

# ULTC 100.2

## Determining Level of Care

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**COLORADO**

Department of Health Care  
Policy & Financing

# *Our Mission*

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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# OBJECTIVES

- Familiarity with requirements regarding ULTC 100.2
- Individualized and person-centered narrative
- Ability to provide narrative to support score
- Consistent scoring across HCBS waivers

# ULTC 100.2 OVERVIEW

- Comprehensive and uniform client assessment for all individuals in need of long term care
- Utilized for HCBS waivers
- Requires certification as to the functional need for nursing facility level of care

10 CCR 2505-10 8.401.1



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# ROLE IN SERVICE PLANNING

- Aids in determining appropriate services and level of care
- Assists individual in identifying the waiver that best meets needs
- Assists in identifying necessary supports in service planning regardless of funding source

10 CCR 2505-10 8.401.1.15(D)



# EVALUATES

## Activities of Daily Living (ADL):

- Bathing
- Dressing
- Mobility
- Transferring
- Toileting
- Eating

## Supervision:

- Behavior
- Memory / Cognition

10 CCR 2505-10 8.401.1.11



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# LEVEL OF CARE DETERMINATION

To receive Medicaid long term care services, requires at least moderate support in either:

- **ADLs**

Deficit in at least 2 of 6

Score of 2+

- **SUPERVISION**

Behaviors or Memory / Cognition

Score of 2+

10 CCR 2505-10 8.401.1.15(A)



# REQUIREMENTS

- Entered and verified in 10 business days on the Benefits Utilization System (BUS)
- Completed prior to enrollment into LTC Medicaid Waiver services and annually thereafter
- Professional Medical Information Page (PMIP) signed by licensed medical professional

# Professional Medical Information Page

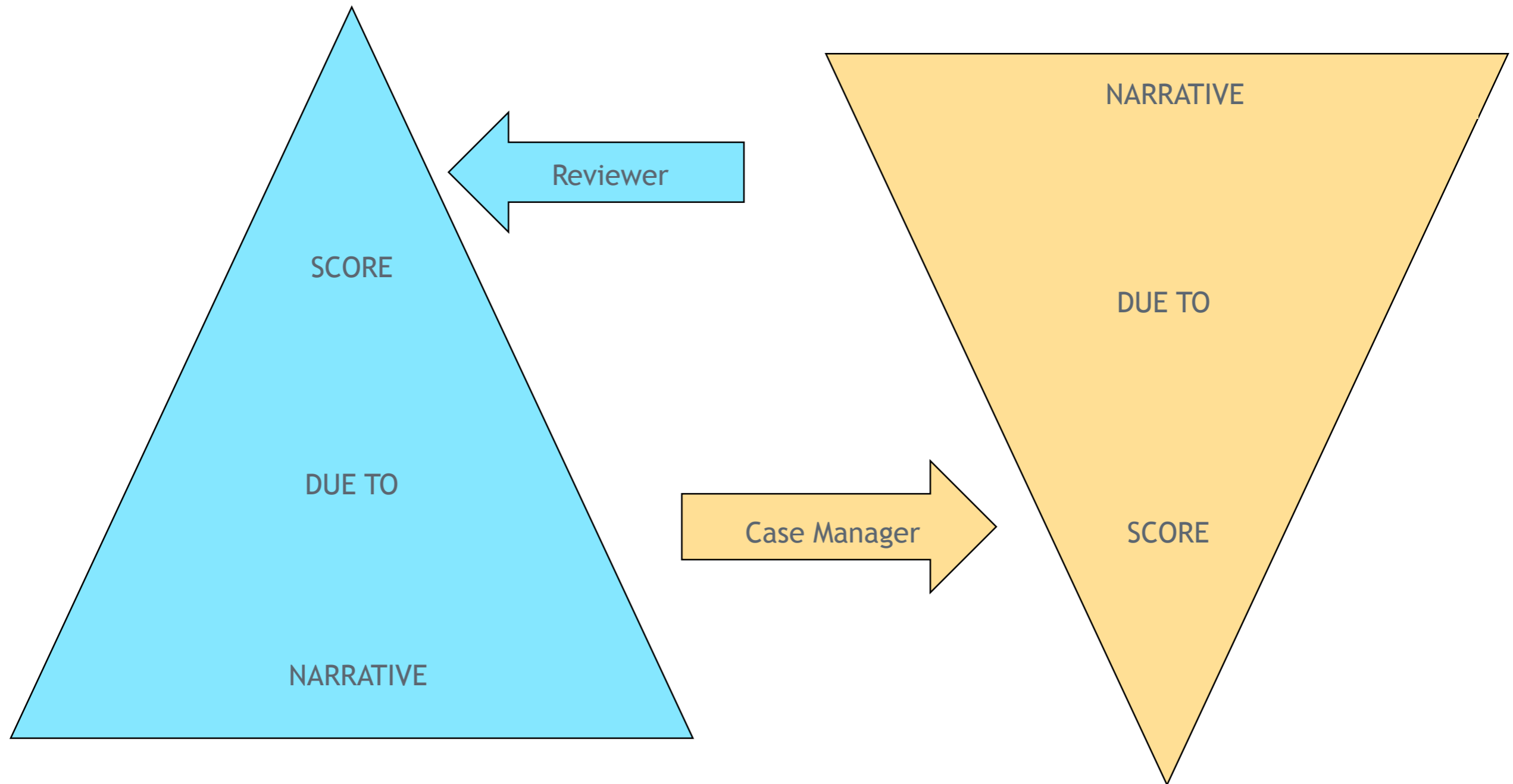
- Completed for initial assessments and reassessments
- Provides supporting information (diagnoses, medications, diet, allergies, prognosis, etc.)
- Component to determine need for level of care
- Assists in determination of targeting criteria



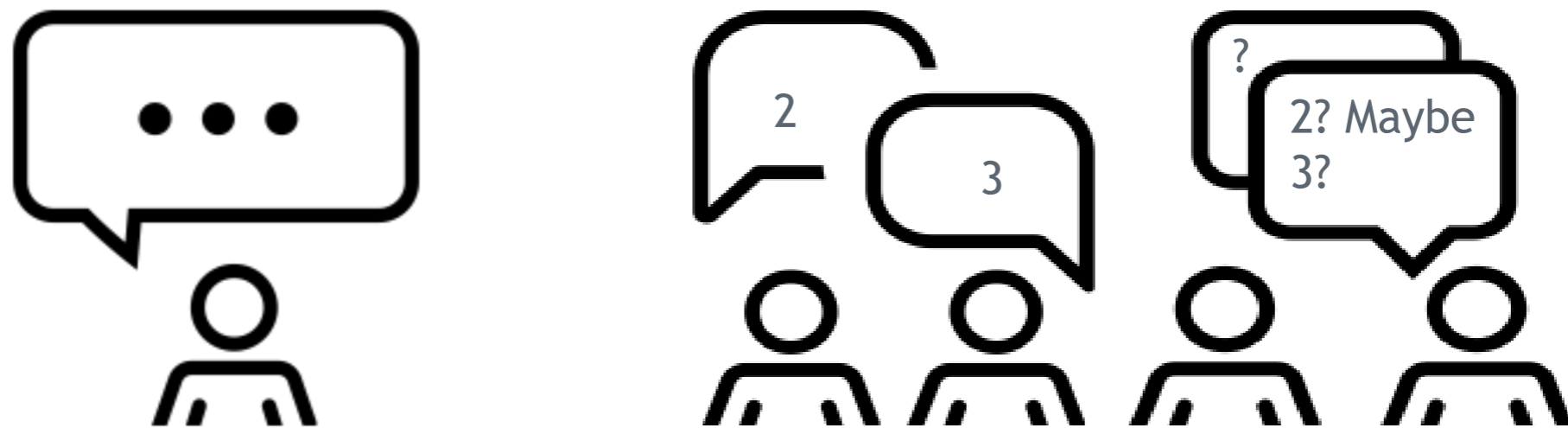
# QIS REQUIREMENTS

- Conducted face-to-face
- Place where individual resides
- Individual must be present

# REVIEWING vs SCORING



# SCORE TO MATCH NARRATIVE



How can consistent and accurate scoring be assured?

