

Level of Care Screen Training Manual

COLORADO LONG-TERM SERVICES AND SUPPORTS
(LTSS) ASSESSMENT TOOL



COLORADO
Department of Health Care
Policy & Financing

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JUNE 2018 |

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Level of Care Screen – Training

Purpose

Colorado's Long-Term Services and Supports (LTSS) programs require participants to meet a specific level of care to be eligible for LTSS services. The purpose of this module is to verify that a participant meets level of care prior to completing the full assessment. If a participant does not meet the level of care, he/she may still request to go through the assessment, based on the right of the participant to appeal a negative determination and the right to a full assessment. A negative determination decision must still be conveyed in writing and this written notice must include information concerning the rights of the participant.

Items used in this module are also contained in other modules of the full assessment. The design includes a plan for the items completed in the Functional Eligibility Verification to automatically prefill in the later modules so that the information is only recorded once.

Overview of Contents

The contents of the Level of Care Screen are specific to Colorado's Level of Care (LOC) definition for LTSS. This module does not collect information needed for support planning. Follow-up information needed for support planning (e.g., adaptive equipment needs, preferences for support delivery, referral needs) are contained in the other modules.

- 1. Type of Level of Care Assessment-** Identifies why the LOC Screen is being completed (e.g., initial/enrollment, continued stay review, revision)
- 2. Memory and Cognition** – The items in this section collect information about whether the participant has an impairment with memory or cognitive processing.
- 3. Mobility and Transferring** – The items in this section collect information about the participant's ability perform tasks related to mobility and transferring.
- 4. Behaviors** – The items in this section collect information about problematic behaviors the participant may exhibit, including aggression towards others and self-harm.
- 5. Additional ADL Items** – The items in this section collect information about activities of daily living (ADLs) that have not yet been covered in the Functional Eligibility Verification module, which include bathing, dressing, and toileting, and eating.
- 6. Outcomes** – This section includes documentation of the outcome of the eligibility verification module and a listing of potential referral options.

General Instructions for Completing the Module

The level of care criteria can be met in any of the following ways:

- Partial/moderate assistance or higher on 2 or more ADLs
- Presence of one or more substantial behavior issues, which include self-harm and physical and/or verbal behaviors directed at others;
- Presence of one or more substantial cognition and/or memory issues

The Level of Care Screen is designed so that once the eligibility threshold is met, the assessor is able to move on to the remaining portions of the assessment. There are triage questions at the end of each section that prompt the assessor to skip to the end of the module and proceed with the assessment if the level of care criteria has been met.

For example, if the participant scores that he/she has substantial memory and/or cognition issues in Section 1, the assessor would skip the remainder of Eligibility Verification module and document this in the Outcomes section. The remaining items not covered in the Eligibility Verification module will appear again in the related modules contained in the assessment.

If the participant does not meet any of the level of care criteria by the end of the module, there will be the opportunity for assessors to explain why the participant does not meet the level of care criteria and potential next steps, including the right to appeal the decision. Assessors should inform the participant that even if he/she does not meet the criteria for LOC, he/she may still request to go through the assessment and/or appeal the decision based on the right of the participant to appeal a negative eligibility determination and the right to a full assessment. A negative eligibility determination decision must still be conveyed in writing and this notice must include information concerning the rights of the participant.

Section Instructions

Section 1: Type of LOC Assessment

Section 1 contains one item. Select the reason the LOC is being conducted.

- **Initial/Enrollment-** The participant is enrolling in services for the first time or were disenrolled from services and are reenrolling.
- **Continued Stay Review-** A review of quality, medical necessity, and appropriateness of procedures, treatments, and/or services identified in a previous version of the Support Plan.
- **Revision-** The Support Plan is being updated either to amend information between annual reviews or as part of the annual review process.
- **CCT Certification Extension-** Used for CCT clients who are institutionalized during their CCT certification period and require additional days beyond one year added to their certification span.
- **Deinstitutionalization-** The participant is transitioning from an institution to a community setting.
- **Readmission to Institution-** The participant is transitioning from a community setting to an institution.

Section 2: Memory and Cognition

Section 1 collects information about the participant's cognition and memory. This section is intended to gauge the impact of any cognitive and/or memory impairments the participant may have on his/her daily life. Areas that are measured include attention, problem solving, planning, judgment, and expressing him/herself.

Assessment Item	Guidance
Section 1: Memory and Cognition	

1. Does the participant have any difficulty with memory (e.g., retain relevant functional information), attention (e.g., ability to stay focused on task), problem solving, planning, or judgment?

- Yes
- No [Skip to Item 7]
- Unknown [Skip to Item 7]

If yes, describe the participant's difficulty in items 2-6:

This item collects information about any potential memory or cognitive difficulties the individual may have. This includes memory, attention, problem solving, planning, and judgment. These issues are defined in items 2-6 and additional information about specific areas he/she has difficulties with can be described there.

If the individual does not have difficulties with memory or cognition, the assessor should skip to Item 7.

Items 2-6 discuss the level of impairment with a variety of tasks related to memory and cognition. The level of difficulty scale below should be used to indicate the amount of difficulty the individual has when engaging in a specific task during a typical day. Assessors should select one response for each item in 2-6.

Level of Difficulty Scale

- No impairment:** Demonstrates no impairment though there could be brief moments or situations in which a lapse occurs, for example, one might not remember the names of all members of a new group of people when meeting the first time.
- Age appropriate difficulty/dependence:** Used only for participants age 0-18, this response should be used if the participant has some difficulty with the task but the level of support needed is consistent with a child of a similar chronological age without a disability. For example, a four year old may not be able to plan out each step of his/her day or develop a multi-step process to accomplish goals. Support provided to accomplish these tasks would be expected given the participants chronological age.
- Mildly impaired: Demonstrates some difficulty** (limited but present): For example, if the individual functions independently but has trouble thinking of words or delays for several moments or needs a prompt before responding to queries for more information, it could suggest some difficulty. Noticeable impact on functioning is limited, but could be daily.
- Moderately Impaired: Demonstrates marked difficulty** (frequently present): For example, if the individual has difficulty remembering/describing routines or says "I don't know" a lot, but can speak generally about the happening, event or task, that could suggest marked difficulty. Marked difficulty could be suggested as well if he or she needs several prompts or interpreting questions to respond to queries for more information (such as for problem solving or judgment). Noticeable impact on functioning occurs regularly throughout the day.
- Severely Impaired: Demonstrates extreme difficulty** (nearly always to always present): For example, the individual requires high levels of assistance. (e.g., assistance needed to remember information, plan, judge and problem solve for the individual). If the

individual is confused about where they are, what day it is, or can't describe what happens in their basic routines that could suggest extreme difficulty. Noticeable impact on functioning occurs continually, ongoing throughout the day.

- **Impairment present, unable to determine degree of impairment:** There may be cases where assessors use their professional expertise observing and speaking with a participant and determine that there is an impairment present, but are unable to determine the degree to which the impairment impacts the task. This could be due the participant's ability to use other skills to compensate for the impairment or the inability to speak directly to the participant to assess the task. For example, a participant may be able to provide an appropriate answer when asked about his/her judgement, but has demonstrated some behavior the indicates impulsivity to his/her detriment.
- **Unable to answer:** The assessor will choose this option when no information is available to assess cognitive functioning.

If the individual is unable to use verbal communication, with or without a device, gather information from someone who knows the individual well. Ask probing questions to determine if the individual is able to use gestures or body language to indicate cognitive ability.

The assessor should document the source of information the selection is based upon. Select all sources of information used to inform the response. Options include:

- Observation:** Based upon the assessor's current and previous observations of the individual.
- Self-report:** Based on the individual's own statements. This includes verbal, written, and other types of feedback.
- Support Person:** Based upon information attained through a second party source, such as guardians, friends, family, paid support providers, or others with knowledge of the individual.

Additional strategies for assessing level of difficulty and its impact on daily functioning.

Determining the level of difficulty may be challenging. Listed below are ideas and strategies that one may find useful for this section, but are not required to use.

