

**PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL**

**PART A VERIFICATION OF HCBS CONSUMER CHOICE**

<p><b>Home- and Community-Based Services (HCBS)</b>                  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: <input type="checkbox"/> HCBS      <input type="checkbox"/> Medical Institutional Services</p>	
<p><b>Signature of Consumer or Guardian or Durable Power of Attorney for Health Care</b></p>	<p>Date</p>

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

Social Security Number		Payment Source		<input type="checkbox"/> Medicaid		<input type="checkbox"/> Medicaid Pending	
Consumer's Name				Medicaid Number			
Address							
City		State	Zip Code	County Name		County No.	
Legal Guardian or Conservator:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Birth Date		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race/Ethnic: <input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown							
Name of Service Worker, Case Manager, or Discharge Planner Completing Form				Telephone Number			
Address		City		State		Zip Code	
Attending Physician's Name				Telephone Number			
Address		City		State		Zip Code	

Living Arrangement		Date of Facility Entry	Date of Facility Discharge
<input type="checkbox"/> Home	<input type="checkbox"/> Acute Care/Hospital		
<input type="checkbox"/> Nursing Facility, Skilled Care	<input type="checkbox"/> Acute Care/Psychiatric		
<input type="checkbox"/> Nursing Facility, ICF LOC	<input type="checkbox"/> Specialty		
<input type="checkbox"/> ICF/MR	<input type="checkbox"/> Speciality/MHI		
<input type="checkbox"/> ICF/MI	<input type="checkbox"/> CSALA		
<input type="checkbox"/> RCF	<input type="checkbox"/> Group Home		
<input type="checkbox"/> RCF/MI	<input type="checkbox"/> Other		
<input type="checkbox"/> RCF/MR	<input type="checkbox"/> Unknown		

Name of Agency Providing Physical Disability Waiver Services				
Address		City	State	Zip Code

<p><b>Diagnoses</b></p>          
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PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

1. COGNITIVE/MENTAL STATUS

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
Alert and fully oriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alert and oriented with significant alteration in self-concept or mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Generally oriented through the use of assistive techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive impairment (e.g., orientation, attention, concentration, perception, memory, reasoning, self-direction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibits mental status changes consistent with an acute psychiatric disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comatose but responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comatose (unresponsive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Specify in additional notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

1. COGNITIVE/MENTAL STATUS (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

2. BEHAVIOR

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
Exhibits socially acceptable behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors have been modified to socially acceptable levels or occur infrequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Displays behaviors requiring physical intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Displays behaviors requiring verbal intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check behaviors displayed which require <u>verbal</u> or <u>physical</u> intervention:					
Self-injurious behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verbal aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stereotypical, repetitive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Antisocial behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(See attachment on back.)					

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

2. BEHAVIOR (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

2. BEHAVIOR (Page 2)

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
Noncompliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depressive symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elopement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Illegal sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inappropriate or excessive liquid consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abuse of chemicals or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obsessive-compulsive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Specify in additional notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

2. BEHAVIOR (Page 2 Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>



PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

2. INTELLECTUAL, VOCATIONAL, AND SOCIAL SKILLS

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
<p><u>Intellectual and cognitive:</u> No impairments are present, or consumer is able to function with adaptive means</p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p><u>Intellectual and cognitive:</u> Impairments are present which require assistance (Check the areas requiring assistance.)</p> <p>Telling time</p> <p>Survival words or signs</p> <p>Reading</p> <p>Writing</p> <p>Number skills</p> <p>Problem solving, reasoning</p> <p>Memory</p> <p>Other: Specify in additional notes.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

3. INTELLECTUAL, VOCATIONAL, AND SOCIAL SKILLS (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

3. INTELLECTUAL, VOCATIONAL, AND SOCIAL SKILLS (Page 2)

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
<u>Vocational</u> : No impairments are present, or consumer is able to function with adaptive means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Vocational</u> : Impairments are present which require assistance (Check the areas requiring assistance.)					
Travel to and from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attending work as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using time clock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Following directions and rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintains attention to task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accepts changes in schedule or routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintains production rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicates wants and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performs 1-step task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performs 2- or 3-step task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows written direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Specify in additional notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

3. INTELLECTUAL, VOCATIONAL, AND SOCIAL SKILLS (Page 2 Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

3. INTELLECTUAL, VOCATIONAL, AND SOCIAL SKILLS (Page 3)

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
<u>Community and Social Skills:</u> No impairments are present, or consumer is able to function with adaptive means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Community and Social Skills:</u> Impairments are present which require assistance (Check the areas requiring assistance.)					
Transportation and mobility *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Money skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social and interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leisure and recreation skills *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexuality: knowledge and self-concept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Specify in additional notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
* See attachment on back.					

