

## **Functioning Module**

This module is for participants age 4 and older.
For participants age 0-3, display the age specific items within the
Activities of Daily Living Section in the Level of Care Screen from
Participants Under Age 4 Functioning Module Supplement

#### Key

Bold Blue Highlight: Module narrative and directions- assessment level instruction and/or help

Orange: Items, responses, and other language specifically for participants 0-17 unless otherwise indicated

**Green: Skip patterns** 

Red: Additional instructions for assessors- item level help

Purple: Section level help Teal: Notes for automation

Denotes a shared question with another module (one way only unless otherwise indicated)

Gray Highlight: Responses/Text Boxes to pull forward to Assessment Output

Yellow Highlight: Populate and/or pull forward to the Support Plan from another module or section within the Support Plan itself

Green Highlight: Populate and/or pull forward from the member record to an assessment or from an assessment to the member record

Denotes mandatory item

Item populates forward for Reassessment

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

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

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

Commented [SL1]: The module document is a reference for automation. If the CCM tool provides a different method to improve user efficiency (e.g. navigation, workflow, layout) this should be reviewed with the Department for optimization within the CCM platform. This document is a not intended to be automated as is.



#### (ADLS) – AGE 4 AND OLDER

When scoring each ADL and IADL item, think about the participant's performance over the past 3 days and medical, cognitive, physical and behavioral factors unique to the participant that might influence task completion. Then consider the typical support needed to complete the task or the support needed during a task (a participant might complete a task independently, but requires supervision for a medical, behavioral or safety reason). The question to ask for each ADL/IADL item is, "Does the participant have the functional ability to safely complete the tasks or parts of the tasks listed? If not, what support is needed?"

however format needs to be determined by the Department based on CCM design.

Commented [SL3]: Within the CCM tool numbering for sections and questions does not need to match document,

#### I. Mobility

| 1A. Does the participant walk? | 5 | (Shared | from | LOC |
|--------------------------------|---|---------|------|-----|
|--------------------------------|---|---------|------|-----|

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

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

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

# 1C. Walk 150 feet indoors: Once standing, the ability to walk at least 150 feet in a corridor or similar space. For example, an aisle in a grocery store.

(Shared from LOC)

| (Siliai        | red from Eoc)   |  |  |
|----------------|---|--|--|
| Last 3<br>Days | Performance Level   |  |  |
| 0              | Independent - Participant completes the activity by him/herself with no assistance from helper (Skip to Item 1E- Walk 150 Outside of Home)  |  |  |
| •              | Age appropriate dependence- The participant requires a level of support consistent with his/her age (Skip to Item 1F- Walk 150 Outside of Home)   |  |  |
| O              | <b>Setup or clean-up assistance -</b> Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity   |  |  |
| 0              | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |  |  |
| O              | Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort  |  |  |

| O                                  | Substantial/maximal assistance - Helper does more than half the effort.  Helper lifts or holds trunk or limbs and provides more than half the effort   |  |  |
|------------------------------------|--|--|--|
| O                                  | <b>Dependent -</b> Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity |  |  |
| O                                  | Activity not Attempted- Participant refused  |  |  |
| O                                  | Activity not attempted due to short-term medical condition or safety concern   |  |  |
| O                                  | Not applicable- Participant does not usually do this activity  |  |  |
| Scoring based on: Shared from LOC) |  |  |  |

□ Observation ☐ Self-report □ Proxy

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

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

| Scoring based on | 8    | (Shared   | from | LOC)  |
|------------------|------|-----------|------|-------|
| ☐ Observation □  | ⊐ Se | lf-report |      | Proxy |

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

THE HOME. (Shared from LOC) (Only show if response to 1C "Walk 150 feet indoors" is "Independent" OR "Age Appropriate Dependence")

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

| <b>Scoring based</b> | on: | (Shared     | from L | OC) |
|----------------------|-----|-------------|--------|-----|
| □ Observation        |     | Self-report | ☐ Pr   | оху |

# 1F. Code the participant's level of independence for walking 10 feet OUTSIDE OF THE HOME. Solution (Shared from LOC) (Only show if response to 1C "Walk 150 feet indoors" is NOT "Independent" OR "Age Appropriate Dependence")

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

| O | <b>Dependent -</b> Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity |  |  |
|---|--|--|--|
| • | Activity not Attempted- Participant refused  |  |  |
| O | Activity not attempted due to short-term medical condition or safety concern   |  |  |
| O | Not applicable- Participant does not usually do this activity  |  |  |
| S | coring based on: Self-report □ Proxy   |  |  |

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

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

|   | Not applicable | Participant does not | usually do this activ |
|---|----------------|----------------------|-----------------------|
| S | coring based   | on:                  |                       |
|   | 1 Observation  | □ Self-report        | ☐ Proxy               |

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

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

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O

concern

Scoring based on: ☐ Observation

#### ent Process lule (10-20)

|                         | Department of Health Care Colorado LTSS Assess  |
|-------------------------|---|
|                         | Policy & Financing Functioning 4+ N   |
|                         | Supervision or touching assistance - Helper provides verbal cues or   |
| O                       | 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.  |
| O                       | Helper lifts, holds, or supports trunk or limbs, but provides less than half the  |
|                         | effort  |
| O                       | <b>Substantial/maximal assistance</b> - Helper does more than half the effort.<br>Helper lifts or holds trunk or limbs and provides more than half the effort   |
|                         | <b>Dependent</b> - Helper does all of the effort. Participant does none of the  |
| O                       | effort to complete the task OR the assistance of 2 or more helpers is   |
| •                       | required for the participant to complete the activity   |
| O                       | Activity not Attempted- Participant refused   |
|                         | Activity not attempted due to short-term medical condition or safety  |
| $\mathbf{O}$            | concern   |
| O                       | Not applicable- Participant does not usually do this activity   |
|                         | Scoring based on:   |
|                         | □ Observation □ Self-report □ Proxy   |
|                         |   |
|                         | = 0000 ration = 00 report = 110m,   |
|                         |   |
|                         |   |
| 1I. 1 st                | ep (curb): The ability to step over a curb or up and down one step.   |
| 11. 1 st                | ep (curb): The ability to step over a curb or up and down one step.   |
|                         | ep (curb): The ability to step over a curb or up and down one step.  Performance Level  |
| Last 3<br>Days          | Performance Level  Independent - Participant completes the activity by him/herself with no  |
| Last 3                  | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper   |
| Last 3<br>Days          | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support  |
| Last 3 Days O           | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  |
| Last 3<br>Days          | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; participant   |
| Last 3 Days O           | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  |
| Last 3 Days O           | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  Supervision or touching assistance - Helper provides verbal cues or   |
| Last 3 Days O           | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; 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   |
| Last 3 Days O O O       | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  Supervision or touching assistance - Helper provides verbal cues or   |
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| Last 3 Days O O O O     | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; 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  |
| Last 3 Days O O O       | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; 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   |
| Last 3 Days O O O O O O | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; 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   |
| Last 3 Days O O O O     | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; 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 OR the assistance of 2 or more helpers is |
| Last 3 Days O O O O O O | Performance Level  Independent - Participant completes the activity by him/herself with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; 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   |

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

☐ Self-report ☐ Proxy

Activity not attempted due to short-term medical condition or safety

Not applicable- Participant does not usually do this activity

| Last 3 | Danfarmana I aval |
|--------|-------------------|
| Davs   | Performance Level |

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

| □ Observation □ Se | lf-report $\square$ | Proxy |
|--------------------|---------------------|-------|
|--------------------|---------------------|-------|

**1K. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

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

Scoring based on:



| Tot                  | Functio  | ning 4+ Module (10- |
|----------------------|--|---------------------|
|                      | ☐ Observation ☐ Self-report ☐ Proxy  |                     |
| from<br>O Ye<br>O Ye | Does the participant use a wheelchair or scooter for mobility LOC)  as, as the primary mechanism for mobility  as, but walking is the primary mechanism for mobility  b (Skip to Item 1P- Mobility Level of Support Need Varied)                                       | ? (Shared           |
| 1M. Wh               | Indicate the type of wheelchair/scooter used for this asses Show if either "yes" response is selected in item 1L "Does the a wheelchair")  [Shared from LOC) [Manual Motorized wheelchair/scooter]  [Meel 50 feet with two turns: Once seated in a wheelchair/scooter] | particpant use      |
|                      | least 50 feet and make two turns.  | , ,                 |
| Last 3<br>Days       | Performance Level  |                     |
| O                    | Independent - Participant completes the activity by him/herself with no assistance from helper   |                     |
| O                    | Age appropriate dependence- The participant requires a level of support consistent with his/her age  |                     |
| •                    | Setup or clean-up assistance - Helper sets up or cleans up; 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  |                     |
| O                    | Partial/moderate assistance - Helper does less than half the effort.<br>Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort  |                     |
| 0                    | Substantial/maximal assistance - Helper does more than half the effort.<br>Helper lifts or holds trunk or limbs and provides more than half the effort   |                     |
| O                    | <b>Dependent</b> - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity   |                     |
| 0                    | Activity not Attempted- Participant refused  |                     |
| 0                    | Activity not attempted due to short-term medical condition or safety concern   |                     |
| O                    | Not applicable- Participant does not usually do this activity  |                     |
|                      | Scoring based on:  ☐ Observation ☐ Self-report ☐ Proxy   |                     |
|                      | <b>rel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheeccorridor or similar space.   | el at least 150     |
| Last 3<br>Days       | Performance Level  |                     |
|                      |  |                     |

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

| Scoring | based | on |
|---------|-------|----|
|         |       |    |

| ☐ Observation | ☐ Self-report | ☐ Prox\ |
|---------------|---------------|---------|
|               |               |         |

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

| Last 3<br>Days | Performance Level  |
|----------------|--|
| O              | Independent - Participant completes the activity by him/herself with no assistance from helper   |
| 0              | Age appropriate dependence- The participant requires a level of support consistent with his/her age  |
| O              | <b>Setup or clean-up assistance -</b> Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  |
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| O              | <b>Dependent</b> - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity       |
| O              | Activity not Attempted- Participant refused  |
| O              | Activity not attempted due to short-term medical condition or safety concern   |
| O              | Not applicable- Participant does not usually do this activity  |

Scoring based on:

| Observation   | Colf wonest   | □ Duova |
|---------------|---------------|---------|
| □ Observation | □ Self-report | ☐ Proxv |



| Days   |   | Performance Level  |                                |
|--------|---|--|--------------------------------|
| 0      | Independent — Partici<br>assistance from helper         | pant completes the activity by him/he  | rself with no                  |
| O      | Age appropriate depo                                    | endence- The participant requires a l<br>age   | level of support               |
| 0      |   | sistance – Helper sets up or cleans u<br>er assists only prior to or following the                                       |                                |
| 0      | Supervision or touch touching/steadying assis           | <b>ing assistance –</b> Helper provides ver<br>stance as participant completes activit<br>the activity or intermittently | rbal cues or                   |
| O      | Partial/moderate ass                                    | sistance – Helper does less than half<br>trunk or limbs, but provides less than  |                                |
| O      | Helper lifts or holds trui                              | <b>l assistance –</b> Helper does more than<br>nk or limbs and provides more than ha                                     | alf the effort                 |
| O      |   | loes all of the effort. Participant does in<br>the assistance of 2 or more helpers is ri<br>the activity                 |                                |
| O      | Activity not Attempte                                   | ·  |                                |
| O<br>O |   | ed due to short-term medical condition ipant does not usually do this activity   | n or safety concern            |
|        | ☐ Observation  I frequently has this  Bys? ☐ Shared for |  | ility been needed in the past  |
| 0 2    | or more times per                                       | O 3-4 times per  | O Other, specify               |
| da     |   | month  | frequency of                   |
|        | nily<br>6 times per week<br>3 times per week            | O 1-2 times per month  | enhanced support for mobility: |
|        | roximately how long hared from LOC)                     | g does each instance of enh  | anced mobility support last?   |
| _      | nared from LOC)   |  | ○ Greater than 60              |