Consider asking about IADLs (and some of the ADLs), without sounding like the individual is being tested. Ask about the steps involved in various tasks, such as laundry or cooking something simple (like diced ham and scrambled eggs).

Cooking example (this example may only work for people who have done some cooking on a regular/semi-regular basis):

- Memory – simply asking about the specific materials that might be needed.
- Attention – asking what to do if the phone rings or a text comes in while cooking, ask if things ever get burnt due to such distractions.
- Problem solving – asking what to do if the egg pan is dirty but it is time to cook; asking what to do if the egg runs onto the counter and floor when it is cracked.
- Planning – ask the individuals something like "You're having a busy day with lots of activities, how do you figure out when is the best time to cook?" or "If you're not sure you have all the

ingredients, what could you do throughout the day to make sure you get to make the breakfast/dinner you want?"

- Judgment – asking what the individual might look for to determine if the eggs or ham is good/safe to eat.

Other strategies include:

- Ask about activities the individual likes either at home, community or in nature – then ask them to describe the details. Perhaps some kind of gaming, crafts, movies, preferred restaurants or stores (and where they are or how to get there).
- Ask the individual to explain a morning or work related routine.
- Ask about the person’s job and responsibilities at work.
- Ask the person to tell you about a recent trip or other event that isn’t a usual happening for her or him.

Assessment Item	Guidance
Section 2: Memory and Cognition	
<p>2. Memory - Ability to retain relevant functional information, both short and long term</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment <input type="radio"/> Unable to answer 	<p>Consider if the individual remembers appointments or changes to routines, event times or locations. Consider if the individual remembers to complete routine tasks throughout the day or needs reminders, or remembers the location of materials needed (such as where keys are located).</p>
<p>3. Attention - Ability to stay focused on a task.</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment <input type="radio"/> Unable to answer 	<p>Consider the individual’s usual performance for starting and completing tasks in the face of distractions. Does the individual start a number of tasks, but not finish them (e.g. dishes, laundry, feeding the cats and making breakfast).</p>
<p>4. Problem Solving - Ability to discover, analyze, and address an issue with the objective of overcoming obstacles and</p>	<p>Consider problems relevant to person’s life, including those that currently are solved by others (for the individual). For example, late buses, lights burning out,</p>

Assessment Item	Guidance
Section 2: Memory and Cognition	
<p>finding a solution that best resolves the issue.</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment <input type="radio"/> Unable to answer 	<p>spilling a glass of water, getting a rock in a shoe while walking, double booking schedule, can't find library book, running out of paper towels, etc.</p>
<p>5. Planning - Ability to think about and arrange the activities required to achieve a desired goal.</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment <input type="radio"/> Unable to answer 	<p>Consider presenting a situation that might be relevant to, but not particularly common in, his or her life.</p> <p>For example, going to the movies with friends. Such a plan requires calling/contacting the friend(s), coordinating a time/day that works well, choosing a movie (could address problem solving too), budgeting spending money, figuring out bus routes or rides if needed, and adjusting the plan if needed.</p>
<p>6. Judgment – Ability to predict and anticipate outcomes based on information provided.</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment <input type="radio"/> Unable to answer 	<p>Consider the judgment the individual uses to weigh available options and to disregard options that are not safe or otherwise impractical.</p> <p>For example, if the individual recognizes when food is spoiled and should not be eaten, recognizes the appropriate communication to engage in with strangers, not accepting rides from strangers, etc.</p>
<p>7. Ability to make appropriate decisions regarding daily tasks, such as picking out an outfit, deciding</p>	<p>Assessors should indicate the participant's ability to make decisions about daily tasks.</p>

Assessment Item	Guidance
<p>Section 2: Memory and Cognition</p> <p>when and what to eat, or selecting what to do throughout the day:</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Impairment present, unable to determine degree of impairment <input type="radio"/> Unable to answer <p>Scoring based on (Check all that apply):</p> <p><input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy</p>	<p>Below are examples of scenarios for the response options in which the participant may demonstrate impairment:</p> <ul style="list-style-type: none"> • Mildly impaired - <i>Ellen is able to perform most of her daily tasks, but on some days she feels easily confused and forgets when and if she has done things. She developed a schedule and checklist for herself to assist on those days. The schedule covers times for completing certain daily activities, such as walking her dog, picking up her mail from the box, and taking medication.</i> • Moderately impaired - <i>Stan is able to dress himself, but needs staff to organize his outfits. At the current time, Stan's daughter or his support worker lays out an outfit for the next day or for special events requiring a change of clothes. Stan also loses track of time. For example, someone must remind him it is time to eat. Stan is able to decide which outings he wants to go on, but someone must stay with him during outings because he gets confused and wanders in unfamiliar environments.</i> • Severely impaired- <i>Kyle requires someone to wake him, pick out an outfit, and help him dress. If he is not prompted and assisted, he will sit on his bed and not remember to eat, bathe, or use the toilet. He is not able to plan most aspects of his day, although he is able to tell others what he would like to do if asked.</i> <p>The assessor should use all readily available mechanisms to score this item, including observing the participant, having the participant self-report on his/her abilities, and interviewing family, friends, and caregivers.</p>
<p>8. Participant's ability to express ideas or wants with individuals he/she is familiar with:</p> <ul style="list-style-type: none"> <input type="radio"/> Expresses complex messages without difficulty. <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts). <input type="radio"/> Frequently exhibits difficulty with expressing needs and ideas. <input type="radio"/> Rarely/never expresses self. <input type="radio"/> Unable to assess <input type="radio"/> Unknown 	<p>Items 8 and 9 are mandatory items, and document the participant's ability to communicate with individual's he/she is familiar and not familiar with, respectively. These items are intended to be selected based on the participant's <u>ability</u> to express ideas or wants and any barriers related to memory and/or cognition. <i>For example, if the participant is able to express complex messages clearly but does not like to because he/she is shy, the assessor should select on the ability, which would be "Expresses complex messages without difficulty."</i></p> <p>Some participants are able to more effectively communicate with individual's he/she is familiar with than individuals he/she is not familiar with. This may be</p>

Assessment Item	Guidance
Section 2: Memory and Cognition	
<p>Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy</p> <p>9. Participant’s ability to express ideas or wants with individuals he/she is not familiar with:</p> <ul style="list-style-type: none"> <input type="radio"/> Expresses complex messages without difficulty. <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts). <input type="radio"/> Frequently exhibits difficulty with expressing needs and ideas. <input type="radio"/> Rarely/never expresses self. <input type="radio"/> Unable to assess <input type="radio"/> Unknown <p>Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy</p>	<p>because of a speech issue related to stroke or brain injury or cognitive issues that do not allow the formation of lucid thoughts.</p> <p>The assessor should use available information to score this item, including observing the participant, having the participant self-report on his/her abilities, and interviewing family, friends, and caregivers. Some participants are able to more effectively communicate with individuals he/she is familiar with than individuals he/she is not familiar with. This may be because of a speech issue related to stroke or brain injury or cognitive issues that do not allow the formation of lucid thoughts.</p> <p>Staff should use all readily available mechanisms to score this item, including observing the participant, having the participant self-report on his/her abilities, and interviewing family, friends, and caregivers.</p>
<p>10. Participant met memory/cognition LOC criteria?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, proceed to Assessment [Skip to Section 6: Outcomes] <input type="radio"/> Yes, but participant ONLY wants nursing facility or PACE [Skip to Section 6: Outcomes and provider referral to appropriate entity] <input type="radio"/> No 	<p>Document whether the participant met the level of care criteria for cognition and memory. Meeting the level of care criteria means that he/she scored [.....]</p> <p>If the participant has met the criteria for LOC and the next step is to conduct the assessment, Skip to Section 6 and identify this. If the participant has met LOC but is only requesting services through a Nursing Facility or the Program for All Inclusive Care for the Elderly (PACE), Skip to Section 6 and provide a referral. Do not conduct the full assessment. If the participant has not met the LOC criteria, proceed to the next section.</p>

Commented [AC1]: Need to update after LOC pilot

Specific Directions for Functioning Items (Sections 3 & 5)

Sections 3 and 5 contain items that establish the participant’s ability to function and perform basic tasks related to daily living. If the participant is not able to complete an ADL independently, assessors will collect additional information about how the participant would like to be supported when completing the task and the equipment he/she may need.