# BEST PRACTICES



1. Interview / Narrative
2. Needs are due to...
3. Score

# INTERVIEW / NARRATIVE

- Person - centered
- Individual's particular experience
- Document actual responses and who responded
- All steps needed to complete activity

# NARRATIVE

- Include observation, if appropriate
- Distinguish reported information from observation
- Individual areas of need / abilities
- Objective rather subjective
- Avoid generalities (e.g. “frequently”, “history of”, etc.)

# NARRATIVE

- Most comprehensive details for that individual
- Only commonly known acronyms
- Document all areas discussed
- Ensure narrative supports criteria for score
- Include frequency of need for support
- Document changes (e.g. care needs or hospitalizations)

# SCORING / NARRATIVE

## Score of 0:

- Simply stating “independent” not sufficient
- Specify how individual does not require support

## TIP:

Refer to criteria for a score of 1

As no need for support, no “Due to” specified

# SCORING / NARRATIVE

## Score of 1, 2, or 3

- Details of actual experience
- Criteria for score are addressed

### TIP:

Specify frequency of support (especially for  
Supervision: Behaviors or Memory / Cognition)

# SCORING

Support need doesn't match score criteria?

- Score 0: No support needed
- Score 1:
- Score 2:
- Score 3:

# SCORING

Support need doesn't match score criteria?

- Score 0: No support needed
- Score 1:
- Score 2:
- Score 3: Total support needed

# SCORING

Support need doesn't match score criteria?

- Score 0: No support needed
- Score 1: Minimal support needed
- Score 2:
- Score 3: Total support needed

# SCORING

Support need doesn't match score criteria?

- Score 0: No support needed
- Score 1: Minimal support needed
- Score 2: Moderate support needed
- Score 3: Total support needed

# SAMPLE QUESTIONS

- Aid to identify support needed for individual
- Not an exhaustive list
- Person-centered focus is key
- Use definition and/or score criteria as guide

# SAMPLE BATHING QUESTIONS

Bath / shower? What does that look like?

How often?

Reminders required? Hands-on assistance?

Who sets water temperature?

Assistance with undressing?

Assistance getting in and out of shower/tub?

Assistance with washing and rinsing of body / hair?

Different support needed for upper body / lower body?

Duration?

Adaptive equipment?

Frequency of support?

# SCORING REMINDERS: BATHING

- Hygiene needs not scored in Bathing (nail care, dental care, etc.)
- Behaviors with Bathing can be noted in Bathing but are scored in Supervision / Behaviors
- Use of equipment (e.g. grab bars) may not affect score

# ADL: BATHING

## I. BATHING

Definition: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.

### ADL SCORING CRITERIA

- ☐ 0=The client is independent in completing the activity safely.
- ☐ 1=The client requires oversight help or reminding; can bathe safely without assistance or supervision, but may not be able to get into and out of the tub alone.
- ☐ 2=The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain safety, adequate hygiene and skin integrity.
- ☐ 3=The client is dependent on others to provide a complete bath.

**Due To: (Score must be justified through one or more of the following conditions)**

#### Physical Impairments:

- ☐ Pain
- ☐ Sensory Impairment
- ☐ Limited Range of Motion
- ☐ Weakness
- ☐ Balance Problems
- ☐ Shortness of Breath
- ☐ Decreased Endurance
- ☐ Falls
- ☐ Paralysis
- ☐ Neurological Impairment
- ☐ Oxygen Use
- ☐ Muscle Tone
- ☐ Amputation

#### ☐ Open Wound

#### ☐ Stoma Site

#### Supervision:

- ☐ Cognitive Impairment
- ☐ Memory Impairment
- ☐ Behavior Issues
- ☐ Lack of Awareness
- ☐ Difficulty Learning
- ☐ Seizures

#### Mental Health:

- ☐ Lack of Motivation/Apathy
- ☐ Delusional
- ☐ Hallucinations
- ☐ Paranoia

Comments:

# SAMPLE NARRATIVE: BATHING

**Definition:** The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.

**Due To:** (Score must be justified through one or more of the following conditions)

## Physical Impairment:

- ☐ Amputation
- ☒ Balance Problems
- ☐ Decreased Endurance
- ☐ Falls
- ☐ Limited Range of Motion
- ☐ Muscle Tone
- ☐ Neurological Impairment
- ☐ Open Wound
- ☐ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☐ Stomach Issues
- ☐ Weakness

## Supervision

- ☐ Behavior Issues
- ☒ Cognitive Impairment
- ☒ Difficulty Learning
- ☒ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

## Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

## Comments

All information was provided by Clark and his mother. They report that Clark typically takes a shower rather than a bath. He showers at least four days per week and more frequently during hot weather to ensure adequate hygiene is maintained. His mother says she always provides reminders to Clark to take a shower as he would not remember to do so without prompting. She also says that he is never opposed to showering; he just forgets without reminders. Clark's mother sets the water temperature to ensure it is at a safe level. Clark is able to remove his clothing independently. His mother provides hands-on support to assist Clark in stepping into and out of the tub as he becomes unsteady without support. Clark utilizes a shower chair when showering and completes all steps of washing his body and hair on his own. When he's done he lets his mother know.

- ☐ There has been no change in the client's functional level since the last assessment was performed.

# SAMPLE NARRATIVE: BATHING (cont'd)

**Definition: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.**

## ADL - Bathing

### ADL Scoring Criteria

- ☐ 0 - The client is independent in completing the activity safely.
- ☐ 1 - The client requires oversight help or reminding; can bath safely without assistance or supervision, but may not be able to get into and out of the tub alone.
- ☐ 2 - The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain safety, adequate hygiene and skin integrity.
- ☐ 3 - The client is dependent on others to provide a complete bath.

**Due To: (Score must be justified through one or more of the following conditions)**

### Physical Impairment:

- ☐ Amputation
- ☐ Balance Problems
- ☐ Decreased Endurance
- ☐ Falls

### Supervision

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness

### Comments

All information was provided by Clark and his mother. They report that Clark typically takes a shower rather than a bath. He showers at least four days per week and more frequently during hot weather to ensure adequate hygiene is maintained. His mother says she always provides reminders to Clark to take a shower as he would not remember to do so without prompting. She also says that he is never opposed to showering; he just forgets without reminders. Clark's mother sets the water temperature to ensure it is at a safe level. Clark is able to remove his clothing independently. His mother provides hands-on support to assist Clark in stepping into and out of the tub as he becomes unsteady without support. Clark utilizes a shower chair when showering and completes all steps of washing his body and hair on his own. When he's done he lets his mother know.

# SAMPLE NARRATIVE: BATHING (cont'd)

[\[Assessment DRAFT User Guide - ADL\]](#)

[\[Assessment DRAFT User Guide - ADL Bathing\]](#)

**Definition: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.**

## ADL - Bathing

### ADL Scoring Criteria

- ☐ 0 - The client is independent in completing the activity safely.
- ☒ 1 - The client requires oversight help or reminding; can bath safely without assistance or supervision, but may not be able to get into and out of the tub alone.
- ☐ 2 - The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain safety, adequate hygiene and skin integrity.
- ☐ 3 - The client is dependent on others to provide a complete bath.

