|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization: |       | **Kansas Department for Aging and Disability Services****Functional Assessment Instrument**For HCBS Wavier: [ ]  FE [ ]  PD [ ]  TBI | Disaster Red Flag | Electric | [ ]  |
| Assessor Name: | Physical Impairment | [ ]  |
|       | Medication Assist | [ ]  |
| Assessor Phone: | Cognitive/MH issues | [ ]  |
|       | No Informal Support | [ ]  |
| Assessment Date: |       | None | [ ]  |
| Assessment Time: |       | KAMIS ID #: |       | Waiting List: | [ ]  Currently on Waiting List | [ ]  N/A |
| **CUSTOMER INFORMATION** |
| First: |       | M.I.: |       |
| Last: |       | Nickname: |       |
| Birth Date  |       |       |       |  | Age: |       |
|  | Month | Day | Year | Gender: | [ ]  Female | [ ]  Male |
| Marital Status: | [ ]  Single | [ ]  Married | [ ]  Widowed | * Divorced
 |  |
| Veteran? | [ ]  Yes | [ ]  No | Income below poverty level? | [ ]  Yes | [ ]  No |
| Spouse of Veteran? | [ ]  Yes | [ ]  No | Does Customer live alone? | [ ]  Yes | [ ]  No |
| Receives Veteran Benefits? | [ ]  Yes | [ ]  No |  |
| Social Security #: |       | Medicare #: |       | Medicaid #: |       |
|  |
| **Communication:** |
| Expresses information content, however able: | [ ]  Understandable | [ ]  Usually understandable |
|  | [ ]  Sometimes understandable | [ ]  Rarely or Never understandable |
| Ability to understand others, verbal information, however able: | [ ]  Understands | [ ]  Usually understands |
| [ ]  Sometimes understands | [ ]  Rarely or Never understands |
|  |
| **Primary Language:** | Speaks | Reads | Understands Orally | **Ethnicity:** |
| Arabic | [ ]  | [ ]  | [ ]  | [ ]  Hispanic or Latino |
| Chinese | [ ]  | [ ]  | [ ]  | [ ]  Not Hispanic or Latino |
| English | [ ]  | [ ]  | [ ]  | [ ]  Ethnicity Missing |
| French | [ ]  | [ ]  | [ ]  |  |
| German | [ ]  | [ ]  | [ ]  | **Race:** |
| Hindi | [ ]  | [ ]  | [ ]  | [ ]  White Non-Hispanic |
| Pilipino | [ ]  | [ ]  | [ ]  | [ ]  White Hispanic |
| Sign | [ ]  | [ ]  | [ ]  | [ ]  American Indian/Alaskan Native |
| Spanish | [ ]  | [ ]  | [ ]  | [ ]  Asian |
| Tagalog | [ ]  | [ ]  | [ ]  | [ ]  Black or African American |
| Urdu | [ ]  | [ ]  | [ ]  | [ ]  Native Hawaiian or Other Pacific Islander |
| Vietnamese | [ ]  | [ ]  | [ ]  | [ ]  Reporting some other race |
| Other: |       | [ ]  Reporting 2 or more races |
| Interpreter Needed | [ ]  Yes | [ ]  No |  |
| **ADDRESS INFORMATION** |
| **Residence Address:** | Customer’s home is: | [ ]  Rural  | [ ]  Urban |
| Street Address: |       |
| City: |       | County: |       | State: |       | Zip: |       |
| Phone: |       | Phone (alternate): |       |
| Directions: |       |
| **Mailing or Alternative Address:** |
| Street Address: |       |
| City: |       | County: |       | State: |       | Zip: |       |
| Phone: |       | Phone (alternate): |       |
|  |
| **ASSOCIATE INFORMATION** |
| **Emergency or Alternative Contact:** | Relationship: |       |
| First Name: |       | Last Name: |       |
| Street Address: |       |
| City: |       | County: |       | State: |       | Zip: |       |
| Phone: |       | Phone (alternate): |       |
|  |
| **Legal Guardian or DPOA:**  | [ ]  Health | [ ]  Finance | Relationship: |       |
| First Name: |       | Last Name: |       |
| Street Address: |       |
| City: |       | County: |       | State: |       | Zip: |       |
| Phone: |       | Phone (alternate): |       |
|  |