There are two columns when scoring the ADL items: Column A- Usual Performance and Colum B- Most Dependent Performance.

- **Usual performance-** The participant’s most consistent performance during the past 3 days.
- **Most dependent-** The level of greatest need of assistance occurring over the past month.

Note: If the participant's performance has not changed in the past 30 days, code Column B (most dependent level of functioning) the same as the usual functioning coded in Column A.

If the participant required less assistance in the previous 30 days compared to the most consistent or usual performance in the past 3 days, i.e., the participant's most dependent performance has occurred within the previous 3 days, code Column B the same as Column A. Column B should always reflect the participant's most dependent performance. For example, the participant moved from sit to stand during the past month independently but within the past 3 days required supervision or touching assistance, both Columns A and B should be marked supervision or touching assistance.

Scoring the Trigger Items

Because people have different learning styles, the scoring key will be described in multiple ways. All methods described will lead the assessor to the same answer.

When scoring each ADL item, think about the participant's **usual** performance in the past 30 days and medical, cognitive, physical and behavioral factors unique to the participant that might influence task completion. Then consider the usual support needed to complete the task **or** the support needed during a task (a participant might complete a task independently, but requires supervision for a medical, behavioral or safety reason). The question to ask for each ADL/IADL item is: Does the participant have the functional ability to complete the tasks or parts of the tasks listed? If not, what support is needed?

During the assessment interview the assessor should not read each response option for every question. Assessors do not need to go into great depth to decide if the participant needs more than 50% or less than 50% of tasks to be completed for them. Instead, a conversational approach is an effective way to collect this information along with observation (e.g., observe the participant walking across the room to answer the door and or ask if they typically need help going down stairs). Assessors should work with the participant to obtain the best estimate of support needs and move to the next item.

In collecting this information, assessors should be aware that research has shown that participants often underestimate their support needs, while others in their life often overestimate support needs. Assessors should use all information sources to accurately score the items. **Please note, the examples provided in the item language are not definitive examples. Do not limit scoring consideration to these specific tasks, also consider other essential elements.**

Because people have different learning styles, the scoring key will be described in multiple ways. All methods described will lead the assessor to the same answer.

06. Independent- Participant completes the activity by him/herself with no assistance from helper.

- ✓ Participant DOES NOT require assistance or preparation prior to engaging in the activity
- ✓ Participant DOES NOT require review or follow-up after the activity has been completed
- ✓ Participant completes the activity without assistance from a support person
- ✓ Participant has not required support for the item in the past 30 days

00. Age Appropriate Dependence - For Children 4-18- Age appropriate dependence- The participant requires a level of support consistent with his/her age.

- ✓ Requires assistance that is consistent with a child of the same chronological age who does not have a disability

- ✓ If assistance that is required is related to a disability related issue, DO NOT use this score. Instead, select the score that most accurately reflects the level of support needed.

05. Setup or Clean-up Assistance- Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity.

- ✓ Participant REQUIRES assistance or preparation prior to engaging in the activity
- ✓ And/or Participant REQUIRES review or follow-up after the activity is complete
- ✓ Participant then completes the activity without assistance from a support person
- ✓ Includes cueing via telephone to set-up or clean-up

04. Supervision or Touching Assistance (Including cueing and/or visual prompts)- Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.

- ✓ Support person monitors some or all parts of the activity
- ✓ Support person provides cues, verbal direction or visual prompts during some or all steps of an activity
- ✓ Support person provides NO physical assistance beyond simple touch cues during the activity

03. Partial/Moderate Assistance- Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

- ✓ The participant functionally contributes more than half the effort for the activity

02. Substantial/Maximal Assistance- Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

- ✓ The participant functionally contributes less than half the effort for the activity

01. Dependent- Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity.

- ✓ Participant DOES NOT contribute functionally to any part of the activity
 - ✓ The participant may contribute symbolically to the activity
 - ✓ Support person completes the activity for the participant
- OR
- ✓ Two or more support persons are required to complete the task

07. Not Attempted- Participant refused- Participant refuses support to complete the task. The activity was completed unsuccessfully by the participant, but the participant refuses support in this area and the activity is not completed by another person OR the participant refuses to answer *and there is no other source of information.*

08. Not Attempted due to short-term medical condition or safety concerns- For example, when a participant is undergoing treatment for an acute exacerbation of a mental, physical, or behavioral health issue and does not perform a task due to temporary safety concerns related to their illness or condition.

88. Not applicable: Participant does not engage in this activity regularly; support not required. The activity is not completed by another person.

To score the items for both Usual and Most Dependent performance:

- Consider whether any support is needed, or the participant is completely **"independent"**. If the participant needs help setting up or cleaning up after the activity is complete, score **"set-up or clean-up assistance"**. If the participant needs verbal or touch cues through some or all of the activity, score **"supervision or touching"**. If the participant needs a support person to complete less than half the effort, score **"partial/moderate assistance"**. If the participant needs a support person to complete more than half the effort, score **"substantial/maximal assistance"**. If the participant needs the activity completed for them, score **"dependent"**.
- Consider whether the participant is completely **"independent"** or completely **"dependent"**. If the participant needs support from another person to do more than half the task select **"substantial/maximal assistance"**. If the participant can do more than half the task but needs more support than cuing, coaching and supervision select **"partial/moderate assistance"**. If the participant is able to do the task, consider whether help is needed to set up or clean up the activity only select **"set-up or clean-up assistance"**, or whether the person giving assistance needs to stay to provide verbal cues, coaching or supervision select **"supervision or touching"**.

At times, assessors may encounter a situation in which an activity was not completed by the participant. When this occurs use these additional scoring options: 'Participant refused', 'Not applicable' and 'Not attempted due to medical condition or safety concerns'. If the activity is not completed due to the participant refusing support, and the activity is NOT being completed by another person, score as Participant refused. The Not applicable score is used if the participant does not engage in this activity and support is **not** required. If the activity is not attempted due to a medical condition or safety concerns, score it as such.

If the functional performance is cyclical: If the participant did not need support in the past thirty days, but does need support on a less than monthly basis, the assessor should score this as "independent" AND write a note describing the support need and frequency in the 'preferences' section. For example, a participant experiences severe depression episodes every few months for several days requiring increased support during this time. This is not a usual support need and is scored Independent.

Section 3: Mobility and Transferring

See introduction section, Specific Directions for Functioning Items (Sections 3 & 5), for specific directions on completing the items and using response options.

1. Mobility

Item 1 collects information about the participant's mobility. The mobility items cover whether the participant uses a wheelchair or scooter, the longest distance he/she is able to walk/wheel, and the level of independence while walking/wheeling.

Assessors can use several methods to complete these items: 1) Observe the participant walking or using a wheelchair during the assessment. This could be when the participant comes to greet assessors or how he/she moves during the assessment and 2) Direct responses about mobility from the participant and caregiver.