**Due To: (Score must be justified through one or more of the following conditions)**

#### Physical Impairment:

- ☐ Amputation
- ☒ Balance Problems
- ☐ Decreased Endurance
- ☐ Falls
- ☐ Limited Range of Motion
- ☐ Muscle Tone
- ☐ Neurological Impairment
- ☐ Open Wound
- ☐ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☐ Stoma Site
- ☐ Weakness

#### Supervision

- ☐ Behavior Issues
- ☒ Cognitive Impairment
- ☒ Difficulty Learning
- ☒ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

#### Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

#### Comments

All information was provided by Clark and his mother. They report that Clark typically takes a shower rather than a bath. He showers at least four days per week and more frequently during hot weather to ensure adequate hygiene is maintained. His mother says she always provides reminders to Clark to take a shower as he would not remember to do so without prompting. She also says that he is never opposed to showering; he just forgets without reminders. Clark's mother sets the water temperature to ensure it is at a safe level. Clark is able to remove his clothing independently. His mother provides hands-on support to assist Clark in stepping into and out of the tub as he becomes unsteady without support. Clark utilizes a shower chair when showering and completes all steps of washing his body and hair on his own. When he's done he lets his mother know.

- ☐ There has been no change in the client's functional level since the last assessment was performed.

Save

Save and Continue

Clear



# SAMPLE DRESSING QUESTIONS

Typical experience with getting dressed?

Who makes clothing choices?

Weather / situation appropriate?

Changes clothes regularly?

Reminders? Hands-on assistance?

Able to dress / undress self?

Upper body and lower body?

Assistance with buttons, zippers, tying?

Slip on clothing? Slip on shoes?

Assistive devices?

# SCORING REMINDERS: DRESSING

Behaviors with Dressing can be noted but are scored in Supervision / Behaviors

When considering “reasonable amount of time” consider the impact the amount of time needed has on the individual. Specify why it takes a significant amount of time, how much time, and what impact is.

# ADL: DRESSING

## II. DRESSING

Definition: The ability to dress and undress as necessary. This includes the ability to put on prostheses, braces, anti-embolism hose or other assistive devices and includes fine motor coordination for buttons and zippers. Includes choice of appropriate clothing for the weather. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.

### ADL SCORING CRITERIA

- ☐ 0=The client is independent in completing activity safely.
- ☐ 1= The client can dress and undress, with or without assistive devices, but may need to be reminded or supervised to do so on some days.
- ☐ 2= The client needs significant verbal or physical assistance to complete dressing or undressing, within a reasonable amount of time.
- ☐ 3= The client is totally dependent on others for dressing and undressing.

**Due To: (Score must be justified through one or more of the following conditions)**

#### Physical Impairments:

- ☐ Pain
- ☐ Sensory Impairment
- ☐ Limited Range of Motion
- ☐ Weakness
- ☐ Balance Problems
- ☐ Shortness of Breath
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Paralysis
- ☐ Neurological Impairment
- ☐ Bladder Incontinence
- ☐ Bowel Incontinence
- ☐ Amputation
- ☐ Oxygen Use
- ☐ Muscle Tone

#### ☐ Open Wound

#### Supervision:

- ☐ Cognitive Impairment
- ☐ Memory Impairment
- ☐ Behavior Issues
- ☐ Lack of Awareness
- ☐ Difficulty Learning
- ☐ Seizures

#### Mental Health:

- ☐ Lack of Motivation/Apathy
- ☐ Delusional
- ☐ Hallucinations
- ☐ Paranoia

Comments:

# SAMPLE NARRATIVE: DRESSING

**Definition:** The ability to dress and undress as necessary. This includes the ability to put on prostheses, braces, anti-embolism hose or other assistive devices and includes fine motor coordination for buttons and zippers. Includes choice of appropriate clothing for the weather. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.

## ADL - Dressing

### ADL Scoring Criteria

- ☒ 0= The client is independent in completing the activity safely.
- ☐ 1= The client can dress and undress, with or without assistive devices, but may need to be reminded or supervised to do so on some days.
- ☐ 2= The client needs significant verbal or physical assistance to complete dressing or undressing, within a reasonable amount of time.
- ☐ 3= The client is totally dependent on others for dressing and undressing.

**Due To: (Score must be justified through one or more of the following conditions)**

### Physical Impairment:

- ☐ Amputation
- ☐ Balance Problems
- ☐ Bladder Incontinence
- ☐ Bowel Incontinence
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Limited Range of Motion
- ☐ Muscle Tone
- ☐ Neurological Impairment
- ☐ Open Wound
- ☐ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☐ Weakness

### Supervision

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

### Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

### Comments

All information was provided by Kent and his mother. Kent is able to pick out clothing that is appropriate for the weather and the situation on his own. Kent says that he watches the news every morning to see what the weather will be and he knows what to wear based upon the temperature and the picture the meteorologist chooses (e.g. sun, rain-clouds, etc.). He and his mother both say that Kent changes his clothing every day, including his underclothing. He is able complete all steps necessary with buttons, zippers and tying without support. Kent was observed at this assessment to be wearing a T-shirt with a bow-tie printed on it and a pair of shorts and sandals which was appropriate for the weather. He said that he chose the T-shirt because he knew this meeting was scheduled and he wanted to wear his favorite dressy T-shirt for the meeting.

# SAMPLE NARRATIVE: DRESSING (cont'd)

## ADL Scoring Criteria

- ☒ 0= The client is independent in completing the activity safely.
- ☐ 1= The client can dress and undress, with or without assistive devices, but may need to be reminded or supervised to do so on some days.
- ☐ 2= The client needs significant verbal or physical assistance to complete dressing or undressing, within a reasonable amount of time.
- ☐ 3= The client is totally dependent on others for dressing and undressing.

**Due To: (Score must be justified through one or more of the following conditions)**

### Physical Impairment:

- ☐ Amputation
- ☐ Balance Problems
- ☐ Bladder Incontinence
- ☐ Bowel Incontinence
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Limited Range of Motion
- ☐ Muscle Tone
- ☐ Neurological Impairment

### Supervision

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

### Mental Health

- ☐ Delusional
- ☐ Hallucinations

### Comments

All information was provided by Kent and his mother. Kent is able to pick out clothing that is appropriate for the weather and the situation on his own. Kent says that he watches the news every morning to see what the weather will be and he knows what to wear based upon the temperature and the picture the meteorologist chooses (e.g. sun, rain-clouds, etc.). He and his mother both say that Kent changes his clothing every day, including his underclothing. He is able complete all steps necessary with buttons, zippers and tying without support. Kent was observed at this assessment to be wearing a T-shirt with a bow-tie printed on it and a pair of shorts and sandals which was appropriate for the weather. He said that he chose the T-shirt because he knew this meeting was scheduled and he wanted to wear his favorite dressy T-shirt for the meeting.

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- ☐ There has been no change in the client's functional level since the last assessment was performed.

Save

Save and Continue

Clear



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# SAMPLE TOILETING QUESTIONS

Generally independent or assistance with toileting?

What does that look like?

Awareness of need to toilet?

Assistance with steps of toileting and cleansing self?

Reminders? Hands-on assistance?

Assistive devices?

Accidents?

Protective undergarments?

Awareness of need for changing?

Bowel program?

Ostomy or catheter care?

# SCORING REMINDERS: TOILETING

Behaviors with Toileting can be noted but are scored in Supervision / Behaviors

If individual is independent with completing ostomy or catheter care they are independent with completing the activity safely

# ADL: TOILETING

## III. TOILETING

Definition: The ability to use the toilet, commode, bedpan or urinal. This includes transferring on/off the toilet, cleansing of self, changing of apparel, managing an ostomy or catheter and adjusting clothing.

