

Colorado PASARR Assessment (CPA)

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DIVISION FOR DEVELOPMENTAL DISABILITIES (DDD)
OFFICE OF ADULT, DISABILITY, AND REHABILITATION SERVICES
COLORADO DEPARTMENT OF HUMAN SERVICES
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Purpose: This assessment is to be used during preadmission screening for persons with developmental disabilities who are referred for placement into nursing facilities. The results, along with other information, will help to determine an individual's appropriateness for nursing home placement and need for OBRA supported living services.

IDENTIFYING INFORMATION

Name _____ SSN _____

Date of Birth _____ Age _____

CCB Name _____

Date of Assessment _____

Person Completing the Assessment (please print):

Name Title

Guidelines for Assessors

- 1. Purpose:** This assessment is intended to provide information about an individual referred to a Medicaid-licensed nursing facility in Colorado. The information obtained by this assessment will be part of the data used to determine if a nursing facility is an appropriate setting for the individual. It will also be used to assist in the determination of appropriate OBRA State SLS services.
- 2. Who to Interview:** Interview the person being referred to a nursing facility and other people who know the individual well. This may include a person providing supports in the consumer's home and, if applicable, a person providing supports at work or other day service. In addition, you may need to contact other individuals such as a case manager or social worker. The interviews with the primary respondents must be in person.
- 3. Actual Observations:** Advise respondents that they must only indicate what the person actually does do, not what the person "can do," "could do" or "might be able to do." There should be no speculation – only actual observed behaviors. Check the highest score that the individual performs at 75% of the time. If the person's skill levels are temporarily depressed due to a time-limited medical condition and they are expected to fully regain the skill within 60 days, record what the person was able to do prior to the temporary medical/physical condition.
- 4. Unknown Information:** If information is simply unknown (meaning the person may be performing this skill but the respondent has not had the opportunity to view it), then leave that item blank and write "unknown" in the margin. More than a few "unknowns" indicate you are interviewing a respondent who is not knowledgeable enough about the person to provide useful information. When that occurs, try to find another respondent with more knowledge of the person's behaviors.
- 5. Recording Responses:** Record the responses by placing an "X" on the line to the left of the appropriate response. Some items request that you write a clarification or enter a wage or work hours. If so, print the information neatly and legibly in the space provided.
- 6. Be Very Neat:** Print each response neatly and only on the line next to the correct response. Please review each assessment for accuracy and readability before sending it to DDD. This will avoid DDD having to call you to clarify information.

Definitions of Terms

Most definitions are provided directly after the title of each item. Definitions of terms that are used in many items are:

Frequent – happens repeatedly; predictable, habitual, regular or constant occurrence.

Occasional – happens now and then; infrequent; irregular, sometimes, under certain circumstances, not regularly or habitually.

Close Supervision – nearly constant observation during the person's waking hours with on-site monitoring during the person's sleeping hours.

Some Additional Supervision – more supervision than is routine, but not a substantial amount more

[1.] GUARDIANSHIP. Does the person have a legal guardian? If not, is he/she capable of making important informed consent decisions (such as medical or financial) for him/herself?

1 Yes, has a legal guardian (if over 18 yrs old, must be court appointed guardian)

If yes, guardian's name and address (please print legibly):

2 No legal guardian, and is believed to be capable of making important informed consent decisions for him/herself

3 No guardian and is NOT believed to be capable of making important informed consent decisions for him/herself

4 Other, specify below:

[2.] FAMILY INVOLVEMENT. Does the person have family members involved in decision-making concerning him/her?

2 Yes, very involved

1 Somewhat, not very involved

0 No, not involved, no family, too far away

[3.] CRITICAL INCIDENTS. Has this person had any critical incidents in the past year? If so, please indicate the type of incident below. Check all that apply.

0 No critical incident in last year

1 Suicide attempt

2 Unauthorized absence (left supervised setting without letting someone know)

3 Hospitalization for any reason

4 Medication (wrong amount, missed)

5 Poisoning

6 Drug abuse/alcohol related incident

7 Fire

8 Other, specify below:

[4.] ADAPTIVE EQUIPMENT. Does the person need any adaptive equipment, such as glasses, hearing aids, wheelchairs, braces/splints, ramps? If so, does he/she have them and know how to use them?

