



Level of Care Screen Module

All items asked of the participant are mandatory within this module unless otherwise indicated by a skip.

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.

Key	
Bold Blue Highlight:	Module narrative and directions - assessment level instructions/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
Light Blue:	Notes for automation and/or configuration
S	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 from another section, module, and/or Support Plan
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
Teal Highlight:	Items for Revision and CSR- Support Plan only
<i>Italics:</i>	Items from FASI (CARE)- for Department only

Colorado’s Long-Term Services and Supports (LTSS) programs require participants to meet a specific Level of Care to be eligible for Home and Community Based Services (HCBS) waivers, Long Term Home Health (adults only), Program of All-Inclusive Care for The Elderly (PACE) and Nursing Facilities/Intermediate Care Facilities. For participants interested in HCBS, this module is to verify that a participant meets Level of Care prior to completing the comprehensive or basic assessment.

1. ACTIVITIES OF DAILY LIVING **!** (PARTICIPANTS AGE 0-3 REPLACE THIS SECTION WITH AGE SPECIFIC SECTIONS IN FUNCTIONING 0-3 MODULE)

When scoring each ADL, 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 is, “Does the



participant have the functional ability to safely complete the tasks or parts of the tasks listed? If not, what support is needed?"

I. Mobility

1A. Does the participant walk? S (Shared to Functioning)

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

1B. Does the participant use a cane or walker for mobility? S (Shared to Functioning)

- Yes, required during all mobility activities
- Yes, but used intermittently and not required for all mobility activities
- 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. S (Shared to Functioning)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper <i>(Skip to Item 1E- Walk 150 Outside of Home)</i>
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age <i>(Skip to Item 1E- Walk 150 Outside of Home)</i>
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	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
<input type="radio"/>	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
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	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
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: S (Shared to Functioning)

- 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. S (Shared to Functioning) **(Only show if response to 1C "Walk 150 feet indoors" is NOT "Independent" OR "Age Appropriate Dependence")**

Commented [SL2]: Within the CCM tool numbering for sections and questions does not need to match document, however format needs to be determined by the Department based on CCM design.



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

Scoring based on: (S) (Shared to Functioning)

Observation Self-report Proxy

1E. Code the participant's level of independence for walking 150 feet OUTSIDE OF THE HOME. (S) (Shared to Functioning) (Only show if response to 1C "Walk 150 feet indoors" is "Independent" OR "Age Appropriate Dependence")

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



Scoring based on: (S) (Shared to Functioning)

Observation Self-report Proxy

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

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

Scoring based on: (S) (Shared to Functioning)

Observation Self-report Proxy

1G. Does the participant use a wheelchair or motorized scooter for mobility? (S) (Shared to Functioning)

- Yes, as the primary mechanism for mobility
- Yes, but walking is the primary mechanism for mobility
- No

Indicate the type of wheelchair/scooter used for this assessment: (Only show if either "yes" response is selected in 1G "Does the participant use a wheelchair...")

(S) (Shared to Functioning)

Manual Motorized wheelchair/scooter

1H. Has the level of support the participant needs for mobility varied over the last 30 days? (S) (Shared to Functioning)

- No (Skip to Item 2- Transferring)
- Yes, identify the highest level of support needed in the past 30 days:



Past 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	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
<input type="radio"/>	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
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	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
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared to Functioning)

Observation Self-report Proxy

1I. How frequently has this enhanced support for mobility been needed in the past 30 days? (Shared to Functioning)

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

1J. Approximately how long does each instance of enhanced mobility support last? (Shared to Functioning)

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

1K. Describe the circumstances that result in this additional need for mobility support.

(Shared to Functioning)



II. Transferring

2A. Does the participant use a cane or walker for transferring? S (Shared to Functioning)

- No, does not use cane or walker
- No, only uses cane or walker for mobility
- Yes, required during all transferring activities
- 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. S (Shared to Functioning)

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

Scoring based on: S (Shared to Functioning)

- Observation Self-report Proxy

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. S (Shared to Functioning)

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



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

Scoring based on: **S** (Shared to Functioning)

- Observation Self-report Proxy

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

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

Scoring based on: **S** (Shared to Functioning)

- Observation Self-report Proxy



2E. Has the level of support the participant needs for transferring varied over the last 30 days? S (Shared to Functioning)

