|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | | |
|  | | | | | | | | |