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



O No (Skip mobility equipment table) follow automation instructions after the table

O Yes

#### **II. Mobility Equipment**

**Mobility Equipment Status** 

In Use of Device column use the following responses:

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

| Type of Assistive Device   | Use of<br>Device<br>(Drop<br>down)△ | Comments/Supplier |
|--|-------------------------------------|-------------------|
| Cane   | Drop down                           |                   |
| Crutch   | Drop down                           | *                 |
| Gait belt  | Drop down                           |                   |
| Gel pad  | Drop down                           |                   |
| Manual wheelchair  | Drop down                           |                   |
| Motorized wheelchair/scooter   | Drop down                           |                   |
| Medical response alert unit  | Drop down                           |                   |
| Lower body prosthetics/<br>orthotics (e.g., brace)                                 | Drop down                           |                   |
| Prostheses, other  | Drop down                           |                   |
| Quad cane  | Drop down                           |                   |
| Ramps  | Drop down                           |                   |
| Repositioning wheelchair   | Drop down                           |                   |
| Room monitor   | Drop down                           |                   |
| Scooter  | Drop down                           |                   |
| Service animal   | Drop down                           |                   |
| Specialized medical equipment  | Drop down                           |                   |
| Specialized seating pad (e.g., air-filled, gel, shaped foam) sensory is device/aid | Drop down                           |                   |



| Chair Adain all Land Life about | ь .       |  |
|---------------------------------|-----------|--|
| Stair/chair glides/ Lift chair  | Drop down |  |
| Stair rails                     | Drop down |  |
| Splint/Braces                   | Drop down |  |
| Walker                          | Drop down |  |
| Walker with seat                | Drop down |  |
| Other mobility equipment (1)    |           |  |
| Describe other mobility         | Drop down |  |
| equipment (1):                  |           |  |
| Other mobility equipment (2)    |           |  |
| Describe other mobility         | Drop down |  |
| equipment (2):                  |           |  |

Preferences and guidance for workers and training/skill building should only be asked of participants who require support for mobility. If <u>ANY of the following scenarios</u> are met, the participant does not require support for mobility and system should skip to Notes/Comments mobility.

- Respond "Yes" to Item 1A AND "Independent" or "Age Appropriate Dependence" to ALL Applicable (Based on Skip Logic) Items 1C-K AND "No" to Item 1L AND "No" to Item 1P OR
- Respond "No, but walking is indicated in the future" or "No, and walking is not
  indicated in the future" to item 1A AND "Yes" to Item 1L AND "Independent" or
  "Age Appropriate Dependence" to ALL OF Items 1M-10 AND "No" to Item 1P OR
- Respond "Yes" to Item 1A AND "Independent" or "Age Appropriate Dependence" to ALL OF Items 1C-K asked of the participant AND "Yes" to Item 1L AND "Independent" or "Age Appropriate Dependence" to ALL OF Items 1M-1O AND "No" to Item 1P
- Refers to only questions asked of participant based on age

#### **III. Mobility-Preferences and Guidance for Workers**

| 1U. Preferences and Guidance for Workers – I  | , , , ,  |
|---|--|
| what he/she wants workers to know whe home. Consider age appropriate factors.   | n supporting him/her to get around his/her<br>→  |
| <ul> <li>□ Access to backup equipment or same day repair</li> <li>□ Activity limited; afraid of falling</li> <li>□ Assist participant over thresholds</li> <li>□ Behavioral issues</li> <li>□ Can walk, but prefers wheelchair</li> </ul> | ☐ Caregivers use a gait belt ☐ Contact guard when walking ☐ Cooperates with caregiver ☐ Crutch ☐ Disease/symptoms interfere with performing task |
|   |  |

| COLORADO  Department of Health Care Policy & Financing  | Colorado LTSS Assessment Process<br>Functioning 4+ Module (10-20)   |
|---|---|
| ☐ Has a steady gait ☐ Keep walkways clear ☐ Leans to one side ☐ Leave assistive device within reach ☐ Manage his/her own ability needs ☐ Manual wheelchair ☐ Misplaces/forgets assistive device ☐ Poor navigation ☐ Propels own wheelchair ☐ Pushed in wheelchair ☐ Provide contact guard when walking ☐ Provide physical support with stairs   | <ul> <li>□ Remind to use assistive device</li> <li>□ Recharge batteries daily</li> <li>□ Sees well enough to navigate independently</li> <li>□ Unable to walk/bear weight</li> <li>□ Visual impairment</li> <li>□ Will not use assistive device</li> <li>□ Other,</li> <li>□ Describe preferences for support to get around at home:</li> <li>□ None</li> </ul> |
| 1V. Preferences and Guidance for Workers – Id what he/she wants workers to know when community. Consider age appropriate factor.  Access to backup equipment or same day repair.  Activity limited; afraid of falling.  Assist on uneven surfaces.  Behavioral issues.  Can evacuate in emergency.  Can walk, but prefers wheelchair.  Caregivers use a gait belt.  Cannot open doors.  Contact guard when walking.  Cue to use assistive device.  Difficulty navigating unfamiliar environments.  Disease/symptoms interfere with performing task.  Gait belt.  Gets lost outside residence.  Has good endurance.  Independent with stairs.  Keep assistive device within reach. | supporting him/her to get around the  |
| <ul><li>1W. Is training/skill building needed to increas</li><li>ONo</li><li>OYes, describe training/skill building needed arou</li></ul>   | •   |



| 1X. Notes/Comm | ents: Mobility |  |
|----------------|----------------|--|
|                |                |  |
|                |                |  |
|                |                |  |
|                |                |  |

#### **IV. Transfers**

- 2A. Does the participant use a cane or walker for transferring? (Shared from LOC)
  - O No, does not use cane or walker
  - O No, only uses cane or walker for mobility
  - O Yes, required during all transferring activities
  - O Yes, but used intermittently and not required for all transferring activities

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

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

| Scoring based | on: | S    | (Shared | w | /LOC)  |   |
|---------------|-----|------|---------|---|--------|---|
| ☐ Observation |     | Self | -report | [ | ☐ Prox | ٦ |



Colorado Assessment Process Restructuring Initiative: Draft Functioning Module (10-20)

**2C. Sit to stand-** The ability to safely come to a standing position from sitting in a chair or on the side of the bed. 

Side of the bed. 

Solution from sitting in a chair or on the side of the bed.

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

| Scoring based of | n: | S     | (Share  | d | from | LOC | 2) |
|------------------|----|-------|---------|---|------|-----|----|
| ☐ Observation    |    | Self- | -report |   | □ Pi | оху |    |

#### 2D. Chair/Bed-to-Chair Transfer - The ability to safely transfer to and from a bed to a chair.

(Shared from LOC) Last 3 Performance Level Days Independent - Participant completes the activity by him/herself with no 0 assistance from helper Age appropriate dependence- The participant requires a level of support 0 Setup or clean-up assistance - Helper sets up or cleans up; participant O completes activity. Helper assists only prior to or following the activity Supervision or touching assistance - Helper provides verbal cues or 0 touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently Partial/moderate assistance - Helper does less than half the effort. Helper 0 lifts, holds, or supports trunk or limbs, but provides less than half the effort Substantial/maximal assistance - Helper does more than half the effort. 0 Helper lifts or holds trunk or limbs and provides more than half the effort Dependent - Helper does all of the effort. Participant does none of the effort to O complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity O Activity not Attempted- Participant refused

|   |                            |                        |                            |         | , | - | <br> | <br> | <br> | <br> | <br> | <br> |  |
|---|----------------------------|------------------------|----------------------------|---------|---|---|------|------|------|------|------|------|--|
| 0 | Activity not attempted     | due to short-term me   | edical condition or safety | concern |   |   |      |      |      |      |      |      |  |
| 0 | Not applicable- Participal | nt does not usually de | o this activity            |         |   |   |      |      |      |      |      |      |  |
|   | Scoring based              | on: Shared f           | from LOC)                  |         |   |   |      |      |      |      |      |      |  |
|   | ☐ Observation              | □ Self-report          | ☐ Proxy                    |         |   |   |      |      |      |      |      |      |  |
|   |                            |                        |                            |         |   |   |      |      |      |      |      |      |  |

**2E. Car transfer-** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. •

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

| Scoring based | on:           |         |
|---------------|---------------|---------|
| ☐ Observation | □ Self-report | □ Proxy |

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

days? (Shared from LOC)
O No (Skip to Item 3A- Bathing)

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

| Past 30 Days | Performance Level   |
|--------------|---|
| •            | Independent – Participant completes the activity by him/herself with no assistance from helper  |
| 0            | Age appropriate dependence- The participant requires a level of support consistent with his/her age   |
| O            | <b>Setup or clean-up assistance</b> – 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 |
| 0            | Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort  |
| O            | Substantial/maximal assistance — Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort   |



activities and has the device in the home

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| •                              |  | er does all of the effort. Participant does none<br>R the assistance of 2 or more helpers is requil<br>ete the activity |  |
|--------------------------------|--|---|--|
| •                              | Activity not Attempted- Participant refused  |   |  |
| O                              | Activity not attem   | pted due to short-term medical condition or s   | safety concern   |
| O                              | Not applicable- Pai  | rticipant does not usually do this activity   |  |
|                                | Scoring based o  ☐ Observation   | on: Self-report ☐ Proxy   |  |
|                                |  | s enhanced support for transfe  | erring been needed in the                                      |
| past 30                        | days? 🕕 🔟 (Sha   | red from LOC)   |  |
| day<br>• Daily<br>• 4-6 ti     | mes per week<br>mes per week   | <ul><li>3-4 times per month</li><li>1-2 times per month</li></ul>   | Other, specify frequency of enhanced support for transferring: |
|                                | imately how lon  | g does each instance of enhan   | ced transferring support last?                                 |
| O 0-15 min<br>O 16-30 mi       |  | <ul><li>31-45 minutes</li><li>46-60 minutes</li></ul>   | O Greater than 60 minutes                                      |
| 2J. Does th O No (Stable O Yes | ed from LOC)  e participant have participant have been participant | ve or need any adaptive equip<br>equipment table) follow autor  | ment to assist with transfers?                                 |
| V. Transfe                     | erring Equipmo   | ent   |  |
| In Use of                      |  | use the following responses:<br>ed and available- Participant ned   | eds this device to complete daily                              |

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

| Type of Assistive Device   | Use of Device<br>(Drop down) ☎ | Comments/Supplier |
|--|--------------------------------|-------------------|
| Bed rail   | Drop Down                      |                   |
| Brace  | Drop Down                      |                   |
| Ceiling lift track system  | Drop Down                      |                   |
| Draw sheet   | Drop Down                      |                   |
| Durable medical equipment (e.g., cane/walker)                        | Drop Down                      |                   |
| Electronic bed   | Drop Down                      |                   |
| Gait belt  | Drop Down                      |                   |
| Mechanical lift (e.g., Hoyer lift)                                   | Drop Down                      |                   |
| Lift chair   | Drop Down                      |                   |
| Slide board  | Drop Down                      |                   |
| Specialized medical equipment  | Drop Down                      |                   |
| Transfer board   | Drop Down                      |                   |
| Other transfer equipment (1)  Describe other transfer equipment (1): | Drop Down                      |                   |
| Other transfer equipment (2)  Describe other transfer equipment (2): | Drop Down                      |                   |

If the participant responded "Independent" or "Age Appropriate Dependence" to ALL Items 2B-E AND "No" to item 2F, skip to "Notes/Comments-Transfers".