Assessment Item	Guidance
Section 3: Mobility and Transferring	
<p>1A. Does the participant walk?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, but walking is indicated in the future [Skip to Item 1F]</p> <p><input type="radio"/> No, and walking is not indicated [Skip to Item 1F]</p>	<p>Indicate whether the participant currently walks, even if it is not his/her primary form of mobility.</p> <p>If the participant does not walk, skip to Item 1F. If the participant does not walk, indicate whether he/she indicates the possibility of walking in the future.</p>
<p>1B. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.</p> <p>(Standard 7 Point Scoring for Trigger Items)</p> <p>1C. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.</p> <p>(Standard 10 Point Scoring for Trigger Items)</p> <p>1D. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.</p> <p>(Standard 10 Point Scoring for Trigger Items)</p>	<p>These items are intended to capture how the participant walks in his/her residence. For each distance, select the level of support the participant needs to walk on an even, flat surface without obstacles. Assessors may observe this task during the assessment or discuss the ability with the participant or proxy.</p> <p>If the participant is unable to walk 10 feet, code "Dependent" for all items B-D</p> <p>1C- It is important for this item to ask specifically about the turns and if turning has resulted in any falls.</p> <p>1D- Provide the participant with a contextual example such as a walking in a hospital corridor or a shopping center.</p>
<p>1E. Code the participant's level of independence for walking the maximum "Independent" distance in items 1B-D <u>outside of the home</u>. If no distance was selected as "Independent", code for walking 10 feet </p> <p>(Standard 10 Point Scoring for Trigger Items)</p>	<p>This item is intended to capture the difference in the ability to walk inside of the home (1B-D) vs. outside of the home.</p> <p>For the maximum distance that the participant is able to walk inside of the home independently in Items 1B-D, code the level of support needed to walk the same distance outside of the home. <i>For example, the participant may be able to walk 50 feet with two turns independently at home, he/she may become disoriented outside of the home and need supervision or touching assistance to walk 50 feet with two turns outside of the home.</i></p>
<p>1F. Does the participant use a wheelchair or motorized scooter?</p> <p><input type="radio"/> Yes <input type="radio"/> No [Skip to Item 2]</p> <p>Indicate the type of wheelchair/ scooter used for this assessment:</p> <p><input type="radio"/> Manual</p> <p><input type="radio"/> Motorized wheelchair/scooter</p>	<p>Identify whether the participant uses a wheelchair or scooter as his/her primary mechanism for mobility.</p> <p>Score the primary type of wheelchair/scooter the participant uses for mobility.</p>

Assessment Item	Guidance
Section 3: Mobility and Transferring	
<p>1G. Wheel 50 feet with two turns: Once seated in a wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.</p> <p>(Standard 10 Point Scoring for Trigger Items)</p>	<p>For each distance, select the level of support the participant needs to wheel his/her wheelchair on an even, flat surface without obstacles. Assessors may observe this task during the assessment or discuss the ability with the participant or proxy.</p>
<p>1H. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.</p> <p>(Standard 10 Point Scoring for Trigger Items)</p>	<p>If the participant is unable to wheel 50 feet with two turns, code "Dependent"</p> <p>1G- It is not necessary to measure exactly the 50-ft. distance; instead use the example of a hallway or the distance between different rooms in the home as an approximation.</p> <p>1H- Provide the participant with an example such as wheeling in a mall or long corridor without stopping.</p>

2. Transferring

Item 2 collects information about the participant's ability to transfer. Similar to item 1, assessors can use several methods to complete these items: 1) Observe the participant transferring during the assessment; and 2) Direct responses about transferring from the participant and caregiver.

Assessment Item	Guidance
Section 3: Mobility and Transferring	
<p>2a. Roll left and right – The ability to roll from lying on their back to the left side and the right side, and returning to lying on their back.</p> <p>(Standard 10 Point Scoring for Trigger Items)</p>	<p>It is important to ask about rolling to both sides when assessing this item. A participant's ability to roll to one side does not determine the level of assistance required to complete this item as there may be a difference in the participant's ability to roll on one side versus the other. Assessors need to assess both directions.</p> <ul style="list-style-type: none"> •Example of Supervision/touching- The helper has to give verbal instructions to the participant to bend their leg before attempting to roll so that they can do it successfully. •Example of Partial/moderate- The participant is able to bend their legs and roll to the right with no assistance but requires minimal assistance to fully roll onto their left side <p>Example of substantial/maximal- The participant is unable to roll to the right or left or bend their legs but is able to return to lie on their back from either position.</p>
<p>2B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</p>	<ul style="list-style-type: none"> •Example of setup or clean-up- The helper provides the participant with a piece of adaptive equipment that the

Assessment Item	Guidance
Section 3: Mobility and Transferring	
<p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>participant uses to bring their weak leg onto the bed as they lie down.</p> <ul style="list-style-type: none"> •Example of Supervision/touching- The helper must explain each step of going from sitting to lying in order for the participant to complete the activity safely. (If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) •Example of Partial/moderate- The participant is able to move their upper body from sitting to lying on the bed and requires assistance from the helper to lift one leg onto the bed. <p>Example of substantial/maximal- The helper partially guides the participant's upper body and does most of the effort to lift their legs onto the bed.</p>
<p>2C. Lying to sitting on side of bed: <i>The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>The level of assistance needed to move from lying to sitting may differ from the assistance required for the participant to move from sitting to lying down.</p> <ul style="list-style-type: none"> •Example of setup or clean-up- The helper positions a bed rail and/or pillow to assist the participant. •Example of Supervision/touching- The participant required the helper to stand next to them and provide intermittent steadying by touch to avoid a fall off the bed when they are coming up to sit due to the participant's limited trunk control the item is coded 04 – Supervision or touching assistance. <p>Example of substantial/maximal- The helper partially assists the participant to sit and moves their legs off of the bed.</p>
<p>2D. Sit to stand: <i>The ability to safely come to a standing position from sitting in a chair or on the side of the bed.</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>A participant will likely have to stand up from seats of varying materials that may make it harder to stand, such as the bed, a solid chair, or a softer couch. Code the participant's most dependent performance for the past 3 days and past month.</p> <ul style="list-style-type: none"> •Example of Supervision/touching- The participant requires steadying assistance from a helper for balance, but can stand up on their own. (If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) •Example of Partial/moderate- The helper assists the participant to move to the front of the chair but the participant is able to stand by themselves.

Assessment Item	Guidance
Section 3: Mobility and Transferring	
	Example of substantial/maximal- The helper manually assist the participant to move forward in the chair and stand partway up but the participant is able to help during the activity.
<p>2E. Chair/Bed-to-Chair Transfer - <i>The ability to safely transfer to and from a chair (or wheelchair).</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>Score the level of support the participant needs to transfer from a chair or bed to another chair. Use the scoring definitions and descriptions provided earlier in the manual to select the appropriate activity.</p> <p>The chair or wheelchair does not have to be right next to the bed or another chair. Focus on the support needed to complete the transfer off of a chair/couch or wheelchair to another chair/couch or wheelchair.</p> <ul style="list-style-type: none"> •Example of Independent- If a participant uses a sliding board for transfers and is able to place the board themselves and transfer without assistance, the item is coded 06 – Independent. •Example of setup or cleanup- The helper locks the brakes on the wheelchair before the participant transfers. •Example of Supervision/touching- If the helper reminds the participant to scoot forward in their chair and reach for the wheelchair arm as they transfer. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) •Example of Partial/moderate- If the helper places the slide board for the participant, assists with lift off during the scoot across the board, and removes the board but the participant is able to assist. •Example of substantial/maximal- The participant provides partial lift off from the surface but the helper provides most of the lifting and physically turns the participant to move from one surface to the other. <p>Note: The use of a mechanical lift would also be coded 01 – Dependent if the participant was unable to assist in the transfer.</p>
<p>2F. Car transfer: <i>The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open or close the door or fasten seat belt.</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>If the participant never transfers into the passenger side of a car or van but wheels onto a lift and then into a van this item is coded 09 – Not Applicable.</p> <ul style="list-style-type: none"> •Example of Supervision/touching- If the participant requires someone to be present throughout the task and

Assessment Item	Guidance
Section 3: Mobility and Transferring	
	<p>the assistant provides light touch or verbal/visual cueing during the task.</p> <ul style="list-style-type: none"> •Example of Partial/moderate- The participant completes the transfer but requires the helper to lift one of their legs into the car. <p>Example of substantial/maximal- The helper places a sliding board under the participant, assists them as they move across to the passenger seat and lifts both of their legs into the car.</p>
<p>2G. Participant met level of care on BOTH mobility and transferring?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, proceed to Assessment [Skip to Section 6: Outcomes] <input type="radio"/> Yes, but participant ONLY wants nursing facility or PACE [Skip to Section 6: Outcomes and provider referral to appropriate entity] <input type="radio"/> No 	<p>Document whether the participant met the level of care criteria for mobility AND transferring. Meeting the level of care criteria means that he/she scored [.....]</p> <p>If the participant has met the criteria for LOC and the next step is to conduct the assessment, Skip to Section 6 and identify this. If the participant has met LOC but is only requesting services through a Nursing Facility or the Program for All Inclusive Care for the Elderly (PACE), Skip to Section 6 and provide a referral. Do not conduct the full assessment. If the participant has not met the LOC criteria, proceed to the next section.</p>

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Section 4: Behaviors

This section includes a listing of behavioral areas that potentially impact functioning and may also present a risk to the participant or others. In this section the assessor will collect information about self-injurious behaviors and physical and aggressive behaviors directed at others. Assessors will also document the need for intervention for any presenting behaviors.

