

# Florida Questionnaire Situational Information

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**Version 4.0**



**REVISED 2-15-08**

To be used by Certified Administrators Only

Produced for the

agency for persons with disabilities  
*State of Florida*



Person's Name	Area	Date

## Purpose and Use of this Questionnaire

The **Questionnaire for Situational Information** is a questionnaire designed to gather key information about a person that will describe his or her life situation for the purpose of planning supports over a 12-month period. These descriptions reflect a person's needs for assistance in key life roles and areas of daily activity. The first portions of the questionnaire are entitled **Life Changes** and **Community Inclusion**. These areas of inquiry focus on a person's need for assistance in order to adjust to life changes while living, working, fulfilling valued roles, and participating in his/her community. The next portion of the questionnaire is titled **Functional Status** and focuses on a person's need for assistance during the normal course of a routine day, including sight, hearing, communication, and ambulation. Another portion is titled **Behavioral Status** and focuses on any major behavioral issues that might require assistance and intervention. The final portion is titled **Physical Status** and focuses on health and physical concerns, including medical conditions that an individual experiences and medications taken on a routine or emergency basis. Together these life areas are explored and rated to generate information about types and levels of support the person may require now and in the near-term future.

The **Questionnaire for Situational Information** is a component of a holistic approach to the development of a support plan that meets the needs of the individual. As support plans are developed for each person, the preferences of the individual as well as information from the **Personal Outcome Measures** and other information sources blend together to achieve a unified and collaborative approach for each person served by the Agency for Persons with Disabilities (APD). Personal information gathered by this questionnaire is confidential and is to be respected and kept private. Non-identifying data gathered by the questionnaire may be used in generating legislative budget requests and estimating a range of costs associated with a reasonable approach to amelioration of a developmental disability.

The development of the **Questionnaire for Situational Information** has included the review and perspective of national experts in services and supports to people with developmental disabilities. It is built on other existing screenings and assessments from other states that identify major barriers to good health, safety, and quality of life.

This questionnaire will be administered in the language understood by the interviewee. In addition, the administration of this questionnaire will be performed by persons who are properly qualified, have received training, and authorized to do so. In every instance, the gathering of personal information will include an observation of and a face-to-face interview with the individual with a developmental disability, the individual's guardian, and the individual's family. In addition, the following should occur:

- Interviews with the individual's caregivers and/or health care personnel, as appropriate
- Review of the individual's records including recent assessments and progress notes from medical records, school records, previous support plans, and relevant information from other collateral sources, as appropriate.

The **Questionnaire for Situational Information** will be administered at the time of eligibility determination for the Agency for Persons with Disabilities and/or reviewed for possible

changes at least annually at the time of the annual support plan development. The **Questionnaire for Situational Information** will be re-administered to identify any possible changes in levels of support in the event that an individual experiences major life changes (such as moving from one residential setting to another, major changes in caregivers, or a health change that requires new medications or monitoring, or if the person has experienced major improvements and accomplishments in his/her cognitive or physical condition.) In some cases, the level of support will not change and, in other cases, the level of support will be greater or less, depending on the circumstances.

Any concerns or questions regarding this questionnaire or its use should be directed to the Area APD Program Administrator or to the Agency for Persons with Disabilities in Tallahassee, Florida.

Agency for Persons with Disabilities  
4030 Esplanade Way, Room 380; Tallahassee, FL 32399  
Phone: 850/488-4877 • FAX: 850/922-6456

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2107 Delta Way; Tallahassee, FL 32303-4224  
Phone: 850/422-8900 • FAX: 850/422-8487

## FQSI ADMINISTRATOR INFORMATION

**1. FQSI Administrator:** Print your full name (i.e., the name of the person administering this questionnaire).

Print last name first.

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

**2. Initiation Date (MM/DD/YYYY):** Record the date on which the FSIQ is initiated using a month/day/year format.

\_\_\_\_\_ Example: 09/07/2006

**3. Administration Date (MM/DD/YYYY):** Record the date on which the FSIQ is completed using a month/day/year format.

\_\_\_\_\_ Example: 09/07/2006

**4. FQSI Administrator's ID #:** Clearly write the five-digit FSIQ administrator number of the person completing this form.

\_\_\_\_\_

## GENERAL INFORMATION

**1a. Name:**

\_\_\_\_\_

First Name	M. I.	Last Name	Area/Region
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**1b. Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**1c. Medicaid Number** \_\_\_\_\_

**1d. Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Example 09/12/1962

**2a. Mailing Address:** Complete if the person's home address is different from his or her mailing address:

\_\_\_\_\_

Person's Complete Mailing Address, Including Apartment #

\_\_\_\_\_

City or Town	State	Zip Code
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\_\_\_\_\_

County of Residence	Home Telephone Number
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**2b. Guardian's Name, Address and Home Telephone Number**

\_\_\_\_\_

Guardian's Complete Mailing Address, Including Apartment #

\_\_\_\_\_

City or Town	State	Zip Code
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\_\_\_\_\_

County of Residence	Guardian Day Telephone Phone
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\_\_\_\_\_

Guardian Evening Phone

**3. Person's Gender:** Indicate below the person's gender. (Check only one)

- Male     Female

**4. Person's Life Stage:** Indicate below the person's present life stage. (Check only one)

- Under age 18  
 18 - 22 years     23 - 45 years     46 - 65 years     66 + years

**5. Person's Race/Ethnicity:** Indicate below the person's race/ethnicity.

- White       Black       Latino/Hispanic       Asian       Native American  
 Other: \_\_\_\_\_

**6. Person's Current Residence.** Indicate below the person's current residence: (Check only one)

- Personal home alone or  
with non-relatives  
 Personal home with relatives       Private ICF/DD facility  
 Family home with relatives       Residential habilitation center  
 Foster or adult companion home       Secure facility  
 Supported living arrangement       Nursing home  
 Group home       Mental health facility  
 APD institution  
 Hospital

**7a. Person's Primary Diagnosis.** Indicate below the person's primary diagnosis: (Check only one)

- Mild retardation (IQ 52-69)       Cerebral palsy       High Risk for Children  
 Moderate retardation (IQ 36-51)       Prader-Willi syndrome  
 Severe retardation (IQ 20-35)       Autism  
 Profound retardation (under 20)       Other:  
 Spina bifida

**7b. Person's Secondary Diagnosis.** Indicate below the person's secondary diagnosis: (Check only one)

- Mild retardation (IQ 52-69)       Cerebral palsy  
 Moderate retardation (IQ 36-51)       Prader-Willi syndrome  
 Severe retardation (IQ 20-35)       Autism  
 Profound retardation (IQ under 20)       Spina bifida  
 Other:

## LIFE CHANGE AND ADJUSTMENT INFORMATION

### 8a. Indicate Any of the Following Life Changes this Person Has Experienced over the Past 12 Months. (Check all that apply.)

- No life change experienced over the past 12 months
  - Death or loss of a long-term primary caregiver seen daily, such as a custodial parent [100 points].
  - Death or loss of a significant other seen daily, such as a spouse, domestic partner, best friend [73 points]
  - Child(ren) taken away or held in foster care by child protective authorities for maltreatment [73 points]
  - Death or loss of a close family member (non-custodial) having frequent contact with the person [63 points]
  - Survivor of a major physical assault, rape, auto accident, natural disaster or near-death experience [63 points]
  - Detention in jail or an institution for more than three days [63 points]
  - Major illness, injury, or surgery requiring hospitalization for more than three days [53 points]
  - Pregnancy or child birth [40 points]
  - Gaining a new family member in the person's home or a new room mate [39 points per change in the past 12 months]
  - Major change in living conditions or lifestyle [25 points]
  - Change in place of residence [20 points for each change in past 12 months]
  - Major change in the type and/or amount of recreational activities [19 points]
  - Major change in the type and/or amount of social activities and positive interactions [18 points]
  - Major change in work or major daytime activities [18 points]
  - Major change in sleeping habits [16 points]
  - Major change in eating habits [15 points]
- 
- This person has a relative low amount of life change stress. Caregivers should be made aware of stress indicators and observe the person for any health or behavioral changes.
  - This person has a moderate amount of life change stress that could lead to health or behavioral changes. Caregivers should be made aware of stress indicators and observe the person for any changes in health or behavioral conditions. Referral for health or behavioral specialty support may be required if problems arise.
  - This person has a significant amount of life change stress that could lead to health or behavioral changes. Caregivers should be made aware of stress indicators and report any changes in health or behavioral conditions promptly so that the person can be evaluated for the need for intervention. Referral for health or behavioral specialty support will probably be required if problems arise.

