Medicaid Functional Eligibility Instrument (MFEI)

Level of Care Field Guide (LOC)

Intellectual/Developmental Disability (IDD) Section

for Adults and Children

Kansas
Department for Aging
and Disability Services

Revision February 2021
Revision October 2024
Revision May 2025

Table of Contents

Section 1: General Information 4
Section 2: Before the MFEI-LOC 5
Section 3: Administering the Medicaid Functional Eligibility Instrument-Level of Care-Intellectual/Developmental Disability (MFEI-LOC-IDD) 7
Section I—Identification Information 13
1. Name 13
2. Assessment Information: 14
3. Gender 15
4. Birthdate 18
5. Income Below Poverty Level? 18
6. Marital Status 18
7. Legal Guardian or DPOA Contact 18
8. ID Information 20
9.a & b: Current Payment Source and Veteran Status 21
10. Emergency Contact 21
11a. Assessor Name/Contact 22
11b. Intake/Referral Date 22
12. Targeted Case Manager 22
13. Care Coordinator 22
14. Ethnicity and Race 23
15. Primary Language 23
16. Nature of Intellectual or Developmental Disability 24
17. Residential/Living Status at Time of Assessment 25
18. Living Arrangement 27
19a. Residential History Over Last 5 Years 29
19b. Number of Years (Lifetime) Spent in an Institutional Setting for Individuals with I/DD 29
19c. Age at which person left family home 29
20a. (Adults) Employment Status 29
20. (Youth) Education Status 30
21. Involvement in Structured Activities 30
22b. Phone Access 31
22c. Internet Access 32
23. Verify Accuracy of Pre-Filled Information 32
24. Person's Expressed Goals of Care 32
Section II – Health 33
1. Medical Conditions 33
2. Seizure Activity 37
3. Inpatient Acute Hospital with an Overnight Stay 39
4. Missed More than a Total of Two Weeks of Regular Activities Due to Medical Conditions During the Last Year 40
5. Presently Requires Caregiver Trained in Special Healthcare Procedures 41

6. Dietary 42
7a. Number and Type of Medications 46
7b. Off-label Prescription Medications 47
8. Medication Route of Administration and Support Needs 48
9. Most Severe Pressure Ulcer 50
10. Additional Assistance Needed During Healthcare Appointments 52
Section IIIA: Adaptive – Communication, Cognitive, and Motor Skills 55
11. Making Self Understood (Expression) 55
12. Ability to Understand Others (Comprehension) 56
13. Hearing 57
14. Vision 58
15. Reading 60
16. Writing 62
17. Gross Motor Skills 63
18. Fine Motor Skills 64
19. Primary Mode of Locomotion 65
20. Falls 66
21. Cognitive Skills for Daily Decision Making 67
22. Susceptibility to Victimization 68
23. Safety Judgment in Emergency Situations 70
24. Persistent Behavior Patterns that Hinder Socialization 71
Section IIIB: Adaptive – IADLs and ADLs 74
25. IADLs (Independent Activities of Daily Living) 74
26. ADLs (Activities of Daily Living) 110
Section IV: Maladaptive 139
27. Behavioral Symptoms and Support Needs 139
28. Overnight Behavioral Support 146
29. Extreme Behavior Disturbance 147
30. Behavior Problems Prevent Individual from Moving to a Less Restrictive Setting 148
31.Does individual's Written Behavior Plan meet the following criteria (if applicable)? 149
Addendum: Employment 151
A1. Does this person require the employment addendum be completed? 151
A2. Work 151
A3. Risk of Unemployment or Disrupted Education 161
Section 4: After the MFEI 164
Appendix A: Glossary 167
Appendix B: ADL Performance Coding Flow Chart for Adults 172
Appendix C: ADL Performance Coding Flow Chart for Youth 173
Appendix D: Reading Assessment Guide 174
Appendix E: Writing Assessment Guide 175

Section 1: General Information

1.1 Introduction

The Medicaid Functional Eligibility Instrument-Level of Care (MFEI-LOC) is the assessment instrument that will be used to determine functional eligibility for the following programs in Kansas:

- HCBS-BI Adult (Home and Community Based Services - Brain Injury Adult)
- HCBS-BI Youth (Home and Community Based Services Brain Injury Youth)
- HCBS-BIRF (Home and Community Based Services - Brain Injury Rehabilitation Facilities)
- HCBS-FE (Home and Community Based Services – Frail Elderly)
- HCBS-IDD (Home and Community Based Services – Intellectual/Developmentally Disabled)
- HCBS-CSW (Home and Community Based Services—Community Supports)
- HCBS-PD (Home and Community Based Services – Physical Disabilities)
- CARE (Client Assessment, Referral, and Evaluation) (e.g., nursing facility applicants)
- PASRR (Pre-Admission Screening and Resident Review)
- PACE (Program of All-Inclusive Care for the Elderly)

The MFEI-LOC replaces the Functional Assessment Instrument (FAI) assessment tool, and the BASIS assessment previously used by Assessors in Kansas to determine eligibility for HCBS waivers. The MFEI-LOC is supported by software that works online and offline. The MFEI-LOC was developed in partnership with the Kansas Department for Aging and Disability Services (KDADS), the University of Kansas (KU), Wichita State University (WSU), the Community Developmental Disability Centers (CDDOs), Aging and Disability Resource Centers (ADRCs), and numerous stakeholders.

This field guide provides instructions on how to use the MFEI-LOC system and provides a general overview of policies and procedures used for the MFEI-LOC assessment. Additional detailed information regarding services, eligibility, and enrollment can be found at https://www.kdads.ks.gov/services-programs/long-term-services-supports.

This guide is to be used as a supplement to assessor training. The review and knowledge of this guide does not replace assessor training. Assessors who need MFEI-LOC training should contact their CDDO supervisor to begin the process as appropriate toward service delivery.

1.2 Brief Overview of Waiver in Kansas

Intellectual/Developmental Disability Waiver
The Intellectual / Developmental Disability (I/DD) waiver serves individuals age five and older who meet the definition of intellectual or developmental disability, are determined eligible by the Community Developmental Disability Organization, or are eligible for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). **Enrollment for IDD Waiver**
The CDDO will complete an assessment to determine functional eligibility and will work with families to access services from a variety of community service providers in its local area.

Section 2: Before the MFEI-LOC

2.1 MFEI Assessment Due Dates

MFEI I/DD assessments can be checked out and completed within fourteen (14) business days. However, this timeframe is simply the duration for when checked-out assessment data can stay incomplete before being automatically deleted if the open assessment remains incomplete.

- Completed assessments are required to be checked-in on or before seven (7) business days from the date of the assessment meeting.

2.2 HCBS Medicaid Eligibility Overview

To be approved for IDD HCBS waiver services, applicants must apply for and be approved for medical assistance and meet the functional and financial criteria. A person must apply for medical assistance through the KanCare Clearinghouse. Even if the person is currently receiving Medicaid, they might need to complete the Application for Medical Assistance for the Elderly and Persons with Disabilities if their current KanCare eligibility is based on Medicaid for families with children.

2.3 MFEI Training and Assessor Requirements

MFEI training is provided online at www.train.org. Persons in need of MFEI-LOC training should contact their agency supervisor at the employing CDDO to begin the process. Assessors must complete required assessment training within 30 days from employment and at least annually thereafter. **2.4 MFEI-LOC Software and Paper Format Allowances**

The MFEI-LOC ***must*** be administered by software due to the quality control features of the software. A paper backup is available upon request when it is not feasible to complete the assessment by software. The paper assessment is only allowed in the following circumstances:

- If the MFEI-LOC software is not working. Immediately inform KDADS IDD Program Manager of any issues with the software system (unless KDADS has already issued a notification).
- If the assessor's computer equipment is not working. In this case, it is expected that steps are being taken to address the equipment failure in a reasonable amount of time and that proof of these steps can be provided to KDADS.
- The assessment is being conducted in a location where laptops/tablets are not allowed, such as a correctional facility or mental health institution.

- If the paper version is needed as a disability accommodation.

The paper version of the MFEI-LOC will be released on a limited basis as the software is the required method of assessment and to protect InterRAI copyrights. **The CDDO cannot distribute blank digital or paper copies of the MFEI to any outside or non-assessing party.** Upon request, CDDOs will be provided with a limited quantity of paper assessments. When additional copies are needed, the CDDO should contact the IDD Program Manager to request.

Section 3: Administering the Medicaid Functional Eligibility Instrument

Level of Care Intellectual/Developmental Disability (MFEI-LOC-IDD)

Portions of this section contain copyrighted interRAI material. The MFEI-LOC-IDD user guide serves as a complement to the interRAI Intellectual Disability (IID) and interRAI Pediatric Home Care (PEDS-HC) manuals. This manual and any accompanying assessment documents should not be shared by the CDDO with any outside or non-assessing party.

General Information about Conducting the MFEI-LOC-IDD:

The Medicaid Functional Eligibility Instrument (MFEI) is based on an interRAI tool, adapted for use in Kansas. interRAI tools are:

- Comprehensive, standardized instruments for evaluating needs, strengths, and preferences of those being assessed;
- Designed for specific populations but with a common universal core;
- Not questionnaires; the MFEI consists of **items, definitions, and response codes**.
- Items describe performance, abilities, and the capacity of a person in a variety of domains.
- This manual complements the interRAI Intellectual Disability (IID) and interRAI Pediatric Home Care (PEDS-HC) manuals.
- This manual seeks to assist in creating consistency across the State of Kansas in how the IDD Waiver's Level of Care (MFEI) is applied

When Conducting a MFEI Assessment:

- Approach items by initiating a conversation from a person-centered, strengths perspective. The **strengths perspective** is premised on the belief that the goals, strengths, assets, and resources of people and their environment should be the central focus of the helping process, rather than their problems and pathologies. Problems, although not ignored, do not define a person.
- Regard the person being assessed as the primary source of information.
- Use all available sources of information:
    - Direct questioning of person
    - Consulting primary informal helpers and caregivers
    - Observation of person and their environment
    - Communication with other members of the support team

- Talk in private with the person being assessed, if possible and as appropriate.
- Communicate effectively using language that the person will understand (non-technical and primary language).

- Use your professional judgment to determine which information is most accurate when there is conflicting information.
    - When there are conflicting sources of information, notes are required.
- Probe further when needed.
- Do not assume. If there is nothing to support that a need is present, then mark the item as unknown/not present.
- Information discovered in one area can be used in another section.
    - If a person's answer to one item includes information about additional items, the assessor does not need to duplicate questions. It is appropriate in some situations to use information from a previous question to help inform the assessment. Assessors need to confirm that information is still accurate.
- The assessment does not need to be completed in line-item order.
- The entire MFEI-LOC-IDD must be completed (all items).
    - Assessor must meet with the person, but the person is not required to stay for the entire assessment items cannot be completed or changed by an assessor or other person not present at the assessment interview.
- **Take immediate action to report any case of acute medical issues or risk of harm to self or others. Follow agency and state protocols, including mandated reporting requirements.**
- Sensitive Situations:
    - Build rapport before asking sensitive questions.
    - In some cases, the information could negatively impact the relationship between the person and their caregiver/family.
    - In these cases, speak with the caregiver/family separately from the person being assessed.
        - For example, determining if the caregiver/family member is burned out and unable to continue providing care.
- Many interRAI items use a "look-back" period rather than an average or worse day standard:
    - Three (3) days (including today); (some items look back seven (7) days, including today)
    - Include weekends in "look-back"
    - Coding allows for capturing needs beyond "look-back"
    - Some items use a longer "look-back" range (30, 90, or 180 days)
        - Set a benchmark event for reference (e.g., Thanksgiving, 4th of July)
    - Some items use current status/present.
    - Non-interRAI items are marked with * and are not subject to a "look-back" period
        - Average day, current status
    - "Look-back" periods are identified in manual for each item.

- Assess a person's self-sufficiency and support needs, taking into account adaptive equipment, assistive technology, and home modifications that the person uses on a regular basis; a person may be independent or more independent with the proper equipment in place.

Standard Process:

- Explain the purpose of the assessment and ask if they have any questions.
- If the person has any hearing or communication devices, encourage their use during the assessment.
- Observe the person:
    - Observe how the person interacts with you and their caregiver/family (e.g., how well they follow the conversation).
    - Observe how the person moves around in their environment.
- Start by interacting with the person:
    - Have a conversation.
    - Ask them questions.
- Start with a general question about the person's disability and support needs, "How does your condition impact you most?" Probe into whether it impacts their memory and cognition or resulted in physical impairments. This approach will give you a global view of the person's needs, so that you can ask better probing questions as you move through the assessment.
- Starting with a general question about the person's disability and support needs can also lead you naturally into what section of the assessment may be best to begin. Follow the person's lead (e.g., they start talking about how their condition impacts their IADLs).
- Address items in any sequence that works best with a person.
- Early in the assessment, observe or ask about things that can impact the person's support needs across a variety of domains.
    - Observe or ask early in the assessment whether the person uses a cane, walker, or wheelchair. Probe into balance and steadiness.
    - Ask if they have any physical impairments up front, so you understand if they have, for example, a "bum leg," right-side weakness, or other impairments that impact large motor or fine motor skills.
    - Ask about falls early in the assessment, even though it's later on the assessment form.
    - All of this information will help you conduct a more accurate assessment of ADL and IADL needs. For example, you will ask better clarifying question if a person presents themselves as independent, but you know they are a fall risk.
- Use transition statements when moving to a new section. "Thank you for telling me about your memory and cognitive abilities. Now I'm going to ask about mood and behavior."
- Use probing questions to get more specific information when needed:
    - e.g., "Did that happen in the last 3 days?"
- Offer a short break midway through the assessment, time permitting, or tell the person to let you know if they need to take any breaks.

- Consult with caregiver, family member, or provider:
    - Clarify answers if you are not sure of the correct response or if information presented by the person being assessed is contradictory.
- People often define independence differently than the assessment standard, especially if they have made a lot of progress on their goals. Pay attention to clues from other parts of the assessment and ask questions that make these connections. For example, a person reports that they do their own self-care or don't have any problems, but probe further based on what you already know about their impairments. "You said you have shaky hands, are you able to zip your coat? Open cans of food?" "You said you are forgetful, do you sometimes need a reminder to…." "You shared that you've had some falls, even though you take your own shower, does someone need to be close by in case you fall?" It can also help to ask specifically about what caregivers and staff help with for those who are presenting themselves as very independent.
- Acknowledge that these questions can be sensitive and provide reassuring statements. Remind the person that you are asking these questions to understand their service and support needs, and this information is protected by HIPAA confidentiality and privacy standards.
- Keep a downloaded copy of the manual on your device that you can refer to during the assessment as needed. It's okay to ask for a brief pause while you look something up or make a note for follow-up later. In your PDF copy of the manual, you can use the shortcut "Ctrl+F" to find/search for keywords to take you to details on item definition, example questions, coding, and more.

Guidelines for Assessing Youth:

- Schedule through the designated parent or legal guardian.
    - An adult caregiver must always be present.
    - If the caregiver is not the guardian, ensure you have guardian permission.
    - For foster children, schedule through the foster agency; they must be present, and they will determine the appropriate role for biological or foster parents but ensure they understand that you need a primary caregiver present who can report on the child's daily needs and routines.
- Prepare:
    - Read notes from intake or last year's assessment and look for things that could make the youth or parent uncomfortable to discuss.
    - Review age expectations for the youth; think of activities youth might enjoy or may be interested in so that you can immediately start building rapport and show interest.
    - Prepare the parent/guardian when you are scheduling the appointment.
- Meet in a child-friendly location, such as home or school, as determined by the responsible adult.
    - The child must be present and some face-to-face time with them is important, but they can step out if they are uncomfortable or restless.
    - Address questions that you want child/youth's input on early in the interview, so they can leave if needed.
    - Identify spaces where they can play or hangout when/if they no longer want to sit through the assessment.
- Many youths appreciate having something to do while you complete the assessment (coloring books, fidgets, blocks).
    - A simple, short game or brief play with the child can build rapport and also provide insight into their support needs.
- Younger children:
    - Simplify questions for younger children; use yes/no questions when appropriate.
    - The adult caregiver will often be your primary source of information.
- Adolescents:
    - Important to show respect by questioning them directly, even if parent/caregiver provides many of the responses
    - Can ask more complex questions, depending on the severity of their cognitive impairments
    - Interview parents and youth separately for sensitive questions as appropriate.
- Be ready to name discomfort and be authentic (only if you notice non-verbal discomfort).
- Probe into self-sufficiency and support needs across different settings: Home(s), school, community, extra-curricular activities.
    - You can get a lot of information by asking the family to describe a typical day's routine - as ADLs, IADLs, etc. come up, probe for more information.

Section I—Identification Information

The purpose of this section is to gather all the relevant demographic information for the person you are assessing. This section contains personal identifiers necessary to identify the person and link sequential assessments in an electronic database. Some of the items in this section will be saved and auto populated in the software for reassessments. If any auto-populated information needs to be updated, the assessor will need to complete a person update (see software instructions).

There are some differences in the Identification Information section between adults and youth.

1. Name

Instructions: Record all the relevant information for the person you are assessing. Record the person's full legal name. Record any nickname or preferred name the person uses.

Example:

Name

Elizabeth A. Jackson
(first) (middle initial) (last) (Jr./Sr.)

Preferred Name Ellie

For adults, enter person contact information. Record the person's home address, phone number, and email.

- If the person does not have an alternative phone number, mailing address, or email, then leave those spaces blank.

Consumer Contact

123 North Main St., Apt 2
Street Address, Apt #

Wichita, Sedgwick, KS, 67201
City, County, State, Zip

316-555-1234 GrandmaEllie@gmail.com
Phone Number, Primary *Email*

620-555-5678
Phone Number, Alternative

PO Box 52
Mailing Alt Address (if applicable) Street Address/PO Box, Apt #

Wichita, Sedgwick, KS, 67208
City, County, State, Zip

2. Assessment Information:

a. Check the box for the Program

☐ HCBS-IDD ☐ ICF-IID

b. Check the box for the Reason for Assessment:
For Adults:

- ❑ Initial Assessment
  - Is person requesting placement on waitlist? ☐ Yes ☐ No
- ❑ Annual Reassessment
  - Was the person's most recent prior MFEI-IDD assessment the youth version (e.g., participant recently turned 18)? ☐Yes ☐No
- ❑ Special Reassessment with permission
  - If special reassessment, specify rationale:
    - ❑ Waiting list – funding now available
    - ❑ Waiting list – crisis request
    - ❑ Waiting list—exception request
    - ❑ Change in condition
    - ❑ To/from WORK
    - ❑ Other, specify:_____
- ❑ Readmitted

For Youth:

- ❑ Initial Assessment
  - Is child reaching 5 years of age? ☐ Yes ☐ No
  - Is person requesting placement on waitlist? ☐ Yes ☐ No
- ❑ Annual Reassessment
- ❑ Special Reassessment with permission
  - If special reassessment, specify rationale:
    - ❑ Waiting list – funding now available
    - ❑ Waiting list – crisis request
    - ❑ Waiting list—exception request
    - ❑ Change in condition
    - ❑ To/from WORK (16+ only)
    - ❑ Other, specify:_____
- ❑ Readmitted

3. Gender

Check the appropriate box for the person's *stated* gender.

☐ Male ☐ Female ☐ Other: _____

If "other" is not available in the software but is applicable, use the comments area to note the person's preferred gender identity.

Gender Identity Assessment Resources

Defining Terms:

- **Sex** – The sex a person is assigned at birth, based on the appearance of genitalia (e.g., male, female, intersex).
- **Gender or Gender Identity** – A person's internal sense of being a man, woman, both or neither (e.g., man, woman, gender queer, gender non-conforming, transgender, transgender man, transgender woman, transman, transwoman).
- **Cisgender** – For some individuals, their gender and sex assigned at birth are aligned with one another, meaning that for many males, they have an internal sense of being a man. Cisgender refers to individuals for whom this alignment exists.
- **Transgender or Trans** – For some individuals, their gender and sex assigned at birth are not aligned. Transgender or Trans is an umbrella term used to refer to individuals for whom this alignment does not currently or did not exist at one point. Transgender or Trans can be used very broadly to include such diverse identities as crossdresser, transvestite, transsexual, drag queen or king or other identities.
- **Gender Transition** – Transgender or Trans individuals may transition their gender expression at some point, where they start presenting as their internally felt gender as opposed to the gender that aligns with their sex assigned at birth. Transitions can, but do not always, include gender affirmation (also known as; gender realignment, gender reassignment or gender transition surgery). Particularly for older adults and individuals living with disabilities, there may be challenging health issues that interfere with one's ability to access gender affirmation surgery or an individual simply may choose not to surgically transition.
- **Gender Presentation or Expression** – How one represents or communicates their gender identity through their clothing, accessories, make-up, hair style, etc. Individuals may present their gender firmly and consistently as more masculine, feminine or androgynous (a mix between masculine and feminine) and may decide when and where to present in these ways based on who is around, how safe they feel and how they are feeling that day.

Asking about Gender or Gender Identity:

How would you identify your gender? (As in, would you say that you identify as a man, woman, transgender or something other than these options)?

Some Helpful Tips:

- **Language is important and should be used to communicate respect. One way of doing this is to let the person you are speaking with guide you in terms of language they would like to use when describing their gender identity and expression**. Asking open-ended questions and offering options for possible responses if needed can help clients feel free to use the language they feel most comfortable with.
- **Older adults may not feel comfortable with the same language as younger people** due to historical context and the fact that many have hidden their gender identity and/or sexual identity for many years. Young people often use words like "gender queer" or "trans" to describe their gender identity and these are considered common and politically correct terms to describe a wide range of non-cisgender identities. While some older adults may use the same terms, they may also use terms that are sometimes considered "out of date," such as "transsexual" or "transvestite" and they may continue to have negative feelings toward or feel triggered by the word "queer" due to past experiences with prejudice.
- If the person you are speaking with indicates that they are uncomfortable discussing their gender or that they do not disclose their gender identity widely, **ask how they would like you to discuss their gender identity with others.** Be careful not to "out" a person without their permission.
- **Use language that does not assume a person's gender identity** or the gender identity of their significant other until you know how they identify, such as using "they" or "partner" as opposed to "he/she" or "husband/wife." The goal should be to hear them use a gender pronoun first and then adopt that pronoun for the remainder of the interview.
- **Letting individuals know about your policy on confidentiality** before beginning an assessment can give them confidence that the information they share will not be shared or discussed widely.
- Non-cisgender individuals are often asked intrusive and unnecessary questions about their body parts, surgical history, sexuality and gender. You can show a person that you are **asking only appropriate and necessary questions** by stating the question's purpose, such as, "Because our services can be tailored to individuals of varied genders, may I ask how you would define your gender?"
- Transgender or Trans-identified clients likely know much more about transgender issues and experiences than a care provider/assessor and may or may not want to educate a provider/assessor about their experiences. **Utilize online resources and community organizations** that serve lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) clients to learn more about diverse gender identities and expressions rather than asking for detailed explanations from the person themselves. If you need more information from the person or you do not understand a term they have used to describe themselves, ask, **"May I ask what that term means to you?"** Ensure you are only asking necessary questions and that you are asking and listening with empathy and humility.

Specific Interviewing Situations:

- **If you are interviewing someone who has or who you believe might have strong negative opinions about the implication that there might be more than two possible gender options,** you might ask, "How would you identify your gender," and leave a small amount of time for an open, unprompted response. If they appear confused, upset, or irritated, you might follow up by saying, "Most people would say 'Man' or 'Woman,' although we hear other responses from time to time." You might also begin the interview by stating that the answers to some questions might seem obvious, but you have been encouraged to ask questions without making any assumptions and are required to provide them the opportunity to respond to all questions, regardless of whether the answer appears obvious or not.
- **If you are interviewing someone who asks what the "other" category refers to, you might offer some possible answers,** such as gender queer, gender non-binary, androgynous, or gender non-conforming (which are all ways of referring to individuals who do not identify as a man or woman, but as something in between or something else entirely). These identities are sometimes considered to be under the umbrella term of "trans," but individuals may consider these identities as distinctive from being "transgender" as well. You should write-in the option that most closely aligns with how they see their identity, rather than how you might categorize their identity.
- Individuals who identify as a man or woman will typically use gender pronouns that align with their gender identity (he/him/his and she/her/hers, respectively). Transgender individuals will typically use gender pronouns that align with the gender they identify with, not the sex they were assigned at birth. For example, a transman (someone who was assigned female at birth but identifies as a man) will typically use he/him/his. **If someone you are interviewing selects "other" as their gender, it would be worthwhile to ask what gender pronouns they use,** as they might use a variety of terms including he/him/his, she/her/hers, or pronouns more frequently by those with non-binary gender identities such as they/them/theirs or ze/zim/zirs (pronounced zee/zim/zeers).

For more information, see:

- Sage - Advocacy & Services for LGBT Elders https://www.sageusa.org/
- Forge - Transgender Aging Network: https://forge-forward.org/
- Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work*, *57*(2-4), 80-107.

4. Birthdate

Record the person's birthdate; *be sure to select the correct response as this item drives age-related skip patterns in the software.* 01/23/2013

5. Income Below Poverty Level?

Check the appropriate box for the person's income level.

For Adults:

Income Below Poverty Level? ☐Yes ☐No ☐Unknown

- Refer to the federal poverty level guidelines.
- This is based on a self-report and does not require a formal review of the person's income.

For Youth:

Household Income Below Poverty Level? ☐Yes ☐No ☐Unknown

- Refer to the federal poverty level guidelines
- This is based on a self-report and does not require a formal review of the household's income
- If youth lives in multiple households, mark yes if any one household is below poverty level

6. Marital Status

For Adults:

Instructions: Ask the person what their marital status is. If the person is legally married to their partner, then select "married." If the person is not legally married to their partner, then select "partner/significant other."

Not applicable for youth

7. Legal Guardian or DPOA Contact

Adults: Legal Guardian/DPOA Contact

- Check all boxes that apply for whether the person has a legal guardian or active durable power of attorney (DPOA). Record that person's information as indicated.
    - When required by legal documentation, the assessor will contact the person's legal guardian or DPOA to schedule the assessment and provide the option to attend.

- If different people are serving in guardian and DPOA roles, list the person who has more authority for the assessment and long-term service and support decisions.

Legal Guardian or DPOA Contact, *check all that apply:*

☒ DPOA, Finances	☐ DPOA, Healthcare
☐ DPOA, Other/Unspecified	☐ Legal Guardian
☐ Designated Representative	☐ N/A – No guardian, etc.

Joe Jackson
Name

Son
Relationship

123 North Main St., Apt 1
Street Address, Apt #

Wichita, Sedgwick, KS, 67201
City, County, State, Zip

316-555-2468 JustJoe@gmail.com
Phone Number, Primary *Email*

620-555-1357
Phone Number, Alternative

Youth: Parent/Caregiver/Guardian Contact and youth residence

- Record the person's parent, caregiver, or guardian's home address, phone number, and email. If the parent, caregiver, or guardian does not have an alternative phone number, mailing address, or email, then leave those spaces blank. Use item 6b for additional parent, caregiver, or guardian. Leave 6b blank if there is not a second parent/caregiver/guardian.
- If only one parent/caregiver has guardianship, list the guardian first under (a) and the non-guardian parent/caregiver under (b).
- For foster youth, list the foster agency guardian under (a) and the foster parent under (b).
- Youth's address and phone number is listed under 6c; if youth's residence is the same as parent/caregiver, then check the appropriate box and do not repeat this information in the open-ended fields.

Parent/Caregiver/Guardian Contact

a. _____

Name (parent/caregiver/guardian 1/foster agency

_____

Relationship

_____

Street Address, Apt #

_____

Mailing address, if applicable

_____

City, County, State, Zip

_____ _____

Phone Number *Phone Alternative*

_____

Email

Is this person a legal guardian? ☐Yes ☐No

[repeats for parent/caregiver/guardian b]

8. ID Information

- Enter all the relevant identification information into the boxes.
- If the person has railroad insurance, enter that number instead of the Medicare Number. Enter the number without dashes.
- If the person does not receive Medicaid, indicate the reason by checking the appropriate box.
- If this information is unknown or the person refuses to provide a response, leave blank.

Example:

Social Security Number

0	1	2	3	4	5	6	7	8	9

Medicare Number (or comparable railroad insurance #)

0	1	2	3	4	5	6	7	8	9	10	11

Medicaid Number

0	1	2	3	4	5	6	7	8	9	10	11

☐ Pending ☐ Not Medicaid Recipient

KAMIS ID

0	1	2	3	4	5	6

9.a & b: Current Payment Source and Veteran Status

- Check all the boxes that apply for payment source, veteran and marital status.
- It is possible that the person may have more than one payment source and more than one status as a veteran, so make sure to check all the boxes that apply for that person.
- Assessors may ask to see a person's medical or insurance care to help verify payment sources.
- Parents/guardians may not know if their child's KanCare coverage is provided through traditional Medicaid or CHIP (Children's Health Insurance Plans, also known as SCHIP, State Children's Health Insurance Plan). If parents only know that they have KanCare, select Medicaid.
- Children of veterans may qualify for Veterans benefits.

Example:

Current Payment Sources (check all that apply):

☐ Medicaid ☐ Self or family pays full cost
☐ Medicare ☐ Private insurance
☐ Medicare & Medicaid ☐ Other per diem
☐ TRICARE-ECHO

Veteran Status:

Veteran? ☐Yes ☐No
Spouse of a Veteran? ☐Yes ☐No
Receives Veterans Benefits: ☐Yes ☐No

10. Emergency Contact

- Ask the person whom they wish to list as an emergency contact. An emergency contact is required, but if a person cannot provide this information it can be left blank.

- For adults, if the emergency contact is the same person listed as the guardian or DPOA, check the box instead of repeating their information.
- For youth the emergency contact should be someone other than the parent/caregiver/guardian(s) already listed in item 7a-b.
- Record the emergency contact's name, relationship to person being assessed, address, phone number, email (if applicable) and alternate phone number (if applicable).
    - If the person does not know complete contact information, this section can be completed partially with the information available.

11a. Assessor Name/Contact

- Record the assessor's name
- Record the CDDO Name where person is being assessed
- Record the assessment reference date
    - This is the date that the assessment occurs. If the assessment is completed on a different day, record the day the assessment was started and determine the look-back period based on this date.
- Record the names of additional people present during the assessment.
    - Check the appropriate box for the additional people's relationship to person being assessed.
    - The software allows for up to 5 people to be included. Any additional people must be listed in the notes. Or attach other documentation of people present.
    - This is meant to be someone who actually contributes/participates in the assessment. Do not include those who were at the home/location but did not actively participate in the assessment.

11b. Intake/Referral Date

List the eligibility determination date. Item 11b is to be completed at the initial assessment only.

12. Targeted Case Manager

Record name, agency, phone number of Targeted Case Manager

- Check if present at assessment: ☐ Yes ☐ No

13. Care Coordinator

Record name, MCO, phone number of Care Coordinator

- Check if present at assessment: ☐ Yes ☐ No

14. Ethnicity and Race

- Ethnicity: Background, heritage, culture, ancestry, and sometimes country where you were born
- Race: Group(s) that you identify with as having similar physical characteristics or similar social geographic origins
- Ask the person what their race and ethnicity is. Select all that apply.
    - How do you describe your race or ethnicity?
    - Individual can identify with more than one race.

15. Primary Language

- **15a**: Ask the person what their primary language is and record for "speaks," "reads," and "understands only."

- **15b: Communication Methods**: Record the *primary* method a person uses in normal face-to-face interaction.
    - ❑ **Verbal (e.g., speech)** – the person uses speech as their primary means of communicating with others.
    - ❑ **Nonverbal (e.g., gestures, sign language, sounds, writing)** – the person uses gestures, sign language, sounds, and/or writing as their primary means of communicating with others.
    - **Coding Considerations:** Use your own observations. Consider the main methods used by the person to communicate when the listener is in the immediate area. Consider methods used with familiar persons as well as strangers. If the person uses gestures during verbal communication and would be clearly understood without the gestures, do not code as nonverbal.

- **15c**: Indicate whether an interpreter was used during the assessment, and if so, whether the interpreter was a friend, family member, or a formal staff interpreter.
    - Formal staff refers to any person in a paid role who is providing interpretation. They may or may not be an official interpreter as their line of work. This could include a provider, personal care attendant, official interpreter or the language line.
    - **If a bilingual assessor delivers the assessment in the person's primary language, this is not considered use of an interpreter as the assessor and person or their caregiver communicated directly with each other.**
    - Tips for using interpreters:
        - Introduce yourself to the interpreter.
        - Make sure they understand the purpose of the assessment.
        - Be sure the interpreter interprets in first person.
        - Speak directly to the person, not the interpreter.
        - Speak in short segments to give the interpreter time to interpret.
        - Request that the interpreter lets you know of any confusion, questions, or cultural misunderstandings.

16. Nature of Intellectual or Developmental Disability

- **16a. Nature of Intellectual or Developmental Disability** (check all that apply):
  - ❑ 1. Cause Unspecified (i.e., intellectual disability)
  - ❑ 2. Down Syndrome
  - ❑ 3. Autism Spectrum Disorder
  - ❑ 4. Cerebral Palsy
  - ❑ 5. Epilepsy/Seizure Disorder
  - ❑ 6. Fragile X Syndrome
  - ❑ 7. Fetal Alcohol Spectrum Disorder
  - ❑ 8. Brain Injury (injury onset before age 22)
  - ❑ Additional I/DD diagnosis: (list code number(s) from below):

09	Angelman syndrome	20	Noonan syndrome
10	Cri du chat syndrome	21	Prader-Willi syndrome
11	De Lange syndrome	22	Rett syndrome
12	Hunter syndrome	23	Sanfilippo syndrome
13	Hurler syndrome	24	Smith-Magenis syndrome
14	IsoDicentric 15	25	Sturge-Weber syndrome
15	Klinefelter syndrome	26	Spina Bifida or other Neural Tube Defect
16	Landau-Kleffner Syndrome	27	Trisomy-18
17	Lesch-Nyhan syndrome	28	Tuberous sclerosis
18	Muscular Dystrophy	29	Williams syndrome
19	Neurofibromatosis disorder	30	Other

- **16b. Primary Disability:** enter code from list for 16a
- **16c. Documented Severity of Intellectual Disability**
  - ❑ No intellectual disability
  - ❑ Borderline
  - ❑ Mild
  - ❑ Moderate
  - ❑ Severe
  - ❑ Profound
  - ❑ Not documented

    If no intellectual disability, borderline, or not documented, does the person have a developmental disability?
    - ❑ Yes (Continue assessment)
    - ❑ No (Discontinue assessment)
- **16d. Psychiatric Diagnosis**
  List up to three psychiatric diagnoses; can use DSM IV/V or ICD 9/10 codes

17. Residential/Living Status at Time of Assessment

- 17a. Indicate the type of residence the person is living in at the time of the assessment.
- 17b. If this is not the permanent residence for the person, insert the number from the list that represents the person's usual residence.

a. Options for Adults:

☐ 1-Private home/apartment/rented room
- ☐ Family/kinship home
- ☐ Owned/rented by individual with I/DD
  - Is provider owned, but rented by individual with I/DD? ☐Yes ☐No

☐ 2-Host home (e.g., shared living, adult foster care)
- ☐ 1 person with disabilities
- ☐ 2 people with disabilities
  - Is provider owned, but rented by individual with I/DD? ☐Yes ☐No

☐ 3-Group home for IDD
- ☐ 1-3 people
- ☐ 4-6 people
- ☐ 7-8 people

☐ 4-Long-term care facility (nursing homes, including skilled)
- ☐ State operated ☐ Privately operated

☐ 5-Hospice facility/palliative care unit

☐ 6-Acute care hospital/unit

☐ 7-Rehabilitation hospital/unit

☐ 8-TBI rehabilitation facility (TBIRF)

☐ 9-Psychiatric residential treatment facility
- ☐ State operated ☐ Privately operated

☐ 10-Nursing facility-mental health
- ☐ State operated ☐ Privately operated

☐11-Psychiatric hospital/unit
- ☐ State operated ☐ Privately operated

☐12-Intermediate care facility for individuals with ID (ICF-IID)
- ☐ State operated
- ☐ Privately operated
  - If a private ICF, indicate:
    - ☐ 4-6 people
    - ☐ 7-15 people
    - ☐ 16+ people

☐13-Correctional facility

☐14-Homeless (with or without shelter)

☐15-Other:_____

b. If not permanent, identify usual residence (insert number from above) __

a. Options for Youth:

☐ 1-Private home/apartment/rented room (e.g. owned/rented by parents/guardians)
- ☐ Family/kinship home
- ☐ Foster home

☐ 2-Boarding/residential school

☐ 3-Long-term care facility (nursing homes, including skilled) (ages 16+ only)
- ☐ State operated ☐ Privately operated

☐ 4-Hospice facility/palliative care unit

☐ 5-Acute care hospital/unit

☐ 6-Rehabilitation hospital/unit

☐ 7-TBI rehabilitation facility (TBIRF)

☐ 8-Psychiatric residential treatment facility
- ☐ State operated ☐ Privately operated

☐ 9 Psychiatric hospital/unit
- ☐ State operated ☐ Privately operated

☐ 10-Intermediate care facility for individuals with ID (ICF-IID)
- ☐ State operated
- ☐ Privately operated
  - If a private ICF, indicate:
    - ☐ 4-6 people
    - ☐ 7-15 people
    - ☐ 16+ people

☐11-Juvenile correctional facility

☐12-Homeless (with or without shelter)

☐13-Other:_____

b. If not permanent, identify usual residence (insert number from above) __

Example:

Ms. Jackson, who lives in a duplex, recently fell and broke her hip. She is in the hospital when you complete her assessment.

* Therefore, for item 17a you would choose option #6 and would check the box for "acute care hospital/unit."

☒ 6-Acute care hospital/unit

* You would also enter a "1" (for private home/apartment/rented room) in the box at the bottom of the list to indicate the hospital is not her permanent residence, for item 17b.

1 If not permanent, identify usual residence (insert number from above).

18. Living Arrangement

- 18a. Current living status:

a. Options for Adults:

☐ Alone
☐ With spouse/partner only
☐ With spouse/partner and other(s)
☐ With child (but not with spouse/partner)
☐ With parent(s) or guardian(s)
☐ With sibling(s)
☐ With other relative(s)
☐ With nonrelative(s) (includes institutional settings)

a. Options for Youth:

☐ Alone
☐ With single parent
☐ With both parents
☐ With grandparents
☐ With siblings
☐ With other relative(s)
☐ With nonrelative(s) (includes institutional settings)
☐ With foster family
☐ Other (specify): _____

  - **For youth**: ask who the youth resides with. Select the <u>one</u> most appropriate answer that indicates the relationship to the responsible adult(s).
    - Select "alone" for youth who do not live with a responsible adult, such as homeless youth
    - "with siblings" is selected when a sibling is the responsible adult. If a youth lives with parents and siblings, parent is the appropriate choice.
    - Select 'with nonrelatives" for youth you are living in group homes, long term care facilities, or other group settings.

- 18b. Indicate whether the person is now living with someone new, compared to 90 days ago or since last assessment, whichever is shorter (e.g., moved in with another person, others moved in).

  ☐ Yes ☐ No

- 18c. Ask the person if they feel they would be better off living somewhere else. Check the box for the most appropriate answer. Examples: "Do you enjoy living here?" "Is there someplace else you would rather live?"

  Person feels that s/he would be better off living elsewhere

  ☐ No
  ☐ Yes, other community residences
  ☐ Yes, institution
  ☐ Could/would not reply

- 18d. **For adults**, ask relative/informal caregiver; **for youth** ask responsible adult:

  - Ask if they feel the person being assessed would be better off living somewhere else. Check the box for the most appropriate answer. Example: "Do you think (person's name) would be better served living elsewhere?"

[Relative/informal caregiver] or [Responsible adult] feels that the person would be better off living elsewhere

☐ No
☐ Yes, other community residences
☐ Yes, institution
☐ Could/would not reply

- For 18c&d, select "not applicable or unknown" if person cannot or will not reply

- 18e. Person resides with an aging caregiver – Primary caregiver(s) is 60+

☐ No ☐ Yes ☐ Unknown

Example:

When you arrive at the hospital to assess Ms. Jackson, her brother who is also the legal guardian is there too. Ms. Jackson indicates that she lives in a duplex and has lived there for the past 10 years. She states that sometimes her niece will come and stay with her for a few weeks, but then she goes back home to her mother's home. Ms. Jackson also states that she loves living in the duplex because not only is it a nice place, her brother lives in the other half of the duplex. Ms. Jackson states she cannot really imagine living anywhere else. Her brother also states that she seems to really like her apartment and he also enjoys having his sister live next door. Therefore, her assessment would indicate:

Living arrangement
☒ Alone
As compared to 90 days ago the person now lives with someone new
☒ No
Person feels that they would be better off living elsewhere
☒ No
Relative/informal caregiver feels that the person would be better off living elsewhere
☒ No
Person resides with an aging caregiver
☒ No

Tim recently returned home from the rehab hospital, where he lives with his single mother and a brother. His mother reports that she wants Tim to stay at home with the family, but they are looking for a different apartment now that Tim uses a wheelchair as their current home is not ADA accessible. Tim is excited about the idea of moving to a new apartment.

Living arrangement
☒ With single parent
As compared to 90 days ago the person now lives with someone new
☒ No
Child/youth feels that they would be better off living elsewhere
☒ Yes, other community residences
Responsible adult feels that child/youth would be better off living elsewhere
☒ Yes, other community residences
Person resides with an aging caregiver
☒ No

19. Residential History

19a. Residential History Over Last 5 Years

- Complete this item for the <u>initial assessment only.</u>
- Indicate all the *institutional* settings the person has lived in the past 5 years before the assessment referral date. Select all that apply.

❑ Long-term care facility –e.g., nursing home
❑ Board and care home, assisted living
❑ Semi-independent living
❑ Group home
❑ Psychiatric residential treatment facility (PRTF)
❑ Psychiatric hospital or unit
❑ Setting for persons with intellectual disability (e.g., ICF-IID)
❑ Brain Injury Rehabilitation Facility
❑ Correctional facility
❑ Unknown
❑ None

19b. Number of Years (Lifetime) Spent in an Institutional Setting for Individuals with I/DD

- Complete this item for the initial assessment only.
- Indicate the number of years over the lifetime that the individual spent in an institutional setting, e.g. ICF-IID; psychiatric facility; nursing facility
- Code 00 if person was never in an institutional setting. Code 99 if unknown. If less than 1 year, enter as 1 year (01).

19c. Age at which person left family home

- Complete this item for the initial assessment only.
- Enter age at which person left family home. Code 88 if not applicable (i.e., person never left family home). Code 99 if unknown.

20a. (Adults) Employment Status

- Include any type of paid employment, across all positions. If hours vary, base on average

❑ 1-10 hours, weekly
❑ 11-20 hours, weekly
❑ 21-30 hours, weekly
❑ 31-40 hours, weekly
❑ 41+ hours, weekly
❑ Not employed

20b. (Adults) Employment Arrangements

- Exclude volunteering; select all that apply. If the person is not employed or engaged in an employment training activity, make a referral as appropriate.

❑ Sheltered Employment/Work Activity (not integrated)
❑ Day Habilitation/Day Training
❑ Vocational Rehabilitation
❑ Supported Employment
❑ Competitive Integrated Employment – Individual
  ❑ With on-the-job supports
  ❑ Without on-the-job supports
❑ Competitive Integrated Employment – Group
❑ No employment/training activity, but interested in

Referral made?
  ❑ No
  ❑ Yes, specify agency/program:_____

- ❑ No employment/training activity, and not interested in

20. (Youth) Education Status

- If more than one type of arrangement, select the status that indicates the highest level of support. If during school break, select anticipated status for the upcoming school trimester/semester/year

- ❑ No formal education
- ❑ Preschool
- ❑ Home schooled
- ❑ Regular class (no extra support)
- ❑ Regular with special accommodations or assistance
- ❑ Regular with extra support (e.g., 1:1 staff)
- ❑ Special education class(es)
- ❑ Special school/program (e.g., vocational training)

21. Involvement in Structured Activities

- Count any type of volunteer, employment training, or employment activities regardless of amount or location. These activities may occur in a school setting or within another structured setting (e.g., church, 4H club) but still count.
- If person or caregiver are interested in any of these opportunities, make a referral as appropriate

a. Volunteerism –e.g., for community services **(Adults and Youth)**

☐ No ☐ Yes ☐ No, but interested in

b. Formal Education Program **(Adults)**

☐ No ☐ Yes ☐ No, but interested in

b. Job/Vocational Training **(Youth, 14+ only)**

☐ No ☐ Yes ☐ No, but interested in

22. Disaster Risk

22a. Disaster Risk

- This information is gathered to "flag" a person who would be at high risk in the event of a disaster (such as a flood, power outage, etc.). The state uses this information to quickly identify people who need first response in the event of a community wide disaster/emergency.
- Complete this item for everyone, regardless of living situation.
- Indicate which items the person would need assistance with in the case of a disaster. Check all that apply.
- If there are no disaster risks for the person, select the box for "none."
- Assessor may find it helpful to return to this item after completing the functional assessment.

Example:

Electric	The person is dependent on equipment that would make an electrical outage a life-threatening emergency. For example, someone dependent on electricity operated health equipment, such as an oxygen concentrator, ventilator, etc. This also includes if the person has *essential* medication that requires refrigeration.
Physical impairment	The person would be at high risk in the event of a situation requiring evacuation due to physical impairments.
Medication Assistance	The person would be at high risk if not able to access *essential* medications (for example, insulin) or assistance required to take essential medications
Cognitive Impairment/ Mental Health Issues	The person would be unable to recognize an emergency and/or make reasonable decisions and seek safety in the event of a disaster.
No Informal Support	The person has no local informal supports who could assist them during a natural disaster.

