S - Any other significant Sickness? ❍ Yes ❍ No	Respond "Yes" if the participant has had any other significant sickness not directly related to an injury or blow to the head, which may relate to an acquired brain injury. Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions such as brain tumor, meningitis, West Nile virus, stroke, seizures. Instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, or near suffocation could also impact the participant and cause an acquired brain injury.
Score:_____	A HELPS screening is considered positive for a possible brain injury when the following three items are identified: 1. An event that could have caused a brain injury (yes to H, E or S), **<u>And</u>**

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	2. A period of lost consciousness or of being dazed and confused (yes to L or E), **And** 3. The presence of two or more chronic problems listed under P that were not present before the injury.

Section 14: Referrals and Goals

Section 14 includes information to move forward directly to the Support Plan.

Assessment Item	Guidance
Section 14: Referrals and Goals	
1. What is important to the participant?	This item includes goals or outcomes the participant would like to see. If the participant expresses desired outcomes during the discussion of previous sections in this module, the assessor can bring these back up with the participant and talk about their importance. The assessor may need to prompt the participant. The following includes some examples of discussion or questions that might be posed. *Kathryn, we've talked about a lot of things related to your health and I'm interested in what is important for you to see happen in this area.* ▪ *Are there changes you'd like to see happen because of services or help from others?* ▪ *How could services help you maintain things that are going well for you now?*
2. Assessed Needs and Support Plan Implications _____	The assessor should summarize information that will be critical for developing the Support Plan and the authorization of services. For example: *Edwin has a primary care physician but due to pain that results from a back injury, could potentially benefit from an evaluation for therapy, exercise or other relief strategies.* *Or* *Beth is currently on many medications prescribed by a variety of physicians, and has had some recent health*

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	concerns (falls and confusion) that may be attributable to the medications. Support plan should address medical case management needs.
3. Document action required for medical set-up needs relating to successful transition from facility and/or maintenance of health: ☐ (Re) Establish primary care or specialty care relationships ☐ (Re) Establish dental/oral care relationship ☐ Set up medical appointments with existing medical and/or dental provider(s) ☐ Establish schedule for therapy (e.g., rehabilitative) appointments ☐ Arrange transportation for medical, dental or therapy appointments ☐ Medication management ☐ Nutritional management ☐ Assistance with and/or training and follow up for management of medical condition at home ☐ Establish new pharmacy or arrange for obtaining medications on a timely basis ☐ Nursing visit or monitoring ☐ Arrangement for telemedicine supplies and equipment ☐ Training for unpaid caregiver(s) concerning medical needs ☐ Specialized training for paid workers ☐ Reasonable accommodations at medical provider or be accompanied by an advocate ☐ Addressing accessibility of medical providers ☐ Other ☐ No action needed **Briefly describe below:**	This item contains actions needed for transitioning individuals from one setting to another. This is a mandatory item to review with anyone transitioning from one location to another. The purpose of this item is to ensure needs related to successful transition and continuity of critical supports are in place when transition to a new residence occurs. Check all that apply. The assessor should also use the open text box following the item to describe the transition needs and provide context for the required action

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4. Referrals Needed: ☐ Assistive Technology ☐ Cognitive Diagnostic Evaluation ☐ Dentist ☐ Equipment and Supplies ☐ Homecare ☐ Medical Specialist ☐ Mental Health Professional ☐ Medicare Part B prevention information ☐ Occupational Therapist ☐ Ombudsman ☐ Optometrist/Ophthalmologist ☐ Physical Therapist ☐ Primary Health Care Provider ☐ Protective Services ☐ School Health Services ☐ Speech/Language ☐ Other **Specify:** _____ ☐ Other **Specify:** _____	Summarize any referral needs identified in the assessment. Check all that apply. If a referral is not listed, use the "other" category at the end of the list and describe the referral.
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.	Describe any recommendations for improving the assessment module or training, including adding/removing items or items that require further clarification.