**8b. Mark Any of the Following Signs and Symptoms of Emotional or Behavioral Distress Presented by this Person that had On-Set or Significant Intensification during the Past 12 Months? (Check all that apply.)**

- None apply
- Sadness or crying spells
- Avoidance of favorite activities or friends
- Feeling overwhelmed, disoriented, or lost
- Major weight gain or loss (including binging)
- Accidents and injuries of unknown origin
- Suicidal thoughts, plans, or suicide attempts
- Property destruction (major, repeated)
- Nervousness, anxiety, worry, desperation
- Decline in work attendance or performance
- Agitation, irritability, restlessness
- Self-injurious behaviors (pica, head-banging, etc.)
- Return or increase in rate or severity of seizures
- Aggressive behaviors to others
- Use of alcohol or illegal drugs

**8c. If any of the Signs or Symptoms in 8b above were Marked, Was this Person Screened by a Qualified Professional for any of the Following Conditions? (Check all that apply)**

- None apply
- Adjustment disorder
- Anxiety disorder
- Post-traumatic stress disorder
- Depression
- Suicide or homicide risk
- Risk of victimization or re-victimization

**8d Indicate Any of the Following Life Changes that this Person is Likely (probability > 50%) to Experience over the Next 12 Months. (Check all that apply.)**

- None apply
- Loss/change of a significant long-term primary caregiver Month of Anticipated Change \_\_\_\_\_
- Loss/change of a significant other (spouse, partner) Month of Anticipated Change \_\_\_\_\_
- Major surgery requiring hospitalization Month of Anticipated Change \_\_\_\_\_
- Birth or loss of a child (e.g., termination of rights) Month of Anticipated Change \_\_\_\_\_
- Detention in jail or an institution Month of Anticipated Change \_\_\_\_\_
- Gaining a new family member or new room mate Month of Anticipated Change \_\_\_\_\_
- Major change in living conditions or lifestyle Month of Anticipated Change \_\_\_\_\_
- Change in place of residence Month of Anticipated Change \_\_\_\_\_
- Major change in recreational activities Month of Anticipated Change \_\_\_\_\_
- Major change in social activities Month of Anticipated Change \_\_\_\_\_
- Major change in work or daytime activities Month of Anticipated Change \_\_\_\_\_
- Other major change: \_\_\_\_\_ Month of Anticipated Change \_\_\_\_\_

**9. Does the Person Plan To Move In The Next 12 Months?**

(Check only one and indicate the month of anticipated move.)

- The person chooses to remain in his/her current home
- The person chooses to remain in his/her current home, but cannot do so without some additional help
- The person must move for reasons of health or safety
- The person chooses to move from his or her current home for reasons not related to safety
- The person is unsure about moving to a different home at this time

Month of anticipated move: \_\_\_\_\_

**10. Person's Legal Status?** (Check all that apply.)

- Person is an adult with no pre-need directives or any form of guardianships.
- Person is an adult with one or more pre-need directive (durable power of attorney, trust, health care surrogate, etc.)
  
- Person has a partial (limited) or full (plenary) guardian.
  
- Person has a partial or full guardian advocate.
  
- Person has exercised his or her right to designate a client advocate.
  
- Person is an adult and has a guardian ad litem.
  
- Person is an adult and has been involuntarily admitted to receive residential services from the Developmental Disabilities Program.
  
- Person is a minor child
  
- Person is a minor child – guardian appointed
  
- Other: \_\_\_\_\_

**11. Language Spoken or Understood by the Person.** Indicate below the primary language spoken or understood by the person. (Check only one)

- English     Spanish     Sign language     Other: \_\_\_\_\_

**COMMUNITY INCLUSION & FULFILLMENT OF VALUED ADULT ROLES**  
**For Persons 18 years and older**

Using the following scales, please circle the levels that best describes how much personal support the person requires (**both now and in the future**) in order to participate actively in his or her local community and, where appropriate, to fulfill valued adult roles (e.g., parenting minor children in the home) as a part of community living and adult life.

- 1 = Level 1:** You do not need any personal support
- 2 = Level 2:** You need personal support and it is limited to occasional reminders or verbal prompts and/or physical assistance.
- 3 = Level 3:** You need personal support and require daily reminders, verbal and/or physical prompts.
- 4 = Level 4:** You need personal support from someone and require supervision to complete.
- 5 = Level 5:** You need personal support from someone and require supervision to complete.
- 0:** Don't know
- 9** Not applicable

	Community Inclusion Activities	Level of Support person requires over the next 12 months	
<b>12a</b>	The person can <u>find a place to live</u> and <u>manage leases</u> or rent arrangements	1 2 3 4 5	0 9
<b>12b</b>	The person can <u>find a job</u> and <u>manage a career</u>	1 2 3 4 5	0 9
<b>12c</b>	The person can <u>pay rent and utilities</u> on time	1 2 3 4 5	0 9
<b>12d</b>	The person can <u>shop for food, clothes, and other personal items</u>	1 2 3 4 5	0 9
<b>12e</b>	The person can <u>arrange and attend social outings</u> and community gatherings on a regular basis	1 2 3 4 5	0 9
<b>12f</b>	The person can <u>use the community transportation system</u> (if available)	1 2 3 4 5	0 9
<b>12g</b>	The person can attend and <u>participate in community clubs, organizations and activities</u>	1 2 3 4 5	0 9
<b>12h</b>	The person can <u>keep him/her self safe</u> in the neighborhood and can <u>avoid being exploited</u> , taken advantage of, and avoid dangerous situations and people	1 2 3 4 5	0 9
<b>12i</b>	The person can routinely <u>work or participate in activities</u> on a daily basis	1 2 3 4 5	0 9
<b>12j</b>	The person can do his/her own <u>housekeeping</u>	1 2 3 4 5	0 9
<b>12k</b>	The person can do his/her own <u>home repairs</u>	1 2 3 4 5	0 9

	<b>Fulfillment of Valued Adult Roles in the Community</b>	<b>Level of Support person requires over the next 12 months</b>	
<b>12i</b>	The person can <u>parent his/her minor children</u> effectively in the home without involvement of child protective services	1 2 3 4 5	0 9
<b>12m</b>	The person can <u>function as a spouse or domestic partner</u> in a stable, intimate, ongoing relationship.	1 2 3 4 5	0 9
<b>12n</b>	The person can fulfill the role of a <u>valued and trusted employee</u> in a productive, sustained work assignment	1 2 3 4 5	0 9
<b>12o</b>	The person can <u>vote, follow community rules</u> , and fulfill other responsibilities as a citizen of the community	1 2 3 4 5	0 9

**EMPLOYMENT INFORMATION**

<b>IF Currently Employed</b>	
<b>13a.</b> Does the person currently have a job? (If no, skip to # 13c.)	Yes _____ No _____
<b>13b.</b> Does the person need help with a job currently held?	Yes _____ No _____

<b>IF Currently <u>Not</u> Employed</b>	
<b>13c.</b> If not currently employed, is the person interested in getting a job?	Yes _____ No _____

Certification of Sources of Information Used in Preparing this Questionnaire: As the administrator of this questionnaire, I hereby certify that I relied on the sources of information indicated below in preparing this questionnaire.

Information Source	Information Name/Type of Record	Date of Collection
<input type="checkbox"/> Interview with the individual		
<input type="checkbox"/> Interview with the family/guardian		
<input type="checkbox"/> Interview with paid support		
<input type="checkbox"/> Interview with other informant		
<input type="checkbox"/> Review of the individual's records (indicate type/source)		

## FUNCTIONAL STATUS

**Person's Sensory Functioning:** Using information provided by one or more key informants along with information contained in the person's record, check the rating scale value that best describes the extent to which the person's sensory status affects his/her capacities in performing daily activities in items #14-15.

**14. Vision:**

- 0** = NO functional impairments related to vision. The person's vision is adequate for daily functioning (with or without glasses).
- 1** = The person has a visual impairment that MINIMALLY impacts functioning and that can be ameliorated through the use of inexpensive low technology aids (e.g., large button devices, magnifying lenses, or a cane) and generally does not require the assistance of another person.
- 2** = The person has a visual impairment that impacts functional activities (i.e., related to daily living, moving about in the environment, and/or activities related to work). The functional limitations can be ameliorated through the use of assistive devices (e.g., talking or sound alert devices) and/or the OCCASIONAL assistance of another person.
- 3** = The person has a visual impairment that impacts functional activities that can be ameliorated through the use of high technology assistive devices (e.g., computerized reading devices, voice activated devices, or software) and /or FREQUENT assistance of another person.
- 4** = The person has a visual impairment that requires CONSTANT assistance of another person for performance of functional activities and the person is unable to use assistive devices.

