

Organization: _____ Assessor Name: _____ Assessor Phone: _____ Assessment Date: _____	Kansas Department for Aging and Disability Services  Functional Assessment Instrument For HCBS Wavier: <input type="checkbox"/> FE <input type="checkbox"/> PD <input type="checkbox"/> TBI	Disaster Red Flag <input type="checkbox"/> Electric <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Medication Assist <input type="checkbox"/> Cognitive/MH issues <input type="checkbox"/> No Informal Support <input type="checkbox"/> None	
Assessment Time: _____	KAMIS ID #: _____	Waiting List: <input type="checkbox"/> Currently on Waiting List <input type="checkbox"/> N/A	

CUSTOMER INFORMATION

First: _____	M.I.: _____
Last: _____	Nickname: _____
Birth Date: _____	Age: _____
Month _____ Day _____ Year _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income below poverty level? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse of Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Customer live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Receives Veteran Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> 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				<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Ethnicity Missing
Chinese				
English				
French				
German				
Hindi				
Pilipino				
Sign				
Spanish				
Tagalog				
Urdu				
Vietnamese				
Other: _____				
Interpreter Needed	<input type="checkbox"/> Yes		<input type="checkbox"/> No	Race: <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> White Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Reporting some other race <input type="checkbox"/> Reporting 2 or more races

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:

First Name: _____ Relationship: _____
 Last Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Phone (alternate): _____

Legal Guardian or DPOA: Health Finance Relationship: _____

First Name: _____ Last Name: _____

Street Address: _____

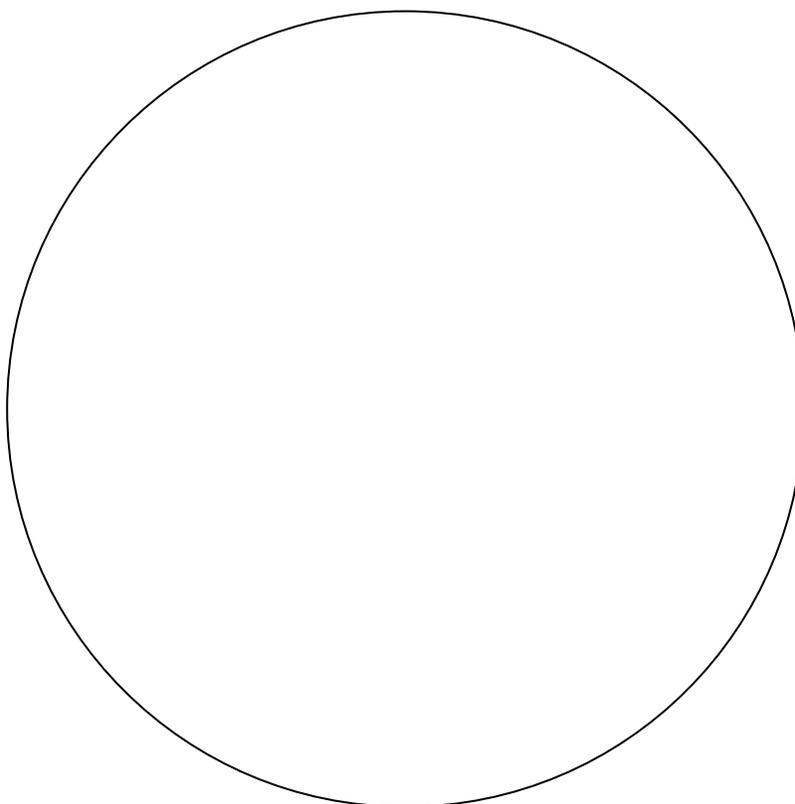
City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Phone (alternate): _____

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 (<i>do not multiply out</i>)							
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							

Customer Name			Date		
Risks: Current or Recent Problems (check all that apply)					
Falls			Yes / No		Total
Last 1 month	Last 6 month total		Multiplier	Weight	
			1	X	3 =
<input type="checkbox"/> Neglect	<input type="checkbox"/> Abuse	<input type="checkbox"/> Exploitation	<input type="checkbox"/> By others	<input type="checkbox"/> 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 <i>(do not multiply out)</i>					
Inadequate			Multiplier		Weight
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
Decision Making/Judgment			1	X	5 =
Impairment:					
Impaired Vision					
Impaired Hearing					
				Sum of Risk scores	
Total Score of all Cognition, ADL, IADL, Continenance and RISKS for Threshold Guide					
Comments:					

Clock Draw (FE Only)



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							
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 (<i>do not multiply out</i>)							
Usually Continent							
Occasionally Incontinent							
Frequently Incontinent							
Incontinent			1	X	5	=	
		Sum of Continence scores					
Sum Total Score of all Cognition, ADL, IADL and Continence							

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

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				
Memory/Recall				
		Multiplier	Weight	
		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		

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			
Continent (<i>do not multiply out</i>)				If customer has any difficulty in the continence category, enter 5 at total:		
Usually Continent						
Occasionally Incontinent						
Frequently Incontinent						
Incontinent						
		Multiplier		Weight	Total	
		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

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:					