

Name: _____

Date of Birth: _____

Date of Prioritization: _____

Initial Assessment Update

CAP-MR/DD WAIVER **SERVICES PRIORITIZATION TOOL**

PRIORITIZATION OF EMERGENT (CRISIS) NEEDS:

- Homelessness or pending imminent homelessness with no viable housing alternative
- At significant risk of serious physical harm in current environment
- At significant risk of causing serious physical harm to others in current environment
- Require protection from confirmed abuse, neglect, or exploitation;
- Caregivers unable to provide adequate care due to caregivers' impaired health.

Individual experiencing one of the situations listed as a emergency need becomes the top priority for CAP/MR-DD waiver. The remainder of the form does not need to be completed.

PRIORITIZATION OF ROUTINE NEEDS:

I. HABILITATION SUPPORT

A. Expressive Communication: (check one)

- (0) Communicates with familiar and unfamiliar people regarding illness, danger, and basic wants and needs.
- (1) Assistance is needed to communicate with familiar and unfamiliar people.
Examples are: uses picture cards, sign language interpreter, or a familiar person
- (2) The individual is unable to make needs and wants known.

B. Receptive Communication: (check one)

- (0) Can follow written and/or spoken language with familiar and unfamiliar people regarding illness, danger and basic wants and needs.

- ___ (1) Assistance is needed to follow written and/or spoken language. Examples are: uses picture cards, sign language interpreter, or a familiar person.
- ___ (2) The individual is unable to follow written and/or spoken language.

C. Social Interactions: (check one)

- ___ (0) Requires no support when interacting with others.
- ___ (1) Sometimes requires support when interacting with others.
- ___ (2) Almost always or always requires support when interacting with others.

D. Behavior:

There are some behavior concerns other than is typical for age that can be managed by the family or existing supports. (check one)

- ___ (0) There are no behavior concerns that require support.
- ___ (1) Occurs Daily
- ___ (2) Occurs Several times a day

There are some behavioral concerns beyond what the family or existing supports can manage. (check one)

- ___ (0) There are no behavior concerns that require support.
- ___ (1) Occurs Weekly
- ___ (2) Occurs Daily
- ___ (3) Occurs Several times a day

There are behavioral concerns are not manageable without professional intervention. (check one)

- ___ (0)
- ___ (1) Occasional, occurs less than 11 times a year
- ___ (2) Monthly
- ___ (3) Weekly
- ___ (4) Occurs Daily
- ___ (5) Occurs Several times a day

Habilitation Support Sub-Total: _____

II. MEDICAL AND RELATED SUPPORT NEEDS:

A. Medical Needs: (check one)

- ___ (0) There are no medical concerns that require support.
- ___ (1) There are some medical concerns that can be managed by the family or existing supports.
- ___ (2) There are medical concerns beyond what the family or existing supports can manage.
- ___ (3) Medical needs are not manageable without specialized training/specialized staff.

B. Medical Needs: Frequency of Professional Medical Interaction: (check one)

- | | |
|--|---|
| <input type="checkbox"/> (1) Occasionally less than 5 times a year | <input type="checkbox"/> (4) Weekly |
| <input type="checkbox"/> (2) Between 6—12 times a year | <input type="checkbox"/> (5) Daily |
| <input type="checkbox"/> (3) Monthly
a day | <input type="checkbox"/> (6) Several times
a day |

C. Sleep Monitoring (Monitoring During Normal Sleeping Hours) (check one)

- (0) Sleep time monitoring are routine for age.
- (1) Sleep time monitoring requires occasional assistance not typically required for a person of the same age.
- (2) Awake person needed to monitor and assist to ensure the health and safety of the individual during sleeping hours.

Medical and Related Support Needs Sub-Total: _____

III. Personal Care and Adaptive Equipment Needs:

A. Personal Care (check one per section):

Eating/Drinking

- (0) No assistance needed beyond what is typical for age.
- (1) Little assistance needed beyond what is typical for age (reminders needed).
- (2) More assistance needed beyond what is typical for age (cutting food).
- (3) Total assistance is needed.