**15. Hearing:**

- 0** = NO functional impairments related to hearing. The person's hearing is adequate for daily functioning (with or without a hearing aid).
- 1** = The person has a hearing impairment that MINIMALLY impacts functioning and that can be ameliorated through the use of inexpensive low technology aids (e.g., volume-adjustable phone, extra loud alarm clock) and generally does not require the assistance of another person.
- 2** = The person has a hearing impairment that impacts functional activities (i.e., related to daily living, moving about in the environment, and/or activities related to work). The functional limitations can be

ameliorated through the use of assistive devices (e.g., vibrating or flashing alerting devices) and/or the OCCASIONAL assistance of another person.

- 3** = The person has a hearing impairment that impacts functional activities that can be ameliorated through the use of high technology assistive devices (e.g., TDD, closed caption TV, or amplification devices) and /or FREQUENT assistance of another person.
- 4** = The person has a hearing impairment that requires CONSTANT assistance of another person for performance of functional activities and the person is unable to use assistive devices.

**Essential Living Skills:** Using information provided by one or more key informants along with information contained in the person's record, check the rating scale value that best describes the extent to which the person is independent in performing the activities listed in items #16-24.

**16. Eating:**

- 0** = Eats INDEPENDENTLY, may use adaptive equipment. An individual with this rating may require some type of simple adaptive equipment, such as a hand splint, special utensil, cup, etc. The person is generally able to feed self without the assistance of others, with the exception of meal preparation, such as cutting up meat.
- 1** = Requires INTERMITTENT physical assistance and/or verbal prompts to eat. The individual with this rating generally has difficulty attending to tasks and/or needs direct physical help due to motor limitations. With intermittent physical assistance of another person, the individual is able to complete a meal in a safe manner.
- 2** = Requires CONSTANT verbal and physical help to complete a meal. An individual with this rating generally has difficulty in attending to tasks and/or needs without direct physical help due to motor limitations. With constant verbal and physical help of another person, the individual is able to complete a meal in a safe manner.
- 3** = Requires CONSTANT physical assistance and mealtime intervention to EAT SAFELY. This person is unable to obtain adequate calories and fluids without the assistance of another. An individual with this rating may have difficulty with breathing/swallowing while eating or conditions that impair ability to eat safely. Mealtime interventions are required for this person, such as specific positioning support, eating devices, presentation techniques, and modifications in food/fluid consistency. This person may have a feeding tube for fluid or to supplement nutrition, but maintains some level of oral eating.
- 4** = Receives ALL nutrition through a gastrostomy or jejunostomy tube. The individual is unable to swallow safely, experiences malabsorption, has GI problems, and requires all nutrition to be given through the tube. Requires specialist follow-up and specially trained people to assist in eating.

**17. Ambulation:**

- 0** = Ambulates INDEPENDENTLY, may use walker or other means of ambulatory support without problems of safety. Self-explanatory.
- 1** = Walks with MINIMAL supervision. An individual with this rating requires some type of support, such as a walker, with the support of another person in close proximity, but the issue is primarily safety during ambulation.
- 2** = INDEPENDENTLY uses a manual wheelchair for PRIMARY means of mobility. An individual with this rating may not have the ability to use his/her lower body. He/she has the ability to use upper body strength to propel the wheelchair and to reposition self, is generally able to maintain trunk alignment. This individual may not recognize the need to reposition or provide pressure relief on a consistent basis.
- 3** = INDEPENDENTLY uses a powered wheelchair as a means of mobility or requires ASSISTANCE to propel a manual wheelchair for extended distances.

**-OR-**

Requires ASSISTANCE to change positions or shift weight in a wheelchair. An individual with this rating has limited use of his/her limbs and requires assistance to reposition self in wheelchair or to provide pressure relief.

- 4** = Disability prevents sitting in an upright position. An individual with this rating possesses many of the same characteristics as the individual in rating 3, but due to the degree of musculoskeletal deficits or deformity, has limited positioning options.

**18. Transfers:**

- 0** = Transfers INDEPENDENTLY (may require verbal prompts but no physical assistance.) Self-explanatory.
- 1** = Needs someone to SUPERVISE the transfer for safety. Self-explanatory.
- 2** = Needs PHYSICAL ASSISTANCE of ONE person to transfer or to change position. Self-explanatory.
- 3** = Needs PHYSICAL ASSISTANCE of TWO people to transfer or to change position. Individuals at this level require the assistance of two people to transfer and position safely.
- 4** = Needs LIFTING EQUIPMENT/PROCEDURES to safely transfer person. Individuals at this level may require specialized equipment to provide safe transfers due to severe spasticity, history of bone fragility, potential for injury due to size, or the degree of physical deformity. Individuals may also need a range of specially designed positions.

**19. Toileting:**

- 0** = INDEPENDENTLY uses toilet. No physical assistance required or appreciated, adaptive equipment (such as safety bars) may be needed.
- 1** = MINIMAL supervision or adaptation is required. An individual with this rating may require reminders or some verbal and physical assistance to maintain hygienic practice or manage clothing adjustments. Beyond this, the individual is generally able to manage toileting skills with minimal or no assistance from others.
- 2** = CONTINENT of bladder or bowel, CONSTANT ATTENTION is needed. An individual with this rating requires physical assistance to complete hygiene tasks such as wiping, hand washing, and clothing repositioning. May have occasional accidents.
- 3** = INCONTINENT of bowel or bladder. An individual with this rating generally is not able to recognize when he/she has eliminated due to loss of sensation, physical inability to manage toileting needs, difficulty communicating, or recognizing toileting needs. May require scheduled toileting or use of incontinent briefs.
- 4** = INDWELLING CATHETER OR COLOSTOMY. An individual with this rating has either a severely disabling medical condition or has experienced a medical crisis making elimination through the rectum or urinary tract either difficult or not possible. This may be a temporary or permanent condition. The caregivers will need training related to the underlying condition that created the need for a catheter or colostomy and skills required to manage the catheter, colostomy, ileostomy, urostomy, etc.

**20. Hygiene:**

- 0** = INDEPENDENTLY takes care of all personal hygiene. An individual with this rating is able to bathe; wash, dry, and style hair; brush teeth; trim fingernails and toenails; and all other aspects of personal hygiene. For women, this applies to all aspects of monthly feminine hygiene needs. Minor adaptations to accommodate physical limitations may be needed.
- 1** = MINIMAL SUPERVISION OR ASSISTANCE IS REQUIRED. An individual with this rating may require occasional reminders or minimal physical assistance to maintain hygienic practice or manage clothing adjustments. Beyond this, the individual is generally able to manage hygiene skills with minimal or no assistance from others.
- 2** = Generally aware of hygiene needs and activities, but routine prompting and/or MODERATE physical assistance are needed. An individual with this rating requires prompting or physical assistance to complete hygiene tasks, such as combing, brushing, hand washing, and clothing repositioning.
- 3** = Requires SUBSTANTIAL prompting and/or physical assistance to meet personal hygiene needs. An individual with this rating generally is not able to recognize or remember when personal hygiene activities are to be performed or is physically unable to manage hygiene needs. May require scheduled hygiene activities or substantial physical assistance. Generally cooperative when assisted.
- 4** = TOTALLY DEPENDENT upon staff for personal hygiene. An individual with this rating requires maximum assistance with all aspects of personal hygiene due to his/her level of mental and/or physical functioning. An individual with this rating may have special care requirements or may not be cooperative when others provide him/her physical assistance in hygiene activities.

