

## **Psychosocial Module**

Key
Bold Blue Highlight: Module narrative and directions - assessment level
instructions/and or help
Orange: Items, responses, and other language specifically for participants 0-1
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
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
U Denotes mandatory item
Item populates forward for Reassessment
Teal Highlight: Items for Revsion and CSR- Support Plan only
Italics: Items from FASI (CARE)- for Department only

The purpose of the Psychosocial module of the Assessment process is to document whether the participant demonstrates any behaviors, emotions or symptoms affecting functioning, health and safety; and the type and amount of support needed in this context. This module also screens for potential mental health needs or behavior that may suggest the need to refer the participant for other professional assessment or supports available in the community.

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.



#### I. BEHAVIOR<mark>S, EMOTIONS, AND SYMPTOMS</mark>

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)

**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.



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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)

For participants under age 4, Only show responses: "Injurious to Self", "Physically aggressive or combative", Verbally aggressive towards others, "Property destruction", "Injurious to animals", "Socially unacceptable behavior", "Verbal perseveration", "PICA", "Constant vocalization", "Other Behaviors" and "None."

#### 1. Has the participant previously or currently required interventions or

present symptoms for any of the following U (Shared from LOC)

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.

- □ Injurious to self
- □ Physically aggressive or combative □ Difficulties regulating emotions
- □ Verbally aggressive towards others □ Susceptibility to victimization
- Property destruction
- □ Injurious to animals
- □ Socially unacceptable behavior
- □ Verbal perseveration
- D PICA
- □ Bullying others
- □ Fire setting or preoccupation with fire
- □ Refusing ADL/IADL and/or medical care □ Confabulation
- □ Wandering/elopement

- □ Legal involvement

- □ Withdrawal
- □ Agitation
- □ Impulsivity
- □ Intrusiveness
- □ Anxiety
- □ Psychotic behaviors
- □ Manic behaviors
- Constant vocalization

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

DPhysically aggressive or combative □Verbally aggressive towards others □Property Destruction



□ Other behavior issues

#### None (Skip to Item 28-Were any Emergency Control Procedures used...)

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

For Items 2-26 (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.



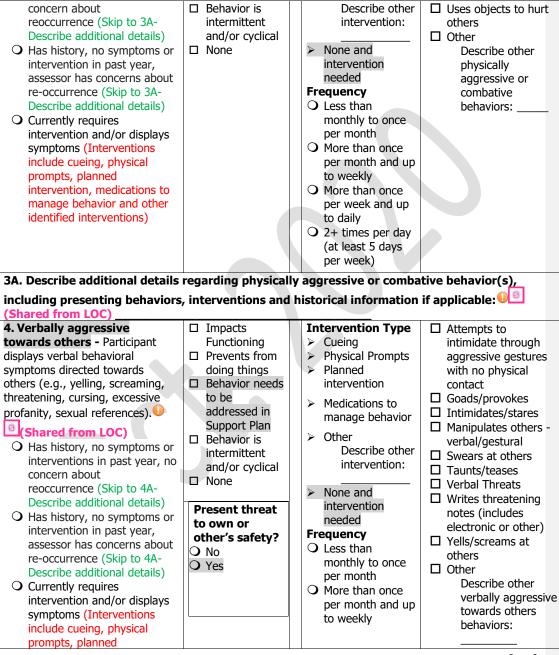
Behavior Status () (Shared from LOC)	Behavior Information (Shared from LOC)	Intervention Type & Frequency () (Shared from LOC)	Presenting behaviors	
<ul> <li>Injurious to Self - Participant displays disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs). Cartactoria (Shared from LOC)</li> <li>Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 2A-Describe additional details)</li> <li>Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 2A-Describe additional details)</li> <li>Currently requires intervention and/or displays symptoms (Interventions in clude cueing, physical prompts, planned interventions to manage behavior and other identified interventions)</li> </ul>	<ul> <li>Impacts         <ul> <li>Functioning</li> <li>Prevents from doing things</li> <li>Behavior needs to be addressed in Support Plan</li> <li>Behavior is intermittent and/or cyclical</li> <li>None</li> </ul> </li> </ul>	<ul> <li>Intervention Type         <ul> <li>Cueing</li> <li>Physical Prompts</li> <li>Planned intervention</li> <li>Medications to manage behavior</li> <li>Other Describe other intervention:</li> <li>None and intervention needed</li> </ul> </li> <li>Frequency         <ul> <li>Less than monthly to once per month-</li> <li>More than once per woek and up to weekly</li> <li>More than once per week and up to daily</li> <li>2+ times per day (at least 5 days per week)</li> </ul> </li> </ul>	<ul> <li>Chemical abuse/misuse</li> <li>Cutting self</li> <li>Bangs head</li> <li>Overeating with acute medical implications</li> <li>Pulling out hair</li> <li>Puts self in dangerous situations that causes or may cause self-harm or injury</li> <li>Self-biting</li> <li>Self-burning</li> <li>Self-burning</li> <li>Self-poking/stabbing</li> <li>Self-restricts eating</li> <li>Other Describe other injurious to self behaviors:</li> </ul>	Commented [SL5]: The items in grey will pull to the output based on the automation instructions above.
2A. Describe additional details behaviors, interventions and hi				
<ul> <li>3. Physically aggressive or combative Participant displays physical behavior symptoms directed toward others (e.g., hits, kicks, pushes, or punches others, throws objects, spitting).</li> <li>(Shared from LOC)</li> <li>O Has history, no symptoms or interventions in past year, no</li> </ul>	<ul> <li>Impacts         <ul> <li>Functioning</li> <li>Prevents from             doing things</li> <li>Behavior needs             to be             addressed in             Support Plan</li> </ul> </li> </ul>	Intervention Type         > Cueing         > Physical Prompts         > Planned         intervention         > Medications to         manage behavior         > Other	<ul> <li>Bites</li> <li>Hits/Punches</li> <li>Kicks</li> <li>Pulls other's hair</li> <li>Pushes</li> <li>Scratches</li> <li>Throws objects</li> <li>Unwanted touching of others</li> <li>Tripping</li> </ul>	