FAI – Page 2 – Functional for **HCBS/FE**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name |       | Date |       |
| **Functional Assessment Instrument Scoring** |
|  |
| **Definition of Code for Cognition** | **Code Scale** | **Multiplier Guide** |
| No impairment | 0 | 0 |
| Impairment | 1 | 1 |
| Unable to Test | 9 | 0 |
|  |
| **Cognition** | Cognition Code |  | Multiplier | Weight | Total |
| Orientation (day of week, month, year, President) |       |  |       | X | 2 | = |       |
| 3-Word Recall (pen, car, watch) |       |  |       | X | 2 | = |       |
| Spelling Backward (table) |       |  |       | X | 2 | = |       |
| Clock Draw (all #’s, spacing of #’s, hands at 11:10) |       |  |       | X | 2 | = |       |
|  |  | Sum of Cognition Score |       |
|  |
| **Definition of Code for ADL’s and IADL’s** | **Code Scale** | **Multiplier Guide** |
| Independent | 1 | 0 |
| Supervision Needed | 2 | 1 |
| Physical Assistance Needed | 3 | 1 |
| Unable to Perform | 4 | 2 |
|  |
| **Activities of Daily Living** | ADL Code |  | Multiplier | Weight | Total |
| Bathing |       |  |       | X | 4 | = |       |
| Dressing |       |  |       | X | 3 | = |       |
| Toileting |       |  |       | X | 5 | = |       |
| Transferring |       |  |       | X | 5 | = |       |
| Walking, Mobility |       |  |       | X | 3 | = |       |
| Eating |       |  |       | X | 4 | = |       |
|  |  | Sum of ADL scores |       |
|  |
| **Instrumental Activities of Daily Living** | IADL Code |  | Multiplier | Weight | Total |
| Meal Preparation |       |  |       | X | 5 | = |       |
| Shopping |       |  |       | X | 3 | = |       |
| Money Management |       |  |       | X | 4 | = |       |
| Transportation |       |  |       | X | 3 | = |       |
| Use of Telephone |       |  |       | X | 3 | = |       |
| Laundry, Housekeeping |       |  |       | X | 3 | = |       |
| Medication Management, Treatment |       |  |       | X | 5 | = |       |
|  |  | Sum of IADL scores |       |
|  |
| **Bladder/Bowel Continence:** (code current performance for client) | Yes | No |  | If customer has any difficulty in the continence category, enter 5 at total: |
| Continent *(do not multiply out)* | [ ]  | [ ]  |  |
| Usually Continent | [ ]  | [ ]  |  |
| Occasionally Incontinent | [ ]  | [ ]  |  |
| Frequently Incontinent | [ ]  | [ ]  |  | Multiplier | Weight | Total |
| Incontinent | [ ]  | [ ]  |  | 1 | X | 5 | = |       |
| Sum of Continence scores |       |
|  |
| **Sum Total Score of all Cognition, ADL, IADL and Continence** |       |
|  |

FAI – Page 2a – Functional for **HCBS/FE**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name |       | Date |       |
|  |
| **Risks:** Current or Recent Problems (check all that apply) | Yes / No |  | Multiplier | Weight | Total |
| Falls | Last 1 month |       | Last 6 month total |       |  |  | 1 | X | 3 | = |       |
| [ ]  Neglect | [ ]  Abuse | [ ]  Exploitation | [ ]  By others | [ ]  N/A |  | 1 | X | 5 | = |       |
| Informal Support – check appropriate choice |  |  | If customer has difficulty in the informal support category, enter 4 at total: |
| Yes – there is support *(do not multiply out)* | [ ]  |  |
| Inadequate | [ ]  |  | Multiplier | Weight | Total |
| No – there is no support | [ ]  |  | 1 | X | 4 | = |       |
| **Behavior:** Check the appropriate choice(s) if any difficulty |  |  | If customer has difficult in any behavior category, enter 5 at total: |
| Wandering | [ ]  |  |
| Socially Inappropriate/Disruptive | [ ]  |  | Multiplier | Weight | Total |
