

Name: _____ Date of Birth: _____ Record Number: _____

Medicaid ID: _____ SP Start Date: _____

TBI WAIVER FUNCTIONAL ASSESSMENT OF SUPPORT NEEDS

The Functional Assessment of Support Needs tool will be used with the Risk Assessment tool to help develop Individual Support Plans for home and community based services received through the TBI 1915c Medicaid Waivers.

For Each Section of the Functional Assessment use the rating scale below:

0: Independent: no supports needed: the individual is able to complete the activity or task by his/her self; they may use assistive devices or assistive technology but are able to set up, use and maintain devices *independently* without help or assistance from another person.

1: Minimum Support: the individual requires verbal cues or prompts to initiate and/ or complete the activity or task; they may need supervision /monitoring to assure task is accomplished; *(assistive tech could also be used)*

2: Moderate Support: individual is able to perform the activity or task but requires verbal and/ or physical assistance at least 50% of the time to complete.

3: Maximum Support: individual is able to perform but requires verbal and/ or physical assistance at least 75% of the time to complete activity or task.

4: Total Support: Individual requires support 100% of the time to complete an activity or task.

Section 1. Activities of Daily (ADLs) are the routine activities that people tend to do every day without needing assistance. There are six basic self-care ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence. *Functional / average daily basis--*

	Independent 0	Minimal Support 1	Moderate Support 2	Maximum Support 3	Total Support 4	Comments
Bathes						
Adjusts Water Temperature						

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Dresses						
Grooms (e.g. comb/brush hair, brush teeth)						
Transfers						
Goes to the bathroom						
Uses the toilet						
Eats						
Ambulates						
Shifts positions						
TOTAL						

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	Independent	Minimum Support	Moderate Support	Maximum Support	Total Support	Comments
	<i>0</i>	1	2	3	4	
Plans Meals						
Prepares Meals						

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Shops for food and personal care items						
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Please provide any additional details on activities of daily living that would be helpful in understanding the individual's needs.

Section 2. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs) are the more complex activities of daily living required for individuals to live more independently. IADL skills include but are not limited to: using the telephone, traveling, shopping, preparing meals, doing housework, taking medications properly, and managing money.

Counts \$ makes change						
Pays bills on time						
Calculates bank account balance						

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Develops and follows a personal budget						
Manages primary healthcare needs						
Schedules Appointments						
Manages Medication						
Plans and manages personal schedule						
Manages leisure time						
Engages in social activities (i.e.: group activities)						
Completes light housekeeping (e.g. laundry, dusting, vacuuming, sweeping)						

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Completes heavy housekeeping (e.g. yardwork, cleaning windows, moving furniture)						
Uses computer/phone, including calling 911 if needed						
Accesses community						
TOTAL						

Please provide any additional details on instrumental activities of daily living that would be helpful in understanding the member's needs:

Section 3. PHYSICAL ASSESSMENT this section will indicate support needs related to their mobility, physical changes that may cause headaches, sleep disturbances, lack of coordination, balance, vision and hearing.

	INDEPENDENT	MINIMUM SUPPORT	MODERATE SUPPORT	MAXIMUM SUPPORT	TOTAL SUPPORT	Comments
	0	1	2	3	4	
Mobility / Endurance						
Headaches / Migraines						
Fatigue/ drowsiness						
Sleep Disturbances						
Dizziness						
Balance /Coordination						
Seizures						
Vision Changes						
Hearing Changes						
Sensitivities: Light, Noise, Touch, other						
TOTAL SCORES						

Please provide any additional details on physical functioning that would be helpful in understanding the member's needs:

Section 4. Cognitive Assessment

Domains of Cognition/ Cognitive functioning: attention, concentration, learning, task analysis, awareness, communication, judgement, memory, planning and processing. These skills are necessary for functioning both at home and in the community.

	INDEPENDENT	MINIMUM SUPPORT	MODERATE SUPPORT	MAXIMUM SUPPORT	TOTAL SUPPORT	Comments
	0	1	2	3	4	
ATTENTION						
Able to focus, concentrate and/or pay attention						
Able to break down tasks in smaller steps/ organize						
Able to complete tasks in correct sequential order						
MEMORY						
Can recall recent activities (STM)						
Can recall things from their past (pre injury) (LTM)						
Able to learn /relearn new information (working memory)						
EXECUTIVE FUNCTIONING						
Makes appropriate/safe decisions						

Able to plan day to day activities						
Able to manage time						
Able to reason and problem solve						
Initiates activities / tasks						
LANGUAGE / COMMUNICATION						
Aphasia (individual has difficulty understanding or expressing conversation)						
Dysarthria (unclear articulation) meaning others have difficulty understanding individual						
Has and/ or uses Augmentative or Alternative Communication Devices						
TOTAL SCORES						

Please provide any additional details on member's cognition processing that may be helpful in understanding the communicate and/ or needs:

Section 5. BEHAVIORAL/ EMOTIONAL HEALTH ASSESSMENT

Behavioral and/ or emotional challenges indicate support needs related to agitation, impulsivity, intrusiveness, legal involvement, susceptibility to victimization, verbal aggression, wandering, elopement, withdrawal, damage to property, inappropriate sexual activity, injury to self, injury to others, and physical aggression. Note: may need to differentiate between frequency and severity.

Absent = no indication of this behavior

	Absent 0	Minimum Support 1	Moderate Support 2	Maximum Support 3	Total support 4	COMMENTS
Impulsivity /hyperactivity						
Agitation						
Frustration tolerance (i.e. decreased)						
Decreased ability to accept to redirection (i.e. unable to take direction/ redirection)						
Physical Aggression or property destruction						

Verbal aggression (could be speaking loudly, excessively or rapidly						
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Wandering or at risk for elopement						
Self-injurious behavior						
Withdrawn / Isolated						
Emotional Lability (rapid changes in emotions i.e. crying, laughing, anger, etc.						
TOTAL SCORE BEH SECTION						

Please provide any additional details on **behavioral** challenges that would be helpful in understanding the member's needs:

ADDITIONAL COMMENTS:

Assessor Printed Name/ Signature

Title/Credentials

Date

Section Scores:

Activities of Daily Living				
Instrumental ADL's				
PHYSICAL				
COGNITIVE				
BEHAVIORAL				
TOTAL				

Type of Assessment (initial/ annual/ change in LOC)	Total Score	YEAR of Waiver	Date

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