22b. Phone Access

- Item intended to help the state, providers, or emergency response know what communication technologies the person will have access to during an emergency.
- Use professional judgment; keep in mind that all technologies occasionally fail. Consider whether the person can reasonably be expected to have access.
    - E.g., if person's phone service is cut off frequently due to non-payment, select intermittent. E.g. if person usually has access but occasionally travels outside of cell service range, yes is more accurate.
- Base responses on access in home/residential environment

  ☐Yes ☐No ☐Intermittent

22c. Internet Access

- Item intended to help the state, providers, or emergency response know what communication technologies the person will have access to during an emergency.
- Use professional judgment; keep in mind that all technologies occasionally fail. Occasional, time-limited outages are typical for anyone's internet access. Consider whether the person can reasonably be expected to have access.
    - E.g., if person's internet if cut off frequently due to non-payment, or internet service is very unreliable, select intermittent
    - E.g. if person usually has internet that normally works and is not cut off, but occasionally goes down due to maintenance, or weather, select yes.
- Base responses on access in home/residential environment

☐Yes ☐No ☐Intermittent

23. Verify Accuracy of Pre-Filled Information

- This item is for assessments done with software only and is intended to verify that information that pre-fills from KAMIS is accurate.

    - ❑ Accurate (no updates needed)
    - ❑ Updates needed (indicate in notes and update person admin in KAMIS)

- Changes to these items cannot be made in the MFEI. If updates are needed, you must complete a person admin update. This can be done after the MFEI is completed and the corrected information will carry over to the MFEI file.

24. Person's Expressed Goals of Care

- Ask the person about their goals of care. The goals can be anything the person wants to achieve. For example, a person may want to learn to swim, lose weight or be pain free. This goal should be the person's own stated goal and should not be defined or edited by the assessor.
    - For youth, sub-item a asks about the child/youth's goal; sub-item b asks about the parent/primary caregiver's goal.
    - For youth, ask the child/youth about their goals of care, and the parent/caregiver about their goal for the child/youth.
- Enter the person's major goal in the comment box provided in Item 24.
- Enter the person's primary goal in the small boxes
    - Enter one letter per box.

Example:	v	o	l	u	n	t	e	e	r							
Example:	P	l	a	y	S	p	o	r	t	s	A	g	a	i	n	
Example:	H	a	v	e	M	o	r	e	F	r	i	e	n	d	s	

Section II – Health

1. Medical Conditions

Populations: Adult & Youth

Definitions: Medical Conditions include chronic or ongoing conditions that have been diagnosed by a medical professional only; do not include temporary conditions; do not include I/DD diagnoses.

a. Respiratory: e.g., adult respiratory distress syndrome, allergies (year round), asthma, bronchiectasis, chronic bronchitis, chronic obstructive pulmonary disease (COPD), chronic sinusitis, cystic fibrosis emphysema, fibrosis, Goodpasture's syndrome, obstructive or restrictive dyspnea, pulmonary edema, pulmonary fibrosis, respiratory conditions (chronic), respiratory failure, sarcoidosis, sleep apnea (obstructive type), tuberculosis
   - Do not include seasonal allergies; acute or single occurrences of pneumonia, respiratory infections, etc.

b. Cardiovascular: e.g., angina, atrial septal defect (ASD), arteriosclerosis, Buerger's disease, cardiomyopathy, heart disease/failure, heart murmur, high cholesterol, high/low blood pressure (i.e., hypertension/hypotension), mitral valve disease or prolapse, pericarditis (chronic), pulmonary disease, Raynaud's disease, tricuspid atresia, Ventricular septal defect (VSD)
   - Do not include edema (if caused by heart, capture the underlying heart condition); cardiovascular shunt (capture the condition that required the shunt)

c. Gastro-Intestinal: e.g., achalasia, celiac disease or other malabsorption syndromes, cirrhosis of the liver, colitis/ulcerative colitis, constipation/bowel impaction (chronic), Crohn's disease, diverticular disease/chronic diverticulosis, dysphagia, esophageal obstruction, fatty liver, gall stones, gastroesophageal reflux disease (GERD), hepatitis B or C, hiatal hernia, interstitial cystitis (chronic) irritable bowel syndrome (IBS), liver and bowel difficulties, liver failure, pancreatitis (chronic) ulcers
   - Do not include diverticulitis; hepatitis A
   - If encopresis, capture the condition that causes this rather than the behavior/symptom.
   - If person uses a G-tube, may be able to include the condition that causes this, but g-tube is a special healthcare procedure rather than a condition.

d. Genito-Urinary: e.g., Alpert's syndrome, diabetes, kidney problems, kidney infection (chronic), medullary cystic disease, nephrotic syndrome (chronic), neurogenic bladder, polycystic kidney disease, renal failure, renal tubular acidosis (RTA), thyroid disorders, urinary tract infection/bladder infection (chronic)
   - Do not include anemia, gall stones, having only one kidney, hyperuricemia, pre-diabetes
   - Do not include incontinence or enuresis, but can capture any underlying conditions that cause this behavior

e. Neoplastic Disease: e.g., angiofibroma, cancer/carcinomas, cysts, fibroid tumors, leukemia, polyps of the neoplastic nature, syringomyelia, teratoma, tuberous sclerosis, tumors (benign or malignant)
   - Do not include acne, boils, lupus, mole mapping

f. Neurological Diseases: e.g., Alzheimer's disease, amyotrophic lateral sclerosis (ALS; i.e., Lou Gehrig's disease), Bell's palsy, brain/head injury (age 22+), cerebral aneurysm, cerebral heterotopia, chair malformation, Charcot-Marie-Tooth disorder, Charcot-Jacob disorder, dementia disorders (exclude dementia caused by meds), encephalopathy, Guillain-Barre syndrome, Huntington's disease, hydrocephalus, macrocephaly, multiple sclerosis (MS), muscular dystrophy, myasthenia gravis,

narcolepsy, Parkinson's Disease, restless leg syndrome, sleep apnea (central type), stroke, syringomyelia, Tourette's syndrome, transient ischemic attacks (TIAs)

- Only include these or other conditions when there is damage to the brain or neurological function.
- Do not include the person's IDD diagnosis.
- Do not include acute encephalitis, fibromyalgia, insomnia, seizures (capture in item II2), shunts (capture condition that causes the need for shunts), scoliosis, or West Nile virus.
- If a brain injury occurred at age 21 or before, capture that as a developmental disability in section 1 instead.

g. Psychiatric Diagnoses: e.g., mood disorder, anxiety disorder, psychotic disorder, substance use disorder.
   - Do not include the person's IDD diagnoses.

h. Other diagnoses; specify: include any other diagnoses that do not fit into the above categories, for example, musculoskeletal, endocrine, skin, auto-immune conditions, etc. Specify.
   - Do not include I/DD or psychiatric diagnoses or other conditions captured elsewhere
   - If there is more than one qualifying condition, "present receiving active treatment" should be selected if at least one of the conditions requires active treatment. In notes, clearly specify which conditions require active treatment and which conditions do not.

Active treatment must include *at least one* of the following: 1. ongoing medical care in which a doctor has reviewed the treatment plan at least once in the past year, or, 2. ongoing staff support, or, 3. maintenance medications.

Coding:

- ❑ Not Present
- ❑ Present, receiving active treatment
- ❑ Present, monitored but no active treatment

Requirements:

- Medical diagnosis within last 12 months for any diagnosis requiring active treatment, attesting to the chronic nature of the condition.
  - Diagnoses receiving or *not* receiving active treatment do not require documentation

Lookback Period: Current condition within the last 12 months

Coding Considerations and Process: Interview individual, caregivers, and care team. Confirm if diagnoses from the prior year are still current and whether they require active treatment. Ask whether the person has any new diagnoses. Focus on the underlying condition or disease, rather than the symptoms or medical procedure used to treat the condition. Do not count a single condition/disease in more than one category. For secondary conditions, only count active treatments and supports that are different and distinct from those associated with the primary condition.

Example Questions:

- ➢ Do you have any medical conditions?
- ➢ Do you have any psychiatric diagnoses?

- Do you still have X condition that was noted last year?
- Have you received any new medical diagnoses in the previous year?
- How is this condition managed?
    - Does it require staff support? What kind of support do staff provide?
    - Are you on medication for this condition?
    - How often do you see a doctor for this condition?

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Medical Condition			
	Not Present	**Present, receiving active treatment**	**Present, monitored but not receiving active treatment**
a. Respiratory	B does not have a respiratory condition.	B has asthma and uses an inhaler to treat his asthma. Staff remind him to always keep his inhaler on him and sometimes have to prompt him to use it.	B completed treatment for TB 2 years ago. His doctor monitors the condition to ensure the infection does not reappear, but he is not receiving active treatment.
b. Cardiovascular	B does not have a cardiovascular condition.	B takes medication for high cholesterol and also receives staff support to follow doctor recommended lifestyle changes.	B had surgery to address a heart defect; since his surgery, he no longer requires medication or staff support.
c. Gastro-Intestinal	B does not have a GI condition.	B has a stomach ulcer for which he takes maintenance medications and has regular appointments with a GI specialist to monitor treatment effectiveness.	B has IBS but is able to manage his condition independently with dietary changes and does not require staff support.
d. Genito-Urinary	B does not have a genito-urinary condition.	B has diabetes and takes insulin. B also needs staff support to help monitor diet and check blood sugar.	D has a history of chronic UTIs, but did not have any UTIs in the past year and therefore did not receive medication or

			staff support for this condition.
e. Neoplastic Disease	B does not have a neoplastic condition.	B has cancer. He is going to the cancer center twice a week for radiology treatments. He needs staff support at these appointments and also increased support due to the side effects of chemotherapy.	B's cancer has been in remission for several years and therefore no longer requires active treatment or support. He receives a diagnostic exam once a year to ensure his cancer has not returned, but there is no treatment plan because medications and supports are not needed at this time.
f. Neurological Disease	B does not have neurological disease. He has a brain injury acquired as a small child, but since this dx is his I/DD eligibility diagnosis, it does not count here.	B has early onset dementia which requires additional staff support to manage his dementia related behaviors. He also sees his primary care physician twice a year to monitor the progression of his disease.	B has a mild case of restless leg syndrome which does not require treatment at this time.
g. Psychiatric Diagnosis	B does not have a psychiatric condition.	B takes medication for Major Depressive Disorder and receives staff support to monitor mood and prevent self-harm behaviors.	B has ADHD but does not take medication for the condition, does not receive staff support, and does not have a doctor review an ADHD treatment plan. He independently uses phone apps to help him remember his tasks and responsibilities.
h. Other, specify	B does not have any other conditions.	B as an active stage 3 pressure ulcer. He receives nursing support to monitor his	B successfully recovered from a hip replacement surgery a few years ago. He does

		ulcer and change dressings. He receives staff support for frequent repositioning.	not need medications or staff support and only sees the orthopedist every 5 years for follow-up.

2. Seizure Activity

Populations: Adult & Youth

Definitions: Seizures related to an epileptic seizure disorder that has been diagnosed by a medical professional. Do not include pseudo-seizures or other non-epileptic seizures.

2a. History of Seizures: Person has had a seizure or received seizure treatment in the last 5 years. A single isolated seizure does not count as seizure history.

Coding:

- ❑ Yes (seizure and/or seizure treatment in the past 5 yrs)
- ❑ No (no seizures and no treatment for seizures in the past 5 yrs)

Coding Considerations and Process: Ask the person, caregivers, and support team if the person has a seizure disorder. Determine if they have had a seizure in the past 5 years. If they have not had a seizure, probe into whether they receive seizure treatment that prevents seizure activity. Do not include pseudo-seizures or seizures caused by another medical condition, such as high blood pressure (consider whether these other conditions can be captured in item 1, Health Conditions).

Lookback Period: Last 5 years

Example Questions:

- ➢ Does the person have a seizure disorder?
- ➢ When was the last time they had a seizure?
- ➢ Do they take medications or other treatment for seizures? How recently did they receive treatment?

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

History of Seizures	
Yes	C has a seizure disorder. Although C has not had a seizure in over 5 years, she is currently on medication that prevents seizures.
No	C does not have a seizure disorder and therefore does not receive seizure treatment.

	Or, C had seizures as a young child but outgrew them. She has not had a seizure in over twenty years and successfully weaned off of seizure treatment over a decade ago under doctor guidance.

2b. Seizure Type, in Past Year

Coding: (check all that apply)

- ❑ No seizures this year
- ❑ Simple partial (simple motor movements affected; no loss of awareness)
- ❑ Complex partial (loss of awareness)
- ❑ Generalized –Absence (Petit Mal)
- ❑ Generalized-Tonic-Clonic (Grand Mal)
- ❑ Had some type of seizure – not sure what type

Coding Considerations and Process: Automatically select "none" if prior item, 2a. Seizure history, was marked no. If person has a seizure disorder, interview individual, caregiver, and care team. More than one seizure type can be indicated. If seizure type cannot be confirmed, select 'had some type of seizure.'

Lookback Period: Last year

Example Questions:

- ➢ What kind of seizures do you have?
- ➢ Did you have any of these types of seizures in the past year?

Coding example not provided as codes are self-defined and based on clinical classifications. Consult your supervisor or credible medical resources for additional information on each type of seizure.

2c. Seizure Frequency in Past Year, involving loss of awareness/consciousness (e.g., do not include simple partial seizures)

Coding:

- ❑ None during past year
- ❑ Less than once a month
- ❑ About once a month
- ❑ About once a week
- ❑ Several times a week
- ❑ Once a day or more

Coding Considerations and Process: Automatically select none if prior item, 2b Seizure type, was marked no seizures. Interview individual, caregiver, and care team. Do not include pseudo-seizures. If a person's seizures are very episodic or cyclical in nature, report the frequency of episodes over the last twelve months rather than individual occurrences; that is, report the average over the year timeframe. For example, if a person consistently has seizures several times a week, mark that category, however, if a person is usually seizure-free, yet has several seizures throughout one or two weeks during the year, treat this as episodic and mark 'less than once a month.' Only count

seizures that are observable by caregivers and therefore can be tracked; if seizures are only known due to an EEG, then mark 'less than one a month,' as the EEG has documented at least 1 seizure occurred, **Lookback Period:** Last year

Example Questions:

- How often does your son/daughter have seizures?
- Do you track their seizures?

Coding example not provided as coding options are self-explanatory. Consult your supervisor or the IDD program manager if clarification is needed.

3. Inpatient Acute Hospital with an Overnight Stay

Populations: Adult & Youth

Definition: Overnight stay in hospital within the past year for a medical condition. Do not include ER visits unless the ER visit lead to inpatient hospital admission. Do not count psychiatric admissions. Do not include outpatient procedures.

Coding:

- ❑ Record number of admissions within the last 90 days (e.g., 3 months)
- ❑ Record number of admissions within the last 91-365 days ago (e.g., 3 months – 1 year)

Coding Considerations and Process: Interview the person, caregiver, and care team. Probe to determine that it was a qualifying hospital stay and when the hospital stay(s) occurred. Count the number of admissions rather than length of stay.

Lookback Period: Last year

Example Questions:

- Has the person had an overnight hospital stay in the last year?
- For what condition was the person admitted?
- When was the person admitted?

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Inpatient Acute Hospital Stay with an Overnight Stay	
a. Number of admissions within the last 90 day	Two months ago, D went to the ER after fainting. Based on test results in the ER, he was admitted to the hospital overnight for further observation. This was his only hospitalization, and so the assessor enters "1."
b. Number of admissions 91-365 days ago	D's COPD has been getting worse and resulted in hospitalizations in the last year. About 9 months ago he had an inpatient hospital stay of 2 nights and about 6 months ago he had a

	hospital stay of 3 nights. The assessor enters "2" to represent the two separate hospital admissions.
None	D went to the emergency room for kidney stones but was not admitted for an inpatient stay. Or, D had a psychiatric inpatient hospital stay due to delusions related to his bipolar diagnosis, but this does not count as an inpatient acute hospital stay. Or, D did not go to the hospital in the last year for any reason.

4. Missed More than a Total of Two Weeks of Regular Activities Due to Medical Conditions During the Last Year

Populations: Adult & Youth

Definition: Missed more than two weeks (e.g., more than 14 calendar days) of regular activities such as work, day program, or school due to medical conditions; do not need to be consecutive days. Do not count absences related to psychiatric illness.

Coding:

- ❑ Yes
- ❑ No

Coding Considerations and Process: Interview individual, caregivers, and care team. Ask for the dates of regular activities that were missed. Note, if a person was able to attend day program or alternative employment in lieu of their typical employment, this does not count. Focus on absences in which the person had to stay home, at a caregiver's home, or in a medical setting during their illness. Consider all aspects of a person's medical condition, but do not include absences due to routine examinations or assessments.

Lookback Period: Last year

Example Questions:

- Have you missed work, school, or your day program due to illness?
- How many days of work, school, or day program has the person missed due to illness?
- Can you provide dates for these absences?

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Missed more than 2 weeks…

No	E missed 3 days of work due to influenza last year. She did not miss any other work related to medical conditions. Or, E went on light duty for 2 months last year due to a back injury. Instead of working at her normal job at a grocery store, she attended a day program. There were only 2 days, immediately following her back injury, that she could neither work nor attend the day center.
Yes	E missed 3 days of work due to influenza in spring. In summer she missed 2 days of work due to a gastro-intestinal illness. In fall, she missed 10 days of work due to a surgery and recovery period. In total, she missed 15 calendar days of work in the past year due to medical conditions.

5. Presently Requires Caregiver Trained in Special Healthcare Procedures

Populations: Adult & Youth

Definition: The person's informal or formal caregivers must be trained in how to correctly administer healthcare procedures or use healthcare devices; for example, ostomy care, respiratory treatments, positioning, adaptive equipment (see additional examples below).

Coding:

- ❑ Yes
- ❑ No

Coding Considerations and Process: Interview individual, caregivers, and care team. *Do not include behavioral or communication procedures/equipment*. Special procedures also do not include CPR, first aid, seizure training, or Heimlich maneuver, unless those trainings are specific to the individuals need (i.e., do not count staff wide training or certificates that are a general requirement of employment). Focus on regular, ongoing needs that require staff/caregiver support (i.e., do not include very occasional needs or procedures/equipment that the person can manage independently). Procedures or equipment should be ordered by a medical professional or clinician (e.g., doctor, nurse, OT, PT).

Lookback Period: Current status

Example Questions:

- Does the person use any medical equipment?
- Does the person use any adaptive equipment?
- Does the person need receive any healthcare procedures in their home environment or day program?
- Does the person have any unique health conditions that calls for a specialized medical response?

Special Procedures and Equipment Examples: These are typical coding examples for healthcare procedures that count. These examples are not meant to be an exhaustive representation of all possible

healthcare procedures. The assessor should use professional judgment and consult their supervisor or the I/DD Program Manager for cases that fall outside these examples. *Only include regular, ongoing procedures or equipment that require staff or caregiver support.*

a. Special treatment/testing needs
- Sterile dressings
- Diabetic testing

b. Elimination needs
- Ostomy equipment
- Catheter
- Enema

c. Respiratory needs
- Apnea monitor
- Tracheostomy care
- Suctioning
- Inhalation therapy (3X a week or more)
- Oxygen
- Respirator

d. Eating needs
- Special eating utensils
- Nasal gastric tube
- Parenteral equipment

e. Mobility needs
- Prosthetic device
- Wheelchair (electric or manual)
- Special chair (e.g., for positioning)
- Walker
- Braces, splints, casts, orthopedic shoes
- Crutches, cane

f. Adaptive positioning needs
- Special bed
- Floatation cushion/pad
- Belly board
- Decubitis care and equipment (i.e., pressure sores)
- Frequent turning in bed
- Head protective device

6. Dietary

Populations: Adult & Youth

6a. Mode of Nutritional Intake: the diet consistencies and modifications in place to address the person's swallowing, chewing, or other eating difficulties. See coding below for additional definitions.

Coding:

- ❑ Normal – Swallows all types of food

- ❑ Modified independent – e.g., liquid is sipped, takes limited solid food, need for modification may be unknown
- ❑ Requires diet modification to swallow solid food –e.g., mechanical diet (e.g., pureed, minced) or only able to ingest specific foods
- ❑ Requires modification to swallow liquids –e.g., thickened liquids
- ❑ Can swallow only pureed solids –AND—thickened liquids
- ❑ Combined oral and parenteral or tube feeding
- ❑ Nasogastric tube feeding only
- ❑ Abdominal tube feeding –e.g., PEG tube
- ❑ Parenteral feeding only – Includes all types of parenteral feedings, such as total parenteral nutrition (TPN)
- ❑ Activity did not occur –During entire period

Coding Considerations and Process: Interview the individual, caregiver, and care team. Make medical referral if appropriate. If a person needs tough foods, like meat, cut into bite-size pieces, consider this a normal diet (if they need assistance cutting food, this is captured under the ADL eating).

Lookback Period: Last 3 days

Example Questions:

- ➢ How does the person eat?
- ➢ Do they have trouble chewing or swallowing?
- ➢ Do they require thickened liquid or pureed foods?
- ➢ Is the person tube feed? Exclusively or in combination with oral feeding?

Coding example not provided as codes are self-defined and based on clinical criteria. Consult your supervisor or credible medical resources for additional information on nutritional modes.

6b. Any Special Dietary Requirements: Individual is on a special diet, such as low/high calorie, low-cholesterol, or gluten-free. Exclude food allergies (capture in item 6c instead) or any modifications already captured in item 6a (e.g., pureed food, thickened liquid, tube feeding).

Staff Support**:** Staff support is needed to help the individual follow their dietary restrictions; for example, by preparing meals separately from those prepared for the rest of the household, helping the person read food labels, or closely monitoring the person's diet.

Doctor/Dietician/nutritionist/nurse ordered: Must be an order by a medical professional related to a specific medical condition and not a general recommendation (e.g., do not count a recommendation to limit calories to lose weight; do include a specific order for a 1200 calorie diet)

Coding:

☐Yes

☐No

If "Yes":

- Specify dietary need: _____
- Doctor/dietician/nutritionist/nurse ordered?
  ☐Yes ☐No

- Requires staff support? ☐Yes ☐No

Coding Considerations and Process: Interview individual, caregivers, and care team. The special diet may be due to medical reasons or personal preference; complete the follow-up questions to record whether the diet was ordered by a medical professional or requires staff support.

Lookback Period: Current status

Example Questions:

- Do you have any dietary restrictions?
- Is your special diet due to a medical condition?
- Did a doctor order this diet?
- Do you need help to follow the diet?

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Example A: A is from a Jewish family and follows a kosher diet. F resides in a group home and cannot prepare his own meals; his meals often need to be prepared separately to follow kosher guidelines.	
Any special Dietary Requirements?	Yes – a kosher diet is a special diet
Doctor/dietician/nutritionist/nurse ordered?	No – this diet is a cultural preference rooted in A's religion; it is not doctor ordered.
Requires staff support	Yes – A's meals often have to prepared separately from other household members and these meals are prepared by staff
Example B: B requires a high-fiber diet to help manage his IBS, as ordered by his doctor. G is able to manage this dietary need independently by helping himself to extra vegetables in his diet and adding fiber to his breakfast drink.	
Any special Dietary Requirements?	Yes, a high-fiber diet is a special diet.
Doctor/dietician/nutritionist/nurse ordered?	Yes, the high-fiber diet was ordered by his doctor and is related to a medical condition (IBS)
Requires staff support?	No. Vegetables are prepared for everyone in the household as a part of a healthy diet for all. B helps himself to extra vegetables and also prepares his own fiber drink for breakfast.
Example C: C is on a gluten-free diet due to celiac disease, as ordered by her doctor. C helps out in the kitchen but is not completely independent and has limited literacy. She needs help to read labels	

and understand what foods have gluten in them. Other members of the household consume gluten and C's meals need to be prepared separately to avoid cross contamination.	
Any special Dietary Requirements?	Yes, a gluten free diet
Doctor/dietician/nutritionist/nurse ordered?	Yes, the gluten free diet is needed to treat celiac disease and is doctor ordered.
Requires staff support?	Yes, C needs help reading ingredient labels and understanding what foods she can and cannot eat. Further, she cannot prepare her own meals and meals need to be prepared separately to avoid cross contamination.

6c. Food Allergies: An abnormal response to a food triggered by the body's immune system; also referred to as a food hypersensitivity but is more severe than a food intolerance. Adverse reactions can range from discomfort to life-threatening illness.

Verified by Medical Professional: A doctor, nurse, or lab has verified specific food allergies

Staff Support**:** Staff support is needed to help the individual avoid food allergens; for example, by preparing meals separately from those prepared for the rest of the household, helping the person read food labels, or closely monitoring the person's diet.

Coding:

- ❑ Yes
- ❑ No

If "Yes":

- Specify food allergy :_____
- Verified by a medical professional? ☐Yes ☐No
- Requires staff support? ☐Yes ☐No

Coding Considerations and Process: Interview individual, caregivers, and care team. Probe into food allergies and ask whether they have been verified by a medical professional or medical testing. Make medical referrals as appropriate. Determine whether the person needs support to avoid food allergens. Note, there is a nuanced distinction between a gluten allergy and celiac disease; for this and similar nuanced dietary distinctions, if uncertain, the important thing is to only capture it in one area and not both (special diet *or* allergy).

Lookback Period: Current status

Example Questions:

- Does the person have any food allergies? What foods?
- Has the allergy been verified by a medical professional or testing?
- Does the person need staff support to avoid food allergens or cross contamination?

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Example A. A's family reports that she is allergic to dairy because it causes acne. This has not been verified by a medical professional or testing. She needs help understanding which foods have dairy in them and alternative meals need to be prepared for her when the rest of the household is consuming a dairy-based meal.	
Food allergy	Yes, based on family's report. However, a medical referral should be made.
Verified by medical professional	No. The allergy was not verified by a medical professional, but the assessor should encourage a diagnostic exam before next year's assessment.
Requires staff support	Yes, A needs help understanding which foods contain dairy and separate meals need to be prepared for her on a regular basis.
Example B. B breaks out in hives and experiences an itchy mouth if he consumes berries. This allergy has been verified by a medical professional. B does not need staff support to follow this diet, as he understands which foods might contain berries. If he is uncertain, he is good about asking those who offer him food. Further, his reaction is not severe and thus allowing B to manage his own allergies is an acceptable risk. Separate meals do not need to be prepared on a regular basis, because berries are only commonly used in desserts.	
Food allergy	Yes, B is allergic to berries.
Verified by medical professional	Yes, his doctor has verified the allergy.
Requires staff support	No, B is able to manage this dietary need independently.
Example C. C has severe food allergies to peanuts and shellfish. This can lead to a serious anaphylactic reaction, and he therefore has a doctor prescribed epi-pen. His allergies require staff support to avoid these allergens and cross-contaminants, as well as to administer the epi-pen if needed. Heightened scrutiny is required to ensure that no peanut or shellfish products enter his residential or day setting due to the severity of his reaction.	
Food allergy	Yes, C is allergic to peanuts and shellfish.
Verified by medical professional	Yes, C has a doctor prescribed epi-pen due to this allergy
Requires staff support	Yes, C needs staff support to avoid the allergen and to treat accidental exposure.

7a. Number and Type of Medications

Populations: Adult & Youth

Definition: Number of *prescription* medications, in each of the following categories, that are needed on an on-going, scheduled basis. If a person is taking a medication for off-label use, it can be counted in the category for why the person takes it. If there is no off-label use, count the medication under the FDA approved classification for the drug. Do not include as needed (i.e., PRN) or over-the-counter medications. Drugs.com is a reliable source of information.

Coding: List current number of medications by type

- Antipsychotic __
- Antianxiety __
- Antidepressant __
- Diabetes __
- Sedative/Hypnotic __
- Anticonvulsant __
- Other prescription maintenance medications: __
    - Specify if other(s) _____
- Total: __

Coding Considerations and Process: Interview individual, caregivers, and care team. Do not include medications that can be purchased over the counter in the same dosage, even if the person has a prescription for that medication (if the dosage that the person needs is not available over the counter, then it can be counted as prescription). If a medication can be classified in more than one area, only count it in one area based on the person's primary need.

Lookback Period: Currently prescribed medications

Example Questions:

- Is the person taking any new medications, compared to last year?
- Has the person stopped taking any of their previously prescribed medication?
- [For prescribed OTC medications] Is this dosage different than what is available over the counter?

7b. Off-label Prescription Medications

Populations: Adult & Youth, initial assessment only

Definition: The person is taking a prescribed medication for a condition that is different than the condition that the medication is FDA approved for.

Coding:

☐ None/not applicable

☐ Yes; Specify medication and off-label use: _____

Coding Considerations and Process: Interview individual, caregivers, and care team. If the person if taking medications off-label, specify the medications and their off-label use in the space provided. Ask if the person has had a recent medication review and make a referral if appropriate. Off-label drug use is associated with a higher risk of adverse side effects and therefore should be closely monitored by a physician. Individuals and caregivers do not always know if their medications were prescribed for off-

label use, so you may need to verify the medication by consulting a medical professional or credible website.

Lookback Period: Current medications

Example questions:

- What condition do you take this medication for?
- Do you know if you are using any medications for off-label purposes?

Coding examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Off-label prescription medications	
No	G. is receiving an initial assessment. He has 3 prescription medications, all of which are prescribed for the FDA approved on-label use.
Yes, specify	G. is receiving an initial assessment. He has 2 prescriptions he is taking for on-label use. He also takes a prescription beta blocker for anxiety, although the approved on-label use of this medication is for heart disease.

8. Medication Route of Administration and Support Needs

Populations: Adult & Youth

Definition: The route by which the person takes prescribed, maintenance medications and the staff/caregiver support needed to take these medications. Exclude PRN medications or over-the-counter medications.

Route of administration:

Oral/Sublingual – by mouth or under tongue

Topical/Transdermal – ointment or patch applied to skin

Nasal/eye/ear – drops, spray, etc. delivered into eyes or through nasal or ear canal

Injection -- intramuscular or subcutaneous; do *not* count occasional injections that are only provided at a medical/dental clinic; for example, do not count annual flu shots or anesthesia injections that are only provided for the purpose of completing a medical/dental procedure (e.g., Versed, Novocain). Injections should only include routine maintenance medications that are delivered in the day or residential setting; however, an injection/infusion can be counted if it is occurring at least once every 3 months and requires staff support to accompany the person to the clinic.

IV/Enteral Tube -- medication delivered through an IV or feeding tube

Rectal – e.g., suppository

Inhalation – medication that is inhaled through the respiratory system, for example, an asthma inhaler or medicated respiratory treatment

Other, if yes specify: Include here any routes of administration that did not fit into any of the above categories and specify.

Support: Indicate the level of support the person needs for each route of medication administration. Do not include ordering medications. Do not include setting up a pill box or med minder, if the person does not need additional support once the medications are set up. Medication management support is assessed in IADLs in the adaptive section, at which point the assessor will consider support needs for managing all medications as a whole, and setup help can be captured there. In this item, medication route of administration, the assessment is capturing support needs for particular medication administration routes, which can vary. For example, a person may be independent with certain types of medications (e.g., oral medications) but need more support with other routes (e.g., eye drops or injections).

Independent: The person takes their own medication without needing reminders or hands-on help. Medications may be set-up in advance into a med minder or blister pack, but the person is independent in taking these medications on a daily basis.

Supervision, cueing: Person needs to be reminded to take medications, or someone must monitor that they actually took the medications.

Hand-on assistance, partial: The person needs some hands-on help to take medication but can also perform some of the task themselves. For example, staff opens caps and then hands the person the correct dosage of oral medication, but the person takes the medication from the pill cup, puts it in their mouth, and swallows it with a drink of water.

Total dependence: The person does not participate in taking the medication in any capacity. For example, oral medication needs to be mixed with food and fed to the person by a caregiver or staff.

Coding:

Route:

- ❑ Yes
- ❑ No, not applicable

Support:

- ❑ Independent
- ❑ Supervision, cueing
- ❑ Hands-on assistance, partial
- ❑ Total dependence

Coding Considerations and Process: Interview the individual, caregiver, and care team. Only complete level of support needed for medications that are taken by that route. Focus on the typical level of support the person needs for each medication and not atypical situations. If a person takes more than one medication by the same route, rate according to the medication they need the most assistance with.

Lookback Period: Current medications

Example Questions:

- Is the person on oral medications?
- Does the person have any non-oral medications? If so, what kind?
- What level of support does the person need to take their medications? Reminders? Hand-on help?

Coding examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Medication Route of Administration and Support Needs	
Oral/Sublingual	
Independent	The person gets their medication from their pill box and takes it independently, without reminders.
Supervision, cueing	The person's medications are set up in a pill box and they need regular reminders to take their medication as well as someone checking the pill box to see if the medications were taken.
Hands-on assistance, partial	The person is independent in taking pills using their med minder, however, they need their refrigerated liquid medication measured out by staff each time they take it. Rate according to the liquid medication as it is the higher support need.
Total dependence	Staff open the medication containers, retrieve the correct dosage, and feed the medication to the person in a spoonful of applesauce.
Nasal/eye/ear	
Independent	The person retrieves their own ear drops, removes the cap, and inserts the drops into each ear independently.
Supervision, cueing	The person needs cueing assistance so they do not mix up their ear drops and eye drops. Staff watch over the person to verify they are using the correct drops, but do not provide any hands-on help.
Hands-on assistance, partial	The person needs staff to apply their eye drops, but they help by independently tilting their head back, positioning their eyelid, and using a tissue to soak up leakage.
Total dependence	Staff need to perform all tasks of applying eye drops, including retrieving the drops, tilting the person's head back and positioning the eye lids, applying the drops, and wiping away the leakage.

9. Most Severe Pressure Ulcer

Populations: Adult & Youth

Definitions: Injuries to skin and underlying tissue resulting from prolonged pressure on the skin. The definitions below are the same as clinical classifications for ulcers.

Any area of persistent skin redness — A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved. (Stage 1 pressure ulcer)

Partial loss of skin layers — A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. (Stage 2 pressure ulcer)

Deep craters in the skin — A full thickness of skin is lost, exposing the subcutaneous tissues. Presents as a deep crater with or without undermining adjacent tissue. (Stage 3 pressure ulcer)

Breaks in skin exposing muscle or bone — A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone. (Stage 4 pressure ulcer)

Not codeable, e.g., necrotic eschar predominant (nonstageable). Also use this code if a person knows they have a pressure ulcer, but reliable information on severity of pressure ulcer is not available.

Coding:

- ❑ No pressure ulcer
- ❑ Any area of persistent skin redness
- ❑ Partial loss of skin layers
- ❑ Deep craters in the skin
- ❑ Breaks in skin exposing muscle or bone
- ❑ Not codeable

Coding Considerations and Process: Interview individual, caregivers, and care team. Assessors do not need to conduct a skin exam and can rely on reports from the individual and their care team based on what medical professionals have told them. Those who assist with dressing and bathing are often the best informants about pressure ulcers. Individuals who use wheelchairs, remain in bed for long periods, or use orthotic devices/braces are at greater risk of pressure ulcer. If no pressure ulcers are reported for high-risk individuals, probe into whether there are areas of prolonged redness as individuals and caregivers may not recognize early warning signs; make medical referrals as appropriate. If there is more than one pressure ulcer, rate the most severe pressure ulcer.

Lookback Period: Last 3 days

Example Questions:

- ➢ Do you have any pressure ulcers?
- ➢ What stage is your pressure ulcer at, according to your nurse? Do you have any notes from the nurse?
- ➢ Have you ever had a pressure ulcer? Is it completely healed or is there still redness?
- ➢ Do your orthotics bother your skin? Are they causing your skin to breakdown?

A coding example is not provided because the self-defined codes match clinical classifications. Consult your supervisor, the IDD program manager, or a credible medical resource is you need additional clarification.

10. Additional Assistance Needed During Healthcare Appointments

Populations: Adult & Youth, but with different definitions and coding options

Adult version

Definition: Individual requires staff assistance and/or medication to help manage their physical, cognitive, or behavioral support needs during healthcare or dental appointments.

Coding:

- ❑ Yes, staff support
  If yes:
  - ❑ 1-person support
  - ❑ 2-person support
- ❑ Yes, medication support (e.g., sedatives, anti-anxiety)
- ❑ No/none

Coding Considerations and Process: Interview individual, caregivers, and care team. Include any type of medical, psychiatric, dental, or therapy appointment. Do not include transportation or staff who wait in waiting room. Only count staff who are providing active cognitive, physical, or behavioral supports during the healthcare appointments. If staff need to be present during the medical consultation/procedure, a clear reason specific to the individual should be provided. Do not include staff support that is provided in advance of or after an appointment. Do not include medications already captured in items 7a or 8, above. If the person requires varying levels of support based on different types of appointments, focus on the highest support need as long as this type of appointment is a reoccurring need (at least annually).

Lookback Period: Current status

Example Questions:

- Do you need someone to go with you to doctor or dentist appointments?
- How does your caregiver/staff help during doctor or dentist appointments?
- How many staff are needed to help during appointments?
- Do you need to take any special medications to prepare for a doctor or dentist appointment?

Coding examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Additional Assistance Needed During Healthcare Appointments	
No	J attends his doctor appointments independently. He uses the bus or gets a ride from someone who waits in the waiting room. J communicates with the doctor effectively and takes notes. When he returns home, he reviews his notes and doctor handouts with his family and care team.

Yes, staff support - 1 person	J requires 1-person support during healthcare appointments. Staff join him in the patient room and help him communicate his needs. Staff also take notes on the doctor's recommendations and help facilitate supported decision making during the appointment.
Yes, staff support – 2 person	J requires 2 people to assist during dentist appointments or any other appointment where he cannot remain in his wheelchair, as he is a 2-person lift into the dental exam chair.
Yes, medication support	J has an artificial joint and therefore must take a preventative antibiotic before all dental appointments. This medication was not captured in the other assessment items, as it is a PRN medication.

Youth Version

Definition: The intent of this item is to determine whether the responsible adult requires additional support when taking their child to healthcare appointments. The child's parent/guardian/primary caregiver has primary responsibility for managing their child's healthcare appointments and consenting to treatment, but determine if they additional supports during the appointment to assist with the child's physical, cognitive, or behavioral support needs and/or if the child requires special medication during appointments.

Coding (check all that apply):

- ❑ Yes, staff support
- ❑ Yes, medication support (e.g., sedatives, anti-anxiety)
- ❑ No/none

Coding Considerations and Process: Interview the youth, parent/guardian, and care team. Include any type of medical, psychiatric, dental, or therapy appointment. Any support needs related to the child's condition should be taken into account. Do not include any medications already captured in item 7a or 8, above. Do not include transportation assistance or staff who wait in the waiting room. If the parent/guardian requires varying levels of support to assist with child's needs, based on different types of appointments, focus on the highest support need as long as this type of appointment is a reoccurring need (at least annually).

Lookback Period: Current Status

Example Questions:

- Who normally takes child to doctor's appointment? Do they need help from another adult?
- Is more than one adult needed at the child's appointment?
- Do you need help managing your child's behavior during dental appointments?
- Do you need help carrying your child's medical equipment to doctor appointments?
- Does the youth need special medications to prepare for medical appointments?

Coding examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Additional Assistance Needed During Healthcare Appointments	
No	Mom usually takes H to her appointments; sometimes Dad or grandma takes her to appointments. One adult is able to manage the appointment and H's needs just fine.
Yes, staff support	Mom needs another adult to help her during appointments because H uses oxygen and a monitor. Mom cannot carry this equipment while also holding H's hand as they walk from the parking lot into the building. Or, H is very anxious during dentist appointments and acts up. She therefore needs two adults to help manage her behavior. The dentist has warned that he will no longer see H if she does not sit still in the exam chair. Or, H's mom needs another adult to help transfer H to the exam table. Staff at the doctor's office will not assist with transfers due to liability concerns. Or, both H and her mother have trouble remembering the doctor's instructions; it is therefore advised that a formal provider attend healthcare appointments.
Yes, medication support	H takes an anti-anxiety medication prior to dental appointments and other appointments that cause anxiety, such as annual vaccinations, in order to help manage her behavior.

Section IIIA: Adaptive – Communication, Cognitive, and Motor Skills

11. Making Self Understood (Expression)

Intent: The intent of this section is to document the person's ability to express or communicate requests, needs, opinions, and urgent problems and to engage in social conversation.

Definition: Expressing information content—both verbal and nonverbal. Such communication may take the form of speech, writing, sign language, or a combination of these—both verbal and non-verbal communication.

Coding Considerations: If the person has communication devices, encourage their use during the assessment. Observe and listen to the person's efforts to communicate with you and others. This item is not intended to address differences in language understanding, such as only speaking in a language familiar to the assessor. Assessor may rely heavily on observation throughout interview for this item. This item takes into account both cognitive abilities to communicate as well as speech related needs. Consider whether you can understand the person's answers to your questions. If possible, observe how they interact with others. Are they able to communicate their needs?

Example Questions (note, questions may not be needed if you are able to observe communication)**:**

- *Do you ever have difficulty making yourself understood?*
- *Are people able to understand your questions and ideas?*

Lookback Period: Present (based on observation during assessment).

Coding:

- ❑ **Understood:** Person expresses ideas clearly without difficulty
- ❑ **Usually understood:** Person has difficulty finding the right words or finishing thoughts, but if given time, requires little or no prompting. For a person with speech difficulties, extra time or repetition may be needed, but most people can understand the person.
- ❑ **Often understood:** Person has difficulty finding words or finishing thoughts and prompting is usually required. For a person with speech difficulties, only those who know the person well or become familiar with the person's speech patterns over time understand the person, but they are able to communicate effectively with these people (e.g., more than communicating just basic needs).
- ❑ **Sometimes understood:** Person has limited ability, but is able to express concrete requests regarding basic needs (e.g., food, drink, etc.)
- ❑ **Rarely/never understood:** Understanding is limited to interpretation of sounds or body language

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Making Self Understood (Expression)	
Understood	Mr. A is able to communicate with you easily. He answers all your questions, and you are able to understand his statements. No speech difficulties are present.
Usually understood	Mr. A is able to answer your questions, but he has difficulty finding the right words and needs time to answer your questions. Ms. B has speech difficulties and sometimes has to repeat herself or use synonyms for words that others are not understanding, but most people can understand her.
Often understood	Mr. A has difficulty answering your questions. You have to prompt him throughout the conversation and ask him to clarify if he meant certain words. Ms. B has moderate-to-severe speech difficulties. The assessor cannot understand most of what she says and family reports that she is also not well understood when in public by clerks, waitresses, etc. However, her family understands her well and caregivers come to understand her speech patterns overtime. She is able to communicate effectively with these people and these people help translate her requests when in public. She answers your questions, but family members restate her responses for you due to the speech impairments.
Sometimes understood	Mr. A has a lot of difficulty answering your questions. He is able to tell you that he needs to use the bathroom and that he is tired. You rely on his caregiver for some answers, but he still provides some of the needed information himself. Ms. B has severe speech difficulties but has learned signs for a few basic commands related to toileting and eating needs.
Rarely/never understood	Mr. A cannot answer any of your questions, and his caregiver provides you with all the answers.

12. Ability to Understand Others (Comprehension)

Intent: The intent of this section is to document the person's ability to express or communicate requests, needs, opinions, and urgent problems and to engage in social conversation.

Definition: Understanding/comprehension of verbal information, whether communicated to the person orally, in writing, or through sign language or Braille (however able; with hearing appliance or other assistive technology that is normally used) whether communicated to the person orally, in writing, or through sign language or Braille.

Coding Considerations: This item measures the person's ability not only to hear/receive messages, but also to process and understand language. If the person has communication devices, encourage their use during the assessment. Assessor may rely heavily on observation throughout interview to assess this item. Consider whether the person is able to answer your questions as you conduct the assessment. Are they able to understand and appropriately respond to your questions? Do you have to repeat yourself, prompt the person or provide a lot of examples?

Example Questions (note, questions may not be needed if you are able to observe communication):

- *In an emergency, are you able to understand and follow directions?*
- *Do you need help understanding written materials, such as mail, email or text messages?*
- *Do you understand me?*

Lookback Period: Present (based on observations during assessment).

Coding:

- ❑ **Understands:** Clear Comprehension
- ❑ **Usually understands:** Misses some part/intent of message BUT comprehends most conversation
- ❑ **Often understands:** Misses some part/intent of message BUT with repetition or explanation can often comprehend conversation
- ❑ **Sometimes understands:** Responds adequately to simple, direct communication only
- ❑ **Rarely/never understands**

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Ability to Understand Others (Comprehension)	
Understands	Ms. B is able to answer all your questions. She tells you about how she enjoys going out and socializing with her friends.
Usually understands	Ms. B is mostly able to answer your questions, but she sometimes has difficulty with details.
Often understands	Ms. B is only able to answer your questions after you repeat them or provide many examples.
Sometimes understands	Ms. B can answer simple questions about if she ate or bathed, but has difficulty answering complex questions.
Rarely/never understands	Ms. B is not able to answer your questions. Her caregiver provides you with the answers.

13. Hearing

Definition: Ability to hear (with hearing appliance normally used, if necessary).

Coding Considerations: If the person uses a hearing aid, be sure to ask if the battery works and the hearing aid is on. Ask the person about hearing function and observe for hearing function during your verbal interactions. In addition to hearing loss, take into consideration other hearing challenges such as ringing in ears or inability to filter out background noise. Assessor may rely heavily on observation throughout interview; be alert to what you have to do to communicate with the person, such as talking louder.