- No **(Skip to Item 3A- Bathing)**
- Yes, identify the highest level of support needed in the past 30 days:

Past 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	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
<input type="radio"/>	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
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	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
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: S (Shared to Functioning)

- Observation Self-report Proxy

2F. How frequently has this enhanced support for transferring been needed in the past 30 days? S (Shared to Functioning)

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

2G. Approximately how long does each instance of enhanced transferring support last? S(Shared to Functioning)

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

2H. Describe the circumstances that result in this additional need for transferring support. S (Shared to Functioning)



III. 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. S (Shared to Functioning)

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

Scoring based on: S (Shared to Functioning)

- Observation Self-report Proxy

3B. Has the level of support the participant needs for bathing varied over the last 30 days? S (Shared to Functioning)

- No (Skip to Item 4A- Upper Body Dressing)
 Yes, identify the highest level of support needed in the past 30 days:

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



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

Scoring based on: (Shared to Functioning)

- Observation Self-report Proxy

3C. How frequently has this enhanced support for bathing been needed in the past 30 days? (Shared to Functioning)

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

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

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

3E. Describe the circumstances that result in this additional need for bathing support. (Shared to Functioning)

IV. Dressing



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

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

Scoring based on: **(Shared to Functioning)**

- Observation Self-report Proxy

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

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	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
<input type="radio"/>	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
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	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
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	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 to Functioning)

Observation Self-report Proxy

4C. Putting on/taking off footwear - The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility. (Shared to Functioning)

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

Scoring based on: (Shared to Functioning)

Observation Self-report Proxy

4D. Has the level of support the participant needs for dressing varied over the last 30 days? (Shared to Functioning)

- No (Skip to Item 5A- Toilet Hygiene)
- Yes, identify the highest level of support needed in the past 30 days:

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



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

Scoring based on: (Shared to Functioning)

- Observation Self-report Proxy

4E. How frequently has this enhanced support for dressing been needed in the past 30 days? (Shared to Functioning)

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

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

(Shared to Functioning)

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

4G. Describe the circumstances that result in this additional need for dressing support.

(Shared to Functioning)



v. Toileting

5A. Toilet hygiene-*The ability to maintain perineal/feminine hygiene, adjust clothes before and after using toilet, commode, bedpan, urinal. If managing ostomy, include wiping opening but not managing equipment.* (Shared to Functioning)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	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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<input type="radio"/>	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
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: (Shared to Functioning)

Observation Self-report Proxy

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

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	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
<input type="radio"/>	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
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity



- Activity not Attempted-** Participant refused
- 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 to Functioning)
 Observation Self-report Proxy

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

Last 30 Days Note: Only ADL item that is last 30 days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	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
<input type="radio"/>	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
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	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
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: (Shared to Functioning)
 Observation Self-report Proxy

5D. Has the level of support the participant needs for toileting varied over the last 30 days? (Shared to Functioning)

- No (Skip to Item 5H-Does the participant require assistance with managing equipment related to bladder incontinence (e.g., urinal, bedpan, indwelling catheter, intermittent catheterization, incontinence pads/ undergarments)
- Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level



<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	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
<input type="radio"/>	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
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	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
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

Scoring based on: (Shared to Functioning)

- Observation Self-report Proxy

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

30 days? (Shared to Functioning)

- | | | |
|---|---|---|
| <input type="radio"/> 2 or more times per day | <input type="radio"/> 1-3 times per week | <input type="radio"/> Other, specify frequency of enhanced support for toileting: |
| <input type="radio"/> Daily | <input type="radio"/> 3-4 times per month | _____ |
| <input type="radio"/> 4-6 times per week | <input type="radio"/> 1-2 times per month | |

5F. Approximately how long does each instance of enhanced toileting support last? (Shared to Functioning)

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="radio"/> 0-15 minutes | <input type="radio"/> 31-45 minutes | <input type="radio"/> Greater than 60 minutes |
| <input type="radio"/> 16-30 minutes | <input type="radio"/> 46-60 minutes | |

5G. Describe the circumstances that result in this additional need for toileting support. (Shared to Functioning)



5H. Does the participant require assistance with managing equipment related to bladder incontinence (e.g., urinal, bedpan, indwelling catheter, intermittent catheterization, incontinence pads/ undergarments) (Shared to Functioning)

- Yes
- No
- N/A - Does not use equipment

Scoring based on: (Shared to Functioning)