Specific Directions for Items 1-4

Items 1-4 deal with areas of behavior. Minimally, assessors should identify if the participant demonstrates, has a history of, or if the assessor or others have a concern about the re-occurrence of a specific behavior issue.

For participants over the age of 18, assessors should use the response options to indicate whether the behavior issue is present, if there is a history of the behavior, and if there is a concern about re-occurrence. If any response is selected other than “No history and no concern about this behavior/Behavior is present but is consistent with chronological age” the assessor will document follow-up information about the behavior. If the participant currently requires intervention, assessors will document an additional layer of information including its impact on functioning, and the type and frequency of intervention.

For individuals under the age of 18, assessors should evaluate whether the behavior is consistent with the child’s chronological, **NOT** cognitive, age AND is problematic. Some behaviors, such as

intrusiveness, may be expected in younger children but may become more socially and/or legally problematic if they are not addressed as the child ages.

For example:

Behavior Issue	Intervention Type & Intervention Frequency	If necessary, describe behavior issues, presenting behaviors, interventions, and other information
<p>Injurious to Self- Participant displays disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs).</p> <p><input type="radio"/> No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 2)</p> <p><input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 1A and describe history)</p> <p><input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 1A and describe history and concerns)</p> <p><input checked="" type="radio"/> Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age</p>	<p><input type="checkbox"/> None</p> <p><input type="text" value="0"/> Cueing</p> <p><input type="text" value="0"/> Physical Prompts</p> <p><input type="text" value="0"/> Planned intervention</p> <p><input type="text" value="0"/> Other, describe: __</p> <p><input type="checkbox"/> Not adequately addressed in the support plan</p> <p><input type="checkbox"/> Behavior is intermittent and/or cyclical, describe: _____</p>	

Guidance for Columns 1-3

Columns 1-4 above include the following:

- Behavior issue
- Intervention type and frequency
- If necessary, describe behavior issues, presenting behaviors, interventions, and other information

Behavior Issue - Does the participant exhibit the behavior? As mentioned above, the assessor will document at least whether or not the participant displays the behavior, a history of the behavior issue, and whether there is a concern about re-occurrence. If the behavior is not exhibited or, for children, is exhibited but consistent with chronological age, the assessor should record "No history and

no concern about this behavior/**Behavior is present but is consistent with chronological age**" and then proceed to the next listed behavior. If the participant has a history of the behavior, assessors should briefly describe the history in the follow-up (A) version of the item. If the assessor has concerns about the re-occurrence of a behavior, for example because of types of interventions (or lack of interventions) or lack of structure in the living environment, the assessor should describe these concerns to be addressed in Support Planning in the follow-up (A) version of the item. If a behavior is not exhibited because of implementation of planned, preventative intervention, score the behavior displayed as "Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age" and complete the follow-up items.

Sometimes an assessment will occur at a time shortly after a participant begins to demonstrate new behaviors not previously seen. New behaviors may start appearing for many reasons, may significantly affect functioning, and potentially can become a long-term concern if not addressed. Behavioral changes can be related to a sudden or temporary change of life circumstances or may signal an underlying problem that should be explored. For example, a recent loss may cause someone to substantially withdraw from activities and friends. Or, someone may be feeling distress brought on by illness or pain, a threatening event, environmental changes, or other circumstances that cause feelings of worry or stress. In these cases, the recent onset of a behavior may result in only being able to obtain incomplete or unclear information regarding the behavior, providing little indication about whether ongoing intervention is likely to be required.

The assessor is not being asked to make a determination about the likelihood that the behavior is transitory versus likely to present an ongoing need. The assessor should use this section to inquire about recent events that may relate to the onset of the new behavior. Following completion of this section, the assessor may need to provide a referral for a medical appointment or mental health professional, and address the new behavior as part of support planning.

Intervention type & frequency - How frequently are various types of intervention required for the behavior? Select the frequency that best describes a typical intervention experience for the behavior within each of the levels of intervention type. If a behavior has escalated in frequency or intensity due to a recent change (e.g., within the past 30 days), the assessor should make a note of this.

For example, combative behavior may escalate if the participant is recovering from surgery or is experiencing pain. Making note of this type of information will assist in support planning regarding whether the change is likely to require longer term supports versus additional/new supports for a temporary situation. It may be necessary to re-evaluate the behavior prior to developing or renewing the support plan, or the assessor may also want to recommend a review of the assessment information to occur within a specified time period.

For each intervention type, provide the frequency code (number only) that the corresponding intervention is needed for each behavior issue. Intervention types include:

- **None** - Requires no intervention
- **Cueing/Verbal prompt** – Responds to simple verbal or gestural redirection
- **Physical Prompts** – Responds to simple cueing using physical touch or leading

- **Planned Intervention** – Requires a planned intervention approach using positive reinforcement, extensive supervision, restriction of rights (all settings), or other appropriate intervention to be carried out by staff or unpaid caregivers.
- **Other, describe** – Requires other approaches (e.g., structured environment)

Frequency codes for the needed intervention include:

- **0) Never** - Intervention is not needed
- **1) Less than monthly to once per month** - Intervention occurs once per month or less. This option may also indicate that the behavior is intermittent and/or cyclical
- **2) More than once per month and up to weekly** - Intervention occurs twice or more per month, up to once per week
- **3) More than once per week and up to daily** - Intervention occurs twice or more per week, up to once per day
- **4) 2+ times per day (at least 5 days per week)** - Intervention occurs 2 or more times per day, at least 5 days per week

For example: *When William does not agree with what his supports say, he hits himself in the head and screams. This usually occurs five times per week. In these instances, staff are able to talk the issue through with him and get him to calm down. However, 2-3 times per month, Billy becomes very upset and scratches his face, gouges his eyes, and attempts to cut himself. In these instances, staff usually need to use physical or mechanical restraints to maintain Billy's health and safety.*

Using the table below, insert the frequency code for each intervention type:

<input type="radio"/>	None
3	Cueing
0	Physical Prompts
2	Planned intervention
0	Other, describe:___

For behavior that is demonstrated less than one time per month, the assessor should indicate whether the behavior is intermittent and/or cyclical. In general, intermittent or cyclical refers to behaviors clustered around a particular time of year, event or behaviors that recur over a fairly predictable timeframe (e.g., every four months). The assessor should check the box indicating the behavior is intermittent or cyclical and use the text box to describe how the behavior typically cycles (e.g. holidays, anniversaries, after doctor's appointments, when medication levels are low, etc.).

Description of behavior issues, presenting behaviors, interventions, and other information

After each behavior that is not listed as "No history and no concern about this behavior/**Behavior is present but is consistent with chronological age**", provide a brief description of the behavior, including how the behavior presents, interventions that are used to address the behavior, and other information that will be needed for Support Planning.