Refers to only questions asked of participant based on age

#### **VI. Transfers-Preferences and Guidance for Workers**

| what he/she wants workers to know                 | rkers – Identify the participant's preferences and when supporting him/her with transfers. Consider |
|---|---|
| age appropriate factors. ☐  □ Asks for assistance | ☐ Aware of safety   |
|   | Page 18   67  |

| COLORADO  Department of Health Care Policy & Financing  □ Behavioral issues □ Can transfer self □ Caregivers use a gait belt □ Cooperates with caregiver □ Cue to use adaptive equipment □ Disease/symptoms interfere with performing task □ Has good upper body strength □ Maintain contact until steady □ Motivated □ Talk participant through each transfer □ Transfer quickly | Colorado LTSS Assessment Process Functioning 4+ Module (10-20)  Transfers with some support Two-person transfer Unable to transfer without assistance Unsteady during transfer Use a transfer board/pole Use mechanical lift and/or ceiling lifts for transfers Weight bearing transfer Other, Describe preferences for support with transfers: |
|---|---|
| ☐ Transfer quickly ☐ Transfer slowly  Notes/Comments: Transfers   | □ None  |

#### VII. Bathing

**3A. Shower/bathe self:** The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower. (Shared from LOC)

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



| C | Activity not attempted due to short-term medical condition or safety concern |  |  |
|---|--|--|--|
| O | Not applicable- Participant does not usually do this activity                |  |  |
|   | Scoring based on: Self-report □ Proxy  |  |  |

3B. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.

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

| )  | Not applicab | <b>le-</b> Participant does no | ot usually do this activity |  |
|----|--------------|--------------------------------|-----------------------------|--|
| Sc | oring based  | on:                            |                             |  |
|    | Observation  | ☐ Self-report                  | □ Proxy                     |  |

## 3C. Has the level of support the participant needs for bathing varied over the last 30 days? (Shared from LOC) O No (Skip to Item 3G- Bathing Equipment)

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

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

| O       | Supervision or touching assistance — Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be   |                     |
|---------|--|---------------------|
|         | provided throughout the activity or intermittently <b>Partial/moderate assistance</b> – Helper does less than half the effort. Helper lifts,   | holds               |
| O       | or supports trunk or limbs, but provides less than half the effort   | noids,              |
| C       | Substantial/maximal assistance — Helper does more than half the effort. Helper or holds trunk or limbs and provides more than half the effort  |                     |
| •       | <b>Dependent</b> – Helper does all of the effort. Participant does none of the effort to couthe task OR the assistance of 2 or more helpers is required for the participant to conthe activity |                     |
| O       | Activity not Attempted - Participant refused   |                     |
| C       | Activity not attempted due to short-term medical condition or safety concern   |                     |
| O       | Not applicable- Participant does not usually do this activity  |                     |
|         | Scoring based on: Shared from LOC)  ☐ Observation ☐ Self-report ☐ Proxy  |                     |
| 3D. Ho  | w frequently has this enhanced support for bathing been no   | eeded in the past   |
| 30 d    | days? 🕕 (Shared from LOC)  |                     |
|         | 2 or more times per day  |                     |
| 0 0     |  |                     |
|         | 1-6 times per week   |                     |
|         | I-3 times per week   |                     |
|         | 3-4 times per month  |                     |
| 0 1     | 1-2 times per month  |                     |
| 0 0     | Other, specify frequency of enhanced support for bathing:  |                     |
|         |  |                     |
|         |  |                     |
| 3E. App | proximately how long does each instance of enhanced bath   | ing support last? 🤇 |
| S       | (Shared from LOC)  |                     |
| O 0     | 0-15 minutes O 31-45 minutes   | O Greater than 60   |
| 0 1     | 16-30 minutes  | minutes             |
|         |  |                     |
|         |  |                     |
|         | 3F. Describe the circumstances that result in this additional  | need for bathing    |
| s       | support. O (Shared from LOC)   |                     |
| ſ       |  |                     |
|         |  |                     |
|         |  |                     |
|         |  |                     |
| 3       | <b>3G. Does the participant have or need any adaptive equipme</b>  | ent to assist with  |
| b       | oathing? 🕕   |                     |
|         | O No (Skip bathing equipment table) follow automation  | instructions after  |
|         | the table  |                     |
|         | O Yes  |                     |



#### **VIII. Bathing Equipment**

#### **Bathing Equipment Status**

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

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

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

If the participant responded "Independent" or "Age Appropriate Dependence" to Item 3A & 3B AND "No" to Item 3C, skip to "Notes and Comments: Bathing"?

Refers to only questions asked of participant based on age



| IX. Bathing-Preferences and Guid  | ance for Workers  |
|---|---|
| 3H. Preferences and Guidance for Work preferences and what he/she want him/her with bathing. Consider age Able to direct caregiver Able to manage his/her own needs Afraid of bathing Assist with drying Bathes self with cueing Behavioral issues Cannot be left unattended Cannot feel/judge water temperature Cooperates with caregiver Disease/symptoms interfere with performing task Enjoys bathing Female caregiver Male caregiver Perform skin inspection Prefers baths  BI. Is training/skill building needed to increated. No Yes, describe training/skill building needed as | appropriate factors. ☐ ☐ Prefers bed/sponge baths ☐ Prefers showers ☐ Scald guard for bathtub ☐ Soak feet ☐ Special toys ☐ Standby during bathing ☐ Transfer in/out of tub/shower ☐ Unable to shampoo hair ☐ Unable to stand alone ☐ Use specific products ☐ Wash back, legs, feet ☐ Weight bearing ☐ Other, ☐ Describe preferences for support for bathing: ☐ None |
|   |   |
|   |   |
| X. Dressing   |   |
| • Yes, describe training/skill building needed  | around bathing:   |

**4A. Upper Body Dressing -** The ability to put on and remove shirt or pajama top. Includes buttoning, if applicable. 

State of the st

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

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

**4B. Lower Body Dressing -** The ability to dress and undress below the waist, including fasteners. Does not include footwear. 

[Shared from LOC]

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

|                 | CONCENT   |                |
|-----------------|---|----------------|
| O               | Not applicable- Participant does not usually do this activity   |                |
|                 | Scoring based on: Shared from LOC)  |                |
|                 | ☐ Observation ☐ Self-report ☐ Proxy   |                |
|                 |   |                |
| 4C Putt         | ting on/taking off footwear - The ability to put on and take off soci   | ks and shoes o |
|                 | r footwear that are appropriate for safe mobility. $0$ (Shared from   |                |
|                 | Shared Holl   | (LUC)          |
| Last 3<br>Days  | Performance Level   |                |
| O               | Independent - Participant completes the activity by him/herself with no assistance from helper  |                |
| 0               | Age appropriate dependence- The participant requires a level of support   |                |
|                 | consistent with his/her age  Setup or clean-up assistance - Helper sets up or cleans up; participant                                  |                |
| O               | completes activity. Helper assists only prior to or following the activity  |                |
| $\circ$         | Supervision or touching assistance - Helper provides verbal cues or   |                |
| O               | 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.  |                |
| O               | Helper lifts, holds, or supports trunk or limbs, but provides less than half the  |                |
| -               | effort  Substantial/maximal assistance - Helper does more than half the effort.   |                |
| 0               | Helper lifts or holds trunk or limbs and provides more than half the effort   |                |
|                 | Dependent - Helper does all of the effort. Participant does none of the effort  |                |
| O               | to complete the task OR the assistance of 2 or more helpers is required for<br>the participant to complete the activity               |                |
| 0               | Activity not Attempted - Participant refused  |                |
| 0               | Activity not attempted due to short-term medical condition or safety  |                |
| •               | Not applicable- Participant does not usually do this activity   |                |
|                 |   |                |
|                 | Scoring based on: Solf report Decoration  |                |
|                 | ☐ Observation ☐ Self-report ☐ Proxy   |                |
|                 |   |                |
| 4D. Has         | the level of support the participant needs for dressing varied  | over the last  |
| 30 d            | lays?   Shared from LOC)  |                |
|                 | (Skip to Item 4H- Dressing Equipment)   |                |
| Ye              | es, identify the highest level of support needed in the past 30 days:   |                |
| Last 30<br>Days | Performance Level   |                |
| 0               | Independent — Participant completes the activity by him/herself with no assistance from helper  |                |
| 0               | Age appropriate dependence- The participant requires a level of support consistent with his/her age                                   |                |
| <b>O</b>        | Setup or clean-up assistance — Helper sets up or cleans up; participant   |                |
| 9               | completes activity. Helper assists only prior to or following the activity  |                |

Activity not attempted due to short-term medical condition or safety

| _   | Supervision or touchi      | <b>ing assistance –</b> Helper provides verba                                       | al cues or                 |
|---|----------------------------|---|----------------------------|
| •   | touching/steadying assis   | stance as participant completes activity.   | Assistance may             |
|   |                            | the activity or intermittently  |                            |
| Partial/moderate assistance – Helper does less than half the effort. Helper |                            |   | e effort. Helper           |
| •   |                            | trunk or limbs, but provides less than ha   |                            |
| 0   |                            | assistance - Helper does more than l  |                            |
|   | Helper lifts or holds trun | k or limbs and provides more than half  | the effort                 |
|   | Dependent - Helper de      | oes all of the effort. Participant does no  | ne of the effort to        |
| 0   |                            | ne assistance of 2 or more helpers is req   | uired for the              |
|   | participant to complete t  | •   |                            |
| O   | Activity not Attempte      | e <b>d-</b> Participant rerused<br>e <b>d</b> due to short-term medical condition o | or cafety concern          |
| 0   | •                          |   | •                          |
|   |                            | cipant does not usually do this activ   | nty                        |
|   | Scoring based o            | n: [Shared from LOC)  |                            |
|   |                            | ☐ Self-report ☐ Proxy   |                            |
|   |                            | .,  |                            |
|   |                            |   |                            |
| 4F. How   | frequently has this        | enhanced support for dressii  | ng been needed in the nast |
|   |                            |   | ig been needed in the past |
| 30 da   | nys? 🏮 (Shared w           | /LOC)   |                            |
| 0.20  | or more times per          | O 3-4 times per   | O Other, specify           |
| da  | •                          | month   | frequency of               |
| O Da  |                            | O 1-2 times per   |                            |
|   |                            |   | enhanced support           |
|   | 6 times per week           | month   | for dressing:              |
| 0 1-3   | 3 times per week           |   |                            |
|   |                            |   |                            |
| 4F. Appr  | oximately how long         | does each instance of enhan   | ced dressing support last? |
| S (Shar   | red from LOC)              | A   |                            |
| LI(Silai  | ed Holli Loc)              |   |                            |
| 20:   | 1 C mains share            | Q 21 45 minutes   | 2 Cuantau than CO          |
|   | 15 minutes                 | O 31-45 minutes   | O Greater than 60          |
| O 16  | -30 minutes                | O 46-60 minutes   | minutes                    |
|   |                            |   |                            |
|   |                            |   |                            |
| 40  | i. Describe the circu      | mstances that result in this a  | dditional need for         |
|   | dressing support.          | (Shared from LOC)   |                            |
|   | an econing outpoint        | <u> </u>  |                            |
|   |                            |   |                            |
|   |                            |   |                            |
|   |                            |   |                            |
|   |                            |   |                            |
|   |                            |   |                            |
|   | 4H. Does the parti         | cipant have or need any equi  | pment or devices to assist |
|   | with dressing?             |   |                            |
|   |                            | ssing equipment table) follow   | v automation instructions  |
|   | · ·                        |   | v automation mstructions   |
|   | after the tab              | DIE   |                            |
|   | O Yes                      |   |                            |



#### **XI. Dressing Equipment**

#### **Dressing Equipment Status**

In Use of Device column use the following responses:

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

| Type of Assistive Device  | Use of<br>Device<br>(Drop<br>down) | Comments/<br>Supplier |
|---|------------------------------------|-----------------------|
| Adapted clothing  | Drop Down                          |                       |
| Button hook   | Drop Down                          |                       |
| Elastic shoelaces   | Drop Down                          |                       |
| Helmet  | Drop Down                          |                       |
| Orthotics/Brace   | Drop Down                          |                       |
| Prosthesis  | Drop Down                          |                       |
| Protective gear   | Drop Down                          |                       |
| Reacher/grabber   | Drop Down                          |                       |
| Sock aid  | Drop Down                          |                       |
| Specialized medical equipment   | Drop Down                          |                       |
| TED hose  | Drop Down                          |                       |
| AFOs  | Drop Down                          |                       |
| Correct lighting  | Drop Down                          |                       |
| Other dressing equipment (1)  Describe other dressing equipment (1) status: | Drop Down                          |                       |
| Other dressing equipment (2) Describe other dressing equipment (2) status:  | Drop Down                          |                       |

If the participant responded to items 4A, B <u>and</u> C as "Independent" or "Age Appropriate Dependence" <u>AND</u> 4D as "No" skip to "Notes and Comments: Dressing".