| Decision Making/Judgment | [ ]  |  | 1 | X | 5 | = |       |
| **Impairment:** |  |  |  |
| Impaired Vision | [ ]  |  |
| Impaired Hearing | [ ]  |  |
|  |  | Sum of Risk scores |       |
| **Total Score of all Cognition, ADL, IADL, Continence and RISKS for Threshold Guide** |       |
|  |
| Comments:       |
|  |

**Clock Draw (FE Only)**

FAI – Page 2 – Functional for **HCBS/PD**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name |       | Date |       |
| **Functional Assessment Instrument Scoring** |
|  |
| **Definition of Code for Cognition** | **Code Scale** | **Multiplier Guide** |
| No impairment **or** Not in a Comatose, persistent vegetative state | 0 | 0 |
| Impairment **or** In a Comatose, persistent vegetative state | 1 | 2 |
|  |
| **Cognition** | Cognition Code |  | If customer has any difficulty in the Comatose, persistent vegetative state **OR** Memory Recall category, enter 8 at total: |
| Comatose, persistent vegetative state |       |  |
| Memory Recall: |  |
| Short-term memory |       |  |
| Long-term memory |       |  | Multiplier | Weight | Total |
| Memory/Recall |       |  | 2 | X | 4 | = |       |
|  |  | Sum of Cognition Score |       |
|  |
| **Definition of Code for ADL’s and IADL’s** | **Code Scale** | **Multiplier Guide** |
| Independent | 1 | 0 |
| Supervision Needed | 2 | 1 |
| Physical Assistance Needed | 3 | 1 |
| Unable to Perform | 4 | 2 |
|  |
| **Activities of Daily Living** | ADL Code |  | Multiplier | Weight | Total |
| Bathing |       |  |       | X | 4 | = |       |
| Dressing |       |  |       | X | 3 | = |       |
| Toileting |       |  |       | X | 5 | = |       |
| Transferring |       |  |       | X | 5 | = |       |
| Walking, Mobility |       |  |       | X | 3 | = |       |
| Eating |       |  |       | X | 4 | = |       |
|  |  | Sum of ADL scores |       |
|  |
| **Instrumental Activities of Daily Living** | IADL Code |  | Multiplier | Weight | Total |
| Meal Preparation |       |  |       | X | 5 | = |       |
| Shopping |       |  |       | X | 3 | = |       |
| Money Management |       |  |       | X | 4 | = |       |
| Transportation |       |  |       | X | 3 | = |       |
| Use of Telephone |       |  |       | X | 3 | = |       |
| Laundry, Housekeeping |       |  |       | X | 3 | = |       |
| Medication Management, Treatment |       |  |       | X | 5 | = |       |
|  |  | Sum of IADL scores |       |
|  |
| **Bladder/Bowel Continence:** (code current performance for client) | Yes | No |  | If customer has any difficulty in the continence category, enter 5 at total: |
| Continent *(do not multiply out)* | [ ]  | [ ]  |  |
| Usually Continent | [ ]  | [ ]  |  |
| Occasionally Incontinent | [ ]  | [ ]  |  |
| Frequently Incontinent | [ ]  | [ ]  |  | Multiplier | Weight | Total |
| Incontinent | [ ]  | [ ]  |  | 1 | X | 5 | = |       |
| Sum of Continence scores |       |
|  |
| **Sum Total Score of all Cognition, ADL, IADL and Continence** |       |
|  |

FAI – Page 2a – Functional for **HCBS/PD**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name |       | Date |       |
|  |
| **Risks:** Current or Recent Problems (check all that apply) | Yes / No |  | Multiplier | Weight | Total |
| Falls | Last 1 month |       | Last 6 month total |       |  |  | 1 | X | 3 | = |       |
| [ ]  Neglect | [ ]  Abuse | [ ]  Exploitation | [ ]  By others | [ ]  N/A |  | 1 | X | 5 | = |       |
| Informal Support – check appropriate choice |  |  | If customer has difficulty in the informal support category, enter 4 at total: |