- Observation
- Self-report
- Proxy

5I. Is a bladder program (e.g., scheduled toileting or prompted voiding) currently being used to manage the participant's urinary continence? (Shared to Functioning)

- Yes
- No

5J. Does the participant require assistance with managing equipment related to bowel incontinence (e.g., ostomy, incontinence pads/ undergarments)? (Shared to Functioning)

- Yes
- No
- N/A - Does not use equipment

Scoring based on: (Shared to Functioning)

- Observation
- Self-report
- Proxy

5K. Is a bowel program currently being used to manage the participant's bowel continence? (Shared to Functioning)

- Yes
- No



VI. 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.

S (Shared to Functioning)

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

Scoring based on: **S** (Shared to Functioning)

Observation Self-report Proxy

6B. Tube feeding - The ability to manage all equipment/supplies related to obtaining nutrition. **S** (Shared to Functioning)

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	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
<input type="radio"/>	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
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity



- Activity not Attempted-** Participant refused
- 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 to Functioning)

- Observation Self-report Proxy

6C. Has the level of support the participant needs for eating varied over the last 30 days?

- No (Skip to Section 2- Behaviors)
- Yes, identify the highest level of support needed in the past 30 days: (Shared to Functioning)

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	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
<input type="radio"/>	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
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	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
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Scoring based on: (Shared to Functioning)

- Observation Self-report Proxy

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

(Shared to Functioning)

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

6E. Approximately how long does each instance of enhanced eating support last? (Shared to Functioning)



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

6F. Describe the circumstances that result in this additional need for eating support.

§ (Shared to Functioning)

1. BEHAVIORS, EMOTIONS, AND/OR SYMPTOMS

This section is used to identify if the participant displays behaviors, emotions and/or symptoms. Assessors should check all the behaviors the participant demonstrates, has a history of, or those that the assessor or others have a concern. If there are no concerns, history, or presence of these behaviors, select "None". For all behaviors identified use the following guidance:

Behavior status (column 1) - should be based on what would be considered a "typical" week of behavior for the participant. Identify the status for each behavior chosen.

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

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

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



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

- **Cueing/Verbal prompt** – Responds to simple verbal or gestural redirection
- **Physical Prompts** – Responds to simple cueing using physical touch or leading
- **Planned Intervention-** Requires a planned intervention approach using positive reinforcement, extensive supervision, restriction of rights (all settings), or other appropriate intervention to be carried out by staff or unpaid caregivers.
- **Other, describe** – Requires other approaches (e.g., structured environment)
- **None, and intervention needed** – intervention needed but is not receiving

Frequency

- **Less than monthly to once per month-** Intervention occurs once per month or less. This option may also indicate that the behavior is intermittent and/or cyclical
- **More than once per month and up to weekly-** Intervention occurs twice or more per month, up to once per week
- **More than once per week and up to daily-** Intervention occurs twice or more per week, up to once per day
- **2+ times per day (at least 5 days per week)-** Intervention occurs 2 or more times per day, at least 5 days per week

Presenting behaviors (column 4) - Identify the specific ways in which the behavior presents itself.

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

1. Has the participant previously or currently required interventions or present symptoms for any of the following: **(Shared to Psychosocial)** For individuals under the age of 18, assessors should evaluate whether the behavior is consistent with the child’s chronological, NOT cognitive, age AND is problematic. Some behaviors, such as intrusiveness, may be expected in younger children but may become more socially and/or legally problematic if they are not addressed as the child ages.

Commented [SL4]: Only these responses and their applicable questions/responses are shared to psychosocial from the LOC

- Injurious to self**
- Physically aggressive or combative**
- Verbally aggressive towards others**
- Property Destruction**

- Injurious to self**
- Physically aggressive or combative**
- Verbally aggressive towards others**
- Property destruction**
- None** (Skip to Section 3- Memory & Cognition) **(None response is NOT shared with Psychosocial Module)**

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

For Items 2-5 (table): Show “Behavior Status” (column 1) for each applicable behavior selected in Item 1