Behavior Items

Assessment Item	Guidance
Section 4: Behaviors	
<p>1. Injurious to Self - Participant displays dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs).</p> <ul style="list-style-type: none"> ○ No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 2) ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 1A and describe history) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 1A and describe history and concerns) ○ Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age 	<p>This category includes behaviors that pose a risk of self-injury.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chemical abuse/misuse <input type="checkbox"/> Cutting self <input type="checkbox"/> Head-banging <input type="checkbox"/> Overeating with acute medical implications <input type="checkbox"/> Pulling out hair <input type="checkbox"/> Puts self in dangerous situations that cause or may cause self-harm or injury <input type="checkbox"/> Self-biting <input type="checkbox"/> Self-burning <input type="checkbox"/> Self-hitting <input type="checkbox"/> Self-poking/stabbing <input type="checkbox"/> Self-restricts eating <input type="checkbox"/> Other: _____ <p>If "other" is selected, briefly describe the self-injurious behavior. <i>For example: John digs with his fingernails at wounds or scabs, causing infection.</i></p> <p>If the behavior(s) checked above are not currently demonstrated because of preventative efforts or controls (<i>e.g., caregiver locks up scissors or access to matches so that participant cannot hurt him/herself with them</i>), record the behavior(s) being prevented, and indicate the preventative intervention as "other" in the Intervention area.</p>
<p>2. Physically aggressive or combative Participant displays physical behavior symptoms directed toward others (e.g., hits, kicks, pushes, or punches others, throws objects, spitting).</p> <ul style="list-style-type: none"> ○ No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 3) ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 2A and describe history) 	<p>This category includes behaviors that present a physical threat to others.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bites <input type="checkbox"/> Hits/Punches <input type="checkbox"/> Kicks <input type="checkbox"/> Pulls other's hair <input type="checkbox"/> Pushes <input type="checkbox"/> Scratches <input type="checkbox"/> Throws objects at others <input type="checkbox"/> Unwanted touching of others <input type="checkbox"/> Tripping

Assessment Item	Guidance
<p>Section 4: Behaviors</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 2A and describe history and concerns) ○ Currently requires intervention and/or displays symptoms and behavior is not consistent with 	<ul style="list-style-type: none"> <input type="checkbox"/> Uses objects to hurt others <input type="checkbox"/> Other: _____ <p>If "other" is selected, briefly describe the behavior. <i>For example: When Betty gets mad she attempts to hit others near her.</i></p> <p>If the behavior is not currently demonstrated because of preventative efforts or controls (e.g., avoidance of triggers that cause behaviors to occur), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.</p>
<p>3. Verbally aggressive towards others - Participant displays verbal behavioral symptoms directed towards others (e.g., yelling, screaming, threatening, cursing, excessive profanity, sexual references).</p> <ul style="list-style-type: none"> ○ No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 4) ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 3A and describe history) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 3A and describe history and concerns) ○ Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age 	<p>This category includes behaviors that are verbally aggressive towards others. If the participant uses alternative forms of communication, but the contents of such are aggressive or abusive toward others, score this behavior the same as someone who communicates verbally. If the participant is concurrently physically and verbally aggressive toward others, score each category of behavior (Aggressive towards others, verbal – item 3, and Aggressive or combative – item 2.)</p> <p>Examples of aggressive or abusive verbal behavior include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attempts to intimidate through aggressive gestures with no physical contact <input type="checkbox"/> Goads/provokes <input type="checkbox"/> Intimidates/stares <input type="checkbox"/> Manipulates others - verbal/gestural <input type="checkbox"/> Swears at others <input type="checkbox"/> Taunts/teases <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Writes threatening notes (includes electronic or other) <input type="checkbox"/> Yells/screams at others <input type="checkbox"/> Other: _____ <p>If "other" is selected, briefly describe the behavior.</p> <p>For the pilot, the following item has been added: Present threat to own or other's safety?</p> <ul style="list-style-type: none"> ○ No

Assessment Item	Guidance
Section 4: Behaviors	
	<p><input type="radio"/> Yes</p> <p>If the behavior is not currently demonstrated because of preventative efforts or controls (<i>e.g., avoidance of triggers that cause behaviors to occur</i>), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.</p>
<p>3A. Present threat to own or other's safety?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Identify if the verbal aggression impacts the health and safety of the participant or other individuals.</p>
<p>4. Property destruction - Participant engages in behavior, or would without an intervention, to intentionally disassemble, damage or destroy public or private property or possessions.</p> <p><input type="radio"/> No history and no concern about this behavior/Behavior is present but is consistent with chronological age (Skip to item 5)</p> <p><input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 4A and describe history)</p> <p><input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 4A and describe history and concerns)</p> <p><input type="radio"/> Currently requires intervention and/or displays symptoms and behavior is not consistent with chronological age</p>	<p>This category of behaviors includes destruction of public or private property which require intervention. This does not include minor accidental or incidental property damage. Rather, it involves purposeful and intentional damaging of property.</p> <p>Examples include:</p> <p><input type="checkbox"/> Breaks windows, glasses, lamps or furniture</p> <p><input type="checkbox"/> Sets fires</p> <p><input type="checkbox"/> Tears clothing</p> <p><input type="checkbox"/> Uses tools/objects to damage property</p> <p><input type="checkbox"/> Other: _____</p> <p>If "other" is selected, briefly describe the behavior. <i>For example, Sam destroys household items by throwing items into the garbage or out into the yard/street.</i></p> <p>If the behavior is not currently demonstrated because of preventative efforts or controls (<i>e.g., avoidance of triggers that cause behaviors to occur</i>), record the behavior being prevented, and indicate the preventative intervention as "other" in the Intervention area.</p>
<p>5. How likely is it that disruptive or dangerous behaviors would occur and/or escalate if services were withdrawn?</p> <p><input type="radio"/> Highly unlikely</p> <p><input type="radio"/> Unlikely</p> <p><input type="radio"/> Likely</p> <p><input type="radio"/> Very likely</p> <p><input type="radio"/> Not sure</p> <p><input type="radio"/> Behavior would almost certainly reoccur</p> <p><input type="radio"/> Not currently receiving services</p>	<p>The assessor will indicate whether the removal of supports would likely result in the (re)occurrence of disruptive or dangerous behaviors. The purpose of this item is to identify the important role of supports that function as a preventative to behavioral issues. This item informs the Support Planning team about the necessity and continuation of preventative supports in regard to behaviors.</p> <p>Indicate the choice that best describes the likelihood that removal of supports would result in the return and/or escalation of the behavior. If likely, the assessor should briefly explain.</p>

Assessment Item	Guidance
Section 4: Behaviors	
If likely or higher, explain: _____	
Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy	
6. Participant met the behavior LOC criteria? <input type="radio"/> Yes, proceed to Assessment [Skip to Section 6: Outcomes] <input type="radio"/> Yes, but participant ONLY wants nursing facility or PACE [Skip to Section 6: Outcomes and provider referral to appropriate entity] <input type="radio"/> No	Document whether the participant met the level of care criteria for behaviors. Meeting the level of care criteria means that he/she scored [.....] If the participant has met the criteria for LOC and the next step is to conduct the assessment, Skip to Section 6 and identify this. If the participant has met LOC but is only requesting services through a Nursing Facility or the Program for All Inclusive Care for the Elderly (PACE), Skip to Section 6 and provide a referral. Do not conduct the full assessment. If the participant has not met the LOC criteria, proceed to the next section.

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Section 5: Additional ADL Items

See introduction section, Specific Directions for Functioning Items (Sections 3 & 5), for specific directions on completing the items and using response options.

1. Bathing

Item 1 collects information about the participant’s ability to bathe. Assessors can use several methods to complete these items: 1) Observe the participant moving during the assessment. Participants may move their arms and torso in a manner that is similar to how they would during bathing, and can be used as a gauge; and 2) Direct responses about bathing from the participant and caregiver.

Assessment Item	Guidance
Section 5: Additional ADL Items	
1A. Shower/bathe self- <i>The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.</i> <i>(Standard 10 Point Scoring for Trigger Items)</i>	Score the level of support the participant needs to shower/bathe him/herself. <ul style="list-style-type: none"> •Example of Independent- If a participant showers with no help but reports a fall once in the past month, but had no changes in the level of assistance, this item should be coded 06 – Independent. (The use of adaptive equipment, for example, a tub seat, grab bars, or long handled bath sponge does not affect coding.) •Example of setup or cleanup- The helper hands the participant soap and a washcloth but the participant does not need assistance during the task. •Example of Supervision/touching- If the participant requires someone to be present throughout the task and

Assessment Item	Guidance
Section 5: Additional ADL Items	
	<p>the assistant provides light touch or verbal/visual cueing during the task.</p> <ul style="list-style-type: none"> •Example of Partial/moderate- The helper washes a participant's feet and lower legs providing less than half the effort. •Example of substantial/maximal- The participant is able to wash their arms but becomes fatigued and requires the helper to do the rest of their body. <p>Note: If the participant does not take a shower due to their inability to perform any part of the task, use code 01. If the participant does not shower out of a preference for sponge bathing use code 09 – not applicable.</p>

2. Dressing

Item 2 collects information about a variety of dressing related tasks, including upper body, lower body, and putting on and taking off footwear. Assessors can use several methods to complete these items:

- 1) Observe the participant moving during the assessment. Participants may move their arms, legs, and torso in a manner that is similar to how they would while dressing, and can be used as a gauge; and
- 2) Direct responses about dressing from the participant and caregiver.