3 Yes, complete access and knows how to use

2 Yes, limited access, needs more devices or needs to better understand use or needs assistance and does not always have someone available to assist

1 No access, some important adaptive equipment is not available

0 Other, specify below

8 None needed

If yes, list type of adaptive equipment used

[5.] BASIC MEDICAL SELF-HELP (First aid and use of non-prescription medication. Examples: applies band-aids, takes aspirin, uses cough drops)

1 Does not display any medical self-help skills

2 Seeks aid from others for treatment of minor injuries

3 Performs simple first aid tasks, but needs some prompting

4 Performs simple first aid tasks and takes nonprescription medications appropriately and without prompting

[6.] MANAGING PRESCRIPTION MEDICATIONS
(Rate ONLY for use of prescription medications.)

- __0 Not applicable; does not require any routine prescription medication or is in a service setting in which the person is prevented from self-medication, such as an ICF/MR, Regional Center or Nursing Home
- __1 Does not perform task, even when assisted; must be done for the person
- __2 Requires hands-on assistance to initiate/complete the task
- __3 Able to complete the task with verbal prompts, cue by touch or other modifications such as verbal reminders or medication laid out
- __4 Completes the task independently (knows what to take and takes at correct times)

[7.] ATTENTION SPAN (Attention to specific activities which require person to focus his/her efforts, such as cleaning up, performing work/school activities, reading, playing games. Does NOT include responses to simple, direct commands or non-purposeful activities such as vacant staring at TV or stereotypic behaviors.)

- __1 Does not keep attention focused on a single purposeful task or activity regardless of supervision level
- __2 Keeps attention on a task or activity if frequent physical prompts are given.
- __3 Keeps attention on a task or activity if frequent verbal or occasional physical prompts are given.
- __4 Keeps attention on a task or activity if occasional prompts are given.
- __5 Keeps attention on a task or activity for long periods of time without prompts (Ex: most of workday)

[8.] REMEMBERING INSTRUCTIONS AND DEMONSTRATIONS (Can recall examples of how to complete a specific task when shown or told how to do it.)

- __1 Displays no or extremely limited (rare or very incomplete) memory of instructions or demonstrations
- __2 Displays memory of instructions or demonstrations if they are repeated three or more times and if prompted to recall
- __3 Displays memory of instructions or demonstrations if they are given once and if prompted to recall
- __4 Displays memory of instructions or demonstrations without prompting if they are given once

[9.] MATH SKILLS (Knowledge of numbers, counting, relative values, adding, subtracting, etc. Handling money may be one example.)

- __1 Has no math skills, may say numbers at random
- __2 Counts, but inaccurately or by rote, cannot consistently select a matching number of items for single-digit counts
- __3 Counts to 10 or more and matches numbers with correct quantities
- __4 Counts to 10 or more and understands simple math concepts (relative values, Ex: 8 is larger than 3, adds and subtracts up to 10, etc.)
- __5 Understands more complex math concepts such as multidigit subtraction, multidigit addition, multiplication, division; may use calculator

[10.] MONEY SKILLS (Knowledge of concept, use of money for payment, worth of coins and bills, planning and budgeting.)

- __1 Does not use money or understand the concept of money
- __2 Uses money and understands the concept of payment for purchases, but not the value of coins or bills (Ex: gives one dollar to purchase any item)
- __3 Uses money and has some understanding of value, but does not make or count change
- __4 Makes or counts change of up to \$1, understands value of various coins
- __5 Makes or counts change of \$5 or more
- __6 Understands value of money, plans for purchases (Ex: budgets with assistance)

[11.] WRITING SKILLS (Including Braille and typing)

- __1 Does not copy or trace
- __2 Copies or traces from model
- __3 Prints, writes or types only single letters or name without a model
- __4 Prints, writes or types single words
- __5 Prints, writes or types a short note or other communication using simple phrases
- __6 Prints, writes or types a more complex composition with multiple sentences such as a letter

[12.] READING SKILLS (Including Braille)