Then

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

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

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

Oct. 2020



Behavior Status ^S (Shared to Psychosocial)	Behavior Information ^S (Shared to Psychosocial)	Intervention Type and Frequency ^S (Shared to Psychosocial)	Presenting behaviors ^S (Shared to Psychosocial)
<p>2. Injurious to Self - Participant displays disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs). ^S (Shared to Psychosocial)</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 2A and describe history) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about reoccurrence (Skip to 2A and describe history and concerns) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➢ Cueing ➢ Physical Prompts ➢ Planned intervention ➢ Medications to manage behavior ➢ Other, Describe other intervention: _____ ➢ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month- <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Chemical abuse/misuse <input type="checkbox"/> Cutting self <input type="checkbox"/> Bangs Head <input type="checkbox"/> Overeating with acute medical implications <input type="checkbox"/> Pulling out hair <input type="checkbox"/> Puts self in dangerous situations that causes or may cause self-harm or injury <input type="checkbox"/> Self-biting <input type="checkbox"/> Self-burning <input type="checkbox"/> Self-hitting <input type="checkbox"/> Self-poking/stabbing <input type="checkbox"/> Self-restricts eating <input type="checkbox"/> Other Describe other injurious to self behaviors: _____
<p>2A. Describe additional details regarding injurious to self behavior(s), including presenting behaviors, interventions and historical information if applicable: ^S (Shared to Psychosocial LOC)</p>			
<p>3. Physically aggressive or combative Participant displays physical behavior symptoms directed toward others (e.g., hits, kicks, pushes, or punches)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➢ Cueing ➢ Physical Prompts ➢ Planned intervention 	<ul style="list-style-type: none"> <input type="checkbox"/> Bites <input type="checkbox"/> Hits/Punches <input type="checkbox"/> Kicks <input type="checkbox"/> Pulls other's hair <input type="checkbox"/> Pushes <input type="checkbox"/> Scratches



<p>others, throws objects, spitting).</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 3A and describe history) ○ Has history, no symptoms or intervention in past year, assessor has concerns about reoccurrence (Skip to 3A and describe history and concerns) ○ Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<ul style="list-style-type: none"> ➢ Medications to manage behavior ➢ Other, Describe other intervention: _____ ➢ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> ○ Less than monthly to once per month- ○ More than once per month and up to weekly ○ More than once per week and up to daily ○ 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Throws objects <input type="checkbox"/> Unwanted touching of others <input type="checkbox"/> Tripping <input type="checkbox"/> Uses objects to hurt others <input type="checkbox"/> Other, Describe other physically aggressive or combative behaviors: _____
<p>3A. Describe additional details regarding physically aggressive or combative behavior(s), including presenting behaviors, interventions and historical information if applicable: S (Shared to Psychosocial)</p>			
<p>4. Verbally aggressive towards others - Participant displays verbal behavioral symptoms directed towards others (e.g., yelling, screaming, threatening, cursing, excessive profanity, sexual references).</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 4A and describe history) ○ Has history, no symptoms or intervention in past year, assessor has 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➢ Cueing ➢ Physical Prompts ➢ Planned intervention ➢ Medications to manage behavior ➢ Other, Describe other intervention: _____ ➢ None and intervention needed 	<ul style="list-style-type: none"> <input type="checkbox"/> Attempts to intimidate through aggressive gestures with no physical contact <input type="checkbox"/> Goads/provokes <input type="checkbox"/> Intimidates/stares <input type="checkbox"/> Manipulates others - verbal/gestural <input type="checkbox"/> Swears at others <input type="checkbox"/> Taunts/teases <input type="checkbox"/> Verbal Threats