Example questions (note, questions may not be needed if you are able to observe hearing):

- *Do you hear well in a crowded room?*

- *Can you hear the doorbell?*
- *Have you had to increase the sound on your TV?*
- *Can you hear me?*

Lookback Period: Last 3 days

Coding:

- ❑ **Adequate:** No difficulty in normal conversation, social interaction, or listening to TV
- ❑ **Minimal difficulty:** Difficulty in some environments (e.g., when the other person speaks softly or is more than 6 feet away, environments with more background noise than typical)
- ❑ **Moderate difficulty:** Problem hearing normal conversation, requires quiet setting to hear well
- ❑ **Severe Difficulty:** Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly, or person reports that all speech is mumbled)
- ❑ **No hearing**

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Hearing	
Adequate	Mr. C tells you that he uses hearing aids and is able to hear and respond to your questions.
Minimal difficulty	Mr. C has trouble hearing you from the kitchen when he leaves the table to get a glass of water. He asks you to hold your questions until he is back at the table. Ms. D usually hears just fine, but on bad days experiences ringing in her ears; this is distracting but she can still hear most conversations.
Moderate difficulty	Mr. C interrupts your questions to turn off the radio in the other room, as he cannot hear your questions. Ms. D has persistent ringing in ears that interferes substantially with hearing, but if people slow down and speak louder she can hear the conversations.
Severe difficulty	Mr. C asks you to speak up several times. He complains that everyone is always mumbling. Ms. D has severe ringing in her ears that makes it difficult to hear most all conversations, but some hearing is still present.
No hearing	Mr. C has profound hearing loss and cannot hear you.

14. Vision

Definition: Ability to see in adequate light with glasses or another visual appliance normally used. Adequate light—what is sufficient or comfortable for a person with normal vision.

Coding Considerations: To test accuracy of findings, ask person to read regular-sized print with usual appliances. Be mindful that some people cannot read, especially younger children, so ask them to identify pictures/letters/numbers in regular sized print. If the person is unable to communicate or follow directions, observe the person's eye movements to see if they follow movement (this method should only be used to determine if person has any visual ability at all). Assessor may rely on

observation for this item, such as when completing paperwork during assessment (note, however, that this item is about vision only, not ability to read or comprehend). In addition to visual acuity (e.g., near sightedness, far sightedness), take into consideration depth of perception. The assessor may rely on observation of mobility or motor skills. If a person has challenges with both visual acuity and depth-of-perception, focus on the visual need that affects their independence and daily life functioning the most.

Example Questions (note, these questions may not be needed if you are able to observe vision):

- *How is your vision?*
- *Do you have any problems reading labels, newspapers?*
- *Do you have any difficulty driving at night?*
- *Do you need large print materials?*
- *Have you noticed that it's harder for you to see words on pages or items around you?*
- *Do you have depth of perception issues?*
- *How does your impaired depth perception impact your daily life? Can you pour a glass of water? Can you move about your home safely? Do you have trouble getting around in a store or public place?*
- *Do you have any problems reading books? Or seeing pictures in books?*
- *Can you see the TV/tablet/computer OK?*

Lookback Period: Last 3 days

Coding:

- ❑ **Adequate:** The person sees fine detail, including regular print. The person has normal depth-of-perception.
- ❑ **Minimal difficulty:** Person sees large print, but not regular print. The person has impaired depth-of-perception, but is able to manage independently and safely with adaptive equipment or modified approaches to daily tasks.
- ❑ **Moderate difficulty:** Person has limited vision, is not able to see newspaper headlines but can identify objects in their environment. The person has impaired depth perception that limits independence in daily living tasks, transfers, or mobility; and/or safety risks are apparent due to impaired depth perception.
- ❑ **Severe difficulty:** Person's ability to identify objects in her/her environment is unknown, but person's eye movements appear to be following objects/people.
- ❑ **No vision:** Person has no vision; eyes do not appear to be following objects/people.

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Vision	
Adequate	Ms. D is able to read the fine print in the newspaper you ask her to read. She wears eyeglasses regularly. Ms. D. sees well with her glasses. She does not read, but can see the TV and pictures on her phone. Mr. E. has normal depth-of-perception.

Vision	
Minimal difficulty	Ms. D can read the large print in the newspaper, but not the small print even though she wears her eyeglasses. She requested enlarged paperwork for the assessment. Ms. D has to zoom in on images on her phone or computer to see them well. She is able to watch TV shows if she sits close to the television. Mr. E has good vision in regards to print materials, but has impaired depth-of-perception due to loss of vision in one eye. Mr. E worked with an occupational therapist to learn how to use spatial cues and physical touch to accommodate his visual needs independently.
Moderate difficulty	Ms. D cannot read the headlines in the newspaper, but can tell you the names of objects that you point to. Mr. E is able to read large print materials and watch TV on a large screen, but he struggles more with impaired depth-of-perception, which impacts his mobility. He has learned to navigate his apartment, but he needs assistance when in new environments or in public. In the past, he fell because he couldn't tell that there was a step present and he also has a tendency to bump into people or objects.
Severe difficulty	Ms. D is not able to read the newspaper and she cannot identify the objects that you point to, though she is able to see their colors.
No vision	Ms. D is unable to see.

15. Reading

Definition: The ability to understand non-vocal written material. This is distinct from vision.

Coding Considerations: Rate with any regularly used adaptive devices, glasses, etc. in place, and rate the person "where they are at." Reading braille or with adaptive equipment is also captured here as this item captures literacy. Interview the person and their caregivers. Provide a sample document to read, as appropriate. Start general and probe further; consider person's ability to read/understand. Use simple words, simple sentences, basic paragraphs, and 8th grade level paragraphs to test reading skills. You do not need to test all levels but use professional judgment to determine what kind of examples to provide (for example, whether to start with words, sentences, or a paragraph), and then move on to easier or more complex examples as needed. If a person can only read simple sentences or basic paragraphs, rate at that level regardless of whether this is due to their age or disability. The scale generally moves from passages -> sentences -> short phrases -> words -> letters. Can the person read their name or common words? Move up or down the scale from there. On the more independent side of the scale, consider the person's comprehension of what they are reading. On the more dependent side of the scale, consider the accuracy of recognizing letters, objects, forms.

A reading test may not be necessary if you already have reliable information on the person's reading level. For example, a parent may report that a teenager is reading at grade level without additional supports or a person may tell you about a book they are reading.

See Reading Assessment Guide in Appendix

Example Questions:

- *How would you describe your ability to read?*
- *Are you able to read the newspaper? Magazines? Books?*

Lookback Period: Current status

Coding:

- ❑ **Complete independence-** completely able to read/understand complex/lengthy paragraphs
- ❑ **Modified independence** - able to read complex passages, but may demonstrate reduced speed or retention
- ❑ **Standby prompting -** able to read/understand short, simple sentences but increased difficulty with length/ complexity
- ❑ **Minimal prompting -** able to recognize single words and familiar short phrases
- ❑ **Moderate prompting -** able to recognize letters, objects, forms, etc.; able to match words to pictures; with 50-75% accuracy
- ❑ **Maximal prompting -** able to match identical objects, forms, letters (25- 49% accuracy) but may require cues.
- ❑ **Total assist -** unable to consistently match or recognize identical letters, objects or forms – less than 25% accuracy.

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Reading	
Complete independence	K reads independently; she reports she is currently on book 3 of the Harry Potter series.
Modified independence	K's caregiver reports that she can read; upon further prompting, K reports that she reads slower than others, and sometimes has to re-read a paragraph to understand it, but can do so on her own.
Standby prompting	K reports she likes to read books and Harry Potter websites, but usually uses audio books or the audio reader function on websites. She is able to read single sentences pretty well, but gets a lot of help in reading and comprehending full paragraphs.
Minimal prompting	K reports that she cannot read; her caregiver adds that she understands books that are read to her though. When the assessor probes further, asking if K can read some words, she responds that she can read names, and a lot of signs, like road signs, or "caution wet surface."
Moderate prompting	K reports that she cannot read any words. The assessor asks if she knows letters, and K and her caregiver confirm that she knows the letters of the alphabet, and her own name.

Reading	
Maximal prompting	K's caregiver reports she does not know her letters or numbers, but can match identical shapes.
Total assist	K's caregiver reports she does not recognize letters, numbers, or shapes.

16. Writing

Definition: The ability to write with 'average' accuracy in spelling, grammar, and completeness.

Coding Considerations: Interview the person and their caregivers. Use observation; you may observe the person's writing skills filling out forms or signing paperwork, or from a prompt you provide. Were they able to write their name on the sign-in sheet? If yes, test whether person can read sentences or paragraphs. If no, test whether they can write or trace letters. Rate with any regularly used adaptive devices in place, including if they use a computer.

See Writing Assessment Guide in Appendix

Example Questions:

- *How is your ability to write?*
  - *Start general and probe further*
- *Can you write a few sentences telling me what you did this morning?*
- *Do you text? What kinds of things do you text?*
- *Can you write an email or letter to your friends?*

Lookback Period: Current status

Coding:

- ❑ **Complete independence** - able to write with average accuracy in spelling, grammar, punctuation, etc.
- ❑ **Modified independence -** able to accurately write, may have occasional spelling or grammatical errors
- ❑ **Standby prompting -** able to write phrases or simple sentences; evidences spelling, grammar, syntax errors
- ❑ **Minimal prompting -** able to write simple words, occasional phrases; errors and reduced legibility evident
- ❑ **Moderate prompting -** able to write name/family words, cueing may be required; legibility poor
- ❑ **Maximal prompting** - able to write some letters spontaneously; able to trace/copy letters/numbers.
- ❑ **Total assist -** unable to copy letters or simple shapes

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Writing	
Complete independence	G writes independently, with an average level of mistakes. He reports he wrote a paper for school last week about trees, using a computer.

Writing	
Modified independence	G writes independently, but makes some spelling and grammar errors. He struggles with longer paragraphs, and therefore gets help with longer passages.
Standby prompting	G sends written texts to friends and family, using short sentences and phrases. He is able to construct new sentences, as long as they are simple. He misspells words, but the phone corrects him.
Minimal prompting	G sends very simple texts to friends and family. He mostly uses emojis, but also includes frequently used words and memorized simple phrases.
Moderate prompting	G reports he can write the letters of the alphabet, and is able to write his name, his sister's name, and "mom," and demonstrates these words to the assessor.
Maximal prompting	G reports he can write the letters of the alphabet and writes them out for the assessor; the assessor observes that he skips several letters. However, he was able to trace the missing letters when asked.
Total Assist	G's caregiver reports he cannot write, including copying letters and simple shapes.

17. Gross Motor Skills

Definition: The ability to use the large muscles of the body in coordinated movement (for example, jumping, kicking a ball, catching a ball).

Coding Considerations: Observe the person's movements, including mode of mobility. Observe, how does the person move? Do you notice any issues with movement or coordination? How do they sit down at the table? Ask the person and their caregivers about their ability to engage in sports and everyday activities involving gross motor skills. This item can be informed by support needs on other items on the assessment such as ADLs, IADLs, or falls. Probe into supports the person needs in those areas, e.g., carrying a laundry basket, using a mop, bathing, or transfers. This item can also help inform your assessment of those areas; if you determine the person has difficulty in motor skills, consider how that will affect other areas like IADLs and ADLs, and probe further accordingly when assessing those items.

Example Questions (note, these questions may not be needed if you are able to observe vision):

- *Do you like to play sports? Jump or run? Throw or kick a ball around with friends?*
- *What kind of physical activities do you do?*
- *Do you have any difficulty carrying your laundry basket? Cleaning or doing chores such as mopping?*

Lookback Period: Last 3 days.

Coding:

- ❑ **Adequate** – Performs skills with satisfactory speed and quality of movement both indoors and outdoors (including uneven ground)
- ❑ **Minimal difficulty –** slight difficulty maintaining balance or controlling limb movement (e.g. appears clumsy, slower movements)
- ❑ **Moderate difficulty –** Noticeable deficits in balance and controlling limb movements (e.g., frequently stumbles, drops objects, walks into objects)
- ❑ **Severe difficulty –** limitations in trunk, head, and limb control resulting in severe difficulty with coordination of own movements (e.g., unable to reach for a glass of water without knocking it over)
- ❑ **No ability to move body (full paralysis)**

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Gross Motor Skills	
Adequate	The assessor observes A running around without any difficulty; caregivers report no concerns with balance or coordination.
Minimal difficulty	A enjoys playing basketball with his friends; his caregivers report that he appears a bit clumsy and moves slower than the other players but really enjoys participating.
Moderate difficulty	The assessor observes that A stumbles while walking from the door to the table for the meeting; A's caregiver reports that he is uncoordinated and therefore often needs assistance when doing chores around the house.
Severe difficulty	A has spastic CP. He uses a wheelchair and adaptive equipment due to limited movement of limbs. For example, he uses adaptive eating equipment and receive a lot of hands on assistance, although he maintains some voluntary body movement.
No ability to move body	A is paraplegic and receives hands-on help for all his ADL needs.

18. Fine Motor Skills

Definition: ability to perform coordinate movements that involve small muscles (e.g., grasping a pencil, managing buttons, using scissors)

Coding Considerations: Observe the person's movements. How do they handle the assessment paperwork, writing sample? How do they hold a pen/pencil? Can they pick up small objects? Can they use scissors to make a straight cut? Ask the person and their caregivers about their ability to engage in everyday activities involving fine motor skills, such as cooking, dressing, hobbies, etc. Ask the person about activities they enjoy that use fine motor skills, e.g., drawing or building with Legos or playing an instrument, and probe further. Are they able to use technology like a computer mouse or a smart phone? This item can be informed by other items on the assessment such as ADLs and IADLs. Probe into supports the person needs in those areas, e.g., washing their face, brushing their teeth, combing their hair, eating, cutting up vegetables. This item can also help inform your assessment of those areas; if you determine the person has difficulty in motor skills, consider how that will affect other areas like IADLs and ADLs, and probe further accordingly when assessing those items.

Example Questions (note, these questions may not be needed if you are able to observe vision):

- *Do you have any trouble washing your face, brushing your teeth, buttoning your shirt, tying your shoes?*
- *What hobbies do you enjoy? Do you like to do crafts or draw or play with Legos or play an instrument?*
- *Can you write/draw something for me?*

Lookback Period: Last xxx

Coding:

- ❑ **Adequate –** Performs movements within appropriate time frame or with appropriate quality of movement
- ❑ **Minimal difficulty –** Slight difficulty controlling movements (e.g., somewhat slow or easily fatigued)
- ❑ **Moderate difficulty –** Noticeable deficits in fine motor skill development (e.g., unable to hold pencil properly and produce legible writing)
- ❑ **Severe difficulty** – Severe limitation in ability to coordinate small muscle movements (e.g., significant struggle to pick up an object using thumb and forefinger)
- ❑ **No ability to move body (full paralysis)**

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Fine Motor Skills	
Adequate	T reports that she enjoys sewing and quilting; the assessor observes no difficulties in T's fine motor movement during the assessment.
Minimal difficulty	T reports that she enjoys helping prepare meals, though notes that she cannot cut things as well as her caregiver does, and quickly gets tired gripping the knife.
Moderate difficulty	The assessor observes that T struggles to hold the pen when signing her name, but is able to hold it well enough to write; T's caregiver reports she assists T with dressing by fastening small buttons and hooks because T struggles with fine motor control; T manages better with large buttons or Velcro.
Severe difficulty	T has a hard time picking up the pen to sign her name so her caregiver provides hand over hand support. T's caregivers provide hand over hand support in many of her ADL tasks as T struggles with all fine motor skills and wears adaptive clothing or gets a lot of help in dressing, but T can voluntary move hand and fingers.
No ability to move body	Due to a stroke, T is paralyzed and has no fine motor skills.

19. Primary Mode of Locomotion

Definition: The intent of this item is to identify the person's *primary* mode of locomotion and the types of appliances, aids, or assistive devices the person uses indoors.

Coding Considerations: Code for the primary mode of locomotion used by the person indoors. If more than one assistive device is used, ask which one the person uses the most or which one they consider to be their primary device. For a person who uses a pushing wheelchair in front of them for support, code this as walking, uses assistive device. If a person uses more than one mode of locomotion, determine which mode they use most often.

This item refers to how a person gets around, regardless of whether the person does it independently or requires assistance. For example, if the parent pushes the wheelchair, it is coded as wheelchair. Younger/smaller children may still be carried by parents/caregivers; if this is the primary way they get around, then code the youth as non-ambulatory.

Lookback Period: Current Status

Coding:

- ❑ Walking, no assistive device
- ❑ Walking, uses assistive device—e.g., cane, walker, crutch, pushing wheelchair
- ❑ Wheelchair, scooter
- ❑ Non-ambulatory – e.g., stays in bed, uses gurney

20. Falls

Population: Adult only

Definition: Any unintentional change in position where the person ends up on the floor, ground, or other lower level; includes falls that occur while being assisted by others.

Coding considerations: The intent of this item is to determine whether the person has a history of falling, which is an important factor in assessing the person's risk of future falls and risk for hospitalization or institutionalization.

Falls should be recorded whether or not an injury resulted, and regardless of the reason for the fall. The goal is to collect information on the frequency of falls, and how recently they occurred. Ask the person if they have ever fallen and then probe to determine how often they have fallen the last 30, 31-90, 91-180 days. Input from a family member or caregiver may assist in gaining an accurate record of falls**.** Use reference points, such as holidays or other events, to help make it easier for the person. Be culturally sensitive about using religious holidays as markers; use only if you are aware of the person's religious traditions. If the precise number or timing of falls cannot be recalled, use the person's best estimate. If the person has fallen, probe into the circumstances and keep this information in mind when rating ADL and IADL needs.

Example Questions:

- *Have you fallen in the last 6 months, or since [Memorial Day, October, etc.]? If so, about how many times? Approximately when?*
- *Have you fallen in the last month? How many times?*
- *How about before then? Did you have any falls in September or October?*
- *Thinking even further back, did you have any falls during the summer?*

Lookback Period: Last 6 months

Coding:

a. In the last 30 days:
   ❑ No falls ❑ One fall ❑ Two or more falls
b. In the last 31-90 days ago:
   ❑ No falls ❑ One fall ❑ Two or more falls
c. In the last 91-180 days ago:
   ❑ No falls ❑ One fall ❑ Two or more falls

21. Cognitive Skills for Daily Decision Making

Intent: To record the person's actual performance in making everyday decisions about the tasks or activities of daily living (ADLs), and to indicate if the person needs support to make safe and reasonable choices. These items are especially important for further assessment because they can alert the assessor to a mismatch between a person's abilities and their current level of performance, as caregivers might inadvertently be fostering the person's dependence.

Examples of Daily Decisions:

- Choosing items of clothing
- Knowing when to eat meals
- Making safe mobility decisions (e.g., use of walker)
- Making prudent decisions concerning how and when to go out of the house
- Using environmental cues
- Seeking information appropriately in the absence of environmental cues
- Using awareness of one's own strengths and limitations

This item does NOT include an informed choice to make poor lifestyle choices (e.g., excessive caffeine use, poor diet choices, smoking etc.).

Coding Considerations: Focus on whether the person is actively making decisions about how to manage tasks of daily living, not whether the caregiver believes the person is capable of doing so. To be considered independent, the person must make decisions that are 1 - consistent, 2 - reasonable *and* 3 - safe. If the person is not making consistent, reasonable or safe decisions, then identify which of the other codes is most appropriate (e.g., modified independence; minimally impaired). If the person is presented with a limited number of options to choose from, due to cognitive impairments, this is a form of supervision. Ask for specific examples, and probe to determine the extent to which cognitive impairments interfere with daily activities. Observe for signs of cognition impairments in other areas of the assessment. Pay attention to signs that the person overestimates their abilities or underestimates the amount of help they need

Example Questions:

- *Tell me what you did from the time you got up until now.*
- *Walk me through what you ate for breakfast. Did you decide what to eat?*
- *How do you take your medications?*
- *Do you need reminders to eat?*
- *Do you need reminders to use your walker?*
- *Have others expressed concerns about the decisions you make?*
- *To caregiver: Does the person need help making safe choices? Can you give an example?*
- *To caregiver: Does the person select weather appropriate clothing?*

Lookback Period: Current Status

Coding:

- ❑ **Independent** (decisions are 1 - consistent, 2 - reasonable, 3 - safe).
- ❑ **Modified independence** (some difficulty in *new* situations only).
- ❑ **Minimally impaired** (in *specific recurring situations*, decisions become poor/unsafe; cues/supervision necessary at those times).
- ❑ **Moderately impaired** (decisions *consistently poor or unsafe*; cues/supervision required at all times.
- ❑ **Severely impaired** (*never or rarely makes decisions*).
- ❑ **No discernable consciousness, coma**

Coding Example: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Cognitive Skills for Daily Decision Making	
Independent	Ms. A makes all her own decisions. These decisions are consistent, reasonable and safe.
Modified Independence	Ms. A's caregiver tells you that Ms. A has trouble making decisions that are consistent, reasonable, and safe when she has to do a new activity or meets new people.
Minimally Impaired	Ms. A never remembers to use her cane when she is in the house, despite falling on many occasions, unless reminded by her caregiver.
Moderately Impaired	Ms. A will run out of the house unless there is someone there to watch her. She also needs supervision in the community so that she does not get lost or wander into traffic. At home, she is given a limited set of options to choose from.
Severely Impaired	Ms. A's caregiver makes all the decisions for her. Her partner decides what she will wear, what they will eat for meals and when they will go into the community.
No discernable consciousness, coma	Ms. A is in a coma.

22. Susceptibility to Victimization

Intent: to determine the degree to which problems with cognition interfere with the person's daily or valued activities

Definition: The person's risk of being victimized by others: ability to protect self against abuse and exploitation by others, including financial exploitation, sexual abuse, emotional abuse, etc. The person's ability to seek appropriate help when need arises. This item refers to abuse and exploitation by anyone, whether they are strangers, care providers or close friends/family.

Note, refers to person's risk of being victimized; if the person abuses others, assess in behavior section.

Coding Considerations: Report issues of abuse right away. Interview the person and consult caregivers. When possible, interview the person and caregiver separately. Ask if person understands the meaning of physical abuse, sexual abuse, financial exploitation, etc. Ask about how the person interacts with strangers. Ask about scam phone calls or other types of fraud people living in the community may experience. Ask for specific examples. Observe for signs of cognition impairments in other areas of the assessment. Pay attention to signs that the person overestimates their abilities or underestimates the amount of help they need.

Example Questions:

- *Do you feel safe with the people in your life?*
- *Is there someone that doesn't make you feel safe or good?*
- *Is there a place that you go to that doesn't feel safe/good?*
- *Have you ever been scammed?*
- *What would you do if you felt someone was taking advantage of you?*

Lookback Period: Current Status

Coding:

- ❑ **Independent—**Interactions with others are consistent, reasonable, and safe
- ❑ **Modified independence—**Some difficulty in new situations only (e.g., meeting new people or in unfamiliar environments)
- ❑ **Minimally impaired—**In specific recurring situations, interactions with others become poor or unsafe; cues/ supervision necessary at those times
- ❑ **Moderately to severely impaired—**Interactions with others *consistently* poor or unsafe; cues/supervision required at most/all times
    - Include those who cannot recognize or report abuse

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Susceptibility to Victimization	
Independent – Interactions with others are consistent, reasonable, and safe	Ms. L understands the meaning of abuse and exploitation, does not feel she is at risk, and reports that she would contact authorities if someone was trying to take advantage of her.
Modified independence—Some difficulty in new situations	Ms. L has difficulty judging new situations, and her family is therefore concerned that she is too trusting of strangers.

Susceptibility to Victimization	
Minimally impaired—In specific recurring situations, interactions with others become poor or unsafe; cues/ supervision necessary at those times	Ms. L has a history of loaning money to people, even if they do not pay her back. Therefore, caregivers monitor her finances closely and have instructed her to consult with them before loaning money.
Moderately to severely impaired— Interactions with others *consistently* poor or unsafe; cues/supervision required at most/all times	Ms. L is overly friendly with everyone she meets and also very susceptible to scams. Therefore, she is always accompanied in public. Phone calls and emails are also closely monitored.

23. Safety Judgment in Emergency Situations

Intent: To determine the degree to which problems with cognition interfere with the person's daily or valued activities.

Definition: To determine how the person will handle an actual emergency; the person's ability to recognize an emergency situation and respond appropriately. This includes medical emergencies, fire, natural disasters, etc. For example: knows how and when to call 911; ability to follow emergency protocols; ability to safely evacuate self.

Coding Considerations: Interview the person and consult caregiver(s). Inquire into whether the person has ever experienced an emergency and how it was handled. Inquire into level of support the person receives during emergency drills (e.g., fire, tornado). Observe for signs of cognition impairments in other areas of the assessment.

Example Questions:

- *Ask person when and how they would ask for help*
- *Ask about their behavior during safety drills at school/work*
- *What would you do if:*
  - *The fire alarm went off?*
  - *The tornado sirens went off?*
  - *Your sister was choking?*
  - *You noticed the kitchen filling with smoke?*
  - *Other examples that pertain to the individual*
- *Who do you call during an emergency? How do you call them?*

Lookback Period: Current Status

Coding:

- ❑ **Independent –** e.g., person independently recognizes and responds appropriately to an emergency; may use assistive devices
- ❑ **Supervision/Cueing –** e.g., ability to follow verbal/visual instructions during an emergency
- ❑ **Hands-On Support –** e.g., person needs hands-on assistance to follow emergency protocols
- ❑ **Total Dependence –** e.g., person unable to recognize and respond to an emergency in any capacity; completely dependent on others for evacuation

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decision.

Safety Judgment in Emergency Situations	
Independent	Mr. J provides appropriate responses to how he would respond to an emergency and participates in safety drills at work. His caregiver also reports that they feel he would respond appropriately.
Supervision/Cueing	Mr. J indicates that he would call 911 in an emergency, but does not provide additional detail. His caregiver is concerned that he may not actually recognize an emergency, although feels he would follow instructions during an emergency.
Hands-On Support	Mr. J has been known to panic in emergency situations and therefore has trouble following instructions. His caregiver feels that Mr. J would likely need physical guidance to stay focused and safely evacuate.
Total Dependence	Mr. J is unable to recognize when an emergency has occurred and is totally dependent on caregivers to follow emergency protocols.

24. Persistent Behavior Patterns that Hinder Socialization

Definition:

a. **Narrowly restricted range of interests** – e.g., constantly talks about trains; e.g., difficult to redirect person or get them to focus on things outside of their obsession
b. **Excessive preoccupation with an activity or routine –** e.g., excessive use of electronic devices or games that do not involve interactions with others; e.g., rituals such as specific objects that must be touched before bed or only drinking from particular cups; e.g., becomes agitated if routine altered
c. **Demonstrates lack of social and emotional conventions when socializing** – e.g., lack of eye contact
d. **Extreme shyness** – e.g., severe inhibition in familiar social situations

Coding Considerations: Use observation and interview person/caregiver.

Example Questions:

- *Does the person have any specific interests that they focus on constantly? Does this interfere with socialization for them?*
- *Do you have any special routines that are important to you? How do you handle a change in routine?*
- *Is it hard for you to make friends? How so?*
- *Would you say you are shy or outgoing? (if shy, probe to determine if 'extreme')*
- *Do you feel awkward around your peers?*
- *Is the person socially awkward? Does the person have trouble interacting with their peers? Can you give an example?*
- *Does the person understand and respect personal space?*
- *Does the person pick up on social cues and respond appropriately?*

Lookback Period: Last 3 days

Coding:

- ❑ **Yes**
- ❑ **No**

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Narrowly restricted range of interests	
Yes	C is very interested in horses, and only wants to talk about horses with other people. She asks everyone she meets: "What's your favorite horse?" When someone attempts to change the topic, she becomes frustrated.
No	C is interested in animals, and especially horses, but also has other interests. She willingly engages with others on their own interests.

Excessive preoccupation with an activity or routine	
Yes	M keeps a collection of special rocks in his room. The first thing he does every day is touch each rock. He does not like when others touch his collection. Or, M follows a specific routine to get ready for school each day, and becomes very agitated when this routine is interrupted or changed. Even if M is given advance notice of a change in routine, it upsets him greatly.
No	M enjoys collecting rocks and other things he finds on walks with his parents, but is not excessively preoccupied with his collection. Or, M prefers routine, but handles change in routine well.

Demonstrates lack of social and emotional conventions when socializing	
Yes	B has difficulty making friends due to what his parents describe as "odd" social behavior. For example, he does not understand or respect personal space.
No	B is a 5-year-old who engages with friends in a way that is typical of other children. B and his peers are still learning personal boundaries, however, B does not appear to be different than his peers in this respect and his teachers note that he is friendly and well-liked.

Extreme shyness	
Yes	A avoids most all social activities due to extreme shyness. She plays by herself on the playground. A classmate invited her to a birthday party but A was too anxious about the party to attend. Her teachers now offer A independent play activities in lieu of social activities.
No	Although A is known to be shy and has an introverted personality, she warms up to others if given time and has a few close friends. Her parents feel her level of shyness is not too different than other kids who are described as shy.

Section IIIB: Adaptive – IADLs and ADLs

25. IADLs (Independent Activities of Daily Living)

The intent of these items is to examine the areas of functioning that are most commonly associated with independent living.

Both adults and youth are scored in the category of Performance. Adults are then scored in Capacity, while youth are scored in Effect.

IADL Items:

- Meal Preparation
- Ordinary Housework
- Managing Finances (adults)/ Managing money (youth)
- Managing Medications
- Phone Use
- Shopping
- Transportation
- Laundry (youth only)

Adult IADL Coding:

(Note, this section does not apply to youth; skip to youth coding below)

Coding Considerations: Each item should be scored in two categories, Performance and Capacity:

Performance: Measures what the person actually did within each IADL category in the **last 3 days**. Do not base performance coding on what the person might be capable of doing (see the Capacity category). For Performance, the intent is to record what the person did for themselves and how others assisted in the performance of activities of daily living during the last 3 days. This item addresses what the person actually did for themselves and how much help was provided by caregivers or others during the last 3 days. Include all 24 hours of the day. The goal is not to estimate how much help they should receive, rather to indicate how much assistance they are currently receiving.

Capacity: Code based on the person's presumed ability to carry out the activity. Consider whether the person is doing the activity safely. If the person is doing the activity in a way that could negatively affect their health or safety, then code them for the level of help they would need to perform the task safely. This may require speculation by the assessor or information from a collateral source. Even if the activity did not occur for performance, capacity must still be rated; capacity can never be coded "Activity did not occur."

Assessing Performance and Capacity: First, determine whether the person actually performed the activity within the lookback period. If they performed the activity, identify if they were able to do it independently (includes using assistive/adaptive equipment) or if they needed some level of support from another person. Then evaluate whether the person is capable of performing the task and what level of support they would need to complete the task. Due to lack of skills or experience, a person may not perform some activities but would be

Performance = what the person actually does.
Capacity = what the person can do.

capable of doing so with the proper training or opportunity. Therefore, it is important to distinguish between nonperformance that is due to impairment of capability (caused by health or functioning problems) and nonperformance that is due to other factors (not related to the person's health or functioning, for example, gender norms or cultural expectations).

Coding:

- ❑ **Independent** – No help, setup or supervision needed (adaptive equipment may be used)
- ❑ **Setup help only- NOTE**: set-up help refers to preparatory or clean-up assistance that can occur *before or after* the IADL task; is a person needs assistance *during* the IADL task, "supervision" or higher is more appropriate.
- ❑ **Supervision** – Oversight/cueing required
- ❑ **Limited Assistance** – Help required on some occasions
- ❑ **Extensive Assistance** – Help required throughout task, but performs 50% or more of task on own
- ❑ **Maximal Assistance** – Help required throughout task, but performs less than 50% of task on own
- ❑ **Total Dependence –** Full performance of activity by others during entire period
- ❑ **Activity Did Not Occur –** During entire period. **NOTE**: You may use this code to score the Performance category, but do not use it to score Capacity category.

Youth IADL Coding:

(Note, this section does not apply to adults; see adult coding above)

Coding Considerations: Each item should be scored in two categories, Performance and Effect.

Performance of IADL: Measures what the person actually did within each IADL category in **the last 7 days**. Record the amount of assistance a child/youth received with IADLs tasks. NOTE: You will also be coding EFFECT on these activities.

The goal is not to estimate how much help they should receive, rather to indicate how much assistance they are currently receiving. Code performance for assistance provided to child/youth in routine activities around the home or in the community during the last 7 days; consider assistance provided over 24 hours per day.

The child/youth and the parent/primary caregiver or responsible adult are questioned directly about the assistance provided and the child/youth's performance of normal activities around the home or in the community in the last 7 days. You should also use your own observations as you are gathering information for other items.

If the child/youth received two types of assistance during the last 7 days (for example, supervision/cueing/redirecting four times and limited assistance two times), code to the level that the child/youth received three or more times.

Coding:

0. **Independent –** No help, setup, or supervision/cueing/redirection in any episode (adaptive equipment may be used).
1. **Setup help only –** Article or device provided or placed in reach of the child/youth three or more (> 3) times during the last 7 days; someone else sets up things that are needed in order for the child/youth to perform the task (for example, setting out pots and pans for cooking; getting out the detergent and softener needed to do laundry; placing pills in a multiday/weekly "medication caddy" for medication management). NOTE: set-up help refers to preparatory or clean-up assistance that can occur before or after the IADL task; if a person needs assistance during the IADL task, "supervision" or higher is more appropriate.
2. **Supervision –** Oversight/cueing/monitoring/redirection, task supervision, or stand-by monitoring provided three or more (> 3) times.
3. **Limited assistance –** Help on some occasions. Child/youth highly involved in activity; received hands-on help only on some occasions (> 3 times) but not all the time.
4. **Extensive assistance –** Usually received hands-on help throughout task, but child/youth performed 50% or more of task on own.
5. **Maximal assistance –** Usually received hands-on help throughout task, but performed less than 50% of task without assistance.
6. **Total dependence –** Others provided full performance of activity during entire period.
8. **Activity did not occur –** During entire period. NOTE: You may use this code to score the Performance category, but do not use it to score the Effect -category.

Coding suggestion: If the child/youth performed some of the task during the last 7 days, the child/youth cannot be coded as a "6" for "Total dependence". Similarly, if the child/youth received any assistance from someone else with a task, the child/youth cannot be coded as a "0" for "Independent". So, work your way to the correct code from the extremes.

Effects of Illness or Condition on IADL Needs/Care: The amount of assistance a child/youth receives with IADL tasks (Performance) is a function of a variety of factors — age, development, impairments or challenges, home environment, or culture. For the purposes of service delivery, it is important to know if the completion of an IADL task is affected by the child/youth's special health care challenges or disability-related needs (Effect). In assessing for Effect, you are being asked to indicate whether the child/youth's challenges make the task take longer to complete, make it occur more frequently, or result in the need for additional assistance from another caregiver.

NOTE: You have already coded PERFORMANCE on these activities. Remember, given the number of factors that affect IADL performance, it is perfectly reasonable for PERFORMANCE to be coded at any level greater than zero (0) and, for the same task, EFFECT to be coded as zero (0). That simply means the child/youth receives assistance, but the provision of that assistance does not result from the child/youth's health or disability status.

Performance = what the person actually does, how much assistance the child/youth actually get
Effect = whether the child/youth's condition affects the performance of the task

Coding: Code for column E (Effect) based on whether or not the child/youth's illness, condition, or health challenges affect the performance of the task.

0. **Child/youth's condition does NOT affect the performance of the task** — That is, condition does not increase assistance needed to complete the task, does not increase time it takes to perform the task, does not increase the number of times the task must be performed, and does not require the assistance of additional persons to help with the task.
1. **Child/youth's condition affects the performance of the task** — That is, greater assistance is needed to complete the task, task takes longer to perform, condition increases the number of times the tasks must be performed, or additional persons are needed to help with the task.

Code "1" if the child/youth's condition affects the time it takes to perform a task or if two-person assistance is regularly needed. Code "0" if the condition does not affect the child or caregiver's performance of task.

See "Additional Guidance for Assessing Effect for Youth IADLs" at end of section for overview of age-related guidance to inform whether youth's condition is impacting support needs

26a. Meal Preparation

Definition: How meals are prepared (planning meals, assembling ingredients, cooking, setting out food and utensils). NOTE: Assess this item in terms of the person's ability to put meals together, regardless of the quality or nutritional value of the meal.

Coding Considerations: This item focuses on the tasks related to preparing a meal, but not eating the meal or doing the dishes. Start with what the person is actually doing to plan and make meals. Consider all the subtasks related to meal prep (planning, getting out supplies and utensils, making the meal). Then consider whether the person needs more or less help than they are currently receiving to plan and prepare meals. When scoring capacity remember that the person may need more or less help than they are currently receiving to complete the task.

Example Questions:

- *How do you make your meals?*
- *If your partner/caregiver/parent did not cook dinner, would you be able to make a sandwich or some other meal?*
- *Do you get home delivered meals? If so, are you able to heat them up?*
- *How does the child/youth participate in meal preparation?*
- *Does the child/youth need more assistance with this task due to their condition?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Meal Preparation – Adult		
	Performance	**Capacity**
Independent (no help, setup, or supervision)	Ms. A plans and makes all her meals. She tells you about what she made for breakfast and lunch.	Ms. A has not actually made any meals in the last 3 days, but she is capable of planning and making all her meals.

Meal Preparation – Adult		
	Performance	**Capacity**
Setup help only	Ms. A plans and makes her own meals with assistance from her caregiver. Her caregiver gets out the ingredients that Ms. A needs to make her meals. Ms. A tells you what she made for breakfast and lunch and her caregiver confirmed that is what she ate.	Ms. A can plan and make her own meals but needs assistance in getting out the ingredients. *(Capacity is same as performance in this example).*
Supervision (oversight/cueing)	Ms. A plans and makes her meals, with assistance from her caregiver. The caregiver reminds Ms. A of some of the steps needed to plan and make the meal. Ms. A tells you that yesterday was a bad day and her caregiver had to remind her of more steps than usual.	Ms. A reports that she is making all her own meals. However, her daughter expressed concern because Mrs. A sometimes forgets to turn the stove burners off. Therefore, the assessor concludes that supervision is needed.
Limited assistance (help on some occasions)	Ms. A plans and makes most of her meals. However, she needed her caregiver to make lunch and dinner yesterday, as she was too tired from her physical therapy.	Ms. A can plan and make most of her meals. However, she sometimes needs her caregiver to make the meals. *(Capacity is same as performance in this example).*
Extensive assistance (help throughout task, but performs 50% or more of task on own)	Ms. A does much of the meal planning and preparation, but her caregiver helps her throughout.	Ms. A can plan and make most of her meals as long as she has assistance from her caregiver to help do some of the planning and cooking. *(Capacity is same as performance in this example)*
Maximal assistance (Help throughout task, but performs less than 50% of task on own)	Ms. A helps with planning her meals, but is not able to make the meals. Her caregiver made her meals over the last 3 days.	Ms. A can help with planning, but not making the meals. *(Capacity is same as performance in this example).*
Total dependence (full performance by others during the entire period)	Ms. A did not do any of the tasks related to meal prep in the last 3 days. Her caregiver planned and made all her meals over the last 3 days. or, Ms. A did not do any of the tasks related to meal prep in the last 3 days because all meals were delivered ready-to-eat by meals on wheels.	Ms. A cannot do any of the tasks related to meal prep. Or, Ms. A is tube fed and the formula must be prepared by the care team.

Meal Preparation – Adult		
	Performance	**Capacity**
Activity did not occur (during the entire period DO NOT USE THIS CODE FOR CAPACITY)	Meal preparation did not occur for Ms. A over the last 3 days. (This is not typical).	*This code is not used for capacity. Identify which of the other codes are most appropriate for Ms. A's ability to prepare meals.*

Meal Preparation – Youth	
0. Independent – No help, set-up, or supervision	H has independently planned and prepared all meals for the past seven days. (Note, this would not be typical for youth, but may occur among transition aged teens)
1. Set-up help only	H selects what meals to prepare and prepares them with her mother getting out the ingredients and dishes/ utensils which she will need.
2. Supervision – Oversight / cueing	H prepares meals under the supervision of her mother, who cues her on next steps and monitors her use of the stove and microwave for safety.
3. Limited assistance – Help on some occasions	H prepares simple meals such as cereal, sandwiches, or microwave meals independently; however, when meal preparation requires the use of the stove her mother assists.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	H plans and prepares meals with assistance from her mother throughout the process.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	H assists with meal planning and sets the table, but her mother does the meal preparation.
6. Total dependence –Full performance by others during entire period	H does not assist in planning or preparing meals. Or, H is tube feed and the formula is prepared entirely by his caregivers.
8. Activity did not occur – During entire period	H did not prepare any meals, caregivers did not prepare any meals for H, and H did not receive any prepared meals from the school cafeteria (Note, this would be a very rare situation that would only apply to someone who has not eaten any meals.

	0. Child/youths Condition does not affect the performance of the task.	1. Child/youth's condition affects the performance of the task.
Meal Preparation	• Adults handle most food prep, but the youth assists at a level appropriate for their age and without additional difficulty • Youth has not been given opportunity to participate, but there are no clear cognitive or physical impairments that would limit their capacity if given the opportunity	• Youth has physical impairments that limits access to ingredients, sink, or cooking equipment • Youth cannot open cans, etc., due to physical impairments • Youth cannot use knifes, etc., due to tremors associated with their condition • Youth has memory problems that make following multi-step processes difficult or may forget to turn off stove • Youth has cognitive problems that make reading or understanding simple recipes/instructions difficult • Caregivers need additional meal prep support due to a special condition related diet; meals need to be prepared separate from rest of the family.

26b. Ordinary Housework

Definition: How ordinary work around the house is performed (for example, doing the dishes, dusting, making bed, tidying up, etc.). **NOTE: This refers to ordinary housework and not deep cleaning or yardwork.**

For youth, exclude laundry. While this item includes laundry on the adult assessment, laundry is a separate item for child/youth.

Coding considerations: Consider all the subtasks related to housework (vacuuming, dusting, doing the dishes, etc.) and determine if the person is able to complete all the tasks or if they need help with some of the tasks. Consider how much help they need to complete various tasks and come to an overall picture of how much help they need to complete their housework.

Example Questions:

- *How do you clean things around the house like [list activities]?*
- *Are you receiving help when you clean?*

Coding: See above

Coding Example: This is a typical example and is not meant to be and exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Ordinary Housework - Adult		
	Performance	**Capacity**
Independent (no help, setup, or supervision)	Mr. B does all his own housework. He did his housework yesterday, in preparation for your visit.	Mr. B does not do housework because his wife handles it. However, if need be, Mr. B is capable of performing his own housework.
Setup help only	Mr. B did all his own housework except for laundry yesterday. His caregiver helps him with this task by setting out which cloths need to be washed and the laundry detergent.	Mr. B can do all his own housework, but needs help with laundry. He can do his own laundry as long as his caregiver sets out the clothes that need to be washed and the laundry detergent. *(Capacity is same as performance in this example)*
Supervision (oversight/cueing)	Mr. B did his own housework two days ago with verbal reminders and prompting from his caregiver.	Mr. B reports that he can do his own housework. However, his caregiver informs you that Mr. B cannot do his laundry or vacuum unless she is there to remind him and cue him to complete various steps related to completing these chores.
Limited assistance (help on some occasions)	Mr. B did his own housework this morning, but received some help to do his laundry. His caregiver carried his laundry basket to and from the laundry room.	Mr. B has been doing all his own housework, but shared that he has struggled with the laundry basket and recently fell during this chore. Therefore, the assessor concludes that he needs help with laundry but can continue to perform his other chores independently.
Extensive assistance (help throughout task, but performs 50% or more of task on own)	Mr. B does his own housework with some help from his caregiver. His caregiver provides assistance to complete some of the tasks (e.g. putting away the dishes when Mr. B washes them, carrying the laundry basket, and emptying the trash) Mr. B washed dishes this morning and did other chores yesterday, with caregiver help.	Mr. B can do most of his own housework, but needs help to complete some tasks (e.g., putting away the dished when Mr. B washes them, carrying the laundry basket, or emptying the trash). *(Capacity is same as performance in this example.)*
Maximal assistance (Help throughout task, but performs less than 50% of task on own)	Mr. B sorts his own laundry, but all other tasks related to housework are done by his caregiver. They did the laundry this morning, and Mr. B's caregiver did housework over the last 2 days.	Mr. B can sort his own laundry, but he cannot do any of the other tasks related to housework. *(Capacity is same as performance in this example)*

Ordinary Housework - Adult		
	Performance	**Capacity**
Total dependence (full performance by others during the entire period)	Mr. B's caregiver does all the activities related to housework. His caregiver does them throughout the week while Mr. B naps or watches TV.	Mr. B's caregiver has encouraged him to help with some of the housework in the past, but she informs you that he can no longer help with any of the tasks.
Activity did not occur (during the entire period DO NOT USE THIS CODE FOR CAPACITY)	Neither Mr. B nor his caregiver did any housework over the last 3 days.	*This code is not used for capacity. Identify which of the other codes are most appropriate for Mr. B's ability to do housework.*

Ordinary housework - Youth	
0. Independent – No help, set-up, or supervision	K has independently completed housework for each of the past seven days. (note, this would not be typical for youth, but may occur among transition aged teens)
1. Set-up help only	K completes most housework independently. Her father will run dishwater for her to wash dishes.
2. Supervision – Oversight / cueing	K completes ordinary housework with support from her father. He tells her when it is time to do certain activities such as making her bed or picking up.
3. Limited assistance – Help on some occasions	K completes some housework independently, such as making her bed and picking up her belongings. Her father does the dishes, vacuuming, and dusting.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	K participates in all household chores, but with help from her father. For example, he changes the bed sheets, but she makes her bed. She washed the dishes, but he puts them away.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	K will make her bed and pick up after herself with assistance from her father. Her father completes all other housework.
6. Total dependence –Full performance by others during entire period	K does not do housework. Her father has completed all housework for the past seven days.
8. Activity did not occur – During entire period	Neither K nor her father completed housework in the past seven days.

	0. Child/youths Condition does not affect the performance of the task.	1. Child/youth's condition affects the performance of the task.
Ordinary housework	• Adults handle most housework, but youth completes chores at an age appropriate level and without additional difficulty compared to similar aged peers • Youth has not been given opportunity to participate, but there are no clear cognitive or physical impairments that would limit their capacity if given the opportunity	• Youth needs additional supervision and cueing due to cognitive or memory impairments, compared to similar aged peers • Youth has physical impairments than limit ability to complete chores that similar aged peers might be expected to assist with; for example, cannot pick up belongings from the floor. • Youth becomes dizzy or easily fatigued when completing chores.