- __1 Does not read
- __2 Recognizes single letters
- __3 Reads simple words, but does not comprehend
- __4 Reads and comprehends simple words
- __5 Reads and comprehends simple sentences
- __6 Reads and comprehends complex sentences and stories

[13.] NUTRITION (Self-monitoring of nutritional status, such as weight gain/loss, appetite, maintaining therapeutic diets, eating a well balanced diet [meat, vegetables, dairy, fruit])

- __1 Does not monitor nutritional status
- __2 Monitors nutritional status with supervision or assistance on a daily basis
- __3 Monitors nutritional status with minimal (weekly) supervision or assistance
- __4 Independently self-monitors nutritional status

[14.] FOOD & MEAL PREPARATION (Preparation of meals such as sandwiches, cold cereal, frozen dinners, eggs. Ratings should be independent of whether items require heating or what method is used for heating (Ex: microwave, regular oven, stovetop).)

- __1 Does not perform task, even with assistance
- __2 Able to prepare simple foods with assistance (Ex: microwave frozen dinner, pour cereal into bowl and pour milk over it)
- __3 Prepares simple foods independently, prepares more complex meals with assistance (Ex: sandwich with two or more foods in the middle, salad and main course)
- __4 Prepares complex meals independently
- __5 Plans for meals, makes grocery shopping lists, prepares complex meals independently

[15.] HOUSEKEEPING (Such as vacuuming, dusting, sweeping, taking the trash out. Do not rate food preparation or kitchen clean up here.)

- __1 Does not perform tasks, even with assistance
- __2 Requires hands on assistance with these tasks
- __3 Able to complete tasks with verbal prompts, cue by touch or other modifications such as verbal reminders or cleaning equipment laid out)
- __4 Completes tasks independently (knows what to do and what times of day or days of week)

[16.] MOVEMENT IN SETTINGS FAMILIAR TO CONSUMER (Examples: in home, school, work setting)

- 1 Does not find way from room to room within familiar settings without physical assistance
- 2 Finds way from room to room within familiar settings with prompting; does not need physical assistance
- 3 Finds way in part of, but not all of, familiar setting without prompting or physical assistance (Ex: to bathroom, to bedroom, or to cafeteria)
- 4 Finds way in all areas but needs physical assistance
- 5 No problem in this area; independently finds way in all areas of familiar setting

[17.] COMMUNITY MOBILITY (Movement around the neighborhood or community, including buildings, stores and restaurants, using any mode of transportation. Examples: walking, wheelchair, cars, buses, taxis, bicycles)

- 1 Only able to move about the neighborhood or community with accompaniment
- 2 Moves about the neighborhood or community with some physical assistance or occasional accompaniment
- 3 Moves about the neighborhood or community independently for a simple direct trip or to familiar locations with instructions or directions
- 4 Moves about the neighborhood or community independently for a complex trip (several stops, unfamiliar places, etc.) with instructions or directions
- 5 Moves about the neighborhood or community independently

[18.] TIME SKILLS: ASSOCIATING TIME WITH EVENTS AND ACTIONS (Indicate person's sense of time. Note: does NOT have to tell time.)

- 1 Does not associate events and actions with time
- 2 Associates regular events with morning, noon or night, does not understand time but knows the sequence of daily or weekly events (Ex: we go to school in the morning, I go to bed at night, we go bowling every week)
- 3 Associates regular events with specific hour (dinner is at six, work starts at 8, bedtime is at 10, etc.)
- 4 Associates events with specific time in past, present and future (the ball game is at six tomorrow)

[19.] COMMUNICATION. Does the person need communication devices, interpreters, or other assistance in order to communicate? If so, does he/she have them whenever needed? And, does he/she know how to use them?

(Assessor – try to find out whether such devices are available, accessible at most locations – for example not just at home, but also at work/day sites.)