Assessment Item	Guidance
Section 5: Additional ADL Items	
<p>2A. Upper Body Dressing - The ability to put on and remove shirt or pajama top. Includes buttoning, if applicable.</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item includes garments and orthotics that are a part of the participant's dressing routine, including garments such as bras, t-shirts and back braces.</p> <p>Do not include items that are not put on and taken off while dressing (e.g., a back brace worn only while lifting heavy objects).</p> <ul style="list-style-type: none"> •Example of setup or cleanup- A helper arranges the shirt in a particular manner or pre-buttons part of the shirt before the participant puts it on. (Bringing the shirt to the participant is not part of the item and should not be considered when coding.) •Example of Supervision/touching- A helper cues the participant to use a strategy to put on clothes but the participant is able to complete the task themselves. (The participant requires someone to be present throughout the entire task or the assistant provides light touch or verbal/visual cueing during the task.)

Assessment Item	Guidance
Section 5: Additional ADL Items	
	<ul style="list-style-type: none"> •Example of Partial/moderate- The participant is able to put on and take off a button down shirt, but the helper manages the buttons. Example of substantial/maximal- The participant requires the helper to hold the shirt, help thread their arms into the sleeves, and manage the buttons, but once unbuttoned the participant is able to take off the shirt themselves.
<p>2B. Lower Body Dressing - <i>The ability to dress and undress below the waist, including fasteners. Does not include footwear.</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item includes garments and orthotics that are a part of the participant's dressing routine. This includes putting on and taking off braces only if they are considered a part of the participant's regular dressing routine.</p> <ul style="list-style-type: none"> •Example of Independent- If the participant usually wears sweatpants because they are able to put them on and off with no assistance. •Example of setup or cleanup- The helper lays out the pants for the participant but is not needed for dressing. •Example of Supervision/touching- If the participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task. •Example of Partial/moderate- The participant is able to get the pants over their feet and pull them up to their hips but requires a helper to pull them over their hips while the participant stands due to the participant's balance problems. Example of substantial/maximal- The participant dresses in bed and is able to start the pants over their feet but requires a helper to complete the rest of the task.
<p>2C. Putting on/taking off footwear - <i>The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility.</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item includes garments and orthotics that are a part of the participant's dressing routine. This item also includes compression socks, and ankle or foot orthotics, only if applied during the regular routine of putting on/taking off footwear.</p> <ul style="list-style-type: none"> •Example of setup or cleanup- A helper brings the shoes to a participant but they put them on themselves. •Example of Supervision/touching- The helper verbally cues the participant to use an adaptive technique that allows the participant to put on socks with no physical assistance. •Example of Partial/moderate- The participant can get their socks and shoes on and off their feet but requires a helper to tie their shoes.

Assessment Item	Guidance
Section 5: Additional ADL Items	
<p>4D. Ability to select an outfit that is appropriate and safe for the weather. ⓘ</p> <ul style="list-style-type: none"> <input type="radio"/> No impairment <input type="radio"/> Age appropriate difficulty/dependence <input type="radio"/> Mildly impaired: Demonstrates some difficulty <input type="radio"/> Moderately impaired: Demonstrates marked difficulty <input type="radio"/> Severely impaired: Demonstrates extreme difficulty <input type="radio"/> Unable to answer <p>Scoring based on (Check all that apply):</p> <ul style="list-style-type: none"> • Observation • Self-report • Proxy 	<p>Example of substantial/maximal- The participant can remove their shoes but is unable to put their shoes on or their socks on or off.</p> <p>Item 4D is intended to capture the ability of the participant to pick out an outfit that is appropriate for the weather. This item focuses on the cognitive tasks that are related to identifying the weather conditions and realizing what appropriate clothing would be for the weather.</p> <p>For this item, the term “appropriate” means clothing that will keep the participant safe and prevent issues related to health as a result of clothing choice. For example, if the participant chooses to wear a parka on a sunny day in which the temperature is 90 degrees, he/she is putting him/herself at risk of heat stroke. This is a concern for health and safety.</p> <p>It is expected that children of specific chronological ages may need help/support when picking out an outfit. When scoring this item for children, consider the ability of a child the same chronological age who does not have a disability.</p> <p>Do not account for a participant’s particular style. Some people like to wear work boots or rain boots year-round. Focus on appropriateness for weather and the ability of the clothing to keep him/her safe.</p>
<p>3. Participant met level of care criteria for 2 or more ADLs (Mobility, Transferring, Bathing, Dressing)?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, proceed to Assessment [Skip to Section 6: Outcomes] <input type="radio"/> Yes, but participant ONLY wants nursing facility or PACE [Skip to Section 6: Outcomes and provider referral to appropriate entity] <input type="radio"/> No 	<p>Document whether the participant met the level of care criteria for two or more of the ADL areas covered by the LOC Screen thus far. This includes mobility, transferring, bathing, and dressing. Meeting the level of care criteria means that he/she scored [.....]</p> <p>If the participant has met the criteria for LOC and the next step is to conduct the assessment, Skip to Section 6 and identify this. If the participant has met LOC but is only requesting services through a Nursing Facility or the Program for All Inclusive Care for the Elderly (PACE), Skip to Section 6 and provide a referral. Do not conduct the full assessment. If the participant has not met the LOC criteria, proceed to the next section.</p>

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4. Toileting

Item 4 collects information about the participant’s ability with toileting. Assessors can use several methods to complete these items: 1) If the participant uses the bathroom during the assessment, assessors can observe his/her appearance before and after; 2) Cleanliness of the bathroom can be observed if the assessor needs to use the restroom during the visit; 3) Watch the participant transfer from a chair to a wheelchair or standing; this may provide a good measure for how well he/she transfers from the toilet; and 4) Direct responses about toileting from the participant and caregiver.

Assessment Item	Guidance
Section 5: Additional ADL Items	
<p>4A. Toilet hygiene-<i>The ability to maintain perineal/feminine hygiene, adjust clothes before and after using toilet, commode, bedpan, urinal. If managing ostomy, include wiping opening but not managing equipment.</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>This item also includes identifying the need to eliminate, empty a bed pan or commode, and flush a toilet. This item does not include support needed for transferring on and off the toilet and washing hands. If the participant only needs help to get on and off the toilet, score independent.</p> <ul style="list-style-type: none"> •Example of Supervision/touching- A helper is present to provide steadying assistance while the participant adjusts their pants. Example of Partial/moderate- The participant is able to use the toilet on their own but requires the helper's assistance to manage the buttons on their pants.
<p>4B. How often does the participant need assistance to keep him/herself clean after toileting?</p> <p> <input type="radio"/> Never <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly or less </p> <p>Scoring based on (Check all that apply):</p> <p> <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy </p>	<p>Indicate the frequency with which the participant needs assistance with keeping him/herself clean after toileting. Tasks to consider include wiping for cleanliness and washing hands after toileting.</p>
<p>4C. How often does the participant need assistance to keep toilet environment clean?</p> <p> <input type="radio"/> Never <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly or less </p> <p>Scoring based on (Check all that apply):</p> <p> <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy </p>	<p>Indicate the frequency with which the participant needs assistance with keeping the restroom environment clean toileting. Tasks to consider include cleaning up dribble/spills on the floor and flushing the toilet.</p>
<p>4D. Toilet Transfer: <i>The ability to safely get on and off a toilet or commode.</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>Score the level of support the participant needs to transfer onto and off of the toilet. The transfer may be between the toilet/commode to a chair, bed, or standing position.</p> <p>This item does not assess the ability to maintain hygiene or adjust their clothing. These skills are addressed under</p>

