Iowa Department of Human Services

BRAIN INJURY FUNCTIONAL ASSESSMENT

PART A VERIFICATION OF HCBS CONSUMER CHOICE

Home- and Community-Based Services (HCBS)

My right to choose a home- and community-based program has been explained to me.

I have been advised that I may choose: (1) Home- and Community-Based Services or (2) Medical Institutional Services.

I choose: ☐ HCBS ☐ Medical Institutional Services

Signature of Consumer or Guardian or Durable Power of Attorney for Health Care	Date

PART B ASSESSMENT ☐ **Initial Review** ☐ **Continued Stay Review**

Consumer Name		Social Security Number	
Medicaid Number		Pay Source: ☐ Medicaid ☐ Medicaid Pending	
County of Residence	Birth Date	Sex: ☐ Male ☐ Female	
Race/Ethnic: ☐ American Indian or Alaskan Indian ☐ Asian or Pacific Islander ☐ Black ☐ Hispanic ☐ White ☐ Other ☐ Unknown			
Legal Guardian's Name (if applicable)			
Street (consumer or guardian's address)	City	State	Zip Code

Agency Providing Services. Must be HCBS Certified Agency

Attending Physician's Name		Telephone Number ( )	
Street	City	State	Zip Code

Discharge Planner/Case Manager (On admission the SS-1645 will be sent to the person listed. Fill in name of case manager on the reassessment.)			
DHS County Employee	Telephone No. ( )	Case Management Agency Employee	Telephone No. ( )
Street	City	State	Zip Code

Type of Facility: ☐ SNF ☐ ICF ☐ ICF/MR ☐ Acute ☐ RCF ☐ RCF/MR ☐ Specialty ☐ Hospital ☐ Other			
Facility Name			
Street	City	State	Zip Code

Date Admitted to Facility	Date Injury Occurred
Brain Injury Related Diagnosis:	
Other Diagnoses:	

Medications:

Name	Route	Name	Route

Services	Needed	Days per Week	Hours per Day
Nursing	☐ Yes ☐ No		
Physical Therapy	☐ Yes ☐ No		
Occupational Therapy	☐ Yes ☐ No		
Speech Therapy	☐ Yes ☐ No		
Supervision for Safety	☐ Yes ☐ No		
Other:	☐ Yes ☐ No		
	☐ Yes ☐ No		

List other programs the consumer has, or may apply for, to provide services:

The information provided in this assessment is used to determine eligibility for the Brain Injury Waiver Program. Each assessment must be signed by the discharge planner or case manager completing the assessment.

Assessment completed by (please print)	Title	Date
Facility or Agency		

IOWA FOUNDATION FOR MEDICAL CARE
BRAIN INJURY WAIVER
FUNCTIONAL ASSESSMENT

1. COGNITIVE/MENTAL STATUS

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Alert and fully oriented					Assessment #1
Alert and oriented with significant alteration in self-concept/mood					
Generally oriented through the use of assistive techniques					
Cognitive deficits (e.g., orientation, attention/concentration, perception, memory, reasoning, self-direction)					Assessment #2
Exhibits mental status changes consistent with an acute psychiatric disorder					
Comatose but responsive					Assessment #3
Comatose (unresponsive)					
Other - specify in notes					
Not age appropriate					
					Assessment #4

2. MALADAPTIVE/INAPPROPRIATE BEHAVIOR

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Does not exhibit maladaptive behavior					Assessment #1
Maladaptive behaviors have been modified to socially acceptable levels or eliminated by programming					
Displays maladaptive behaviors - physical intervention required					Assessment #2
Displays maladaptive behaviors – verbal intervention required					
* Check behaviors displayed which require verbal or physical intervention:					
1. Self-injurious behavior					Assessment #3
2. Verbal aggression					
3. Physical aggression					
4. Destruction					
5. Stereotypical, repetitive behavior					Assessment #4
6. Antisocial behavior					
* See Attachment					

2. MALADAPTIVE/INAPPROPRIATE BEHAVIOR (Cont.)

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
7. Noncompliance					Assessment #1
8. Disruption					
9. Depressive symptoms					
10. Elopement					Assessment #2
11. Aberrant sexual behavior					
12. Mood swings					
13. Eating disorders					
14. Inappropriate/excessive liquid consumption					Assessment #3
15. Abuse of chemicals or alcohol					
16. Obsessive/compulsive behavior					
17. Anxiety					Assessment #4
18. Other - specify in additional notes					