26c. Managing Finances/Managing Money

Definitions:

Managing Finances (Adults): How bills are paid, checkbook is balanced, household expenses are budgeted and credit card account is monitored.

Managing Money (Youth): How money or allowance is spent or saved, plans for small purchases.

Coding Considerations: Consider all the subtasks related to managing finances for adults (paying bills, balancing a checkbook/checking online bank statements, managing household expenses, etc.) OR to managing personal money or allowance for youth (e.g. understanding correct change, paying for an item at a store, understanding the value of money, understanding need to save for larger purchases, keeping track of their money) and determine if the person is able to complete all the tasks or if they need help with some or all the tasks. Consider how much help they need to complete various tasks and come to an overall picture of how much help they need to manage their finances. Note that for youth, this item focuses on personal purchases rather than bills. However, for transition-aged youth, probe into whether they have a basic understanding of bills they would need to pay as an adult. Consider how much help they need to complete various tasks and come to an overall picture of how much help they need to manage their money. If the person has a conservator, probe into whether person is engaged in financial decisions with their conservator or how they manage their spending allotment, if they have one (e.g., probe further to select between maximal assistance and total dependence).

Example Questions:

Adults:

- *Tell me how you get your bills paid every month. How do you decide what needs to be paid? Do you write and mail the checks?*
- *Does anyone help you pay your bills or manage your money?*

Youth:

- *Tell me how you buy and pay for something at the store.*
- *Does anyone help you manage your money?*
- *Can the child count money and change? Does anyone need to double check that they received the correct amount of change?*
- *Does the child/youth need more assistance with this task due to their condition?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Managing Finances – Adults		
	Performance	**Capacity**
Independent (no help, setup, or supervision)	Ms. C manages all her own finances. She checked her online bank account yesterday.	Ms. C uses a financial company to pay her bills, but she is able to manage all her own finances.
Setup help only	Ms. C manages all her finances, but has her sister print out statements from her online accounts.	Ms. C's partner managed all the finances in the last 3 days, but she reported that she can manage finances as long as someone prints her bank statement out for her.
Supervision (oversight/cueing)	Ms. C pays all her bills and manages her household expenses with oversight from her caregiver. Her caregiver reminds her when bills need to be paid. Yesterday her caregiver reminded her that she need to pay her electric bill.	Ms. C has been handling her own finances, however her utilities were recently shut off because of her tendency to forget due dates. The assessor therefore determines that supervision is needed to help Ms. C remember to pay bills on time.
Limited assistance (help on some occasions)	Ms. C usually manages her own finances, but needed help yesterday to balance her checkbook.	Ms. C can usually manage her own finances, but occasionally needs help balancing her checkbook. *(Capacity is same as performance in this example)*
Extensive assistance (help throughout task, but performs 50% or more of task on own)	Ms. C paid her bills and checked her bank balance with help from her sister two days ago. Her sister calculated totals for the checks that needed to be written and helped Ms. C log on to her online bank account.	Ms. C can pay bills and check her bank balance if someone is there to help calculate sums and log on to her bank account. *(Capacity is same as performance in this example)*

Managing Finances – Adults		
	Performance	**Capacity**
Maximal assistance (Help throughout task, but performs less than 50% of task on own)	Ms. C signs and dates her checks. Her sister completes all the other information for the checks and makes sure the checks are mailed. They paid Ms. C's ophthalmologist yesterday.	Ms. C can sign and date her checks, but needs helps to fill in the other information and to mail the checks. *(Capacity is same as performance in this example)*
Total dependence (full performance by others during the entire period)	All of Ms. C's finances are managed by her sister. Her sister reviewed and paid bills for her over the last two days.	Ms. C needs someone to manage all her finances. *(Capacity is same as performance in this example)*
Activity did not occur (during the entire period DO NOT USE THIS CODE FOR CAPACITY)	Neither Ms. C nor her sister completed any tasks related to managing Ms. C's finances in the last 3 days.	*This code is not used for capacity. Identify which of the other codes are most appropriate for Ms. C's ability to manage her finances.*

Managing money – Youth	
0. Independent – No help, set-up, or supervision	M has a weekly allowance which he manages independently. M is saving his money to buy a remote-control car.
1. Set-up help only	M decides what to spend his weekly allowance on; however, his mother will count out his money ahead of time and put it in a labeled envelope. If he has this envelope, he can make his purchases independently once at the store.
2. Supervision – Oversight / cueing	M makes decisions about what to spend his money on with guidance from his parents. They will remind him about how much money he has and other items he has indicated he wants. They will double check that he received correct change.
3. Limited assistance – Help on some occasions	M manages his own money but does get assistance from his mother when purchasing multiple items. She assists him with calculating how much the items will cost together and estimating tax.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	M receives assistance in managing his money from his mother. M has a basic understanding of money and denominations but needs assistance due to a tendency to make errors. M's mother assists him in counting his money, provides guidance in how much he should save and spend, and assists him in completing transactions when he makes a purchase. M makes decisions about what to purchase.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	M receives significant assistance from his mother with managing his money. She helps him decide what to purchase, track how much money he has, and helps him complete transactions. M decides what to spend his money on but has poor understanding of denominations and cannot count money.

Managing money – Youth	
6. Total dependence – Full performance by others during entire period	M does not manage his own money. His mother keeps his money and tells him what can be purchased. His mother handles all transactions.
8. Activity did not occur – During entire period	M has not had any money within the past seven days.

	0. Child/youths Condition does not affect the performance of the task.	**1. Child/youth's condition affects the performance of the task.**
Managing money	• Youth manages their allowance and makes purchases with a level of supervision and guidance that is appropriate for their age • Youth is on track at school when learning how to count money or complete basic math • Youth uses a calculator or other assistive device independently with no difficulty	• Youth is susceptible to financial exploitation due to cognitive impairments • Youth is not able to count money or change at a level appropriate for their age, due to cognitive impairments • Youth has difficulty physically handling money or debit card due to fine motor impairments • Youth has no concept of money

26d. Managing Medications

Definition: How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments, etc.).
NOTE: This item does NOT include how medications are shopped for or purchased, capture ordering medications under shopping instead. This item does NOT include treatments; capture prosthetics under ADL item dressing, and diet under meal preparation or ADL item eating instead.
NOTE: For youth, this item is only assessed for ages 14+

Coding Considerations: Consider all the subtasks related to managing medications (remembering to take medications, opening bottles, taking correct drug dosages, putting medications into a med minder, taking medication out of a med minder, etc.) and determine if the person is able to complete all the tasks or if they need help with some or all the tasks. Consider how much help they need to complete various tasks and come to an overall picture of how much help they need to manage their medications. Remember that a person may make an *informed* choice to not take a medication; focus on cognitive and physical capacity.

Example Questions:

- *Tell me how you take your medications every day.*
- *Do you use anything to help you remember to take them?*
- *Does anyone help you take your medications?*
- *Does the youth need more assistance with this task due to their condition?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Managing Medications – Adults		
	Performance	**Capacity**
Independent (no help, setup, or supervision)	Mr. D uses a med minder to manage his medications. He can fill the med minder himself. He filled it yesterday (Monday) to start the week.	Mr. D can manage his medications by himself. He remembers when to take medications. *(Capacity is the same as performance in this example.)*
Setup help only	Mr. D uses a med minder to manage his medications. His partner sets up the med minder each week.	Mr. D can take his own medication if someone sets up his med minder for him. *(Capacity is the same as performance in this example.)*
Supervision (oversight/cueing)	Mr. D's partner sets up his med minder and reminds him each day to take his medication.	Mr. D has been receiving set-up help only for his med-minder. However, he has been getting confused about which day of the week it is and his caregiver reported that he recently took two days of medications all in one day. The assessor therefore determines that he needs supervision to ensure he is taking the correct medications.
Limited assistance (help on some occasions)	Mr. D takes his own oral medications each day. Mr. D monitors his own blood sugar, but his partner gives him his insulin injection at meal time and if he needs it outside of meal time.	Mr. D can take his own oral medication, but needs assistance with injections. *(Capacity is same as performance in this example.)*
Extensive assistance (help throughout task, but performs 50% or more of task on own)	Mr. D needs assistance opening medication bottles every time he takes medication, but otherwise gets his water and takes the medication independently.	Mr. D needs help with opening pill bottles but is otherwise independent. *(Capacity is the same as performance in this example.)*
Maximal assistance (Help throughout task, but performs less than 50% of task on own)	Mr. D needs help with pill bottles, but is then able to take his oral medications. Mr. D cannot monitor his own blood sugar or give himself the needed injection. His partner does this for him. He also needs help with his topical medications which his partner completed.	Mr. D can take his oral medication if it is set up for him, but needs help to monitor his blood sugar, do his insulin injections and apply topical medications. (*Capacity is the same as performance in this example*)

Managing Medications – Adults		
	Performance	**Capacity**
Total dependence (full performance by others during the entire period)	Mr. D's partner places the necessary pills in Mr. D's mouth and gives him water to swallow. Mr. D's partner monitors Mr. D's blood sugar and provides the necessary insulin injections.	Mr. D is not able to take pills unless they are placed in his mouth and he is given water and instructed to swallow. Mr. D. is not able to monitor his blood sugar or give himself insulin. *(Capacity is the same as performance in this example.)*
Activity did not occur (during the entire period DO NOT USE THIS CODE FOR CAPACITY)	Mr. D does not have any medications, or neither Mr. D nor his partner managed any of his medications in the last 3 days.	*This code is not used for capacity. Identify which of the other codes are most appropriate for Mr. D's ability to manage his medications, if he were to have medications.*

Managing medications – Youth ASSESS FOR AGES 14+ ONLY	
0. Independent – No help, set-up, or supervision	O uses a med minder to manage his medications. Each week he fills the med minder and uses an alarm on his phone to remind him to take his medication. He manages the alarm himself.
1. Set-up help only	O uses a med minder to manage his medications. His father fills the med minder each week and O uses an alarm on his phone to remind him to take his medication.
2. Supervision – Oversight / cueing	O's father sets up his med minder and reminds O to take his medication each day.
3. Limited assistance – Help on some occasions	O is exhausted at the end of each day and his father brings his nighttime medications to him to take. O takes his medication on his own in the morning.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	O remembers to take his own medications, but because of hand tremors cannot get medications out of the bottles so his father hands him the pills.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	O's father sets out his medication for him, gets him water, then O puts the pills in his mouth while his father watches him.
6. Total dependence –Full performance by others during entire period	O's father put oral medications in his mouth and provides him water with a straw to assist him in swallowing them. Or, O takes an injectable medication; his father prepares the injection and administers it to O.
8. Activity did not occur – During entire period	O has not taken any medication for the past seven days.

	0. Child/youths Condition does not affect the performance of the task.	1. Child/youth's condition affects the performance of the task.
Managing medications (ages 14+ only)	• Youth is self-sufficient at a level similar to other teens; may still need reminders or supervision • Youth may use med minder are other assistive technology, but are able to manage independently without difficulty	• Youth needs more reminders or supervision than typically expected of teens due to cognitive or behavioral needs • Youth cannot read or understand medication labels • Gross or fine motor impairments make opening pill bottles, applying ointments, or getting a glass of water difficult • Swallowing problems make oral medications difficult

26e. Phone use

Definition: How telephone calls are made or received (with assistive devices as needed, such as large numbers on telephone, amplification as needed, or relay-to-notes services, etc.). **NOTE: This does not refer to using the internet, playing games/apps, or other smart phone features; it is strictly how telephone calls are made or received.**

Coding considerations: Consider all the subtasks related to phone use (programming the phone, picking up the phone, dialing, etc.) and determine if the person is able to complete all the tasks or if they need help with some or all the tasks. Consider how much help they need to complete various tasks and come to an overall picture of how much help they need to use the phone.

Example Questions:

- *Are you able to make calls on your own?*
- *Do you have any trouble with using the telephone?*
- *Are you able to use speed dial on your phone?*
- *Can you access important phone numbers?*
- *Can you hold the phone up to your ear throughout the conversation or do you use the speaker?*
- *Are you able to look up numbers that you need to call? If so, how?*
- *Does the child/youth need more assistance with this task due to their condition?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Phone Use – Adults		
	Performance	**Capacity**
Independent (no help, setup, or supervision)	Ms. E uses the phone without help, now that she has a phone with large buttons to accommodate her visual impairment. She called her sister yesterday.	Ms. E can use the phone without help. *(Capacity is same as performance in this example)*

Phone Use – Adults		
	Performance	**Capacity**
Setup help only	Ms. E's mom programmed the main numbers that Mrs. E calls into her phone and taught Ms. E how to use the voice command to contact the person that she wants to call. Ms. E tells you that she called her mom yesterday to remind her to get some apples from the store.	Ms. E can use the voice command to call people who are already programmed into her phone. *(Capacity is same as performance in this example)*
Supervision (oversight/cueing)	Ms. E's mom tells her daughter what numbers to dial and checks to make sure she dialed the right numbers, but Ms. E can otherwise make the call. Ms. E tells you that they did this last night to order pizza.	Ms. E has been independent in her phone use; however, authorities have expressed concern to her caregivers that she is making false calls to 911. Therefore, the care team feels that she now needs supervision when around a phone.
Limited assistance (help on some occasions)	Ms. E can usually use the phone. But Ms. E needed her mother to answer the phone yesterday as Ms. E was too tired to answer and talk on the phone.	Ms. E can usually use the phone, but sometimes she needs someone to answer the phone for her because she is too tired to answer and talk on the phone. *(Capacity is same as performance in this example).*
Extensive assistance (help throughout task, but performs 50% or more of task on own)	Ms. E uses the phone with some assistance from her mother. Ms. E's mom dials for her, but Ms. E can talk on the phone and hang up the phone. They did this yesterday to talk with Ms. E's brother.	Ms. E can use the phone with some assistance from her mother. Ms. E needs her mother to dial for her but can otherwise talk on the phone and hang up the phone. *(Capacity is same as performance in this example).*
Maximal assistance (Help throughout task, but performs less than 50% of task on own)	Ms. E talks on the phone, but she needs someone to hold it, dial, and hang up for her. Ms. E's mom tells you that she held and hung up the phone when you called this morning to confirm the appointment.	Ms. E can talk on the phone if her mother dials, holds the phone, and hangs up the phone for her. *(Capacity is same as performance in this example).*
Total dependence (full performance by others during the entire period)	Ms. E does not use the phone. Her mother makes all the calls for her. You spoke with her mother this morning when you called to confirm the appointment.	Ms. E cannot use the phone. She needs her mother to make all the calls for her. *(Capacity is same as performance in this example).*
Activity did not occur (during the entire period DO NOT USE THIS CODE FOR CAPACITY)	Ms. E did not use the phone in the last 3 days, nor did her caregivers use the phone on her behalf.	This code is not used for capacity. Identify which of the other codes are most appropriate for Ms. A's ability to make phone calls.

Phone use – Youth	
0. Independent – No help, set-up, or supervision	Q uses the phone without assistance. She called her grandmother this morning.
1. Set-up help only	Q's grandmother has programmed the numbers Q calls frequently into speed dial. When Q is calling a different number, her grandmother will type the numbers into the phone.
2. Supervision – Oversight / cueing	Q's grandmother tells her what numbers to dial and checks to make sure she entered the correct numbers.
3. Limited assistance – Help on some occasions	Q can usually use the phone, but her grandmother will answer when Q is too tired to answer or talk on the phone. This last occurred four days ago.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	Q uses the phone with some assistance from her grandmother. Her grandmother dials for her, but Q can talk on the phone and hang it up. This occurred yesterday when Q called a friend from school.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	Q talks on the phone, but she needs someone to hold it, dial, and hang up for her. Q's grandmother assisted her with talking to her father on the phone three days ago.
6. Total dependence –Full performance by others during entire period	Q does not use the phone. Her grandmother handles all phone calls for her.
8. Activity did not occur – During entire period	Q did not use the phone and no one used it on her behalf in the past seven days.

	0. Child/youths Condition does not affect the performance of the task.	**1. Child/youth's condition affects the performance of the task.**
Phone use	• Youth needs supervision and guidance at a level consistent with similar aged peers • Youth may use an adaptive phone, but are able to use it independently without difficulty	• Youth engages in inappropriate phone use due to cognitive impairments or behavioral needs; e.g., inappropriate calls to 911. • Youth has difficulty using the phone device due to fine motor impairments • Communication impairments limit effective phone use

26f. Use of Technology

Definition: How the person uses technology, for example, gets on the Internet; using the computer to play games and do work or homework.

Coding considerations: Consider all the subtasks related to using technology (logging on to the computer, using the hardware, connecting to the internet, using programs on the computer or smart phone) and determine if the person is able to complete all the tasks or if they need help with some or all the tasks. Consider how much help they need to complete various tasks and come to an overall picture of how much help they need to use technology.

Example Questions:

- *Are you able to use the computer on your own?*
- *Tell me how you use the computer/phone/internet for school or work tasks or for fun.*
- *Does the child/youth need more assistance with this task due to their condition?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions

Use of Technology – Adults		
	Performance	**Capacity**
Independent (no help, setup, or supervision)	Ms. S uses her laptop independently to access the internet and play computer games, and has done so today.	Ms. S uses her laptop independently. (Capacity is same as performance in this example).
Setup help only	Ms. S got a laptop recently. Her mother assisted her with setting up the computer for use. She programmed in the computer password and set up the wi-fi connection for the internet. She also installs any programs that Ms. S needs and modifies settings as needed so that Ms. S can use the laptop without her assistance once set up.	Ms. S uses adaptive technology on her laptop due to blindness; she requires staff support to setup her equipment but is able to use it on her own after that.
Supervision (oversight/cueing)	Ms. S sometimes needs assistance with knowing how to use the computer. As a result, her mother supervises her use and prompts her on next steps when she doesn't know what to do.	Ms. S has been using the computer independently, but is experiencing cyber bullying and therefore supervision is now recommended.
Limited assistance (help on some occasions)	Ms. S usually uses the laptop independently; however, her mother provides assistance when Ms. S is downloading and learning to use a new app or program.	Ms. S has been getting hands on help from family every time she uses the computer, but Ms. S and her support staff feel she only needs help when learning something new. Therefore, limited assistance is more appropriate for capacity.
Extensive assistance (help throughout task, but performs 50% or more of task on own)	Ms. S uses the laptop with assistance from her mother. Her mother turns on the computer, enters her password and opens the program or web browser Ms. S wants to use.	Ms. S uses the laptop with assistance from her mother. Her mother turns on the computer, enters her password and opens the program or web browser Ms. S wants to use*. (Capacity is same as Performance in this example).*

Use of Technology – Adults		
	Performance	**Capacity**
Maximal assistance (Help throughout task, but performs less than 50% of task on own)	S receives significant assistance from her mother in using the laptop. Her mother controls the keyboard and mouse with S giving her some direction on what to do. Ms. S likes to play a game on her smartphone; staff must navigate to the game app for her before handing it to Ms. S. She does not use her technology in any other ways; others do it for her..	S receives significant assistance from her mother in using the laptop. Her mother controls the keyboard and mouse with S giving her some direction on what to do. Ms. S likes to play a game on her smartphone; staff must navigate to the game app for her before handing it to Ms. S. She does not use her technology in any other ways; others do it for her. *(Capacity is the same as Performance in these examples.)*
Total dependence (full performance by others during the entire period)	Ms. S does not use her smartphone or other technology often; yesterday, when she wanted to know something that required the internet, her caregiver looked it up for her and told her about it.	When Ms. S. needs to look something up on the internet or use technology, a caregiver or someone else does it for Ms. S as she does not know how to use technology.
Activity did not occur (during the entire period DO NOT USE THIS CODE FOR CAPACITY)	Ms. S has not used any technology in the last 3 days, and no one used it on her behalf.	This code is not used for capacity. Identify which of the other codes are most appropriate for Ms. A's ability to make phone calls.

Use of technology – Youth	
0. Independent – No help, set-up, or supervision	S is able to use her laptop independently. She uses it to access the internet, play computer games, and to complete homework.
1. Set-up help only	S got a laptop recently. Her mother assisted her with setting up the computer for use. She programmed in the computer password and set up the wi-fi connection for the internet. She also installs any programs that S needs and modifies settings as needed so that S can use the laptop without her assistance once set up.
2. Supervision – Oversight / cueing	S sometimes needs assistance with knowing how to use the computer. As a result, her mother supervises her use and prompts her on next steps when she doesn't know what to do.
3. Limited assistance – Help on some occasions	S usually uses the laptop independently; however, her mother provides assistance when S is downloading and learning to use a new app or program.

Use of technology – Youth	
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	S uses the laptop with assistance from her mother. Her mother turns on the computer, enters her password and opens the program or web browser S wants to use.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	S receives significant assistance from her mother in using the laptop. Her mother controls the keyboard and mouse with S giving her some direction on what to do.
6. Total dependence –Full performance by others during entire period	S does not use technology. When she wants to know something that requires the internet, her mother looks it up for her and tells her about it. When school assignments must be downloaded or submitted through the school's online instructional system, her mother must do it for her.
8. Activity did not occur – During entire period	S did not use technology in the past seven days and no one used it on her behalf.

	0. Child/youths Condition does not affect the performance of the task.	**1. Child/youth's condition affects the performance of the task.**
Use of technology	• Youth needs supervision and guidance at a level consistent with similar aged peers • Youth may use an adapted device, but are able to use it independently without difficulty	• Youth need more supervision or instruction than typically expected due to cognitive impairments; for example, cannot remember the multi-step process for using a frequently encountered program/software/app • Fine motor impairments limit ability to use device, keyboard, etc. • Youth needs constant supervision on internet due to behavioral issues or susceptibility to victimization

26g. Shopping

Definitions:

Shopping (Adults): How shopping for food and household items is performed (e.g., selecting items, paying money, etc.). **NOTE: Shopping does not include transportation to shopping destinations nor getting items from the store to the vehicle or from the vehicle into the person's home nor making a list. Shopping can include online shopping.**

Shopping (Youth): How shopping is performed, include token economies (e.g., selecting personal items, assisting with food and household items, paying money) **NOTE: Shopping does not include**

transportation to shopping destinations nor getting items from the store to the vehicle or from the vehicle into the person's home nor making a list. Shopping can include online shopping.
NOTE: Emphasis is on personal shopping and *assisting* with household items

Coding Considerations: Consider all the subtasks related to shopping (selecting items, putting items in the cart, paying for items, etc.) and determine if the person is able to complete all the tasks or if they need help with some or all the tasks. Consider how much help they need to complete various tasks and come to an overall picture of how much help they need to complete their shopping.

Example Questions:

- *How do you get your shopping done?*
- *Does anyone help you? What do they do for you?*
- *How much could you do if they were not available?*
- *Do you get tired while shopping?*
- *Do you have difficulty getting items off shelves?*
- *For parent/caregiver: Is the person able to help you in the store?*
- *How does youth purchase personal items?*
- *Does the child/youth need more assistance with this task due to their condition?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Shopping – Adults		
	Performance	**Capacity**
Independent (no help, setup, or supervision)	Mr. F does all his own shopping. He tells you that he went to the grocery store this morning.	Mr. F can do all his own shopping. *(Capacity is same as performance in this example).*
Setup help only	Mr. F does his own shopping, but needs his caregiver to give him the right amount of money to pay for the items. Mr. F tells you he went to the corner store yesterday for milk.	Mr. F can do his own shopping as long as his caregiver counts out the money he needs to give to the cashier. *(Capacity is same as performance in this example).*
Supervision (oversight/cueing)	Mr. F shops with oversight from his caregiver because he has difficulty tracking his budget. His caregiver accompanied him to the store yesterday and provided oversight to help him track his expenses and remind him of his available budget.	Mr. F can shop with oversight from his caregiver to ensure he stays within his budget. *(Capacity is same as performance in this example).*

Shopping – Adults		
	Performance	**Capacity**
Limited assistance (help on some occasions)	Mr. F is able to purchase most of the food and services he needs independently by using online ordering and delivery services. However, yesterday, he could not purchase goods online, and needed help in the store because his muscle impairments make it difficult for him to retrieve items from the shelves.	Mr. F's caregiver has been doing almost all his shopping for him, but Mr. F reports that he only needs help with online shopping because he struggles to see the computer screen. He is able to shop in a store independently when needed. *(Capacity is same as performance in this example).*
Extensive assistance (help throughout task, but performs 50% or more of task on own)	Mr. F shops with some assistance from his caregiver. Yesterday, Mr. F indicated the items he wanted and put all the lighter items in his cart. His caregiver got the heavier items in and out of Mr. F's cart.	While he hasn't been grocery shopping in the last week (e.g., activity did not occur), Mr. F usually does most of the tasks related to shopping (picking out items at the store, putting the in the cart, and paying for items), but he needs help lifting heavy items.
Maximal assistance (Help throughout task, but performs less than 50% of task on own)	Mr. F's caregiver went shopping yesterday. Mr. F accompanied his caregiver to the store, the caregiver managed most all the shopping tasks, including selecting items, retrieving them from the shelves and paying for items.	Mr. F can pick some of the candy or soda that he wants to buy, but his caregiver handles all other tasks related to shopping. *(Capacity is same as performance in this example).*
Total dependence (full performance by others during the entire period)	Mr. F's caregiver makes the shopping list and does all the shopping. He purchased needed items yesterday.	Mr. F cannot do any shopping online or in a store. *(Capacity is same as performance in this example).*
Activity did not occur (during the entire period DO NOT USE THIS CODE FOR CAPACITY)	Neither Mr. F nor his caregiver completed any shopping activities in the last 3 days.	*This code is not used for capacity. Identify which of the other codes are most appropriate for Mr. F's ability to shop.*

Shopping – Youth EXCLUDE TRANSPORTATION	
0. Independent – No help, set-up, or supervision	V can shop independently. She often makes trips to the store for her mother to pick up items for dinner. She selects the items and handles all steps of the transaction.
1. Set-up help only	V can shop independently when her mother provides her with a shopping list and makes sure she has enough cash in her wallet to pay for purchases.

Shopping – Youth EXCLUDE TRANSPORTATION	
2. Supervision – Oversight / cueing	V shops under the supervision of her mother. V's mother cues her about which items to select and prompts her through the process of completing the transaction.
3. Limited assistance – Help on some occasions	V needs help at times while shopping with retrieving heavy items or items on high shelves.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	V is able to shop with assistance from her mother. V retrieves lighter weight items and puts them in the cart, while her mother gets the heavier items. V's mother also helps her count out money at the register.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	V's mother handles most of the shopping tasks including selecting items, putting them in the cart, and paying for the items. V does help make a couple selections.
6. Total dependence –Full performance by others during entire period	V's mother handles all of the shopping tasks for the household as well as purchasing personal items for V. V does not shop.
8. Activity did not occur – During entire period	Neither V nor her mother shopped in the past seven days.

	0. Child/youths Condition does not affect the performance of the task.	**1. Child/youth's condition affects the performance of the task.**
Shopping	• Adults do most household shopping, but when the youth is at the store with them, they will assist at a level that is appropriate for their age • Youth is able to manage shopping for their own personal items at a level that is appropriate for their age and without difficulty	• Youth cannot assist with heavy items due to physical impairments • Youth needs additional assistance during shopping due to vision impairments • Youth cannot effectively communicate with store staff • Youth are unable to select items they prefer due to cognitive impairments • Youth needs more reminders or aids to purchase the correct items, beyond a typical list that is commonly used by any shopper.

26h. Transportation

Definition: How the person travels by public transportation (navigating system, paying fare, etc.) or drives self or as a passenger (including getting out of the house, into and out of vehicles, etc.).

Coding Considerations: Consider all the subtasks related to transportation (navigating the bus system, paying fares, getting on and off the bus, getting in and out of the car, etc.) and determine if the person is

able to complete all of the tasks or if they need help with some or all of the tasks. Consider how much help they need to complete various tasks and come to an overall picture of how much help they need to arrange their transportation. Probe into getting in/out of vehicles, fastening seatbelt, and getting adaptive equipment in/out of vehicle. **NOTE: For youth, this item is only assessed for ages 14+**

NOTE: Do not include the ability to drive as a subtask. Do not base your rating based on whether the person owns a vehicle or not. If the person can drive and has a vehicle, you rate their ability to transport in their private car. However, if a person cannot drive or does not have a vehicle, you instead rate them on their ability to navigate public transportation or private transportation provided by others. Also consider biking, walking, and other modes of transportation that people may use. The person may not drive but could still be independent.

NOTE: Disregard availability of transportation – this is a financial or community issue rather than the individual's skills and capacity.

NOTE: Do not automatically count professional transportation services as support if they are available to anyone who needs the service or provided due to the transportation company's policy. For example, it may be company policy that only drivers are allowed to operate the wheelchair lift. In these cases, inquire into whether additional support from a caregiver is needed to arrange or utilize these services.

Example Questions:

- *How do you get around town? What type of transportation do you use?*
- *How do you get to school?*
- *Tell me how you get in and out of vehicles.*
- *Can you put on your own seatbelt?*
- *Does someone else arrange your rides?*
- *Are you able to get your wheelchair/walker in and/or out of the car?*
- *Does the child/youth need more assistance with this task due to their condition?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Transportation – Adults		
	Performance	**Capacity**
Independent (no help, setup, or supervision)	Ms. G drives herself and is able to independently enter and exit her vehicle and plan her routes. Ms. G uses the public transportation system. When using the bus, the bus driver operates the lift system but this is because it is company policy that only bus employees can handle this equipment (this is not a special service specific to Ms. G, and so she is still rated as independent). Ms. G usually walks or bikes to places she needs to go. When the distance is too far or the weather is bad, she relies on friends and family to provide transportation. She is able to arrange this transportation herself and is independent in entering and exiting the vehicle and can put on her seatbelt.	Ms. G is able to drive herself or use the public transportation system or make her won arrangements for private transportation and does not need help entering and exiting the vehicle. *(Capacity is same as performance in this example).*
Setup help only	Ms. G's partner helps her to arrange her rides. Ms. G can get into and out of the vehicle once it has arrived. Ms. G did this yesterday to go the book store.	Ms. G needs someone to help her with scheduling rides, but she can get into and out of the vehicle once it has arrived. *(Capacity is same as performance in this example).*
Supervision (oversight/cueing)	Ms. G needs someone to remind her to schedule her ride. She also needs someone to remind her that she has reached her stop and needs to get off the bus. Ms. G tells you that she takes the same bus every day to her volunteer job because the driver always looks out for her.	Ms. G needs someone to remind her to schedule her ride. She also needs someone to remind her that she has reached her stop and needs to get off the bus. *(Capacity is same as performance in this example).*
Limited assistance (help on some occasions)	Ms. G walks or rides her bike to most places in the community. However, when the distance is too far or the weather is bad, she needs assistance identifying and arranging public transportation.	Ms. G typically uses public transportation independently, but sometimes requires help getting her wheelchair into private vehicles. *(Capacity is same as performance in this example).*

Transportation – Adults		
	Performance	**Capacity**
Extensive assistance (help throughout task, but performs 50% or more of task on own)	Ms. G needs some help in scheduling her rides and getting on and off of the bus. Her caregiver helped her yesterday. Or, Ms. G is able to enter and exit a private vehicle independently, but due to her limited arm mobility, she needs help with her seatbelt.	Ms. G needs some help in scheduling her rides and getting on and off of the bus. *(Capacity is same as performance in this example).*
Maximal assistance (Help throughout task, but performs less than 50% of task on own)	Ms. G is able to arrange transportation, but, otherwise, her caregiver handles all of the transportation tasks, including getting her into and out of the vehicle and putting on her seat belt.	Ms. G can tell her caregiver when she wants to go to the store and to schedule a private ride. Otherwise, her caregiver handles all of the transportation tasks. *(Capacity is same as performance in this example).*
Total dependence (full performance by others during the entire period)	Ms. G's caregiver makes all decisions related to transportation and gets Ms. G in and out of the vehicle. They did this yesterday so that Ms. G could go to her doctor's office.	Ms. G's is not able to do any tasks related to transportation. Her caregiver makes all decisions related to transportation and gets Ms. G in and out of the vehicle. *(Capacity is same as performance in this example).*
Activity did not occur (during the entire period DO NOT USE THIS CODE FOR CAPACITY)	Ms. G did not use any form transportation in the last 3 days. Ms. G also did not arrange for any transportation in the last 3 days.	*This code is not used for capacity. Identify which of the other codes are most appropriate for transportation for Ms. G.*

Transportation – Youth ASSESS FOR AGES 14+ ONLY	
0. Independent – No help, set-up, or supervision	X drives herself to and from school and to various locations in the community. She is able to enter and exit the vehicle herself and plans her routes. X uses the public transportation system. She is able to identify the correct bus to take, handle bus fare, and get off at the appropriate stop. X does not drive but is able to use Uber independently when friends and family are not able to provide her with a ride. X does not have a driver's license and so friends and family provide her transportation. She is able to request transportation when needed, get into and out of their vehicles safely, and fasten her own seat belt. X usually walks or bikes to school and places she needs to go

Transportation – Youth ASSESS FOR AGES 14+ ONLY	
1. Set-up help only	X depends on her parents to help her arrange transportation when they are unavailable, as X does not know who to call. Once the arrangements are made and the details are written out for X, she can manage the transportation. X can get in and out of the vehicle independently.
2. Supervision – Oversight / cueing	X depends on her parents to remind her when she needs to arrange transportation. When taking the bus, X needs someone to tell her she has reached her stop.
3. Limited assistance – Help on some occasions	X walks or rides her bike to most places in the community. However, when the distance is too far or the weather is bad and her parents are unavailable to transport her, X needs assistance identifying and making other transportation arrangements such as public transportation. Or, X typically uses paratransit independently, but requires assistance getting her wheelchair in and out of private vehicles unless there is a wheelchair ramp.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	X is able to get into a vehicle independently; however, due to limited arm mobility she needs help with her seatbelt.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	X is able to buckle her seatbelt once she is in a vehicle; however, she requires assistance with all other tasks related to transportation including entering and exiting the vehicle.
6. Total dependence –Full performance by others during entire period	X's parents make all decisions related to transportation and get X in and out of the vehicle.
8. Activity did not occur – During entire period	X did not use any form of transportation or arrange any transportation in the last seven days.

	0. Child/youths Condition does not affect the performance of the task.	1. Child/youth's condition affects the performance of the task.
Transportation (ages 14+ only)	• Youth is able to get from point A to B at a level that is consistent with similar aged peers. • Youth is able to drive, request private transportation, or use public transportation with no more difficulty than similar aged peers • Youth may need guidance and instructions when learning a new transportation system but move towards self-sufficiency with relative ease.	• Due to physical impairments, youth needs assistance with transfer into vehicle or fastening their seat belt. • Due to cognitive or behavioral issues, youth needs additional assistance to ride safely in a vehicle as a passenger; for example, to ensure they do not exit a moving vehicle • Youth are cognitively incapable or requesting or arranging private or public transportation • Youth need detailed instructions on how to use public transportation system or ongoing reminders of where their stop is, beyond the initial learning period. • Youth need assistance getting wheelchair or walker in and out of vehicle • Due to frequent doctor or therapy appointments, youth has a need for more transportation than typical

26i. Laundry

Population: Youth only. For adults, laundry is included in item *Ordinary Housework.*

Definition: Sorting, washing, folding, putting away personal laundry (for example, clothing, underwear, bedding, and towels).

Coding considerations: Consider all the subtasks related to doing laundry and how much help the child/youth needs.

Example Questions:

- *How do you do your laundry? Does anyone help you? How do they help?*
- *Does the child put their dirty clothes in the hamper? Can they help fold their clothes and put them away?*
- *Does the child/youth need more assistance with this task due to their condition?*
- *Does the child/youth have a greater amount of laundry due to their condition?*

Coding: See above

Coding Example: This is a typical example and is not meant to be and exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Laundry – Youth	
0. Independent – No help, set-up, or supervision	Z does his own laundry independently.
1. Set-up help only	Z does his own laundry; however, his mother sets out the clothes that need washed and the laundry detergent. She clearly labels the detergent and fabric softener, so that Z does not get them mixed up.
2. Supervision – Oversight / cueing	Z completes his laundry when reminded and when given verbal cues on the various steps required to complete his laundry.
3. Limited assistance – Help on some occasions	Z completes his own laundry but needs his mother to carry the laundry basket to and from the laundry room.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	Z completes his own laundry with assistance from his mother. She will carry the laundry basket to the laundry room, set out the laundry detergent, and assist with transferring the wet clothes from the washer to the dryer.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	Z sorts his own laundry, but all other tasks associated with laundry is completed by his mother.
6. Total dependence –Full performance by others during entire period	Z does not do his own laundry. His mother completes all tasks associated with laundry.
8. Activity did not occur – During entire period	Neither Z not his mother has completed Z's laundry in the past seven days.

	0. Child/youths Condition does not affect the performance of the task.	**1. Child/youth's condition affects the performance of the task.**
Laundry	• Family members still assist with their laundry, but youth assist at a level that is appropriate for their age and with no more difficulty than similar aged peers • Youth has not been given opportunity to participate, but there are no clear cognitive or physical impairments that would limit their capacity if given the opportunity	• Due to physical impairments, cannot carry basket, fold laundry, put laundry away, or access laundry facilities • Due to cognitive impairments, cannot remember the multi-step process as appropriate for their age • Needs additional supervision than would be expected for their age to remember which detergents to use or appliance settings. • Due to incontinence issues or special clothing needs, youth has more laundry than typical

Additional Guidance for Assessing Effect for Youth IADLs

When determining whether a child's condition impacts the performance and support needs related to IADLs tasks, it helps to consider what a similar-aged peer without a disability is able to do. If the youth needs more assistance than a typically developing child, the assessor needs to probe into whether this is due to the child's condition and take into consideration the cognitive, developmental, and physical impairments that have resulted from their condition. Alternatively, the assessor needs to consider whether the family is providing more help than necessarily due to family preferences or cultural expectations.

The following table provides an overview of IADL tasks and subtasks that a typically developing child/youth would likely be able to do, by general age grouping. This is to serve as a general benchmark in helping to determine if the youth is completing IADL tasks at a level that is typical for their age.

	Ages 4-5	**Ages 6-8**	**Ages 9-11**	**Ages 12-14**	**Ages 15-17**
Meal prep	A 4-year-old can participate in meal prep by following simple instructions like: stirring food, setting the table, clearing the table, and filling the glasses with ice.	By age 6, youth fine motor skills can allow for more involvement with supervision. Cutting vegetables, they may begin to read recipes, as attention spans are longer, and take pride performing specific meal time routines like setting the table. Youth are capable of understanding basic nutrition though they will still want sweets more often.	By age 9, youth have the cognitive skills to help plan meals and can engage in most aspects of meal prep if interested. Youth make simple meals like sandwiches and cut up fruit. Are more tolerant of eating for health and not just because it tastes good.	By age 12, youth can make their own lunch if food is available. Although youth at this age problem solve better, they may need help knowing what is available and need help planning the meal they will make for themselves.	Although not typical for most teens to make all their own meals, they are fully capable of cooking meals and participating in planning meals.

	Ages 4-5	Ages 6-8	Ages 9-11	Ages 12-14	Ages 15-17
Ordinary housework	Simple household activities can be performed by young children, if they have been giving the opportunity to participate in routines; can make bed, but not perfectly.	Youth can stay with tasks longer so may be able to spend up to 15 minutes washing dishes or sweeping/ vacuuming the floor, feeding the pets. Supervision and prompting may be required still.	Youth are capable of participating in wider range of activities. Examples include loading the dishwasher, putting away groceries, walking the dog.	A few more chores can be expected at this age. Some reminding is needed. The pre-frontal cortex is still developing so they may need help organizing how to complete housework tasks.	Most teens have a few chores (clean room, take out trash, clean up after a meal) they will complete independently without much reminding.
Managing Money	Youth can be taught to count coins and be engaged in conversations about goals, wants and needs. Children are beginning to understand the value of money to get things they want.	Attention spans are longer at age 6 and their interest/curiosity in the world around them is expanding. Youth can be engaged in purchasing items at the grocery store and conversation about budgets are understandable to this age youth.	Youth are developing more advanced math skills and are now poised to better understand budgeting. Youth are capable of understanding their spending and saving habits and setting short term and long-term goals.	The pre-frontal cortex is still developing so organization is sometimes challenging. Youth can do simple money management tasks, have a budget, and begin to show interest in saving their allowance and wanting to earn money.	Most teens have cognitive abilities to manage a checking account/budget and hold a part-time job. Some oversight and guidance may still be needed as risk taking, impulsive behavior is still common in these teen years. Teens may still react when confronted with impulsive behavior around money. Reactivity typically decreases by 18.

	Ages 4-5	Ages 6-8	Ages 9-11	Ages 12-14	Ages 15-17
Managing medications	n/a	n/a	n/a	n/a	Most teens possess the cognitive development to manage meds with supportive check ins (2-3 times a week). Education about what meds do helps increase compliance. Assistance setting up a routine to take medications may be needed. Meds with addictive potential should be closely monitored.
Phone use	Most 4 YOs can use a phone, but may need assistance with phone numbers	By age 6 children know numbers and can make social phone calls. May need help looking up new phone numbers. .	Self-sufficient for social calls, and able to look up new phone numbers.	Self-sufficient for social calls and can begin to learn etiquette for business calls. Caregiver awareness about usage may be needed (phone off at 9pm on school nights).	Self-sufficient, for social and business calls. Caregiver awareness about usage may be needed (phone off at 9 PM on school nights).
Use of technology	Most know how to navigate a tablet but need adult assistance/ supervision to utilize.	By age 6 children can use navigation systems on smart phones as they can memorize addresses. Caregivers need to set up limits for smart phone /tablet use. Resistance is	By age 9 youth are using apps on smart phones in many ways. Caregivers should set limits (2 hours a day) on use of smart phone and youth is typically able to accept routine structure and	By 12 most youth have a smart phone (70%) and by 14 (90%) have a smart phone. Caregivers should keep implementing limits on use and face to face time is important to keep communication	Self-sufficient, but parental guidance/ supervision still recommended.

	Ages 4-5	Ages 6-8	Ages 9-11	Ages 12-14	Ages 15-17
		expected and normal. On computers, can use mouse and keyboard but may need help learning new programs/games. Supervision recommended to ensure using age appropriate programs or websites.	boundaries around usage. On computers, largely self-sufficient, but may need assistance with complex applications. Supervision to ensure age appropriate activity recommended.	skills intact. American Academy of Pediatrics recommends no smartphones in the bedroom. On computers, self-sufficient but may need help with complex applications and parental supervision/guidance still recommended.	
Shopping	4 YOs participate in shopping under supervision. Can name objects and assist with cart pushing.	By age 6 children can read and assist with grocery lists and putting things in the cart, bagging groceries, and unloading at home.	By age 9, youth can add items to the grocery list. Help with most tasks in the store and help unload groceries.	By age 12 youth can go retrieve items in the store for adults. They can keep the list and add to the list. May act annoyed when caregivers ask for their help.	Most teens can plan a grocery list and shop if needed.

	Ages 4-5	Ages 6-8	Ages 9-11	Ages 12-14	Ages 15-17
Transport-ation	n/a	n/a	n/a	n/a	15 YO drive with an adult or to school with learner's permit. 16 YOs may drive to school and obtain their full license to drive to a job. For those without a driver's license, 15-17 YOs can be expected to request or arrange transportation and engage in safe practices as a passenger. May need instruction/ guidance when learning new transportation systems.

	Ages 4-5	Ages 6-8	Ages 9-11	Ages 12-14	Ages 15-17
Laundry	Put dirty clothes in hamper; take hamper to laundry room.	By age 6 youth should be able to follow simple directions and can be engaged in the steps to completing laundry with adult assistance. Attention spans are longer: approximately 10-15 for an interesting activity and 4-6 minutes if the activity is easy and interesting.	By age 9, youth have the cognitive skills to sort laundry, wash, dry, fold, and put away their own clothes. May need reminders and support to complete each step of the laundry process.	By age 12, youth can complete all the steps to do their own laundry with reminders and support if laundry is part of the regular routine in the current living situation.	By age 15 teens have the cognitive capacity to do their own laundry. Lack of experience fitting this task into their regular routine may result in the need for reminders or assistance completing the steps. Research suggests with a regular routine and modeling, teens can do their own laundry.

26. ADLs (Activities of Daily Living)

The intent of these items is to record what the person did for themselves and how others assisted in the performance of self-care activities of daily living. This item addresses what the person actually did for themselves and how much help was provided by caregivers or others during the last 3 days for adults or 7 days for youth. Include all 24 hours of the day. The goal is not to estimate how much help they should receive, rather to indicate how much assistance they are currently receiving.

ADL Items:

- Bathing
- Hair Washing
- Personal Hygiene
- Dressing Upper Body
- Dressing Lower Body
- Locomotion
- Transfer Toilet
- Toilet Use
- Menstrual Cycle
- Bed Mobility
- Eating
- Transfers
- Additional Assistance Needed (Adults only)

Coding Considerations: Focus on the person's **performance** or what they are currently capable of doing and how much help they currently receive to complete the task.

For adults, see **Additional Assistance Needed item (26.m)** for how to address if person needs more supports compared to actual performance to complete task adequately and safely.

For youth, see **Effect Code** for whether the youth's disability, condition, or illness affects the performance of the ADL task. Note, younger children may not be able to perform some of these tasks due to their age but remember the intent of this section is to determine how much assistance the child/youth receives in performing each task over the last 7 days.

Lookback Period: Last 3 days for adults, last 7 days for youth.

Coding:

- If all episodes in the last 3 days for adults/ 7 days for youth are the same, then score at that level (e.g., Independent, Total Dependence, or Activity Did Not Occur).
- BUT if any episode is at Total Dependence and others are *less* dependent, score ADL at Maximal Assistance
- Otherwise, focus on the three most dependent episodes (or all episodes if performed fewer than 3 times). If most dependent episode is Independent, Setup Help Only, score ADL as Independent, Setup Help Only. If not, score ADL as <u>least dependent</u> of those episodes in range Supervision to Maximal Assistance.