- 2 Yes, complete access and knows how to use
- 1 Yes, but limited access, needs more devices or needs to better understand use or needs assistance and does not always have someone available to assist
- 0 Yes, but no access
- 8 None needed

If yes, list type of device used or needed

[20.] RECEPTIVE COMMUNICATION SKILLS

(Degree to which person understands spoken language or American Sign Language)

- 1 Does not understand any verbal or signed language
- 2 Understands and responds only to names
- 3 Understands and responds to single words
- 4 Understands and responds to simple sentences or instructions
- 5 Understands and responds to complex sentences or instructions

[21.] EXPRESSIVE COMMUNICATION SKILLS

(Degree to which person uses spoken language or American Sign Language to communicate)

- 1 Does not use any verbal language or American Sign Language (ASL) in a meaningful way
- 2 Understands and uses only spoken or signed names
- 3 Understands and uses single spoken or signed words
- 4 Understands and uses simple spoken or signed phrases
- 5 Understands and uses complex spoken or signed sentences

[22.] ONE-TO-ONE INTERACTION WITH FAMILIAR INDIVIDUALS

(Degree to which person communicates, shares with and interacts on a one-to-one basis appropriately with other persons with whom he/she is familiar, such as friends, co-workers, roommates, staff, family. Tactile or eye contact may be considered interaction.)

- 1 Does not enter into interaction
- 2 Does not typically initiate interaction, but does respond when others initiate
- 3 Initiates interaction in familiar or previously successful situations or settings, such as living area, classroom or work area, but not in unfamiliar settings or situations such as office parties or stores
- 4 Initiates interaction in both familiar and unfamiliar situations or settings; comfortable seeking out social interaction with others in most situations
- 5 Initiates all the types of interactions described above and offers to help or assist others

[23.] ONE-TO-ONE INTERACTION WITH UNFAMILIAR INDIVIDUALS

(Degree to which person communicates, shares with and interacts appropriately on a one-to-one basis with persons with whom he/she is unfamiliar, such as store clerks, new staff, new co-workers or roommates and other unknown persons.)

- 1 Does not interact
- 2 Does not typically initiate interactions, but does respond when others initiate
- 3 Initiates interaction in familiar or previously successful situations or settings, such as living area, classroom or work area, but not in unfamiliar settings or situations such as office parties or stores
- 4 Initiates interaction in both familiar and unfamiliar situations or settings; comfortable seeking out social interactions with unknown individuals in most situations
- 5 In addition, offers to help or assist others

[24.] GROUP INTERACTION IN SOCIAL AND/OR WORK ENVIRONMENTS

(Active or passive involvement in social activities, recreational activities, group projects, work projects or other activities which include more than one individual, such as bowling, dances, picnics, baseball, clubs, doing chores, office projects)

- 1 Does not participate in activities involving interaction with groups
- 2 Participates in activities which involve interaction with groups only with considerable encouragement; participation may be counter-productive, resistive or not goal-directed
- 3 Participates with minor encouragement in activities which involve interaction with groups; Ex: "let's all go to the ball game"
- 4 Does not need encouragement to participate in activities which involve interaction with groups; participates without prompting; gets along well, cooperates; efforts are beneficial and appropriate to task
- 5 Even with groups with whom he/she is unfamiliar, does not need encouragement to participate in activities which involve interaction with groups; participates without prompting; gets along well, cooperates; efforts are beneficial and appropriate to task

[25.] FRIENDSHIP FORMATION (Establishes close social attachments characterized by companionship, sharing and affection. Shows clear preference for the company of certain persons.)

- 1 Does not form friendships
- 2 Potential friends must initiate friendships
- 3 Initiates and establishes friendships with difficulty
- 4 Initiates and establishes friendships easily

[26.] FRIENDSHIP MAINTENANCE (Maintains friendships for at least three months.)

- 1 Does not maintain friendships
- 2 Maintains friendships only in stable or familiar settings (classrooms, residence, etc.)
- 3 Maintains friendships in many different settings

WORK-RELATED QUESTIONS

[27.] WORK. Is this person working? (*Work may be integrated in the community, in a sheltered environment or volunteer*)

- 2 No, no current work involvement (skip to question 30)
- 0 Yes, (Continue to the next question)

[28.] TYPE OF WORK (CHECK AS MANY AS APPLY.)