**21. Dressing:**

- 0** = INDEPENDENTLY dresses. An individual with this rating is able to choose clothing and dress him/herself, including socks and shoes. Adaptive equipment to accommodate physical limitations may be needed.
- 1** = MINIMAL SUPERVISION OR ASSISTANCE IS REQUIRED. An individual with this rating is able to choose clothing and dress him/herself, including socks and shoes, with minimal supervision or assistance.
- 2** = Generally aware of clothing selection and dressing activities, but OCCASIONAL prompting and/or minimal physical assistance are needed. An individual with this rating requires prompting or physical assistance to complete dressing tasks at least some of the time.
- 3** = Requires SUBSTANTIAL prompting and/or physical assistance to dress. An individual with this rating generally is not able to recognize or remember when clothing selection and dressing activities are to be performed or is physically unable to manage dressing tasks. May require scheduled dressing activities or substantial physical assistance. Generally cooperative when assisted.
- 4** = TOTALLY DEPENDENT on staff for dressing and selection of clothes. An individual with this rating requires maximum assistance with all aspects of dressing due to his/her level of mental and/or physical functioning. An individual with this rating may have special physical needs that have to be accommodated in clothing design or may not be cooperative when others provide him/her physical assistance in dressing.

**22. Communications:** Based on informant reports, observation, and the person's record: (consider age-appropriateness for children)

- 0** = The person INDEPENDENTLY communicates in an efficient and timely manner (with or without communication devices). The person can communicate effectively with familiar and unfamiliar persons in his/her daily settings and in the larger community.
- 1** = The person RELIES ON THE VISUAL PRESENTATION of objects or pictures or on the presentation of yes/no questions to communicate needs, decisions, and choices. The person communicates adequately with familiar persons in his/her daily settings.
- 2** = The person has LIMITED COMMUNICATION ABILITIES and does not have sufficient vocabulary or efficiency to communicate needs, decisions, and choices in a timely manner. Greater time is required of familiar persons to gain an understanding of his/her needs, decisions, and choices.
- 3** = The person depends UPON SUPPORT FOR THE USE OF SIGN LANGUAGE interpreters or communication devices, or requires training to use communication devices to communicate needs, decisions, and choices. The person's method of communication may require more time of others and may require that others have special skills or knowledge in order to communicate with the person.
- 4** = The person has NO CURRENTLY IDENTIFIED METHOD TO COMMUNICATE decisions and choices to others.

**23. Self-protection:**

Due to the potential risk of harm to him/herself, this person may require supervision, training, or assistance to protect him/herself from harm, including that arising from physical injury and sexual exploitation. Rate the special precautions and/or supervision currently in place, if any, to ensure that the person is safe from physical or sexual exploitation. Score this item based on supports needed without regard to age.

- 0** = None required. No concerns with regard to exploitation.
- 1** = Frequent reminders or instructions are provided regarding dangers related to exploitation, but the person moves about his/her home, school, work site, neighborhood, and community without supervision or restriction.
- 2** = The person's movement beyond the boundaries of his/her home, school, or work site requires adult supervision or accompaniment of a more capable peer.

**-OR-**

The person is not allowed to go to certain places due to the potential of exploitation.

- 3** = The person's movement beyond the boundaries of his/her home, school, or work site requires supervision or accompaniment of a competent adult no matter where the person goes.
- 4** = Special precautions (e.g., selection of the other persons with whom the person lives, alarms on bedroom doors, exceptional care in the selection of caregivers) are in place and the person requires close supervision at all times and in all settings because the person has no ready means of alerting others should exploitation occur.

**24. Ability to Evacuate (place of residence):**

- 0** = Independently evacuates place of residence. An individual with this rating is able to discern the circumstances under which to evacuate his/her residence and is able to exit the building safely and promptly when circumstances warrant. An individual must have the ability to transfer and propel wheelchair independently (if wheelchair dependent).
- 1** = Minimal supervision or adaptation is required. An individual with this rating is able to discern the circumstances under which to evacuate his/her residence but requires minimal supervision during the exiting process or special adaptations to the environment (e.g., hand rails) be in place to exit safely and promptly.
- 2** = Responds to an alarm, but supervision and/or moderate physical assistance are needed. An individual with this rating requires a moderate degree of supervision or physical assistance (transfers, etc.) to exit a building in a safe and timely manner.
- 3** = Requires personal direction and/or substantial physical assistance to evacuate. An individual with this rating generally is not able to recognize or respond to an alarm in a safe and timely manner. He/she requires continuous direction or substantial physical assistance. Generally cooperative when assisted.
- 4** = Totally dependent on assistance from others for emergency evacuation of a building. An individual with this rating requires maximum assistance with all aspects of evacuation due to his/her level of mental and/or physical functioning. He/she may have special physical needs that have to be accommodated in rapid building evacuation and/or may not be cooperative when others provide him/her direction or physical assistance in exiting.

## **Review Notes Concerning Functional Status**

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**Behavioral Status Section Follows**

## BEHAVIORAL INTERVENTION AND SUPPORT STATUS

In this section the reviewer rates the current interventions, no matter how minimal or of what type, that are actually in place to address the following six categories of problems with behavior:

- Self-injury
- Inappropriate sexual activity
- Any other behaviors that might lead to or have led to social or physical isolation or segregation
- Harm to others
- Elopement/running away
- Property damage

The reviewer should first become familiar with the types of problems with behavior identified in this section, particularly the "other" category, before starting to complete the questionnaire. It will be true in most cases that there will be no need to ask specific questions about each of these types of problems with behavior. Rather, by gathering information from the sources listed below and asking general questions, the reviewer should be able to identify what, if any, concerns there are that relate to this section. More in-depth inquiries would then be made.

### **RULE**

**If no intervention is taken in response to these types of problems with behavior, then a rating of "0" should be entered for each item in this section.**

The types of interventions that the reviewer should be alert to include, but are not limited to, the following:

- Occasional verbal prompts or redirection
- Supervision by paid staff, friends, or family members
- Restrictions on movement or activities
- Behavior analysis, psychology, or mental health services
- Planned or emergency use of medication, manual or mechanical restraint, or protective equipment
- Call to and use of law enforcement to intervene in a situation
- A specialized residential arrangement such as a crisis stabilization unit, APD institution, intermediate care facility, or secure facility (e.g., the Mentally Retarded Defendant Program or other state-operated, secure facility).
- Environmental modifications
- Social skills training

When rating the interventions, the reviewer should use the following sources of information:

- Current written documentation: including progress notes, assessments, service plans, and data/reports related to services.
- Interviews/conversations with the individual and persons who know the individual best, including service providers.
- Observations of the individual in context.

If the interventions used have varied over the past 12 months, then the reviewer should use the highest level of intervention when rating an item in this section. Otherwise, the reviewer should rate the items based on the interventions in place at the time that the questionnaire is completed.

## Behavioral Intervention and Support Section

Items for rating the interventions used to address problems with behavior follow. Interventions are rated, NOT the acuity (frequency, duration, or intensity) of the behavior of concern. Rate an intervention for each category of problem with behavior for which the intervention is used. For example, if psychotropic medications are prescribed to address self-injury AND property damage, then rate the interventions in both items. If, on the other hand, medications are prescribed only to address self-injury, then rate the intervention only for the self-injury item.

**25. Hurtful to Self/Self-injurious Behaviors:** In the past 12 months, has the person engaged in behavior that resulted in injury to him/ herself? Examples of this type of behavior are listed below.

- |   |                                      |
|---|--------------------------------------|
| a) Eye-poking                             | b) Bangs head                        |
| c) Bites self, mouth, hands; or cuts self | d) Rectal digging                    |
| e) Pulls own hair                         | f) Rumination, vomiting self-induced |
| g) Pica (ingestion of inedible objects)   | h) Suicide threats/attempts          |
| i) Abuse of alcohol or drugs              |                                      |

**What, if any, supports, services, interventions, or restrictions are in place to address this behavior?**

- 0** = None required. No behavior of concern in this area.
- 1** = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2** = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3** = Frequent, possibly informal, but planned interventions by caregivers.

**-OR-**

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

**-OR-**

The person takes one psychotropic medication for control of behavior or psychiatric symptom.

**-OR-**

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4** = Use of physical, mechanical, and/or chemical restraint or protective equipment.

**-OR-**

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

**-OR-**

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

**26. Aggressive/Hurtful to Others:** In the past 12 months, has the person engaged in behavior that resulted in injury to others? Examples of aggressive/hurtful behavior toward others are listed below. Examples of target behaviors include:

- a) Hits or kicks others
- b) Bites others
- c) Scratches, cuts, or stabs others
- d) Threatens to kill/seriously harm others

**What, if any, supports, services, interventions, or restrictions are in place to address this behavior?**

- 0** = None required. No behavior of concern in this area.
- 1** = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2** = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3** = Frequent, possibly informal, but planned interventions by caregivers.