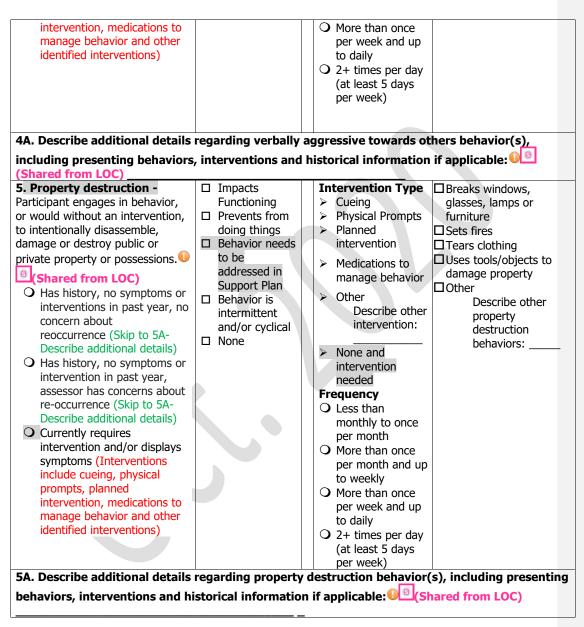
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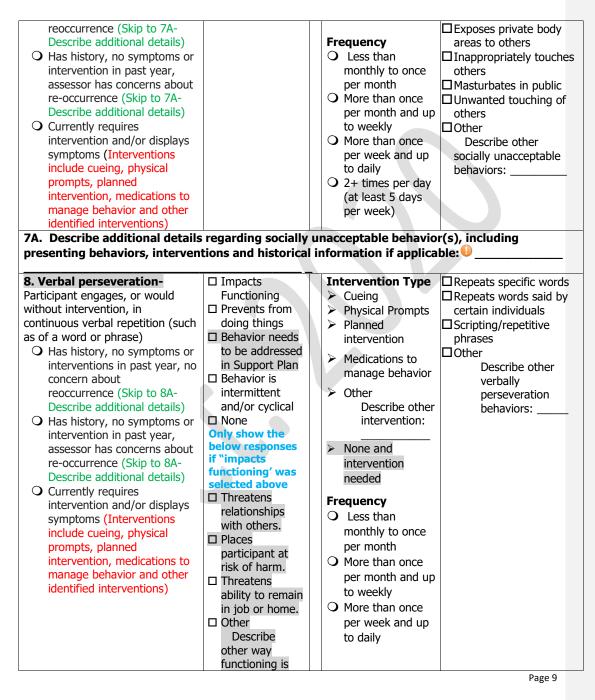


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<ul> <li>6. Injurious to animals- Participant displays, or would without intervention, behaviors that would result in the injury of an animal.</li> <li>O Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 6A- Describe additional details)</li> </ul>	<ul> <li>Impacts         <ul> <li>Functioning</li> <li>Prevents from doing things</li> <li>Behavior needs to be addressed in Support Plan</li> <li>Behavior is intermittent</li> </ul> </li> </ul>	Intervention Type       □       Rough pulling on limbs or body of animal         > Physical Prompts       □       Attempts to maim or kill animals         > Medications to manage behavior       □       Sexual abuse against animals         > Other       □       Other         Describe other       □       Describe other
<ul> <li>Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 6A- Describe additional details)</li> <li>Currently requires intervention and/or displays</li> </ul>	and/or cyclical □ None	intervention: None and intervention needed           Frequency
symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions)		<ul> <li>Less than monthly to once per month</li> <li>More than once per month and up to weekly</li> <li>More than once per week and up to daily</li> </ul>
		O 2+ times per day (at least 5 days per week) s to animals behavior(s), including presenting
<ul> <li>behaviors, interventions and his</li> <li>7. Socially unacceptable</li> <li>behavior - Participant expresses</li> <li>him/herself, or would without an intervention, in an inappropriate or unacceptable manner. Includes disruptive, infantile, or socially inappropriate behavior (e.g., inappropriate sexual comments or other behaviors, disrobing, smearing/ throwing food or feces)</li> <li>O Has history, no symptoms or interventions in past year, no concern about</li> </ul>	<ul> <li>storical information</li> <li>Impacts Functioning</li> <li>Prevents from doing things</li> <li>Behavior needs to be addressed in Support Plan</li> <li>Behavior is intermittent and/or cyclical</li> <li>None</li> </ul>	Intervention Type       Disrupts other's activities         Cueing       Describe other intervention         Planned       Excessive repetitive behavior         Medications to manage behavior       Does not understand personal boundaries         Other       Spits         Intervention:       Throws food         None and intervention needed       Smears feces









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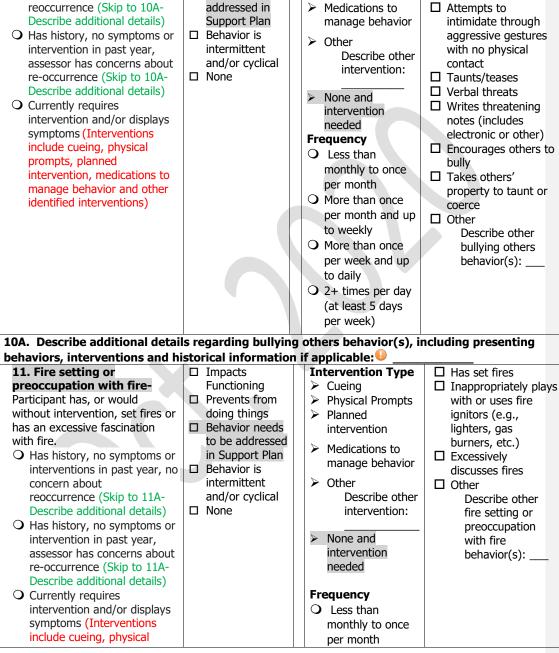
	impacted by	O 2+ times per day
	verbal	(at least 5 days
	perseveration:	per week)
behaviors, interventions and hi		erseveration behavior(s), including presentin
9. PICA (Ingestion of non-	□ Impacts	<b>Intervention Type</b> Typically ingests:
nutritive substances) -	Functioning	
Participant ingests, or would	□ Prevents from	<ul> <li>Cueing</li> <li>Physical Prompts</li> <li>Glass</li> </ul>
without an intervention, non-food	doing things	<ul> <li>Planned</li> <li>Stones</li> </ul>
items (e.g., liquid detergent,	Behavior needs	
coins, paper clips, cigarettes).	to be	
• O Has history, no symptoms or	addressed in	Medications to
interventions in past year, no	Support Plan	manage behavior
concern about	□ Behavior is	> Other
reoccurrence (Skip to 9A-	intermittent	
Describe additional details)	and/or cyclical	
• O Has history, no symptoms or	□ None	soap, clearing
intervention in past year,		None and Solutions)
assessor has concerns about		
re-occurrence (Skip to 9A-		LUther
Describe additional details)		Describe other
• Currently requires		Frequency PICA behaviors:
intervention and/or displays		O Less than
symptoms (Interventions		
include cueing, physical		monthly to once
prompts, planned		per month
intervention, medications to		O More than once
manage behavior and other		per month and up
identified interventions)		to weekly
identified interventions)		O More than once
		per week and up
		to daily
		O 2+ times per day
		(at least 5 days
		per week)
9A. Describe additional details	regarding PICA be	ehavior(s), including presenting behaviors,
interventions and historical infe		
10. Bullying Others- Using	□ Impacts	<b>Intervention Type</b>
force, threat, or coercion to	Functioning	➤ Cueing ☐ Hurts others
abuse, intimidate, or aggressively	□ Prevents from	Physical Prompts physically
dominate others.	doing things	<ul> <li>Planned</li> <li>Hurts others mentall</li> </ul>
<b>O</b> Has history, no symptoms or	□ Behavior needs	intervention or emotionally (e.g.,
interventions in past year, no	to be	goading, hurtful
concern about		words, name calling
		words, name calling,