For instance, someone could be in both paid work and volunteer work. Or you could check both volunteer work and no paid work)

- 1 Work is paid by hour, or salaried
- 2 Work is paid by the piece
- 3 Work is volunteer
- 4 Pre-employment or work activities
- 5 No paid work (explain below)

[29.] TYPE OF PAID WORK. If the person has a paying job, please select the choice below which best matches the individual's work setting and support. (*Choose the one setting where the person spends most of their working hours.*)

- 1 Sheltered setting or workshop
 - 2 Enclave in the community
 - 3 Mobile crew
 - 4 Community job, supported one-on-one on a community job, support is fairly frequent
 - 5 Community job, most support on job is provided by employees at job location (not specialized staff)
 - 6 Other (write clarification below)
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-

[30.] INITIATIVE (Degree to which person undertakes home or work-related tasks without having to be reminded or encouraged.)

- 1 Shows no initiative in task performance, requires close supervision
- 2 Shows some initiative in task performance with some additional supervision
- 3 Shows some initiative in task performance with routine supervision
- 4 Initiates new tasks independently without supervision

[31.] MAKING JUDGMENTS (Degree to which person assesses situations and makes good decisions or draws sound conclusions)

- 1 Never makes judgments
- 2 Makes some judgments with extensive outside assistance
- 3 Makes judgments with occasional prompts and assistance
- 4 Makes simple judgments independently
- 5 Makes more complex judgments independently

[32.] EXPRESSING EMOTIONS (Level of clarity and complexity with which person expresses feelings.)

- 1 Only expresses emotions nonverbally (for instance, smiling when happy, tears when sad)
- 2 Expresses emotions by name (for instance, "I am happy," I am angry")
- 3 Expresses emotions and some understanding of their relationship to external events and thoughts (for instance why they are angry)
- 4 Expresses emotions and a good understanding of their relationships with external events and thoughts

[33.] PSYCHIATRIC DIAGNOSES. Has this person been diagnosed with one or more psychiatric conditions? (These diagnoses must be based on assessment by a qualified psychiatrist, other physician or psychologist.)

NOTE: the diagnosis must be documented in the person's records.

DO NOT INCLUDE any strictly medical diagnoses.

DO NOT INCLUDE any diagnoses of developmental disabilities.

- 2 No, no psychiatric diagnoses
- 0 Yes, has at least one psychiatric diagnosis
(List diagnoses below)

[34.] PSYCHOACTIVE MEDICATION. In the last calendar year, has this person had a psychoactive medication prescribed by a qualified physician or psychiatrist/psychologist?

- 2 No, no psychoactive medications.
- 0 Yes, has received one or more psychoactive medications

[35.] DEPRESSIVE-LIKE BEHAVIORS (Customary pattern of withdrawal, apathy or lack of energy that is not attributable to physical illness or injuries. Includes listlessness, lethargy, excessive crying or other depressive-like behaviors. May result in neglect of self-care, loss of self-help skills, loss of appetite, refusal to participate in activities or disruption of normal sleeping patterns.)

- 1 Serious problem; totally inhibits daily functions and requires constant assistance with total needs
- 2 Moderate problem; substantially affects daily functioning; requires frequent attention/intervention to assist with participation in daily activities
- 3 Minor problem; impacts some daily functions but does not have a substantial impact; requires minimal attention/intervention to assist with participation in daily activities
- 4 No evidence of depressive-like behavior

[36.] INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM. Has this individual had any involvement with the criminal legal system? (For the following two questions, charges must have been filed. Guilt need not have been determined for listing here as an involvement.)

- 2 No, no criminal/legal involvement (skip to question #39)
- 0 Yes, has had involvement with the criminal/legal system (Continue to next question)

[37.] CRIME VICTIM. Has he/she been a victim of a criminal offense? (Check all that apply.)