Bathing

- (0) No assistance needed beyond what is typical for age.
- (1) Little assistance needed beyond what is typical for age (reminders needed i.e.: setting water temperature)
- (2) More assistance needed beyond what is typical for age (washing body parts, washing hair, getting in and out the tub).
- (3) Total assistance is needed.

Dressing

- (0) No assistance needed beyond what is typical for age.
- (1) Little assistance needed beyond what is typical for age (reminders needed).
- (2) More assistance needed beyond what is typical for age (buttoning, zipping).
- (3) Total assistance is needed.

Toileting

- (0) No assistance needed beyond what is typical for age.
- (1) Little assistance needed beyond what is typical for age (reminders needed).
- (2) More assistance needed beyond what is typical for age (with clothing, self cleaning)
- (3) Total assistance is needed.

Mobility

- ____ (0) No assistance needed beyond what is typical for age.
- ____ (1) Little assistance needed beyond what is typical for age (reminders needed).
- ____ (2) More assistance needed beyond what is typical for age (assistance with balance, evacuation).
- ____ (3) Total assistance is needed.

B. Adaptive Equipment Needs: wheelchair, special eating tools, augmentative communication devises, etc. (check one)

- ____ (0) No adaptive equipment needed or has adequate adaptive equipment
- ____ (1) Has some adaptive equipment but needs additional or updated equipment.
- ____ (2) Has no adaptive equipment but needs adaptive equipment

Personal care and Adaptive Equipment Needs Sub-Total: _____

IV. Array of Current Supports and Services:

A. Community/Day Services: (check one)

- ____ (0) Individual is receiving community day activities or the person chooses not to receive the community/ day activities.
- ____ (1) Individual is receiving community/day services, but additional supports or services are needed to learn skills necessary for participation.
- ____ (2) The individual does not have access to community/day services due to the need for support to participate.

B1. Residence: (check one)

Individual lives in a Group Home or an AFL

- ____ (0) Current residence is stable with no additional supports needed.
- ____ (1) Additional supports are needed in residence to learn useful skills.
- ____ (2) Intensive staff/skills training are needed to maintain the individual in the current residence.
- ____ (3) Current residence can not meet the needs of the individual, a different residence is necessary.

Individual lives alone in their own home or with Family and/or Natural Supports (unpaid family/care providers): (check one)

- ____ (0) Support person is able to maintain individual at home safely. No additional assistance needed.
- ____ (1) Support person is able, but is requesting more assistance or is unable to provide assistance regularly.
- ____ (2) Has no support person and there is need for assistance.
- ____ (3) Individual is in an unsafe environment and has or lost a significant support person.

B2. Some natural families have more than one person with a disability living in the home. If so, check the appropriate number:

- ___ (0) no additional people, ___ (1) one additional person, ___ (2) two additional people,
___ (3) three additional people

Array of current Supports and Services Sub-Total: _____

V. Risk of Institutionalization

(An Institutional setting is a public or private ICF-MR setting.) (check one)

- ___ (0) The individual's needs are appropriately and adequately met in the community placement. There is no risk for placement in an ICF-MR setting.
___ (1) The individual is in an ICF-MR setting or is in a facility that is too restrictive or is inappropriate for the individual.
___ (2) Without additional supports, the individual will move to a more restrictive setting.
___ (3) The individual will require ICF-MR residence due to the severity of their disability and support needs if services are not received.

Risk of Institutionalization Sub-Total: _____

VI. Length of time on Potentially Eligible List: (check one)

Date of initial prioritization: _____

- ___ (1) Less than 1 year
___ (2) 1 year -2 years
___ (3) 2-3 years
___ (4) More than 4 years

Length of time on Potentially Eligible List Sub-Total: _____

Sub-Total Scores:

I. ___ II. ___ III. ___ IV. ___ V. ___ VI. ___

TOTAL Score: _____

Completed by: _____ **Date:** _____

Informant: _____

Relationship to Individual: _____