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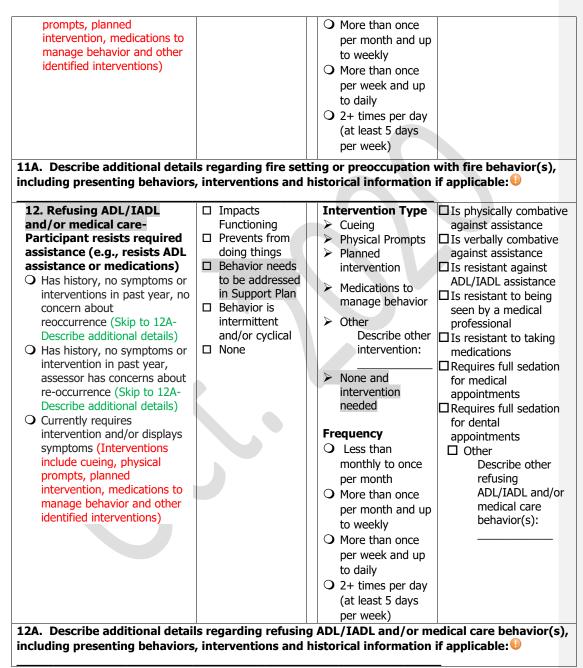
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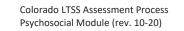


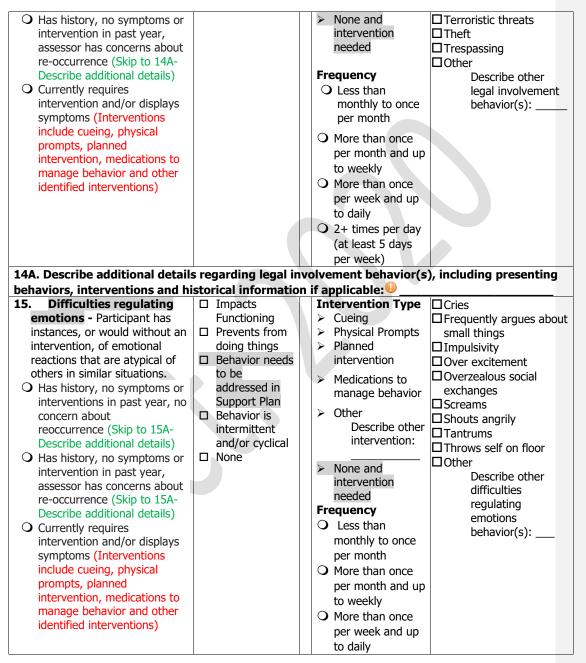


13. Wandering/elopement -	□ Impacts	Intervention Type UWanders away from
Participant purposefully, or	Functioning	<ul> <li>Cueing</li> <li>Staff, parent, or other</li> </ul>
would without an intervention,	□ Prevents from	<ul> <li>Physical Prompts</li> <li>guardian while in the</li> </ul>
leaves an area or group without	doing things	<ul> <li>Planned</li> <li>Planned</li> </ul>
telling others or departs from	□ Behavior needs	intervention community
the supervising staff, caregiver,	to be	$\Box$ Leaves living area for
parent or other guardian	addressed in	Medications to
unexpectedly resulting in	Support Plan	manage behavior without informing
increased vulnerability.	□ Behavior is	> Other appropriate person
O Has history, no symptoms or	intermittent	Describe other Runs away
interventions in past year, no	and/or cyclical	intervention:
concern about	□ None	vehicle
reoccurrence (Skip to 13A-		➢ None and □Other
Describe additional details)		intervention Describe other
<b>O</b> Has history, no symptoms or		needed wandering/elopem
intervention in past year,		ent behavior(s):
assessor has concerns about		Frequency
re-occurrence (Skip to 13A-		O Less than
Describe additional details)		monthly to once
O Currently requires		per month
intervention and/or displays		O More than once
symptoms (Interventions		per month and up
include cueing, physical prompts, planned		to weekly
intervention, medications to		O More than once
manage behavior and other		per week and up
identified interventions)		to daily
		O 2+ times per day
		(at least 5 days
		per week)
13A. Describe additional detail	s regarding wanderi	ing/elopement behavior(s), including
presenting behaviors, intervent	ions and historical i	nformation if applicable:
14. Legal Involvement-	Impacts	Intervention Type Assault
Participant has been engaged	Functioning	➤ Cueing □Burglary
with or is at risk of being	Prevents from	Physical Prompts  Arson
engaged with law	doing things	Planned Drug related crimes
enforcement, arrested, and/or	Behavior needs	intervention Financial crimes
convicted of breaking a law or	to be	Medications to Issues related to
laws and has been determined	addressed in	manage behavior homelessness (e.g.,
to have had knowledge of	Support Plan	urinating in public,
breaking laws.	□ Behavior is	<ul> <li>Other Describe other</li> <li>Camping ban violations, cate )</li> </ul>
O Has history, no symptoms or	intermittent	intervention: etc.)
interventions in past year, no	and/or cyclical	
concern about	□ None	Public nuisance
reoccurrence (Skip to 14A-		□ Sexual crimes
Describe additional details)		
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		O 2+ times per day
		(at least 5 days
		per week)
15A. Describe additional details	s regarding difficul	Ities regulating emotions behavior(s),
		historical information if applicable :
16. Susceptibility to	□ Impacts	Intervention Type Presenting Issues:
victimization - Participant	Functioning	> Cueing
engages in, or would without	□ Prevents from	Physical Prompts  Lack of stranger
an intervention, behaviors that	doing things	> Planned awareness
increase or could potentially	Behavior needs	intervention Domestic abuse
increase the participant's level	to be	Medications to Financial exploitation
of risk or harm or exploitation	addressed in	manage behavior
by others, such as befriending	Support Plan	manipulated to their
strangers.	□ Behavior is	> Other detriment
• Has history, no symptoms or	intermittent	Describe other Physical exploitation
interventions in past year, no	and/or cyclical	intervention:
concern about	□ None	
reoccurrence (Skip to 16A-		► None and □Puts self in harm's way
Describe additional details)		
<b>O</b> Has history, no symptoms or		needed Other
intervention in past year,		Describe ether
assessor has concerns about		Frequency Susceptibility to
re-occurrence (Skip to 16A -		O Less than victimization
Describe additional details)		monthly to once behavior(s):
• Currently requires		per month
intervention and/or displays		O More than once
symptoms (Interventions		per month and up
include cueing, physical		to weekly
prompts, planned		O More than once
intervention, medications to		per week and up
manage behavior and other		to daily
identified interventions)		O 2+ times per day
		(at least 5 days
		per week)
164 Describe edditional datail		
presenting behaviors, intervent		tibility to victimization behavior(s), including
<b>17. Withdrawal -</b> Participant	□ Impacts	Intervention Type Avoidance
has a tendency, or would	Functioning	> Cueing
without an intervention, to	□ Prevents from	<ul> <li>Physical Prompts</li> <li>Lack of interest in life</li> </ul>
retreat into or seclude oneself	doing things	<ul> <li>Planned</li> <li>Planned</li> </ul>
or to avoid conversation,	□ Behavior needs	intervention
interaction or activity.	to be	
O Has history, no symptoms or	addressed in	Medications to
interventions in past year, no	Support Plan	manage behavior behavior(s):
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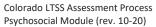
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<ul> <li>concern about reoccurrence (Skip to 17A- Desribe additional details)</li> <li>Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 17A- Describe additional details)</li> <li>Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions)</li> <li>17A. Describe additional details</li> </ul>	<ul> <li>Behavior is intermittent and/or cyclical</li> <li>None</li> </ul>	<ul> <li>Other Describe other intervention:</li> <li>None and intervention needed</li> <li>Frequency</li> <li>Less than monthly to once per month</li> <li>More than once per month and up to weekly</li> <li>More than once per week and up to daily</li> <li>2+ times per day (at least 5 days per week)</li> <li>awal behavior(s), including presenting</li> </ul>
<b>behaviors, interventions and hi</b> <b>18. Agitation -</b> Participant has a tendency, or would without an intervention, to suddenly or	<ul> <li>Impacts</li> <li>Functioning</li> <li>Prevents from</li> </ul>	n if applicable:         Intervention Type         ▷ Cueing         ▷ Physical Prompts
quickly become upset or violent. O Has history, no symptoms or	doing things Behavior needs to be	<ul> <li>Planned intervention Medications to Describe other     </li> </ul>
interventions in past year, no concern about reoccurrence (Skip to 18A-	addressed in Support Plan □ Behavior is	manage behavior     agitation       > Other     behavior(s):
<ul> <li>Describe additional details)</li> <li>Has history, no symptoms or intervention in past year,</li> </ul>	intermittent and/or cyclical None	intervention:
assessor has concerns about re-occurrence (Skip to 18A- Describe additional details)		None and intervention needed
• Currently requires intervention and/or displays		Frequency
symptoms (Interventions		O Less than
include cueing, physical		monthly to once
prompts, planned intervention, medications to		per month