### ADL SCORING CRITERIA

- ☐ 0=The client is independent in completing activity safely.
- ☐ 1=The client may need minimal assistance, assistive device, or cueing with parts of the task for safety, such as clothing adjustment, changing protective garment, washing hands, wiping and cleansing.
- ☐ 2=The client needs physical assistance or standby with toileting, including bowel/bladder training, a bowel/bladder program, catheter, ostomy care for safety or is unable to keep self and environment clean.
- ☐ 3=The client is unable to use the toilet. The client is dependent on continual observation, total cleansing, and changing of garments and linens. This may include total care of catheter or ostomy. The client may or may not be aware of own needs.

**Due To: (Score must be justified through one or more of the following conditions)**

#### Physical Impairments:

- ☐ Pain
- ☐ Sensory Impairment
- ☐ Limited Range of Motion
- ☐ Weakness
- ☐ Shortness of Breath
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Paralysis
- ☐ Neurological Impairment
- ☐ Bladder Incontinence
- ☐ Bowel Incontinence
- ☐ Amputation
- ☐ Oxygen Use
- ☐ Physiological defect
- ☐ Balance
- ☐ Muscle Tone
- ☐ Impaction

- ☐ Ostomy
- ☐ Catheter

#### Supervision Need:

- ☐ Cognitive Impairment
- ☐ Memory Impairment
- ☐ Behavior Issues
- ☐ Lack of Awareness
- ☐ Difficulty Learning
- ☐ Seizures

#### Mental Health:

- ☐ Lack of Motivation/Apathy
- ☐ Delusional
- ☐ Hallucinations
- ☐ Paranoia

Comments:

# SAMPLE NARRATIVE: TOILETING

[\[Assessment DRAFT User Guide - ADL\]](#)

[\[Assessment DRAFT User Guide - ADL Toileting\]](#)

**Definition:** The ability to use the toilet, commode, bedpan, or urinal. This includes transferring on/off the toilet, cleansing of self, changing of apparel, managing an ostomy or catheter and adjusting clothing.

## ADL - Toileting

### ADL Scoring Criteria

- ☒ 0= The client is independent in completing the activity safely.
- ☐ 1= The client may need minimal assistance, assistive device, or cueing with parts of the task for safety, such as clothing adjustment, changing protective garment, washing hands, wiping and cleansing.
- ☐ 2= The client needs physical assistance or standby with toileting, including bowel/bladder training, a bowel/bladder program, catheter, ostomy care for safety or is unable to keep self and environment clean.
- ☐ 3= The client is unable to use the toilet. The client is dependent on continual observation, total cleansing, and changing of garments and linens. This may include total care of catheter or ostomy. The client may or may not be aware of own needs.

**Due To:** (Score must be justified through one or more of the following conditions)

#### Physical Impairment:

- ☐ Amputation
- ☐ Balance Problems
- ☐ Bladder Incontinence
- ☐ Bowel Incontinence
- ☐ Catheter
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Impaction
- ☐ Limited Range of Motion
- ☐ Muscle Tone
- ☐ Neurological Impairment
- ☐ Ostomy
- ☐ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Physiological Defect
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☐ Weakness

#### Supervision Needs

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

#### Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

#### Comments

Bruce and his mother report that Bruce is independent with completing all steps of toileting on his own. He is aware of when he needs to use the toilet and does not require reminders to do so. He does not have toileting accidents. He is able adjust his clothing on his own, transfer on and off of the toilet seat without assistance, cleanse himself adequately after toileting, and wash his hands after toileting without reminders.



# SAMPLE NARRATIVE: TOILETING (cont'd)

**Definition:** The ability to use the toilet, commode, bedpan, or urinal. This includes transferring on/off the toilet, cleansing of self, changing of apparel, managing an ostomy or catheter and adjusting clothing.

## ADL - Toileting

### ADL Scoring Criteria

- ☒ 0= The client is independent in completing the activity safely.
- ☐ 1= The client may need minimal assistance, assistive device, or cueing with parts of the task for safety, such as clothing adjustment, changing protective garment, washing hands, wiping and cleansing.
- ☐ 2= The client needs physical assistance or standby with toileting, including bowel/bladder training, a bowel/bladder program, catheter, ostomy care for safety or is unable to keep self and environment clean.
- ☐ 3= The client is unable to use the toilet. The client is dependent on continual observation, total cleansing, and changing of garments and linens. This may include total care of catheter or ostomy. The client may or may not be aware of own needs.

**Due To:** (Score must be justified through one or more of the following conditions)

#### Physical Impairment:

- ☐ Amputation
- ☐ Balance Problems
- ☐ Bladder Incontinence
- ☐ Bowel Incontinence
- ☐ Catheter
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Impaction
- ☐ Limited Range of Motion
- ☐ Muscle Tone
- ☐ Neurological Impairment

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- ☐ We

#### Supervision Needs

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

#### Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy

### Comments

Bruce and his mother report that Bruce is independent with completing all steps of toileting on his own. He is aware of when he needs to use the toilet and does not require reminders to do so. He does not have toileting accidents. He is able adjust his clothing on his own, transfer on and off of the toilet seat without assistance, cleanse himself adequately after toileting, and wash his hands after toileting without reminders.

#### Comm

Bruce  
toile  
requi  
cloth  
himse  
remin

☐ There has been no change in the client's functional level since the last assessment was performed.

Save

Save and Continue

Clear



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# SAMPLE MOBILITY QUESTIONS

Typical experience moving about home? The community?

Independently mobile within home? In community?

Support needed? When/where?

What does that look like?

Balance issues? Falls?

Assistive devices?

Utilize furniture or walls to provide support?

Going up and down stairs?

Going up and down curbs?

# SCORING REMINDERS: MOBILITY

Definition: The ability to move between locations in the individual's living environment inside and outside the home. Note: Score client's mobility without regard to use of equipment other than the use of prosthesis.

If equipment used (e.g. walker or wheelchair) - score without use of equipment.

If prosthesis used - score with use of prosthesis.

Use of stairs and curbs scored under Mobility (not Transferring)

When specifying distance, be objective (e.g. "one city block" rather than "short distance")

# ADL: MOBILITY

## IV. MOBILITY

Definition: The ability to move between locations in the individual's living environment inside and outside the home. Note: Score client's mobility without regard to use of equipment other than the use of prosthesis.

### ADL SCORING CRITERIA

- ☐ 0=The client is independent in completing activity safely.
- ☐ 1=The client is mobile in their own home but may need assistance outside the home.
- ☐ 2=The client is not safe to ambulate or move between locations alone; needs regular cueing, stand-by assistance, or hands on assistance for safety both in the home and outside the home.
- ☐ 3=The client is dependent on others for all mobility.

**Due To: (Score must be justified through one or more of the following conditions)**

#### Physical Impairments:

- ☐ Pain
- ☐ Sensory Impairment
- ☐ Limited Range of Motion
- ☐ Weakness
- ☐ Shortness of Breath
- ☐ Decreased Endurance
- ☐ Fine or Gross Motor Impairment
- ☐ Paralysis
- ☐ Neurological Impairment
- ☐ Amputation
- ☐ Oxygen Use
- ☐ Balance
- ☐ Muscle Tone

#### Supervision Need:

- ☐ Cognitive Impairment
- ☐ Memory Impairment
- ☐ Behavior Issues
- ☐ Lack of Awareness
- ☐ Difficulty Learning
- ☐ Seizures
- ☐ History of Falls

#### Mental Health:

- ☐ Lack of Motivation/Apathy
- ☐ Delusional
- ☐ Hallucinations
- ☐ Paranoia

Comments:

# SAMPLE NARRATIVE: MOBILITY

[\[Assessment DRAFT User Guide - ADL\]](#)

[\[Assessment DRAFT User Guide - ADL Mobility\]](#)

**Definition:** The ability to move between locations in the individual's living environment inside and outside the home. Note: Score client's mobility without regard to use of equipment other than the use of prosthesis.