| Yes – there is support *(do not multiply out)* | [ ]  |  |
| Inadequate | [ ]  |  | Multiplier | Weight | Total |
| No – there is no support | [ ]  |  | 1 | X | 4 | = |       |
| **Behavior:** Check the appropriate choice(s) if any difficulty |  |  | If customer has difficult in any behavior category, enter 5 at total: |
| Wandering | [ ]  |  |
| Socially Inappropriate/Disruptive | [ ]  |  | Multiplier | Weight | Total |
| Decision Making/Judgment | [ ]  |  | 1 | X | 5 | = |       |
| **Impairment:** |  |  |  |
| Impaired Vision | [ ]  |  |
| Impaired Hearing | [ ]  |  |
|  |  | Sum of Risk scores |       |
| **Total Score of all Cognition, ADL, IADL and RISKS for Threshold Guide** |       |
|  |
| **Crisis Exception (PD Waiver Only)** | **Yes** | **No** |  | Comments: |
|  |
| DCF APS confirmed abuse, neglect, or exploitation case | [ ]  | [ ]  |  |       |
| There is a risk of family unit dissolution (break-up) involving minor dependent child or dependent spouse | [ ]  | [ ]  |  |
| Individual is in the end stages of a terminal illness, and life expectancy is documented by a physician to be less than six (6) months | [ ]  | [ ]  |  |
| Individual is the victim of domestic violence | [ ]  | [ ]  |  |
|  |  |
|  |
| Comments:       |
|  |

FAI – Page 2 – Functional for **HCBS/TBI**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name |       | Date |       |
|  |
| **Definition of Code for Cognition** | **Code Scale** | **Multiplier Guide** |
| No impairment **or** Not in a Comatose, persistent vegetative state | 0 | 0 |
| Impairment **or** In a Comatose, persistent vegetative state | 1 | 2 |
|  |
| **Cognition** | Cognition Code |  | If customer has any difficulty in the Comatose, persistent vegetative state **OR** Memory Recall category, enter 8 at total: |
| Comatose, persistent vegetative state |       |  |
| Memory Recall: |  |
| Short-term memory |       |  |
| Long-term memory |       |  | Multiplier | Weight | Total |
| Memory/Recall |       |  | 2 | X | 4 | = |       |
|  |  | Sum of Cognition Score |       |
|  |
| **Definition of Code for Cognition Deficits, ADL’s and IADL’s** | **Code Scale** | **Definition of Code for Cognition Deficits, ADL’s and IADL’s** | **Code Scale** |
| No Problem | 0 | Moderate Problems | 4 |
| Minimal Problems | 1 | Moderate to Severe Problems | 5 |
| Mild Problems | 2 | Severe Problems | 6 |
| Mild to Moderate Problems | 3 |  |
|  |
| **Cognition Deficits** | Cognition Code |  | Multiplier | Total |
| Attention and Concentration |       |  | X | 1 | = |       |
| Comments:       |
| Learning and Memory |       |  | X | 1 | = |       |
| Comments:       |
| Judgment and Perception |       |  | X | 1 | = |       |
| Comments:       |
| Initiation and Planning |       |  | X | 1 | = |       |
| Comments:       |
| Communication |       |  | X | 1 | = |       |
| Comments:       |
|  |  | Sum of Cognition Deficits Score |       |
|  |
| **Definition of Code for Behavior/Emotional Deficits** | **Code Scale** | **Definition of Code for Behavior/Emotional Deficits** | **Code Scale** |
| Absent | 0 | Frequently | 3 |
| Rarely | 1 | Daily | 4 |
| Occasionally | 2 | Hourly | 5 |
|  |
| **Behavior/Emotional Deficits** | Behavior / Emotional Code |  | Multiplier | Total |
| Self-Injurious Behavior |       |  | X | 1 | = |       |
| Comments:       |
| Hurtful to Others |       |  | X | 1 | = |       |
| Comments:       |
| Destruction of Property |       |  | X | 1 | = |       |