See also ADL decision trees in Appendix B and C.

0. **Independent** – No help, setup or supervision in any episode
1. **Independent, setup help only**—Article or device provided or placed within reach, no physical assistance or supervision in any episode. NOTE: Setup help refers to assistance that can occur *before or after* the ADL tasks. If a person needs assistance *during* the ADL task, a code of "Supervision" or higher is more appropriate.
2. **Supervision** – Oversight/cueing required
3. **Limited assistance** – Guided maneuvering of limbs, physical guidance without taking weight
4. **Extensive assistance** –Weight-bearing support (including lifting limbs) by 1 helper or where person still performs 50% or more of subtasks
5. **Maximal assistance –** Weight-bearing support (including lifting limbs) by 2+ helpers-OR-weight-bearing support for more than 50% of subtasks
6. **Total dependence** – Full performance by others during all episodes
8. **Activity did not occur during entire period.**

Coding suggestion: A person can only be coded as independent or total dependence is they were always independent or total dependence during the 3 or 7 day look back period.

Youth Only:

Effects of Illness or Condition on ADL Needs/Care: The amount of assistance a child/youth receives with ADL tasks (Performance) is a function of a variety of factors — age, development, impairments or challenges, home environment, or culture. For the purposes of service delivery, it is important to know if the completion of an ADL task is affected by the child/youth's special health care challenges or disability related needs (Effect). In assessing for Effect, you are being asked to indicate whether the child/youth's challenges make the task take longer to complete, make it occur more frequently, or result in the need for additional assistance from another caregiver.

Coding: Code for column E (Effect) based on whether or not the child/youth's illness, condition, or health challenges affect the performance of the task.

0. Child/youth's condition does NOT affect the performance of the task — That is, condition does not increase assistance needed to complete the task, does not increase time it takes to perform the task, does not increase the number of times the task must be performed, and does not require the assistance of additional persons to help with the task.

1. Child/youth's condition affects the performance of the task — That is, greater assistance is needed to complete the task, task takes longer to perform, condition increases the number of times the tasks must be performed, or additional persons are needed to help with the task.

Code "1" if the child/youth's condition affects the time it takes to perform a task or if two-person assistance is regularly needed. Code "0" if the condition does not affect the child or caregiver's performance of task.

NOTE: You have already coded PERFORMANCE on these activities. Remember, given the number of factors that affect ADL performance, it is perfectly reasonable for PERFORMANCE to be coded at any level greater than zero (0) and, for the same task, EFFECT to be coded as zero (0). That simply means the child/youth receives assistance, but the provision of that assistance does not result from the child/youth's health or disability status. Likewise, it is also possible for youth to be independent but effect to also be yes. Youth completes activity independently, but perhaps using adaptive equipment, taking longer, or other differences due to their condition

Additional guidance on ADL Coding Definitions:

Setup help: Assistance characterized by the provision of articles, devices, or preparation necessary for the person's self-performance of an activity. This includes giving or holding out an item the person takes from the helper, if the helper then leaves the person alone to complete the activity. If someone remains nearby to watch over the person, the person is receiving oversight, thus the score would be for *Supervision*. Examples of setup help: For the "Personal hygiene" item, setup help might mean providing a washbasin or grooming articles. For "Walking", it might take the form of handing the person a walker or cane. For "Toilet use", it might be handing the person a bedpan or placing within reach the articles necessary for changing an ostomy appliance. For "Eating", setup help might include cutting meat or opening containers at meals or carrying a tray to the table.

Weight bearing: Persons require varying degrees of physical assistance to complete ADL tasks. A key concept in scoring the degree of assistance is the degree of weight-bearing support provided. When relating to non-upright positions, such support might take the form of a helper holding the full weight of an arm while assisting the person with putting on a shirt. When relating to standing or walking, such support might mean taking the person's weight by holding them under the armpit or allowing the person to lean on the helper's arm. Guiding movements with minimal physical contact and contact guarding with intermittent physical assistance are **not** considered weight bearing and would instead be considered limited assistance.

Total dependence: A person participating in the ADL task means they are doing something hands-on. If a person can say what the steps to a task are or can state their preferences, but the person is not participating in the task otherwise, code as total dependence. For example, the person knows the steps of bathing and can tell you if the water temperature is comfortable, but because of paralysis they cannot perform any of the steps; this should be coded as total dependence.

Remember to rate performance with the person's home environment and use of adaptive equipment in mind; a person may be more independent with the appropriate home modifications and equipment in place.

a. Bathing

Definition: How the person takes a full body bath/shower, including how the person transfers in and out of the tub or shower and how each part of the body is bathed: arms, upper and lower legs, chest, abdomen, and perineal area—EXCLUDE WASHING OF BACK AND HAIR.

Coding considerations: Consider all of the subtasks related to bathing (setting out a towel, getting in and out of the tub/shower, washing various parts of the body, etc.) and determine if the person is able to complete all of the tasks or if they need help with some or all of the tasks. Do not include sponge baths. Only consider sponge bath when assessing hygiene.

Example Questions:

- *How do you take a shower or bath?*
- *Does anyone help you? If so, how do they help you?*
- *How do you get in and out of the shower or bath?*
- *Are you able to reach all parts of your body?*
- *Are you able to adjust the water to a safe temperature?*
- *Does the person need reminders to take a bath or wash all body parts?*
- *Does someone need to remain close by while you shower in case you fall or need help?*
- *Does the child's condition impact their ability to bathe themselves?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Bathing	
Independent (no physical assistance, setup, or supervision in any episode)	Mr. A takes a shower every night. He is able to set out his towel, get into and out of the shower, and wash himself on his own.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	B's foster parent sets out the washcloth, soap, and shampoo for B to use during his bath. B requires no further assistance. Mr. A takes a shower every two days. He can get into the shower and wash himself on his own. He needs his caregiver to place the shower chair in the shower for him.
Supervision (oversight/cueing)	Mr. A takes a shower every other night. He can get into and out of the shower on his own, but he needs his caregiver to remind him to wash all parts of his body.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	Mr. A takes a shower every night. Due to his low vision, he needs guided assistance from his caregiver to get the body wash onto his washcloth. B has limited mobility in his right arm, and his foster parent helps him by washing the body parts he can't reach with his left hand.

Bathing	
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	Mr. A takes a shower twice a week. He took a shower last night. He has difficulty balancing well enough to get into and out of the shower. His caregiver takes some of his weight to help him balance. Mr. A can complete all other tasks related to bathing on his own. B's foster parent helps guide him into and out of the shower to help him keep his balance; she takes some of his weight while he leans against her.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Mr. A needs weight-bearing support from his caregiver to get into the shower. His caregiver completes most of the bathing activities, although Mr. A is able to assist with washing his upper body. B requires both foster parents to lift him into and out of the bathtub, but B can wash himself.
Total dependence (full performance by others during all episodes	Mr. A took a bath last night. His partner lifted him in and out of the tub and washed all body parts. Mr. A can tell his partner if the water is a good temperature but cannot adjust taps himself and did not help with any of the tasks related to bathing. B's foster parent lifts B in and out of the tub and washes him.
Activity did not occur during entire period	Mr. A did not bathe in the last 3 days. Mr. A only took sponge baths during the last 3 days. B has not taken a full body bath in the past seven days; he only had sponge baths.

b. Hair Washing

Definition: How the person washes hair, including applying shampoo/conditioner, keeping shampoo out of eyes, completely rinsing shampoo.

Coding considerations: Consider all the subtasks related to hair washing and determine if the person is able to complete all of the tasks or if they need help. Be mindful of cultural competency; different hair types call for different hair washing schedules or maintenance routines. Do not assume that a person needs more help just because they do not wash their hair frequently – this may be a cultural preference or specific to their hair type.

Example Questions:

- *Tell me about your hair care routine.*
- *How do you wash your hair?*
- *Does anyone help you? If so, how do they help you?*

- *Are you able to completely rinse your hair? Can you get all the shampoo out?*
- *Does your mobility or flexibility impact your ability to wash your hair?*
- *Does anyone remind you to wash your hair?*
- *Does the child's condition impact their ability to wash their hair?*

Coding Example: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Hair Washing	
Independent (no physical assistance, setup, or supervision in any episode)	Ms. A washes her hair on her own without difficulty every other day.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	B's father sets out his shampoo and conditioner for him.
Supervision (oversight/cueing)	Ms. A's caregiver reminds her to wash her hair every other day.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	B's father puts the shampoo in his hands or on his head when B washes his hair.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	Ms. A washes her hair mostly by herself though her caregiver rinses her hair a second time to ensure all the conditioner is out.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Ms. A's caregiver applies the shampoo, lathers her hair, and rinses it. Ms. A also participates in lathering her hair but needs a lot of help because she doesn't get to all parts of her scalp.
Total dependence (full performance by others during all episodes	B's father washes his hair for him every other day.
Activity did not occur during entire period	Ms. A only washes her hair once a week, and last washed it 5 days ago.

c. Personal Hygiene

Definition: How the person manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands and sponge baths. —EXCLUDE BATH AND SHOWERS. Sponge baths are included here.

Coding considerations: Consider all of the subtasks related to hygiene (combing hair, brushing teeth, putting on deodorant, etc.) and determine if the person is able to complete all of the tasks or if they need help with some or all of the tasks. NOTE: You are not rating the quality of the person's hygiene, but rather if they required help or not during the look back period.

Example Questions:

- *Tell me how you manage your personal appearance and hygiene.*
- *Are you able to comb the back and sides of your hair?*
- *Are you able to clean your face with soap or a facial wipe?*

- *Are you able to get a toothbrush to all teeth?*
- *Are you able to shave without hurting yourself?*
- *Have you needed to change your makeup routine?*
- *Have you changed your morning or evening hygiene routine?*
- *Does the person need reminders to complete hygiene tasks?*
- *Does the child's condition impact their ability to complete hygiene tasks themselves?*

Coding: See above

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Personal Hygiene	
Independent (no physical assistance, setup, or supervision in any episode)	D has a hygiene routine and completes it every morning and night.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	Ms. B has an established hygiene routine and can complete it each morning if her brush, washcloth, toothbrush, and deodorant are set out for her.
Supervision (oversight/cueing)	D needs reminders from his mother to brush his teeth and comb his hair.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	Ms. B completes her hygiene routine in the morning with assistance from her mother. Her mother helps to guide Ms. B's hands as she brushes her hair and teeth. D has limitations with coordination. His mother guides D's hand as he brushes his teeth and combs his hair. She also removes the toothpaste cap.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	Ms. B completes her hygiene routine in the morning with help from her mother. Ms. B can grasp her hair brush, but needs her mother to lift and move her arm. Her mother also holds up Ms. B's arms while Ms. B applies deodorant. Ms. B can complete her other hygiene related tasks. D can grasp his toothbrush and hairbrush but requires his mother's assistance with lifting his arm to use them.

Personal Hygiene	
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Ms. B completes her hygiene routine each morning with a lot of help from her mother. Ms. B can turn on the water and soak her washcloth and toothbrush, but her mother does all other tasks related to hygiene including weight bearing support of limbs. D can squeeze toothpaste on his toothbrush with his mother holding the toothbrush. He can also hold the toothbrush under the water. His mother completes all other hygiene tasks including weight bearing support of limbs.
Total dependence (full performance by others during all episodes	D makes choices about his hairstyle, but his mother does all tasks related to hygiene for D.
Activity did not occur during entire period	Neither Ms. B nor her mother did any tasks related to hygiene in the last 3 days. Neither D nor his mother did any tasks related to D's hygiene for the past seven days. (Note: determine whether a report of neglect needs to be made)

d. Dressing Upper Body

Definition: How the person dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.

Coding considerations: Consider all of the subtasks related to dressing the upper body (putting on and taking off a bra, putting on a t-shirt, putting on a button up shirt, buttoning shirts, etc.) and determine if the person is able to complete all of the tasks or if they need help with some or all of the tasks.

Example Questions:

- *How do you get dressed?*
- *Do you decide what to wear?*
- *Are you able to put a shirt on over your head?*
- *Are you able to put on and fasten your bra?*
- *Are you able to button or zip a shirt or sweater?*
- *Are you able to get a jacket on?*
- *Does anyone help you get dressed?*
- *Do you need help putting on prosthetics?*
- *Does the person need supervision to choose weather and occasion appropriate clothing?*
- *Does the child's condition impact their ability to dress?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Dressing Upper Body	
Independent (no physical assistance, setup, or supervision in any episode)	Ms. C selected and put on her own bra, shirt, and jacket this morning. She did not require assistance on any of the last 3 days.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	F's mother sets out all of her clothes, and F performs all other tasks of dressing her upper body.
Supervision (oversight/cueing)	Ms. C can put on her bra and shirt, but she needs her caregiver to remind her each step of the way.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	Ms. C selects her own clothing, but she needs her caregiver to guide her arms into her shirt sleeves. F selects her own clothing and can dress herself but requires assistance with zippers and buttons.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	Ms. C selects her own clothing, but she needs her caregiver to lift and guide her left arm into its sleeve, while providing weight-bearing support to one arm. F selects her own clothing but needs her mother to lift her right arm and guide it into her shirt. She also needs assistance with fastening her bra.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Ms. C selects her own clothing and can manage some buttons, but her caregiver completes most of her dressing, including weight bearing support for both arms.
Total dependence (full performance by others during all episodes	Ms. C's caregiver chooses her outfits and dresses her upper body each day.
Activity did not occur during entire period	Neither Ms. C nor her caregiver dressed Ms. C's upper body in the last 3 days. Neither F nor her mother dressed her upper body in the past seven days. (Note, determine whether a report of neglect needs to be made to CPS or APS).

e. Dressing Lower Body

Definition: How the person dresses and undresses (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, compression socks, shoes, fasteners, etc.

Coding considerations: Consider all of the subtasks related to dressing the lower body (putting on underwear, putting on pants/skirts, putting on and tying shoes, putting on orthotics, etc.) and determine if the person is able to complete all of the tasks or if they need help with some or all of the tasks.

Example Questions:

- *Tell me how you get dressed.*
- *Do you decide what to wear?*
- *Do you have any trouble balancing when you put on your underwear or pants/shorts/skirts?*
- *Are you able to put on and tie your shoes?*
- *Do you need help putting on prosthetics?*
- *Does the person need supervision to choose weather and occasion appropriate clothing?*
- *Does the child's condition affect their ability to dress?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Dressing Lower Body	
Independent (no physical assistance, setup, or supervision in any episode)	H selects his own clothes and completes all tasks related to dressing his lower body independently.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	Mr. D can dress himself, but he needs his clothing to be set out for him.
Supervision (oversight/cueing)	Mr. D can dress himself with oversight and cueing from his caregiver. His caregiver reminds him which shoe is his left shoe and which is his right shoe. H dresses his own lower body. His father reminds him to zip his pants and to remember to wear clean socks and underwear.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	Mr. D can dress himself with help from his caregiver. His caregiver guides his legs into his pants. Mr. D can mostly dress himself, but needs help with buttons, shoelaces, and the fasteners on his leg brace. H can dress his lower body, but requires assistance with snaps, buttons, and zippers. He also requires help tying his shoes.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	H can put on his own underwear, socks, and shoes. He requires his father's assistance putting on his pants. His father will lift his legs and guide them through the pants legs.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Mr. D selects his own clothing and can put his belt on. His caregiver lifts Mr. D's trunk and legs to get his underwear and pants on.
Total dependence (full performance by others during all episodes	H's father selects his clothes and completes all tasks related to dressing his lower body.
Activity did not occur during entire period	Neither Mr. D nor his caregiver dressed Mr. D's lower body in the last 3 days. Neither H nor his father dressed his lower body in the past seven days. (Note, determine whether a neglect report to CPS or APS is needed)

f. Locomotion

Definition: How the person moves between locations on the same floor (walking or wheeling). If the person uses a wheelchair, code based on the person's self-sufficiency once they are in the chair.

Coding considerations: Observe the person and ask them about their ability to move around. Consider whether the person is able to move around on their own (walking or wheeling) or if they need assistance.

Example Questions:

- *Do you use any assistive devices to move around your home?*
- *Are you able to access all of the rooms on this floor of your home easily?*
- *Is the person a fall risk?*
- *Do you have balance issues?*
- *Does the child's condition impact their ability to ambulate independently?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Locomotion	
Independent (no physical assistance, setup, or supervision in any episode)	Ms. E is able to move around her apartment on her own. You observe that she does not have difficulty walking from the living room to the kitchen. K uses her wheelchair independently.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	Ms. E is able to walk from the living room to the kitchen if her caregiver puts her walker in front of her.
Supervision (oversight/cueing)	Ms. E uses a walker and needs a caregiver beside her at all times. Mr. G. is a wheelchair user. Due to visual impairments, he needs cuing to ensure he does not run into objects. K needs to be reminded by her grandmother to use her walker so she doesn't fall.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	Ms. E needs her caregiver to guide her arms to her walker and to guide her legs to the appropriate position. Ms. E can then get up and move about the apartment with her walker. K's grandmother helps guide her walker to indicate where K needs to go but provides no weight-bearing assistance.

Locomotion	
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	Ms. E requires a gait belt when she is walking and leans her weight against the caregiver while she walks. K walks with a stride belt and one of her grandparents walks behind her holding the belt at all times. K often leans against the belt, making this a weight-bearing task. But K takes her own steps and guides the walker herself.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	K can move short distance in her wheelchair on her own, but usually requires someone to propel the wheelchair.
Total dependence (full performance by others during all episodes	Mr. G uses a wheelchair, which is always guided and propelled by his caregiver. Mr. G is unable to use the wheelchair himself, but sometimes directs his caregiver to turn left or right while out on walks
Activity did not occur during entire period	Ms. E is bed bound and did not move around her apartment in the last 3 days. K is non-ambulatory and has not moved about the home in the past seven days.

g. Transfer Toilet

Definition: How the person moves on and off the toilet or commode.

Coding considerations: Ask the person about their ability to get on and off of the toilet. Determine if they are able to sit down and get up from the toilet or commode and what assistance they might need. If the person does not use a toilet or commode because they rely exclusively on bed pans, briefs, catheters, etc., then this item should be rated "activity did not occur."

Example Questions:

- *Are you able to easily get on and off the toilet?*
- *Do you use any assistive devices to help you balance while using the toilet?*
- *Have you ever fallen while trying to get on or off the toilet?*
- *Does anyone help you so that you won't fall while using the toilet?*
- *Does the child's condition impact their ability to transfer on and off the toilet?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Transfer Toilet	
Independent (no physical assistance, setup, or supervision in any episode)	Mr. F gets on and off the toilet by himself, although he uses hand bars.
Independent, set up help only (article or device provided or placed within reach, no	M gets on and off the toilet by himself after his mother puts a smaller seat on the toilet.

Transfer Toilet	
physical assistance or supervision in any episode)	
Supervision (oversight/cueing)	Mr. F's receives supervision during all transfers because he is a fall risk.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	M's mother helps guide him to the toilet seat without taking any weight.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	Mr. F's caregiver helps him balance so that he can safely sit on the toilet. His caregiver takes a little bit of his weight to complete this task.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Both of Mr. F's caregivers help him balance so that he can sit on the toilet. His caregivers take almost all of his weight. M's mother uses a transfer lift to move M onto and off the toilet. M helps to position himself into the lift.
Total dependence (full performance by others during all episodes	Mr. F's caregiver helped him to transfer on and off of the toilet, taking all of his weight. This includes if the caregiver performs the entire task by using a Hoyer lift to transfer Mr. F. M's mother takes all of his weight to transfer onto and off the toilet.
Activity did not occur during entire period	Mr. F did not use a toilet or commode in the last 3 days. Mr. F. only uses briefs or a bed pan.

h. Toilet Use

Definition: How the person uses the toilet (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes bed pad, manages ostomy or catheter, adjusts clothes –EXCLUDE TRANSFER ON AND OFF TOILET.

Coding considerations: Ask the person if they are able to use the toilet or if they use an ostomy or catheter. This can be a sensitive question, so try to build rapport before asking. Determine how much support the person needs to use the toilet or manage incontinence supplies.

Example Questions:

- *Are you able to clean yourself and adjust your clothing after you go to the bathroom?*
- *If you have an accident, are you able to clean yourself afterwards*?
- *Are you able to adjust your clothing after you have used the toilet?*
- *Does the person need reminders to use the bathroom in time?*
- *Do you need help changing your pads/briefs?*
- *Do you need help managing your catheter/ostomy?*
- *Does the child need help cleaning themselves thoroughly after a bowel movement?*
- *Does the child need reminders to use the bathroom in time?*
- *Does the child's condition impact their ability to toilet independently?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Toilet Use	
Independent (no physical assistance, setup, or supervision in any episode)	Ms. G manages her own catheter without any problems. Mr. H uses the toilet independently. O uses briefs, but is able to change her briefs and clean herself.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	Ms. G can manage her catheter if supplies are set out for her.
Supervision (oversight/cueing)	Mr. H needs reminders to follow his toileting schedule. O's mother prompts her to clean herself after using the toilet.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	Ms. G can empty her catheter bag and keep her equipment clean, but a nurse changes her catheter for her. This does not require weight bearing support. Ms. I requires non-weight bearing support to help change and correctly position her briefs, but Ms. I actively participates in the process. Mr. H can use the toilet, but needs his caregiver to help clean him after he uses the toilet. He is able to stand with the aid of the grab bar while he is being cleaned, and therefore the caregiver does not bear any weight. O's mother helps her clean herself after using the toilet, without taking any weight.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	Mr. H needs someone to assist with his balance by providing weight-bearing support while he cleans himself. O requires weight-bearing support from her mother to change her brief, but O participates in changing her brief and cleaning herself.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Ms. I requires two-person weight-bearing assistance to change her briefs. O's mother provides weight-bearing assistance to change her briefs and conducts most of the cleaning activity. O helps to adjust her clothing.

Toilet Use	
Total dependence (full performance by others during all episodes	Ms. G's caregiver manages, cleans, and empties her catheter bag and a nurse changes it when needed. Mr. H's caregiver manages his toilet schedule, cleans him afterwards, and adjusts his clothing. Ms. I's can indicate when she needs her brief changes, but cannot physically participate in the tasks. Her caregivers perform all the labor associated with changing her briefs, keeping her clean, and adjusting her clothing. O's mother manages her toilet schedule, cleans her afterwards, and adjusts her clothing, although O can indicate if she needs to use the toilet before her scheduled time.
Activity did not occur during entire period	Ms. G did not use the toilet, catheter/ostomy, bedpan or briefs in the last 3 days. **Make a medical referral if the absence of urination/bowel movements is not already being addressed by the care team.**

i. Menstrual Cycle

Definition: How person manages menstrual cycle hygiene, including cleansing self and use of menstrual products.

Coding Considerations: Ask the person and their caregivers how they manage their menstrual cycle. Note: Only rate for people who have an active menstrual cycle, as indicated by the feeder question "Does person have active menstrual cycle? Y/N." Rate according to their last menstrual cycle, rather the typical 3 or 7-day lookback period. Treat this question with sensitivity, including sensitivity around puberty, menopause, and transgender identities. Also be aware that some medical conditions and medications can impact the presence or regularity of periods.

Example Questions:

- *Do you have periods? Or for youth: Have you started your period?*
- *Do you need more help in the bathroom when you are on your period? How so?*
- *Do you need help changing menstrual pads or remembering to change pads?*
- *Does the person's condition impact their ability to manage their period independently?*

Lookback Period: Last menstrual cycle

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Menstrual Cycle	
Independent (no physical assistance, setup, or supervision in any episode)	Ms. C manages her menstrual cycle herself, including using menstrual products and cleaning herself.

Menstrual Cycle	
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	Q manages her menstrual cycle when her mother sets out menstrual products for her.
Supervision (oversight/cueing)	Q's mother reminds her to check and change her pad when she is on her menstrual cycle.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	Ms. C's caregiver will help her with inserting the pad into her underwear. Ms. C performs all other tasks associated with her menstrual cycle.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	Q's mother assists her in managing her menstrual cycle. Q's mother will maneuver her to change her menstrual product, taking on some of her weight. Q will perform most of the cleaning herself.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Ms. C's caregiver performs most of the tasks associated with managing Ms. C's menstrual cycle, including weight-bearing maneuvering to change menstrual products and cleaning Ms. C. Ms. C hands her caregiver the menstrual pad and disposes of the used product.
Total dependence (full performance by others during all episodes	Q's mother performs all tasks associated with managing her menstrual cycle.
Activity did not occur during entire period	Ms. C does not have a menstrual cycle (Note, this item will not trigger to be assessed in the software in this case.)

j. Bed Mobility

Definition: How the person moves to and from lying position, turns from side to side, and positions body while in bed.

Coding Considerations: Ask the person if they are able to change positions once in bed to make themselves comfortable. Identify what types of tasks they can and cannot do (e.g., turning side to side, sitting up, etc.).

Example Questions:

- *Do you have difficulty changing positions while in bed?*
- *Do you have difficulty moving from side to side?*
- *Does anyone help reposition you overnight?*
- *Does the child's condition impact their ability to move about in bed freely?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Bed Mobility	
Independent (no physical assistance, setup, or supervision in any episode)	S can move to and from a lying position and move to make himself comfortable.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	Mr. H's caregiver moves the pillows and blankets on his bed so that Mr. H can sit up and position himself in bed.
Supervision (oversight/cueing)	Mr. H can change positions in bed, but due to a risk for pressure ulcers, must be woken up and reminded to shift positions by his partner. S can maneuver himself in the bed, but due to a fall risk must be supervised.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	S's mother helps guide his limbs as he repositions himself in bed.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	Mr. H's caregiver must lift and move Mr. H's legs in order for him to reposition himself. He can still move his upper body. S can usually reposition himself but needs weight-bearing assistance from his mother when he gets stuck in an awkward position.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Mr. H's caregiver must lift and reposition most of Mr. H's body, although he still maintains some mobility. S needs weight-bearing assistance to move his body upright from laying down. He can reposition his upper body somewhat but is unable to move his lower body.
Total dependence (full performance by others during all episodes	Mr. H's caregiver moves and repositions Mr. H. Mr. H cannot move himself. Although S has very limited mobility, his mother must lift and reposition all of S's body.
Activity did not occur during entire period	Neither Mr. H nor his caregiver repositioned Mr. H in bed in the last 3 days. Neither S nor his mother repositioned him in the past seven days.

k. Eating

Definition: How the person eats and drinks (regardless of skill); includes intake of nourishment by other means (e.g., tube feeding or total parenteral nutrition).

Coding considerations: Ask the person or family member/caregiver about the person's ability to eat and drink or intake nutrition by other means. If the person is having difficulty eating or drinking determine what level of support they need (e.g., someone to cut up food or someone to remind them to chew).

Example Questions:

- *Do you need help cutting up food?*
- *Are you avoiding foods that are more difficult for you to eat? Why are they difficult to eat?*
- *Do you need reminders to drink water?*
- *Do you need prompts to eat in a safe manner?*
- *Do you use special utensils to eat?*
- *Do you manage your own feeding tube or do you receive help?*
- *Does child need prompts to slow down when eating?*
- *Does child need supervision for portion control?*
- *Does the child's condition impact their ability to feed themselves?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Eating	
Independent (no physical assistance, setup, or supervision in any episode)	Ms. I is able to eat and drink food without assistance, although she uses adaptive eating utensils.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	Ms. I needs her adaptive eating utensils placed within her reach. Ms. I needs her food cut up for her, but this can be done in advance of the meal. U's father will cut her food for her and assists her with opening bottles or cartons. U does not require any other assistance with eating.
Supervision (oversight/cueing)	Ms. I can eat and drink with oversight from her caregiver to remind her to chew her food before swallowing or to remind her of her dietary restrictions.
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	Ms. I can eat with assistance from her caregiver to help guide food to her mouth. U's father will cut up her food and ensure she doesn't choke throughout the meal. She is able to use the utensils to feed herself.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	U can mostly feed herself, but needs help bringing heavy beverages up to her mouth.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Ms. I can feed herself some finger foods, but is otherwise reliant on caregivers to provide hand-over-hand weight bearing assistance to bring her food or drinks to her mouth.

Eating	
Total dependence (full performance by others during all episodes	Ms. I is fed completely by her caregiver, although she instructs the caregiver what she would like a bite of next from her plate. U uses a feeding tube which is completely managed by her care team.
Activity did not occur during entire period	Ms. I did not eat in the last 3 days (including no tube feeds)**.** U did not eat (Note, this would be an atypical situation; determine whether a medical referral or APS/CPS report is needed).

l. Transfers

Definition: How the person moves between surfaces including to or from: bed, chair, wheelchair, standing position. EXCLUDE transfer to/from bath/toilet/vehicle.

Coding Considerations: Ask about and observe the person's ability to transfer to and from a bed, chair, wheelchair, walker, or standing position. Ask and observe whether the person needs several attempts to get up or requires other supports to move to and from different surfaces.

Example Questions:

- *From your wheelchair, are you able to transfer yourself to your bed or a chair by yourself?*
- *Are you able to get from your bed or chair into your wheelchair?*
- *Are you able to get up from the couch? Do you need any help to do it?*
- *Is the person a fall risk during transfers?*
- *Does the child's condition impact their ability to transfer independently?*

Coding: See above

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Transfer	
Independent (no physical assistance, setup, or supervision in any episode)	Mr. J is able to transfer from his chair or bed to his walker on his own. W can transfer from his bed or chair to standing on his own.
Independent, set up help only (article or device provided or placed within reach, no physical assistance or supervision in any episode)	Mr. J can transfer from his chair or bed if his caregiver places his wheelchair in the appropriate place.
Supervision (oversight/cueing)	Mr. J can transfer from his chair or bed with oversight and cueing from his caregiver to remind him to follow the protocols established by his occupational therapist.

Transfer	
Limited assistance (guided maneuvering of limbs, physical guidance without taking weight)	W's mother guides his limbs, without taking weight, to help him move from his chair or bed to his walker. Mr. J's caregiver helps position his transfer board every time he transfers, but without bearing weight.
Extensive assistance (weight-bearing support [including lifting limbs] by 1 helper where person still performs 50% or more of the subtasks	W requires weight-bearing assistance from his mother to transfer but is still able to take steps and help position his own body.
Maximal assistance (weight-bearing support [including lifting limbs] by 2+ helpers OR weight-bearing support for more than 50% of subtasks	Mr. J requires only one caregiver to provide weight-bearing assistance, but this caregiver is performing most of the labor. Mr. J's caregiver(s) use a Hoyer lift, but Mr. J is able to assist with positioning the Hoyer sling. W's mother lifts him from the bed or chair to transfer him to his wheelchair. W helps position himself into the chair. W is a two-person weight-bearing assist during transfers.
Total dependence (full performance by others during all episodes	Mr. J lets his caregivers know when he's ready to move, but his caregivers perform all the labor of lifting and moving him from his chair/bed to his wheelchair. Mr. J does not assist with transferring. Mr. J's caregiver(s) may use a Hoyer lift, and Mr. J does not assist with the Hoyer lift sling in any capacity.
Activity did not occur during entire period	Mr. J stayed in bed for the last 3 days and not get up at all. W stayed in bed for the past seven days and did not get up at all.

m. Additional Assistance Needed

Population: Adult Only

Intent: The intent of this item is to gather information about ADLs that the person may be performing independently out of necessity during the 3 day-look back, but needs assistance in order to perform the task adequately and safely.

Coding Considerations: If the person is performing an ADL independently, but needs more assistance in order to do it safely, then check the appropriate box for that ADL. The person may be performing a task unsafely because they do not have anyone to help them with that task or other circumstances related to the three-day look back that ADL performance was rated on. **If an assessor indicates that additional assistance is needed, the assessor is required to explain the health and safety risk in the comments for the functional status domain.** The assessor should only consider health and safety related needs when determining if more help is needed, and should not base this on cultural judgments. This determination should be based on a reasonable judgment of a person's reoccurring needs, and not rare exceptions.

If the assessment is being completed with the software, these questions will only appear when they are needed. If the assessor is using the paper form, assessors should always complete these items. In the case of the paper form, the question is whether the person needs additional assistance compared to the rating received for actual performance in the last 3-days.

If no additional assistance is needed in any of the ADLs, check None, N/A.

Definitions: See the definitions for each ADL, above.

Coding examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

ADL	**Additional Assistance Needed?**	
	Yes, more help is needed (check the box).	**No, additional help is not needed (do not check the box).**
Bathing/ Hair washing	• Person has been bathing themselves independently; however, they are a fall risk when transferring in and out of the shower. • Person has been bathing themselves, however, they cannot reach their lower legs and feet. • Person has been washing their own hair, but they are getting shampoo in their eyes resulting in irritated eyes.	• There are no concerns about the person's capacity to bathe themselves or wash their hair • There are concerns that the person is 'only' bathing every other day; however, there is no medical reason why they need to bath more often. • The person takes "too long" to complete their bath; however, they are still able to complete the task.
Hygiene	• Person has been taking care of their own hygiene, however, hygiene is very poor to the point of putting their health at risk. • Person takes care of their own hygiene, but are often forgetting to brush their teeth or put on deodorant before work; the employer has expressed concern about professional appearance and hygiene.	• There are no concerns about the person's capacity to manage their hygiene independently. • The person's family believes the person needs to shave more often, however, their health is not at risk.

ADL	Additional Assistance Needed?	
	Yes, more help is needed (check the box).	**No, additional help is not needed (do not check the box).**
Dressing upper body	• Person has been dressing themselves, but they are not choosing weather appropriate clothing like wearing a coat to the extent that their safety is at risk. • Person has been dressing themselves because they do not have a caregiver available; however, it is so difficult for them to do so (e.g. cannot fasten buttons on shirt) that they often do not finish dressing themselves or remain in soiled clothing for several days. • Person has been dressing themselves, but they are straining their injured shoulder while taking shirts on and off.	• There are no concerns about the person's ability to safely dress • Caregivers disapprove of the person's clothing choices; however, the clothing choices pose no health or safety risk to the person.
Dressing lower body	• Person has been dressing themselves, however, they are at a fall risk when dressing lower body. • Person has been putting on their own socks and shoes, but they are under doctor's orders not to bend below the waist. • The person is able to dress themselves on good days, but needs more help with dressing lower body on bad days when they experience vertigo with balance issues. They were rated as independent because the last 3-days were good days for the person and they were independent, but there are episodes when they need help.	• There are no concerns about the person's ability to safely dress • Caregivers disapprove of the person's clothing choices; however, the clothing choices pose no health or safety risk to the person.

ADL	Additional Assistance Needed?	
	Yes, more help is needed (check the box).	**No, additional help is not needed (do not check the box).**
Toilet Use/ Menstrual Cycle/Toilet Transfer	• The person is toileting independently because they refuse help, but is unable to thoroughly clean themselves • The person is transferring to the toilet by themselves because they have no help available, but is a fall risk. • The person is managing their own menstrual cycle, but forgets to change their menstrual pads in time or to keep their purse stocked with extra pads, which sometimes results in spoiled clothing at work. • Note that although "cleanliness" is often a cultural judgment, in the case of toileting hygiene, unclean practices do pose a health risk.	• There are no concerns about the person's ability to toilet themselves independently, including toilet transfers and menstrual hygiene. • The person might need more help if they are ill, but this is a rare occurrence and they do not have a medical condition that causes them to be sick more often than a typical person.
Eating	• The person is eating independently, but they need more assistance to follow doctor's orders for dietary restrictions. • The person has cognitive impairments that make it difficult to make informed dietary decisions. • The person is eating independently, but they are at risk of choking. • The person is eating independently, but it is so difficult and/or tiring for them that they often do not finish their meal to the extent of insufficient nutritional intake.	• There are no concerns about the person's ability to feed themselves. • Caregivers are concerned about the person's dietary choices; however, the person is making an informed choice to eat poorly and are capable of eating healthier food if they choose to. • Caregivers are concerned that it takes the person "too long" to finish their meal, however, the person is able to finish eating the amount of food they desire.

Additional Guidance for Assessing Effect for ADLs

When determining whether a child's condition impacts the performance and support needs related to ADLs tasks, it helps to consider what a similar-aged peer without a disability is able to do. If the youth needs more assistance than a typically developing child, the assessor needs to probe into whether this is due to the child's condition and take into consideration the cognitive and physical impairments from their condition. Alternatively, the assessor needs to consider whether the family is providing more help than necessary due to family preferences or cultural expectations.

The following table provides an overview of ADL tasks and subtasks that a typically developing child is capable of performing. This is to serve as a general benchmark in helping to determine if the youth is completing ADL tasks at a level that is typical for their age.

	Ages 4-5	Ages 6-8	Ages 9-11	Ages 12-14	Ages 15-17
Bathing/ Hair washing	4 YOs will participate in bathing with assistance. Caregivers are usually in the bathroom ensuring all body parts are clean or to monitor drowning risk. May need help using the correct amount of the correct products (e.g., soap, shampoo, conditioner)	Bathing is mostly independent if part of the normal routine. May need reminder to shower. Shower or bath once a week at least, may ask for help washing hair.	Independent-may need reminders.	Independent-Showers should increase to daily due to puberty.	Independent-Showers should increase to daily due to puberty.
Hygiene	4 YOs need constant reminding to brush teeth and do not do it completely. Pediatric dentists advise that parents still help with brushing teeth.	Fine motor skills are well developed to brush teeth and recognize the need to take care of self. Need reminding to follow routines but typically do so	May need reminding but hygiene skills are in place for most 9 year olds. May start to become interested in shaving but needs assistance to safely learn.	May become more self-conscious about hygiene and have the desire to establish a more independent hygiene routine. May start using razors for shaving.	Most are self-sufficient. Many teens shave regularly.
Dressing	Can dress themselves and can usually manage zippers. May need help with buttons. May need supervision to choose weather and occasion appropriate clothes.	Coordination increases and they can manage easily. At 6 youth may start to express the desire for privacy.	Can dress independently.	Can dress independently. Should want privacy. May experience body image issues (self-conscious) as body is changing rapidly at this age.	Self-sufficient.

	Ages 4-5	Ages 6-8	Ages 9-11	Ages 12-14	Ages 15-17
Locomotion	Independent – can move freely. Falls are normal during active play or due to risk taking.	Coordination and gross/fine motor skills increase. May like to show off skills such as running, jumping, and skipping, during which falls are normal.	Self-sufficient.	Self-sufficient. Physical exercise is encouraged to maintain health.	Self-sufficient, healthy to get an hour of aerobic activity daily.
	Children's muscles may be inflexible and hard to move due to their condition. Movements may be "jerky" or "clumsy" or hard to coordinate. Muscles may be slow to turn on and planning and execution (motor planning) may be impaired. Balance issues may be present. This may also impact bed mobility and transfers.				
Transfer toilet	Independent, can move freely. May require stepping stool.	Gross motor skills are in place to be self-sufficient.	Self-sufficient	Self-sufficient.	Self-sufficient
Toilet use, including menstrual cycle	Only 60% of 4 YOs are fully toilet trained. May wear pull ups at night even if trained during the day. If loss of bowel/bladder control after traumatic event then there may be an effect.	Muscle control is well established by most youth at age 6. Night incontinence may still be present.	Self-sufficient.	Self-sufficient. Females may begin menstrual cycle. With caregiver guidance, feminine hygiene products can be managed.	Self-sufficient
	BI can sometimes result incontinence in previously trained youth because of usual mechanisms in the brain for controlling the bladder and/or bowel may be damaged.				
Bed Mobility	Independent – can move freely	Self-sufficient.	Self-sufficient.	Self-sufficient.	Self-sufficient
Eating	May need help cutting tough foods and with portion control. May need child-appropriate dinnerware and cups to avoid spilling drinks or breaking dishes.	May need help cutting tough foods and with portion control.	Self-sufficient.	Self-sufficient.	Self-sufficient.

Coding Examples for ADL effect: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

	0. Child/youths Condition does not affect the performance of the task.	**1. Child/youth's condition affects the performance of the task.**
Bathing; Hair washing	• Youth completes bathing at an age appropriate level • Bathing is not more difficult compared to similar age peers	• Youth needs increased supervision due to cognitive impairment, such as additional reminders or cueing for multi-step subtasks • Youth needs physical assistance due to physical impairments, such as transfers and washing all body parts and hair • Youth cannot adequately regulate safe water temperature due to limited sensation • Youth needs more baths/showers than typical due to incontinence
Personal hygiene	• Youth completes personal hygiene at an age appropriate level • Youth needs reminders that are similar to similar aged peers • Hygiene task are not more difficult compared to similar aged peers	• More reminders than typical needed due to memory impairments • Curing needed due to inability to remember multi-step processes • Youth needs physical assistance due to physical impairments, such as brushing hair, removing toothpaste cap, etc.
Dressing upper body; **Dressing lower body**	• Youth completes dressing at an age appropriate level • Youth need guidance on weather and occasion appropriate clothing consistent with similar aged peers • Dressing is not more difficult compared to similar age peers	• Fine motor mobility impairments make buttons, zippers, etc. difficult. • Large motor impairments make maneuvering limbs or being able to stand while dressing difficult • Youth needs to be changed more often than similar aged peer due to incontinence • Youth needs additional reminders or guidance compared to similar age peers due to memory or cognitive delays • Dressing takes additional time and assistance due to prosthetics used for the child's condition

	0. Child/youths Condition does not affect the performance of the task.	1. Child/youth's condition affects the performance of the task.
Locomotion	• Youth move about their environment without difficulty • Falls and clumsiness are present among younger children, but at a level that is consistent with similar aged peers	• Youth needs assistance to manage/use wheelchair or walker • Youth requires additional supervision or assistance due to an abnormal amount of falls or balance issues
Transfer toilet	• Youth able to transfer on and off toilet with minimal difficulty • May use step stool, but independently without difficulty	• Youth requires supervision or assistance due to balance or mobility issues • Youth forgets to use grab bars, etc., due to cognitive impairments • Youth requires physical assistance due to mobility impairments • Youth needs grab bars, specialized toilet, or other adaptive equipment due to physical disabilities
Toilet use	• Youth manages their toileting needs without difficulty at a level consistent with their peers. • A younger child, recently potty-trained, who still has accidents or needs help cleaning thoroughly after a BM, at a level consistent with peers • Accidents when experiencing an acute illness, not related to condition	• Youth cannot clean themselves or adjust clothing due to physical impairments • Youth cannot tell when they need to go, due to reduced sensation • Older youth who still have accidents • Youth needs to go to the bathroom more frequently than peers due to bladder/bowel dysfunction or side effect of medications
Menstrual Cycle	• Youth manages menstrual cycle at a level consistent with peers • Youth may need guidance and education when still new to their menstrual cycle	• Youth need reminders and guidance beyond typical level due to memory or cognitive impairments; e.g., education/guidance does not seem to be sinking in over time • Youth need physical assistance using menstrual supplies due to fine or gross motor impairments
Bed Mobility	• Youth can freely move about their bed with no difficulty	• Due to physical impairments, such as poor muscle tone, partial paralysis, etc., youth needs assistance to move about their bed • Youth is at risk of pressure ulcers due to limited mobility

	0. Child/youths Condition does not affect the performance of the task.	1. Child/youth's condition affects the performance of the task.
Eating	• Youth are self-sufficient in eating at a level similar to peers • Younger children may need supervision and prompting, such as to eat slower, consistent with similar aged peers • Younger children may need assistance cutting meat or opening drink containers at a level consistent with similar age peers • Younger child uses cups with lids to prevent spills •	• Physical impairments make handling silverware or cutting food difficult • Youth needs supervision for portion control due to cognitive impairments that have limited their ability to know when they are full • Youth needs food pureed or finely chopped • Older youth continue to need supervision and monitoring due to eating too fast or a choke risk • Youth uses adaptive eating equipment due to motor impairments • Youth need to eat more often than typical due to condition related dietary or digestive needs
Transfers	• Youth can freely transfer with no difficulty • May use grab bars or assistive devices, but can manage independently without difficulty • Younger child is clumsy and prone to falls, but at a level consistent with similar aged peers.	• Balance issues and increased fall risks are present • Youth need additional supervision or physical assistance due to mobility impairment • Youth can transfer, but with greater difficulty than peers • Youth needs to transfer more often than typical due to a pressure ulcer risk.

Section IV: Maladaptive

All maladaptive items apply to both adult and youth and are defined the same across all ages.

27. Behavioral Symptoms and Support Needs

Intent: This item is intended to capture behaviors that require supervision or intervention. The intent of this section is to identify the presence of behavioral symptoms during the last 3 days, or prior to the last 3 days as long as the indicator was present, and the support needed to manage the symptoms. Behaviors that are potentially harmful to the person or others, or disruptive to others, are included. Acknowledging and documenting behavioral symptoms provides a basis for further evaluations, if needed.