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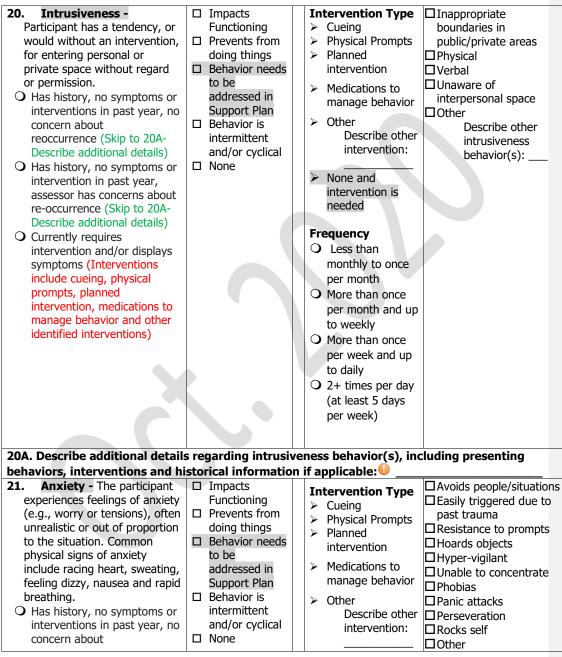
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manage behavior and other		O More than once
identified interventions)		per month and up
		to weekly
		O More than once
		per week and up
		to daily
		O 2+ times per day
		(at least 5 days
		per week)
18A. Describe additional details	s regarding agitati	on behavior(s), including presenting
behaviors, interventions and hi		
<b>19. Impulsivity</b> - Participant	□ Impacts	Intervention Type Makes and acts upon
has a tendency, or would	Functioning	<ul> <li>Cueing</li> <li>Sudden decisions</li> </ul>
without an intervention, for	□ Prevents from	<ul> <li>Physical Prompts Easily influenced by</li> </ul>
sudden or spontaneous	doing things	Planned
decisions or actions.	□ Behavior needs	intervention Disregards personal
<b>O</b> Has history, no symptoms or	to be	and and a
interventions in past year, no	addressed in	
concern about	Support Plan	recklessly
reoccurrence (Skip to 19A-	□ Behavior is	> Other
Describe additional details)	intermittent	Describe other Describe other
<b>O</b> Has history, no symptoms or	and/or cyclical	intervention: impulsivity
intervention in past year,	None	behavior(s):
assessor has concerns about		None and
re-occurrence (Skip to 19A-	-	intervention
Describe additional details)		needed
O Currently requires		Energy and the second s
intervention and/or displays		Frequency
symptoms (Interventions		O Less than
include cueing, physical		monthly to once
prompts, planned		per month
intervention, medications to		O More than once
manage behavior and other		per month and up
identified interventions)		to weekly
		O More than once
		per week and up
		to daily
		O 2+ times per day
		(at least 5 days
		per week)
19A. Describe additional details	s regarding impuls	ivity behavior(s), including presenting
behaviors, interventions and hi		