| Comments:       |
| Socially Offensive Behavior |       |  | X | 1 | = |       |
| Comments:       |
| Wandering |       |  | X | 1 | = |       |
| Comments:       |
| Withdrawal |       |  | X | 1 | = |       |
| Comments:       |
| Susceptibility to Victimization |       |  | X | 1 | = |       |
| Comments:       |
|  |  | Sum of Behavior/Emotional Score |       |
|  |  | Total Cognition, Cognition Deficits and Behavior/Emotional Scores |       |

FAI – Page 2 – Functional for **HCBS/TBI**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name |       | Date |       |
|  |
| **Activities of Daily Living** | ADL Code |  | Multiplier | Total |
| Bathing |       |  | X | 1 | = |       |
| Dressing |       |  | X | 1 | = |       |
| Toileting |       |  | X | 1 | = |       |
| Transferring |       |  | X | 1 | = |       |
| Walking, Mobility |       |  | X | 1 | = |       |
| Eating |       |  | X | 1 | = |       |
|  |  | Sum of ADL scores |       |
|  |
| **Instrumental Activities of Daily Living** | IADL Code |  | Multiplier | Total |
| Meal Preparation |       |  | X | 1 | = |       |
| Shopping |       |  | X | 1 | = |       |
| Money Management |       |  | X | 1 | = |       |
| Transportation |       |  | X | 1 | = |       |
| Use of Telephone |       |  | X | 1 | = |       |
| Laundry, Housekeeping |       |  | X | 1 | = |       |
| Medication Management, Treatment |       |  | X | 1 | = |       |
|  |  | Sum of IADL scores |       |
|  |
| **Bladder/Bowel Continence:** (code current performance for client) | Yes | No |  | If customer has any difficulty in the continence category, enter 5 at total: |
| Continent *(do not multiply out)* | [ ]  | [ ]  |  |
| Usually Continent | [ ]  | [ ]  |  |
| Occasionally Incontinent | [ ]  | [ ]  |  |
| Frequently Incontinent | [ ]  | [ ]  |  | Multiplier | Weight | Total |
| Incontinent | [ ]  | [ ]  |  | 1 | X | 5 | = |       |
| Sum of Continence Score |       |
|  |
| **Waiver Criteria**(All below must be Yes to meet TBI Threshold) | Meets Criteria |  | Comments: |
| **Yes** | **No** |  |
| Age (between 16 and 65) | [ ]  | [ ]  |  |       |
| Risk of Placement in a TBI Rehabilitation Facility (explain) | [ ]  | [ ]  |  |
| Traumatic Brain Injury Diagnosed (Upload the diagnosis documentation.) | [ ]  | [ ]  |  |
|  |
|  |  | Meets Waiver Criteria | [ ]  Yes | [ ]  No |
|  |
| **Current or Recent Problems and Risks** | **Yes** | **No** |  | Comments: |
| \*If any of the below questions are marked as 'yes', a referral to APS or CPS is required. |
| Does the customer have any current risk of self-neglect? | [ ]  | [ ]  |  |       |
| Does the customer have any current risk of abuse? | [ ]  | [ ]  |  |
| Does the customer have any current risk of neglect? | [ ]  | [ ]  |  |
| Does the customer have any current risk of exploitation? | [ ]  | [ ]  |  |
|  |  | Referral Required and Completed | [ ]  Yes | [ ]  No |
|  |

FAI – Page 2b – Functional for **HCBS/TBI**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer Name |       | Date |       |
|  |
| **Impairment:** | **Yes** | **No** |  | Comments: |
| Impaired Vision | [ ]  | [ ]  |  |       |
| Impaired Hearing | [ ]  | [ ]  |  |
|  |
| **Totals** |
| Score of Cognition Deficits  |       |
| Score of Behavior/Emotional Deficits |       |
| Score of ADL, IADL |       |
| Score of Continence |       |
| Met Waiver Criteria | [ ]  Yes | [ ]  No |
| **Total Score** |       |
| Has the TBI Threshold been met? | [ ]  Yes | [ ]  No |
|  |
| Comments:       |
|  |