<p>concerns about reoccurrence (Skip to 4A and describe history and concerns)</p> <p><input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions)</p>	<p>Present threat to own or other's safety?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>	<p>Frequency</p> <p><input type="radio"/> Less than monthly to once per month-</p> <p><input type="radio"/> More than once per month and up to weekly</p> <p><input type="radio"/> More than once per week and up to daily</p> <p><input type="radio"/> 2+ times per day (at least 5 days per week)</p>	<p><input type="checkbox"/> Writes threatening notes (includes electronic or other)</p> <p><input type="checkbox"/> Yells/screams at others</p> <p><input type="checkbox"/> Other, Describe other verbally aggressive towards others behaviors: _____</p>
<p>4A. Describe additional details regarding verbally aggressive towards others behavior(s), including presenting behaviors, interventions and historical information if applicable: § (Shared to Psychosocial)</p>			
<p>5. Property destruction - Participant engages in behavior, or would without an intervention, to intentionally disassemble, damage or destroy public or private property or possessions. § (Shared to Psychosocial)</p> <p><input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 5A and describe history)</p> <p><input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about reoccurrence (Skip to 5A and describe history and concerns)</p> <p><input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and</p>	<p><input type="checkbox"/> Impacts Functioning</p> <p><input type="checkbox"/> Prevents from doing things</p> <p><input type="checkbox"/> Behavior needs to be addressed in Support Plan</p> <p><input type="checkbox"/> Behavior is intermittent and/or cyclical</p> <p><input type="checkbox"/> None</p>	<p>Intervention Type</p> <p>➤ Cueing</p> <p>➤ Physical Prompts</p> <p>➤ Planned intervention</p> <p>➤ Medications to manage behavior</p> <p>➤ Other, Describe other intervention: _____</p> <p>➤ None and intervention needed</p> <p>Frequency</p> <p><input type="radio"/> Less than monthly to once per month-</p> <p><input type="radio"/> More than once per month and up to weekly</p> <p><input type="radio"/> More than once per week and up to daily</p> <p><input type="radio"/> 2+ times per day (at least 5 days per week)</p>	<p><input type="checkbox"/> Breaks windows, glasses, lamps or furniture</p> <p><input type="checkbox"/> Sets fires</p> <p><input type="checkbox"/> Tears clothing</p> <p><input type="checkbox"/> Uses tools/objects to damage property</p> <p><input type="checkbox"/> Other, Describe other property destruction behaviors: _____</p>



other identified interventions)			
5A. Describe additional details regarding property destruction behavior(s), including presenting behaviors, interventions and historical information if applicable: _____ (Shared to Psychosocial)			

6. How likely is it that disruptive or dangerous behaviors would occur and/or escalate if HCBS services were withdrawn? **(Shared to Psychosocial)**

- Highly likely
- Likely
- Unlikely
- Highly unlikely
- Not sure
- Not currently receiving services

If likely or higher, explain: _____

Scoring based on: **(Shared to Psychosocial)**

- Observation Self-report Proxy

2. MEMORY AND COGNITION - SHOW FOR AGES 4 AND OLDER EXCEPT SECTION I (VOLUNARY MENTAL STATUS EVALUATION)

I. Voluntary Mental Status Evaluation- Show for Ages 18 and older

Items 1-8 are intended to assist the assessor in determining whether the participant has a cognitive impairment. If the assessor is clear on how to score items in Section 2, respond "No" to Item 1 and items 2-8 may be skipped. **(This whole section is shared to Memory & Cognition)**

1. Should the participant be screened for a potential memory and/or cognition issue?

- No, assessor is clear on whether there is a memory/cognition issue (Skip to Section 2- Identifying Memory & Cognition Issues)
- Yes, additional screening would benefit the assessor's understanding of the potential impairment

2. Repetition of 3 words - Number of words repeated by participant after first attempt:

- Three⁰ Two¹ One² None³



I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."

After the participant's first attempt say: "I will repeat each of the three words with a cue and ask you about them later: sock, something to wear; blue, a color; bed, a piece of furniture." You may repeat the words up to two more times.

3. Ask participant: "Please tell me what year it is right now."

Participant's answer is:

- Correct⁰ Missed by 1 year¹ Missed by 2 to 5 years²
 Missed by more than 5 years or no answer³

4. Ask participant: "What month are we in right now?"

Participant's answer is:

- Accurate within 5 days⁰ Missed by 6 days to 1 month⁰
 Missed by more than 1 month or no answer¹

5. Ask participant: "What day of the week is today?"

Participant's answer is:

- Accurate⁰ Incorrect or no answer¹

6. Ask participant: "Let's go back to the first question. What were those three words that I asked you to repeat?" If participant is unable to remember a word, give cue (i.e., something to wear; a color; a piece of furniture) for that word.

Recalls "sock"?