## ADL - Mobility

### ADL Scoring Criteria

- ☐ 0= The client is independent in completing the activity safely.
- ☐ 1= The client is mobile in their own home but may need assistance outside the home.
- ☒ 2= The client is not safe to ambulate or move between locations alone; needs regular cueing, stand-by assistance, or hands on assistance for safety both in the home and outside the home.
- ☐ 3= The client is dependent on others for all mobility.

**Due To:** (Score must be justified through one or more of the following conditions)

#### Physical Impairment:

- ☐ Amputation
- ☒ Balance Problems
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Gross Motor Impairment
- ☒ Limited Range of Motion
- ☐ Muscle Tone
- ☒ Neurological Impairment
- ☐ Oxygen Use
- ☒ Pain
- ☐ Paralysis
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☐ Weakness

#### Supervision Needs

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ History of Falls
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

#### Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

#### Comments

Sam stated due to poor balance, pain in feet and lack of feeling in feet from Neuropathy he relies on electric wheelchair when ambulating outside the home. Sam stated he relies on walker, as well as walls and furniture when inside her home. Sam stated he is able to maneuver electric wheelchair independently. CM observed Sam ambulating inside the home; he relied on walls and appeared to be very tired after walking only a few feet. Sam reported a history of falls. He stated he fell on July 30th following a seizure but did not need to go to the hospital and had some bruising from the fall but no injuries. Sam also reported a fall on August 25th when using his walker but was able to get up and did not need medical intervention.

# SAMPLE NARRATIVE: MOBILITY (cont'd)

[\[Assessment DRAFT User Guide - ADL\]](#)

[\[Assessment DRAFT User Guide - ADL Mobility\]](#)

**Definition:** The ability to move between locations in the individual's living environment inside and outside the home. Note: Score client's mobility without regard to use of equipment other than the use of prosthesis.

## ADL - Mobility

### ADL Scoring Criteria

- ☐ 0= The client is independent in completing the activity safely.
- ☐ 1= The client is mobile in their own home but may need assistance outside the home.
- ☒ 2= The client is not safe to ambulate or move between locations alone; needs regular cueing, stand-by assistance, or hands on assistance for safety both in the home and outside the home.
- ☐ 3= The client is dependent on others for all mobility.

**Due To:** (Score must be justified through one or more of the following conditions)

#### Physical Impairment:

- ☐ Amputation
- ☒ Balance Problems
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ Gross Motor Impairment
- ☒ Limited Range of Motion
- ☐ Muscle Tone

#### Supervision Needs

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ History of Falls
- ☐ Lack of Awareness
- ☐ Memory Impairment

#### ☒ Comments

Sam stated due to poor balance, pain in feet and lack of feeling in feet from Neuropathy he relies on electric wheelchair when ambulating outside the home. Sam stated he relies on walker, as well as walls and furniture when inside her home. Sam stated he is able to maneuver electric wheelchair independently. CM observed Sam ambulating inside the home; he relied on walls and appeared to be very tired after walking only a few feet. Sam reported a history of falls. He stated he fell on July 30th following a seizure but did not need to go to the hospital and had some bruising from the fall but no injuries. Sam also reported a fall on August 25th when using his walker but was able to get up and did not need medical intervention.

not need medical intervention.



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# SAMPLE TRANSFERRING QUESTIONS

Typical experience transferring in/out of chairs? Bed? Car?

Independent with transferring?

Support needed? When/where?

Hands-on assistance required? Stand-by?

Assistive devices?

Balance issues? Falls?

Utilize furniture for support when transferring?

Able to bear weight?

# SCORING REMINDERS: TRANSFERRING

Definition: The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices, including properly functioning prosthetics, for transfers. **Note: Score Client's ability to transfer without regard to use of equipment.**

If equipment is required (e.g. grab bars, walker, furniture), score without regard to use of equipment

If assistance required when transferring out of car due to behavior (e.g. elopement), score under Supervision / Behaviors.

# ADL: TRANSFERRING

## V. TRANSFERRING

Definition: The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices, including properly functioning prosthetics, for transfers. Note: Score Client's ability to transfer without regard to use of equipment.

### ADL SCORING CRITERIA

- ☐ 0=The client is independent in completing activity safely.
- ☐ 1=The client transfers safely without assistance most of the time, but may need standby assistance for cueing or balance; occasional hands on assistance needed.
- ☐ 2=The client transfer requires standby or hands on assistance for safety; client may bear some weight.
- ☐ 3=The client requires total assistance for transfers and/or positioning with or without equipment.

**Due To: (Score must be justified through one or more of the following conditions)**

#### Physical Impairments:

- ☐ Pain
- ☐ Sensory Impairment
- ☐ Limited Range of Motion
- ☐ Weakness
- ☐ Balance Problems
- ☐ Shortness of Breath
- ☐ Falls
- ☐ Decreased Endurance
- ☐ Paralysis
- ☐ Neurological Impairment
- ☐ Amputation
- ☐ Oxygen Use

#### Supervision Need:

- ☐ Cognitive Impairment
- ☐ Memory Impairment
- ☐ Behavior Issues
- ☐ Lack of Awareness
- ☐ Difficulty Learning
- ☐ Seizures

#### Mental Health:

- ☐ Lack of Motivation/Apathy
- ☐ Delusional
- ☐ Hallucinations
- ☐ Paranoia

Comments:

# SAMPLE NARRATIVE: TRANSFERRING

**Definition:** The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices, including properly functioning prosthetics, for transfers. Note: Score client's ability to transfer without regard to use of equipment.

## ADL - Transferring

### ADL Scoring Criteria

- ☐ 0= The client is independent in completing the activity safely.
- ☐ 1= The client transfers safely without assistance most of the time, but may need standby assistance for cueing or balance; occasional hands on assistance needed.
- ☐ 2= The client transfer requires standby or hands on assistance for safety; client may bear some weight.
- ☒ 3= The client requires total assistance for transfers and/or positioning with or without equipment.

**Due To:** (Score must be justified through one or more of the following conditions)

#### Physical Impairment:

- ☐ Amputation
- ☐ Balance Problems
- ☒ Decreased Endurance
- ☐ Falls
- ☒ Limited Range of Motion
- ☐ Neurological Impairment
- ☐ Oxygen Use
- ☐ Pain
- ☒ Paralysis
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☒ Weakness

#### Supervision Needs

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

#### Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

#### Comments

Sue reported she cannot bear weight to complete transfers due to paralysis from spinal nerve damage from waist down and weakness in upper extremities. Sue reports that she is completely dependent on others for all transfers and cannot assist with any aspect of transfers. She reports using a Hoyer lift and HOA to complete all transfers inside her home due to LROM and lower body paralysis. Sue reports that her CNA will assist with 3-4 transfers during the day and her daughter Katherine will assist with transfers 2-3 times each day during the evening. Sue states that when she leaves her home she needs complete assist with all transferring in and out of vehicles which her daughter Katherine provides. Sue reported that she has not had any falls in the last 6 months while completing the task of transferring.



## SAMPLE NARRATIVE: TRANSFERRING (cont'd)

**Definition:** The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices, including properly functioning prosthetics, for transfers. **Note:** Score client's ability to transfer without regard to use of equipment.

## ADL - Transferring

### ADL Scoring Criteria

- ☐ 0= The client is independent in completing the activity safely.
- ☐ 1= The client transfers safely without assistance most of the time, but may need standby assistance for cueing or balance; occasional hands on assistance needed.
- ☐ 2= The client transfer requires standby or hands on assistance for safety; client may bear some weight.
- ☒ 3= The client requires total assistance for transfers and/or positioning with or without equipment.