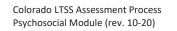


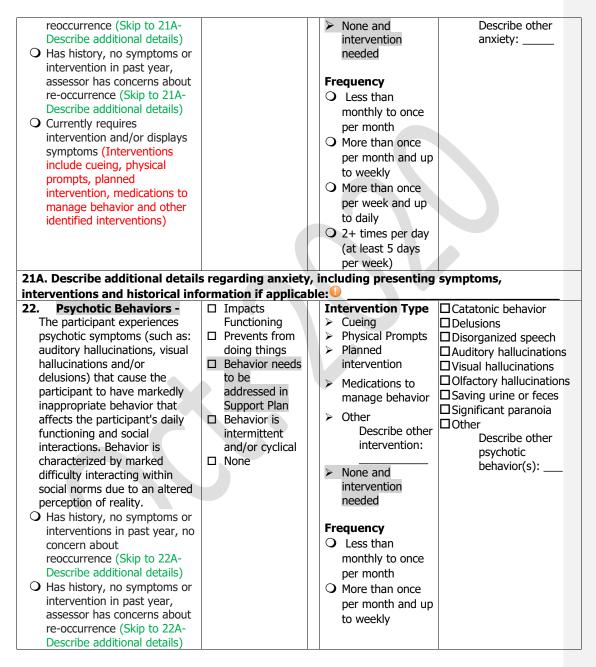
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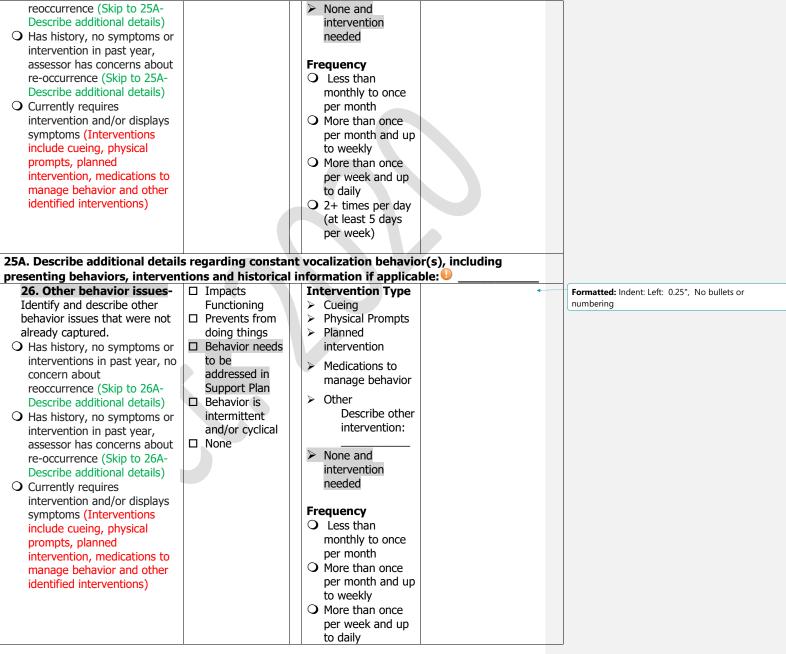
O Currently requires		O More than once
intervention and/or displays		per week and up
symptoms (Interventions		to daily
include cueing, physical		O 2+ times per day
prompts, planned		(at least 5 days
intervention, medications to		per week)
manage behavior and other		
identified interventions)		
		otic behavior(s), including presenting
behaviors, interventions and hi		
23. Manic Behaviors - The	Impacts	Intervention Type Decreased need for
participant experiences	Functioning	Cueing sleep
elevated changes in mood	□ Prevents from	Physical Prompts Distractible
states characterized by severe	doing things	Planned Grandiose thinking
fluctuations in energy and	Behavior needs	intervention Inflated self-esteem
activity level, inappropriate	to be	Medications to Rapid/intense speech
elation and grandiose notions.	addressed in	manage behavior inappropriate to
Manic behavior patterns	Support Plan	> Other
include hyperactivity, marked	□ Behavior is	Describe other
irritability and/or grandiosity,	intermittent	in pleasurable activities
increased energy and	and/or cyclical	intervention: that have negative
heightened mood.	□ None	None and consequences
O Has history, no symptoms or		(excessive spending,
interventions in past year, no		gamping, increased
concern about		sexual behavior).
reoccurrence (Skip to 23A-		Frequency
Describe additional details)		Describe other
O Has history, no symptoms or		manic Denavior(S).
intervention in past year,		monthly to once
assessor has concerns about		per month
re-occurrence (Skip to 23A-		O More than once
Describe additional details)		per month and up
O Currently requires		to weekly
intervention and/or displays		O More than once
symptoms (Interventions include cueing, physical		per week and up
		to daily
prompts, planned intervention, medications to		O 2+ times per day
manage behavior and other		(at least 5 days
identified interventions)		per week)
identified interventions)		
		behavior(s), including presenting behaviors,
interventions and historical infe		
24. Confabulation – The	Impacts	Intervention Type
participant produces fabricated,	Functioning	➢ Cueing □ Gives false impressions
distorted, or misinterpreted		Physical Prompts of capabilities to others



<ul> <li>memories about his/herself or the world, without the conscious intention to deceive.</li> <li>Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 24A-Describe additional details)</li> <li>Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 24A-Describe additional details)</li> <li>Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions)</li> </ul>	<ul> <li>Prevents from doing things</li> <li>Behavior needs to be addressed in Support Plan</li> <li>Behavior is intermittent and/or cyclical</li> <li>None</li> <li>Only show the below responses if "impacts functioning' was selected above</li> <li>Threatens relationships with others.</li> <li>Places participant at risk of harm.</li> <li>Threatens ability to remain in job or home.</li> <li>Other way functioning is impacted by confabulation:</li> </ul>	intervention p > Medications to manage behavior	who don't know participant well. Gives false impressions of their daily activities. Other Describe other confabulation behavior(s):	
24A. Describe additional detail			ding presenting	
behaviors, interventions and h				
25. Constant vocalization-	□ Impacts		Screaming/Shrieking	Formatted: No bullets or numbering
Participant exhibits constant	Functioning		Humming	
vocalizations, such as screaming, crying, laughing, or verbal	Prevents from doing things		Swearing	
threats, which cause emotional	doing things □ Behavior needs		Perseveration	
distress to family caregivers.	to be		Echolalia	
"Constant" is defined as an	addressed in		Crying	
occurrence on average of	Support Plan		Grunting	
fifteen minutes of each	□ Behavior is	> Other	Laughing	
waking hour.	intermittent	Describe other	Verbal Threats Other	
O Has history, no symptoms or	and/or cyclical	intervention:	Describe other	
interventions in past year, no	□ None		constant vocalization	
concern about			behavior(s):	
	_I	2		



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26A. Describe additional detai interventions and historical inf	garding other behavior(s), including	presenting behaviors,
	• 2+ times per day (at least 5 days	

## 27. On average the participant requires intervention greater than verbal redirection at least once every two hours during the day AND on average once every three hours at night

across all behavior and/or medical issues OR exhibits constant vocalization. (Shared with Health module: Bi-directional) This item is to help determine if participant meets targeting criteria for the Children's Extensive Services (CES) waiver. If "yes" is selected for "Due to behavioral issues" or "Due to constant vocalization," the documentation must show descriptions of the presenting behavior, intervention, and frequency in the Behaviors, Emotions, and Symptoms Section.

- No (Skip to item 28- Were any Emergency Control Procedures used during the past year?)
- O Yes
  - □ Yes- Due to behavioral issues (Interventions for behavioral issues are documented in the Psychosocial Module)
  - □ Yes-Due to medical issues (Interventions for medical issues are documented in the Health Module)
  - Yes-Due to constant vocalization (Interventions for constant vocalization are documented in the Psychosocial Module)

### 28. Were any Emergency Control Procedures used during the past year? Note: An Emergency Control Procedure is an unanticipated use of a restrictive procedure or restraint

Emergency Control Procedure is an unanticipated use of a restrictive procedure or restraint in order to keep the participant receiving services and others safe.