Assessment Item	Guidance
Section 5: Additional ADL Items	
	<p>4A- Toileting Hygiene. Use of grab bars, a raised toilet seat or other adaptive equipment does not affect coding.</p> <ul style="list-style-type: none"> •Example of Supervision/touching- The helper reminds the participant to come forward in their wheelchair before they transfer onto the toilet. (The participant requires someone to be present throughout the task and the assistant provides light touch or verbal/visual cueing during the task.) <p>Example of Partial/moderate- The helper provides lift off assistance for the participant to stand but the participant is able to move their feet and lower themselves to the toilet without assistance.</p>
<p>4E. Does the individual require assistance with managing equipment related to bladder incontinence (e.g., urinal, bedpan, indwelling catheter, intermittent catheterization, incontinence pads/undergarments)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy</p>	<p>This item includes changing a catheter bag, use of sanitary wipes, changing briefs, use of changing pads, etc.</p> <p>Assistance can include support provided from supervision and cueing to hands on help.</p>
<p>4F. Does the individual require assistance with managing equipment related to bowel incontinence (e.g., ostomy, incontinence pads/undergarments)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Scoring based on (Check all that apply): <input type="checkbox"/> Observation <input type="checkbox"/> Self-report <input type="checkbox"/> Proxy</p>	<p>This item includes changing a colostomy bag, use of sanitary wipes, changing briefs, use of changing pads, etc.</p> <p>Assistance can include support provided from supervision and cueing to hands on help.</p>
<p>4G. Is a toileting program (e.g., scheduled toileting or prompted voiding) currently being used to managed the individual's urinary continence?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Identify whether a toileting program is used to regulate/remind the participant to maintain urinary continence.</p>

Assessment Item	Guidance
Section 5: Additional ADL Items	
<p>4H. Is a bowel program currently being used to manage the individual's bowel continence?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Identify whether a toileting program is used to regulate/remind the participant to maintain bowel continence.</p>
<p>5E. Menses Care - Able to use tampons, sanitary napkins, or other menses care items; wash hands after changing tampons or sanitary napkins; change tampons or sanitary napkins as required to keep the blood from soaking through clothes; and properly dispose of tampons or sanitary napkins. 🗣️</p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>Score the level of support the participant needs to manage menses care tasks as described in the item.</p> <p>If the participant is male or does not experience menses, use score "Not Applicable".</p> <p>Use the scoring definitions and descriptions provided earlier in the manual to select the appropriate level of support.</p>

5. Eating

Item 5 collects information about eating and, if applicable, tube feeding. If the participant primarily uses tube feeding to eat, assessors should still mark the ability level of the participant to eat in 5A. If the participant does not use tube feeding, assessors should respond not applicable.

Assessors can use several methods to complete these items: 1) Observe the participant if he/she eats during the assessment; and 2) Direct responses about eating from the participant and caregiver.

Assessment Item	Guidance
Section 5: Additional ADL Items	
<p>5A. Eating - <i>The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. This includes modified food consistency.</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>Think about the support needed on a typical day based on the food the participant eats. Consider the participant's preferences when eating food, such as finger foods.</p> <p>Only consider the use of utensils when it is applicable to the food.</p> <p>This item does not include the ability to modify his/her own food consistency, for example pureeing, but it does include the support needed to eat modified food.</p> <p>If the participant primarily uses tube feeding for nutrition but also eats, assessors should score the type of support needed to eat. If the participant does not take anything by mouth (NPO) the assessor should score "Not attempted due to medical condition or safety concern".</p>

Assessment Item	Guidance
Section 5: Additional ADL Items	
	<p>If “Independent” or “Age Appropriate Dependence”, item 5B may be skipped.</p> <ul style="list-style-type: none"> •Example of Supervision/touching- Using light touch to steady the hand as the participant brings food toward their mouth or cueing to prompt or re-direct a participant who has difficulty focusing to continue eating. •Example of Partial/moderate- A participant eats independently for most of the meal but becomes fatigued and requires assistance to eat the remainder of the meal. Example of substantial/maximal- A participant is able to feed themselves for a small part of the meal, but requires a helper to feed them more than half of the meal.
<p>5B. Tube feeding - <i>The ability to manage all equipment/supplies related to obtaining nutrition.</i></p> <p><i>(Standard 10 Point Scoring for Trigger Items)</i></p>	<p>If the participant does not use tube feeding, score ‘not applicable’ and move to the next item.</p> <p>This item includes setting up the equipment, attaching tubing, adding formula, flushing the tube, checking for residuals, ensuring proper operation throughout feeding, etc.</p> <p>This item does not include stoma care.</p>
<p>6. Participant met LOC criteria for 2 or more for (Mobility, transferring, bathing, dressing, toileting, eating)?</p> <p><input type="radio"/> Yes [Skip to Section 6: Outcomes]</p> <p><input type="radio"/> Yes, but individual prefers eligibility only assessment</p> <p><input type="radio"/> No [Skip to Section 6: Outcomes]</p>	<p>Document whether the participant met the level of care criteria for two or more of the ADL areas covered by the LOC Screen. This includes mobility, transferring, bathing, dressing, toileting, and eating. Meeting the level of care criteria means that he/she scored [.....].</p> <p>If the participant has met the criteria for LOC and the next step is to conduct the assessment, Skip to Section 6 and identify this. If the participant has met LOC but is only requesting services through a Nursing Facility or the Program for All Inclusive Care for the Elderly (PACE), Skip to Section 6 and provide a referral. Do not conduct the full assessment. If the participant has not met the LOC criteria, proceed to the next section.</p>

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Section 6: Outcomes

The Outcomes section is used to document whether or not the participant met the level of care criteria and document referrals.

Assessment Item	Guidance
Section 6: Outcomes	
<p>1. Based on the scores in the LOC Screen, has the participant met LOC and should proceed with an Assessment?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, proceed with Assessment [End of Module] <input type="radio"/> Yes, but participant ONLY wants nursing facility or PACE (Provide referral to pace or appropriate nursing facility for further assessment with understanding that participant meets LOC) <input type="radio"/> No, participant does not meet level of care criteria [Assessors should explain that the participant does not meet the level of care criteria for services, inform him/her of appeal rights, and provide them with appropriate information and referral.] 	<p>Document whether the participant has met the level of care criteria, and whether he/she will proceed with the full assessment.</p> <p>If the participant has met the level of care criteria and would like a full assessment, assessors should select the corresponding option and discuss next steps with the participant. If the participant has met the level of care criteria but is only requesting Nursing Facility or PACE services, assessors should choose the corresponding option and provide a referral to the appropriate agency for further assessment.</p> <p>If the participant does not meet the level of care criteria, he/she may still request to go through the assessment based on the right of the participant to appeal a negative determination and the right to a full assessment. A negative determination must still be provided in writing and include the rights of the participant.</p>
<p>2. Referrals</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Crisis services <input type="checkbox"/> Child or Adult Protection Services <input type="checkbox"/> Housing assistance <input type="checkbox"/> Mental Health Center/BHO <input type="checkbox"/> RCCO <input type="checkbox"/> Center for Independent Living <input type="checkbox"/> Area Agency on Aging <input type="checkbox"/> Food assistance <input type="checkbox"/> PACE Program <input type="checkbox"/> Screening via the PAT/PCAT <input type="checkbox"/> Personal Care Services (PCS) <input type="checkbox"/> Private pay HCBS provider <input type="checkbox"/> Colorado Legal Services <input type="checkbox"/> Independent advocacy organization (CCDC, ARC, etc.) <input type="checkbox"/> Appeal rights including OAC website <input type="checkbox"/> Other, describe: _____ <input type="checkbox"/> Other, describe: _____ 	<p>Check all that apply.</p>