- No, could not recall²
 Yes, no cue required⁰ Yes, after cueing ("something to wear")¹

7. Recalls "blue"?

- No, could not recall²
 Yes, no cue required⁰ Yes, after cueing ("a color")¹

8. Recalls "bed"?

- No, could not recall²
 Yes, no cue required⁰ Yes, after cueing ("a piece of furniture")¹

Mental Status Score: _____ **(The number next to each response indicates the weight of the item and is used to automatically calculate the Mental Status Score.)**

9. Score indicates that referral for further testing should occur



- No
- Yes

Commented [SL5]: Task will be generated to make a referral if total score is 6 or greater

(Response will be populate based on the Mental Status Score calculation. If mental status score is 6 or more the response will be "Yes" and less than 6 it will be "No")

2A. IDENTIFYING MEMORY & COGNITION ISSUES SHOW FOR AGES 4 AND OLDER

1. Does the participant have any difficulty with any of the following:  

(Shared to Memory & Cognition)





- Memory (e.g., retain relevant functional information)
- Attention (e.g., ability to stay focused on task)
- Problem solving (e.g., ability to discover, analyze, and address an issue with the objective of overcoming obstacles and finding a solution)
- Planning (e.g., ability to think about and arrange the activities required to achieve a desired goal)
- Judgment (e.g., ability to predict and anticipate outcomes based on information provided)
- No difficulty [Skip to Section 3: Sensory and Communication]

Show and require "Area of potential difficulty", "Level of Impairment" and Scoring Based On" (columns 1, 2 and 4) for all responses selected in item 1 "Does the participant have any difficulty with the following" EXCEPT "No difficulty".

Show and require "Difficulty Occurs In" (column 3) if "Level of Impairment" response is any of the following.

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



Area of Potential Difficulty ⓘ  (Shared to Memory & Cognition)	Level of Impairment ⓘ  (Shared to Memory & Cognition)	Difficulty Occurs In: ⓘ  (Shared to Memory & Cognition)	Scoring Based On (check all that apply) ⓘ  (Shared to Memory & Cognition)
Memory	<ul style="list-style-type: none"> <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment 	<ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Community 	<ul style="list-style-type: none"> <input type="checkbox"/> Observation <input type="checkbox"/> Self-Report <input type="checkbox"/> Proxy
Attention	<ul style="list-style-type: none"> <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment 	<ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Community 	<ul style="list-style-type: none"> <input type="checkbox"/> Observation <input type="checkbox"/> Self-Report <input type="checkbox"/> Proxy
Problem Solving	<ul style="list-style-type: none"> <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment 	<ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Community 	<ul style="list-style-type: none"> <input type="checkbox"/> Observation <input type="checkbox"/> Self-Report <input type="checkbox"/> Proxy
Planning	<ul style="list-style-type: none"> <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty 	<ul style="list-style-type: none"> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Community 	<ul style="list-style-type: none"> <input type="checkbox"/> Observation <input type="checkbox"/> Self-Report <input type="checkbox"/> Proxy



	<input type="radio"/> Impairment present, unable to determine degree of impairment		
Judgment	<input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Community	<input type="checkbox"/> Observation <input type="checkbox"/> Self-Report <input type="checkbox"/> Proxy

3. SENSORY AND COMMUNICATION

1. Participant's ability to express ideas and/or wants with individuals he/she

is familiar with. (Shared to Sensory & Communication)

- Expresses complex messages without difficulty and with speech that is clear and easy to understand
- Age appropriate difficulty with expressing needs and/or ideas
- Exhibits some difficulty with expressing needs and/or ideas (e.g., some words or finishing thoughts) or speech is not clear
- Frequently exhibits difficulty with expressing needs and/or ideas
- Rarely/never expresses self or speech is very difficult to understand
- Unable to determine

4. HEALTH CONDITIONS

1. Does the participant have a diagnosis of paralysis or a missing limb?

(Shared to Health)

- No (Age 0-21 skip to Section 5- Additional Screening for Children, if age 22 or older Skip to Section 6- LOC Outcome)
- Yes
 - Paralysis,
describe presentation of paralysis: _____
 - Missing limb,
identify limb: _____

5. ADDITIONAL SCREENING FOR CHILD WAIVERS- SHOW FOR AGES 0-21

1. Identify the conditions that apply to the participant:

- Technologically dependent for life or health-sustaining functions,



Describe technological dependency for life or health-sustaining functions: _____

- Complex medication regimen or medical interventions to maintain or improve health status,

Describe complex medication regimen or medical interventions to maintain or improve health status: _____

- Need of ongoing assessment or intervention to prevent serious deterioration of health status or medical complications that place life, health or development at risk,

Describe need of ongoing assessment or intervention to prevent serious deterioration of health status or medical complications that place life, health or development at risk: _____