Refers to only questions asked of participant based on age

#### **XII. Dressing-Preferences and Guidance for Workers**



|                 | <ol> <li>Preferences and Guidance for Worke<br/>references and what he/she wants wo</li> </ol> |                                       |
|-----------------|--|---------------------------------------|
|                 | m/her with dressing. Consider age app  |                                       |
|                 | ☐ Able to direct caregiver   | ☐ Manage his/her own need             |
|                 | ☐ Behavioral issues  | ☐ Motivated                           |
|                 | ☐ Cannot button clothing   | ☐ Prefers slip on shoes               |
|                 | ☐ Cannot lift arms   | ☐ Prefers to choose own clothes       |
|                 | ☐ Cannot put on shoes/socks  | ☐ Prefers to wear same clothing daily |
|                 | ☐ Changes clothes multiple times daily   | ☐ Unable to tie                       |
|                 | ☐ Cooperates with caregiver  | ☐ Unable to undress independently     |
|                 | ☐ Disease/symptoms interfere with  | ☐ Unable to zip                       |
|                 | performing task  | ☐ Uses assistive device               |
|                 | ☐ Dress participant's lower body   | ☐ Velcro closures                     |
|                 | ☐ Dress participant's upper body   | ☐ Will wear dirty clothes             |
|                 | ☐ Female caregiver   | ☐ Worker put on/take off footwear     |
|                 | ☐ Gets dressed with cueing   | ☐ Worker put on/take off sock/TED     |
|                 | ☐ Help select appropriate, clean,  | hose                                  |
|                 | and/or matching clothes  | ☐ Other,                              |
|                 | ☐ Label/organize clothing by color,  | Describe preferences for support      |
|                 | style, etc.  | when dressing:                        |
|                 | ☐ Loose clothing   | □ None                                |
|                 | ☐ Male caregiver   |                                       |
|                 | Š  |                                       |
|                 |  |                                       |
|                 | aining/skill building needed to increas  | e independence with dressing?         |
| O No            |  |                                       |
| $\mathbf{O}$ Ye | es, describe training/skill building needed ar   | ound dressing:                        |
|                 |  |                                       |
| 417 51 .        | 10   |                                       |
| 4K. Not         | es/Comments: Dressing  |                                       |
|                 |  |                                       |
|                 |  |                                       |
|                 |  |                                       |
|                 |  |                                       |
|                 |  |                                       |
|                 |  |                                       |
| XI.             | II. Toileting  |                                       |
|                 |  |                                       |
|                 | <b>et hygiene-</b> The ability to maintain perineal  |                                       |
| and a           | after using toilet, commode, bedpan, urinal  | . If managing ostomy, include wiping  |
| open            | ning but not managing equipment. 🛮 🕕   | (Shared from LOC)                     |
| Last 3          | Performance Level  |                                       |
| Days            | renormance Level   |                                       |
|                 |  | D = = = 20   C7                       |

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

Scoring based on: S (Shared from LOC)

Observation Self-report Proxy

**5B. Toilet Transfer:** The ability to safely get on and off a toilet or commode.

### (Shared from LOC)

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

Scoring based on: S(Shared from LOC)

☐ Observation ☐ Self-report ☐ Proxy



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

| Last 30 Days Note: only ADL item that uses last 30 days | Performance Level  |
|---|--|
| O   | Independent - Participant completes the activity by him/herself with no assistance from helper   |
| O   | Age appropriate dependence- The participant requires a level of support consistent with his/her age  |
| O   | <b>Setup or clean-up assistance -</b> Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  |
| O   | <b>Supervision or touching assistance -</b> Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| O   | <b>Partial/moderate assistance -</b> Helper does less than half the effort.<br>Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort   |
| O   | <b>Substantial/maximal assistance -</b> Helper does more than half the effort.<br>Helper lifts or holds trunk or limbs and provides more than half the effort  |
| O   | <b>Dependent</b> - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity       |
| O   | Activity not Attempted - Participant refused   |
| O   | Activity not attempted due to short-term medical condition or safety concern   |
| •   | Not applicable- Participant does not usually do this activity  |

| Scoring based | on: 🗵 | (Shared   | from | LOC  |
|---------------|-------|-----------|------|------|
| □ Observation | □ Se  | lf-report |      | roxv |

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

30 days? (Shared from LOC)
O No (Skip to Item 5H- Toileting Equipment)

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

| Last 30<br>Days | Performance Level   |  |
|-----------------|---|--|
| O               | <b>Independent —</b> Participant completes the activity by him/herself with no assistance from helper   |  |
| O               | Age appropriate dependence- The participant requires a level of support consistent with his/her age   |  |
| O               | <b>Setup or clean-up assistance</b> – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity   |  |
| O               | Supervision or touching assistance — Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |  |



|       |   |  | r directioning 41 Module (-                     |
|-------|---|--|---|
| 0     |   | ance — Helper does less than half the effort<br>but provides less than half the effort | t. Helper lifts, holds,                         |
| •     | Substantial/maximal ass                               | sistance - Helper does more than half the  | effort. Helper lifts                            |
|       |   | provides more than half the effort<br>all of the effort. Participant does none of th   | as affart to complete                           |
| •     |   | of 2 or more helpers is required for the part  |   |
| 0     | Activity not Attempted-                               | Participant refused  |   |
| O     | Activity not attempted d                              | lue to short-term medical condition or safet,  | y concern                                       |
| O     | Not applicable- Participan                            | t does not usually do this activity  |   |
|       |   | n: Self-report □ Proxy   |   |
|       | frequently has this nys? (Shared fro                  | enhanced support for toiletin  | ng been needed in the past                      |
| 0.20  | or more times per                                     | O 3-4 times per  | O Other, specify                                |
| da    | •   | month  | frequency of                                    |
|       | •   | O 1-2 times per  | enhanced support                                |
| O Da  |   | ·  |   |
|       | 5 times per week                                      | month  | for toileting:                                  |
| 0 1-3 | 3 times per week                                      |  |   |
|       |   |  |   |
| S (S  | toximately how long<br>thared from LOC)<br>15 minutes | does each instance of enhan  O 31-45 minutes   | oced toileting support last?  O Greater than 60 |
| O 16  | -30 minutes   | O 46-60 minutes  | minutes   |
|       | 6. Describe the circuitle                             | mstances that result in this a<br>(Shared from LOC)                                    | dditional need for                              |
|       |   |  |   |
|       |   |  |   |
|       |   |  |   |
|       |   |  |   |
| 5H    | with toileting?                                       | nt have or need any equipme<br>g equipment table) follow aut                           |   |
|       | the table   | -  |   |
|       | O Yes   |  |   |
|       |   |  |   |
| V-1   | N/ Tailatin - Fr                                      |  |   |
| X     | IV. Toileting Fauir                                   | oment  |   |



#### **Toileting Equipment Status**

In Use of Device column use the following responses:

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

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

If the participant answered items 5A and B as "Independent" or "Age Appropriate Dependence" AND 5C as "Independent" or "Age Appropriate



Dependence" or "Not Applicable", AND 5D as "No", skip to Item 5K-Frequency of Bladder Incontinence.

#### XV. Toileting-Preferences and Guidance for Workers

| 51 |        | references and Guidance for Workers<br>references and what he/she wants w |            |                                       |
|----|--------|---|------------|---------------------------------------|
|    |        | im/her to stay dry and clean. Conside                                     |            |                                       |
|    |        | Able to use incontinence products   |            | Needs reminders to use/change         |
|    |        | Assists caregiver with transfer   |            | feminine hygiene products             |
|    |        | Aware of need to use toilet   |            | Pads/briefs when going out            |
|    |        | Behavioral issues   |            | Painful urination                     |
|    |        | Bed pan only  |            | Refuses to use pads/briefs            |
|    |        | Bowel/bladder program   |            | Specific products                     |
|    |        | Can toilet with cueing  |            | Prefers bedside commode               |
|    |        | Cannot always find bathroom   |            | Prefers feminine hygiene              |
|    |        | Cannot change incontinence pads   | Т          | pads/sanitary napkins                 |
|    |        | Cannot do own peri care   | $\Box$     | Prefers tampons                       |
|    |        | Cannot empty ostomy/catheter bag  |            | Prefers urinal                        |
|    |        | Cooperates with caregiver   |            | Unaware of need                       |
|    |        | Does not need assistance at night   |            | Use condom catheter as needed         |
|    |        | Experiences urgency   |            | Wets/soils bed/furniture              |
|    |        | Female caregiver  |            | Workers change pads as needed         |
|    |        | ,   |            | Other,                                |
|    | ш      | Knows how to use feminine hygiene products                                | ш          | Describe preferences for support      |
|    | $\Box$ | Male caregiver  | in         | staying dry and clean:                |
|    |        | Manages his/her own need  |            | None                                  |
|    | ш      | Manages his/her own need  | _          | None                                  |
|    |        |   |            |                                       |
| 51 | Tc     | training/skill building needed to inc                                     | ro3        | se independence with toileting?       |
|    |        | No  | · Ca       | se independence with tonethig:        |
|    | _      | Yes, describe training/skill building neede                               | ad a       | round toileting:                      |
|    |        | response training standing needs  | <i>.</i> u | Tourid concernings                    |
| 5K | . Iı   | ndicate the frequency of bladder inco                                     | nti        | nence:                                |
|    |        | Continent (no documented  |            | Incontinent less than daily           |
|    |        | incontinence) (Skip to Item 5N-   |            | Incontinent daily (at least once a    |
|    |        | Frequency of bowel  |            | day)                                  |
|    |        | incontinence)   | 0          | Always incontinent                    |
|    | 0      | Continent due to existing   |            | No urine output (e.g., renal failure) |
|    |        | support/program   |            | Not applicable (e.g., indwelling      |
|    | 0      | Stress incontinence only- bladder   |            | catheter)                             |
|    |        | (e.g., when coughing or jumping)  |            | ,                                     |
|    |        | Scoring based on:   |            |                                       |
|    |        |   |            |                                       |