O No

O Yes,

#### 28A. Describe type of procedure(s) used: \_\_

- 28B. Frequency of emergency control procedure:
  - O 1-2 times
  - 3-4 times
  - O 5-6 times
  - **O** 7 or more times

**29. Were any Safety Control Procedures used during the past year?** Note: A Safety Control Procedure is developed when it can be anticipated that there will be a need to use restrictive procedures or restraints to control a previously exhibited behavior which is likely to occur again.

O No



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#### O Yes,

29A. Describe type of procedure(s) used: \_

- 29B. Frequency of safety control procedure:
  - **O** Less than monthly to once per month
  - ${\bf O}$  More than once per month and up to weekly
  - O More than once per week and up to daily
  - **O** 2+ times per day (at least 5 days per week)

#### 30. Is there an Imposition of Legal Disability (ILD) in place?

O No

**O** Yes

31. Participant is in danger of being admitted to an institution/out of home placement because of behavior issues. (Show for ages 4 and older, if "None" was selected in Section 1, Item 1 "Has the participant previously or currently required intervention or present symptoms for any of the following" AND "No" was selected in Item 27 - "On average the participant requires intervention greater than verbal redirection...")
O No

O Yes

#### 32. How likely is it that disruptive or dangerous behaviors would occur and/or

#### escalate if HCBS services were withdrawn?

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

If likely or higher, explain: \_\_\_\_

Scoring based on: (Shared from LOC)

□ Observation □ Self-report □ Proxy

#### 33. Participant expresses feelings of loneliness?

O No O Yes OUnknown



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34. Are you/Is your child able to spend time socializing, such as visiting with family/friends, or attending events in the community that interest you/him/her?

ONo

OYes (Skip to 35- Behavior Plan Status)

OChoose not to answer (Skip to 35- Behavior Plan Status)

34a. If you/your child regularly experiences problems in spending time with friends/family or attending social events, what are the challenges or barriers that prevent you/him/her from spending time with others as much as you/he/she would like?

- 35. Behavior Plan Status and any concerns: (Include any concerns from participant, participant's representative or assessor)
  - O Does not have or need a Behavior Plan
  - Needs a Behavior Plan,
    - Describe need for behavior plan: \_
  - O Has a Behavior Plan,

Describe behavior plan, any concerns and where it can be located:

#### 36. Notes/Comments: Behaviors, Emotions, and Symptoms

#### 2. PSYCHOSOCIAL THERAPIES **(**CURRENT AND PAST)

#### 1. Current behavioral and Behavioral Health Therapies (including mental health):

- □ Professional therapies such as psychiatric care, psychotherapy, cognitive therapy, cognitivebehavioral therapy, group therapy, etc. run by professionals with training in therapy
- □ Formalized behavior plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers
- □ Counseling services provided by a trained counselor
- □ Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA
- □ Other behavioral health (including mental health) therapies designed to address the specialized needs of the participant
- □ None



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#### 2. Past behavioral and Behavioral Health Therapies (including mental health):

- □ Professional therapies such as psychiatric care, psychotherapy, cognitive therapy, cognitivebehavioral therapy, group therapy, etc. run by professionals with training in therapy
- □ Formalized behavior plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers
- □ Counseling services provided by a trained counselor
- □ Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA
- Other behavioral health (including mental health) therapies designed to address the specialized needs of the participant
- □ None

Show "Therapy Status" (column 1) for each if applicable therapy selected in item 1 "Current behavioral and Behavioral Health Therapies"

Then

Show "Performed by," "Caregiver Status", and "Frequency" (columns 2-4) ONLY if the response selected in "Therapy Status" (column 1) is: "Therapy needed and available" OR "Therapy needed but no longer meets participant's needs."

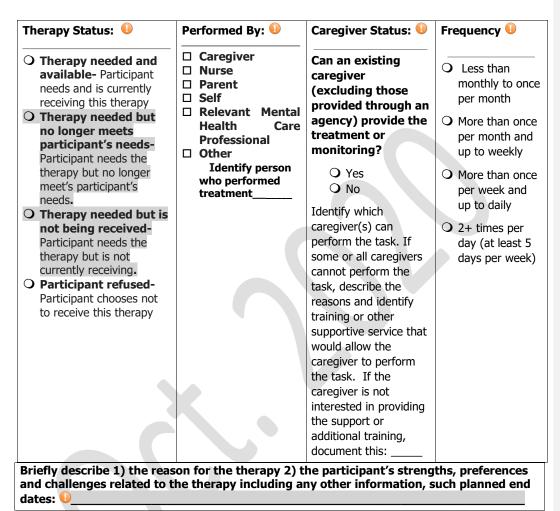
For "Caregiver Status" (column 3) only show if response selected in Item 1 "Current behavioral and Behavioral Health Therapies" is any of the following responses: 1) Formalized behavior plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers, OR 2) Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA, OR 3) Other behavioral health (including mental health) therapies designed to address the specialized needs of the participant AND if response selected in "Performed By" (column 2) is any of the following: 1) Caregiver, 2) Parent or 3) Other

If columns 2-4 show the responses are mandatory.

Show item "Briefly describe ..." for each applicable therapy selected in items 1, responses are mandatory.



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#### 3. Notes/Comments: Psychosocial Therapies



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#### 3. DEPRESSION SCREEN- ONLY SHOW FOR AGES 18 AND OLDER

1. Does the participant, representative, and/or case manager wish to complete the depression screen? ()

```
O No (Skip to Section 5- Suicide and Homicide Screen)
```

O Yes

2. Does the participant have an intellectual and/or developmental disability?

- O No
- Yes, and participant is able to meaningfully communicate thoughts, feelings, and needs, including with a support (Skip to Item 14- Glasgow IDD Participant Assessment- Have you felt sad?)
- Yes, and participant is unable to communicate emotions, thoughts, and feelings in any meaningful way (Skip to item 34- Glasgow IDD Proxy Assessment- Has the participant appeared depressed?)