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

3. INTELLECTUAL, VOCATIONAL, AND SOCIAL SKILLS (Page 3 Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

4. MOBILITY AND EXTREMITY FUNCTION

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
Ambulatory; independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulatory; independent but with problems of ataxia, balance, or sensorimotor deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent with assistive device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulatory with assistance in using an assistive or mechanical device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulates with human assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manual wheelchair with assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manual wheelchair without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power wheelchair with assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power wheelchair without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer has no musculoskeletal or fine or gross motor impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hemiplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paraplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quadriplegia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impaired muscle tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other fine motor impairments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Specify in additional notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

4. MOBILITY AND EXTREMITY FUNCTION (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>



PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

5. HEALTH CARE

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
No health care problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health care problems are present but consumer is able to manage self care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health care problems are present and consumer requires assistance to manage their care (Check areas in which consumer has health problems.)					
Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Urinary tract disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weight problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of communicable disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Specify in additional notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

5. HEALTH CARE (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>



PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

5. HEALTH CARE (Page 2 Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

5. HEALTH CARE (Page 3)

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
<p><u>Skin Care</u></p> <p>No skin problems</p> <p>Stasis ulcer or pressure ulcer present requiring treatment or dressing changes at least daily</p> <p>Stasis ulcer or pressure ulcer present requiring treatment or dressing changes less than daily</p> <p>Stasis ulcer or pressure ulcer present but no assistance with treatment or dressing changes is needed</p> <p>Other skin problems requiring treatment or dressing changes at least daily required (may include drainage tubes, incisions, etc.)</p> <p>Other skin problems that do not require assistance with treatment or dressing (Specify in additional notes.)</p> <p>Other: Specify in additional notes.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

5. HEALTH CARE (Page 3 Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

6. ELIMINATION

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
Continent in bowel and bladder; does not require assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continent with verbal or physical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continent except for occasional periods of incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inappropriate toileting habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incontinent for bladder; requires assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incontinent for bowel; requires assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incontinent but independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Catheter (permanent, temporary, or intermittent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suprapubic catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Colostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ileostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

6. ELIMINATION (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>



PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

7. ACTIVITIES OF DAILY LIVING

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
<p><u>Self-Help Skills</u>: Independent or is able to function independently with adaptive devices</p> <p><u>Self-Help Skills</u>: Deficits are present (Check areas which require direct personal assistance.)</p> <p>Dressing or undressing</p> <p>Washing or bathing</p> <p>Oral hygiene</p> <p>Hair care</p> <p>Shaving</p> <p>Menses care</p> <p>Other: Specify in additional notes.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

7. ACTIVITIES OF DAILY LIVING (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

7. ACTIVITIES OF DAILY LIVING (Page 2)

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
<p><u>Domestic Skills</u>: No deficits or deficits are present but consumer is able to function with adaptive device independently</p> <p><u>Domestic Skills</u>: Impairments are present (Check areas where consumer needs assistance.)</p> <p>Home Skills *</p> <p>Food Preparation *</p> <p>Clothes/Laundry Care *</p> <p>* See attachment on back.</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

7. ACTIVITIES OF DAILY LIVING (Page 2 Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

8. EATING SKILLS

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
Independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent with adaptive equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Semi-independent; requires physical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to take <u>some</u> nourishment orally, but also fed via NG-tube, G-tube, J-tube, or hyperalimentation to maintain nutritional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unable to take nourishment orally, fed via NG-tube, G-tube, or hyperalimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Specify in additional notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

8. EATING SKILLS (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

9. DRUG THERAPY

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
No medications have been prescribed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral medications; takes independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral medications; assistance needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insulin is administered by set dosages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blood glucose is regulated by sliding scale at least 2-4 times daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications are given via intravenous (IV) route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intramuscular (IM) or subcutaneous medications administered at least daily, and consumer is unable to self-administer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insulin administered requiring <u>at least daily</u> adjustment in dosage, determined by blood glucose levels as ordered by the physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications requiring physician monitoring and frequent lab values (if appropriate) are administered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Central venous lines or ports for infusion of IV medication, chemotherapy, or blood products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Central venous lines or ports in place and irrigated less than daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Specify in additional notes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