| ☐ Observation   | ☐ Self-report                    | □ Proxy   |
|---|----------------------------------|---|
| to bladder incontinence (e.g  | ., urinal, bedpa                 |   |
| intermittent catheterization<br>(Shared from LOC)<br>OYes<br>ONo<br>ON/A - Does not use equipme |                                  | pads/ undergarments)                                      |
| Scoring based on: ☐ Observation ☐ Se  | (Shared from L<br>lf-report □ Pi | roxy  |
|   |                                  | toileting or prompted voiding) pant's urinary continence? |
| (Shared from LOC)   | age the partici                  | pant's urmary continence:                                 |
| OYes  |                                  |   |
| ONo   |                                  |   |
| 5N. Indicate the frequency of   | of bowel incont                  | inence:   |
| O Continent (no documente   | ed                               | O Incontinent daily (at least once a                      |
| incontinence) (Skip to N  |                                  | day)  |
| Comments: Toileting)  |                                  | O Always incontinent                                      |
| <ul> <li>Continent due to existing<br/>support/program</li> </ul>                               |                                  | O No bowel output O Not applicable (e.g., indwelling      |
| Incontinent less than dail  | V                                | catheter)   |
| Scoring based o   |                                  | editieter)  |
| ☐ Observation   | ☐ Self-report                    | □ Proxy   |
|   |                                  |   |
| 50. Does the participant requi  | re assistance w                  | vith managing equipment related to                        |
| bowel incontinence (e.g., o   | ostomy, inconti                  | nence pads/ undergarments)? 🕕 🗉                           |
| (Shared from LOC)   |                                  |   |
| OYes  |                                  |   |
| ONo   | ·                                |   |
| ON/A - Does not use equ   |                                  |   |
| Scoring based on:   |                                  |   |
| □ Observation □ S   | Self-report □                    | Proxy   |
|   |                                  |   |

| Policy & Financing   |   |
|--|---|
| <i>5P.</i> Is a bowel program currently being used to manage the participant's bowel continence? (Shared from LOC) | ĺ |
| OYes   |   |
| ONo  |   |
| 5Q. Notes/Comments: Toileting  |   |
|  |   |
|  |   |
|  |   |

#### XVI. Eating

**6A. Eating -** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. This includes modified food consistency. (Shared from LOC)

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

Scoring based on: Shared from LOC)

☐ Observation ☐ Self-report ☐ Proxy

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

| Last 3                          | Performance Level   |  |  |  |
|---------------------------------|---|--|--|--|
| Days                            |   |  |  |  |
| •                               | Independent - Participant completes the activity by him/herself with no assistance from helper.   |  |  |  |
|                                 | Age appropriate dependence- The participant requires a level of support   |  |  |  |
| 0                               | consistent with his/her age.  |  |  |  |
| O                               | Setup or clean-up assistance - Helper sets up or cleans up; participant   |  |  |  |
| •                               | completes activity. Helper assists only prior to or following the activity.   |  |  |  |
| O                               | <b>Supervision or touching assistance</b> - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance      |  |  |  |
| <u> </u>                        | may be provided throughout the activity or intermittently.  |  |  |  |
|                                 | Partial/moderate assistance - Helper does less than half the effort.  |  |  |  |
| 0                               | Helper lifts, holds, or supports trunk or limbs, but provides less than half the  |  |  |  |
|                                 | effort.   |  |  |  |
| O                               | Substantial/maximal assistance - Helper does more than half the effort.   |  |  |  |
|                                 | Helper lifts or holds trunk or limbs and provides more than half the effort. <b>Dependent</b> - Helper does all of the effort. Participant does none of the |  |  |  |
| O                               | effort to complete the task OR the assistance of 2 or more helpers is   |  |  |  |
|                                 | required for the participant to complete the activity.  |  |  |  |
| •                               | Activity not Attempted- Participant refused   |  |  |  |
| O                               | Activity not attempted due to short-term medical condition or safety  |  |  |  |
|                                 | concern   |  |  |  |
| •                               | Not applicable- Participant does not usually do this activity   |  |  |  |
|                                 | Scoring based on:   |  |  |  |
|                                 | □ Observation □ Self-report □ Proxy   |  |  |  |
|                                 |   |  |  |  |
|                                 |   |  |  |  |
|                                 | the participant need a modified diet because of a concern about choking or  |  |  |  |
|                                 | ating? 🕕  |  |  |  |
| O No                            |   |  |  |  |
|                                 | , type of modified diet:  |  |  |  |
|                                 | Soft/pureed food  |  |  |  |
|                                 | hickened liquids/foods  |  |  |  |
|                                 | Noistening dry foods  |  |  |  |
|                                 | Cut food into small pieces  |  |  |  |
|                                 | Other diet modification for choking/aspirating:   |  |  |  |
|                                 | Scoring based on:   |  |  |  |
|                                 | □ Observation □ Self-report □ Proxy   |  |  |  |
|                                 |   |  |  |  |
|                                 |   |  |  |  |
|                                 | the participant exhibit conditions/diagnoses, behaviors, or symptoms that   |  |  |  |
| may o                           | cause choking or aspirating? 🖖  |  |  |  |
| O No                            |   |  |  |  |
| Yes                             | O Yes, conditions/diagnoses, behaviors, or symptoms that may cause choking or aspirating:   |  |  |  |
|                                 |   |  |  |  |
| □ Coughing during meals         |   |  |  |  |
| ☐ Holding food in mouth/cheeks  |   |  |  |  |
| □ Difficulty or pain swallowing |   |  |  |  |
|                                 | Other condition, behavior, or symptom around choking/aspirating:  |  |  |  |
|                                 | Scoring based on:   |  |  |  |
|                                 |   |  |  |  |

| □ Observation □ Self-report □ Prox |
|------------------------------------|
|------------------------------------|

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

(Shared from LOC)

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

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

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

30 days? (Shared from LOC)
O No (Skip to Item 6J- Eating Equipment)

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

| Last 30<br>Days | Performance Level  |
|-----------------|--|
| O               | Independent — Participant completes the activity by him/herself with no assistance from helper   |
| •               | <b>Age appropriate dependence-</b> The participant requires a level of support consistent with his/her age   |
| •               | <b>Setup or clean-up assistance</b> – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  |
| •               | <b>Supervision or touching assistance</b> – 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   |
| O               | Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort  |



|              |  |   | 1 4110410111118 1111044110 (20 20)                       |  |  |  |
|--------------|--|---|--|--|--|--|
| O            |  | r does all of the effort. Participant does none of t<br>tance of 2 or more helpers is required for the pa |  |  |  |  |
| O            |  | Activity not Attempted- Participant refused   |  |  |  |  |
| O            | Activity not attemp  | Activity not attempted due to short-term medical condition or safety concern                              |  |  |  |  |
| O            | Not applicable- Part   | ticipant does not usually do this activity  |  |  |  |  |
| 6G. H        | ☐ Observation  | ed on: (Shared from LOC)  Self-report Proxy  This enhanced support for eating                             | g been needed in the                                     |  |  |  |
| pa           | st 30 days? 🕛 🔟 (s   | Shared from LOC)  |  |  |  |  |
| 0            | 2 or more times<br>per day<br>Daily<br>4-6 times per<br>week | <ul> <li>1-3 times per week</li> <li>3-4 times per month</li> <li>1-2 times per month</li> </ul>          | Other, specify frequency of enhanced support for eating: |  |  |  |
| 100          | pproximately how l   | long does each instance of enha   | nced eating support last? ()                             |  |  |  |
| _            | 0-15 minutes<br>16-30 minutes                                | O 31-45 minutes<br>O 46-60 minutes  | <ul><li>Greater than 60 minutes</li></ul>                |  |  |  |
|              | ribe the circumstan  | nce <del>s</del> that result in this additiona  | need for eating support . $lue$                          |  |  |  |
|              |  | ,   |  |  |  |  |
| O No<br>O Ye | ( <i>Skip eating equip</i><br>es                             | ve or need any adaptive equipment table) follow automation i  |  |  |  |  |
| XVII.        | Eating Equipmen  | nt  |  |  |  |  |
|              |  |   |  |  |  |  |

### **Eating Equipment Status**

In Use of Device column use the following responses:

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

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

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

If the participant responded "Independent" or "Age Appropriate Dependence" to Items 6A AND 6B; "No" to Items 6C AND 6D; "Independent", "Age Appropriate Dependence", or "Not Applicable" to Item 6E AND "No" to item 6F, skip to "Notes and Comments: Personal Hygiene"

Refers to only questions asked of participant based on age



### XVIII. Eating-Preferences and Guidance for Workers

| 6K. Preferences and Guidance for Workers –     |   |
|--|---|
| age appropriate factors.                       | en supporting him/her with eating. Consider |
| ☐ Behavioral issues                            | ☐ Monitor liquids                           |
| ☐ Bland diet                                   | ☐ Motivated                                 |
| ☐ Cannot cut food                              | ☐ Mouth pain                                |
| ☐ Chewing problem                              | ☐ Plate to mouth assistance needed          |
| ☐ Choking problem                              | ☐ Poor appetite                             |
| ☐ Cold food                                    | ☐ Problems with taste                       |
| ☐ Cooperates with caregivers                   | ☐ Provide cues                              |
| ☐ Cut food into small pieces                   | ☐ Scalding alert                            |
| ☐ Disease/symptoms interfere with              | ☐ Only eats specific foods                  |
| performing task                                | ☐ Small portions                            |
| ☐ Eats alone                                   | ☐ Snacks                                    |
| ☐ Eats with others present                     | ☐ Soft/pureed foods                         |
| ☐ Finger foods                                 | ☐ Swallowing problems                       |
| ☐ Has a good appetite                          | ☐ Uses dentures                             |
| ☐ Hot food                                     | ☐ Uses own recipes                          |
| ☐ Independent with                             | ☐ Other,                                    |
| equipment/adaptations                          | Describe preferences for support            |
| ☐ Large portions                               | eating:                                     |
| ☐ Manages own tube feeding                     | □ None                                      |
|  |   |
|  |   |
| 6L. Is training/skill building needed to incre | ease independence with eating?              |
| O No   |   |
| O Yes, describe training/skill building needed | around eat:                                 |
|  |   |
| 6M. Notes/Comments: Eating                     |   |
| ori. Notes/Comments: Eating                    |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

XIX. Personal Hygiene



- **7A.** Does the participant have unusually poor or neglected hygiene? (This item should not be asked to the participant and should only be responded to by assessors.)
  - No
  - O Yes, due to support needs
  - O Yes, not due to support needs

☐ Observation

**7B. Oral Hygiene** – The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth and manage equipment for soaking and rinsing them.]

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

**7C. Personal Hygiene-** The ability to manage personal hygiene, including combing hair, shaving, applying makeup, trimming nails, applying deodorant, and washing and drying face and hands. DOES NOT include bathing, washing upper body, or oral hygiene.