#### 3. During the past 2 weeks, how often would you say, "I feel sad"?

Ο	Nev	er			

-		
О	Rarely	

• Sometimes

O AlwaysO Choose not to answer

O Often

During the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0 to 1 Days)	Several days (2 to 6 Days)	More than half the days (7 to 11 Days)	Nearly every day (12 to 14 Days)
4. Little interest or pleasure in doing things	<b>O</b> 0	$O^1$	<b>O</b> <sup>2</sup>	<b>O</b> <sup>3</sup>
5. Feeling down, depressed or hopeless	<b>O</b> 0	$O^1$	O <sup>2</sup>	<b>O</b> <sup>3</sup>
6. Trouble falling or staying asleep, or sleeping too much	<b>O</b> 0	$\mathbf{O}^1$	O <sup>2</sup>	O <sup>3</sup>
7. Feeling tired or having little energy	<b>O</b> 0	$O^1$	<b>O</b> <sup>2</sup>	<b>O</b> <sup>3</sup>
8. Poor appetite or overeating	<b>O</b> 0	$O^1$	<b>O</b> <sup>2</sup>	<b>O</b> <sup>3</sup>
<ol> <li>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</li> </ol>	O <sub>0</sub>	$\mathbf{O}^1$	<b>O</b> <sup>2</sup>	<b>O</b> <sup>3</sup>
10. Trouble concentrating on things, such as reading the newspaper or watching television	<b>O</b> 0	$O^1$	O <sup>2</sup>	O3
11. Moving or speaking so slowly that other people noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	O <sub>0</sub>	$O^1$	<b>O</b> <sup>2</sup>	O3



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12. Thoughts that you would be better off dead, or of hurting yourself in some way	<b>O</b> 0	$O^1$	<b>O</b> <sup>2</sup>	<b>O</b> <sup>3</sup>	
Total of each column					
Total Score (sum of all columns)					

## 13. If any problems were selected, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

• Not difficult at all

O Extremely difficult

**O** Somewhat difficult

• Not applicable

• Very difficult

• Not applicable

#### Once completed skip to Section 5- Suicide and Homicide Screen

#### Glasgow IDD Assessment Screen- Participant Assessment

I am going to ask you about how you have been feeling in the last week.	Never/No	Sometimes	Always/ A lot
14. Have you felt sad? Have you felt upset? Have you felt miserable? Have you felt depressed?	<b>O</b> 0	$O^1$	$O^2$
15. Have you felt as if you are in a bad mood? Have you lost your temper? Have you felt as if you want to shout at people?	O <sub>0</sub>	$O^1$	Q <sup>2</sup>
16. Have you enjoyed the things you've done? Have you had fun? Have you enjoyed yourself?	<b>O</b> <sup>2</sup>	$O^1$	$O_0$
17. Have you enjoyed talking to people and being with other people? Have you liked having people around you? Have you enjoyed other people's company?	<b>O</b> <sup>2</sup>	$O^1$	O <sub>0</sub>
18. Have you made sure you have washed yourself, worn clean clothes, brushed your teeth, and combed your hair? Have you taken care of the way you look? Have you looked after your appearance?	Q <sup>2</sup>	$\mathbf{O}^1$	O <sub>0</sub>
19. Have you felt tired during the day? Have you gone to sleep during the day? Have you found it hard to stay awake during the day?	O <sub>0</sub>	$O^1$	Q <sup>2</sup>
20. Have you cried?	<b>O</b> 0	<b>O</b> <sup>1</sup>	<b>O</b> <sup>2</sup>
21. Have you felt you are a horrible person?	<b>O</b> 0	$O^1$	Q <sup>2</sup>

**Commented [SL8]:** Task will be generated to make a referral if total score is 5 or greater and/or response is "yes" to question "Thoughts that you would be better off dead, or of hurting yourself in some way"



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Have you felt others don't like you?			
, , , ,			
22. Have you been able to pay attention to things like watching TV? Have you been able to concentrate on things (like TV shows)?	Q <sup>2</sup>	$\mathbf{O}^1$	$O_0$
23. Have you found it hard to make decisions? Have you found it hard to decide what to wear or what do? Have you found it hard to choose between two things?	<b>O</b> 0	$O^1$	Q <sup>2</sup>
24. Have you found it hard to sit still? Have you fidgeted when you are sitting down? Have you been moving around a lot like you can't help it?	<b>O</b> 0	O <sup>1</sup>	O <sup>2</sup>
25. Have you been eating too little or eating too much? Do people say you should eat more or less?	<b>O</b> 0	$O^1$	O <sup>2</sup>
26. Have you found it hard to get a good night's sleep? Have you found it hard to fall asleep at night? Have you woken up in the middle of the night and found it hard to get back to sleep? Have you woken up too early in the morning?	O	O1	Q <sup>2</sup>
27. Have you felt that life is not worth living? Have you wished you could die? Have you felt you do not want to go on living?	<b>O</b> 0	$O^1$	<b>O</b> <sup>2</sup>
28. Have you felt as if everything is your fault? Have you felt as if people blame you for things? Have you felt that things happen because of you?	<b>O</b> 0	$O^1$	<b>O</b> <sup>2</sup>
29. Have you felt that other people are looking at you, talking about you, or laughing at you? <i>Have you worried about what other people think of you?</i>	<b>O</b> 0	$\mathbf{O}^1$	Q <sup>2</sup>
30. Have you become very upset if someone says you have done something wrong or you have made a mistake? <i>Do you feel sad if someone disagrees with you or argues</i> <i>with you?</i> <i>Do you feel like crying if someone disagrees with you or</i> <i>argues with you?</i>	O <sub>0</sub>	$O^1$	$O^2$
31. Have you felt worried? Have you felt nervous? Have you felt tense/wound up/on edge?	<b>O</b> 0	$O^1$	<b>O</b> <sup>2</sup>
32. Have you thought that bad things keep happening to you? Have you felt that nothing nice ever happens to you?	<b>O</b> 0	$O^1$	<b>O</b> <sup>2</sup>
33. Have you felt happy when something good happened? If nothing good has happened in the last week then ask: If someone gave you a nice present would that make you happy?	<b>O</b> <sup>2</sup>	$\mathbf{O}^1$	O <sub>0</sub>



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Total of each column	 	 ]
Total Score (sum of all columns)		

#### Skip to Section 5- Homicide and Suicide Screen

#### **Glasgow IDD Assessment Screen- Proxy Assessment**

			1
In the last week has the participant	Never/No	Sometimes	Always/ A lot
34. Appeared depressed?	<b>O</b> 0	<b>O</b> <sup>1</sup>	O <sup>2</sup>
35. Been more physically or verbally aggressive than usual?	<b>O</b> 0	$O^1$	O <sup>2</sup>
36. Avoided company or social contact?	<b>O</b> 0	<b>O</b> <sup>1</sup>	O <sup>2</sup>
37. Looked after his/her appearance?	<b>O</b> <sup>2</sup>	<b>O</b> <sup>1</sup>	<b>O</b> 0
38. Spoken or communicated as much as he/she used to?	<b>O</b> <sup>2</sup>	<b>O</b> <sup>1</sup>	<b>O</b> 0
39. Cried?	00	<b>O</b> <sup>1</sup>	O <sup>2</sup>
40. Complained of headaches or other aches and pains?	<b>O</b> 0	<b>O</b> <sup>1</sup>	O <sup>2</sup>
41. Still taken part in activities which used to interest him/her?	<b>O</b> <sup>2</sup>	<b>O</b> <sup>1</sup>	<b>O</b> 0
42. Appeared restless or fidgety?	<b>O</b> 0	$O^1$	O <sup>2</sup>
43. Appeared lethargic or sluggish?	<b>O</b> 0	<b>O</b> <sup>1</sup>	O <sup>2</sup>
44. Eaten too little or too much?	<b>O</b> 0	<b>O</b> <sup>1</sup>	O <sup>2</sup>
45. Found it hard to get a good night's sleep?	<b>O</b> 0	<b>O</b> <sup>1</sup>	O <sup>2</sup>
46. Been sleeping during the day?	<b>O</b> 0	<b>O</b> <sup>1</sup>	<b>O</b> <sup>2</sup>
47. Said that he/she does not want to go on living?	<b>O</b> 0	<b>O</b> <sup>1</sup>	<b>O</b> <sup>2</sup>
48. Asked you for reassurance?	<b>O</b> 0	<b>O</b> <sup>1</sup>	<b>O</b> <sup>2</sup>
49. Have you noticed any change in the participant lately?	<b>O</b> 0	<b>O</b> <sup>1</sup>	<b>O</b> <sup>2</sup>
Total of each column			
Total Score (sum of all columns)			