**Due To:** (Score must be justified through one or more of the following conditions)

**Physical Impairment:**

- ☐ Amputation
- ☐ Balance Problems
- ☒ Decreased Endurance
- ☐ Falls
- ☒ Limited Range of Motion
- ☐ Neurological Impairment

## Supervision Needs

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

## Comments

Sue reported she cannot bear weight to complete transfers due to paralysis from spinal nerve damage from waist down and weakness in upper extremities. Sue reports that she is completely dependent on others for all transfers and cannot assist with any aspect of transfers. She reports using a Hoyer lift and HOA to complete all transfers inside her home due to LROM and lower body paralysis. Sue reports that her CNA will assist with 3-4 transfers during the day and her daughter Katherine will assist with transfers 2-3 times each day during the evening. Sue states that when she leaves her home she needs complete assist with all transferring in and out of vehicles which her daughter Katherine provides. Sue reported that she has not had any falls in the last 6 months while completing the task of transferring.

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COMpleting the task of transferring.



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# SAMPLE EATING QUESTIONS

What is typical experience with eating?

Feeds self?

Safely eats alone?

Support needed? Verbal cuing? Hands-on?

Choking or swallowing issues?

Level of oversight? (standby line of sight or reminders)

Regular utensils?

Help with cutting food?

Specialized diet prep required (e.g. thickened liquids)?

# SCORING REMINDERS: EATING

Definition: The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew and swallow food. Note: If a person is fed via tube feedings or intravenously, check box 0 if they can do independently, or box 1, 2, or 3 if they require another person to assist.

If the individual is fed via tube feedings or intravenously, consider if they are independent with task.

If so, score 0.

If assistance needed, score 1, 2, or 3 as appropriate.

Behaviors or Memory/Cognition issues with eating can be noted but scored under Behaviors or Memory/Cognition (e.g. no knives when eating due to protocol should be scored under Behaviors.)

# ADL: EATING

## VI. EATING

Definition: The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew and swallow food. Note: If a person is fed via tube feedings or intravenously, check box 0 if they can do independently, or box 1, 2, or 3 if they require another person to assist.

### ADL SCORING CRITERIA

- ☐ 0=The client is independent in completing activity safely.
- ☐ 1=The client can feed self, chew and swallow foods but may need reminding to maintain adequate intake; may need food cut up; can feed self if food brought to them, with or without adaptive feeding equipment.
- ☐ 2=The client can feed self but needs line of sight standby assistance for frequent gagging, choking, swallowing difficulty; or aspiration resulting in the need for medical intervention. The client needs reminder/assistance with adaptive feeding equipment; or must be fed some or all food by mouth by another person.
- ☐ 3=The client must be totally fed by another person; must be fed by another person by stomach tube or venous access.

**Due To: (Score must be justified through one or more of the following conditions)**

<p><u>Physical Impairments:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pain</li> <li><input type="checkbox"/> Sensory Impairment</li> <li><input type="checkbox"/> Limited Range of Motion</li> <li><input type="checkbox"/> Weakness</li> <li><input type="checkbox"/> Shortness of Breath</li> <li><input type="checkbox"/> Decreased Endurance</li> <li><input type="checkbox"/> Paralysis</li> <li><input type="checkbox"/> Neurological Impairment</li> <li><input type="checkbox"/> Amputation</li> <li><input type="checkbox"/> Oxygen Use</li> <li><input type="checkbox"/> Fine Motor Impairment</li> <li><input type="checkbox"/> Poor Dentition</li> <li><input type="checkbox"/> Tremors</li> <li><input type="checkbox"/> Swallowing Problems</li> <li><input type="checkbox"/> Choking</li> <li><input type="checkbox"/> Aspiration</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Tube Feeding</li> <li><input type="checkbox"/> IV Feeding</li> </ul> <p><u>Supervision Need:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cognitive Impairment</li> <li><input type="checkbox"/> Memory Impairment</li> <li><input type="checkbox"/> Behavior Issues</li> <li><input type="checkbox"/> Lack of Awareness</li> <li><input type="checkbox"/> Difficulty Learning</li> <li><input type="checkbox"/> Seizures</li> </ul> <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of Motivation/Apathy</li> <li><input type="checkbox"/> Delusional</li> <li><input type="checkbox"/> Hallucinations</li> <li><input type="checkbox"/> Paranoia</li> </ul>
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Comments:

# SAMPLE NARRATIVE: EATING

**Definition:** The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew, and swallow food. Note: If a person is fed via tube feedings or intravenously, check box 0 if they can do independently, or box 1, 2, 3 if they require another person to assist.

## ADL - Eating

### ADL Scoring Criteria

- ☐ 0= The client is independent in completing activity safely.
- ☐ 1= The client can feed self, chew and swallow foods but may need reminding to maintain adequate intake; may need food cut up; can feed self if food brought to them, with or without adaptive feeding equipment.
- ☒ 2= The client can feed self but needs line of sight standby assistance for frequent gagging, choking, swallowing difficulty; or aspiration resulting in the need for medical intervention. The client needs reminder/assistance with adaptive feeding equipment; or must be fed some or all food by mouth by another person.
- ☐ 3= The client must be totally fed by another person; must be fed by another person by stomach tube or venous access.

**Due To:** (Score must be justified through one or more of the following conditions)

#### Physical Impairment:

- ☐ Amputation
- ☒ Aspiration
- ☒ Choking
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ IV Feeding
- ☐ Limited Range of Motion
- ☐ Neurological Impairment
- ☐ Oxygen Use
- ☐ Pain
- ☐ Paralysis
- ☐ Poor Dentition
- ☐ Sensory Impairment
- ☐ Shortness of Breath
- ☒ Swallowing Problems
- ☐ Tremors
- ☐ Tube Feeding
- ☐ Weakness

#### Supervision

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☒ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

#### Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Paranoia

#### Comments

Wayne and his sister report that Wayne is able to feed himself independently using regular utensils. Wayne is diagnosed with oral dysphagia and his sister says that she must be present at the table any time Wayne is eating to provide physical assistance in the event he chokes or gags on his food. She and Wayne say that occurrences of gagging and choking have decreased since he started working with a Speech Therapist however, he still has difficulty swallowing and gags on his food around two times a month. Wayne's sister continues to add Thick It to all liquids Wayne drinks to prevent aspiration. Prior to thickening liquids, Wayne was diagnosed with pneumonia twice - once requiring a brief hospital stay.

# SAMPLE NARRATIVE: EATING (cont'd)

**Definition:** The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew, and swallow food. Note: If a person is fed via tube feedings or intravenously, check box 0 if they can do independently, or box 1, 2, 3 if they require another person to assist.

## ADL - Eating

### ADL Scoring Criteria

- ☐ 0= The client is independent in completing activity safely.
- ☐ 1= The client can feed self, chew and swallow foods but may need reminding to maintain adequate intake; may need food cut up; can feed self if food brought to them, with or without adaptive feeding equipment.
- ☒ 2= The client can feed self but needs line of sight standby assistance for frequent gagging, choking, swallowing difficulty; or aspiration resulting in the need for medical intervention. The client needs reminder/assistance with adaptive feeding equipment; or must be fed some or all food by mouth by another person.
- ☐ 3= The client must be totally fed by another person; must be fed by another person by stomach tube or venous access.

**Due To:** (Score must be justified through one or more of the following conditions)

### Physical Impairment:

- ☐ Amputation
- ☒ Aspiration
- ☒ Choking
- ☐ Decreased Endurance
- ☐ Fine Motor Impairment
- ☐ IV Feeding
- ☐ Limited Range of Motion
- ☐ Neurological Impairment

### Supervision

- ☐ Behavior Issues
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☒ Lack of Awareness
- ☐ Memory Impairment
- ☐ Seizures

### Mental Health

### Comments

Wayne and his sister report that Wayne is able to feed himself independently using regular utensils. Wayne is diagnosed with oral dysphagia and his sister says that she must be present at the table any time Wayne is eating to provide physical assistance in the event he chokes or gags on his food. She and Wayne say that occurrences of gagging and choking have decreased since he started working with a Speech Therapist however, he still has difficulty swallowing and gags on his food around two times a month. Wayne's sister continues to add Thick It to all liquids Wayne drinks to prevent aspiration. Prior to thickening liquids, Wayne was diagnosed with pneumonia twice - once requiring a brief hospital stay.