□ Proxy

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

☐ Self-report

| O | <b>Supervision or touching assistance -</b> Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
|---|--|
| O | <b>Partial/moderate assistance</b> - Helper does less than half the effort.<br>Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort   |
| O | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort  |
| O | <b>Dependent -</b> Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity       |
| O | Activity not Attempted- Participant refused  |
| • | Activity not attempted due to short-term medical condition or safety concern   |
| O | Not applicable- Participant does not usually do this activity  |
|   | Cassing based and  |

| Scori |  |  |
|-------|--|--|
|       |  |  |

Scoring based on:

☐ Observation ☐ Self-report

| ☐ Observation | □ Self-report | ☐ Prox |
|---------------|---------------|--------|

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

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

□ Proxy

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

| Last 30<br>Days | Performance Level   |
|-----------------|---|
| $\circ$         | Independent - Participant completes the activity by him/herself   |
| •               | with no assistance from helper  |
| O               | Age appropriate dependence- The participant requires a level of support consistent with his/her age   |
| $\mathbf{O}$    | Setup or clean-up assistance — Helper sets up or cleans up; participant completes   |
| •               | activity. Helper assists only prior to or following the activity  |
| $\sim$          | Supervision or touching assistance — Helper provides verbal cues or   |
| 9               | touching/steadying assistance as participant completes activity. Assistance may be  |
|                 | provided throughout the activity or intermittently  |
| O               | <b>Partial/moderate assistance</b> — Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort |
| O               | Substantial/maximal assistance — Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort                 |
|                 | <b>Dependent</b> – Helper does all of the effort. Participant does none of the effort to complete   |
| 9               | the task OR the assistance of 2 or more helpers is required for the participant to complete<br>the activity   |
| O               | Activity not Attempted- Participant refused   |
| 0               | Activity not attempted due to short-term medical condition or safety concern  |
| O               | Not applicable- Participant does not usually do this activity   |



| 7E. How frequently has this enh 30 days? •• | nanced support for l  | nygiene been needed in the past                                     |
|---|-----------------------|---|
| O 2 or more times per                       | O 3-4 times per       | O Other, specify  |
| day   | month                 | frequency of  |
| <ul><li>Daily</li></ul>                     | O 1-2 times per       | enhanced support  |
| O 4-6 times per week                        | month                 | for hygiene   |
| O 1-3 times per week                        |                       |   |
| 7F. Approximately how long do last?         | es each instance of   | enhanced personal hygiene support                                   |
| O 0-15 minutes                              | O 31-45 minutes       | O Greater than 60   |
| O 16-30 minutes                             | O 46-60 minutes       |   |
|   |                       |   |
|   |                       |   |
| 7G. Describe the circumstances support.     | that result in this a | dditional need for personal hygiene                                 |
|   |                       |   |
|   | ip to "Notes and Co   | e Appropriate Dependence" to items mments: Personal Hygiene". n age |
|   |                       |   |
|   |                       |   |
| X. Personal Hygiene-Prefere                 | nces and Guidan       | ce to Workers   |
| A. Personal Hygiene-Prefere                 | inces and Guidan      | ce to workers   |
|   | s to know when sup    | ify the participant's preferences and porting him/her with personal |
| ☐ Able to apply make-up, lotion             |                       | ☐ Cannot raise arms   |
| ☐ Able to brush/comb hair                   | -                     | ☐ Cooperates with caregivers  |
| ☐ Able to brush, comb riall                 |                       | ☐ Female caregiver  |
| ☐ Assistance before bedtime                 |                       | ☐ Hair done in a salon  |
| ☐ Assistance in the morning                 |                       | ☐ Male caregiver  |
| ☐ Aware of grooming needs                   |                       | ☐ Needs reminders to brush teeth                                    |
| ☐ Behavioral issues                         |                       | ☐ Prefers disposable razor  |
| ☐ Can shave him/herself                     |                       | ☐ Prefers electric razor  |
| ☐ Can brush teeth                           |                       | ☐ Using a specific type of toothbrush                               |
| ☐ Can brush or setup denture of             |                       | ☐ Using a specific type of toothpaste                               |
| ☐ Can place dentures in mouth               |                       |   |
|   |                       | Page 43   67  |

| Department of Health Care Policy & Financing  Using a specific type of denture treatment Other, | Colorado LTSS Assessment Process Functioning 4+ Module (10-20) Describe preferences for support with personal hygiene tasks:  None |
|---|--|
| 7I. Is training/skill building needed to incre O No   |  |
| <ul> <li>Yes, describe training/skill building needed</li> </ul>                                | around personal hygiene:   |
| 7J. Notes/Comments: Personal Hygiene  |  |
|   |  |
|   |  |

### 2. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)

### I. Meal Preparation

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

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

Scoring based on:

| ☐ Observation | □ Self-report | ☐ Proxv |
|---------------|---------------|---------|
|               |               |         |



**1B. Make a light hot meal -** The ability to plan and prepare all aspects of a light hot meal such as heating a bowl of soup and reheating a prepared meal. U

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

| _   |      |     |     |      |  |
|-----|------|-----|-----|------|--|
| 500 | rina | hac | 201 | On.  |  |
| 360 | ишч  | vas | cu  | UII. |  |

| ☐ Observation | □ Self-report | □ Proxy |
|---------------|---------------|---------|
|---------------|---------------|---------|

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

O No (Skip items 1D-1F) follow automation instructions after item 1F

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

| Last 30<br>Days | Performance Level  |
|-----------------|--|
| O               | <b>Independent</b> — Participant completes the activity by him/herself with no assistance from helper  |
| •               | Age appropriate dependence- The participant requires a level of support consistent with his/her age  |
| O               | <b>Setup or clean-up assistance</b> – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  |
| O               | Supervision or touching assistance — Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently  |
| O               | Partial/moderate assistance — Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort   |
| O               | Substantial/maximal assistance — Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort  |
| O               | <b>Dependent</b> – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity |



| O                      | -                               |   | Functioning 4+ Module (10-20)                                      |
|------------------------|---------------------------------|---|--|
| _                      | Activity not Attempted          | 1- Participant refused  |  |
| O                      | Activity not attempted          | d due to short-term medical condition or                          | safety concern   |
| O                      | Not applicable- Particip        | pant does not usually do this activity                            |  |
|                        | Scoring based of □ Observation  | on:<br>□ Self-report □ Proxy                                      |  |
|                        | frequently has this st 30 days? | enhanced support for mea  | Il preparation been needed in                                      |
| day<br>O Dail<br>O 4-6 |                                 | <ul><li>3-4 times per month</li><li>1-2 times per month</li></ul> | Other, specify frequency of enhanced support for meal preparation: |
| 1E. Approlast?         | eximately how long              | g does each instance of enh                                       | anced meal preparation support                                     |
|                        | 5 minutes<br>30 minutes         | O 31-45 minutes<br>O 46-60 minutes                                | • Greater than 60 minutes  |
| 1F. Descr<br>support.  |                                 | ices that result in this addit                                    | ional need for meal preparation                                    |
|                        |                                 |   |  |
| Deper                  | ndence" AND "No"                |   | ependent" or "Age Appropriate<br>and Comments: Meal Prep".         |
|                        |                                 |   |  |
|                        | <b>Preparation-Pr</b>           | eferences and Guidance  |  |

| Department of Health Care Policy & Financing  | Colorado LTSS Assessment Process<br>Functioning 4+ Module (10-20)   |
|---|---|
| <ul> <li>Keeps spoiled food</li> <li>Kosher diet</li> <li>Label/organize food products</li> <li>Large portions</li> <li>Leaves burners on</li> <li>Makes good meal choices</li> <li>Make food accessible to participant</li> <li>Other religious/ethnic/cultural foods</li> <li>Prefers home-cooked meals</li> <li>Prefers home delivered meals</li> <li>Prepare all meals</li> <li>Prepare meals for participant to reheat</li> <li>Prepare special diet</li> <li>Salt-free foods</li> </ul> | □ Small portions □ Smaller meals, more than three times per day □ Special diet □ Sugar-free foods □ Supplemental nutrition required (e.g., PediaSure, Ensure) □ Vegan diet □ Vegetarian diet □ Work out a menu with participant □ Other, □ Describe preferences for support with meal preparation: □ None |
| <ul><li>1H. Is training/skill building needed to incre preparation?</li><li>No</li></ul>  |   |
| O Yes, describe training/skill building needed a  | around meal preparation:  |
| 1I. Notes/Comments: Meal Preparation  |   |
|   |   |
|   |   |

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

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

III. Housework



| O            | <b>Supervision or touching assistance -</b> Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
|--------------|--|
| O            | <b>Partial/moderate assistance -</b> Helper does less than half the effort.<br>Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort   |
| O            | Substantial/maximal assistance - Helper does more than half the effort.<br>Helper lifts or holds trunk or limbs and provides more than half the effort   |
| O            | <b>Dependent -</b> Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity       |
| O            | Activity not Attempted- Participant refused  |
| 0            | Activity not attempted due to short-term medical condition or safety concern   |
| $\mathbf{O}$ | Not applicable- Participant does not usually do this activity  |
|              | Searing based on   |

Scoring based on:

☐ Observation ☐ Self-report ☐ Proxy

**2B. Heavier periodic housework:** The ability to complete heavier periodic housework to maintain a safe home environment such that the participant is not at risk for harm within their home. Examples include vacuuming and cleaning bathroom. EXCLUDES doing laundry. Only show for participant's age 8 and older U

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

Scoring based on:

| $\square$ Observation $\square$ Self-report $\square$ | Prox۱ ا |
|---|---------|
|---|---------|

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

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

| Scoring  | based  | on: |             |  |
|----------|--------|-----|-------------|--|
| □ Ohserv | /ation |     | Self-report |  |

| 2D. Is the washer and | dryer the participan  | t uses for laundry       | located within | his/her |
|-----------------------|-----------------------|--------------------------|----------------|---------|
| residence? Only show  | for participant's age | s 8 and older $lue{f U}$ |                |         |

☐ Proxy

oN C

O Yes

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

O No (Skip items 2F-2H) follow automation instructions after item 2H

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

| Last 30<br>Days | Performance Level  |
|-----------------|--|
| O               | <b>Independent</b> — Participant completes the activity by him/herself with no assistance from helper  |
| O               | Age appropriate dependence- The participant requires a level of support consistent with his/her age  |
| O               | <b>Setup or clean-up assistance</b> – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  |
| O               | <b>Supervision or touching assistance</b> — Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently |
| O               | Partial/moderate assistance — Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort   |



| "   | Toney of Intantents  | ,   | Functioning   | g 4+ Module (10-20) |  |
|---|--|---|---|---------------------|--|
| C   |  | nssistance — Helper does more to<br>ad provides more than half the eff                          |   |                     |  |
| O   | <b>Dependent</b> – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity   |   |   |                     |  |
| O   | Activity not Attempted   | Activity not Attempted- Participant refused   |   |                     |  |
| O   | Activity not attempted   | due to short-term medical condit  | tion or safety concern  |                     |  |
| O   | Not applicable- Participa  | ant does not usually do this activi   | İty   |                     |  |
|   | Scoring based  | on:   |   | •                   |  |
|   | ☐ Observation  |   | оху   |                     |  |
| past 3 O 2 0 da* O Da O 4-6 O 1-3  2G. Appi O 0-1 | or more times per y ily times per week times per week times per week times per week to times to time the times to time times tim | o 3-4 times per month o 1-2 times per month g does each instance of 31-45 minute o 46-60 minute | of enhanced houseworks  of ses  of enhanced houseworks  of ses  of ses                              | rk support last?    |  |
| Depe  | endence" AND Item  | d to items 2A, B <u>AND</u> (<br>n 2E as "No", skip to "I<br>ns asked of participant            | <b>Notes and Comments:</b>  |                     |  |
| IV. Hou   | sework-Prefere   | nces and Guidance   | for Workers   |                     |  |
| what he Consider  Ab                              | erences and Guidan<br>/she wants worker<br>r age appropriate for<br>le to make bed<br>le to sweep<br>ergies to dust, pollen,   |   | tify the participant's porting him/her with ho  Behavioral issues Can do dishes Can do light housel | ousework.           |  |
|   |  |   |   |                     |  |

| COLORADO  Department of Health Care Policy & Financing   | Colorado LTSS Assessment Process<br>Functioning 4+ Module (10-20)  |
|--|--|
| <ul> <li>□ Can do light laundry</li> <li>□ Can fold clothes</li> <li>□ Can instruct caregiver</li> <li>□ Can take out garbage</li> <li>□ Can wash windows</li> <li>□ Cannot make or change bedding</li> <li>□ Cannot operate washer/dryer</li> <li>□ Cannot see when surfaces need cleaning</li> <li>□ Change/wash linens weekly</li> <li>□ Cue to perform tasks</li> <li>□ Disease/symptoms interfere with performing task</li> </ul> | ☐ Staff should dust/vacuum as needed ☐ Has chemical sensitivities ☐ Likes a neat house ☐ Mow lawn as needed ☐ Shovel snow as needed ☐ Sweep/mop floors as needed ☐ Take out garbage ☐ Unaware of need ☐ Wants items left where they are ☐ Other, ☐ Describe preferences for support with housework: ☐ None |
| 2J. Is training/skill building needed to increase O No   | ase independence with housework?   |
| O Yes, describe training/skill building needed   | around housework:  |
| 2K. Notes/Comments: Housework  |  |
|  |  |
|  |  |