**Commented [SL9]:** Task will be generated to make a referral if total score is 13 or greater

**Commented [SL10]:** Task will be generated to make a referral if total score is 13 or greater"



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#### 14. Notes/Comments: Depression Screen and or Glasgow IDD Screen

#### 4. PEDIATRIC SYMPTOMS CHECKLIST- ONLY SHOW FOR AGES 4-17

- 1. Have you or another caregiver ever completed a Pediatric Symptom Checklist form?
  - **O** No, and do not wish to complete the checklist
  - O No, but would like to complete the Checklist now
  - Yes, describe the outcome of assessment: \_\_\_\_\_ (Skip to Section 5-Homicide and Suicide Screen)
  - **O** Unsure

Indicate the items that best fit you/the child.	Never (0)	Sometimes (1)	Often (2)
2. Fidgety, unable to sit still	0	0	0
3. Feels sad, unhappy	0	•	0
4. Daydreams too much	0	0	0
5. Refuses to share	0	0	0
6. Does not understand other people's feelings	0	0	0
7. Feels hopeless	0	0	0
8. Has trouble concentrating	0	0	0
9. Fights with other children	0	0	0
10. Is down on him or herself	0	0	0
11. Blames others for his/her troubles	0	0	0
12. Seems to be having less fun	0	0	0
13. Does not listen to rules	0	0	0
14. Acts as if driven by a motor	0	0	0
15. Teases others	0	0	0
16. Worries a lot	0	0	0
17. Takes things that do not belong to him/her	0	0	0
18. Distracted easily	0	0	0
Total of each column			
Total Score (sum of all columns):			

#### 2. Notes/Comments- Pediatric Symptom Checklist:

**Commented [SL11]:** Task will be generated to make a referral if total score is 15 or greater"



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#### 5. SUICIDE & HOMICIDE SCREEN

This is a voluntary screen that can be used with participants, including younger participants as appropriate, to identify a risk of suicide. This section is recommended to be completed with participants ages 10 and older. **However, if a participant is younger than age 10 and scored 15 or greater on the Pediatric Symptom Checklist or expresses depressive symptoms, it is recommended this section be complete.** 

If participant triggered positively on the Depression Screen, Glasgow Participant or Proxy Depression Screen, or Pediatric Symptom Checklist this section is highly recommended.

- 1. In the past few weeks, have you wished you were dead?
  - O No
  - O Yes
  - O Choose not to answer try to establish why the participant refuses to answer, and if necessary, contact a mental health professional immediately
- 2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
  - O No
  - O Yes
  - O Choose not to answer
- 3. In the past week, have you been having thoughts about killing yourself?
  - **O** No (Skip to Item 5- Ever tried to kill yourself)
  - O Yes
  - Choose not to answer
- 4. Are you having thoughts of killing yourself right now?
  - O No
  - **O** Yes
  - Choose not to answer

#### 5. Have you ever tried to kill yourself?

- O No
- O Yes
  - How: \_\_\_\_\_ When:
- Choose not to answer
- 6. In the past week, have you been having thoughts about hurting or killing someone else?
  - **O** No (Skip to Notes/Comments- Suicide & Homicide Screen)
  - O Yes



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#### • Choose not to answer

#### 7. Are you having thoughts about hurting or killing someone else right now?

- O No
- O Yes
- O Choose not to answer

#### 8. Notes/Comments: Suicide & Homicide Screen

**Commented [SL12]:** Task will be generated if participant answered "Yes" to any of the Suicide Screen & Homicide screen questions for case manager to contact supervisor or provide a referral based on agency's crisis policy. Outcomes of the contact should be documented as a log note/case note in the Member record.

## 6. SUBSTANCE AND TOBACCO USE AND GAMBLING- ONLY SHOW FOR AGES 5 AND OLDER

#### Substance Use

#### 

OHas history, no symptoms or intervention in past year, assessor has concerns about reoccurrence: Describe history and concerns:

OCurrent abuse

OChoose not to answer (Skip to item 4- Referral Requested/Needed)

#### 2. Which types of substances? Check all that apply.

- □ Alcohol
- □ Marijuana
- □ Prescription medications
- □ Other substances

#### 2a. Describe use/abuse of substances: \_

#### 3. There has been an attempt to manage the substance abuse in the past:

- O No
- O Yes,

Describe methods to manage the substance abuse and whether they were successful:

**O** Choose not to answer



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#### 4. Is a referral requested/needed for substance abuse?

O No

O Yes,

Identify referral requested/needed for substance abuse:

#### **TOBACCO USE**

#### 5. Do you currently smoke or use any form of tobacco?

- **O** No (Skip to Item 10- Gambling)
- O Yes
- O Choose not to answer (Skip to Item 10- Gambling)

#### 6. Have you thought about cutting back on or quitting your tobacco usage?

- **O** No plans to reduce usage
- Plans to reduce usage
- **O** Choose not to answer

#### 7. Are there any safety concerns related to your tobacco use?

#### Drops cigarettes/ashes

Direction from physician to quit/cut back

- □ Falls asleep when smoking
- □ Smokes when using oxygen
- □Smokes in bed
- □ Refuses ashtray

□ Other

Describe safety concerns related to tobacco use:

□None

#### 8. Is a referral requested/needed for tobacco use?

ONo

OYes,

Identify referral requested/needed for tobacco use:

#### GAMBLING (Only show for ages 10 and older)

10. Have you ever felt the need to bet more and more money when gambling?

- O No
- O Yes
- O Choose not to answer

11. Have you ever had to lie to people important to you about how much you gambled?

- O No
- O Yes
- Choose not to answer

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**Commented [SL13]:** Task will be generated to make a referral if gambling treatment counselor or other gambling resource if "yes" to one or both of these items is selected.



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### 12.Notes/Comments: Substance and Tobacco Use & Gambling