**-OR-**

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

**-OR-**

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

**-OR-**

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4** = Use of physical, mechanical, and/or chemical restraint or protective equipment.

**-OR-**

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

**-OR-**

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

**27. Destructive to Property:** In the past 12 months, has the person engaged in behavior that resulted in frequent or substantial property damage? Examples of behaviors include:

- a) Breaks windows
- b) Destroys furniture
- c) Destroys wall decorations
- d) Destroys clothing
- e) Destroys own or others' property
- f) Steals others' property
- g) Sets fires

**What, if any, supports, services, interventions, or restrictions are in place to address this behavior?**

- 0** = None required. No behavior of concern in this area.
- 1** = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2** = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3** = Frequent, possibly informal, but planned interventions by caregivers.

**-OR-**

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

**-OR-**

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

**-OR-**

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4** = Use of physical, mechanical, and/or chemical restraint or protective equipment.

**-OR-**

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

**-OR-**

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

**28. Inappropriate Sexual Behavior:** In the past 12 months, has the person engaged in or perpetrated sexual behaviors that were or are considered to be inappropriate by others or to exceed proper social or cultural boundaries? Examples of behaviors include:

- a) Unwanted touching or peeping
- b) Public exposure, urination, masturbation
- c) Non-consensual intercourse
- d) Molestation

**What, if any, supports, services, interventions, or restrictions are in place to address this behavior?**

- 0** = None required. No behavior of concern in this area.
- 1** = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2** = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3** = Frequent, possibly informal, but planned interventions by caregivers.

**-OR-**

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

**-OR-**

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

**-OR-**

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4** = Use of physical, mechanical, and/or chemical restraint or protective equipment.

**-OR-**

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

**-OR-**

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

**29. Running Away:** In the past 12 months, has the person has run away? This applies to persons who intentionally leave or seek opportunities to leave the home, work area, or recreation setting, even in the presence of supervision. Examples of target behaviors include:

- a) Intentionally leaving without notice
- b) Running away/elopeing

**What, if any, supports, services, interventions, or restrictions are in place to address this behavior?**

- 0** = None required. No behavior of concern in this area.
- 1** = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2** = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3** = Frequent, possibly informal, but planned interventions by caregivers.

**-OR-**

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

**-OR-**

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

**-OR-**

The person has been admitted to a crisis stabilization unit within the past 12 months for psychiatric reasons.

- 4** = Use of physical, mechanical, and/or chemical restraint or protective equipment.

**-OR-**

Use of one medication with multiple changes or use of two or more psychotropic medications and/or intensive behavioral services.

**-OR-**

The person is residing in a secure facility, an intensive residential treatment program, or a psychiatric hospital.

**30. Other Behaviors that May Result in Separation from Others:** In the past 12 months, has the person presented another behavior not covered in items #25-29 that puts the person at risk of injury or social or physical segregation? Examples of target behaviors include:

- a) Repetitive vocalizations (e.g., screaming, crying, yelling)
- b) Sleep disturbances that disrupt others' sleep
- c) Stereotypical rocking, twirling, hand-flicking
- d) Talking or acting in ways that are socially disruptive to others

**What, if any, supports, services, interventions, or restrictions are in place to address this behavior?**

- 0** = None required. No behavior of concern in this area.
- 1** = Occasional verbal prompts, instructions, or redirection by the caregiver. No environmental modification or assistance from others is required.
- 2** = Frequent prompts, instructions, or redirection by caregiver, environmental modifications, and/or restrictions on movement may be necessary. No additional assistance from others is necessary.
- 3** = Frequent, possibly informal, but planned interventions by caregivers.

**-OR-**

Assistance from other people is necessary. Restrictions of the person's movements are frequently necessary.

**-OR-**

The person takes one psychotropic medication for control of behavior or psychiatric symptoms.

**-OR-**

The person has been admitted to a crisis stabilization unit within the past 12 months.

**-OR-**

Receives behavioral services from the school system (includes a person who is currently attending a Severely Emotionally Disturbed (SED) school program.

- 4** = Use of physical, mechanical, and/or chemical restraint or protective equipment.

**-OR-**

The person is residing in a secure facility or intensive residential treatment program.

### **Behavioral Intervention and Support Status Follow Up Consultation**

If the Behavioral Intervention and Support Status of the person is rated as level 3 or higher, then a follow up consultation should be considered using the following guidelines:

- Are the current interventions effectively addressing the identified problem with behavior?
- Is the person and/or his or her caregivers satisfied with the current state of affairs?
- Does the person and/or his or her caregivers state that no additional supports and/or services are needed?
- Are the current interventions consistent with the laws of Florida (particularly section 393.13, FS) and the rules of the agency (particularly rules 65G-4.029 -.031, FAC)?
- Are the current professional services, if any, consistent with the professional standards for the type of professional (behavior analyst, psychiatrist, psychologist, counselor) providing these services?

**31a. Follow Up Consultation:** Based on the answers to the questions above or other information, is a follow up consultation indicated for this person?

- NO:** No consultation is indicated
- YES:** A follow up consultation is indicated

If YES, identify below the type of professional indicated. For example, if psychotropic medications are involved you might recommend that a psychiatrist complete the follow up consult. If behavior analysis services are in place or are indicated, then a follow up consult by a Certified Behavior Analyst or Associate Behavior Analyst or other qualified behavior analysis professional should be considered.

**31b.. Recommended type of professional:**

- |   |  |
|---|--|
| <input type="checkbox"/> Psychiatrist                         | <input type="checkbox"/> Certified Behavior Analyst    |
| <input type="checkbox"/> Certified Associate Behavior Analyst | <input type="checkbox"/> Psychologist                  |
| <input type="checkbox"/> Counselor                            | <input type="checkbox"/> Other - Please specify: _____ |

## **Review Notes Concerning Behavioral Status**

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### **Physical Status Section Follows**

Items for rating the person's physical status follow. The first two items rate self-injury caused by self-injurious behavior and/or by aggressive behavior that results in injury to the person. Because these items address the level of injury rather than the behavior itself, these items appear and are rated in the physical status section that follows.

## PHYSICAL STATUS

Ratings in the Physical Status area are concerned with life situations and physical conditions that may pose a need for medical interventions or health care for the person. The reviewer should examine health care records and interview persons who would know about the person's health status.

**32. Injury to the Person Caused by Self-injurious Behavior:** Movement of some part of the person's body that ends with contact to other parts of the person's body (might include the use of an object, such as a knife) or with solid objects. The focus of this examination is on possible injuries to this person that would require medical intervention or treatment.

- 0** = No episodes of self-injury.
- 1** = Self-injury may result in temporary redness of skin, without resulting in bruising or any other tissue damage.
- 2** = Self-injury results in mild bruising, scratches, swelling, or other minor temporary tissue damage (usually lasting less than 48 hours) that, if treatment is required, can be treated adequately using simple first aid.
- 3** = Self-injury results in broken skin requiring stitches, butterfly closure, or surgical gluing; major bruising, prolonged swelling; or other significant tissue damage that requires physician/nursing attention (cannot be treated adequately using simple first aid), and is not life threatening or likely to result in significant permanent physical damage.

**-OR-**

Has threatened to commit suicide within the past 12 months.

**-OR-**

Has health problems that are not immediately life threatening in nature due to self-induced vomiting, rumination, pica (ingestion of inedible objects/substance); or has a sleep disorder; or alcohol or drug abuse.

- 4** = Self-injury results in tissue breakdown, significant scarring, multiple contusions, or damage to bones or organs that requires physician attention. May be life threatening and is likely to result in permanent tissue damage.

**-OR-**

Has attempted suicide in the past 12 months.

**-OR-**

Life is threatened by self-induced vomiting, rumination, pica (ingestion in inedible objects/substances); sleep disorder; or alcohol or drug abuse.

33. **Injury to the Person Caused by Aggression toward Others or Property:** The focus here is on possible injuries sustained by the person during episodes of aggression directed toward others or toward property occurring within the past 12 months.

- 0** = No aggression toward others or property.
- 1** = Aggression toward others or property may result in temporary redness of skin, without resulting in any tissue damage (including bruising or swelling) or pain. Actions do not interfere significantly with social interactions or result in others avoiding the person.
- 2** = Aggression toward others or property results in mild bruising, scratches, swelling, or other minor temporary tissue damage (usually lasting less than 48 hours). If treatment is required, can be treated adequately using simple first aid.