### V. Telephone Use

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

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

| <b>Dependent</b> - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity |  |  |
|--|--|--|
| Activity not Attempted- Participant refused  |  |  |
| Activity not attempted due to short-term medical condition or safety concern   |  |  |
| Not applicable- Participant does not usually do this activity  |  |  |
| Scoring based on:  ☐ Observation ☐ Self-report ☐ Proxy   |  |  |
|  |  |  |

**3B. Telephone-placing call:** The ability to place call in participant's customary manner and maintain for 1 minute or longer. Does not include getting to the phone. U

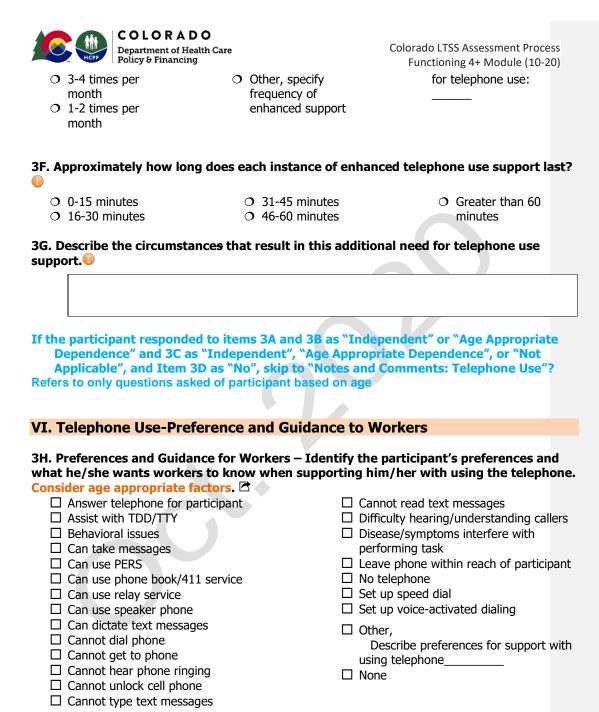
| Last 3<br>Days | Performance Level  |
|----------------|--|
| O              | Independent - Participant completes the activity by him/herself with no assistance from helper   |
| O              | Age appropriate dependence- The participant requires a level of support consistent with his/her age  |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

| ot applicable- Partic | cipant does not usuali | y ao tnis acti |
|-----------------------|------------------------|----------------|
| Scoring based         | on:                    |                |
| ☐ Observation         | □ Self-report          | □ Proxy        |

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

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

| Tot             | Functioning 4+ Module (10-  |
|-----------------|---|
| 0               | <b>Supervision or touching assistance -</b> Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently                                |
| O               | <b>Partial/moderate assistance -</b> Helper does less than half the effort.  Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort  |
| O               | <b>Substantial/maximal assistance -</b> Helper does more than half the effort.<br>Helper lifts or holds trunk or limbs and provides more than half the effort   |
| O               | <b>Dependent -</b> Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity                                      |
| O               | Activity not Attempted- Participant refused   |
| 0               | Activity not attempted due to short-term medical condition or safety concern  |
| C               | Not applicable- Participant does not usually do this activity   |
| last 3          | Scoring based on:  Observation Self-report Proxy  the level of support the participant needs for telephone use varied over the days?  |
|                 | (Skip items 3E-3G) (follow automation instructions after item 3G)   |
|                 | s, identify the highest level of support needed in the past 30 days:  |
| Last 30<br>Days | Performance Level   |
| O               | Independent — Participant completes the activity by him/herself with no assistance from helper  |
| O               | Age appropriate dependence- The participant requires a level of support consistent with his/her age   |
| •               | <b>Setup or clean-up assistance</b> — Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity   |
| O               | Supervision or touching assistance — Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently                                       |
| •               | 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 |
| 0               | the task OR the assistance of 2 or more helpers is required for the participant to complete the activity  |
| 0               | Activity not Attempted- Participant refused   |
| O               | Activity not attempted due to short-term medical condition or safety concern  |
| O               | Not applicable- Participant does not usually do this activity   |
|                 | Scoring based on:  Observation Self-report Proxy  frequently has this enhanced support for telephone use been needed in   |
|                 | ast 30 days? 🕕  |
| <b>○</b> 2 da   | or more times per O Daily O 1-3 times per week  y 4-6 times per week  |



3I. Is training/skill building needed to increase independence with telephone use?

O No

| O Ye            | es, describe training/skill building needed around telephone use:  |
|-----------------|--|
| 3J. Note        | es/Comments: Telephone Use   |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
| VII. Sh         | opping- Only show for ages 10 and older  |
| 4A. Ligh        | nt Shopping - Once at store, can locate and select up to five needed goods, take to check  |
|                 | and complete purchasing transaction. U   |
| Last 3          | Performance Level  |
| <i>Days</i>     | Independent - Participant completes the activity by him/herself with no assistance from helper   |
| O               | Age appropriate dependence- The participant requires a level of support consistent with his/her age  |
| O               | Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity   |
| O               | Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently  |
| O               | <b>Partial/moderate assistance -</b> Helper does less than half the effort.  Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort                                       |
| O               | Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort  |
| O               | <b>Dependent -</b> Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity |
| O               | Activity not Attempted- Participant refused  |
| O               | Activity not attempted due to short-term medical condition or safety concern   |
| 0               | Not applicable- Participant does not usually do this activity  |
|                 | Scoring based on:  |
|                 | ☐ Observation ☐ Self-report ☐ Proxy  |
|                 | the level of support the participant needs for shopping varied over the last   |
|                 | ays? •• • (Skip items 4C-4E) follow <i>automation instructions after item 4E</i>   |
|                 | es, identify the highest level of support needed in the past 30 days:  |
| Last 30<br>Days | Performance Level  |
| •               | Independent — Participant completes the activity by him/herself with no assistance from helper   |
|                 | accidence nom neiper   |

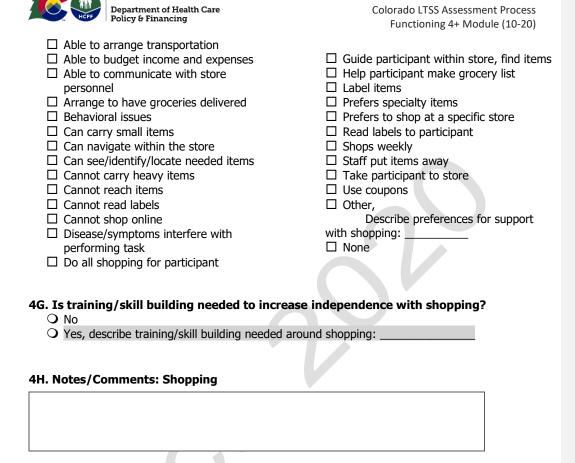


| O        | Age appropriate dependent with his/her age               | ndence- The participant requires a level of su   | pport consistent                          |
|----------|--|--|---|
| O        |  | stance — Helper sets up or cleans up; particip<br>ly prior to or following the activity                | pant completes                            |
| O        | Supervision or touching                                  | ng assistance — Helper provides verbal cues c<br>ance as participant completes activity. Assista       |   |
| •        | Partial/moderate assis                                   | stance – Helper does less than half the effort<br>s, but provides less than half the effort            | :. Helper lifts, holds,                   |
| O        | Substantial/maximal a                                    | assistance — Helper does more than half the and provides more than half the effort                     | effort. Helper lifts                      |
| C        |  | es all of the effort. Participant does none of the<br>se of 2 or more helpers is required for the part |   |
| C        | Activity not Attempted                                   | <b>1-</b> Participant refused  |   |
| O        | Activity not attempted                                   | due to short-term medical condition or safety  | y concern                                 |
| •        | Not applicable- Particip                                 | ant does not usually do this activity  |   |
| past :   | r frequently has thi<br>30 days? ()<br>or more times per | s enhanced support for shoppi  O 3-4 times per   | ing been needed in the  O Other, specify  |
| da       | •  | month  | frequency enhanced                        |
| O Da     | •  | O 1-2 times per  | support for                               |
|          | 6 times per week   | month  | shopping:                                 |
| O 1-3    | 3 times per week   |  |   |
| 4D. App  | roximately how lor                                       | ng does each instance of enhan   | nced shopping support last? 🕕             |
|          | 15 minutes<br>-30 minutes                                | O 31-45 minutes<br>O 46-60 minutes   | <ul><li>Greater than 60 minutes</li></ul> |
| 4E. Desc | cribe the circumsta                                      | nces that result in this addition  | nal need for shopping support.            |
|          |  |  |   |

If the participant responded "Independent" or "Age Appropriate Dependence" to 4A AND "No" to 4B, skip to "Notes and Comments: Shopping"
Refers to only questions asked of participant based on age

#### **VIII. Shopping-Preferences and Guidance for Workers**

4F. Preferences and Guidance for Workers – Identify the participant's preferences and what he/she wants workers to know when supporting him/her with shopping. Consider age appropriate factors. □



### IX. Financial (Money) Management

COLORADO

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

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

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

**5B. Complex financial management:** The ability to complete financial decision-making such as budgeting, balancing a checking/banking account, online/mobile bill pay, online or in-person banking, and remembering to pay bills. Only show for ages 18 and older

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

| Scoring based of | n:            |         |
|------------------|---------------|---------|
| ☐ Observation    | □ Self-report | ☐ Proxy |



| 5C. | Has the level of support t | he participant | needs for | financial | management v | varied |
|-----|----------------------------|----------------|-----------|-----------|--------------|--------|
|     | over the last 30 days? 🕕   |                |           |           |              |        |

No (Skip items 5D-5F) (Follow automation instructions after item 5F)
 Yes, identify the highest level of support needed in the past 30 days:

| Last 30<br>Days | Performance Level  |  |  |
|-----------------|--|--|--|
| •               | <b>Independent</b> — Participant completes the activity by him/herself with no assistance from helper  |  |  |
| 0               | Age appropriate dependence- The participant requires a level of support consistent with his/her age  |  |  |
| 0               | <b>Setup or clean-up assistance</b> – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  |  |  |
| 0               | Supervision or touching assistance — Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently  |  |  |
| 0               | Partial/moderate assistance — Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort   |  |  |
| •               | Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort  |  |  |
| •               | <b>Dependent</b> – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity |  |  |
| O               | Activity not Attempted- Participant refused  |  |  |
| O               | Activity not attempted due to short-term medical condition or safety concern   |  |  |
| 0               | Not applicable- Participant does not usually do this activity  |  |  |

| O               |  | es all of the effort. Participant does none of the ef-<br>te of 2 or more helpers is required for the participa |   |
|-----------------|--|---|---|
| 0               | Activity not Attempted   | <b>1-</b> Participant refused   |   |
| $\mathbf{O}$    | Activity not attempted   | due to short-term medical condition or safety con   | ncern   |
| 0               | Not applicable- Partici  | ipant does not usually do this activity   |   |
|                 | Scoring based of Observation  Observation  w frequently has this ded in the past 30 december 2000. | □ Self-report □ Proxy s enhanced support for financial  | management been   |
| d<br>O D<br>O 4 | or more times per<br>ay<br>Daily<br>-6 times per week<br>-3 times per week                         | <ul> <li>3-4 times per month</li> <li>1-2 times per month</li> <li>Other, specify frequency of</li> </ul>       | enhanced support<br>for financial<br>management:<br>——— |
|                 | proximately how lon<br>t last? U   | g does each instance of enhance   | d financial managemen                                   |