9. DRUG THERAPY (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>



PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

10. SENSORY PERCEPTION AND COMMUNICATION

Functional Assessment	Assessment #1	Assessment #2	Assessment #3	Assessment #4	Additional Notes
Check the category that <u>most</u> accurately describes the consumer	Date:	Date:	Date:	Date:	<u>Assessment #1</u>
Vision is not impaired or has been corrected or compensated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision is impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing is not impaired or has been corrected or compensated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing is impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory perception (i.e., taste, smell, tactile, spatial) is not impaired or has been compensated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory perception is impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speech is not impaired or has been corrected or compensated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speech is impaired, but no therapy services required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speech therapy needed to retrain or establish new skills in communication is provided daily by a speech therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speech therapy program provided less than daily by or under the direction or supervision of a licensed speech therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

10. SENSORY PERCEPTION AND COMMUNICATION (Cont.)

Functional Assessment	Assessment #2	Assessment #3	Assessment #4	Additional Notes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #2</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #3</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Assessment #4</u>

## PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

### Behavior Attachment

#### Self-Injurious Behavior

- ◆ Hitting or slapping self
- ◆ Head banging
- ◆ Biting self
- ◆ Pulling own hair
- ◆ Scratching self

#### Destruction

- ◆ Tearing
- ◆ Burning
- ◆ Throwing
- ◆ Cutting

#### Disruption

- ◆ Pestering, teasing
- ◆ Arguing, complaining
- ◆ Interrupting
- ◆ Yelling, screaming
- ◆ Laughing or crying for no reason

#### Stereotypical, Repetitive

- ◆ Pacing
- ◆ Rocking
- ◆ Grinding teeth
- ◆ Twirling fingers or objects
- ◆ Eating disorders
- ◆ Smearing feces
- ◆ Rectal digging
- ◆ Wandering

#### Antisocial Behavior

- ◆ Swearing
- ◆ Inappropriate touching
- ◆ Lying
- ◆ Inappropriate body noises
- ◆ Cheating
- ◆ Stealing
- ◆ Inappropriate elimination

#### Noncompliance

- ◆ Refusal to comply
- ◆ Breaking established rules

#### Inappropriate sexual behavior

- ◆ Inappropriate masturbation
- ◆ Inappropriate heterosexual or homosexual behavior
- ◆ Other socially unacceptable sexual behavior

### Activities of Daily Living Attachment

#### Home Skills

Cleans house as follows:

- ◆ Dusts
- ◆ Sweeps
- ◆ Mops
- ◆ Cleans bath, kitchen
- ◆ Cleans windows
- ◆ Knows when something is broken and needs repair

#### Clothes Care/Laundry

- ◆ Sorts clothes
- ◆ Uses washer, dryer, detergent
- ◆ Folds and places clothes in closet and 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

## PHYSICAL DISABILITY WAIVER ASSESSMENT TOOL

### Community and Social Skills Attachment

#### Transportation

- ◆ Schedules, makes travel arrangements
- ◆ Uses bus, cab, etc.

#### Community Skills

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

#### Shopping

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

#### Safety

- ◆ Uses keys
- ◆ Knows emergency situations of strangers, fire, theft, and medical, and knows procedures for each
- ◆ Gets up in morning and gets ready for the day
- ◆ Goes to bed at night

#### Leisure and Recreation

- ◆ Identifies enjoyable activities
- ◆ Initiates and participates in individual activities
- ◆ Initiates and participates in group activities
- ◆ Schedules and uses community resources for activities

#### Money Skills

- ◆ Understands use of money
- ◆ Makes purchases
- ◆ Obtains change
  - Knows correct amount of money needed
  - Knows change to be received
- ◆ Receives bills for services, e.g., rent, utilities, phone, etc.
- ◆ Understands need for payment
- ◆ Arranges payment of bills
- ◆ Takes paycheck to bank, cashes and/or deposits check

#### Social and Interpersonal Skills

- ◆ Cooperates with others
- ◆ Offers to help others
- ◆ Greets and responds to others