0 No, has not been a victim

If yes, please check all that apply

- 1 Rape
- 2 Sexual Assault
- 3 Other sexual offense (such as harassment)
- 4 Aggravated or Simple Assault
- 5 Neglect/Abuse
- 6 Theft/Shoplifting/Stealing
- 7 Destruction of Property/Arson
- 8 Other, specify below:

[38.] CHARGED WITH CRIME. Has he/she ever been charged with a criminal offense? (Check all that apply)

0 No, he/she has not been charged with a criminal offense

Yes, please check all that apply

- 1 Rape
- 2 Sexual Assault
- 3 Other Sexual offense (such as harassment)
- 4 Aggravated or Simple Assault
- 5 Self-abuse/Attempted suicide
- 6 Neglect/Abuse of others
- 7 Theft/Shoplifting/Stealing
- 8 Destruction of Property/Arson
- 9 Alcohol/Drug-Related
- 10 Other, specify below:

[39.] SAFETY/HEALTH AWARENESS (Places self or others in dangerous situations due to lack of awareness of safety and health issues. Ex: pica behaviors; not following safety rules regarding electricity, fire, water, tools, traffic, interacting with strangers; or not avoiding hazardous situations like open trenches, broken windows. DO NOT rate aggressive behaviors here.)

- 1 Extremely urgent problem; has seriously endangered self or others in last year; requires close supervision in all settings; requires interruption to prevent serious injury
- 2 Serious problem; actions would frequently result in endangerment of self or others without close supervision and/or frequent intervention
- 3 Moderate problem; endangers self or others only in special settings and requires close supervision and interruption of endangering actions in those settings only
- 4 Minor problem; requires occasional interruption of endangering action; routine guidance by a supervisor makes it unlikely that problem will occur
- 5 Does not endanger self or others

[40.] AGGRESSION TOWARD PEOPLE (Any physical attacks or attempts to attack others, including throwing objects, punching, biting, pushing, pinching, pulling hair, scratching. DO NOT INCLUDE self- injurious behaviors, threatening or property destruction.)

- 1 Extremely urgent problem; has caused serious injury requiring immediate medical attention in the last year, requires close supervision and physical interruption; may result in legal action
- 2 Serious problem; frequent aggression that requires close supervision and/or frequent interruption; has had episode(s) which caused injury, but which did not require immediate medical attention
- 3 Minor problem; occasional aggression which requires some additional supervision and/or occasional interruption in a few situations
- 4 No problems in this area

[41.] VERBAL OR PHYSICAL THREATENING

(Threatens to do harm to self, others or objects. DO NOT INCLUDE actual acts of physical violence or self-injury, only threats.)

- 1 Extremely urgent problem; has had serious incident(s) in the last year; incidents always generate fear and/or are likely to result in aggression from others; requires close supervision and interruption; may result in legal action
- 2 Serious problem; frequent threats; sometimes results in fear and/or aggression from others; requires close supervision and/or frequent interruption
- 3 Minor problem; threats are not taken seriously and do not frighten others nor result in aggression from others; requires some additional supervision and/or occasional interruption
- 4 No problems in this area

[42.] SELF INJURIOUS BEHAVIOR (Any self-inflicted injuries or attempts to injure self; including but not limited to biting; scratching; putting inappropriate objects into ear; mouth; or nose; repeatedly picking at skin; head slapping or banging; anorexia; attempted suicide)

- 1 Extremely urgent problem; has had episode(s) causing serious injury requiring immediate medical attention in the last year; requires close supervision and physical interruption; may result in legal action against agency
- 2 Serious problem; frequent incidents; requires close supervision and/or frequent interruption; has had episode(s) which caused injury but which did not require immediate medical attention
- 3 Minor problem; occasional incidents which require some additional supervision in a few situations and/or occasional interruption
- 4 No problems in this area

[43.] DESTRUCTION OF PROPERTY (Attempts to or destroys property, including but not limited to tears, dents, breakage. DO NOT INCLUDE accidental destruction of property unless it is atypical pattern. Examples of serious property damage: breaking windows, slashing tires, repeatedly tearing clothing, destroying furniture. Examples of minor property damage: throwing chairs, occasional tearing of clothes.)

- 1 Extremely urgent problem; has caused serious property damage within the past year; requires close supervision and physical interruption; may result in legal action
- 2 Serious problem; has frequent incidents causing minor damage; requires close supervision and frequent interruption
- 3 Minor problem; causes occasional minor damage; requires some additional supervision and/or occasional interruption
- 4 No problems in this area

[44.] RUNNING OR WANDERING AWAY (Attempts to or leaves situations or environments inappropriately without following expected procedures for notifying or receiving permission. Running or wandering occur after the person has had supervised opportunities for exploring his/her environment.)