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

5F. Describe the circumstances that result in this additional need for financial management support.



| If the participant responded "Independent" of SA AND B AND "No" to Item 5C, skip to "Refers to only questions asked of participants and the second sec   | Item 5I- Have rep payee"?            |
|--|--------------------------------------|
| V Einangial (Manay) Managament Dro   | forences and Cuidance for Workers    |
| X. Financial (Money) Management-Pre  | rerences and Guidance for Workers    |
| SG. Preferences and Guidance for Workers — what he/she wants workers to know when s management. Consider age appropriate factor  ☐ Arrange credit counseling ☐ Balance checkbook monthly ☐ Behavioral issues ☐ Can use EBT card ☐ Can use debit card ☐ Can write checks and pay bills ☐ Cannot see/read bills or account information ☐ Contact POA regarding finance issues ☐ Difficulty keeping up with paperwork to maintain eligibility for health care and other benefits ☐ Difficulty differentiating between needs /wants ☐ Disease/symptoms interfere with performing task ☐ Has direct deposit | upporting him/her with financial     |
| 5H. Is training/skill building needed to management?   | increase independence with financial |
| O No   |                                      |
| O Yes, describe training/skill building ne   | eeded around financial management:   |
| 5I. Does the participant have a represe O No (Skip to Notes and Com O Yes  |                                      |



| 5J. I would like to be my own payee. Beir responsible for receiving money, such as sbenefits, and paying bills, such as rent and   | supplemental security income (SSI)   |
|--|--|
| ONo OYes, check all that apply:  |  |
| <ul> <li>□ Develop plan to transition payee ship</li> <li>□ Scheduled meeting at Social Security</li> <li>□ Develop plan for client to learn the skills to become own payee</li> </ul> | ☐ Change payee ship prior to discharge☐ Establish plan for client to receive check |
| OUnknown   |  |
| 5K. Participant would like to have a different re  | presentative payee. 🕕  |
| O No   |  |
| <ul> <li>Yes, identify individual and whether they</li> </ul>  | have been consulted:   |
| O Unknown  |  |
| 5L. Notes/Comments: Money Management   |  |
|  |  |
|  |  |

### XI. Technology

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

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

| Tes   | Policy & Financing  |                                 | Fur                  | ectioning 4+ Module (10-20   |
|---|---|---------------------------------|----------------------|--|
| O   | Substantial/maximal assistance - Helper does more than half the effort.  Helper lifts or holds trunk or limbs and provides more than half the effort  |                                 |                      |  |
| O   | <b>Dependent -</b> Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity                    |                                 |                      |  |
| O   | Activity not Attempted-   | Participant refused             |                      |  |
| O   | Activity not attempted du concern   | ue to short-term medical c      | ondition or safety   |  |
| 0   | Not applicable- Participant   | does not usually do this a      | activity             |  |
|   | Scoring based on:   |                                 |                      |  |
|   | ☐ Observation ☐   | Self-report □ Pro               | ху                   |  |
| the la  | the level of support the ast 30 days? (Skip items 6C-6E) (Figs., identify the highest lev   | ollow automation in             | nstructions afte     | er item 6E)  |
| Last 30   |   | Performance Level               |                      |  |
| Days  | Independent – Partic  |                                 | ctivity by him/hou   | rcolf  |
| $\mathbf{O}$  | with no assistance fron   |                                 | CLIVILY DY HIITITHEI | SEII   |
| O   | Age appropriate dependent with his/her age  | ce- The participant requires a  |                      |  |
| $\mathbf{O}$  | Setup or clean-up assistance — Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  |                                 |                      |  |
| 0   | Supervision or touching assistance — Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently                     |                                 |                      |  |
| O   | Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds,   |                                 |                      |  |
| O   | or supports trunk or limbs, but provides less than half the effort <b>Substantial/maximal assistance</b> — Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort |                                 |                      |  |
| O   | Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity                           |                                 |                      |  |
| O   | Activity not Attempted- Participant refused   |                                 |                      |  |
| O   | Activity not attempted due to short-term medical condition or safety concern  |                                 |                      |  |
| $\mathbf{O}$  | Not applicable- Participant de  | oes not usually do this activit | y                    |  |
|   | Scoring based on: ☐ Observation ☐   | Self-report □ Pro               | ху                   |  |
| 6C. How frequently has this enhanced support for using technology been needed in the past 30 days?   ••  ••  ••  ••  ••  ••  ••  ••  •• |   |                                 |                      |  |
| 0 2   | or more times per   | O 1-3 times per w               | veek O               | 1-2 times per  |
| da  | у   | O 3-4 times per                 |                      | month  |
| O Da<br>O 4-  | nily<br>6 times per week  | month                           | 0                    | Other, specify frequency of enhanced support for using technology: |
|   |   |                                 |                      | using technology:  |



| 6D. A         | pproximately how long does   | each instance of   | f enhanced technol                              | ogy support last? 🕕   |
|---------------|--|--|---|---|
| _             | 0-15 minutes<br>16-30 minutes  | O 31-45 minutes<br>O 46-60 minutes   | -   | Greater than 60 minutes                                     |
|               | escribe the circumstances thupport. •  | at result in this a  | additional need for                             | technology  |
|               |  |  |   |   |
| "No" t        | participant responded "Inde<br>to 6B, skip to "Notes and Cor<br>s to only questions asked of   | nments: Managi   | ng and using techn                              |   |
| XII.          | Technology-Preferences   | and Guidance   | for Workers                                     |   |
| what<br>techn | references and Guidance for he/she wants workers to kn ology. Consider age approprimate Can use tablet (e.g., iPad) Can use computer Can access the internet where a Can use a mouse or other remotoperating device Able to use device for work/scheweds specific support in using device (e.g., turning on, open stapplication, charging) | ow when supporting the supporting th | Ting him/her with  ☐ Does not like oth ☐ Other, | managing and using ers to use device ences for support with |
| techn<br>O    | s training/skill building need<br>ology?<br>No<br>Yes, describe training/skill build<br>otes/Comments: Managing a  | ing needed around  | using technology:                               | ısing   |
|               | ,  | 209 1001111  | 51  |   |



#### **XIII. Transportation**

| 7A. | The | participant | uses the | following | for | transportation: |
|-----|-----|-------------|----------|-----------|-----|-----------------|
|-----|-----|-------------|----------|-----------|-----|-----------------|

| Drives self- Show Item 7B                                 |
|---|
| Public transportation- Show Item 7C                       |
| Transportation provided by others- Show Item 7D           |
| None (Skip to Item 7E- Support Needs Varied past 30 days) |

**7B. Driving self:** Including the ability to access and navigate the participant's personal vehicle, such as a car or van.

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

| Scoring based | on:           |         |
|---------------|---------------|---------|
| ☐ Observation | □ Self-report | □ Proxy |

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

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



| $\circ$      | Supervision or touching assistance - Helper provides verbal cues or              |  |  |
|--------------|--|--|--|
| 9            | 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.             |  |  |
| $\mathbf{O}$ | Helper lifts, holds, or supports trunk or limbs, but provides less than half the |  |  |
|              | effort   |  |  |
| $\circ$      | Substantial/maximal assistance - Helper does more than half the effort.          |  |  |
| $\mathbf{O}$ | 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   |  |  |
| 0            | to complete the task OR the assistance of 2 or more helpers is required for      |  |  |
|              | the participant to complete the activity   |  |  |
| O            | Activity not Attempted - Participant refused                                     |  |  |
| $\circ$      | Activity not attempted due to short-term medical condition or safety             |  |  |
| 9            | concern  |  |  |
| O            | Not applicable- Participant does not usually do this activity                    |  |  |
| S            | Scoring based on:  |  |  |

Scoring based on:

☐ Observation ☐ Self-report ☐ Proxy

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

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

| Scoring based on: |               |         |  |  |  |
|-------------------|---------------|---------|--|--|--|
| ☐ Observation     | □ Self-report | ☐ Proxy |  |  |  |

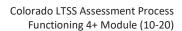


# 7E. Has the level of support the participant needs for transportation varied over the last 30 days? •

| on C | (Skip items 7F-7H | (Follow | automation | instructions | after item 7 | H) |
|------|-------------------|---------|------------|--------------|--------------|----|
|------|-------------------|---------|------------|--------------|--------------|----|

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

| Last 30<br>Days                 |   | Performance Level  |   |      |
|---------------------------------|---|--|---|------|
| 0                               | Independent — Participant completes the activity by him/herself   |  |   |      |
| C                               | with no assistance from helper  Age appropriate dependence- The participant requires a level of support consistent with his/her age   |  |   |      |
| O                               | Setup or clean-up assistance — Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity  |  |   |      |
| O                               | Supervision or touching assistance — Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently   |  |   |      |
| O                               | provided underside activity of 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 |  |   |      |
| O                               | Substantial/maximal assistance — Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort   |  |   |      |
| •                               | <b>Dependent</b> – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity  |  |   |      |
| O                               | Activity not Attempted - Pa   | rticipant refused  |   |      |
| 0                               | Activity not attempted due  | to short-term medical condition or safety                            | concern   |      |
| $\mathbf{O}$                    | Not applicable- Participant of  | does not usually do this activity                                    |   |      |
| the pa<br>O 2 o<br>day<br>O Dai | ast 30 days?  or more times per / ily   | <ul> <li>3-4 times per month</li> <li>1-2 times per month</li> </ul> | Other, specify enhanced support for transportation: |      |
|                                 | times per week<br>times per week  | monur  |   |      |
| 7G. Appr                        | oximately how long o  | loes each instance of enhan  | ced transportation support                          | last |
|                                 | 5 minutes<br>30 minutes   | <ul><li>31-45 minutes</li><li>46-60 minutes</li></ul>                | <ul><li>Greater than 60 minutes</li></ul>           |      |
| 7H. Desc<br>support.            |   | es that result in this addition                                      | nal need for transportation                         |      |
|                                 |   |  |   |      |





If response to Item 7A is NOT "None" AND responses of "Independent" or "Age Appropriate Dependence" were indicated to ALL OF items 7B-7D asked of the participant AND "No" to 7E, skip to "Notes and Comments: Transportation" Refers to only questions asked of participant based on age

### XIV. Transportation-Preferences and Guidance for Workers

| 7I. Preferences and Guidance for Workers – Ident what he/she wants workers to know when suppo Consider age appropriate factors: △  |  |
|--|--|
| □ Behavioral issues □ Difficult to transfer □ Difficulty communicating with drivers □ Disease/symptoms interfere with performing task □ Needs escort if public transportation is used □ Needs to take walker/ wheelchair □ Needs to use vehicle with lift □ No car | <ul> <li>□ Orientation and mobility instruction</li> <li>□ Training for fixed-route bus</li> <li>□ Travel training</li> <li>□ Unable to arrange own transportation</li> <li>□ Will not ride a bus</li> <li>□ Other,</li> <li>□ Describe preference for support with transportation:</li> <li>□ None</li> </ul> |
| 7J. Is training/skill building needed to increase in O No  | dependence with transportation?  |
| O Yes, describe training/skill building needed around  | d transportation:  |
|  |  |
| 7K. Notes/Comments: Transportation   |  |
|  |  |
|  |  |
|  |  |