# SAMPLE BEHAVIOR QUESTIONS

Exhibits appropriate behavior?

Exhibits inappropriate behaviors? Type and severity?

Frequency? Episodic?

Harms self?

Harms others?

Property damage?

Redirection needed? Type? (e.g. Verbal cues? Hands-on?)

Supervision required? Where and why?

Suicidal ideation? Homicidal ideation?

Support to access community?

# BEHAVIOR: SCORING REMINDERS

Ensure Behaviors noted in ADLs documented in narrative.

Specify frequency and type of supervision in narrative to support score.

Distinguish between inability vs unwillingness to refrain from unsafe actions or interactions.

# SUPERVISION: BEHAVIORS

## VII. SUPERVISION

### A. Behaviors

Definition: The ability to engage in safe actions and interactions and refrain from unsafe actions and interactions (Note, consider the client's inability versus unwillingness to refrain from unsafe actions and interactions).

#### SCORING CRITERIA

- ☐ 0=The client demonstrates appropriate behavior; there is no concern.
- ☐ 1=The client exhibits some inappropriate behaviors but not resulting in injury to self, others and/or property. The client may require redirection. Minimal intervention is needed.
- ☐ 2=The client exhibits inappropriate behaviors that put self, others or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors.
- ☐ 3=The client exhibits behaviors resulting in physical harm to self or others. The client requires extensive supervision to prevent physical harm to self or others.

**Due To: (Score must be justified through one or more of the following conditions)**

#### Physical Impairments:

- ☐ Chronic Medical Condition
- ☐ Acute Illness
- ☐ Pain
- ☐ Neurological Impairment
- ☐ Choking
- ☐ Sensory Impairment
- ☐ Communication Impairment (not inability to speak English)

#### Mental Health:

- ☐ Lack of Motivation/Apathy
- ☐ Delusional
- ☐ Hallucinations
- ☐ Paranoia
- ☐ Mood Instability

#### Supervision needs:

- ☐ Short Term Memory Loss
- ☐ Long Term Memory Loss
- ☐ Agitation
- ☐ Aggressive Behavior
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Memory Impairment
- ☐ Verbal Abusiveness
- ☐ Constant Vocalization
- ☐ Sleep Deprivation
- ☐ Self-Injurious Behavior
- ☐ Impaired Judgment
- ☐ Disruptive to Others
- ☐ Disassociation
- ☐ Wandering
- ☐ Seizures
- ☐ Self Neglect
- ☐ Medication Management

Comments:

# SAMPLE NARRATIVE: BEHAVIORS

**Definition:** The ability to engage in safe actions and interactions and refrain from unsafe actions and interactions. (Note: Consider the client's inability versus unwillingness to refrain from unsafe actions and interactions).

## ADL - Supervision Behavior

### ADL Scoring Criteria

- ☐ 0= The client demonstrates appropriate behavior; there is no concern.
- ☒ 1= The client exhibits some inappropriate behaviors but not resulting in injury to self, others and/or property. The client may require redirection. Minimal intervention is needed.
- ☐ 2= The client exhibits inappropriate behaviors that put self, others or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors.
- ☐ 3= The client exhibits behaviors resulting in physical harm to self or others. The client requires extensive supervision to prevent physical harm to self or others.

**Due To:** (Score must be justified through one or more of the following conditions)

### Physical Impairment:

- ☐ Acute Illness
- ☐ Choking
- ☐ Chronic Medical Condition
- ☐ Communication Impairment (does not include ability to speak English)
- ☐ Neurological Impairment
- ☐ Pain
- ☐ Sensory Impairment

### Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Mood Instability
- ☐ Paranoia

### Supervision Needs

- ☐ Aggressive Behavior
- ☒ Agitation
- ☐ Cognitive Impairment
- ☐ Constant Vocalization
- ☐ Difficulty Learning
- ☐ Disassociation
- ☒ Disruptive to Others
- ☐ Impaired Judgment
- ☐ Medication Management
- ☐ Memory Impairment
- ☐ Memory Loss-Long Term
- ☐ Memory Loss-Short Term
- ☐ Seizures
- ☐ Self Neglect
- ☐ Self-Injurious Behavior
- ☐ Sleep Deprivation
- ☒ Verbal Abusiveness
- ☐ Wandering

### Comments

Diana's father reports that Diana has had zero occurrences of elopement and property damage at work this past year. Diana says she knows if she gets mad and runs off the job she will be fired. She's mindful of taking deep breaths and quietly humming a favorite song until she calms down while on the job. Both say that outside of work, Diana continues to have occasions in which she becomes angry with her father and yells expletives at him. She also has had 3-4 incidences this past year in which she has slammed doors so hard the house shook and once a shelf of knick-knacks in her room came down, breaking items as a result. Her father says that when they disagree, he has started to recognize Diana is getting upset and offers a "cool-down" time. Both say that this has been effective for Diana to calm down more easily.



# SAMPLE MEMORY/COGNITION QUESTIONS

Lives independently?

Who manages money? Purchases? Budgeting?

Health / medical support needed? Type and frequency?

Medication management?

Grocery shopping / meal planning?

Decision-making support needed?

Assistance needed to complete paperwork?

Supervision required? Why and where?

Ability to recognize an emergency?

Support to access community?

Self-neglect concerns?

# SCORING REMINDERS: MEMORY/COGNITION

Distinguish between inability to complete tasks and choosing to not complete tasks.

Specify frequency and type of supervision in narrative to support score.

# SUPERVISION: MEMORY / COGNITION

## B. Memory/Cognition Deficit

Definition: The age appropriate ability to acquire and use information, reason, problem solve, complete tasks or communicate needs in order to care for oneself safely.

### SCORING CRITERIA

- ☐ 0= Independent no concern
- ☐ 1= The client can make safe decisions in familiar/routine situations, but needs some help with decision making support when faced with new tasks, consistent with individual's values and goals.
- ☐ 2= The client requires consistent and ongoing reminding and assistance with planning, or requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision, or is unable to make safe decisions, or cannot make his/her basic needs known.
- ☐ 3= The client needs help most or all of time.

**Due To: (Score must be justified through one or more of the following conditions)**

#### Physical Impairments:

- ☐ Metabolic Disorder
- ☐ Medication Reaction
- ☐ Acute Illness
- ☐ Pain
- ☐ Neurological Impairment
- ☐ Alzheimer's/Dementia
- ☐ Sensory Impairment
- ☐ Chronic Medical Condition
- ☐ Communication Impairment (does not include ability to speak English)
- ☐ Abnormal Oxygen Saturation
- ☐ Fine Motor Impairment

#### Supervision Needs:

- ☐ Disorientation
- ☐ Cognitive Impairment
- ☐ Difficulty Learning
- ☐ Memory Impairment

- ☐ Self-Injurious Behavior
  - ☐ Impaired Judgment
  - ☐ Unable to Follow Directions
  - ☐ Constant Vocalizations
  - ☐ Perseveration
  - ☐ Receptive Expressive Aphasia
  - ☐ Agitation
  - ☐ Disassociation
  - ☐ Wandering
  - ☐ Lack of Awareness
  - ☐ Seizures
  - ☐ Medication Management
- #### Mental Health:
- ☐ Lack of Motivation/Apathy
  - ☐ Delusional
  - ☐ Hallucinations
  - ☐ Paranoia
  - ☐ Mood Instability

Comments:

# SAMPLE NARRATIVE: MEMORY/COGNITION

**Definition:** The age appropriate ability to acquire and use information, reason, problem solve, complete tasks or communicate needs in order to care for oneself safely.