3. INTELLECTUAL/VOCATIONAL/SOCIAL

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Intellectual/Cognitive - No deficits or deficits are present but consumer is able to function with minimal assist or adaptive means					Assessment #1
Intellectual/Cognitive - Deficits are present which require assistance (Check the areas that require assistance)					Assessment #2
Tell time					
Survival words/signs					
Reading					
Writing					Assessment #3
Number skills					
Problem solving, reasoning					
Memory					
Other - specify in additional notes					Assessment #4
Not age appropriate					

3. INTELLECTUAL/VOCATIONAL/SOCIAL (Cont.)

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Vocational - no deficits or deficits are present but consumer is able to function with minimal assist or adaptive means					Assessment #1
Vocational - deficits are present which require assistance (check the areas that require assistance)					
Travel to and from work					Assessment #2
Attends work as scheduled					
Uses time clock					
Follows directions/rules					
Maintains attention to task					Assessment #3
Accepts changes in schedule or routine					
Maintains production rate					
Communicates wants/needs					
Performs 1-step task					Assessment #4
Performs 2-3 step task					
Follows written direction					
Other - specify in additional notes					
Not age appropriate					

3. INTELLECTUAL/VOCATIONAL/SOCIAL (Cont.)

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Community/Social - no deficits or deficits are present but consumer is able to function with minimal assistance or adaptive means					Assessment #1
Community/Social - deficits are present which require assistance (Check the areas that require assistance)					
Transportation/mobility*					Assessment #2
Community skills*					
Shopping*					
Safety*					
Money skills*					Assessment #3
Social/interpersonal skills					
Leisure/recreation skills*					
Telephone use					
Sexuality-knowledge and self-concept					Assessment #4
Other - specify in additional notes					
Not age appropriate					
* See Attachment					

4. MOBILITY/AMBULATION

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Ambulatory - independent					Assessment #1
Ambulatory - independent but with problems of ataxia, balance, and/or sensorimotor deficiencies. Independent with assistive device.					
Ambulatory with assistance of staff or with staff in using an assistive or mechanical device					Assessment #2
Wheelchair - dependent					
Wheelchair - independent					
Wheelchair - used daily only for purpose of transportation out of residence					Assessment #3
Other - specify in additional notes					
Not age appropriate					
					Assessment #4

5. MUSCULOSKELETAL/FINE OR GROSS MOTOR

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Consumer has no musculoskeletal/fine or gross motor disabilities					Assessment #1
Paralysis					
Hemiplegia					
Paraplegia					Assessment #2
Quadriplegia					
Impaired muscle tone					
Contractures					
Scoliosis					Assessment #3
Other - specify in additional notes					
					Assessment #4

6. SENSORY/COMMUNICATION

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Vision is not impaired or has been corrected or compensated					Assessment #1
Vision - impaired					
Hearing is not impaired or has been corrected or compensated					
Hearing - impaired					Assessment #2
Speech is not impaired or has been corrected or compensated					
Speech - impaired					
Not age appropriate					Assessment #3
Sensory perception (i.e., taste, smell, tactile, spatial) is not impaired or has been compensated					
Sensory perception - impaired					
Not age appropriate					Assessment #4

7. ACTIVITIES OF DAILY LIVING

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Self-Help Skills - independent					Assessment #1
Self-Help Skills - prompts requiring no set up or physical assistance					
Self-Help Skills - deficits are present (check area(s) which require physical assistance)					Assessment #2
Dressing/undressing					
Washing/bathing					
Oral hygiene					
Hair care					Assessment #3
Shaving					
Menses care					
Other - specify in additional notes					
Not age appropriate					Assessment #4

7. ACTIVITIES OF DAILY LIVING (Cont.)

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Domestic Skills - no deficits or deficits are present but consumer is able to function with minimal assistance or adaptive device					Assessment #1
Domestic Skills - deficits are present (Check area(s) where consumer needs assistance)					Assessment #2
Home skills*					
Food preparation*					
Clothes/laundry care*					
Not age appropriate					Assessment #3
* See Attachment					Assessment #4

8. ELIMINATION

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Continent - Bowel and bladder					Assessment #1
Continent with verbal or physical prompts					
Continent except for specified periods of time (e.g., enuresis)					
Inappropriate toileting habits					Assessment #2
Incontinent - bladder					
Incontinent - bowel					
Catheter - permanent, temporary, or intermittent					
Suprapubic catheter					Assessment #3
Colostomy					
Ileostomy					
Not age appropriate					Assessment #4

9. EATING SKILLS

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
Independent					Assessment #1
Independent with inappropriate habits					
Semi-independent requiring physical assistance					
Able to take some nourishment orally, but also fed via N-G tube, G-tube, J-tube, or hyperalimentation to maintain nutritional status					Assessment #2
Unable to take nourishment orally, fed via N-G tube, G-tube, or hyperalimentation					
Other - specify in additional notes					Assessment #3
Not age appropriate					
					Assessment #4