Do not count a single behavior in more than one category; if a behavior fits into more than one category, the assessor must use professional judgment to select the most appropriate category

Definitions:

Behavior Definitions		
Behavior	***Behaviors that are included***	***Behaviors that are NOT included***
Wandering	• Moving with no rational purpose, seemingly oblivious to needs or safety • Aimless walking • Wandering can be via walking or by wheelchair	• Moving with a purpose, even if the purpose is unusual (e.g. checking toy car collection in the middle of the night; looking out every window in the house) • Pacing
Elopement	• Attempts to or exits/leaves home/work/school, etc. at inappropriate times, without notice/permission	• Leaving a location with permission
Verbal abuse	• Threatening others (in-person, by phone, or online) • Include gestural or written abuse • Screaming at others • Cursing at others	• Instances when the person yelled or made disruptive noises that were not meant to threaten or intimidate others (verbal abuse must be targeted at someone). • Generalized inflammatory statements that do not target specific people (e.g., political arguments, rude online comments) (consider whether should be captured under socially inappropriate behavior instead)
Physical abuse	• Hitting, scratching, shoving others • Kicking others • Throwing objects at people	• Violence towards objects (instead captured under destructive behavior)

Behavior Definitions		
Sexual abuse – e.g., others were molested or sexually abused	• Others were molested or sexually abused • Verbal or gestural sexual harassment of others, could include harassment though social media. • Sharing nude photos of **another person** by text or over social media • If behavior is predatory and risks victimizing someone, categorize as sexual behavior; be mindful of appropriately capturing support needs while also being cautious about the power of sexual behavior labels	• Consensual flirting or dating between peers • Sexual activity by consenting adults • Sexually inappropriate behavior is a separate item: • Keep in mind that sexually inappropriate behavior is not always predatory in nature; if behavior does not harm others and is related more to a need for education and redirection, inappropriate behavior may better capture this
Inappropriate public sexual behavior or public disrobing	• Public disrobing • Public masturbation • Unwelcome groping • Sharing nude photos of **self** by text or over social media	• Sexual activity (e.g. masturbation, watching pornography, etc.) done privately in the privacy of one's own home • Nudity in the privacy of one's own home • Forgetting to put on clothes correctly (capture as an ADL need) • Unwelcome hugs (capture in socially inappropriate behavior instead) • In group homes/shared living, consider the bedroom private but shared living spaces as public • Gender nonconforming behavior • Keep in mind that sexually inappropriate behavior is not always predatory in nature; if behavior does not harm others and is related more to a need for education and redirection, socially inappropriate behavior may better capture this

Behavior Definitions		
Resists care	• Resisting care to take medications/injections • Being combative/resistant to ADL or medical care	• An informed choice to decline medications or care • Typical youthful resistance to or forgetting or light complaining about ADL care (capture an ADL support need as appropriate) • Not wanting to complete/participate in IADLs (capture as IADL support need instead)
Self-injurious behavior	• Banging head on wall • Pinching, biting, or scratching self • Hitting or punching self • Pulling own hair • Cutting self • Self-harm or suicide attempts • Includes self-directed behaviors that may result in harm to the person, regardless of cause	• Do not count picking at scabs, chewing fingernails, grinding teeth, etc., unless intervention is needed • Do not count refusing care (instead capture in resists care) • Do not count smoking, alcohol, drug use, poor diet, etc.
Destructive behavior towards property	• Throwing objects • Turning over beds or tables • Vandalism • Punching holes in walls • Fire starting	• Accidental damage (e.g., dropping a glass; wheelchair bumping into furniture)
Outbursts of anger	• Intense flare-up of anger in reaction to a specific action or event (e.g., upset with decisions of others)	• Behaviors that better fit under verbal abuse, destructive behavior, etc.
Pica	• Ingestion of non-food items, e.g. soap, dirt, feces • Pica is a clinical term and therefore qualifying behaviors should be consistent with the clinical definition	• For behavior that is not consistent with clinical definition of pica, consider whether should be captured under socially inappropriate or self-injurious behavior • Eating food of the floor (may be considered socially inappropriate behavior) • Chewing nails, other bad habits
Polydipsia	• Inappropriate or excessive fluid consumption (e.g., drinks fluids many times during the day, drinks huge amounts at a time, refuses to stop drinking, drinks secretly from unusual sources	• Drinking more fluids than usual due to illness, physical activity, hot weather, etc.

Behavior Definitions		
Stealing	• Theft from family or housemates • Shoplifting	• Rummaging through others belongings (socially inappropriate instead)
Bullying others	• Pattern of repeated oppression or victimization of others • No physical contact but others made to feel unsafe/intimidated; invades personal space of others • Repeated teasing of a particular person • Cyber-bullying of particular people	• Generalized threats such as a bomb threat (capture under socially inappropriate behavior) • Beating up a classmate (capture under physical abuse)
Cruelty to animals	• Deliberate mistreatment of or physical injury to animals • Kicking or hitting family pets • Harassing the neighbor's dog	• Exclude behaviors that are consistent with cultural norms (e.g., using a shock collar to train a dog).
Socially inappropriate or disruptive behavior	• Disruptive sounds or noises • Screamed out • Smeared/threw food/feces, • Hoarding • Rummaging through others' belongings • Unwelcome hugs • Entered a neighbor's or friend's home uninvited	• Verbal abuse targeting others (instead capture as verbal abuse) • Physical abuse targeting others (instead capture as physical abuse) • Do not count cross-cultural or sub-cultural behavior (e.g. religious practices, cross dressing, gender nonconforming behavior, body piercings, etc.)

Coding Considerations: Use observation of person and environment. Ask the person, family or parent/primary caregiver if each specified problem behavior occurred. Only focus on the person's actions, not intent. The family's interpretation of the behavior does not necessarily define the behavior. Some family members may have become accustomed to a behavior or minimize the difficulty of the person's behavior because they see it often or understand its cause (for example, "Oh, no. He's not physically abusive. He doesn't really mean to hurt anyone — he's just frightened."). Such assumptions about the cause, while they may be factually correct, should not be considered in deciding whether the behavior was present or not and in coding items. Rather, code each item based on whether the person manifested the behavioral symptom. Be sure to probe for more information, if needed. Others might not think to report a behavior symptom if it is part of the person's routine behavior. Probe into the support needed for a behavior symptom, including level and type of support.

Behavior items may be sensitive; build rapport before asking sensitive questions. In some cases, the information could negatively impact the relationship between the person and their caregiver/family; in these cases, speak with the caregiver/family separately from the person being assessed. It is okay if the person being assessed wants to leave the room during sensitive questions. If possible, ask caregiver/parent about behavior when the person is not in the room. Recognize that answers given with the person present may need to be validated.

Some persons may not have exhibited behaviors in the last three days because they are receiving support to prevent those behaviors but are still at risk of having those behaviors if supports are not in place. For this instance, code the person as "Present, but not exhibited in the last 3 days".

Do not "double dip" by counting a single behavior in more than one category. Use your professional judgment to determine the category that is the best fit for each behavior. For example, a youth is known to eat inedible objects such as paint and other art supplies. This should be recorded as "Pica," and not double counted as "socially inappropriate behavior." Or, for example, a person is known to tease his housemates. The assessor needs to probe more about this behavior, in order to determine if "verbal abuse" or "bullying" is the best response option. However, a single event can have multiple behaviors, e.g. both "verbal abuse" and "elopement" could both occur as part of the same event.

Behaviors should not be confused with bad habits, cross-cultural differences, or an informed decision to take on risk.

Example Questions:

- *What happens when you get upset?*
- *Do you ever behave in a way you later regret?*
- *Has anyone ever expressed any worries about your behavior to you?*
- *To caregiver: Do you have any concerns about the person's behavior?*
- *To caregiver: Do you have concerns about the person getting lost or getting hurt when they are left alone?*
- *To caregiver: How does the person react when they are upset about something?*
- *To caregiver: Does the person engage in hurtful behavior?*
- What is the response needed when they engage in that behavior?
- Does the person have a history of [X behavior]?
- Are there any behaviors that are being prevented through supports or a structured environment?

Lookback Period: Last 3 days (using codes for extended time frame).

Coding:

interRAI code (complete for all items):

- ❑ **Not present** (No recent history, no supports in place or needed)
- ❑ **Present but not exhibited in the last 3 days** (Includes history of behavior with supports currently needed)
- ❑ **Exhibited on 1-2 of the last 3 days**
- ❑ **Exhibited daily in last 3 days**

If behavior symptom is marked "present" for the interRAI code, the Support Required and Support Level scales are assessed (supported by skip pattern in software). If behavior symptom is marked "present" for the interRAI code, the Support Required and Support Level scales are assessed (supported by skip pattern in software) The **Support Required** scale assesses the type of support **typically** required during waking hours. The **Support Level** scale assesses the level of support **typically** needed to manage behavior during waking hours. Both scales are not limited to the 3 day look-back as they use a "typical"

standard. Both scales address behavior supports during waking hours only. Overnight support needs are assessed in a separate item.

Support Required –Type of support typically required during person's waking hours:

- ❑ No support needed or can ignore behavior
- ❑ Monitor only, using a person or through environmental means
- ❑ Verbal or gestural distraction or prompting typically required
- ❑ One person hands-on support typically needed
- ❑ More than one person (2:1) typically needed to redirect

Support Level– Level of support typically needed to manage behavior during person's waking hours:

- ❑ No support required
- ❑ Less than monthly, episodic, or seasonal only
- ❑ One to 3 times a month
- ❑ Once a week
- ❑ Several times a week
- ❑ Once a day or more
- ❑ Continuous support during waking hours required for this behavior
- ❑ Person can never be left alone in a room and must always be in constant line of sight for behavioral support
- ❑ Person can never be left alone in a room and must always be within arm's length for behavioral support

Coding Example: This is a typical example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment in making coding decisions.

Behavior	interRAI Code	Support Required	Support Level
E does not like having her teeth brushed and tries to push the toothbrush out of her mouth when her mother brushes her teeth. This is a daily behavior when they brush E's teeth, including over the last 3 days, and her mother is able to redirect it by moving E's hands away to complete the task. **(Resists care)**	Exhibited daily in last 3 days	One person hands-on support typically needed	Once a day or more
When Ms. F gets angry, she often starts throwing and breaking things. This happens a couple times per month, with the most recent time about 2 weeks ago. Usually the behavior can be verbally redirected; though twice in the last year she had to be physically escorted out of area. **(Destructive behavior toward property)**	Present but not exhibited in last 3 days	Verbal or gestural distraction or prompting typically required	One to 3 times a month

Behavior	interRAI Code	Support Required	Support Level
Mr. A frequently makes disruptive noises and grunts, and most of the time staff simply ignore the behavior. Staff report this happens several times a week, including on 2 of the last 3 days. On occasion, this frustrates other members of the household; in those instances staff redirect Mr. A or the other person to another place in the home. **(Socially inappropriate or disruptive behavior)**	Exhibited 1-2 of the last 3 days	No support needed or can ignore behavior (this is the *typical* support required)	Several times a week
When T becomes angry, she sometimes hits and kicks other people. When this happens, it usually requires multiple staff to keep T and her household members safe. This happens about once a week, and once in the last 3 days. **(Physical abuse)**	Exhibited on 1-2 of the last 3 days	More than one person (2:1) typically needed to redirect	Once a week
Z used to take food out of the refrigerator, including things that were marked and belonged to others; the refrigerator now has a lock on it that prevents E from accessing it. **(Stealing)** Last year, Mr. G entered a housemate's room, kissed them and touched their genitals; since then 24 hour staffing and an alarm on Mr. G's door has prevented a recurrence of the behavior. **(Sexual abuse)**	Present but not exhibited in last 3 days	Monitor only, using a person or through environmental means	Continuous support during waking hours
Ms. K struggles with changes to her routine. After visits with her family over holidays, Ms. K typically returns to her group home agitated and quick to anger. She just returned home yesterday from visiting her family, and staff report this behavior has happened today and yesterday. When this happens, staff are able to redirect the behavior with verbal redirection by asking Ms. K to calm down in her room. This support is only needed when Ms. K goes home, about two to three times a year. **(Outbursts of anger)**	Exhibited on 1-2 of the last 3 days	Verbal or gestural distraction or prompting typically required	Less than monthly, episodic, or seasonal only

Behavior	interRAI Code	Support Required	Support Level
Due to a history of physically hurting herself, and a recent suicide attempt (last month), Ms. B is constantly monitored and kept in staff's line of sight. When Ms. B does attempt to hurt herself, about once a month, staff intervene and redirect the behavior. Due to the seriousness of the behavior, Ms. B is constantly monitored for her safety, and Ms. B's staff reports this is typical over the last year. **(Self-injurious behavior)**	Present but not exhibited in last 3 days	Monitor only, using a person or through environmental means (this is the *typical* support required)	Person can never be left alone in a room and must always be in constant line of sight for behavioral support

28. Overnight Behavioral Support

Intent: To record any behaviors that require support during the sleeping hours

Definition: Overnight refers to the person's typical sleeping hours, regardless of whether their sleeping hours are different from when other people normally sleep. This item captures overnight behavioral supports (e.g., wandering, theft) and not adaptive supports (e.g., overnight toileting, repositioning, etc.).

Coding Considerations: Interview individual, caregiver, and care team. For any overnight behaviors present, also rate support needed for those behaviors. Support scales on item 27. Behavior captures waking hours only; behavioral supports needed beyond that during the person's sleeping hours are captured here. Do not include adaptive or health related supports; those may be captured as health, ADL, or IADL support needs instead. Include all maladaptive behaviors that occur overnight, including but not limited to those items listed in item 27.

Example Questions:

- *Does the person have any behaviors that require supports overnight?*
- *What kind of overnight support does the person need to manage behaviors at night?*

Lookback Period: Current status/based on typical standard

Coding:

- ❑ No
- ❑ Yes

If yes, indicate typical level of support needed:

- ❑ Monitor only, using a person or through environmental means
- ❑ Verbal or gestural distraction or prompting typically required
- ❑ One person hands-on support typically needed
- ❑ More than one person (2:1) typically needed to redirect

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Overnight Behavioral Support	
Monitor only, using a person or through environmental means	M's parents have placed an alarm on her door because she gets up during the night and eats all the food she can find in the kitchen.
Verbal or gestural distraction or prompting typically required	Ms. O frequently gets out of bed during the night and wanders around the house. During this time, she rummages through other's belongings and steals things; because she lives in a group setting, overnight staffing is required to monitor and redirect Ms. O back to bed when she does this.
One person hands-on support typically needed	M engages in self-injurious behavior when she has trouble sleeping. When this occurs, she needs one-person hands-on support to stop her from hitting herself.
More than one person (2:1) typically needed to redirect	Ms. O has PTSD and often experiences night terrors during which she bangs her head against the wall. When staff respond, she becomes verbally and physically aggressive, and it requires two staff to keep Ms. O safe and assist her in re-orienting and calming down.

29. Extreme Behavior Disturbance

Intent: To capture any history of extreme behavior(s) that suggest serious risk of harm to self (e.g., severe self-mutilation) or others (e.g., fire setting, homicide)

Definition: Any type of extreme behavior known to have put the person or others at serious risk. For example, homicide, rape, torture of humans or animals, assault resulting in serious injury to another person, severe self-mutilation, suicide attempt that would very likely have been successful, history of fire setting that did or had the potential to cause serious damage to people or property.

Coding Considerations: Assess if others have concerns (out of knowledge of prior behaviors) that the person may pose a serious current risk of harm to themselves or others. The intent is to identify those behaviors that are so severe that there is a serious risk to self or others. A behavior previously captured in item *27. Behavioral Symptoms and Support Needs* may be captured here again; the rule against double dipping does not apply to this item. There is no time limit on this item; if behavior occurred a long time ago, this can be explained in comments, e.g., "supports no longer required as this behavior has not occurred in 20 years and person is no longer felt to be at risk of repeating this behavior."

Example Questions:

- *Does the person have any history of extreme or dangerous behaviors?*
- *What are the potential consequences of the person's behavior(s)?*

Lookback Period: Any history of extreme behavior

Coding:

- ❑ No
- ❑ Yes, but not exhibited in last 7 days
- ❑ Yes, exhibited in last 7 days
    - If yes:
      describe behaviors and explain supports/response needed

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Extreme Behavior Disturbance	
No	J has some behaviors present, including verbal abuse and bullying, but none that rise to the level of extreme.
Yes, but no exhibited in last 7 days	Ten years ago, J set fire to his parent's house; he said he wanted to "burn it to the ground." Last month, J was hospitalized after attempting suicide by stealing some medications and taking them all at once.
Yes, exhibited in last 7 days	Yesterday J was caught participating in a drive by shooting with friends. J made a bomb threat to a local school 4 days ago.

30. Behavior Problems Prevent Individual from Moving to a Less Restrictive Setting

Populations: Adult & Youth

Definition: Must be a recognized behavior problem that is occurring with some frequency and documented in a support plan. The current environment should be helping to lessen the individual's behavior. Do not select "yes" based on the belief the person might engage in a behavior in a different environment.

Coding:

- ❑ Yes
- ❑ No

Coding Considerations and Process: Interview individual, caregiver, and care team. Probe into the specific behaviors that are applicable and how the current environment helps manage these behaviors.

Environment includes residential setting, day setting, and school setting, but focus on the supports provided in the environment rather than type of setting (e.g., person needs 24-hour support or alarms, regardless of whether it is a ICF-IDD, group home, or private residence). Include any maladaptive behaviors, including those not specifically included on the MFEI-IDD assessment. The supports must be for the person themselves, not someone else in the person's environment.

Lookback Period: Current Status

Example Questions:

- *Does the person's residential environment help lessen their behaviors? How so?*
- *Does the person's school environment (or day setting) help lessen their behavior? How so?*
- *Has the person ever been given an opportunity to live in a less restrictive environment? How did this go?*

Coding examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Behavior problems prevent individual from moving to a less restrictive setting	
Yes	W lives in a group home that has door alarms and a fenced yard due to elopement. W continues to try to run off, but the door alarms effectively alert staff so that they can stop the behavior.
No	W has very few behaviors and can be easily redirected. Her behaviors due not require 24-hour supervision.

31.Does individual's Written Behavior Plan meet the following criteria (if applicable)?

Definition: The criteria of a written behavior plan are specified in K.A.R. 30-63-23. A behavior plan must meet all of the following criteria:

1) Is specific to the individual
2) Clearly define the behavior
3) Clearly define needed supports
4) Collect information on frequency and severity of the behavior, for those behaviors that are managed with restrictions or medication

Coding:

- ❑ Yes
- ❑ No

Note, that there are also checkboxes to ensure that the behavior plan meets the correct criteria. All 4 criteria must be met and checked in order to select "yes."

Coding Considerations and Process: Request and review a copy of the person's written behavior plan to ensure it meets the above criteria. *The behavior plan can be any support plan that meets these four criteria and does not necessarily need to be a standalone behavior plan, for example, an IEP or PCSP*

counts if it meets the above 4 criteria. The behaviors addressed in the plan may be any aberrant behaviors, including those not specifically included on the MFEI-IDD assessment.

Lookback Period: Current

Example Questions:

- *Does the person have a behavior plan? Can I review it?*
- *Does the person have a behavior plan included in their IEP or PCSP? Can I review it?*

Coding examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Written Behavior Plan Meets Criteria	
Yes	V has several behaviors, including elopement and pica which both require restrictions (locks and alarms). V has a behavior plan embedded in her PCSP which details all behaviors and the supports needed. It also documents the frequency of elopement and pica, as these behaviors are managed with restrictions.
No	V has minor behaviors that are easily redirected without restrictions. She therefore does not have a behavior plan.

Addendum: Employment

A1. Does this person require the employment addendum be completed?

Population: Adults only

Intent: This item is used to determine if the employment support items should appear when using the MFEI-IDD software.

The employment addendum should be completed when any of the following are true.

a. receiving Competitive Integrated Employment (CEI)
b. Expresses an interest in pursuing paid work,
c. Are engaged in non-CIE facility-based work activities.

Coding:

- ❑ Yes (proceed)
- ❑ No (skip this section)

A2. Work

Population: Adults only

Definitions:

a. Understanding Workplace Logistics**–**Understands the employer's probationary period and wage structure. Knows how to read a pay stub and what to do to get a raise. Understands the grievance procedure. Understands if eligible for benefits and leave time. Understands when and how they will be evaluated. Knows legal rights as an employee.

b. Adherence to Schedule **--** Reliably attends work as scheduled and adapts to changes in schedule. Effectively uses time-clock/reports hours. Understands and carries out correct procedures for using leave time. Follows rules for break-time. Do not include transportation.

c. Workplace Interactions **--** Able to effectively communicate workplace needs. Engages in acceptable and collegial interactions with supervisors, coworkers, and/or customers. Recognizes professional boundaries. Engages in acceptable social interaction during work-related off-the-clock activities (e.g., break room, office parties, etc.) Reacts appropriately to constructive criticism. Does not unduly distract co-workers/customers and is not easily distracted by them. Adapts to new supervisors/co-workers/customers. Able to remediate or seek help if workplace conflicts occur.

d. Quality of Work **--** Completes work assignments with a quality level that is consistent with that of co-workers. Uses work materials accurately and maintains an orderly and safe work space. Recognizes and corrects mistakes. Demonstrates acceptable appropriate work-quality learning curve when job duties change.

e. Work Efficiency **--** Demonstrates work productivity that is comparable, on average, with that of co-workers. Plans and sequences work tasks, including set-up and close-down activities, in a logical and efficient manner. Adapts, within an acceptable period of time, to changes in the workflow when job duties change.

Performance: The person's actual self-sufficiency or level of support needed to perform routine work activities, in the last 3 workdays (as defined above)

Capacity: Presumed ability of the person to carry out routine work activities (as defined above) as independently as possible.

See below for coding definitions.

Coding -- rate both performance and capacity according to the following:

- ❑ 0. Independent – No help, set-up, or supervision
- ❑ 1. Set-up help only – for example, getting work materials ready for the person, but no assistance or supervision needed during the activity
- ❑ 2. Supervision – Oversight/cueing
- ❑ 3. Limited assistance – Help on some occasions
    - This refers to help that is greater than supervision, such as hands-on help
    - 'Some occasions' may be hands-on help some but not all workdays; or for just a few job tasks throughout the work day, but for most job tasks, the person needs supervision or less.
    - If hands on help is needed daily and consistently throughout the day, extensive assistance or higher applies.
- ❑ 4. Extensive assistance – Help throughout task, but performs 50% or more of task on own
    - This refers to help that is greater than supervision, such as hand-on help, that is provided consistently throughout the workday
- ❑ 5. Maximal assistance – Help throughout task, but performs less than 50% of task on own
    - This refers to help that is greater than supervision, such as hands-on help, that is provided consistently throughout the workday.
    - To distinguish between extensive and maximal assistance, focus on whether the person is doing more or less than 50% of all job tasks independently.
- ❑ 6. Total dependence –Full performance by others during entire period
    - For cognitive tasks, total dependence is when caregivers/staff perform *all* the cognitive tasks of a job without the person being engaged in cognitive aspects of the task
    - For physical tasks, total dependence is when caregivers/staff either complete the work for the person or provide hand-over-hand support for *all* job tasks.
    - To distinguish between maximal assistance and total dependence, focus on whether the person is contributing to the completed work in any meaningful way, either cognitively or physically. If the person can describe or perform *any* of the tasks or subtasks, do not consider them totally dependent.
- ❑ 8. Activity did not occur – During entire period (DO NOT USE THIS CODE IN SCORING CAPACITY) (e.g., person did not work)

Note, this coding is the same as for IADLs.

Look back period: last 3-WORKdays; however, the person has not worked any days in the last 3 months, use the 8 code for activity did not occur

Coding Considerations and Process: Interview the individual, caregiver, and support team. Ask if any job performance evaluations are available for review. For performance, focus on all work tasks and work environments the person was engaged in during the last three workdays, whether sheltered employment, supported employment, or competitive employment. For capacity, focus on the work environment and tasks that are typical for that person, or in the case of an unemployed individual, those that would most likely be available to them. In rating capacity, focus on the person's self-sufficiency or supports needed to perform job duties on a sustained basis under the typical circumstances for their job/workplace, rather than unusual circumstances (e.g., don't rate based on the person's best day or if they would be able work independently if-need-be for a few days; or, conversely, on the person's worst day or when the workplace is under atypical stress).

Consider the level of support the person needs in comparison to peers without disabilities. Most workers need assistance from supervisors or co-workers from time to time, such as when learning a new task, responding to an atypical situation, or dealing with difficult customers. Consider a person independent if they do not need help from a job coach, etc., and the level of help provided by supervisors/co-workers is consistent with that provided to their colleagues without disability.

Only rate performance as 'independent' if the person was always independent during the look back period for all subtasks. Only rate performance as 'total dependent' if the person was always totally dependent during the look back period for all subtasks.

If the person does not work, capacity is still rated based on presumed ability of the person to carry out work tasks.

Example Questions:

- Tell me about your job. What are your main responsibilities at work?
- What does your supervisor say that you are good at? What would your supervisor like you to improve at?
- How do you know when you are supposed to be at work?
- Do you get help with your job? What do you get help with?
- When do you get paid? Do you know how much you earn? What would you do if you thought your paycheck was short?
- What do you do if you need a day off from work? Who would you report to if you were too sick to work?
- Do you get along with your co-workers?

Coding examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Understanding Workplace Logistics		
	Performance	**Capacity**
0. Independent – No help, set-up, or supervision	A. independently understands her wage structure, leave policy, and other logistics pertaining to her position.	A's capacity is same as performance; that is, independence is appropriate for her cognitive skills.

Understanding Workplace Logistics		
	Performance	**Capacity**
1. Set-up help only	Support staff prepare a weekly list to remind A of the workplace logistics she needs to check-on. A uses the list without additional support.	A receives set-up help, which is appropriate for her needs.
2. Supervision – Oversight/cueing	Yesterday, A's support staff reminded her to pick up her paycheck.	A received supervision, which is appropriate for her needs.
3. Limited assistance – Help on some occasions	A understands her wages, leave policy, and many other aspects of her job. However, she needed help 2-days ago to file a grievance.	A did not need any assistance during the last 3-workdays, however, she does need help biweekly, on payday, to check her paystubs to make sure her hours were accurate.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	A has a decent understanding of workplace logistics and rules, but has limited literacy. She therefore gathers all paystubs, work memos, and other communication and goes over them together with her job coach.	A has been handling workplace logistics independently, however, due to declining eyesight, she has been misreading her paystubs and workplace memos. However, she still understands verbal instructions well. The assessor therefore concludes that she needs extensive assistance, because she should have all workplace policies and forms either read to her or enlarged by a job coach.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	A cannot read and has memory impairments, although she can understand things that are read and explained to her at an appropriate level. Therefore, she has regular meetings with support staff to go over anything related to workplace logistics, including the employee handbook, employer memos and emails, and paystubs. She also gets assistance completing any workplace forms/paperwork.	A's performance was rated as total dependence because her parents automatically take care of all workplace logistics for her without really engaging her. However, her case manager feels that A could be more involved in workplace logistics if she were presented with clear explanations, a limited set of choices, and other close supports.

Understanding Workplace Logistics		
	Performance	**Capacity**
6. Total dependence –Full performance by others during entire period	A has a job mowing lawns, but she does not understand the pay structure, leave policy, or any other details, even after repeated explanation. Therefore these details are all handled for her.	A receives total dependence, which is appropriate for her cognitive capacity.
8. Activity did not occur – During entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)	A has not worked for at least 3 months.	Not applicable.

Adhering to Workplace Schedule		
	Performance	**Capacity**
0. Independent – No help, set-up, or supervision	B manages his own schedule and is commended for his dependability. He was accidentally late to work a month ago, when he set his alarm for PM instead of AM, but he called his boss when he realized he was going to be late and is well within his employer's grace allowance for late arrivals.	B is independent and this is appropriate for his needs. As most employees are occasionally late, his late arrival a month ago is not cause for concern at this time.
1. Set-up help only	B uses an app and alarms to manage his schedule. Staff set up his alarms every evening, which indicate when he has to leave for work, when he needs to clock in, break times, and clock-out time. He does not need on-the-job support to follow this schedule as long as his phone alarms are set up.	B has been getting supervision on the job to follow his schedule, due to forgetfulness, but the assessor feels that he could be more independent with a phone app because he has needed very little supervision and is tech savvy.
2. Supervision – Oversight / cueing	B receives reminders from support staff, while on the job, for when it is time to go to and return from break.	B has been managing his own schedule, but has been late frequently. Although he uses an alarm, he has slept through it on several occasions. The assessor therefore concludes that he needs reminder and check-up phone calls.

Adhering to Workplace Schedule		
	Performance	**Capacity**
3. Limited assistance – Help on some occasions	B reliably follows his daily schedule without assistance, but needs help requesting leave time. His job coach helped him fill out a vacation day request form 3 days ago.	B followed his schedule independently the last three days, but he needs help looking up his work schedule and requesting any needed changes every Friday. He was assessed on a Wednesday, so this support was not captured in the 3-workday lookback period for performance. However, it is a regular support need and therefore is captured as limited assistance under capacity, as he needs help some days.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	B understands his schedule and gets to work on time, but someone helps him clock in and out for his shift and breaks, because he cannot reach the time clock from his wheelchair. B hands his helper his ID card for clocking in and out.	B receives extensive assistance, which is consistent with his cognitive and physical abilities.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	B requires physical cues to follow his work schedule in moving from one activity to the next. He also needs physical assistance in logging his work hours. However, he does have a basic understanding of his schedule and reviews his hours with support staff.	B receives maximal assistance, which is appropriate for his physical and cognitive capacities.
6. Total dependence –Full performance by others during entire period	B's schedule is managed for him in a sheltered work setting. Staff get him to work on time and throughout the day push his wheelchair to the appropriate workstation at the needed time. His work hours are logged for him. Staff also manage his absences, calling in for him when he cannot attend work. He does not track or understand his work hours or leave time procedures.	B does not work, but due to profound I/DD, he would likely be totally dependent for schedule adherence if he had a job. This is consistent with the level of support he needs for IADLs.

Adhering to Workplace Schedule		
	Performance	**Capacity**
8. Activity did not occur – During entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)	B has not worked for at least 3 months.	Not applicable

Workplace Interactions		
	Performance	**Capacity**
0. Independent – No help, set-up, or supervision	C engages in appropriate workplace interactions without needing oversight or guidance.	C is independent and this level is appropriate for him as no concerns have been expressed about workplace interactions.
1. Set-up help only	C is anxious about social interactions at work, and therefore, every day before work, his family helps him identify topics of conversation for the break room. He does not require supervision while at work regarding workplace interactions.	C is receiving set-up help, which is working well and appropriate for his needs.
2. Supervision – Oversight / cueing	C sometimes frequently engages in inappropriate conversations at work. She needs supervision at all times, but can be verbally redirected.	C has been independent in workplace interactions, but recently concerns have been expressed about C making inappropriate jokes at work. Therefore, moving forward, supervision is recommended.
3. Limited assistance – Help on some occasions	C normally only needs supervision and redirection to ensure he engages in appropriate interactions, but yesterday he had to be escorted to a different area because he would not stop harassing a co-worker.	C received limited assistance, which is appropriate for his needs.

Workplace Interactions		
	Performance	**Capacity**
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	C engages in appropriate workplace interactions with coworkers, but requires sign language interpretation throughout the day.	C has been getting limited assistance with his communication devices at work, but due to declining health and physical dexterity, is having more and more trouble using his communication devices independently. It is therefore determined that he now needs hands-on help throughout the day with his communication devices in order to interact effectively with co-workers and supervisors.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	C has very basic communication skills and can respond to simple yes-no questions. He receives 1-on-1 support from staff who help communicate his needs and preferences to co-workers. However, he becomes frustrated when he cannot effective communicate and disrupts others and has to be escorted to his calm-down space.	C has been totally dependent in workplace interactions the last week because he is non-verbal and his communication equipment has been out-of-order. However, new equipment has been ordered and it's anticipated that C will return to maximal assistance, in which he needs a lot of help to use equipment but is more engaged than total dependence
6. Total dependence –Full performance by others during entire period	C has profound I/DD and is non-verbal. Staff communicate all his needs for him and provide hands-on support when he becomes disruptive.	C is total dependence and this is appropriate for his physical and cognitive needs.
8. Activity did not occur – During entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)	C did not work in the last 3 months.	Not applicable

Quality of Work		
	Performance	**Capacity**
0. Independent – No help, set-up, or supervision	D independently produces quality work with an acceptable rate of minor errors, that is equivalent to her coworkers.	D was getting set-up help, but has expressed a desire to set up her own work supplies and her support team believes she is capable of this if given sufficient time.

Quality of Work		
	Performance	**Capacity**
1. Set-up help only	D's adaptive equipment is set up for her daily, and then she produces quality work independently.	D has been getting supervision, but she and her family think she could be more independent if she uses a phone app to guide her through work tasks instead. She would need help setting up and monitoring the app.
2. Supervision – Oversight / cueing	D's supervisor produces poor quality work when she is distracted. Therefore her supervisor remains close by and verbally redirects her when she becomes distracted.	D receives supervisions, which is appropriate for her needs.
3. Limited assistance – Help on some occasions	D is independent in most tasks at her fast food job and has recently been trained to handle the cash register. She can process card payments independently, and has been set up to work in a "credit/debit card only" lane. However, where there is an issue with payment, D needs hands-on support.	D has been getting limited assistance, which is appropriate for her needs.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	All of D's work is double checked and frequently returned to her for correction.	D has been getting maximal assistance, but now that she is more familiar with her job, supports are going to be reduced to a level more consistent with extensive assistance.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	D receives hands-on assistance for most work tasks as he has severe physical disabilities, but he cognitively understands and participates in the work tasks. For example, he will count out items that are being packaged, but gets physical help with the packaging.	D receives maximal assistance and this is appropriate for his needs.

Quality of Work		
	Performance	**Capacity**
6. Total dependence –Full performance by others during entire period	D works at a sheltered workshop where hardware is sorted into bags for furniture packaging. She cannot perform this task, but sits at the workbench while her co-workers and support staff perform the work. Although they involve D by communicating with her or having her participate in some work with hand-over-hand assistance, she cannot perform any work without this total assistance.	D does not work due to profound IDD and severe physical disabilities. It is assumed that is D were to work, it would need to be in a sheltered workshop and he would be totally dependent.
8. Activity did not occur – During entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)	D did not work in the last 3 days.	Not applicable

Work efficiency		
	Performance	**Capacity**
0. Independent – No help, set-up, or supervision	E works independently and is commended by her supervisor for being very productive and efficient on this job.	E works efficiently independently, and therefore his capacity is the same as his performance.
1. Set-up help only	E's adaptive work station and equipment are set up for him every morning, and then he works efficiently without further assistance for the remainder of his shift.	E has been working independently but slowly, in part because he doesn't set up an organized workstation, and therefore spends much time looking for supplies. It therefore appears he could use some set-up assistance to improve his productivity.
2. Supervision – Oversight / cueing	E is very detail oriented with a tendency to perfection, at the expense of efficiency. He therefore receives frequent check-ins with verbal instruction that he did a good job and it's time to work on the next item**.**	E has been receiving supervision at work, which is appropriate for his needs.

Work efficiency		
	Performance	**Capacity**
3. Limited assistance – Help on some occasions	E is efficient at most of the tasks involved in his job as a dishwasher, but has been known to spend 15 minutes washing a single cup when he starts daydreaming. Therefore when this occurs, support staff work next to him and continuously hand him new dishes to wash to keep him focuses on his job. He needs this help for 15-30 minutes here and there, and is then able to continue working independently once he's back on track.	E has been getting limited assistance at work, which is appropriate for his needs.
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own	E bags groceries at a local store. Because he is somewhat slow, the cashier helps more than is typical with other baggers. Nonetheless, E still bags more than half the groceries for each order.	E does not work because he is retired. Prior to his retirement, he needed limited assistance. Due to aging, it is assumed if he were to return to work, extensive assistance would now be needed.
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own	E needs frequent hand-over-hand support to stay focused and complete the amount of work expected, but E is engaged in the process and helps track his productivity on a log.	E receives maximal assistance at the worksite, which is appropriate for his physical and cognitive needs.
6. Total dependence –Full performance by others during entire period	E enjoys going to work every day at a workshop, but is only able to complete tasks with hand-over-hand support even for the most simple tasks. He also does not cognitively track the task he is working on.	E has profound I/DD and complex health needs and therefore does not work. If he were to attend a worksite, he would need hands-over-hands support for every task.
8. Activity did not occur – During entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)	E did not work over the past 3 months.	Not applicable

A3. Risk of Unemployment or Disrupted Education

Population: Adult only

Definitions:

a. Increase in lateness or absenteeism OVER LAST 6 MONTHS: Attendance issues, for any reason.

b. Poor productivity or disruptiveness at work or school: Workplace productivity or interactions with co-workers, customers, or colleagues do not meet reasonable expectations for the specific job or educational setting.

c. Expresses intent to quit work or school: Individual plans to or expresses desire to quit their job or schooling. Exclude situations in which a person is submitting proper notice to quit a position because they have another job lined up. Do not count graduation or finishing a certificate program or other education goal as quitting school.

d. Persistent unemployment or fluctuating work history over last 2 years: Job gaps or frequent changing of job positions, for any reason, as this may cause concerns for prospective employer. Do not consider a person who is not seeking/interesting in work because they are retired or on disability as unemployed. However, do count those with a disability or who are retired and desire work, but have trouble finding or keeping jobs.

e. Poor hygiene: Hygiene practices that are not acceptable for the work setting

f. Other: Capture any other risk to obtaining or maintaining a job, or completing schooling, which was not already captured and specify.

Coding:

- ❑ No
- ❑ Yes
- ❑ Not applicable

Look back period: Current status, unless otherwise specified in definition

Coding Considerations and Process: Interview individual, caregiver, and care team. Focus on risk factors to employment or schooling for any reason. Mark a risk factor as present even if there is a good reason for risk factors (e.g., illness or family responsibilities), as these factors can still make it difficult for people to secure or maintain employment or schooling. Make referrals as appropriate to programs and resources that can help individuals address job or school related challenges. If the person is working or in school, and also not seeking work, select "not applicable."

Example Questions:

- How is your job/education going?
- Are you making it to work/classes on time?
- Have your supervisors/teachers expressed any concern about your performance?
- Do you get along with your co-workers/fellow students?
- Are you happy at your job?
- Are you happy with the classes you are taking?
- How many jobs have you had over the past few years?
- Have there been any times you didn't have a job in the last 2 years?
- Do you have any challenges in getting ready for work and appearing professional?

Coding Examples: This is a typical coding example and is not meant to be an exhaustive representation of all possible scenarios. The assessor should use professional judgment or consult the I/DD Program manager in making coding decisions.

Increase in lateness or absenteeism over last 6 months	
No	A was commended for her strong attendance and dependability in her recent job evaluation.
Yes	A has been late to work frequently, because she has experienced transportation difficulties since her mom has no longer been able to provide her a ride.
Not applicable	A does not work or attend school, and is not seeking work.

Poor productivity or disruptiveness at work or school	
No	B's job coach praises his work ethic and professional demeanor.
Yes	B's job coach has expressed concern that his productivity is inconsistent and that he sometimes makes it difficult for his co-workers to focus on their job.
Not applicable	B does not work or attend school, and is not seeking work.

Expresses intent to quit work or school	
No	C is happy at work and is proud of progress she is making at earning a certification through the community college that will help advance in her career.
Yes	C is struggling in school and reports that she is going to drop out
Not applicable	C does not have a job and is not seeking work.

Persistent unemployment or fluctuating work history over last 2 years	
No	D is known as a steady and reliable worker. About 6 months ago, he left a longtime position for a new job.
Yes	D has held 4 different jobs in the last two years, with a 4-month bout of unemployment.
Not applicable	D has been happily retired for the last 5 years and not interested in work.

Poor hygiene	
No	E takes a shower every morning before work.
Yes	E's job coach reports that co-workers do not want to partner with E on tasks due to her strong body order.
Not applicable	E does not work or attend school, and is not seeking work.

Other, specify	
No	F is not currently experiencing any issues related to finding or keeping their job
Yes	F expressed concern that their clothes are getting old and worn, and that they do not look as professional at work as their coworkers.
Not applicable	F does not have a job and is not seeking work.

Section 4: After the MFEI

4.1 Notification of Results to the Person

HCBS Programs

Certificates, MFEI-LOC outcome forms and releases of information must be signed and dated by the person or their legal representative. Please identify person signing the documents. Copies of all legal documents must be uploaded to Kansas Aging Management Information System (KAMIS).

After the assessment, a copy of the LOC Outcome form is to be left with the person and a copy must be uploaded into KAMIS.

IDD Waiver Notices of Action

Whenever an Assessment is completed for a person for the first time, a *Notice of Action* (MR-5) will be generated by KAMIS explaining that the person either is, or is not, eligible for ICF-IID services or HCBS funding. The original of this form is sent to the person and copies are sent to the guardian, if there is one, and to the case manager. When a re-evaluation is done which results in the person no longer being eligible for ICF/MR services or HCBS funding, a *Notice of Action* is generated by KAMIS to that effect. The distribution remains the same.

The MFEI-LOC can be checked out for 7 days. Within one working day following the assessment, the CDDO assessor shall make referrals to the following entities when necessary and appropriate:

- AAA; or
- ADRC; or
- A Center for Independent Living; or
- Other community-based service providers, such as a Community Mental Health Center (CMHC).

4.2 Notification of Results to State Agencies

Form 3160

The 3160 is the form that is used to document functional, program, and financial eligibility for HCBS programs between the CDDO, KDADS, KanCare Clearinghouse and the MCOs after the completion of the initial assessment.

For the IDD waiver, the 3160 is the responsibility of the IDD Program Manager to authorize waiver access. The Program Manager completes sections 1 & 2 of the 3160 and uploads it to KAMIS in the MFEI document section identified as the 3160. It is the responsibility of the Program Manager, not the CDDO to transmit the 3160 to the KanCare Clearinghouse after program eligibility has been completed. The Provisional Plan of Care (PPOC) showing which of the waiver services are being requested should be uploaded in the MFEI document section as a singular document and must be identified as the PPOC. A PPOC identifies what services on the waiver the person is seeking.

Note: Documents that are transmitted through multiple entities for eligibility determination need to be uploaded singularly to be complaint with HIPPA regulations. At least one document must be loaded in the MFEI document section to be entered into the Workload List alerting the Program Manager the assessment has been completed and needs review for program eligibility.

Form 3161

The 3161 is the form used as a means of communication between the CDDO, KDADS, the KanCare Clearinghouse and MCOs when there is a change regarding the applicant.

A 3161 is completed by the IDD Program Manager to notify the CDDO, KanCare Clearinghouse and MCO for the following changes:

- Eligibility status after reassessment for HCBS
- Any change in participant demographics
- Death
- Unable to locate participant
- Participant declines services

4.3 Personal Rights, Responsibilities, Appeals and Grievances

If an assessment determines an individual is ineligible for IDD services, the individual shall have the right to appeal. A person that does not agree with the results is able to appeal those results, by following the steps listed below:

> **Right to Request a Fair hearing (appeal a decision):** If the individual has any questions about the action taken or if you want more information considered before the planned action is taken, discuss these matters with an agency representative. If the individual disagrees with the agency's proposed action, they have the Right to request a fair hearing through the State of Kansas' Department of Administration's Office of Administrative Hearings (OAH). Their request must be received, in writing, at the following address, within 60 days of receiving this notice of action (an additional three days is given for mailing time):
>
> Office of Administrative Hearings
> 1020 S. Kansas Avenue,
> Topeka, KS 66612-1327
> Telephone: 785-296-2433
> Fax: 785-296-4848
> http://www.oah.ks.gov/request.htm
>
> **Civil Rights:** No person shall, on the grounds of race, color, national origin, age disability, religion, or sex be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity of the Department for Aging and Disability Services (KDADS). If you feel that you have been discriminated against on the above grounds, you may make a complaint in writing to KDADS or the United States Department of Health and Human Services.

Reporting to Economic & Employment Services (EES) Specialist: You are required to report any change in income, resources, or living arrangements to your DCF Economic & Employment Services (EES) Specialist.

Individual's Rights and Responsibilities as a Medicaid Applicant/Recipient:

1. You have the right to have your eligibility for Medicaid services determined within 45 days.

2. You have the right to services which are provided to persons in your category of eligibility in accordance with the Medicaid state plan, based on the availability of services and fiscal limitations.
3. You have the right to a fair hearing if you are dissatisfied with any adverse decision made regarding your services.

4. You have the right to receive equal treatment as compared to other applicants/recipients who are in similar situations.

5. You have the responsibility to report all changes in circumstances to your case manager and local DCF office (including income, hospitalization, living arrangements, etc.,) which may affect your Medicaid application, eligibility, and/or subsequent services.

6. You have the responsibility to cooperate in any current and subsequent efforts to establish your Medicaid and related program eligibility.

7. You have the responsibility to pay your share of services costs, if applicable, in accordance with your assigned Medicaid client obligation.

8. You have the responsibility to participate in any reviews or audits of your level of care and/or services by the Medicaid agency, KDADS personnel, or managed care health plan.

Appendix A: Glossary

Abuse: Means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult, including: (1) Infliction of physical or mental injury; (2) any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship; (3) unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult; (4) unreasonable use of a physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult; (5) a threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult; (6) fiduciary abuse; or (7) omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness. **K.S.A. 39-1431**

ANE: Abuse, Neglect and Exploitation (see definitions of each in glossary).

Activities of Daily Living (ADL): Refers to the ability to care for individual day-today basic needs such as feeding, bathing, dressing, grooming, that are important to independent functioning.

Exploitation: Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources. This also includes fiduciary abuse which occurs when any person who is the caretaker of, or who stands in a position of trust to an adult takes, secretes or appropriates their money or property to any use of purpose not in the due and lawful execution of the adult's trust. **K.S.A. 39-1431**

Adult Protective Services (APS): A division within the Kansas Department for Children and Families that protects human rights and hosts a hotline to report abuse, neglect and exploitation of adults, seniors and individuals with disabilities.

Aging and Disability Resource Center (**ADRC):** The ADRC is designed to empower older adults and persons with disabilities to make informed choices about their services and supports. This will streamline access to those services and ensure their person needs will be met. The ADRC can refer persons to an array of in-home, community-based and institutional services, as well as provide decision-making support through a service called Options Counseling.

Area Agency on Aging (AAA): As authorized by the Older Americans Act (OAA) and defined by the Kansas Department for Aging and Disability Services Administrative Rules and Regulations, Section 26-1-1a (1) means "the agency or organization within a planning and service area that has been designated by the secretary on aging to develop, implement and administer a plan for the delivery of a comprehensive and coordinated system of services to older persons in the planning and service area (PSA)." There are 11 Area Agencies on Aging in Kansas.

Assisted Living Facility (ALF): Any place or facility caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living.