**-OR-**

Maladaptive behavior results in the person being knocked down or hit back by the other person.

- 3** = Aggression toward others or property results in broken skin; major bruising, prolonged swelling; or other significant tissue damage to self that requires physician/nursing attention (cannot be treated adequately using simple first aid), and is not life threatening or likely to result in significant permanent physical damage.

**-OR-**

Has been injured by another person defending him/herself from the person.

**-OR-**

Has engaged in sexual misconduct (involving unprotected sex) with another person in the past 12 months.

- 4** = Aggression toward others or property results in tissue breakdown, significant scarring, multiple contusions, or damage to bones or organs of self that requires physician attention. May be life threatening and is likely to result in permanent tissue damage.

**-OR-**

Has engaged in sexual predatory behavior (including unprotected sex) in the past 12 months.

34. **Use of Mechanical Restraints or Protective Equipment for Maladaptive Behavior:** Mechanical restraints are devices used for the purpose of restricting a person's movement. Use of mechanical restraints is highly controlled and in many cases PROHIBITED. Positioning devices such as trays or shoulder straps are NOT considered mechanical restraints. Protective equipment for medical conditions, such as a helmet for an individual with uncontrolled seizures or an unsteady gait leading to falls, is not protective equipment for maladaptive behavior.
- 0** = Has never been restrained or not within the past 12 months.
  - 1** = Has been restrained LESS THAN once per month in the past 12 months.
  - 2** = Has been restrained ONE OR MORE times per month in the past 12 months. Individuals with this rating may have had mechanical restraints used for the purpose of facilitating some type of urgent medical procedure or care that without the use of the restraint the procedure would not have been possible. Example: An individual is hospitalized and/or has a physician order requiring oxygen therapy, IV therapy, respiratory treatments, surgical recovery, etc. Due to the individual's behavior, the procedure would be compromised or not possible. This would be a rare occurrence and would not be implemented without the physician's justification and orders.
  - 3** = Use of mechanical restraint MORE THAN FIVE TIMES per month or WEARS some sort of PROTECTIVE EQUIPMENT (like fencing mask for pica or helmet to control self-abuse) on a regular basis (at least once per day, but less than 12 hours per day). An individual with this rating generally has behavioral issues such as hitting, throwing objects, biting, head banging, etc., that cause injury to self and others. An individual may wear protective devices, e.g., a helmet to reduce injury to the head, elbow splints, or tubes to reduce tissue damaging injury from blows of the bony part of the elbow.
  - 4** = Use of some sort of PROTECTIVE EQUIPMENT AT LEAST 12 HOURS PER DAY (fencing mask for pica or helmet to control self-abuse). An individual with this rating generally has significant tissue damage, requiring physical or mechanical restraint. An example is a person with Lesch-Nyhan syndrome.
35. **Use of Emergency Chemical Restraints:** Chemical restraint is the use of any drug to restrict or reduce function, behavior, or movement in an emergency situation. For example, a person who is agitated to the point of threatening to harm others may be administered a drug to calm him/her down.
- 0** = Has not received drugs given in an emergency to control behavior in the past 12 months. An individual with this rating may have behavior issues; however, caregivers or the individual's coping skills are sufficient to calm down without the necessity of drug/medication administration.
  - 1** = Received medication (i.e., chemical restraint) before ANY medical or dental procedure in the past 12 months. An individual with this rating generally meets the same criteria as rating 0. However, the individual's anxiety, or pain threshold, has resulted in the use of chemical restraint prior to a medical or dental procedure.
  - 2** = Has received emergency drugs to control behavior ONE time in the past 12 months.
  - 3** = Has received emergency drugs to control behavior TWO OR THREE times in the past 12 months.
  - 4** = Has received emergency drugs to control behavior FOUR OR MORE times in the past 12 months.

36. **Use of Psychotropic Medications:** Psychotropic medications are ones taken to control psychiatric symptoms (e.g., anxiety, mood disturbances, or schizophrenia) or certain types of problem behaviors. The prescribing physician should indicate the diagnosis and specific symptoms or behavior that the medication is to control or reduce. Risks of adverse side effects are associated with many psychotropic medications. The person should be checked periodically for signs and symptoms of possible side effects. If side effects are present, the swift and appropriate protective actions should be taken. Psychotropic medications should be continued only when desired treatment effects are present and side effects are absent or minimal. An individual may or may not be taking a psychotropic drug but is taking a medication such as Benadryl, Inderal, Tegretol, or Depakote for the identified behavior or psychiatric disorder. Check with the nurse, the side effect screening records, and the Medical Administration Record [MAR] in the person's medical record.
- 0** = Receives NO MEDICATION to control behavior or psychiatric disorder.
  - 1** = Receives ONE MEDICATION to control behavior or psychiatric disorder.
  - 2** = Receives two or more medications to control behavior or a psychiatric disorder, UNCHANGED IN THE PAST YEAR.
  - 3** = Receives two or more medications to control behavior or a psychiatric disorder, and/or the medications have been CHANGED IN THE PAST YEAR. An individual with this rating is on two or more medications to control behaviors.
  - 4** = Receives drug therapy but is not stable on the medications or is experiencing significant side effects of the medications. May have had a series of different drug trials with dosage increases, reductions, or discontinuations within the past six months. The person may be experiencing one or more side effects of medications (e.g., involuntary muscle movements) requiring special management.

-OR-

Anyone on Reglan/Metoclopramide, regardless of the reason, has this rating.

**37. Gastrointestinal Conditions (includes vomiting, reflux, heartburn, or ulcer):** Suggested Sources of Information: Nurse/Patient records (N/PR), also annual health summary in the support plan and quarterly or annual nursing summaries.

- 0** = None. Individual has no history or diagnosis of stomach ulcer, vomiting, reflux, or any gastrointestinal concerns.
- 1** = OCCASIONAL episodes of gastrointestinal symptoms in absence of acute illness. Individual's health is very stabilized, only has an occasional episode of GI symptoms (two or less per month). This individual's GI distress has no current medical diagnosis.
- 2** = THREE OR MORE EPISODES of gastrointestinal symptoms per month. Same as rating 1, but symptoms occur three or more times a month. A documented pattern of incidents may be developing. These episodes are more likely associated with a disorder of the stomach or gastrointestinal tract instead of following an acute illness like the flu.
- 3** = More than SIX episodes of gastrointestinal symptoms per month.

**-OR-**

Individual has coughing spells unrelated to pulmonary/respiratory infections during or within 1-3 hours after a meal or during the night.

**-OR-**

Individual who has any history of gastrointestinal bleeding or a current diagnosis of esophageal reflux.

**-OR-**

The person attempts to stick his/her hand down own throat as if he/she is trying to grasp or scratch deep into the throat. This may happen at night and/or after mealtimes.

- 4** = Gastrointestinal condition requiring hospital admission in the past 12 months. A gastrointestinal condition could include GI bleeding, vomiting, persistent dehydration, reflux causing aspiration, intestinal infections, parasites, impaction, and/or obstruction.

- 38. Seizures:** Suggested Sources of Information: N/PR (also the person's annual health summary in the support plan and quarterly or annual nursing summaries)
- 0** = No seizure in his/her lifetime or by history only. Self-explanatory.
  - 1** = No seizure in the last TWO YEARS. This score indicates the individual has had a history of seizure activity but has been seizure-free for the past two years. This individual may or may not be on antiepileptic medication.
  - 2** = Seizure activity that DOES NOT interfere with functional activity, such as work, school, and recreation.
  - 3** = Major seizure activity that DOES interfere with functional activities, such as work, school, or recreation.
  - 4** = Has required hospital admission or more than one emergency room visit for uncontrolled seizures or toxicity/adverse reaction to antiepileptic medication in the past 12 months.

- 39. Antiepileptic Medication Use:** (NOTE: When an antiepileptic drug is prescribed specifically for behavioral concerns, rate under item #36.) Suggested Sources of Information: N or Medication Administration Record (MAR).

- 0** = None. Individual is not on an antiepileptic drug but may have a history of seizures.
- 1** = Use of a single antiepileptic drug, which has not changed in the past year. Individual has a history of or presently experiences seizure activity (no matter what classification) taking one antiepileptic drug and that medication has not changed in the past year.
- 2** = Use of two antiepileptic agents without any changes in the dose or drug within the past year. Same as rating 1, except two antiepileptic medications are used.
- 3** = Antiepileptics CHANGED in the past 12 months. Same as ratings 1 and 2, except antiepileptic medication change has occurred in the past year.