## ADL - Supervision Memory

### ADL Scoring Criteria

- ☐ 0= Independent no concern.
- ☐ 1= The client can make safe decisions in familiar/routine situations, but needs some help with decision making support when faced with new tasks, consistent with individual's values and goals.
- ☒ 2= The client requires consistent and ongoing reminding and assistance with planning, or requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision, or is unable to make safe decisions, or cannot make his/her basic needs known.
- ☐ 3= The client needs help most or all of time.

**Due To:** (Score must be justified through one or more of the following conditions)

#### Physical Impairment:

- ☐ Abnormal Oxygen Saturation
- ☐ Acute Illness
- ☐ Alzheimers/Dementia
- ☐ Chronic Medical Condition
- ☐ Communication Impairment (does not include ability to speak English)
- ☐ Fine Motor Impairment
- ☐ Medication Reaction
- ☐ Metabolic Disorder
- ☐ Neurological Impairment
- ☐ Pain
- ☐ Sensory Impairment

#### Mental Health

- ☐ Delusional
- ☐ Hallucinations
- ☐ Lack of Motivation/Apathy
- ☐ Mood Instability
- ☐ Paranoia

#### Supervision Needs

- ☐ Agitation
- ☒ Cognitive Impairment
- ☐ Constant Vocalization
- ☒ Difficulty Learning
- ☐ Disassociation
- ☐ Disorientation
- ☐ Impaired Judgment
- ☒ Lack of Awareness
- ☐ Medication Management
- ☐ Memory Impairment
- ☐ Perseveration
- ☐ Receptive Expressive Aphasia
- ☐ Seizures
- ☐ Self-Injurious Behavior
- ☐ Unable to Follow Directions
- ☐ Wandering

#### Comments

Peter's brother reports that Peter is diagnosed with mild IDD and CP and that school testing indicated FSIQ scores below 70. Peter and his brother report that Peter requires assistance with all aspects of scheduling, attending, participating in and follow-up with medical and dental appointments. His brother fills and manages Peter's daily medications. Peter's brother is Peter's Rep Payee and assists with small purchases and major budgeting needs. Peter can name different denominations of money but is unable to calculate costs to ensure that he has adequate funds for a purchase nor is he able to determine if he has received correct change for a purchase. Peter says his brother helps him both with major-decision making and day-to-day decisions such as grocery shopping, meal planning, and other needs. Peter requires assistance with pedestrian safety. He is easily confused by traffic and street signals and has had close calls with vehicles when his brother was not present to assist him. Peter is eligible for Access-A-Ride as he is unable to safely use fixed-route buses. He is vulnerable to exploitation and doesn't recognize when someone is taking advantage of him. He can recognize some types of emergencies but has required assistance in the past with accessing support in the event of an emergency.

# SAMPLE NARRATIVE: MEMORY/COGNITION (cont'd)

**Definition:** The age appropriate ability to acquire and use information, reason, problem solve, complete tasks or communicate needs in order to care for oneself safely.

ADL - Supervision Memory

ADL Scoring Criteria

- ☐ 0=
- Independent no concern.
- ☐ 1=
- The client can make safe decisions in familiar/routine situations, but needs some help with decision making support when faced with new tasks, consistent with individual's values and goals.
- ☒ 2=
- The client requires consistent and ongoing reminding and assistance with planning, or requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision, or is unable to make safe decisions, or cannot make his/her basic needs known.
- ☐ 3=
- The client needs help most or all of time.

Due To: (Score must be justified through one or more of the following conditions)

Physical Impairment:

- ☐ Abnormal Oxygen Saturation
- ☐ Acute Illness
- ☐ Alzheimers/Dementia
- ☐ Chronic Medical Condition
- ☐ Communication Impairment (does not include ability to speak English)

Supervision Needs

- ☐ Agitation
- ☒ Cognitive Impairment
- ☐ Constant Vocalization
- ☒ Difficulty Learning
- ☐ Disassociation
- ☐ Disorientation

Comments

Peter's brother reports that Peter is diagnosed with mild IDD and CP and that school testing indicated FSIQ scores below 70. Peter and his brother say Peter requires assistance with all aspects of scheduling, attending, participating in and follow-up with medical and dental appointments. His brother fills and manages Peter's daily medications. Peter's brother reports he's Peter's Rep Payee and assists with purchases and major-budgeting needs. Peter says he can name different denominations of money but is unable to calculate costs to ensure that he has enough money for purchases or determine if he has received correct change for a purchase. Peter says his brother helps him both with major-decision making and day-to-day decisions such as grocery shopping, meal planning, and other needs. Peter says he needs help with pedestrian safety as he gets confused by traffic and street signals and has had close calls with vehicles when his brother was not present to assist him. They say Peter is eligible for Access-A-Ride as he is unable to safely use fixed-route buses. He is vulnerable to exploitation and doesn't recognize when someone is taking advantage of him. He can recognize some types of emergencies but has required assistance in the past with accessing support in the event of an emergency.

taking advantage of him. He can recognize some types of emergencies but has required assistance in the past with accessing support in the event of an emergency.



# ASSESSMENT DEMOGRAPHIC

- Location of assessment
- Who was present
- Who provided the majority of the information
- Is the individual's living environment safe
- Summary of the assessment

# SAMPLE: ASSESSMENT DEMOGRAPHIC

## \*Location of Assessment

- ☒ Applicants Private Residence/Home
- ☐ Nursing Home
- ☐ Hospital/Other Health Care Facility
- ☐ Assisted Living
- ☐ Agency Office
- ☐ Relatives Home
- ☐ Telephone
- ☐ Other

## \*Present at Interview

- ☐ Applicant Only
- ☐ Caregiver(s) Only
- ☒ Applicant and Caregiver(s)
- ☐ Applicant and Others
- ☐ Other

## \*Most of the interview information was provided by

- ☒ Applicant
- ☐ Caregiver
- ☐ Medical Record
- ☐ Facility Staff
- ☐ All of the Above
- ☐ Other

## \*Living Environment

- ☒ Safe
- ☐ Safe with feasible modifications
- ☐ Services can not be delivered here
- ☐ Client needs to move so services can be delivered
- ☐ Client needs to move to a safer environment
- ☐ Special home assessment needed
- ☐ Unknown

## \*Eligibility Assessment Summary

Assessment completed at Parker's home with both Parker and his sister present. His home appeared neat and free from obvious safety-hazards. Parker was dressed in clean clothing that was appropriate for the weather and situation. Parker requires moderate support with Bathing, Dressing, Toileting, Mobility and Transferring. Without the necessary support being provided to him, he is at significant risk of injury to his health and well-being as he is unable to independently maintain adequate hygiene, dress or undress himself without hands-on assistance, complete aspects of toileting on his own, and move about his home and community or transfer independently.

Save

Clear



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# CERTIFICATION DATES

- Cannot exceed 12 month span
- Initial Start Date: date is the latter of
  - Assessment Date - 9/10/17
  - PMIP Signature Date - 9/25/17
  - Enrollment Date (if CES)
    - Certification Dates: 9/25/17 - 8/31/18
- CSR Start Date: first day of month after current End Date
  - Current End Date: 4/30/17
  - Certification Dates: 5/1/17 - 4/30/18



# SUMMARY

- ULTC 100.2 must be completed initially and annually thereafter for all HCBS waivers
- Determines Level of Care for individuals
- Narrative must support scores of ADLs and Supervision needs
- Scoring to be consistent across HCBS waivers

# QUESTIONS?



# CONTACT INFORMATION

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# Thank You!



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