Client Assessment, Referral and Evaluation (CARE): Is a required assessment for persons seeking Nursing Facility Admission in Kansas. The CARE Level-1 is now incorporated into the MFEI-LOC.

Community Developmental Disability Organization (CDDO): K.S.A. 39-1801 (formerly HB 2458), Developmental Disability Reform, became a law effective January 1, 1996. Developmental Disability Reform establishes county-recognized community mental retardation centers as Community Developmental Disability Organizations (CDDO) which is to provide for a single point of application, eligibility, and assistance in obtaining services for persons with developmental disabilities. Community Developmental Disability Organizations were previously referred to as Community Mental Retardation Centers (CMRC).

Community Mental Health Center (CMHC): As defined by the Kansas Department of Social and Rehabilitation Services (SRS), under K.S.A. 39-1602 means, "any community mental health center organized pursuant to the provisions of K.S.A. 19-4001 to 19-4015, inclusive, and amendments thereto or mental health clinic organized pursuant to the provisions of K.S.A. 65-211 to 65-215, inclusive, and amendments thereto, and licensed in accordance with the provisions of K.S.A. 75-3307b and amendments thereto."

Center for Independent Living Services (CIL): Are centers that promote the self-reliance of persons with disabilities through education, advocacy, training and support. The core services provided by all CILs are: person and systems advocacy, information and referral services, peer counseling, independent living skills and deinstitutionalization.

Child Protective Services (CPS): Division with the Kansas Department for Children and Families that protects human rights and hosts a hotline to report abuse, neglect, and exploitation of minor children.

Diagnostic and Statistical Manual of Mental Disorders (DSM): Is a Volume developed by experts through the American Psychiatric Association that defines mental disorders in order to improve diagnosis, treatments and research.

Durable Power of Attorney (DPOA): A durable power of attorney is a power of attorney by which a principal designates another as the principal's attorney in fact in writing and the writing contains the words "this power of attorney shall not be affected by subsequent disability or incapacity of the principal" or "this power of attorney shall become effective upon the disability or incapacity of the principal," or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding the principal's subsequent disability or incapacity.

Exploitation: means misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

Functional Assessment Instrument (FAI): This is the previously required assessment to determine functional eligibility for the FE/PD/TBI waiver and PACE programs before the transition to the MFEI.

Functional Eligibility: Functional eligibility determination means there is need for long-term services and supports (LTSS) due to cognitive or physical limitations, according to federal Medicaid law.

Guardian: Means a person or a nonprofit corporation certified in accordance with K.S.A. 59-3037 and amendments thereto which has been appointed by a court to act on behalf of a ward and possessed of some or all of the powers and duties set out in K.S.A. 59-3018 and amendments thereto. "Guardian" does not mean natural guardian unless specified.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): United States legislation that provides data privacy and security requirements to protect medical information of individuals.

Home and Community Based Services Waiver (HCBS): Medicaid programs overseen by the Kansas Department for Aging and Disability Services and the Centers for Medicare & Medicaid services that supports individuals with disabilities or older adults in the community.

HCBS waivers in Kansas include:

FE - Frail Elderly
PD - Physical Disability
AU – Autism (youth)
I/DD – Intellectual/Developmentally Disability
SED – Serious Emotional Disturbance (youth)
TA – Technology Assisted (Youth)
BI –Brain Injury for Adults and Youth

Individualized Education Plan (**IEP):** Is a specialized education plan for children receiving special education supports.

Instrumental Activities of Daily Living (**IADL**): Refer to more complex activities to care for individual day to day needs such as taking medications, preparing food, managing money, and shopping, which help a person live independently.

Intellectual Disability/Developmental Disability/Related Condition (ID/DD/RC): Any condition, other than mental illness, that develops before the age of 22 that impairs intellectual function and results in limitations in three or more life activities (i.e., Language, mobility, self-care).

Kansas Aging Management Information System (KAMIS): Software and database used by Kansas Department for Aging and Disability Services programs, the public and agency staff. The system collects and reports data on customer assessments, plans of care and services provided. KAMIS replaced the Client Assessment and Referral System.

Kancare: Is the State of Kansas' Medicaid program.

Kansas Department for Aging and Disability Services (KDADS): The Kansas department that provides oversight to all programs pertaining to the care and quality of life of senior adults and individuals with disabilities including AAAs, ADRCs, HCBS Waiver programs, CDDOs, Centers for Independent Living, long-term care programs, hospitals, and adult care homes.

Level I PASRR: Is a short series of questions to determine whether a person with mental illness, intellectual disability or other developmental disability (related condition) should be referred for a PASRR Level II assessment to further evaluate whether or not nursing facility services or specialized mental health or mental retardation services are needed. Level I PASRR is included in the MFEI and

the LOC outcome score is how the determination for a referral for a PASRR Level 2 assessment is made.

Level II PASRR: Is an in-depth assessment, performed by a Qualified Mental Health Professional (QMHP) or Qualified Mental Retardation Professional (QMRP), on any person indicating a history of and treatment for serious mental illness or mental retardation, *also known as a developmental disability,* or any other developmental disability, *formerly known as related condition,* for the purpose of determining whether the person requires the level of services provided in a specialized program for persons with mental illness or developmental disabilities.

Long Term Services and Supports (LTSS): Assistance with activities of daily living and instrumental activities of daily living to assist the person remain in the community for as long as possible.

Managed Care Organization (MCO): Are the entities that assist to administer Medicaid in Kansas for participants of KanCare.

Medicaid: Provides health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. It is administered by states, according to federal requirements. It is jointly funded by the federal and state government.

MFEI-LOC: Medicaid Functional Eligibility Instrument-Level of Care is the assessment instrument to determine functional eligibility for the HCBS FE, PD, BI, PACE, BIRF, and NF services in Kansas. It replaces the previously used FAI (Functional Assessment Instrument) and CARE assessment instruments.

Neglect: Means failure or omission by one's self, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness. **K.S.A. 39-1431**

Nursing Facilities (NF): A Medicaid-certified facility that provides three types of services: skilled nursing, rehabilitation and long-term care. The PASRR must be completed before admission for adults age 21 and over.

Options Counseling: Is to help program participants to assess and understand their needs and to assist/empower them in making informed decisions about appropriate services and supports.

Program for All-Inclusive Care for the Elderly (PACE): Program that provides senior adults, 55 and older living in certain counties in Kansas with adult day care, health care, occupational therapy, physical therapy, meals, social services, transportation and other services as needed by the individual.

PASRR (Preadmission Screening and Resident Review): Is a federally required screening to help ensure that individuals are not inappropriately placed in nursing homes for long term care.

Regional Prevention Center Contacts (**RPCC**): Kansas Regional Prevention Centers provide technical assistance, videos, and trainings regarding substance abuse and other unhealthy behaviors. In addition, they have referral information for persons seeking treatment that can address these needs.

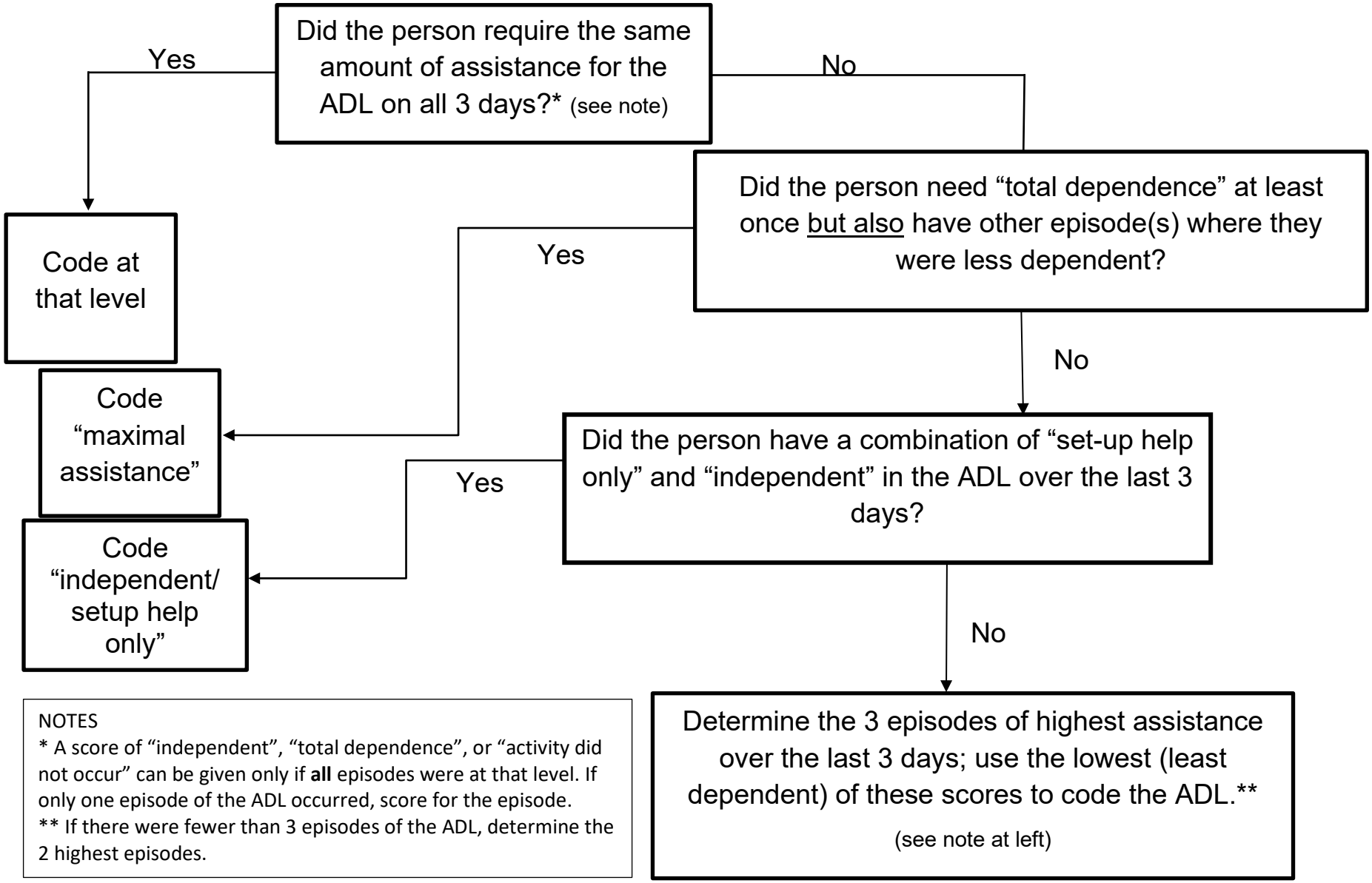
Severe and Persistent Mental Illness (SPMI): A major mental disorder as found in the current version of DSM and can include schizophrenia, mood, panic or severe anxiety, paranoid, somatoform, personality, or

psychiatric disorders. This does not include dementia or Alzheimer's. It must result in impairment of major life activities and must lead to chronic disability.

Special Admission: An admission to a nursing facility that does not require a LOC score. Special admissions include: emergency admissions, admissions for less than 30 days, admissions for respite, out of state admissions and admissions for terminal illness.

Veterans Affairs (VA): The VA provides a wide variety of services including health care, housing, programs for homeless veterans and employment services.

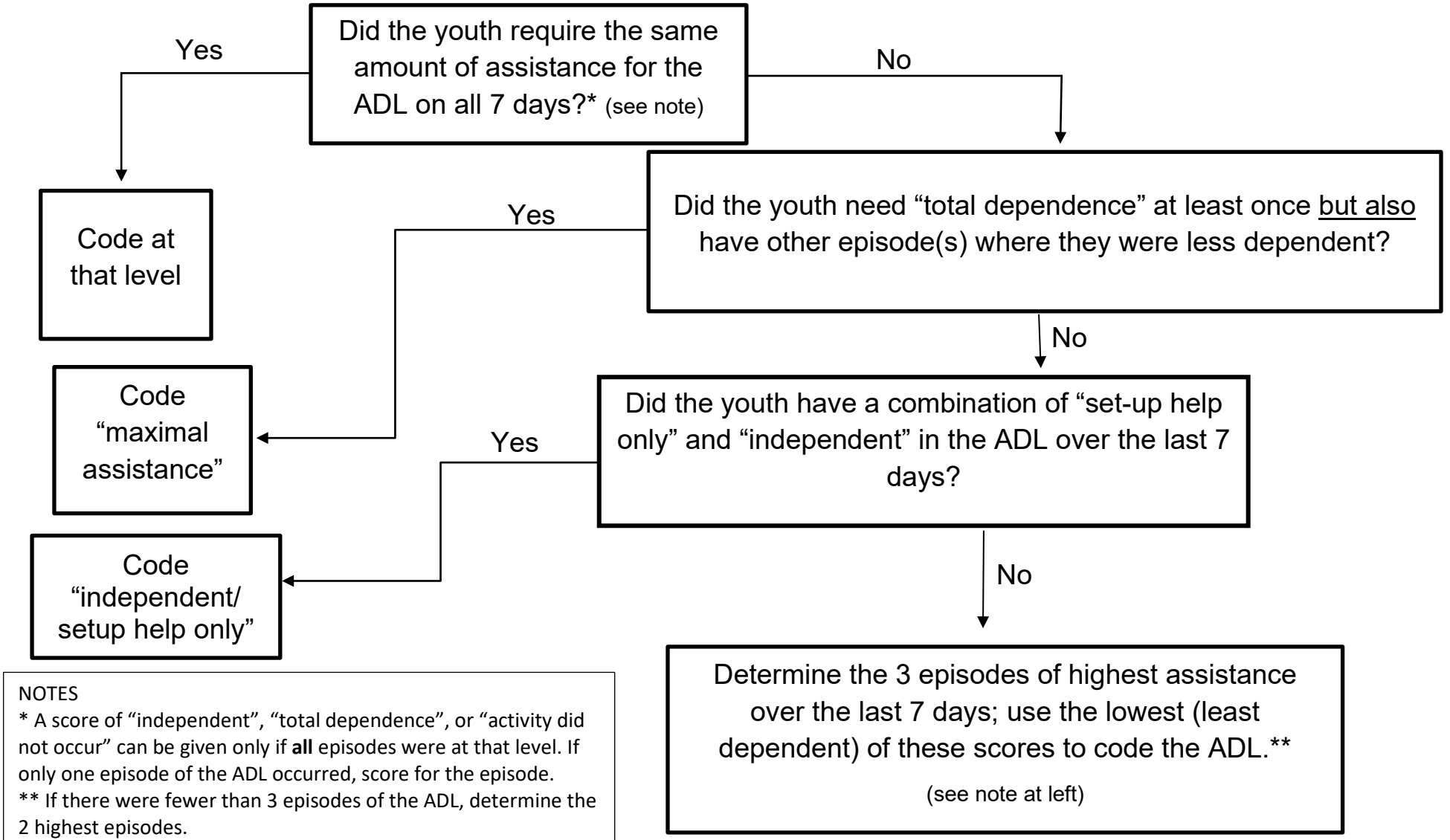
Appendix B: ADL Performance Coding Flow Chart for Adults



NOTES
* A score of "independent", "total dependence", or "activity did not occur" can be given only if **all** episodes were at that level. If only one episode of the ADL occurred, score for the episode.
** If there were fewer than 3 episodes of the ADL, determine the 2 highest episodes.

Appendix C: ADL Performance Coding Flow Chart for Youth

(note, same as adults except a 7-day look-back period instead of 3 days)

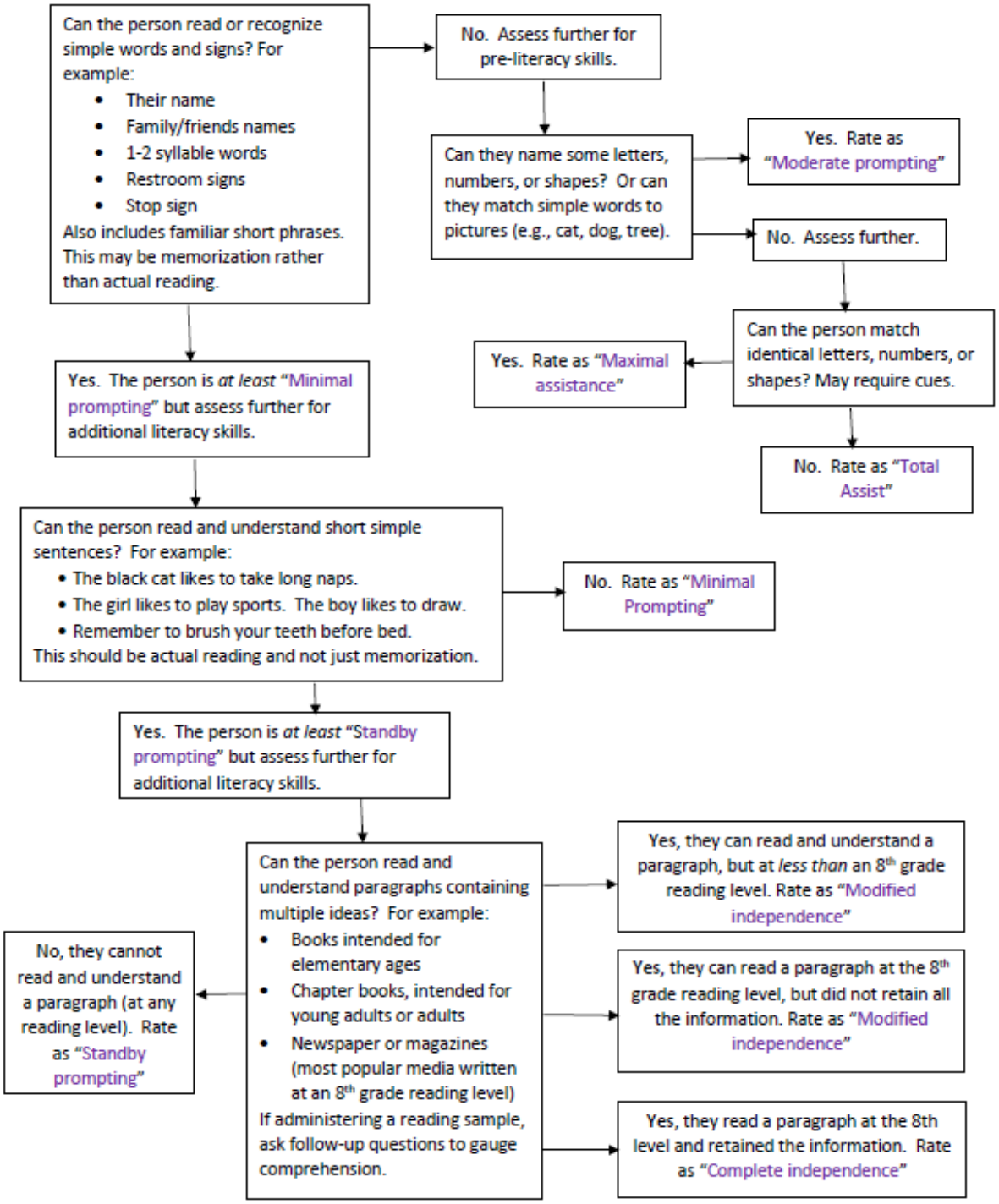


NOTES

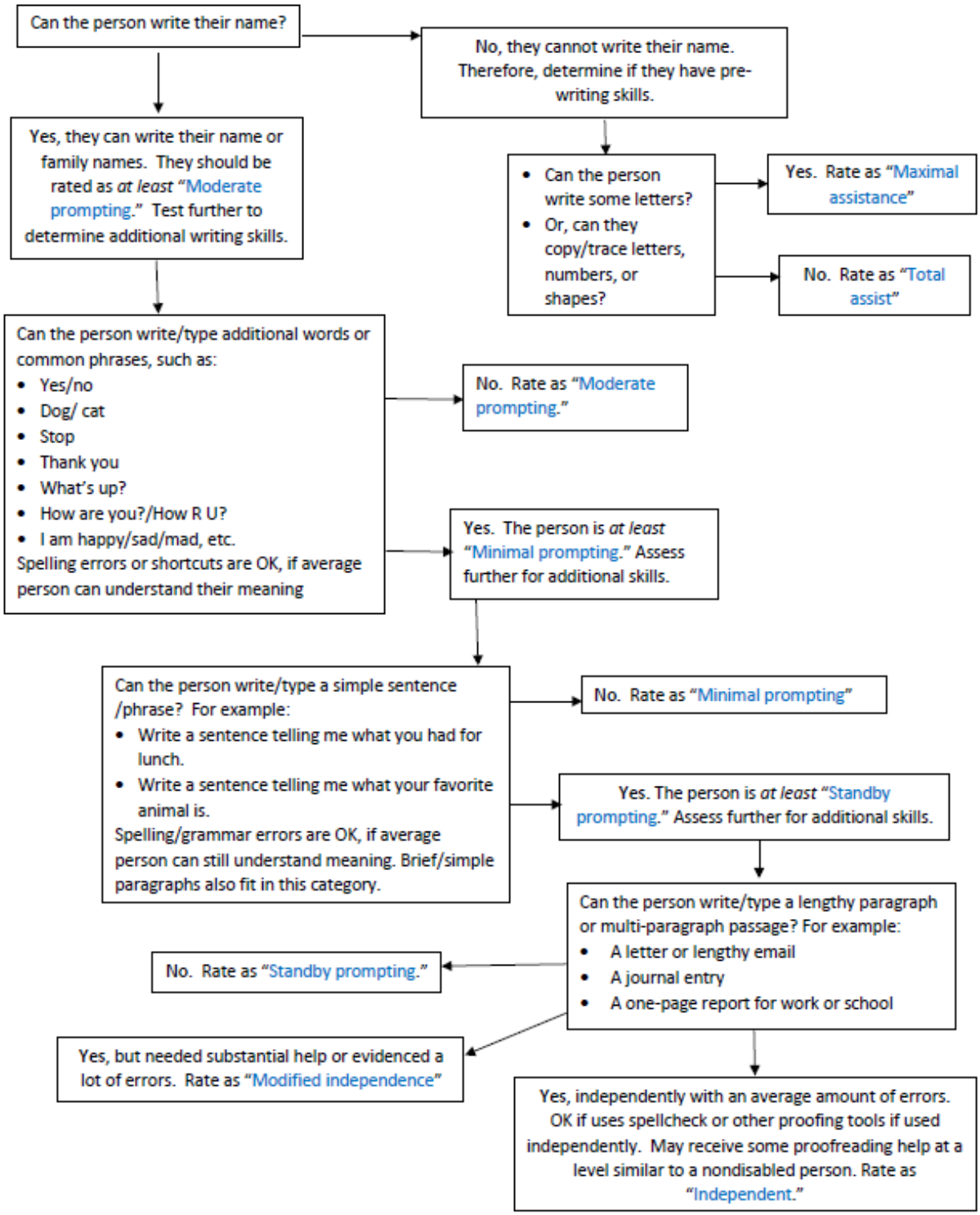
* A score of "independent", "total dependence", or "activity did not occur" can be given only if **all** episodes were at that level. If only one episode of the ADL occurred, score for the episode.

** If there were fewer than 3 episodes of the ADL, determine the 2 highest episodes.

Appendix D: Reading Assessment Guide



Appendix E: Writing Assessment Guide



SECTION I: IDENTIFICATION INFORMATION

1. Name and Contact

_____
(first) (middle initial) (last) (Jr/Sr.)
Preferred name_____

_____
Street Address, Apt #

_____
City, County, State, Zip

_____
Phone Number, primary *Phone Number, alternative*

_____
Email

_____
Mailing Alt. Address (if applicable) Street Address/PO Box, Apt #

_____
City, County, State, Zip

7. Legal Guardian or DPOA Contact *Check all that apply*

☐DPOA, Finances ☐DPOA, Healthcare
☐DPOA, Other/Unspecified ☐ Legal Guardian
☐Designated representative ☐N/A - No Guardian, etc.

_____
Name

_____
Relationship

_____
Street Address, Apt #

_____
City, County, State, Zip

_____
Phone Number *Email*

_____
Phone Alternative

2. Assessment Information

a. Program ☐HCBS-IDD ☐ ICF-IID

b. Reason for Assessment

☐Initial Assessment
Is person requesting placement on waitlist? ☐ Yes ☐ No

☐ Annual Reassessment
Was the person's most recent prior MFEI-IDD assessment the youth version (e.g., participant recently turned 18)?
☐Yes ☐No

☐Special Reassessment with permission
If special reassessment, specify rationale:
☐Waiting list – funding now available
☐Waiting list – crisis request
☐Waiting list—exception request
☐Change in condition
☐To/from WORK
☐Other, specify:_____

☐Readmitted

3. Gender ☐Male ☐Female ☐Other (note in comments)

4. Birthdate (Month/Day/Year) ___/____/_____

5. Income Below Poverty Level?

☐ Yes ☐No ☐Unknown

6. Marital Status

☐ Never Married ☐ Married
☐ Widowed ☐ Partner/Significant other
☐ Separated ☐ Divorced

8. ID Information

a. Social Security Number

b. Medicare Number (or comparable railroad insurance number)

c. Medicaid Number

☐ Pending ☐ Not Medicaid Recipient

d. KAMIS ID

9a. Current Payment Sources (check all that apply)

☐ Medicaid ☐Medicare ☐State Aid (e.g., general fund)
☐ Self or family pays ☐TRICARE-ECHO
☐ Private ins., list co:____ ☐Vocational Rehab
☐ Other:_____

b. Eligible for **Veterans' Benefits** ☐Yes ☐No

10. Emergency Contact

Same as Legal Guardian/DPOA (item 7)? ☐Yes ☐No

_____
Name *Relationship*

_____
Street Address, Apt #

_____
City, County, State, Zip

_____ _____
Phone Number *Phone Alternative*

_____
Email

Comments:

©interRAI 2004-2013 (9.2.1) www.interrai.org *Not an interRAI item

11a. Assessor Name/Contact

_____

Assessor Name

_____

CDDO Name

_____

Assessment Reference Date (Month/Day/Year)

_____

Additional persons present at assessment
(or attach other documentation of persons present)

_____

Relationship

b. Intake/Referral Date
(eligibility determination letter date, initial assessment only)

___ ___ - ___ ___ - 20___ ___
Month *Day* *Year*

12. Targeted Case Manager
Present at assessment? ☐Yes ☐No

_____

TCM Name

_____ _____

Phone *Agency*

13. Care Coordinator
Present at assessment? ☐Yes ☐No

_____

Care Coordinator Name

_____ _____

Phone *MCO*

14. Ethnicity and Race (check all that apply)

Ethnicity

☐ Hispanic or Latino

Race

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African-American
☐ American Native Hawaiian or other Pacific Islander
☐ White
☐ Other (check only if not listed above)

15. Primary Language

a.	Speaks	Reads	Understands Only
Arabic	☐	☐	☐
Burmese	☐	☐	☐
Chinese	☐	☐	☐
English	☐	☐	☐
Pilipino	☐	☐	☐
French	☐	☐	☐
German	☐	☐	☐
Hindi	☐	☐	☐
Hmong	☐	☐	☐
Korean	☐	☐	☐
Nepali	☐	☐	☐
Sign	☐	n/a	☐
Somali	☐	☐	☐
Spanish	☐	☐	☐
Swahili	☐	☐	☐
Tagalog	☐	☐	☐
Urdu	☐	☐	☐
Vietnamese	☐	☐	☐
Other:_____	☐	☐	☐

b. Communication Methods *Code for primary type of expressive communication*

☐ **Verbal** –i.e., speech
☐ **Nonverbal** –e.g., gestures, sign language, sounds, writing

c. Interpreter used ☐ No
☐Yes, formal staff ☐Yes, family/friend

Comments:

©interRAI 2004-2013 (9.2.1) www.interrai.org *Not an interRAI item

16a. Nature of Intellectual or Developmental Disability
(check all that apply)

☐ 1.Cause Unspecified (i.e., intellectual disability)
☐ 2. Down Syndrome ☐ 3. Autism Spectrum Disorder
☐ 4. Cerebral Palsy ☐ 5. Epilepsy/Seizure Disorder
☐ 6. Fragile X Syndrome ☐ 7. Fetal Alcohol Spectrum Disorder
☐ 8. Brain Injury (injury onset before age 22)

Additional I/DD diagnosis: _____ _____ _____
(list code number(s) from manual)

b. Primary Disability (insert number from above): ____

c. Documented Severity of Intellectual Disability

☐ No intellectual disability ☐ Severe
☐ Borderline ☐ Profound
☐ Mild ☐ Not documented
☐ Moderate

If no intellectual disability, borderline, or not documented, does the person have a developmental disability?
☐ Yes (Continue assessment)
☐ No (Discontinue assessment)

d. Psychiatric Diagnosis (list up to three; DSM IV/V or ICD 9/10 codes can be used; enter n/a if not applicable)

1. Name:_____ Code: _____
2. Name:_____ Code: _____
3. Name:_____ Code: _____

18. Living Arrangement (e.g., current living status)

a. ☐ Alone
☐ With spouse/partner only
☐ With spouse/partner and other(s)
☐ With child (but not with spouse/partner)
☐ With parent(s) or guardian(s)
☐ With sibling(s)
☐ With other relative(s)
☐ With nonrelative(s) (including institutional settings)

b. As compared to 90 DAYS AGO (or since last assessment), person now **lives with someone new**—(e.g., moved in with another person, other moved in)
☐ Yes ☐ No

c. Person feels that s/he would be better off living elsewhere
☐ No
☐ Yes, other community residences ☐Yes, institution
☐ Not applicable or unknown

d. Relative/informal caregiver feels that the person would be better off living elsewhere
☐ No
☐Yes, other community residences ☐ Yes, institution
☐Not applicable or unknown

e. Person resides with an aging caregiver – Primary caregiver(s) is 60+
☐ No ☐ Yes ☐ Unknown

17a. Residential/Living Status at Time of Assessment
(i.e., location of assessment)

☐ 1-Private home/apartment/rented room
☐ Family/kinship home
☐ Owned/rented by individual with I/DD
Is provider owned, but rented by individual with I/DD? ☐Yes ☐No
☐ 2-Host home (e.g., shared living, adult foster care)
☐ 1 person with disabilities
☐ 2 people with disabilities
Is provider owned, but rented by individual with I/DD? ☐Yes ☐No
☐ 3-Group home for IDD
☐ 1-3 people
☐ 4-6 people
☐ 7-8 people
☐ 4-Long-term care facility (nursing homes, including skilled)
☐ State operated
☐ Privately operated
☐ 5-Hospice facility/palliative care unit
☐ 6-Acute care hospital/unit
☐ 7-Rehabilitation hospital/unit
☐ 8-TBI rehabilitation facility (TBIRF)
☐ 9-Psychiatric residential treatment facility
☐ State operated
☐ Privately operated
☐ 10-Nursing facility-mental health
☐ State operated
☐ Privately operated
☐11-Psychiatric hospital/unit
☐ State operated
☐ Privately operated
☐12-Intermediate care facility for individuals with ID (ICF-IID)
☐ State operated
☐ Privately operated
If a private ICF, indicate:
☐ 4-6 people
☐ 7-15 people
☐ 16+ people
☐13-Correctional facility
☐14-Homeless (with or without shelter)
☐15-Other:_____

b. Usual Residence, if different than above (insert number from above): ___

©interRAI 2004-2013 (9.2.1) www.interrai.org *Not an interRAI item

19a. Residential History Over Last 5 YEARS *Code for all institutional settings person lived in during 5 YEARS prior to date case opened (item 11b)* (initial assessment only)

- ☐ Long-term care facility –e.g., nursing home
- ☐ Board and care home, assisted living
- ☐ Semi-independent living
- ☐ Group home
- ☐ Psychiatric residential treatment facility
- ☐ Psychiatric hospital or unit
- ☐ Setting for persons with intellectual disability (e.g., ICF-IID)
- ☐ Traumatic Brain Injury Rehabilitation Facility
- ☐ Correctional facility
- ☐ Unknown
- ☐ None

b. Number of Years (Lifetime) Spent in an Institutional Setting for Individuals with I/DD (e.g. ICF-IID; psychiatric facility; nursing facility) (initial assessment only): _____

Code 00 if person was never in an institutional setting.
Code 99 if unknown.
If less than 1 year, enter as 1.

c. Age at which person left family home: _____
(initial assessment only)
Code 88 if not applicable (i.e., person never left family home).
Code 99 if unknown.

20a.Employment status

☐1-10 hours, weekly ☐11-20 hours, weekly
☐21-30 hours, weekly ☐31-40 hours, weekly
☐41+ hours, weekly ☐Not employed

b. Employment Arrangements (exclude volunteering) (check all that apply)

- ☐ Sheltered Employment/Work Activity (not integrated)
- ☐ Day Habilitation/Day Training
- ☐ Vocational Rehabilitation
- ☐ Supported Employment
- ☐ Competitive Integrated Employment – Individual
  - ☐ With on-the-job supports
  - ☐ Without on-the-job supports
- ☐ Competitive Integrated Employment – Group
- ☐ No employment/training activity, but interested in
  Referral made? ☐No,
  ☐Yes, specify agency/program:_____
- ☐ No employment/training activity, and not interested in

21. Involvement in Structured Activities

a. Volunteerism –e.g., for community services
☐ No ☐ Yes ☐ No, but interested in

b. Formal Education Program
☐ No ☐ Yes ☐ No, but interested in

22a. Disaster Risk (check all that apply)
(i.e. requires first response during emergencies)

- ☐ Electric
- ☐ Cognitive/mental health Issues
- ☐ Physical impairment
- ☐ No informal support
- ☐ Medication assistance
- ☐ None

b. Phone Access
☐Yes ☐No ☐Intermittent

c. Internet Access
☐Yes ☐No ☐Intermittent

23. Verify Accuracy of Pre-Filled information
(software only)

- ☐ Accurate (no updates needed
- ☐ Updates needed (indicate in notes and update person admin in KAMIS)

Comments

24. Person's Expressed Goals of Care (*Enter major goals in large box below, enter primary goal in small boxes at bottom)*

SECTION II: HEALTH

1. Medical Diagnoses* (Include chronic/ongoing conditions that have been diagnosed by a medical professional only; do not include temporary conditions; do not include I/DD conditions as these should instead be captured in section 1, 10a)

a. Respiratory (e.g., asthma, emphysema, cystic fibrosis, chronic obstructive pulmonary disease (COPD), bronchiectasis, chronic bronchitis, fibrosis)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

b. Cardiovascular (e.g., heart disease, high/low blood pressure, arteriosclerosis, Raynaud's Disease, high cholesterol)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

c. Gastro-Intestinal (e.g., ulcers, colitis, liver and bowel difficulties, celiac disease, irritable bowel syndrome, diverticular disease, cirrhosis, hepatitis, gall stones)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

d. Genito-Urinary (e.g., kidney problems, diabetes, neurogenic bladder)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

e. Neoplastic Disease (e.g., cancer, tumors, carcinomas)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

f. Neurological Diseases (e.g., MS, ALS, Huntington's disease, narcolepsy, Parkinson's Disease, muscular dystrophy, dementia, stroke)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

g. Psychiatric Diagnoses (e.g., mood disorder, anxiety disorder, psychotic disorder, substance use disorder)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

h. Other diagnoses; **specify** (include any other diagnoses that do not fit into the above categories; exclude I/DD diagnoses) *Specify other diagnoses*: _____

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

**Must be able to document; active treatment must include *either*: ongoing medical care, on-going staff support, *or* maintenance medications.

2a. History of Epileptic Seizures*

☐Yes (seizure and/or seizure treatment in the past 5 yrs)

☐ No (no seizures and no treatment for seizures in the past 5 yrs)

b. Seizure type, in past year *Check all that apply*

☐No seizures this year ☐Simple partial (simple motor movements affected; no loss of awareness)

☐Complex partial (loss of awareness) ☐ Generalized –Absence (Petit mal)

☐Generalized-Tonic-Clonic (grand mal) ☐Had some type of seizure – not sure what type

c. Seizure Frequency in past year, involving loss of awareness/consciousness

☐ None during past year ☐ Less than once a month

☐ About once a month ☐ About once a week

☐ Several times a week ☐ Once a day or more

3. Inpatient Acute Hospital with an Overnight Stay* (do not include ER visits)

a. Number of admissions within the last 90 days: ____

b. Number of admissions 91-365 days ago:_____

4. Missed More than a Total of Two Weeks of Regular Activities Due to Medical Conditions During the Last Year* (e.g. employment, day programs, school, etc.)**:**

☐Yes ☐ No

5. Presently Requires Caregiver Trained in Special Healthcare Procedures:* (e.g., ostomy care, respiratory, positioning, adaptive devices; Note that this refers to *healthcare* procedures only – do not include behavioral or communication procedures) ☐Yes ☐ No

6a. Mode Of Nutritional Intake

☐ Normal – Swallows all types of food

☐ Modified independent – e.g., liquid is sipped, takes limited solid food, need for modification may be unknown

☐ Requires diet modification to swallow solid food –e.g., mechanical diet (e.g., pureed, minced) or only able to ingest specific foods

☐ Requires modification to swallow liquids –e.g., thickened liquids

☐ Can swallow only pureed solids –AND—thickened liquids

☐ Combined oral and parenteral or tube feeding

☐ Nasogastric tube feeding only

☐ Abdominal tube feeding –e.g., PEG tube

☐ Parenteral feeding only – Includes all types of parenteral feedings, such as total parenteral nutrition (TPN)

☐ Activity did not occur –During entire period

b. Any Special Dietary Requirements * (e.g., low-sodium)

[Note: Exclude allergies or modifications captured under 6a]

☐Yes ☐No

If "Yes":

- Specify dietary need:_____
- Doctor/dietician/nutritionist/nurse ordered?
  ☐Yes ☐No
- Requires staff support? ☐Yes ☐No

c. Food Allergies* ☐Yes ☐ No

If "Yes":

- Specify food allergy :_____
- Verified by a medical professional?
  ☐Yes ☐No
- Requires staff support? ☐Yes ☐No

7a. Number and Type of Medications* *List current number of medications by type below*

Antipsychotic: __ __ Diabetes: __ __

Antianxiety: __ __ Sedative/Hypnotic: __ __

Antidepressant: __ __ Anticonvulsant: __ __

Other prescription maintenance medications: __ __ **Total: __ __**

Specify if other(s): _____

b. Off-label prescription medications* *Complete for initial assessments only*

☐ None/not applicable

☐ Yes; Specify medication and off-label use:_____

_____

8. Medication Route of Administration and Support Needs*

Route *Indicate if person currently takes a prescribed medication by this route*	**Indicate level of support needed for medicines taken by this route** *Only complete for routes that are marked yes*	
Oral/Sublingual ☐Yes ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence
Topical/Transdermal ☐Yes ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence
Nasal/eye/ear ☐Yes ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence
Injection** (intramuscular or subcutaneous) ☐Yes ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence
IV/Enteral Tube ☐Yes ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence
Rectal ☐Yes ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence
Inhalation ☐Yes ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence
Other ☐Yes, list:_____ ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence

**Do NOT count occasional injections that are only provided at a medical/dental clinic; for example, do not count annual flu shots or anesthesia injections that are only provided for the purpose of completing a medical/dental procedure (e.g., Versed, Novocain). Injections should only include routine maintenance medications that are delivered in the day or residential setting; however, an injection/infusion can be counted if it is occurring at least once every 3 months and requires staff support to accompany the person to the clinic.

9. Most Severe Pressure Ulcer

☐ No pressure ulcer

☐ Any area of persistent skin redness

☐ Partial loss of skin layers

☐ Deep craters in the skin

☐ Breaks in skin exposing muscle or bone

☐ Not codeable –e.g., necrotic eschar predominant, person does not know

10. Additional assistance needed during healthcare appointments* e.g., Individual requires staff assistance and/or medication to help manage their physical, cognitive, or behavioral support needs during healthcare or dental appointments (check all that apply)

☐Yes, staff support

If yes: ☐1-person support ☐2-person support

☐Yes, medication support (e.g., sedatives, anti-anxiety)**

☐No/none

**Do not include any medications already captured in item 7a above

Comments:

©interRAI 2004-2013 (9.2.1) www.interrai.org *Not an interRAI item

SECTION III-A: ADAPTIVE – Communication, Cognitive, and Motor Skills

11. Making Self Understood (Expression) *Expressing information content – verbal and nonverbal*

- ☐ **Understood** – Expresses ideas without difficulty
- ☐ **Usually understood** – Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
- ☐ **Often understood** – Difficulty finding words or finishing thoughts AND prompting usually required
- ☐ **Sometimes understood** – Ability is limited to making concrete requests
- ☐ **Rarely or never understood**

12. Ability to Understand Others (Comprehension) *Understanding verbal information content (however able; with hearing appliances normally used)*

- ☐ **Understands** – Clear comprehension
- ☐ **Usually understands** – Misses some part / intent of message BUT comprehends most conversation
- ☐ **Often understands** – Misses some part / intent of message BUT with repetition or explanation can often comprehend conversation
- ☐ **Sometimes understands** – Responds adequately to simple, direct communication only
- ☐ **Rarely or never understands**

13. Hearing *Ability to hear (with hearing appliance normally used)*

- ☐ **Adequate** –No difficulty in normal conversation, social interaction, listening to TV
- ☐ **Minimal difficulty** – Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet away
- ☐ **Moderate difficulty** – Problem hearing normal conversation, requires quiet setting to hear well
- ☐ **Severe difficulty** – Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)
- ☐ **No hearing** (e.g., clinically deaf or profound hearing loss)

14. Vision *Ability to see in adequate light (with glasses or other visual appliance normally used)*

- ☐ **Adequate** – Sees fine detail, including regular print in newspaper / books
- ☐ **Minimal difficulty** – Sees large print, but not regular print in newspapers / books
- ☐ **Moderate difficulty** – Limited vision; not able to see newspaper headlines, but can identify objects
- ☐ **Severe difficulty** – Object identification in question, but eyes appear to follow objects; sees only light, colors, shapes
- ☐ **No vision**

15. Reading* *Ability to understand non-vocal written material*

- ☐ **Complete independence** - completely able to read/understand complex, lengthy paragraphs
- ☐ **Modified Independence** - able to read complex passages, but may show reduced speed/ retention
- ☐ **Standby prompting** - able to read/understand short, simple sentences but increased difficulty with length or complexity
- ☐ **Minimal prompting** - able to recognize single words and familiar short phrases
- ☐ **Moderate prompting** - able to recognize letters, objects, forms, etc.; able to match words to pictures; with 50-75% accuracy
- ☐ **Maximal prompting** - able to match identical objects, forms, letters (25- 49% accuracy) but may require cues.
- ☐ **Total Assist** - unable to consistently match or recognize identical letters, objects or forms (under 25% accuracy).