**-OR-**

The individual is receiving DEPAKOTE (VALPROIC ACID) in combination with any other antiepileptic medication.

- 4** = Has been taken to the emergency room or hospitalized for antiepileptic medication toxicity in the past 12 months. Self-explanatory.

**40. Skin Breakdown:** Suggested Sources of Information: Family or Direct Care staff (D/C) -- also MAR in medical records and quarterly or annual nursing summaries)

- 0** = No areas of reddened skin (particularly on buttocks, elbows, heels, hips). Skin breakdown is not a problem.
- 1** = Red or dusky color of skin (particularly on buttocks, elbows, heels, hips). Individual shows signs of dusky skin color that is reddened from pressure or signs of poor circulation that disappear upon change in position, especially in the areas of the buttocks, elbows, heels, and/or hips.
- 2** = Either currently has or has had broken skin due to unrelieved pressure (particularly on buttocks, elbows, heels, hips) in the past six months. Individual has a history or currently has areas of broken skin. Areas of susceptible skin breakdown include the ears, buttocks, elbows, heels, hips, or possible pressure areas identified by bony protrusions, especially if the individual has musculoskeletal deformities.
- 3** = The person actually developed a pressure ulcer that required medical attention (particularly on buttocks, elbows, heels, hips) even though his/her position was changed regularly. Same as rating 2, but the individual has required medical attention in the past six months.
- 4** = The skin condition required recurrent medical or surgical treatment (such as debridement, skin graft, outpatient treatment by a wound care center, etc.) or hospitalization for other related complications in the past six months. Same as ratings 1 and 2, but the individual has required hospitalization in the past six months.

**NOTE:** If skin breakdown is due to self-injurious behavior, then score also in the behavior area.

**41. Bowel Function:** Suggested Sources of Information: DC, N/PR (also MAR in medical records and quarterly or annual nursing summaries)

- 0** = No bowel elimination problems. Individual has no problems with intestinal tract. No history or present condition of constipation or diarrhea.
- 1** = Bowel elimination is easy to manage with diet. Individual may receive a diet modification or fiber supplement.
- 2** = Bowel elimination requires routine medication. Individual has slight problems with constipation, requiring intermittent or routine stool softener or other medications for improvement of elimination.
- 3** = Daily management of bowel elimination requires ongoing observation and preventative measures, including enemas and/or manual impaction assessment. Individual has recurrent problem with constipation, requiring between three and six suppositories per month and/or enema. Also, if the person experiences episodes of intermittent diarrhea, this score should be identified.

**-OR-**

Requires more than one medication to prevent constipation and/or more than three enemas per month. May require manual assessment for impaction.

- 4** = Any hospitalization in the past 12 months required to treat an impaction or bowel obstruction.

42. **Nutrition:** Defined as caloric or other necessary nutrient intake by mouth or by tube (other necessary nutrients include water, minerals, etc.). Maintenance of good nutrition is essential for both comprehensive management and prevention of disease. For a person with additional issues, it is critical that a medical professional who knows the person well (e.g., a nurse) be asked to clarify and define the issues. Suggested Sources of Information: Family, N/PR, Dietician Notes (D/N), (also weight record and quarterly or annual nursing summaries)
- 0** = Within acceptable body weight range and is able to maintain weight (e.g., weight maintenance). Requires no diet modifications, prescribed nutritional supplements, or nutritional intervention to maintain health status.
  - 1** = Is above or below acceptable body weight range but there are no associated medical concerns such as high blood pressure, high cholesterol, chronic anemia, high triglycerides, diabetes, or kidney disease.
  - 2** = Is well managed on a special diet recommended by a physician or nutritionist, e.g., low sodium, low purine, low fat/cholesterol, low protein, calorie controlled. The individual has a special diet prescription for health maintenance or health concerns and has been under good control within the past 12 months.
  - 3** = Is not well managed on a special diet recommended by a physician or nutritionist and has a nutritional risk that required nutrition status monitoring within the past 12 months, or does not follow the prescribed diet. The individual has displayed unstable nutritional status episodes or trends in the past 12 months. A list of nutritional risk factors for which to monitor includes the following:
    - Inability to maintain desired body weight
    - Unplanned changes/trends in body weight
    - A chronic medical condition that affects nutritional status (i.e., genetic/endocrine/metabolic disorder such as propionic acidemia or PKU, diabetes mellitus, anemia, renal or liver disease, gastrointestinal disorders, recurring fecal impaction, decubitus ulcer)
    - Fluid intake levels specific to nutrition
    - Difficulty consuming adequate intake, poor appetite, or frequent meal refusals
    - Food allergies or intolerance that limit intake of major food groups
    - Hyperlipidemia/hypercholesterolemia
  - 4** = The individual is at high nutritional risk and requires intensive nutritional intervention to address any of the following conditions:
    - Unplanned weight loss >10% of usual weight in past six months.

-OR-

Current body weight significantly below desired or ideal body weight (IBW), e.g., a 12-year-old weighing 39 pounds; adult weighing <90% IBW

- Morbid obesity—body weight 100 pounds greater than or twice the desired weight range
- Hospitalization and/or treatment in the past 12 months for recurrent aspiration pneumonia, choking episodes, GI bleeding, unresolved diarrhea, vomiting, or unresolved decubitus ulcer
- Inability to consume an adequate diet due to chewing or swallowing disorder
- Diagnosis of metabolic disorder with instability, e.g., on a special diet and requires ongoing monitoring with laboratory values out of range
- Low serum protein including low serum albumin
- Gastrostomy or jejunostomy tube with complications or placement in the past six months

- 43. Treatments:** Automatic score of “4” if physician-prescribed procedures are required. (NOTE: Information used in determining item #43 ratings must be corroborated with physician’s orders.) See: MAR in medical records and quarterly or annual nursing summaries.
- 0** = Does not have a condition that requires physician-prescribed procedures.
- 4** = Has a condition that requires physician-prescribed procedures carried out by a licensed nurse that cannot be taught and delegated to a non-licensed person. These conditions may include people in acute and/or end stages of liver, lung, heart, or kidney disease; individuals with a terminal illness such as cancer; or persons with progressive neurological disorders, such as Sanfilippo syndrome, multiple sclerosis, or Huntington’s chorea, when problems with multiple systems begin occurring. Examples of interventions requiring a licensed nurse include:
- Medication therapy requiring intramuscular, intravenous injections; hemaport/irrigations
  - Catheterization requiring sterile technique
  - Physician-ordered treatments that cannot be delegated to a non-licensed person
  - Sterile dressing/wound treatments routinely performed only in clinical settings or by licensed practitioners
  - Tracheostomy that requires suction
  - Ventilator dependent
  - Nebulizer treatments requiring medication calculations. Person receives medicines, such as Ventolin or Theophylline, by oxygen mist nebulizer, requiring licensed nurse to calculate dosage
  - Deep suction, which means entering a suction catheter 6 inches or more into or below the voice box either via tracheotomy, orally, or nasal route
  - Individuals in acute or end stages of liver, lung, or kidney diseases
  - Terminal illness (cancer) or persons with progressive neurological disorders (Sanfilippo syndrome, multiple sclerosis, or Huntington’s chorea) when multiple systems problems begin occurring that require regular intervention by licensed personnel.

- 44. Assistance in Meeting Chronic Health Care Needs:** Some persons require supervision and/or varying levels of assistance to maintain their overall health. A person may have chronic health conditions/diagnoses that are currently stable because of the supports and services he/she currently receives. Consider the individual's overall health in the following areas before answering the question below. The examples of chronic conditions listed below are those that are not captured elsewhere in this survey. Bubble-in all conditions that have been present in the last 12 months and are documented in the central record or medical records.