- 1 Extremely urgent problem; occurs frequently or poses a very serious threat to the safety of self or others; requires close supervision and intervention; may result in legal action
- 2 Serious problem; occurrences pose minor safety issues to self or others; requires close supervision and intervention
- 3 Minor problem; occurrences may not pose a safety problem but do require some additional supervision and/or occasional intervention
- 4 No problems in this area

[45.] INAPPROPRIATE UNDESSING (Attempts to or takes off clothing items such as shoes or coats repeatedly or at inappropriate times. Ex: won't leave shoes on at all or takes off coat when outside in cold. DO NOT INCLUDE undressing that would be considered sexually inappropriate.)

- 1 Serious problem; occurs frequently and requires frequent intervention
- 2 Moderate problem; occurs frequently and requires occasional intervention
- 3 Minor problem; occurs occasionally and requires occasional intervention
- 4 No problems in this area

[46.] SOCIALLY OFFENSIVE SEXUAL BEHAVIOR (Any actual or attempted sexual behaviors that inappropriately impact another and that are socially unacceptable. Ex: forcible advances, inappropriate undressing or public exposure)

- 1 Extremely urgent problem; danger of legal action; requires close supervision
- 2 Serious problem; occurs frequently and requires close supervision and/or frequent intervention
- 3 Minor problem; occurs occasionally; requires some additional supervision and/or occasional intervention
- 4 No problems in this area

[47.] SOCIALLY OFFENSIVE BEHAVIOR (Behaviors that our society considers unacceptable, repellent, offensive or abhorrent. Ex: picking nose, belching, spitting on others or objects, touching others too much, standing too close, expelling gas, vulgar or obscene language. DO NOT INCLUDE sexually offensive behaviors, verbal threats, self-injurious behavior or physical aggression toward others. DO NOT INCLUDE behaviors that are not under the person's control such as drooling or wetting accidents.)

- 1 Serious problem; occurs frequently and requires frequent intervention
- 2 Moderate problem; occurs frequently and requires occasional intervention
- 3 Minor problem; occurs occasionally and requires occasional intervention
- 4 No problems in this area

[48] RESISTIVENESS/REBELLIOUSNESS

(Inappropriately stubborn and uncooperative, including passive or active resistant behaviors. DO NOT INCLUDE difficulties with auditory processing or reasonable expressions of self-advocacy. DO NOT INCLUDE verbal threatening, self-injurious behavior or physical aggression toward others.)

- 1 Serious problem; occurs frequently and requires frequent attention, prompting and/or intervention for cooperation
- 2 Moderate problem; occurs frequently and requires occasional attention, prompting and/or intervention for cooperation
- 3 Minor problem; occurs occasionally and requires occasional attention, prompting and/or intervention for cooperation
- 4 Does not occur or occurs at a low level not requiring attention

[49.] DISRUPTIVE BEHAVIORS (Inappropriately interferes with others' [including staff's] or own activities through behaviors such as: excessive whining or crying, screaming, persistent pestering or teasing, constant demand for attention, repetitious motions. Excessive hyperactivity, repetitive/stereotypic behaviors or temper tantrums that interfere with others' or own activities should be rated here. DO NOT INCLUDE verbal threats, self-injurious behavior or physical aggression toward others.)

- 1 Serious problem; occurs frequently and requires frequent intervention
- 2 Moderate problem; occurs frequently and requires occasional intervention
- 3 Minor problem; occurs occasionally and requires occasional intervention
- 4 Does not occur or occurs at a low level not requiring intervention

[50.] OVERALL SUPPORT LEVEL IN ADAPTIVE AREAS (Support level for daily activities, including eating, bathing, dress, toileting, house care, meal preparation, purchasing, mobility, independent living, social, cognitive and communication. Note level of support that is needed 75% of the time and regardless of the reason why. Reasons can include mental retardation and/or physical issues such as hearing, vision or mobility issues.)