10. HEALTH CARE

Functional Assessment Check the category that most accurately describes the consumer	Assessment #1 Date:	Assessment #2 Date:	Assessment #3 Date:	Assessment #4 Date:	Additional Notes
No health care problems					Assessment #1
Health care problems are present but consumer is able to manage care themselves					
Health care problems are present - consumer requires assistance to manage their care (Check area(s) in which consumer has health problems)					Assessment #2
Seizure disorder					
Cardiac					
Skin related					
G.I. disorders					
Urinary tract					Assessment #3
Weight problems					
Evidence of communicable disease					
Respiratory					
Ventilator					
Oxygen					
Suctioning					
Tracheostomy					Assessment #4
Cardiorespiratory monitor					
Chest physiotherapy					
Nebulizer treatment					
Other - specify in additional notes					

Annual Assessment #1: Must be signed by case manager or discharge planner.		Annual Assessment #3: Must be signed by case manager or discharge planner.	
Signature		Signature	
Title	Date	Title	Date
Annual Assessment #2: Must be signed by case manager or discharge planner.		Annual Assessment #4: Must be signed by case manager or discharge planner.	
Signature		Signature	
Title	Date	Title	Date

Topic Maladaptive/Inappropriate Behavior

1) Self Injurious Behavior
   - Hitting, slapping
   - Head banging
   - Biting
   - Pulling hair
   - Scratching
   - Suicidal tendencies

2) Aggression Toward Others
   - Hitting
   - Kicking
   - Biting
   - Striking with object

3) Destruction
   - Tearing
   - Burning
   - Throwing
   - Cutting

4) Disruption
   - Pestering, teasing
   - Arguing, complaining
   - Interrupting
   - Yelling, screaming
   - Laughing or crying for no reason
   - Attention seeking

5) Stereotypical, Repetitive Behavior
   - Pacing
   - Rocking
   - Grinding teeth
   - Twirling fingers or object
   - Smearing feces
   - Rectal digging
   - Wandering

6) Antisocial Behavior
   - Swearing
   - Inappropriate touching
   - Lying
   - Inappropriate body noises
   - Cheating
   - Stealing

7) Noncompliance
   - Refusal to comply
   - Work at school or home
   - Breaking established rules

8) Depressive Symptoms
   - Withdrawn
   - Low self esteem

9) Elopement

10) Aberrant Sexual Behavior
   - Inappropriate masturbation
   - Inappropriate hetero or homosexual behavior
   - Other socially unacceptable sexual behavior

A) Mood Swings
   - Hyperactive

B) Eating Disorders
   - Binging/purging
   - Disturbance of body image
   - Excessive weight loss
   - Excessive weight gain

C) Inappropriate/Excessive Liquid Consumption

D) Abuse of Chemicals or Alcohol

E) Obsessive/Compulsive Behavior

F) Anxiety

- Transportation

  Schedule, makes travel arrangements
  Uses bus, cab, etc.

- Community Skills

  Accesses police, fire, ambulance, hospital
  Uses restaurants, community organizations, clubs, etc.

- Shopping

  Identifies items needed for purchase
  Knows type of store needed for purchase
  Identifies location of store
  Knows amount of money needed
  Makes purchases
  Takes items home and puts them away

- Safety

  Uses keys
  Recognizes emergency and dangerous situations
  Gets up in morning and gets ready for the day
  Goes to bed at night

- Money Skills

  Understands use of money
  Makes purchases
  Obtains change correctly
  Receives bills for services, i.e., rent, utilities, phone, etc.
  Understands need for payment
  Arranges payment of bills
  Takes paycheck to bank, cashes and/or deposits check

- Social/Interpersonal Skills

  Cooperates with others

- Leisure/Recreation

  Identifies enjoyable activities
  Initiates/participates - individual activities
  Initiates/participates - group activities
  Schedules/uses community resources for activities

- Home Skills

  Cleans house, i.e., dusts, sweeps, mops, cleans bath/kitchen/ windows. Knows when something is broken and needs repair. Secures repair of broken item. Maintains exterior of home, i.e., sweeps, shovels snow, mows, etc.

- Clothes Care/Laundry

  Sorts clothes. Uses washer, dryer, detergent. Folds and places clothes in closet/drawers.

- Food Preparation

  Determines what to eat. Determines what is needed at grocery store. Goes to store and makes grocery purchases. Prepares food. Sets table and clears. Stores food. Cleans up cooking area.