**Cardiovascular System (heart, blood vessels)**

- a)  High cholesterol or high triglycerides
- b)  Coronary artery disease
- c)  Congestive heart failure
- d)  Peripheral vascular disease w/ swelling, blueness, or redness and/or pain or stasis ulcers
- e)  Congenital heart disease, uncorrected
- f)  Heart attack
- g)  Recurrent angina
- h)  Cardiac arrhythmia
- i)  Poorly controlled high blood pressure
- j)  Thrombophlebitis
- k)  Cardiomyopathy
- l)  Uncorrected heart valve stenosis
- m)  Pulmonary hypertension
- n)  Aortic or cerebral aneurysm

**Digestive System (mouth, teeth, stomach, liver, gall bladder, bowel)**

- o)  Cirrhosis of the liver
- p)  Chronic hepatitis
- q)  Pancreatitis
- r)  Gallstones
- s)  Ulcerative colitis
- t)  Crohn's disease
- u)  Cholecystitis

**Endocrine System (thyroid, pancreas, parathyroid, adrenals, pituitary, hypothalamus, thymus, ovaries, testes)**

- v)  Diabetes mellitus
- w)  Diabetes insipidus
- x)  Conn's syndrome
- y)  Thyroid disease, hypothyroidism, hyperthyroidism, Grave's disease, thyrotoxicosis
- z)  Addison's disease

**Genitourinary System (reproductive/sexual organs, kidney, bladder)**

- aa)  Benign prostatic hypertrophy
- bb)  Prostatitis
- cc)  Nephritis
- dd)  History of hydronephrosis
- ee)  Renal (kidney) failure
- ff)  Fibroid tumors
- gg)  Endometriosis
- hh)  Kidney stones
- ii)  Cystitis (urinary tract infections)
- jj)  Polycystic kidney disease
- kk)  Fibrocystic breast disease

**Hematology/Immune System (blood, spleen lymph glands, bone marrow)**

- ll)  Anemia, unresolved
- mm)  Aplastic anemia
- nn)  Pernicious anemia
- oo)  Thallasemia
- pp)  Leukemia
- qq)  Polycythemia vera
- rr)  Thrombocytopenia

- ss)  Sickle cell anemia
- tt)  Hemophilia
- uu)  Hodgkin's disease
- vv)  Lymphoma
- ww)  Splenectomy
- xx)  History of a severe allergy requiring immediate medical intervention (latex, penicillin, bee sting)

**Integumentary System (skin, connective tissue, mucus membranes)**

- yy)  Collagen diseases
- zz)  Systemic lupus erythematosus

**Musculoskeletal System (connective tissue, muscles, bones)**

- aaa)  Rheumatoid arthritis
- bbb)  Osteopenia
- ccc)  Paget's disease
- ddd)  Muscular dystrophy

**Neurological System (brain, spinal cord)**

- eee)  Huntington's disease
- fff)  Neuropathy
- ggg)  Alzheimer's disease
- hhh)  Tuberous sclerosis
- iii)  Rett syndrome
- jjj)  Multiple sclerosis
- kkk)  Myasthenia gravis
- lll)  Amyotropic lateral sclerosis
- mmm)  Polydipsia/water intoxication
- nnn)  Parkinson's

**Respiratory System (nose, trachea, lungs)**

- ooo)  Recurrent cyanosis
- ppp)  Apnea or sleep apnea
- qqq)  Asthma
- rrr)  Emphysema
- sss)  Pulmonary fibrosis
- ttt)  Chronic bronchitis
- uuu)  Cystic fibrosis

**Other**

- vvv)  Glaucoma

Which statement below best describes the level of assistance the person requires in meeting his/her health care needs on a daily basis?

- 0** = The person meets health needs independently with or without medications and health devices.

**-OR-**

Has no chronic health problems.

- 1** = The person meets health needs with occasional assistance or reminders to complete tasks.

- 2** = The person requires daily reminders and verbal prompts to maintain health.

**-OR-**

Is taking 2-5 prescribed medications for any of the above conditions.

- 3** = The person requires daily monitoring of health condition, daily supervision, and frequent hands-on assistance to stay healthy.

**-OR-**

Is taking six or more prescribed medications for any of the above conditions.

- 4** = The person is totally dependent on others to stay healthy.

**45. Individual's Injuries:** Suggested Sources of Information: Quarterly or annual nursing summaries

- 0** = No injury or minor injuries not requiring medical or nursing attention. Self-explanatory.
- 1** = Injuries needing nursing/medical attention occurring THREE OR LESS TIMES per year. Person has sustained injuries such as bruising or cuts, requiring nursing or medical attention, but any injuries must occur three or less times in the past 12 months.
- 2** = Injuries needing nursing/medical attention occurring FOUR TO 12 TIMES in a year. These can be due to safety problems, self-abuse, etc.
- 3** = Injuries requiring nursing or medical attention on a monthly basis.
- 4** = Any injury or accident, other than a fall, (e.g., airway obstruction resulting from food crammed into throat) REQUIRING HOSPITAL ADMISSION.

**46. Falls:** May be due to dizziness from medication side effects, or due to any reason. Suggested Sources of Information: Annual review, medical record, incident reports

- 0** = No falls.
- 1** = ONE TO THREE falls per year.
- 2** = FOUR TO SIX falls per year.

**-OR-**

Wears a protective helmet to protect from injuries due to falls.

- 3** = MORE THAN SIX falls per year.
- 4** = Any falls that resulted in FRACTURES or HOSPITAL ADMISSION.

**47. Physician Visits/Nursing Services:** Suggested Sources of Information: Quarterly or annual nursing summaries and physician's orders.

- 0** = No visits other than annual and quarterly medical assessments.
- 1** = Required TWO VISITS per QUARTER on average over a one-year period.
- 2** = Required ONE TO TWO visits PER MONTH on average to a physician or specialist.

**-OR-**

Required daily nursing services for reasons other than medication administration greater than 14 days continuously in the past six months.

- 3** = Required THREE visits PER MONTH on average to a physician or specialist.
- 4** = Required FOUR OR MORE visits PER MONTH, including emergency appointments.

**48. Emergency Room Visits:** Suggested Sources of Information: Quarterly or annual nursing summaries and physician's orders.

- 0** = No emergency room visits.
- 1** = Emergency room visit(s) due to physician absence or non-emergency situation.
- 2** = ONE emergency room visit in the last year for acute illness or injury.
- 3** = TWO OR MORE emergency room visits in the last year for acute illness or injury.
- 4** = ANY emergency room visits in the last year for acute illness or injury that RESULTED IN HOSPITAL ADMISSION.

**49. Hospital Admissions:** Suggested Sources of Information: Quarterly or annual nursing summaries and physician's orders

- 0** = No hospital admissions.
- 1** = Hospital admission for SCHEDULED SURGERY or PROCEDURE.
- 2** = Hospital admission for ACUTE ILLNESS or EMERGENCY SURGERY.
- 3** = TWO OR MORE admissions in the last six months for acute illnesses, emergency surgery, or admission through emergency department.
- 4** = Hospital ADMISSION TO ICU.

**50. Days Missed at Job, School, Recreation, or Other Day Activities Due to Illness (past 12 months):**

- 0** = None, or person does not attend due to guardian objections. No clinical restrictions. No days missed or the person does not attend for reasons not having to do with clinical status, such as guardian objections.
- 1** = LESS THAN TWO DAYS in a month due to clinical issues. An individual with this rating generally is able to actively participate in a job, school, recreation, or other day activities; however, due to an existing chronic, but generally stable, condition or behavioral issues, this person may be ill or have physician appointments to monitor a physical condition, receive treatment, monitor medications, etc.
- 2** = TWO TO FOUR DAYS in a month due to clinical issues. An individual with this rating generally is able to actively participate in a job, school, recreation, or other day activities; however, due to an existing chronic, but generally stable, condition or behavioral issues, this person may be ill or have physician appointments to monitor a physical condition, receive treatment, monitor medications, etc.
- 3** = FIVE TO TEN DAYS a month due to clinical issues. An individual with this rating generally has similar conditions as in 1 and 2 above; however, his/her condition is unstable or becoming progressively worse.
- 4** = MORE THAN TEN DAYS in a month due to clinical issues or does not attend due to intensity of clinical issues. An individual with this rating generally has similar conditions as in 1 and 2 above; however, his/her condition is unstable or becoming progressively worse.

### **Physical Status Follow Up Consultation**

A follow-up consultation by a Registered Nurse is indicated when either of the following two conditions are met for the person. A follow-up consultation is indicated when:

- ♦ The Physical Status Rating for the person is determined to be a 3, 4, 5, or 6.  
[See the rating section on pages 43 - 44]
- ♦ The Physical Status Rating for the person is determined to be 1 or 2; AND, the person has indications of instability, physical decline, or medical complexities not reflected in the rating value alone.

**51a. Follow Up Consultation:** Based the criteria stated above, is a follow up consultation by a Registered Nurse indicated for this person?

- NO:** No consultation is indicated
- YES:** A follow up consultation is indicated

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### **Review Notes Concerning Physical Status**