- 1 Extremely high support level; requires close supervision and nearly constant attention to assist with daily needs and activities; person may be unable to respond and receiving total care for all bodily functions
- 2 High support level; requires close supervision and needs frequent hands-on assistance and prompting to support participation in daily activities
- 3 Moderate support level; requires close supervision and needs occasional hands-on assistance and/or frequent prompting to support participation in daily activities
- 4 Low support level; requires occasional supervision and needs occasional prompting or materials setup to support participation in daily activities
- 5 Follow-along support level; requires periodic checks to assist with unusual or more difficult aspects of life
- 6 No support is needed with activities relating to motor, independent living social, cognitive and communication

[51.] OVERALL SUPPORT LEVEL FOR DAY ACTIVITIES (Supports needed to assist with day activities, including community integrated employment/supported employment, community participation/accessibility or day habilitation. **DO NOT INCLUDE** support level for transportation, just support for the day program itself.)

- 1 Extremely high support level; requires close supervision and nearly constant attention to assist with daily needs and activities; person may be unable to respond and receiving total care for all bodily functions
- 2 High support level; requires close supervision and needs frequent hands-on assistance and prompting to support participation in day program activities
- 3 Moderate support level; requires close supervision and needs occasional hands-on assistance and/or frequent prompting to support participation in day program activities
- 4 Low support level; requires occasional supervision and needs occasional prompting or materials setup to support participation in day program activities
- 5 Follow-along support level; requires periodic checks to assist with unusual or more difficult aspects of employment or other day program (Ex: assistance with negotiating salary or understanding new benefit program)
- 6 No support is needed with day activities
- 7 Not applicable, no day program

[52.] OVERALL SUPPORT LEVEL FOR BEHAVIORAL ISSUES *(Support level needed to assist with behavioral issues such as destruction of property, running away, or disruptive, aggressive, assaultive, threatening or self-injurious behaviors)*

- 1 Extremely high support level; requires close supervision and needs frequent physical interruption; potential for legal action against agency or individual
- 2 High support level; requires close supervision; behavioral issues occur frequently and require frequent intervention and/or occasional physical interruption
- 3 Moderate support level; requires close supervision; behavioral issues occur frequently and require occasional intervention
- 4 Low support level; requires some additional supervision; behavioral issues occur occasionally and require occasional intervention
- 5 No special support is needed to address behavioral issues (problems do not occur or occur at a low level not requiring attention)

[53.] OVERALL SUPPORT LEVEL FOR MENTAL HEALTH/PSYCHIATRIC CONDITION *(If this person has been formally diagnosed with one or more psychiatric conditions, please indicate the impact these conditions have had on this person's need for support. If this person has not been formally diagnosed with a psychiatric condition, then select number 4 below.)*

- 1 Extremely acute condition; requires constant attention and intervention for daily functioning; requires immediate specialized placement and programming
- 2 Chronic condition; requires frequent attention and intervention to participate in daily activities; serious consideration of mental/emotional status must be taken when making placement and programming decisions
- 3 Mild or cyclical condition; requires occasional attention and intervention to participate in daily activities; requires support considerations when planning for placement and programming
- 4 Does not have a formal diagnosis of a mental health disorder/psychiatric condition

[54.] OVERALL SUPPORT LEVEL FOR CHRONIC OR RECURRENT MAJOR MEDICAL CONDITIONS *(Chronic or recurrent medical conditions, other than developmental disabilities, are those that require CONTINUED medical treatment. These medical conditions and treatments must be documented in the person's records. For the purposes of this assessment, DO NOT INCLUDE nonmedical supports needed due to developmental disabilities. DO NOT INCLUDE acute, self-limited illnesses such as pneumonia unless there is an established history of frequent recurrence. DO NOT INCLUDE hearing, vision or mobility problems that do not require continued medical treatment, DO NOT INCLUDE static non-limiting conditions such as acne.)*

- 1 Extremely high support level; highly impaired; requires full time medical assistance or nursing care to maintain certain vital bodily functions, such as turning for pressure relief; person maybe unable to respond and receiving total care for all bodily functions
- 2 High support level; condition is so substantial that close supervision or care is required to assist with medical condition
- 3 Moderate support level; condition requires frequent supervision or care to assist with medical condition
- 4 Low support level; condition requires some additional supervision or care for medical condition
- 5 No chronic or recurrent medical condition