- None

- 2. Has the participant been diagnosed with a life limiting illness by a medical professional? Note: Life Limiting Illness means a medical condition that, in the opinion of the medical specialist involved, has a prognosis of death that is highly probable before the client reaches adulthood. S (Shared to Health) (Only show for age 19 and under)**

- No
 Yes

- 3. Does the participant require intervention for behavioral and/or medical issues approximately every two hours during the day AND every three hours at night? (Only show for age 17 and under)**

- No
 Yes

- 4. Does participant exhibit constant vocalization such as screaming, crying, laughing, or verbal threats, which cause emotional distress to family caregivers. "Constant" is defined as an occurrence on average of fifteen minutes of each waking hour? (Only show for age 17 and under)**

- No
 Yes

- 5. If appropriate waiver services are available, could the participant return to the home of a parent/guardian?**

- No
 Yes

- 6. Participant has a DD determination on file. (Only show for ages 5 and older)**



- No and does not have IDD diagnosis
- No DD determination on file, but has IDD diagnosis
- No, unsure about IDD diagnosis status
- Yes

Commented [SL6]: "Yes" should populate from the DD determination record in the system.

7. Participant lives with one or both parents who have a developmental disability. (Only show for ages 2 and under)

- No
- Yes

8. Participant has a developmental delay determination on file? (Only show for ages 4 and under)

- No and does not have developmental delay diagnoses
- No developmental delay determination, but has developmental delay diagnoses
- No, unsure about developmental delay status
- Yes

Commented [SL7]: "Yes" should populate from the DD determination record in the system.

9. Participant is in danger of being admitted to an institution and/or out of home placement because of behavioral and/or medical issues.

- No
- Yes, because of behavioral issues
- Yes, because of medical issues

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

- No
- Yes

Commented [SL8]: Help on Question 8:

- Reported brain injury include the following:
- Nonpsychotic mental disorders due to brain damage
 - Anoxic brain damage
 - Compression of the brain
 - Toxic encephalopathy
 - Subarachnoid and/or intracerebral hemorrhage
 - Occlusion and stenosis of precerebral arteries
 - Acute, but ill-defined cerebrovascular disease
 - Other and ill-defined cerebrovascular disease
 - Late effects of cerebrovascular disease
 - Fracture of the skull or face
 - Concussion resulting in an ongoing need for assistance with activities of daily living
 - Cerebral laceration and contusion
 - Subarachnoid, subdural, and extradural hemorrhage, following injury
 - Other unspecified intracranial hemorrhage following injury
 - Intracranial injury

6. LOC OUTCOME

For item 1 responses should be auto generated based on the LOC eligibility criteria document. Assessor should not have the ability to override this item.

1. Participant met LOC:

- No (Skip to Section 7- Next Steps)
- Yes (Skip to Section 7- Next Steps)
- Met alternative LOC via Functioning (user will be prevented from completing any further sections until review is completed in item 2 "Outcome of alternative LOC review)



2. Outcome of alternative LOC review: (This will be permission/role based. Department will need to establish security roles that are able to complete the review. Once established will set the rule)

- Approved
- Denied

3. Notes from the review for alternative LOC via functioning:

7. NEXT STEPS

1. Next steps:

- Participant met LOC, proceed with Assessment** (Based on the results of the LOC Screen it appears that you meet LOC eligibility, however an assessment would be needed to confirm that you meet targeting criteria for a waiver.)
- Participant met LOC, provide referral to nursing facility or PACE** (Provide referral to PACE or appropriate nursing facility for further assessment with understanding that participant meets LOC.)
- Participant did not meet LOC, provide Information and Referral (I&R) only** [Assessors should explain that the participant does not meet the level of care criteria for services, inform him/her of appeal rights, and provide them with appropriate information and referral.]

2. Referrals

- None
- Crisis services
- Child or Adult Protection Services
- Housing assistance
- Mental Health Center
- Regional Accountable Entity (RAE)
- Center for Independent Living
- Area Agency on Aging
- Food assistance
- Program of All-Inclusive Care for The Elderly (PACE)
- Screening via the Pediatric Assessment Tool (PAT) / Personal Care Assessment Tool
- Personal Care Services (PCS)
- Private pay HCBS provider



- Colorado Legal Services
- Independent advocacy organization (Colorado Cross-Disability Coalition, Arc, etc.)
- Appeal rights including Office of Administrative Courts website
- Other,
Describe other referral: _____

Oct. 2020