16. Writing* *Includes spelling, grammar, and completeness of written communication*

- ☐ **Complete independence** - able to write with average accuracy in spelling, grammar, punctuation, etc.
- ☐ **Modified Independence** - able to accurately write, may have occasional spelling or grammatical errors
- ☐ **Standby prompting** -able to write phrases or simple sentences; evidences spelling, grammar, syntax errors
- ☐ **Minimal prompting** -able to write simple words, occasional phrases; errors and reduced legibility evident
- ☐ **Moderate prompting -** able to write name/family words, cueing may be required; legibility poor
- ☐ **Maximal prompting** - able to write some letters spontaneously; able to trace/copy letters/numbers
- ☐ **Total Assist** - unable to copy letters or simple shapes

Comments:

17. Gross Motor Skills *Ability to perform skills requiring balance and large muscles of the body in coordinated movement (e.g., jumping, kicking a ball, catching a ball)*

☐**Adequate** – Performs skills with satisfactory speed and quality of movement both indoors and outdoors (including uneven ground)

☐**Minimal difficulty** – slight difficulty maintaining balance or controlling limb movement (e.g. appears clumsy, slower movements)

☐**Moderate difficulty** – Noticeable deficits in balance and controlling limb movements (e.g., frequently stumbles, drops objects, walks into objects)

☐**Severe difficulty** – limitations in trunk, head, and limb control resulting in severe difficulty with coordination of own movements (e.g., unable to reach for a glass of water without knocking it over)

☐**No ability to move body** (full paralysis)

18. Fine Motor Skills *Ability to perform coordinated movements that involve small muscles (e.g., grasping a pencil, managing buttons, using scissors)*

☐**Adequate** – Performs movements within appropriate time frame or with appropriate quality of movement

☐**Minimal difficulty** – Slight difficulty controlling movements (e.g., somewhat slow or easily fatigued)

☐**Moderate difficulty** – Noticeable deficits in fine motor skill development (e.g., unable to hold pencil properly and produce legible writing)

☐**Severe difficulty** – Severe limitation in ability to coordinate small muscle movements (e.g., significant struggle to pick up an object using thumb and forefinger)

☐**No ability to move body** (full paralysis)

19. Primary Mode of Locomotion

☐ **Walking, no assistive device**

☐ **Walking, uses assistive device** –e.g., cane, walker, crutch, pushing wheelchair

☐ **Wheelchair, scooter**

☐ **Non-ambulatory** - e.g., stays in bed, uses gurney

20. Falls (in last 6 months)

a. In the last 30 days

☐No falls ☐One fall ☐Two or more falls

b. 31-90 days ago

☐No falls ☐One fall ☐Two or more falls

c. 91-180 days ago

☐No falls ☐One fall ☐Two or more falls

21. Cognitive Skills for Daily Decision-Making *Making decisions regarding tasks of daily life – e.g., when to get up or have meals, which clothes to wear or activities to do, how to navigate home and community, ability to make informed choices regarding health.*

☐ **Independent**—decisions consistent, reasonable, and safe

☐ **Modified independence**—Some difficulty in new situations only

☐ **Minimally impaired**—In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times

☐ **Moderately impaired**—Decisions consistently poor or unsafe; cues / supervision required at all times

☐ **Severely impaired**—Never or rarely makes decisions

☐ **No discernable consciousness, coma**

22. Susceptibility to Victimization* *Ability to protect self against abuse and exploitation by others, including financial exploitation, sexual abuse, emotional abuse, etc. Ability to seek appropriate help when such dangers arise.*

☐ **Independent**—interactions with others are consistent, reasonable, and safe

☐ **Modified independence**—Some difficulty in new situations only (e.g., meeting new people or in unfamiliar environments)

☐ **Minimally impaired**—In specific recurring situations, interactions with others become poor or unsafe; cues / supervision necessary at those times

☐ **Moderately to severely impaired**—interactions with others *consistently* poor or unsafe; cues/supervision required at most/all times

23. Safety Judgment in Emergency Situation* *Ability to recognize an emergency situation and respond appropriately, including medical emergencies, fire, natural disasters, etc. -- e.g., knows how and when to call 911; ability to follow emergency protocols; ability to safely evacuate self.*

☐**Independent** – e.g., person independently recognizes & responds appropriately to an emergency; may use assistive devices

☐**Supervision/Cueing** -- e.g., ability to follow verbal instructions during an emergency

☐**Hands-On Support** -- e.g., person needs hands-on assistance to follow emergency protocols

☐**Total Dependence** – e.g., person unable to recognize or respond to an emergency in any capacity; completely dependent on others for evacuation

24. Persistent Behavior Patterns that Hinder Socialization

a. Narrowly restricted range of interests – e.g., constantly talks about trains

☐Yes ☐No

b. Excessive preoccupation with an activity or routine

☐Yes ☐No

c. Demonstrates lack of social and emotional conventions when socializing –e.g., lack of eye contact

☐Yes ☐No

d. Extreme shyness –e.g., severe inhibition in familiar social situations

☐Yes ☐No

©interRAI 2004-2013 (9.2.1) www.interrai.org *Not an interRAI item

SECTION III-B: ADAPTIVE – IADLs and ADLs

25. Independent Activities of Daily Living (IADLs)

Code for PERFORMANCE (P) in routine activities around the home or in the community during the LAST 3 DAYS

Code for CAPACITY (C) based on presumed ability to carry out activity as independently as possible. This will require "speculation" by the assessor**.**

0. Independent – No help, set-up, or supervision
1. Set-up help only
2. Supervision – Oversight / cueing
3. Limited assistance – Help on some occasions
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own
6. Total dependence –Full performance by others during entire period
8. Activity did not occur – During entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)

	P	C
a. Meal Preparation – How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)		
b. Ordinary housework – How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry)		
c. Managing finances – How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored		
d. Managing medications – How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments; includes prescription and non-prescriptions)		
e. Phone use – How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)		
f. Use of technology – e.g., gets on the internet; using the computer to play games, do homework, or for work; use of smart phone apps		
g. Shopping – How shopping for food and household items is performed (e.g., selecting items, paying money) – EXCLUDE TRANSPORTATION		
h. Transportation – How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, in and out if vehicles)		

Comments:

26. Activities of Daily Living (ADL) Self-Performance

- Consider all episodes over 3-day period.
- If all episodes are performed at the same level, score ADL at that level.
- If any episodes at level 6, and others less dependent, score ADL as 5.
- Otherwise, focus on the three most dependent episodes (or all episodes if performed fewer than three times).
- If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2-5.
  Consult decision tree in field manual for assistance with above instructions

0. Independent – No physical assistance, set-up, or supervision in any episode
1. Independent, set-up help only – Article or device provided or placed within reach, no physical assistance or supervision in any episode
2. Supervision – Oversight / cueing
3. Limited assistance – Guided maneuvering of limbs, physical guidance without taking weight
4. Extensive assistance – Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
5. Maximal assistance – Weight-bearing support (including lifting limbs) by 2+ helpers – OR – Weight-bearing support for more than 50% of subtasks
6. Total Dependence – Full performance by others during all episodes
8. Activity did not occur during entire period

	P
a. Bathing – How takes a full-body bath / shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed; arms, upper and lower legs, feet, chest, abdomen, perineal area – EXCLUDE WASHING OF BACK AND HAIR	
b. Hair washing* – How washes hair, including applying shampoo/conditioner, keeping shampoo out of eyes, completely rinsing shampoo.	
c. Personal hygiene – How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands – EXCLUDE BATHS AND SHOWERS	
d. Dressing upper body – How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.	
e. Dressing lower body – How dresses and undresses (street clothes, underwear) from the waist down, including prostheses, orthotics, belts, pants, skirts, compression socks, shoes, fasteners, etc.	
f. Locomotion – How moves between locations on same floor (walking or wheeling). If in wheelchair, self –sufficiency once in chair	
g. Transfer toilet – How moves on and off toilet or commode	
h. Toilet use – How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes bed pad, manages ostomy or catheter, adjusts clothes – EXCLUDE TRANSFER ON AND OFF TOILET	
i. Menstrual cycle* – Does individual have an active menstrual cycle? ☐ No (skip to 18j) ☐Yes (proceed with this item) --- How individual manages menstrual cycle hygiene, including cleansing self and use of menstrual products; rate according to most recent period rather than the 3-day look back.	
j. Bed mobility – How moves to and from lying position, turns from side to side, and positions body while in bed	
k. Eating – How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)	
l. Transfers – how moves between surfaces, to / from bed, chair, wheelchair, standing position – exclude bath / shower and toilet transfers	

m. Additional assistance needed in any of the following* (as compared to actual performance in the last 3 days, as rated above)**:**

☐ Bathing/Hair Washing ☐Hygiene ☐ Dressing, upper ☐ Dressing, lower
☐ Toilet use/Menstrual Cycle/Toilet Transfer ☐ Eating ☐ None, N/A

Explanatory note required for each ADL area checked

Comments:

SECTION IV: MALADAPTIVE

27. Behavioral Symptoms and Support Needs

interRAI Code
Code for indicators observed, irrespective of the assumed cause.

- **0** Not present (*No recent history, no supports in place or needed)*
- **1** Present but not exhibited in last 3 days (*Includes history of behavior with supports currently needed)*
- **2** Exhibited on 1-2 of last 3 days
- **3** Exhibited daily in last 3 days

Support Required* –
Type of support **typically** required during person's waking hours:

- **0** No support needed or can ignore behavior
- **1** Monitor only, using a person or through environmental means
- **2** Verbal or gestural distraction or prompting typically required
- **3** One-person hands-on support typically needed
- **4** More than one person (2:1) typically needed to redirect

Support Level* –
Level of support **typically** needed to manage behavior during person's waking hours:

- **0** No support required
- **1** Less than monthly, episodic, or seasonal only
- **2** One to 3 times a month
- **3** Once a week
- **4** Several times a week
- **5** Once a day or more
- **6** Continuous support during waking hours required for this behavior
- **7** Person can never be left alone in a room and must always be in constant line of sight for behavioral support
- **8** Person can never be left alone in a room and must always be within arm's length for behavioral support

**Support Required and Support Level is not limited to the 3-day look-back, but rather relies on a "typical" standard.*

	interRAI code	Support Required	Support Level
	Complete for all items	*Complete only for items with interRAI Code 1-3*	
a. Wandering – Moved with no rational purpose, seemingly oblivious to needs or safety			
b. Elopement -- attempts to or exits/leaves home/work/school, etc. at inappropriate times, without notice/permission			
c. Verbal abuse – e.g., others were threatened, screamed at, cursed at, posting abusive comments on social media			
d. Physical abuse –e.g., others were hit, shoved, scratched			
e. Sexual abuse – e.g., others were molested or sexually abused			
f. Socially inappropriate or disruptive behavior –e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through others' belongings, repetitive oppositional statements, repetitive behavior that interferes with normal activities			
g. Inappropriate public sexual behavior or public disrobing			
h. Resists care – e.g., taking medications / injections, ADL assistance, eating, hygiene			
i. Self-injurious behavior – e.g., banging head on wall; pinching, biting, scratching, hitting, or punching self; pulling own hair, cutting			
j. Destructive behavior toward property– e.g., throwing objects, turning over beds or tables, vandalism			
k. Outbursts of anger – Intense flare-up of anger in reaction to a specific action or event (e.g., upset with decisions of others)			
l. Pica – Ingestion of non-food items (e.g., soap, dirt, feces)			
m. Polydipsia – Inappropriate or excessive fluid consumption (e.g., drinks fluids many times during the day, drinks a huge amount at a time, refuses to stop drinking, drinks secretly from unusual sources)			
n. Stealing –e.g., theft from family or housemates; shoplifting			
o. Bullying others – Pattern of repeated oppression or victimization of others			
p. Cruelty to animals – Deliberate mistreatment of or physical injury to animals [Exclude behaviors that are consistent with cultural norms]			

28. Overnight Behavioral Support* – **Does the** person have behaviors that require support during the sleeping hours

☐No

☐Yes

If yes, indicate typical level of support needed:

☐ Monitor only, using a person or through environmental means

☐ Verbal or gestural distraction or prompting typically required

☐ One-person hands-on support typically needed

☐ More than one person (2:1) typically needed to redirect

29. Extreme Behavior Disturbance- History of extreme behavior(s) that suggest serious risk of harm to self (e.g., severe self-mutilation) or others (e.g., fire setting, homicide)

☐ No

☐ Yes, but not exhibited in last 7 days

☐ Yes, exhibited in last 7 days

If yes –

Describe behavior(s): _____

_____

Explain supports/response needed: _____

_____

_____

30. Behavior Problems Prevent Individual from Moving to a Less Restrictive Setting*:

☐Yes ☐No

Note: This must be a recognized behavior problem that is occurring with some frequency, documented in a support plan, and the current environment is helping to lessen. Do not select "yes" based on the belief the person might engage in a behavior in a different environment.

31. Does individual's Written Behavior Plan meet the following criteria (if applicable)? (Check all that apply)

☐ Is specific to the individual

☐ Clearly define the behavior

☐ Clearly define needed supports

☐ Collect information on frequency and severity of the behavior for those behaviors that are managed with restrictions or medication.

All 4 criteria must be met.

Has a Written Behavior Plan*: ☐Yes ☐No

The criteria for behavior plans are specified in K.A.R. 30-63-23

Comments:

ADDENDUM: EMPLOYMENT

A1. Does this person require the employment addendum be completed? * ☐ Yes (proceed) ☐ No (skip this section)

A2. WORK* Code performance (P) and capacity (C) regarding the job-related activities below. Use a last 3-WORKday look back period; however, if most recent employment was more than 3 months ago, use the 8 code for activity did not occur.

Code for PERFORMANCE (P) in routine activities around the home or in the community during the LAST 3 WORK-DAYS

Code for CAPACITY (C) based on presumed ability to carry out activity as independently as possible. This will require "speculation" by the assessor**.**

0. Independent – No help, set-up, or supervision
1. Set-up help only
2. Supervision – Oversight / cueing
3. Limited assistance – Help on some occasions
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own
6. Total dependence –Full performance by others during entire period
8. Activity did not occur – During entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)

	P	C
a. Understanding Workplace Logistics–Understands the employer's probationary period and wage structure. Knows how to read a pay stub and what to do to get a raise. Understands the grievance procedure. Understands if eligible for benefits and leave time. Understands when and how they will be evaluated. Knows legal rights as an employee.		
b. Adherence to Schedule -- Reliably attends work as scheduled and adapts to changes in schedule. Effectively uses timeclock/reports hours. Understands and carries out correct procedures for using leave time. Follows rules for break-time.		
c. Workplace Interactions -- Able to effectively communicate workplace needs. Engages in acceptable and collegial interactions with supervisors, coworkers, and/or customers. Recognizes professional boundaries. Engages in acceptable social interaction during work-related off-the-clock activities (e.g., break room, office parties, etc.) Reacts appropriately to constructive criticism. Does not unduly distract co-workers/customers and is not easily distracted by them. Adapts to new supervisors/co-workers/customers. Able to remediate or seek help if workplace conflicts occur.		
d. Quality of Work -- Completes work assignments with a quality level that is consistent with that of co-workers. Uses work materials accurately and maintains an orderly and safe workspace. Recognizes and corrects mistakes. Demonstrates acceptable appropriate work-quality learning curve when job duties change.		
e. Work Efficiency -- Demonstrates work productivity that is comparable, on average, with that of co-workers. Plans and sequences work tasks, including set-up and close-down activities, in a logical and efficient manner. Adapts, within an acceptable period of time, to changes in the workflow when job duties change.		

A3. RISK OF UNEMPLOYMENT OR DISRUPTED EDUCATION

a. Increase in lateness or absenteeism OVER LAST 6 MONTHS ☐No ☐Yes ☐ Not applicable

b. Poor productivity or disruptiveness at work or school ☐No ☐Yes ☐ Not applicable

c. Expresses intent to quit work or school ☐No ☐Yes ☐ Not applicable

d. Persistent unemployment or fluctuating work history over last 2 years ☐No ☐Yes ☐ Not applicable

e. Poor hygiene* ☐No ☐Yes ☐ Not applicable

f. Other* ☐No ☐Yes ☐ Not applicable
If yes, please describe:

Comments:

SECTION I: IDENTIFICATION INFORMATION

1. Name

_____
(first) (middle initial) (last) (Jr/Sr.)

Preferred name_____

2. Assessment Information

a. Program ☐ HCBS-IDD ☐ ICF-IID

b. Reason for Assessment

☐Initial Assessment

Is child reaching 5 years of age? ☐ Yes ☐ No

Is person requesting placement on waitlist? ☐ Yes ☐ No

☐Annual Reassessment

☐Special Reassessment with permission

If special reassessment, specify rationale:

☐ Waiting list – funding now available
☐ Waiting list – crisis request
☐ Waiting list—exception request
☐ Change in condition
☐ To/from WORK (16+ only)
☐ Other, specify: _____

☐Readmitted

3. Gender ☐Male ☐Female ☐Other (note in comments)

4. Birthdate (Month/Day/Year) ___/____/_____

5. Household Income Below Poverty Level?

☐ Yes ☐No ☐Unknown

6. Marital Status: Not applicable for youth

Comments:

7. Parent/Caregiver/Guardian Contact

- *If only one parent/caregiver has guardianship, list the guardian first under a and the non-guardian parent/caregiver under b.*
- *For foster youth, list the foster agency guardian under a and the foster parent under b.*

a._____
Name (parent/caregiver/guardian 1/foster agency

_____
Relationship

_____
Street Address, Apt #

_____
Mailing address, if applicable

_____
City, County, State, Zip

_____ _____
Phone Number *Phone Alternative*

_____
Email

Is this person a legal guardian? ☐Yes ☐No

b. _____
Name (parent/caregiver/guardian 2/foster parent)

_____
Relationship

_____
Street Address, Apt #

_____
Mailing address, if applicable

_____
City, County, State, Zip

_____ _____
Phone Number *Phone Alternative*

_____
Email

Is this person a legal guardian? ☐Yes ☐No

c. Youth Residence:

☐ Same as Parent/Caregiver 1 ☐ Same as Parent/Caregiver 2

☐ Youth's present location if different from parent/caregiver/guardian:

_____
Street Address, Apt #

_____
Mailing address, if applicable

_____
City, County, State, Zip

_____
Phone Number

8. ID Information

a. Social Security Number

b. Medicare Number (or comparable railroad insurance number)

c. Medicaid Number

☐ Pending ☐ Not Medicaid Recipient

d. KAMIS ID

9a. Current Payment Sources (check all that apply)

☐ Medicaid ☐ CHIP ☐ Medicare

☐State Aid (e.g., general fund) ☐ Self or family pays

☐TRICARE-ECHO ☐ Private ins. , list co.:_____

☐ Vocational Rehab ☐ Other:_____

b. Eligible for **Veterans' Benefits** ☐ Yes ☐No

10. Emergency Contact *(Back up contact, if parent/guardian(s) cannot be reached)*

_____
Name

_____
Relationship

_____
Street Address, Apt #

_____
City, County, State, Zip

_____ _____
Phone Number *Phone Alternative*

_____
Email

11a. Assessor Name/Contact

_____
Assessor Name

_____
CDDO Name

_____
Assessment Reference Date (Month/Day/Year)

_____
Additional persons present at assessment (or attach other documentation of persons present)

_____
Relationship

b. Intake/Referral Date
(eligibility determination letter date, initial assessment only)

___ ___ - ___ ___ - 20___ ___
Month *Day* *Year*

12. Targeted Case Manager
Present at assessment? ☐Yes ☐No

_____
TCM Name

_____ _____
Phone *Agency*

13. Care Coordinator Present at assessment? ☐Yes ☐No

_____
Care Coordinator Name

_____ _____
Phone *MCO*

14. Ethnicity and Race (check all that apply)

Ethnicity

☐ Hispanic or Latino

Race

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African-American
☐ American Native Hawaiian or other Pacific Islander
☐ White
☐ Other (check only if not listed above)

15. Primary Language

a.	Speaks	Reads	Understands Only
Arabic	☐	☐	☐
Burmese	☐	☐	☐
Chinese	☐	☐	☐
English	☐	☐	☐
Pilipino	☐	☐	☐
French	☐	☐	☐
German	☐	☐	☐
Hindi	☐	☐	☐
Hmong	☐	☐	☐
Korean	☐	☐	☐
Nepali	☐	☐	☐
Sign	☐	n/a	☐
Somali	☐	☐	☐
Spanish	☐	☐	☐
Swahili	☐	☐	☐
Tagalog	☐	☐	☐
Urdu	☐	☐	☐
Vietnamese	☐	☐	☐
Other:_____	☐	☐	☐

b. Communication Methods *Code for primary type of expressive communication*

☐ **Verbal** –i.e., speech
☐ **Nonverbal** –e.g., gestures, sign language, sounds, writing

c. Interpreter used ☐ No
☐Yes, formal staff ☐Yes, family/friend

16a. Nature of Intellectual or Developmental Disability

(check all that apply)

☐ 1. Cause Unspecified (i.e., intellectual disability)

☐ 2. Down Syndrome ☐ 3. Autism Spectrum Disorder

☐ 4. Cerebral Palsy ☐ 5. Epilepsy/Seizure disorder

☐ 6. Fragile X Syndrome ☐ 7. Fetal Alcohol Spectrum Disorder

☐ 8. Brain Injury (injury onset before age 22)

Additional I/DD diagnosis: _____ _____ _____
(list code number(s) from manual)

b. Primary Disability (insert number from above): ____

c. Documented Severity of Intellectual Disability

☐ No intellectual disability ☐ Severe

☐ Borderline ☐ Profound

☐ Mild ☐ Not documented

☐ Moderate

If no intellectual disability, borderline, or not documented, does the person have a developmental disability?

☐ Yes (Continue assessment)

☐ No (Discontinue assessment)

d. Psychiatric Diagnosis (list up to three; DSM IV/V or ICD 9/10 codes can be used; enter n/a if not applicable)

1. Name:_____ Code: _____

2. Name:_____ Code: _____

3. Name:_____ Code: _____

17a. Residential/Living Status at Time of Assessment

(i.e., location of assessment)

☐1-Private home/apartment/rented room (e.g., owned/rented by parents/guardians)

- ☐ Family/kinship home
- ☐ Foster home

☐2-Boarding/residential school

☐3-Long-term care facility (nursing homes, including skilled) (ages 16+ only)

- ☐ State operated
- ☐ Privately operated

☐4-Hospice facility/palliative care unit

☐5-Acute care hospital/unit

☐6-Rehabilitation hospital/unit

☐7-TBI rehabilitation facility (TBIRF)

☐8-Psychiatric residential treatment facility

- ☐ State operated
- ☐ Privately operated

☐9-Psychiatric hospital/unit

- ☐ State operated
- ☐ Privately operated

☐10-Intermediate care facility for individuals with ID (ICF-IID)

- ☐ State operated
- ☐ Privately operated
  - If a private ICF, indicate:
  - ☐ 4-6 people
  - ☐ 7-15 people
  - ☐ 16+ people

☐11-Juvenile correctional facility

☐12-Homeless (with or without shelter)

☐13-Other:_____

b. **Usual Residence**, if different than above (insert number from above): ____

Comments:

18. Living Arrangement (e.g., current living status)

a. ☐ Alone

☐ With single parent ☐ With both parents

☐ With grandparent(s) ☐ With sibling(s)

☐ With other relative(s)

☐ With nonrelative(s) (excluding foster family; includes institutional settings)

☐ With foster family

☐ Other (specify):_____

b. As compared to 90 DAYS AGO (or since last assessment), person now **lives with someone new**—(e.g., moved in with another person, other moved in)

☐ Yes ☐ No

c. Child/youth feels that s/he would be better off living elsewhere

☐ No

☐ Yes, other community residences ☐ Yes, institution

☐ Not applicable or unknown

d. Responsible adult feels that the child/youth would be better off living elsewhere

☐ No

☐ Yes, other community residences ☐ Yes, institution

☐ Not applicable or unknown

e. Person resides with an aging caregiver – Primary caregiver(s) is 60+

☐ No ☐ Yes ☐ Unknown

19a. Residential History Over Last 5 YEARS *Code for all institutional settings person lived in during 5 YEARS prior to date case opened (item 11b)* (initial assessment only)

☐ Long-term care facility –e.g., nursing home

☐ Board and care home, assisted living

☐ Semi-independent living

☐ Group home

☐ Psychiatric residential treatment facility

☐ Psychiatric hospital or unit

☐ Setting for persons with intellectual disability (e.g., ICF-IID)

☐ Traumatic Brain Injury Rehabilitation Facility

☐ Correctional facility

☐ Unknown

☐ None

b. Number of Years (Lifetime) Spent in an Institutional Setting for Individuals with I/DD (e.g. ICF-IID; psychiatric facility; nursing facility) (initial assessment only): _____

Code 00 if person was never in an institutional setting.
Code 99 if unknown.
If less than 1 year, code as 1 year (01).

c. Age at which person left family home: _____

(initial assessment only)

Code 88 if not applicable (i.e., person never left family home).
Code 99 if unknown.

20.Education Status

☐ No formal education

☐ Preschool

☐ Home schooled

☐ Regular class (no extra support)

☐ Regular with special accommodations or assistance

☐ Regular with extra support (e.g., 1:1 staff)

☐ Special education class(es)

☐ Special school/program (e.g., vocational training)

21. Involvement in Structured Activities

a. Volunteerism –e.g., for community services

☐ No ☐ Yes ☐ No, but interested in

b. Job/Vocational Training (ages 14+ only)

☐ No ☐ Yes ☐ No, but interested in

22a. Disaster Risk (check all that apply)

(i.e. requires first response during emergencies)

☐Electric

☐Cognitive/mental health Issues

☐Physical impairment

☐No informal support

☐Medication assistance

☐None

b. Phone Access

☐Yes ☐No ☐Intermittent

c. Internet Access

☐Yes ☐No ☐Intermittent

	23. Verify Accuracy of Pre-Filled information (software only) ☐ Accurate (no updates needed ☐ Updates needed (indicate in notes and update person admin in KAMIS)

24. Person's Expressed Goals of Care (*Enter major goals in large box below, enter primary goal in small boxes at bottom)*

a. Child/youth's goal

b. Parent/Primary caregiver's goal

a.																			
b.																			

Comments:

SECTION II: HEALTH

1. Medical Diagnoses* (Include chronic/ongoing conditions that have been diagnosed by a medical professional only; do not include temporary conditions; do not include I/DD conditions as these should instead be captured in section 1, 10a)

a. Respiratory (e.g., asthma, emphysema, cystic fibrosis, chronic obstructive pulmonary disease (COPD), bronchiectasis, chronic bronchitis, fibrosis)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

b. Cardiovascular (e.g., heart disease, high/low blood pressure, arteriosclerosis, Raynaud's Disease, high cholesterol)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

c. Gastro-Intestinal (e.g., ulcers, colitis, liver and bowel difficulties, celiac disease, irritable bowel syndrome, diverticular disease, cirrhosis, hepatitis, gall stones)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

d. Genito-Urinary (e.g., kidney problems, diabetes, neurogenic bladder)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

e. Neoplastic Disease (e.g., cancer, tumors, carcinomas)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

f. Neurological Diseases (e.g., MS, ALS, Huntington's disease, narcolepsy, Parkinson's Disease, muscular dystrophy, dementia, stroke)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

g. Psychiatric Diagnoses (e.g., mood disorder, anxiety disorder, psychotic disorder, substance use disorder)

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

h. Other diagnoses: **specify** (include any other diagnoses that do not fit into the above categories; exclude I/DD diagnoses) *Specify other diagnoses*: _____

☐Not Present ☐Present, receiving active treatment** ☐Present, monitored but no active treatment

**Must be able to document; active treatment must include *either*: ongoing medical care, on-going staff support, *or* maintenance medications.

2a. History of Epileptic Seizures*

☐Yes (seizure and/or seizure treatment in the past 5 yrs)

☐ No (no seizures and no treatment for seizures in the past 5 yrs)

b. Seizure type, in Past Year *Check all that apply*

☐No seizures this year ☐Simple partial (simple motor movements affected, no loss of awareness)

☐Complex partial (loss of awareness) ☐ Generalized –Absence (Petit mal)

☐Generalized-Tonic-Clonic (grand mal) ☐Had some type of seizure – not sure what type

c. Seizure Frequency in Past Year, involving loss of awareness/consciousness

☐None during past year ☐Less than once a month

☐About once a month ☐About once a week

☐Several times a week ☐Once a day or more

3. Inpatient Acute Hospital with an Overnight Stay* (do not include ER visits)

c. Number of admissions within the last 90 days: ____

d. Number of admissions 91-365 days ago:_____

4. Missed More than a Total of Two Weeks of Regular Activities Due to Medical Conditions During the Last Year* (e.g. employment, day programs, school, etc.)**:**

☐Yes ☐ No

5. Presently Requires Caregiver Trained in Special Healthcare Procedures:* (e.g., ostomy care, respiratory, positioning, adaptive devices; Note that this refers to *healthcare* procedures only – do not include behavioral or communication procedures)

☐Yes ☐ No

6a. Mode of Nutritional Intake

☐ Normal – Swallows all types of food

☐ Modified independent – e.g., liquid is sipped, takes limited solid food, need for modification may be unknown

☐ Requires diet modification to swallow solid food –e.g., mechanical diet (e.g., pureed, minced) or only able to ingest specific foods

☐ Requires modification to swallow liquids –e.g., thickened liquids

☐ Can swallow only pureed solids –AND—thickened liquids

☐ Combined oral and parenteral or tube feeding

☐ Nasogastric tube feeding only

☐ Abdominal tube feeding –e.g., PEG tube

☐ Parenteral feeding only – Includes all types of parenteral feedings, such as total parenteral nutrition (TPN)

☐ Activity did not occur –During entire period

b. Any Special Dietary Requirements* (e.g., low sodium)

[Note: Exclude allergies or modifications captured under 6a]

☐Yes ☐No

If "Yes":

- Specify dietary need:_____
- Doctor/dietician/nutritionist/nurse ordered? ☐Yes ☐No
- Requires staff support? ☐Yes ☐No

c. Food Allergies* ☐Yes ☐ No

If "Yes":

- Specify food allergy :_____
- Verified by a medical professional? ☐Yes ☐No
- Requires staff support? ☐Yes ☐No

7a. Number and Type of Medications* *List current number of medications by type below*

Antipsychotic: __ __ Diabetes: __ __

Antianxiety: __ __ Sedative/Hypnotic: __ __

Antidepressant: __ __ Anticonvulsant: __ __

Other prescription maintenance medications: __ __ **Total: __ __**

Specify if other(s): _____

c. Off-label prescription medications* *Complete for initial assessments only*

☐ None/not applicable

☐ Yes; Specify medication and off-label use:_____

_____

8. Medication Route of Administration and Support Needs*

Route *Indicate if person currently takes a prescribed medication by this route*	**Indicate level of support needed for medicines taken by this route** *Only complete for routes that are marked yes*	
Oral/Sublingual ☐Yes ☐No/not applicable	☐Independent	☐Supervision, cueing
	☐Hands-on assistance, partial	☐Total dependence
Topical/Transdermal ☐Yes ☐No/not applicable	☐Independent	☐Supervision, cueing
	☐Hands-on assistance, partial	☐Total dependence
Nasal/eye/ear ☐Yes ☐No/not applicable	☐Independent	☐Supervision, cueing
	☐Hands-on assistance, partial	☐Total dependence
Injection** (intramuscular or subcutaneous) ☐Yes ☐No/not applicable	☐Independent	☐Supervision, cueing
	☐Hands-on assistance, partial	☐Total dependence
IV/Enteral Tube ☐Yes ☐No/not applicable	☐Independent	☐Supervision, cueing
	☐Hands-on assistance, partial	☐Total dependence
Rectal ☐Yes ☐No/not applicable	☐Independent	☐Supervision, cueing

		☐Hands-on assistance, partial	☐Total dependence
Inhalation	☐Yes ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence
Other	☐Yes, list: ☐No/not applicable	☐Independent ☐Hands-on assistance, partial	☐Supervision, cueing ☐Total dependence

**Do NOT count occasional injections that are only provided at a medical/dental clinic; for example, do not count annual flu shots or anesthesia injections that are only provided for the purpose of completing a medical/dental procedure (e.g., Versed, Novocain). Injections should only include routine maintenance medications that are delivered in the day or residential setting; however, an injection/infusion can be counted if it is occurring at least once every 3 months and requires staff support to accompany the person to the clinic.

9. Most Severe Pressure Ulcer

☐ No pressure ulcer
☐ Any area of persistent skin redness
☐ Partial loss of skin layers
☐ Deep craters in the skin
☐ Breaks in skin exposing muscle or bone
☐ Not codeable –e.g., necrotic eschar predominant, person does not know

10. Additional assistance needed during healthcare appointments* e.g., Parent/guardian/ caregiver requires additional assistance to help manage youth's physical, cognitive, or behavioral support needs during healthcare or dental appointments and/or child requires special medication during appointments. (check all that apply)

☐Yes, staff support
☐Yes, medication support (e.g., sedatives, anti-anxiety)**
☐No/none

**Do not include any medications already captured in item 7a above

Comments:

SECTION III-A: ADAPTIVE –Communication, Cognitive, and Motor Skills

11. Making Self Understood (Expression) *Expressing information content – verbal and nonverbal*

☐ **Understood** – Expresses ideas without difficulty
☐ **Usually understood** – Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
☐ **Often understood** – Difficulty finding words or finishing thoughts AND prompting usually required
☐ **Sometimes understood** – Ability is limited to making concrete requests
☐ **Rarely or never understood**

12. Ability to Understand Others (Comprehension) *Understanding verbal information content (however able; with hearing appliances normally used)*

☐ **Understands** – Clear comprehension
☐ **Usually understands** – Misses some part / intent of message BUT comprehends most conversation
☐ **Often understands** – Misses some part / intent of message BUT with repetition or explanation can often comprehend conversation
☐ **Sometimes understands** – Responds adequately to simple, direct communication only
☐ **Rarely or never understands**

13. Hearing *Ability to hear (with hearing appliance normally used)*

☐ **Adequate** –No difficulty in normal conversation, social interaction, listening to TV
☐ **Minimal difficulty** – Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet away)
☐ **Moderate difficulty** – Problem hearing normal conversation, requires quiet setting to hear well
☐ **Severe difficulty** – Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)
☐ **No hearing** (e.g., clinically deaf or profound hearing loss)

14. Vision *Ability to see in adequate light (with glasses or other visual appliance normally used)*

☐ **Adequate** – Sees fine detail, including regular print in newspaper / books
☐ **Minimal difficulty** – Sees large print, but not regular print in newspapers / books
☐ **Moderate difficulty** – Limited vision; not able to see newspaper headlines, but can identify objects
☐ **Severe difficulty** – Object identification in question, but eyes appear to follow objects; sees only light, colors, shapes
☐ **No vision**

15. Reading* *Ability to understand non-vocal written material*

☐ **Complete independence** - completely able to read/understand complex, lengthy paragraphs

☐ **Modified Independence** - able to read complex passages, but may show reduced speed/ retention

☐ **Standby prompting** - able to read/understand short, simple sentences but increased difficulty with length or complexity

☐ **Minimal prompting** - able to recognize single words and familiar short phrases

☐ **Moderate prompting** - able to recognize letters, objects, forms, etc.; able to match words to pictures; with 50-75% accuracy

☐ **Maximal prompting** - able to match identical objects, forms, letters (25- 49% accuracy) but may require cues.

☐ **Total Assist** - unable to consistently match or recognize identical letters, objects or forms (under 25% accuracy).

16. Writing* *Includes spelling, grammar, and completeness of written communication*

☐ **Complete independence -** able to write with average accuracy in spelling, grammar, punctuation, etc.

☐ **Modified Independence** - able to accurately write, may have occasional spelling or grammatical errors

☐ **Standby prompting -**able to write phrases or simple sentences; evidences spelling, grammar, syntax errors

☐ **Minimal prompting -**able to write simple words, occasional phrases; errors and reduced legibility evident

☐ **Moderate prompting** - able to write name/family words, cueing may be required; legibility poor

☐ **Maximal prompting** - able to write some letters spontaneously; able to trace/copy letters/numbers

☐ **Total Assist** - unable to copy letters or simple shapes

Comments:

17. Gross Motor Skills *Ability to perform skills requiring balance and large muscles of the body in coordinated movement (e.g., jumping, kicking a ball, catching a ball)*

☐**Adequate** – Performs skills with satisfactory speed and quality of movement both indoors and outdoors (including uneven ground)

☐M**inimal difficulty** – slight difficulty maintaining balance or controlling limb movement (e.g. appears clumsy, slower movements)

☐**Moderate difficulty** – Noticeable deficits in balance and controlling limb movements (e.g., frequently stumbles, drops objects, walks into objects)

☐**Severe difficulty** – limitations in trunk, head, and limb control resulting in severe difficulty with coordination of own movements (e.g., unable to reach for a glass of water without knocking it over)

☐**No ability to move body** (full paralysis)

18. Fine Motor Skills *Ability to perform coordinated movements that involve small muscles (e.g., grasping a pencil, managing buttons, using scissors)*

☐**Adequate** – Performs movements within appropriate time frame or with appropriate quality of movement

☐**Minimal difficulty** – Slight difficulty controlling movements (e.g., somewhat slow or easily fatigued)

☐**Moderate difficulty** – Noticeable deficits in fine motor skill development (e.g., unable to hold pencil properly and produce legible writing)

☐**Severe difficulty** – Severe limitation in ability to coordinate small muscle movements (e.g., significant struggle to pick up an object using thumb and forefinger)

☐**No ability to move body** (full paralysis)

19. Primary Mode of Locomotion

☐ Walking, no assistive device

☐ Walking, uses assistive device –e.g., cane, walker, crutch, pushing wheelchair

☐ Wheelchair, scooter

☐ Non-ambulatory - e.g., stays in bed, uses gurney

20. Falls (Adult only, skip to next item)

21. Cognitive Skills for Daily Decision Making *Making decisions regarding tasks of daily life – e.g., when to get up or have meals, which clothes to wear or activities to do, how to navigate home and community, ability to make informed choices regarding health.*

☐ **Independent**—decisions consistent, reasonable, and safe

☐ **Modified independence**—Some difficulty in new situations only

☐ **Minimally impaired**—In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times

☐ **Moderately impaired**—Decisions consistently poor or unsafe; cues / supervision required at all times

☐ **Severely impaired**—Never or rarely makes decisions

☐ **No discernable consciousness, coma**

22. Susceptibility to Victimization* *Ability to protect self against abuse and exploitation by others, including financial exploitation, sexual abuse, emotional abuse, etc. Ability to seek appropriate help when such dangers arise.*

☐ **Independent**—interactions with others are consistent, reasonable, and safe

☐ **Modified independence**—Some difficulty in new situations only (e.g., meeting new people or in unfamiliar environments)

☐ **Minimally impaired**—In specific recurring situations, interactions with others become poor or unsafe; cues / supervision necessary at those times

☐ **Moderately to severely impaired**—interactions with others *consistently* poor or unsafe; cues/supervision required at most/all times

23. Safety Judgment in Emergency Situation* *Ability to recognize an emergency situation and respond appropriately, including medical emergencies, fire, natural disasters, etc. -- e.g., knows how and when to call 911; ability to follow emergency protocols; ability to safely evacuate self.*

☐**Independent** – e.g., person independently recognizes & responds appropriately to an emergency; may use assistive devices

☐**Supervision/Cueing** -- e.g., ability to follow verbal instructions during an emergency

☐**Hands-On Support** -- e.g., person needs hands-on assistance to follow emergency protocols

☐**Total Dependence** – e.g., person unable to recognize or respond to an emergency in any capacity; completely dependent on others for evacuation

24. Persistent Behavior Patterns that Hinder Socialization

a. Narrowly restricted range of interests – e.g., constantly talks about trains

☐Yes ☐No

b. Excessive preoccupation with an activity or routine

☐Yes ☐No

c. Demonstrates lack of social and emotional conventions when socializing –e.g., lack of eye contact

☐Yes ☐No

d. Extreme shyness –e.g., severe inhibition in familiar social situations

☐Yes ☐No

SECTION III-B: ADAPTIVE –IADLs and ADLs

25. Independent Activities of Daily Living (IADLs)

Code for PERFORMANCE (P) in routine activities around the home or in the community during the LAST 7 DAYS

0. Independent – No help, set-up, or supervision
1. Set-up help only
2. Supervision – Oversight / cueing
3. Limited assistance – Help on some occasions
4. Extensive assistance – Help throughout task, but performs 50% or more of task on own
5. Maximal assistance – Help throughout task, but performs less than 50% of task on own
6. Total dependence –Full performance by others during entire period
8. Activity did not occur – During entire period

Code for EFFECT (E) based on whether or not disability, condition, or illness affects the performance of task.

0. **Child / youth's condition does not affect the performance of the task** (i.e., condition does not increase assistance needed to complete task, does not increase time it takes to perform the task, does not increase the number of times the task must be performed, and does not require the assistance of additional persons to help with task)

1. **Child / youth's condition affects the performance of the task** (i.e., greater assistance is needed to complete task, task takes longer to perform, condition increases the number of times the tasks must be performed, or additional persons are needed to help with task).

	P	E
a. Meal Preparation – How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)		
b. Ordinary housework – How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up)		
c. Managing money – How money or allowance is spent or saved, plans for small purchases		

d. Managing medications – How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments, includes prescription and non-prescriptions) *Ages 14+ only*		
e. Phone use – How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)		
f. Use of technology – e.g., gets on the internet; using the computer to play games, do homework, or for work; use of smart phone apps		
g. Shopping – How shopping for food and household items is performed (e.g., selecting items, paying money) – EXCLUDE TRANSPORTATION		
h. Transportation – How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, in and out if vehicles) *Ages 14+ only*		
i. Laundry – sorting, washing, folding, putting away personal laundry (e.g., clothing, underwear, bedding, and towels)		

Comments:

26. Activities of Daily Living (ADL)

Code for PERFORMANCE (P) in routine activities around the home or in the community during the LAST 7 DAYS

- Consider all episodes over 7-day period.
- If all episodes are performed at the same level, score ADL at that level.
- If any episodes at level 6, and others less dependent, score ADL as 5.
- Otherwise, focus on the three most dependent episodes (or all episodes if performed fewer than three times).
- If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2-5.
  Consult decision tree in field manual for assistance with above instructions

0. Independent – No physical assistance, set-up, or supervision in any episode

1. Independent, set-up help only – Article or device provided or placed within reach, no physical assistance or supervision in any episode

2. Supervision – Oversight / cueing

3. Limited assistance – Guided maneuvering of limbs, physical guidance without taking weight

4. Extensive assistance – Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks

Code for EFFECT (E) based on whether or not disability, condition, or illness affects the performance of task.

0. **Child / youth's condition does not affect the performance of the task** (i.e., condition does not increase assistance needed to complete task, does not increase time it takes to perform the task, does not increase the number of times the task must be performed, and does not require the assistance of additional persons to help with task)

1. **Child / youth's condition affects the performance of the task (**i.e., greater assistance is needed to complete task, task takes longer to perform, condition increases the number of times the tasks must be

5. Maximal assistance – Weight-bearing support (including lifting limbs) by 2+ helpers – OR – Weight-bearing support for more than 50% of subtasks
6. Total Dependence – Full performance by others during all episodes
8. Activity did not occur during entire period

performed, or additional persons are needed to help with task).

	P	E
a. Bathing – How takes a full-body bath/shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed; arms, upper and lower legs, feet, chest, abdomen, perineal area – EXCLUDE WASHING OF BACK AND HAIR		
b. Hair washing* – How washes hair, including applying shampoo/conditioner, keeping shampoo out of eyes, completely rinsing shampoo.		
c. Personal hygiene – How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands – EXCLUDE BATHS AND SHOWERS		
d. Dressing upper body – How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc.		
e. Dressing lower body – How dresses and undresses (street clothes, underwear) from the waist down, including prostheses, orthotics, belts, pants, skirts, compression socks, shoes, fasteners, etc.		
f. Locomotion – How moves between locations on same floor (walking or wheeling). If in wheelchair, self –sufficiency once in chair		
g. Transfer toilet – How moves on and off toilet or commode		
h. Toilet use – How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes bed pad, manages ostomy or catheter, adjusts clothes – EXCLUDE TRANSFER ON AND OFF TOILET		
i. Menstrual Cycle* – Does youth have an active menstrual cycle? ☐ No (skip to 18j) ☐Yes (proceed with this item) --- How youth manage menstrual cycle hygiene, including cleansing self and use of menstrual products; rate according to most recent period rather than the 7-day look back.		
j. Bed mobility – How moves to and from lying position, turns from side to side, and positions body while in bed		
k. Eating – How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)		
l. Transfers – how moves between surfaces, to / from bed, chair, wheelchair, standing position – exclude bath / shower and toilet transfers		

SECTION IV: MALADAPTIVE

27. Behavioral Symptoms and Support Needs

interRAI Code

Code for indicators observed, irrespective of the assumed cause.

- **0** Not present (*No recent history, no supports in place or needed)*
- **1** Present but not exhibited in last 3 days (*Includes history of behavior with supports currently needed)*
- **2** Exhibited on 1-2 of last 3 days
- **3** Exhibited daily in last 3 days

Support Required* –
Type of support **typically** required during person's waking hours:

- **0** No support needed or can ignore behavior
- **1** Monitor only, using a person or through environmental means
- **2** Verbal or gestural distraction or prompting typically required
- **3** One-person hands-on support typically needed
- **4** More than one person (2:1) typically needed to redirect

Support Level* –
Level of support **typically** needed to manage behavior during person's waking hours:

- **0** No support required
- **1** Less than monthly, episodic, or seasonal only
- **2** One to 3 times a month
- **3** Once a week
- **4** Several times a week
- **5** Once a day or more
- **6** Continuous support during waking hours required for this behavior
- **7** Person can never be left alone in a room and must always be in constant line of sight for behavioral support
- **8** Person can never be left alone in a room and must always be within arm's length for behavioral support

**Support Required and Support Level is not limited to the 3-day look-back, but rather relies on a "typical" standard.*

	interRAI code	Support Required	Support Level
	Complete for all items	*Complete only for items with interRAI Code 1-3*	
a. Wandering – Moved with no rational purpose, seemingly oblivious to needs or safety			
b. Elopement – attempts to or exits/leaves home/school, etc. at inappropriate times, without notice/permission			
c. Verbal abuse – e.g., others were threatened, screamed at, cursed at, posting abusive comments on social media			
d. Physical abuse –e.g., others were hit, shoved, scratched			
e. Sexual abuse – e.g., others were molested or sexually abused			
f. Socially inappropriate or disruptive behavior –e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through others' belongings, repetitive oppositional statements, repetitive behavior that interferes with normal activities			
g. Inappropriate public sexual behavior or public disrobing			
h. Resists care – e.g., taking medications / injections, ADL assistance, eating, hygiene			
i. Self-injurious behavior – e.g., banging head on wall; pinching, biting, scratching, hitting, or punching self; pulling own hair, cutting			
j. Destructive behavior toward property– e.g., throwing objects, turning over beds or tables, vandalism			
k. Outbursts of anger – Intense flare-up of anger in reaction to a specific action or event (e.g., upset with decisions of others)			
l. Pica – Ingestion of non-food items (e.g., soap, dirt, feces)			
m. Polydipsia – Inappropriate or excessive fluid consumption (e.g., drinks fluids many times during the day, drinks a huge amount at a time, refuses to stop drinking, drinks secretly from unusual sources)			
n. Stealing –e.g., theft from family or housemates; shoplifting			
o. Bullying others – Pattern of repeated oppression or victimization of others			
p. Cruelty to animals – Deliberate mistreatment of or physical injury to animals [Exclude behaviors that are consistent with cultural norms]			

28. Overnight Behavioral Support* - Does the person have behaviors that require support during the sleeping hours?

☐No

☐Yes

If yes, indicate typical level of support needed:

☐ Monitor only, using a person or through environmental means

☐ Verbal or gestural distraction or prompting typically required

☐ One-person hands-on support typically needed

☐ More than one person (2:1) typically needed to redirect

29. Extreme Behavior Disturbance*- History of extreme behavior(s) that suggest serious risk of harm to self (e.g., severe self-mutilation) or others (e.g., fire setting, homicide)

☐ No

☐ Yes, but not exhibited in last 7 days

☐ Yes, exhibited in last 7 days

If yes –

Describe behavior(s):_____

_____

Explain supports/response needed: _____

_____

_____

-30. Behavior Problems Prevent Individual from Moving to a Less Restrictive Setting*: ☐Yes ☐No

Note: This must be a recognized behavior problem that is occurring with some frequency, documented in a support plan, and the current environment is helping to lessen. Do not select "yes" based on the belief the person might engage in a behavior in a different environment.

31. Does individual's Written Behavior Plan meet the following criteria (if applicable)? (Check all that apply)

☐ Is specific to the individual

☐ Clearly define the behavior

☐ Clearly define needed supports

☐ Collect information on frequency and severity of the behavior for those behaviors that are managed with restrictions or medication.

All 4 criteria must be met.

Has a Written Behavior Plan*: ☐Yes ☐No

The criteria for behavior plans is specified in K.A.R. 30-62-23

Comments: