

Attachment B

The Independent Assessment (IA) tool is a person-centered, not program-centered, comprehensive functional assessment. The tool assesses functional needs regardless of an individual's diagnosis, and it supports the state and/or its designated entities in the development of person-centered service or care plans across programs and services. The tool was developed and refined in Minnesota for over ten years and has now been specifically customized for implementation in Arkansas.

All assessments will consist of an in-person interview with the beneficiary and, when appropriate, their guardian and/or family member in the client's home or other suitable location. Other individuals with personal knowledge of the client may be included. All assessments will be conducted by qualified staff appropriate to the individual.

The tool's branching logic allows assessors to explore issues based upon beneficiary responses and medical records, or other clinical or relevant information, and the logic will drive prompts, scoring, and resulting tier determination algorithmically to provide consistent administration.

The IA tool compiles beneficiary information gathered from the following domains:

- Personal Information
- Quality of Life
- Activities of Daily Living (ADLs) including Eating, Bathing, Dressing, Personal Hygiene, Toileting, Mobility, Positioning, and Transfers
- Instrumental ADLs (IADLs) including Medication, Meals, Transportation, Housework, Telephone, Shopping, and Finances
- Health
- Memory and Cognition
- Sensory and Communication
- Self-Preservation
- Caregiver/Natural Supports
- Psychosocial including Self-injury, Physically Aggressive, Verbally Aggressive, Social Unacceptability, Property Destruction, Wandering, Legal Involvement, Emotional Regulation, PICA, Victimization, Withdrawal, Agitation, Impulsivity, Intrusiveness, Injury to Others, Anxiety, Psychotic or Manic Behaviors, Depression (PHQ-9), Geriatric Depression, Pediatric Symptoms (PSC-17), Suicide, Alcohol, and Substance (Cage)
- Employment

Behavioral Health (BH)

Criteria for BH IA referral

BH clients have historically accessed services as determined by the individual's healthcare provider or provider of mental health services. Individuals in need of crisis services or services contained in Tier 1 can continue to access those services in the same manner. Those in need of

services contained in Tier 2 or Tier 3 will be identified by DHS or the BH service provider for an Independent Assessment.

DHS will submit IA requests in block sets for clients currently receiving higher level BH services as identified by program, services and claims data. Additionally BH service providers may identify individuals that were not identified by DHS. Psychiatric residential treatment providers requesting authorization for admission will trigger a referral for an independent assessment, as will discharges from those facilities.

BH Algorithm

The Independent Assessment and tier determination process will establish the most appropriate, need-based service array for each BH client identified for assessment. In addition to a mental health diagnosis, which is required for an assessment referral, tier recommendations will be based on the age of client and responses to questions within the Psychosocial domain. Scores within the domain identify functional need as a result of psychosocial behaviors the beneficiary may exhibit and are scored automatically by the Arkansas customized algorithm as the assessor inputs the responses into the tool. Once the IA is completed, a tier determination is established for the individual.

The in-person BH assessments will be conducted by persons with a four year degree or a registered nurse, both with at least one year of experience with mental health issues.

Available services within the established BH tiers include:

Tier 1- Counseling Services

- Individual Behavioral Health Counseling
- Group Behavioral Health Counseling
- Marital/Family Behavioral Health Counseling with Beneficiary Present
- Marital/Family Behavioral Health Counseling without Beneficiary Present
- Psychoeducation
- Multi-Family Behavioral Health Counseling
- Mental Health Diagnosis
- Interpretation of Diagnosis
- Substance Abuse Assessment
- Psychological Evaluation
- Pharmacologic Management
- Psychiatric Assessment

Tier 2- Rehabilitative Services (In addition to Tier 1)

- Treatment Plan
- Crisis Stabilization Intervention
- Partial Hospitalization
- Behavioral Assistance

Adult Rehabilitative Day Service
Peer Support
Family Support Partners
Individual Pharmacologic Counseling by RN
Group Pharmacologic Counseling by RN
Intensive Outpatient Substance Abuse Treatment
Individual Life Skills Development
Group Life Skills Development
Child and Youth Support Services
Supportive Employment
Supportive Housing
Adult Life Skills Development

Tier 3- Intensive Services (In addition to Tiers 1 and 2)

Therapeutic Communities for Adults
Planned Respite
Inpatient Psychiatric Services for Persons Under Age 21
Community Reintegration Program for Persons Under Age 21

Developmental Disabilities (DD) Services

Criteria for DD

The Department of Human Services (DHS), Division of Development Disabilities (DDS) will continue to determine institutional level of care eligibility for Developmental Disability (DD) clients as the IA tool is a functional assessment, not a diagnostic tool. DD will make referrals for the IA in block sets for current Community Employment Support (CES) waiver clients, clients currently in private Intermediate Care Facility (ICF), and clients currently on the CES waiver waitlist. Clients transitioning into and out of a Human Development Center or entering a private ICF will be referred for an IA on an individual basis.

DD Algorithm

In addition to a DD diagnosis, which is required for an assessment referral, for the tier determination will be based on information gathered in the Psychosocial, Caregiver/Natural Supports, Self-Preservation, ADLs, and IADLs domains, with consideration of both intervention and frequency factors. Scores within the domains above identify functional need and psychosocial behaviors the individual exhibits as a result of an individual's neurodevelopmental diagnoses, as well as caregivers and natural supports. The responses to these questions are scored automatically by the Arkansas customized algorithm as the assessor inputs the responses into the tool. Once the IA is completed, a tier determination is established for the individual. In addition to a tier determination, information obtained through the tool can be used to create an individualized person-centered service plan (PCSP).

The in-person DD assessments will be conducted by persons with minimum two years' experience and who meet the qualifications of a Qualified Developmental Disability Professional.

DD tier definitions are as follows:

Tier 1- The individual receives services in a center-based clinic such as Developmental Day Treatment Clinic Services (DDTCS) or Child Health Management Services (CHMS) or successor program or receives services such as personal care, occupational therapy, physical therapy or speech therapy due to the individual's developmental disability or delay.

Tier 2- The individual meets the institutional level of care criteria but does not currently require 24 hours a day of paid support and services to maintain the individual's current placement.

Tier 3- The individual meets the institutional level of care criteria and does require 24 hours a day of paid support and services to maintain his or her current placement.

A comprehensive list of assessment questions follows. Because branching logic will dictate which questions will be included in an individual's assessment, not all questions may be asked to every beneficiary.

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Person Information	Assessment Referral Date Is an interpreter needed?	No Yes
	Does the person to be assessed need any additional accommodations?	No Yes Explain
Demographic Information	Legal Name	First Name Middle Name Last Name Suffix xx/xx/xxxx
	Date of Birth	Male
	Gender	Female
	Marital Status	Other Now married Widowed/Widower Divorced Separated Never married
Person Numbers	SSN	Medicaid ID #
Address-Physical Location	Effective Date Street Address Line 1 Street Address Line 2 Street Address Line 3	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	City	
	State	
	Zip	
	County	
	Directions/Comments	
Phone Numbers	Home	
	Work	
	Work Extension	
	Cell	
	Email	
Type of Telephone Service Used	Home	
	Work	
	Voice	
	TTY	
	Videophone	
Preference to be contacted:	Email	
	Mail	
	Telephone	
	White	
	Black or African American	
What is your race:	Asian	
	Native American/Alaskan Native	
	Native Hawaiian or other Pacific Islander	
	Hispanic or Latino	
	French	
Ethnicity	English	
	Spanish	
	Marshallese	
	American Sign Language (ASL)	
	Other (Primary Language)	
Are there any concerns about the child's communication, learning or social skills?		Text field

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Health Insurance, Payers & Providers	Are you a Veteran?	No Yes
Health Care Providers	Primary Care Provider	Name/Clinic/Location/Address/Phone
Specialist	Psychiatrist	
Psychologist	Dentist	
Pharmacy	Pharmacy	
Home Care Agency	Home Care Agency	
Personal Care Agency	Personal Care Agency	
Targeted Case Management	Targeted Case Management	
Day Treatment Clinic	Day Treatment Clinic	
RSPMI/OBHS Agency	RSPMI/OBHS Agency	
Other Mental Health Provider	Other Mental Health Provider	
Waiver Provider	Waiver Provider	
Other	Other	
Services and Supports currently receiving:		
None		
Adaptive Equipment		
Adult Day Services		
Adult Day Health Services		
Adult Family Homes		
Assisted Living		
Attendant Care		
Case Management/Care Coordination		
Children's Health Medical Services (CHMS)		
Community Transitions		
Consultation Services		

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Crisis Intervention	
	Developmental Disability Day Treatment Services (DDTCS)	
	Environmental Accessibility Adaptations/Adaptive Equipment	
	Environmental Modifications	
	Foster Care	
	Home Delivered Meals	
	Home Health Aide	
	Mental Health Assessment and/or Treatment	
	Mental Health Targeted Case Management	
	Nurse Visits	
	Occupational Therapy	
	Personal Care Attendant (PCA)	
	Personal Emergency Response System (PERS)	
	Physical Therapy	
	Program for All-Inclusive Care for the Elderly (PACE)	
	Respite	
	Specialized Medical Services	
	Speech Therapy	
	Supplemental Supports	
	Supported Employment	
	Supportive Living	
	Targeted Case Management	
	Substance Abuse Assessment and/or Treatment	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Housing	Other
	Current Housing Types	Adult Family Home Licensed Level 1 Assisted Living Licensed Level 2 Assisted Living Certified Level 1 Therapeutic Community (Long Term Residential) Certified Level 2 Therapeutic Community (Long Term Residential) Foster Care Homeless ICF State Operated ICF Private Individual Owned/Controlled Apartment Individual Owned/Controlled Home Individual Owned/Controlled Family Home Institution Hospital Institution, NF Certified boarding care In someone's else's home/apt
		Relationship Noncertified boarding care Provider-Owned Group Home Provider-Owned Supported Apartment Provider-Owned Supported Housing (Max 4 individuals) Residential Care Facility (RCF)
		Supported Living Arrangement (with Paid Staff)

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Planned Housing Type	Adult Family Home Certified Level 1 Assisted Living Certified Level 2 Assisted Living Certified Level 1 Therapeutic Community (Long Term Residential) Certified Level 2 Therapeutic Community (Long Term Residential) Foster Care Homeless ICF State Operated ICF Private Individual Owned/Controlled Apartment Individual Owned/Controlled Home
		Individual Owned/Controlled Family Home Institution Hospital Institution, NF Certified boarding care In someone's else's home/apt
		Relationship Noncertified boarding care Provider-Owned Group Home Provider-Owned Supported Apartment
		Provider-Owned Supported Housing (Max 4 individuals) Residential Care Facility (RCF)
		Supported Living Arrangement (with Paid Staff)
	Planned Living Arrangement	Homeless Living Alone

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Living with Spouse	
	Living with Parents	
	Living with Family	
	Relationship	
	Living with friend significant other	
	Living in a congregate setting	
Decision-Making and Emergency Contact		
	Does the person have someone who helps make decisions about health care, money or other issues who does NOT have legal or official authority?	No
	Yes	
	Type	Informal decision-making support
		Responsible party
		Other
		First Name
		Last Name
		Phone Number
		Relationship
	Does the person have someone who signs documents or makes decisions about health care, finances or other issues who HAS legal or official authority?	No
	Yes	
	Type of Decision Making Authority	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Commitment	Name Address	
Has copy of the legal paperwork been obtained?	No Yes	Name Address
Commitment for:	CC DAAS DD DBHS Organization Phone Number City State Zip	
Power of Attorney/property only	Name Address	No Yes
Has copy of the legal paperwork been obtained?	Organization Phone Number City State Zip	
Guardian Ad Litem	Name Address	No Yes
Has copy of the legal paperwork been obtained?	Organization Phone Number	

Arkansas Independent Assessment Questions			
Domain	Question	Responses	
	Living Will	City	
		State	
		Zip	
		Name	
		Address	
	Has copy of the legal paperwork been obtained?	No	
		Yes	
		Organization	
		Phone Number	
		City	
		State	
		Zip	
	Power of Attorney/Healthcare Decisions	Name	
		Address	
	Has copy of the legal paperwork been obtained?	No	
		Yes	
		Organization	
		Phone Number	
		City	
		State	
		Zip	
	Court Appointed Guardian	Name	
		Address	
	Has copy of the legal paperwork been obtained?	No	
		Yes	
		Organization	
		Phone Number	
		City	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Public Guardian	State Zip Name Address
	Has copy of the legal paperwork been obtained?	No Yes
		Organization Phone Number City State Zip Name Address
	Representative Payee	
	Has copy of the legal paperwork been obtained?	No Yes
		Organization Phone Number City State Zip Phone Number First Name Last Name Spouse/Caregiver/Child Parent Guardian/Legal Representative Relationship Friend/Neighbor Other Street Line Address 1
	Decision-Making Partner for Self-Direction Emergency Contact	
	Address of Emergency Contact	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Street Line Address 2	
	City	
	State	
	Zip	
	Directions/Comments	
	Home	
	Work	
	Cell	
	Home	
	Work	
	Phone Numbers	
	Email	
	Decision-Making/Guardianship & Emergency Contact	
	Are the parent(s) the legal representatives?	
	No	
	Yes	
	Type of Decision Making Authority	
	Child protection order in place-DHS has legal custody, parent may retain parental rights	
	Name	
	Address	
	Has copy of the legal paperwork been obtained?	
	No	
	Yes	
	Organization	
	Phone Number	
	City	
	State	
	Zip	
	Commitment	
	Name	
	Address	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Has copy of the legal paperwork been obtained?	No Yes CC DAAS DD DBHS Organization Phone Number City State Zip
	Commitment for:	
	Power of Attorney/property only	Name Address
	Has copy of the legal paperwork been obtained?	No Yes Organization Phone Number City State Zip Name Address
	Emancipated Minor	
	Has copy of the legal paperwork been obtained?	No Yes Organization Phone Number City State

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Guardian Ad Litem	Has copy of the legal paperwork been obtained?	<p>No</p> <p>Yes</p>
Living Will	Has copy of the legal paperwork been obtained?	<p>No</p> <p>Yes</p>
Power of Attorney/Healthcare Decisions	Has copy of the legal paperwork been obtained?	<p>No</p> <p>Yes</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Court Appointed Guardian	Has copy of the legal paperwork been obtained?	<p>No</p> <p>Yes</p> <p>Organization</p> <p>Phone Number</p> <p>City</p> <p>State</p> <p>Zip</p>
Public Guardian	Has copy of the legal paperwork been obtained?	<p>No</p> <p>Yes</p> <p>Organization</p> <p>Phone Number</p> <p>City</p> <p>State</p> <p>Zip</p>
Division of Youth Services (DYS)	Has copy of the legal paperwork been obtained?	<p>No</p> <p>Yes</p> <p>Organization</p> <p>Phone Number</p> <p>City</p> <p>State</p> <p>Zip</p>
Representative Payee	Has copy of the legal paperwork been obtained?	<p>No</p> <p>Yes</p> <p>Organization</p> <p>Phone Number</p> <p>City</p> <p>State</p> <p>Zip</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Has copy of the legal paperwork been obtained?	No Yes Organization Phone Number City State Zip
	Emergency Contact	First Name Last Name Spouse//Caregiver/Child Parent Guardian/Legal Representative Friend/Neighbor Other Street Line Address 1 Street Line Address 2 City State Zip
	Relationship	Directions/Comments Home Work Cell Home Work
	Address of Emergency Contact	Phone Numbers Home Work Cell Home Work
Activities of Daily Living (ADLs)	Eating	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Do you have any difficulties with eating or require support or assistance with eating?	<p>No</p> <p>Yes</p> <p>Chose not to answer</p>
	In regard to the ability to manage eating by themselves, this person:	<p>Can eat without help of any kind</p> <p>Needs and/or gets minimal reminding or supervision</p> <p>Needs and/or gets help in cutting food, buttering food or arranging food</p> <p>Needs and/or gets some personal help with feeding or someone needs to be sure that you don't choke (Extensive Assistance)</p>
	In regard to ability to manage eating, this child:	<p>Needs to be fed completely or tube feeding or IV feeding</p>
		<p>Independent</p> <p>Intermittent supervision or reminders</p> <p>Needs constant supervision and/or assistance in setting up meals, i.e. cutting meat, pouring fluids</p> <p>Needs physical assistance. Child can partially feed self (N/A for child 0-24M)</p>
		<p>Needs and receives total oral feeding from another. Child is physically unable to participate (N/A for child 0-12M)</p> <p>Receives tube feeding. Child has documented incidents of choking or reflux on a weekly basis or more that is related to diagnosis or disability.</p>

Arkansas Independent Assessment Questions	
Domain	Question
Cuing and Supervision	<p>Independent</p> <p>To initiate the task</p> <p>Intermittently during the task</p> <p>Constantly throughout the task</p>
Physical Assistance	<p>Independent</p> <p>Setup/prep</p> <p>Limited (One person assist)</p> <p>Extensive/total dependence (Two+ person assist)</p>
Challenges-what difficulties does the person have while eating?	<p>Behavioral issues</p> <p>Cannot cut food</p> <p>Chewing problem</p> <p>Choking problem</p>
Disease/symptoms interfere with performing task	<p>Mouth pain</p> <p>Poor appetite</p> <p>Poor hand to mouth coordination</p> <p>Problems with taste</p> <p>Swallowing problem</p> <p>Other</p>
Strengths- what does the person do well while eating?	<p>Cooperates with caregivers</p> <p>Has a good appetite</p>
	<p>Independent with equipment/adaptations</p> <p>Managed own tube feeding</p> <p>No swallowing problems</p> <p>Person is motivated</p> <p>Takes occasional food by mouth</p> <p>Other</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Eating Equipment	Does this person need any adaptive equipment to assist with eating	No Yes Chose not to answer
	Eating Equipment Status (select all that apply):	Adaptive Cup Adapted Utensils Dentures Dycem Mat Gastrostomy Tube Hickman Catheter IV Jejunostomy Tube Nasogastric Tube Plate Guard Specialized Medical Equipment Straw Other
Notes/Comments	Bathing	Do you have any difficulties with bathing or require support or assistance during bathing? No Yes Chose not to answer
	In regard to the ability to bathe or shower, this person:	

Arkansas Independent Assessment Questions	
Domain	Question
	can bathe or shower without any help
	needs and/or gets minimal supervision or reminding
	needs and/or gets supervision only
	needs and/or gets help getting in and out of the tub
	needs and/or gets help washing and drying their body
	cannot bathe or shower, needs complete help
In regard to the ability to bathe, this child:	
	Independent
	Intermittent supervision or reminders
	Needs help in and out of tub
	Constant supervision, but child does not need physical assistance
	Physical assistance of another, but child is physically able to participate (N/A 0-72M)
	Totally dependent on another for all bathing. Child is physically unable to participate. (N/A 0-60M)
Cuing and Supervision	Independent
	To initiate the task
	Intermittently during the task
	Constantly throughout the task
Physical Assistance	Independent
	Setup/prep
	Limited
	Extensive/total dependence
Challenges-what difficulties does the person have with bathing?	Behavioral issues
	Afraid of bathing
	Cannot be left unattended
	Cannot judge water temperature

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Disease/symptoms interfere with performing task	
	Unable to shampoo hair	
	Unable to stand alone	
	Other	
	Strengths-what does the person do well while bathing?	
	Able to direct caregiver	
	Bathes self with cuing	
	Cooperates with caregivers	
	Enjoys bathing	
	Person is weight bearing	
	Safe when unattended	
	Shampoos hair	
	Other	
Bathing Equipment		
	Does the person need any adaptive equipment to assist with bathing?	
	No	
	Yes	
	Chose not to answer	
	Bathing Equipment Status (select all that apply):	
	Bath Bench	
	Grab Bars	
	Hand-Held Shower	
	Hoyer Lift	
	Roll-in Shower Chair	
	Shower Chair	
	Specialized Medical Equipment	
	Transfer Bench	
	Other	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Notes/Comments	Do you have any difficulties with dressing or require support or assistance during dressing?	No
Dressing		Yes
	In regard to the ability to manage dressing, this person:	Choose not to answer
		can dress without any help needs and/or gets minimal supervision
		needs some help from another person to put clothes on cannot dress themselves, somebody else dresses them
	In regard to the ability to manage dressing, this child:	Independent
		Intermittent supervision or reminders, may need physical assistance with fasteners, shoes or layout out clothes
		Constant supervision, but no physical assistance (N/A for child 0-48M)
		Physical assistance or presence of another at all times, but child is able to physically participate (N/A for child 0-36M)
		Totally dependent on another for all dressing. Child is unable to physically participate (N/A if child 0-12M)
Cuing and Supervision	Independent	To initiate the task
		Intermittently during the task

Arkansas Independent Assessment Questions	
Domain	Question
	Physical Assistance
	Challenges-what difficulties does the person have with dressing?
	Strengths-what does the person do well while bathing?
	Dressing Equipment
	Does the person need any adaptive equipment to assist with dressing?

Responses
Constantly throughout the task
Independent
Setup/prep
Limited
Extensive/total dependence

Behavioral issues
Cannot button clothing
Cannot dress lower extremities
Cannot lift arms
Cannot put on shoes/socks

Disease/symptoms interfere with performing task
Unable to lie
Unable to undress independently
Unable to zip
Will wear dirty clothes

Other
Other

Able to direct caregiver
Buttons clothing
Cooperates with caregivers
Gets dressed with cues
Person is motivated
Puts on shoes and socks
Uses assistive devices
Other

No

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Dressing Equipment Status (select all that apply):	<input type="checkbox"/> Adaptive Clothing <input type="checkbox"/> Button Hook <input type="checkbox"/> Elastic Shoe Laces <input type="checkbox"/> Helmet <input type="checkbox"/> Orthotics <input type="checkbox"/> Prosthesis <input type="checkbox"/> Protective Gear <input type="checkbox"/> Reacher <input type="checkbox"/> Sock Aid <input type="checkbox"/> Specialized Medical Equipment <input type="checkbox"/> TED Hose <input type="checkbox"/> Other
	Notes/Comments	
	Personal Hygiene/Grooming	
	Does the person have any difficulties with or require support or assistance to take care of their grooming and hygiene needs?	<input type="checkbox"/> Yes <input type="checkbox"/> Chose not to answer
	In regard to the ability to manage grooming activities, this person:	

Arkansas Independent Assessment Questions	
Domain	Question
	can comb hair, wash face, shave or brush teeth without any help of any kind
	needs and/or gets supervision or reminding about grooming activities
	needs and/or gets daily help from another person is completely groomed by somebody else
	In regards to the ability to manage grooming activities, the child:
	Independent
	intermittent supervision or reminders
	help of another to complete the task, but child is able to physically participate (N/A if child 0-48M)
	Totally dependent on another for all dressing. Child is unable to physically participate (N/A if child 0-12M) child is unable to physically participate (N/A if child 0-24M)
	Independent
	To initiate the task
	Intermittently during the task
	Constantly throughout the task
Physical Assistance	Independent
	Setup/prep
	Limited
	Extensive/total dependence
	Challenges what difficulties does the person have taking care of their own grooming/hygiene needs?
	Behavioral issues
	Cannot brush/comb hair
	Cannot brush teeth
	Cannot do own peri care

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Strengths-what does the person do well in taking care of their own grooming/hygiene needs?	<p>Cannot raise arms</p> <p>Disease/symptoms interfere with performing task</p> <p>Unaware of grooming needs</p> <p>Other</p> <p>Able to apply make up, lotions, etc.</p> <p>Able to brush/comb hair</p> <p>Able to do own peri-care</p> <p>Able to trim nails</p> <p>Able to wash hands/face</p> <p>Aware of need to use toilet</p> <p>Brushes teeth/dentures</p> <p>Can shave themselves</p> <p>Cooperates with caregivers</p> <p>Person is motivated</p> <p>Other</p>
	Personal Hygiene/Grooming Equipment	<p>Does the person need any adaptive equipment to assist with grooming and hygiene task?</p> <p>No</p> <p>Yes</p> <p>Chose not to answer</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Personal Hygiene/Grooming Equipment (select all that apply):	<input type="checkbox"/> Adapted Toothbrush <input type="checkbox"/> Dental Floss Holder Flossing Aid <input type="checkbox"/> Dentures <input type="checkbox"/> Electric Razor <input type="checkbox"/> Special Type of Toothbrush <input type="checkbox"/> Splint <input type="checkbox"/> Other
	Notes/Comments	
	Toilet Use/Continence Support	
	Does the person need assistance or support with toileting?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Choose not to answer
	In regard to the ability to manage using the toilet, this person:	<p><input type="checkbox"/> can use the toilet without help, including adjusting clothing</p> <p><input type="checkbox"/> needs some help to get to and on the toilet, but doesn't have accidents</p> <p><input type="checkbox"/> has accidents sometimes but not more than once a week</p> <p><input type="checkbox"/> only has accidents at night</p> <p><input type="checkbox"/> has accidents more than once a week</p> <p><input type="checkbox"/> wets their pants and has bowel movement in their clothes very often</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	In regard to the ability to manage using the toilet, this child:	
		Independent intermittent supervision, cuing or minor physical assistance such as clothes adjustments or hygiene. No incontinence (N/A for child 0-60M)
		usually continent of bowel and bladder, but has occasional accidents requiring physical assistance (N/A for child 0-60M)
		usually continent of bowel and bladder, but needs physical assistance or constant supervision for all parts of the task (N/A for child 0-60M)
		incontinent of bowel or bladder. Diapered. (N/A for child 0-48M)
		needs assistance with bowel and bladder programs, or appliances (i.e. ostomies or urinary catheters)
	Cuing and Supervision	Independent To initiate the task Intermittently during the task Constantly throughout the task
	Physical Assistance	Independent Setup/prep Limited Extensive/total dependence
	Challenges- what difficulties does the person have with toileting and staying dry and clean?	Behavioral issues Cannot always find bathroom Cannot change incontinence pads. Cannot do own peri care.

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Strengths-what does the person do well with toileting and staying dry and clean?	cannot empty ostomy/catheter bag experiences urgency painful urination refuses to use pads/briefs requires peri-care after toilet use unaware of need wets/soils bed/furniture other
		able to uses incontinence products assists caregiver with transfer aware of need to use toilet can toilet with cuing cooperates with caregivers does not need assistance at night empties own ostomy/catheter bag other
	Toilet Use Continence Support Equipment	Does the person need any adaptive equipment to assist with toileting or staying dry and clean? No Yes Chose not to answer
	Hygiene Equipment Status (select all that apply):	Barrier Cream Bed Pan

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Bed Pan	Incontinence Briefs Pads
	Colostomy Bag	
	Commode	
	Disinfectant Spray	
	External Catheter	
	Gloves	
	Grab Bars	
	Ileostomy Bag	
	Internal Catheter	
	Mattress Cover	
	Raised Toilet Seat	
	Specialized Medical Equipment	
	Urinal	
	Other	
Notes/Comments	Does the person have any difficulty with mobility or require support or assistance to get around?	
Mobility/walking and wheeling	No	walks without help of any kind can walk with help of a cane, walker crutch or push wheelchair
	Yes	needs and/or gets help from one person to help walk needs and/or gets help from two people to help walk cannot walk at all
	In regard to the ability to walk around, this person:	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	In regards to the ability to walk around, this child:	<p>independent. Ambulatory without device.</p> <p>can mobilize with the assist of a device, but does not need personal assistance</p> <p>intermittent physical assistance of another (n/a 0-24M). (this does not include supervision for safety of a child under age)</p> <p>needs constant physical assistance of another. Includes child who remains bedfast (n/a 0-12M)</p>
Cuing and Supervision		<p>Independent</p> <p>To initiate the task</p> <p>Intermittently during the task</p> <p>Constantly throughout the task</p>
Physical Assistance		<p>Independent</p> <p>Setup/prep</p> <p>Limited</p> <p>Extensive/total dependence</p>
	Challenges what difficulties does the person have getting around their home?	<p>Behavioral issues</p> <p>activity limited; afraid of falling</p> <p>cannot propel wheelchair</p>
		<p>Disease/symptoms interfere with performing task</p> <p>leans to one side</p> <p>misplaces/forgets assistive device</p> <p>poor navigation</p> <p>unable to exit in emergency</p> <p>unable to walk/bear weight</p> <p>will not use assistance devices</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Challenges-what difficulties does the person have getting around their community?	<p>other</p> <p>Behavioral issues</p> <p>activity limited; afraid of falling</p> <p>cannot open doors</p> <p>difficulty navigating unfamiliar environments</p>
		<p>Disease/symptoms interfere with performing task</p> <p>gets lost outside residence</p> <p>needs assistance with stairs</p> <p>needs assistance to evacuate</p> <p>needs wheelchair for distance</p> <p>poor safety awareness</p> <p>other</p>
	Strengths-what does the person do well when getting around their home?	<p>able to exit in emergency</p> <p>aware of own safety</p> <p>Cooperates with caregivers</p> <p>has a steady gait</p> <p>motivated</p> <p>propels own wheelchair</p> <p>sees well enough to navigate independently</p> <p>other</p>
	Strengths-what does the person do well when getting around their community?	<p>can evacuate in emergency</p> <p>has good endurance</p> <p>independent with stairs</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
		navigates safely in community remembers to use assistive devices residence has ramp will ask for assistance other
Mobility- Walking and Wheeling Equipment	Does the person have or need any adaptive equipment to assist with mobility?	No Yes Choose not to answer
	Mobility Equipment Status (select all that apply):	Air Pad Cane Crutch Gait Belt Gel Pad Manual Wheelchair Motorized Wheelchair Medical Response Alert Medical Response Alert Unit Prostheses Quad Cane Ramps Repositioning Wheelchair Room Monitor Scooter Service Animal

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Does the person have any difficulties with positioning or require support or assistance when positioning?	Specialized Medical Equipment Splint Braces Walker Walker with Seat Other
	In regard to the ability to manage sitting up or moving around, this person:	No Yes Chose not to answer
	In regard to the ability to manage turning and positioning, this child:	Can move in bed without any help Needs and/or gets help sometimes to sit up Always needs and/or gets help to sit up at least daily Always needs and/or gets help to be turned or change positions
		Independent. Ambulatory without Device Needs occasional assistance of another person or device to change position less than daily. Needs intermittent assistance of another on a daily basis to change positions. Child is physically able to participate

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Cuing and Supervision	Needs total assistance in turning and positioning. Child is unable to participate	
Physical Assistance	Independent To initiate the task Intermittently during the task Constantly throughout the task Independent Setup/prep Limited Extensive/total dependence	
Challenges: What difficulties does the person have with positioning?		Disease Symptoms interfere with performing task Bedridden all most of the time Cannot elevate legs feet
Notes Comments		Strengths - What does the person do well when repositioning? Able to elevate legs Asks for assistance Aware of need to reposition Cooperates with Caregiver

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Does the person have or need any adaptive equipment to assist with positioning?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Chose not to answer
Comments	Positioning Equipment	
	Positioning Equipment Status (select all that apply):	<input type="checkbox"/> Alternating pressure mattress <input type="checkbox"/> Bubble mattress <input type="checkbox"/> Brace <input type="checkbox"/> Electronic bed <input type="checkbox"/> Flotation mattress <input type="checkbox"/> Manual bed <input type="checkbox"/> Posey or other enclosed bed <input type="checkbox"/> Side rails <input type="checkbox"/> Specialized Medical Equipment <input type="checkbox"/> Water mattress <input type="checkbox"/> Other
Notes/Comments	Transfers	
	Does the person have any difficulties with transfers or require support or assistance when making transfers?	<input type="checkbox"/> No

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	In regard to the ability to get in and out of bed or a chair, this person:	<p>Yes Chose not to answer</p> <p>Can get in and out of a bed or chair with out help of any kind</p> <p>Needs somebody to be there to guide them but they can move in and out of a bed or chair</p> <p>Needs one other person to help</p> <p>Needs two other people or a mechanical aid to help</p>
	In regard to the ability to manage transfers, this child:	<p>Independent</p> <p>Needs intermittent supervision or reminders (i.e. cuing or guidance only).</p> <p>Needs physical assistance, but child is able to participate. Excludes car seat, highchair, crib for toddler age child. (N/A for child 0-30 months)</p>
	Cuing and Supervision	<p>Needs total assistance of another and child is physically unable to participate. (N/A for child 0-18 months)</p> <p>Must be transferred using a mechanical device (i.e. Hoyer lift)</p> <p>Independent</p> <p>To initiate the task</p> <p>Intermittently during the task</p> <p>Constantly throughout the task</p>
	Physical Assistance	<p>Independent</p> <p>Setup/prep</p> <p>Limited</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Challenges - What difficulties does the person have with making transfers?	Extensive/total dependence Behavioral issues Afraid of falling Afraid of Hoyer lift Disease Symptoms interfere with performing task Two -Person transfer Unable to transfer without assistance Unsteady during transfer Other Comments
	Strengths- What does the person do well when transferring?	Ask for assistance Aware of safety Can transfer self-using a lift Cooperates with Caregiver Has good upper body strength Motivated Transfers with some support Other Comments
	Transfers Equipment	Does the person have or need any adaptive equipment to assist with transfers? No Yes Chose not to answer

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Comments	
	Transfer Equipment Status (select all that apply):	Bed rail Brace Ceiling lift track system Draw sheet Electronic bed Gait Belt Hoyer or similar device Lift Chair Slide Board Specialized Medical Equipment Other(text box)
	Notes Comments	
Instrumental Activities of Daily Living (IADLs)		
Medication Management		
Do you take any medication(s)?		
		No
		Yes
		Chose not to answer
Does the person need assistance with medication management?		
		Needs no help or supervision
		Needs medication setup
		Needs visual or verbal reminders
		Needs medication administration

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Challenges - What difficulties does the person have with medication management?	Behavioral issues Cannot crush pills Cannot open containers Cannot fill syringe Disease Symptoms interfere with performing task Doesn't take medications due to cost Does not use correct dosage Forgets to take medication Has multiple prescriptions Takes outdated or expired medications Unable to read labels Unaware of dosages Use multiple pharmacies Other
	Comments	Strengths- What does the person do well when managing medications?
		Able to manage multiple medications Able to open containers Able to put medications in mouth Able to use give own injections Aware of frequency & dosages Aware of potential side effects Can crush pills Can fill use syringe Takes medications as prescribed Understands purpose of medications Other
	Comments	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Medication Management (Equipment)	
	Does the person have or need any adaptive equipment to assist with medication management?	No Yes Chose not to answer
	Medication Equipment Status (select all that apply):	CompuMed Medi-Minder Medi-Set Pill Crusher Pill Cutter Specialized Medical Equipment Syringe Other
	Notes Comments	
	Meal Preparation	
	Does the person have any difficulty preparing meals?	No Yes Chose not to answer Needs no help or supervision Sometimes needs assistance or occasional supervision Often needs assistance or constant supervision

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Challenges – What difficulties does the person have with preparing meals?	Always or nearly always needs assistance Behavioral issues Cannot cut/peel/chop Cannot plan meals Cannot reach stove
		Disease/symptoms interfere with performing task Does not know how to cook Food allergies Keeps spoiled food Leaves burners on Special diet Other
	Strengths – What does the person do well when preparing simple meals?	Able to follow special dietary needs Assists with meals Aware of food allergies Can prepare a simple meal Can prepare food with cueing Can use the microwave Directs caregiver to prepare meal Has accessible kitchen Makes good meal choices Plans own menus Other
Transportation		Does the person have difficulty with transportation? No Yes

Arkansas Independent Assessment Questions	
Domain	Question
	Amount of assistance needed:
	Sometimes needs assistance or occasional supervision
	Often needs assistance or constant supervision
	Always or nearly always needs assistance
Challenges – Does the person have difficulty with transportation?	Behavioral issues
	Difficult to transfer
	Difficulty communicating with drivers
	Disease/symptoms interfere with performing task
	Needs escort if public transportation is used
	Needs to take walker/ wheelchair
	Needs to use vehicle with lift
	No car
	Unable to arrange own transportation
	Will not ride a bus
	Other
Strengths – What does the person do well related to transportation?	Can find and read schedules, phone #'s
	Can ride bus without assistance
	Communicates needed information with driver
	Has a vehicle with a lift
	Has own car
	Has handicap parking sticker/license
	Knows bus routes
	Other

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Housework	Does the person need assistance with housework?	No Yes Chose not to answer Needs no help or supervision
	Amount of assistance with "light" housekeeping:	Sometimes needs assistance or occasional supervision
	Amount of assistance with "heavy" housekeeping:	Often needs assistance or constant supervision Always or nearly always needs assistance Needs no help or supervision
	Amount of assistance with doing their own laundry:	Sometimes needs assistance or occasional supervision Often needs assistance or constant supervision Always or nearly always needs assistance Needs no help or supervision
	Challenges – What difficulties does the person have with housework?	Sometimes needs assistance or occasional supervision Often needs assistance or constant supervision Always or nearly always needs assistance Behavioral issues Allergies to dust, pollen, etc. Cannot make or change bedding

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Cannot operate washer/dryer	
	Cannot see when surfaces need cleaning	
	Does not have lawnmower	
	Does not have vacuum cleaner	
	Disease/symptoms interfere with performing task	
	Has chemical sensitivities	
	Unaware of need	
	Other	
	Strengths – What does the person do well related to housework?	
	Able to make bed	
	Able to sweep	
	Can do dishes	
	Can do light housekeeping	
	Can do light personal laundry	
	Can fold clothes	
	Can instruct caregiver	
	Can take out garbage	
	Can wash windows	
	Does housework with cueing	
	Other	
Telephone Use		
	Does the person need assistance to use the telephone	
	No	
	Yes	
	Chose not to answer	
	Amount of assistance to use the phone:	
	Needs no help or supervision	
	Sometimes needs assistance or occasional supervision	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
		Often needs assistance or constant supervision
		Always or nearly always needs assistance
	Challenges- What difficulty does the person have with using the telephone?	Behavioral issues Cannot dial phone Cannot get to phone Cannot hear phone ringing Difficulty hearing understanding callers Disease Symptoms interfere with performing task No telephone Other
	Comments	Strengths - what does the person do well when using the telephone?
		Can dial phone Can take messages Can use PERS Can use phone book 411 service Can use relay service Can use speaker phone Other
	Comments	Does the person need assistance with shopping?
	Shopping	No Yes Chose not to answer

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Amount of assistance with shopping for food or other times:	Needs no help or supervision Sometimes needs assistance or occasional supervision Often needs assistance or constant supervision Always or nearly always needs assistance
	Challenges – What difficulties does the person have with shopping?	Behavioral issues Cannot carry heavy items Cannot reach items Cannot read labels Cannot see/locate items Cannot shop online
	Strengths – What is the person able to do when shopping?	Disease/symptoms interfere with performing task Other Able to arrange transportation Able to budget income and expenses
		Able to communicate with store personnel Able to make shopping lists Can carry small items Can navigate within the store Can see/identify needed items Other
	Finances	Does the person need assistance with finances?
		No

Arkansas Independent Assessment Questions		
Domain	Question	Responses
		Yes Chose not to answer
	Amount of assistance with finances:	Needs no help or supervision Sometimes needs assistance or occasional supervision Often needs assistance or constant supervision Always or nearly always needs assistance
	Challenges – What difficulty does the person have with finances?	Behavioral issues Cannot budget Cannot see/read bills or account information Difficulty keeping up with paperwork to maintain eligibility for health care and other benefits Difficulty differentiating between needs /wants Has no POA/needs Hides money
	Strengths – What does the person do well related to finances?	Disease/symptoms interfere with performing task Vulnerable to financial exploitation Will not pay bills Other: Can budget income and expenses Can use EBT card Can write checks and pay bills

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Has a payee	Has a payee
	Has auto payment plan	Has auto payment plan
	Has direct deposit	Has direct deposit
	Has guardian/Power of Attorney (POA)	Has guardian/Power of Attorney (POA)
	Other:	
Health	SYMPTOMS, CONDITIONS & DIAGNOSIS	
	Eating Habits and Nutrition	
	Does the person have any concerns about their eating habits?	
	No	
	Yes	
	Chose not to answer	
	Comments	
	Check all that apply:	
	Anorexia	
	Bulimia	
	Complains about taste of food	
	Obesity	
	Overeating	
	Polydipsia	
	Recent weight gain	
	Recent weight loss	
	Other	
Endocrine	Endocrine	
	Does the person have a thyroid problem?	
	No	
	Yes	
	Chose not to answer	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Comments Check all that apply	Hyperthyroid Hypothyroid Other
	Does the person have diabetes?	No
	Yes	Choose not to answer
	Comments Check all that apply	Diet and exercise (controlled) Non-insulin dependent diabetes Type 1-insulin dependent Type 2 - insulin dependent Other
Gastrointestinal	No	
	Does the person have any stomach problems or problems with constipation, diarrhea, gastrointestinal disorders, or elimination (e.g. ostomy care, bowel program)?	Yes
	Check all that apply:	Choose not to answer Blood in stool Constipation Crohn's Disease Diarrhea Gastrointestinal Ulcers Gastrointestinal Reflux Disease (GERD) Heartburn Irritable bowel syndrome Ulcerative Colitis

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Does the person have problems with urination or elimination (e.g. catheters, bladder program, etc.)?	<p>No</p> <p>Yes</p> <p>Comments</p> <p>Check all that apply</p>
Genitourinary		<p>Frequent nausea</p> <p>Vomiting</p> <p>Other</p> <p>Blood in urine</p> <p>Frequent urination</p> <p>Incontinence</p> <p>Kidney stones</p> <p>Pain on urination</p> <p>Renal failure</p> <p>Urinary Tract Infection (UTI)</p> <p>Other</p>
Heart/Circulation	Does the person have any heart or circulation problems?	<p>No</p> <p>Yes</p> <p>Comments</p> <p>Check all that apply</p>
		<p>Anemia</p> <p>Angina Chest Pain</p> <p>Atherosclerotic heart disease</p> <p>Cardiac arrest (heart attack)</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Has the person been told they have a mental health diagnosis?	Does the person have a mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders (DSM), current edition excluding a primary diagnosis of dementia, Alzheimer's disease, or other related cognitive conditions?
		No
		Yes
	Comments	Chose not to answer
	Check all that apply:	Anxiety
		Attention Deficit/Hyperactivity Disorder
		Bipolar Disorder

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Has the mental disorder resulted in significantly impaired functioning in major life activities that would be appropriate for the person's developmental stage within the past 3 to 6 months?	<p>Yes</p> <p>No</p>
Musculoskeletal	Does the person have any muscle, bone or joint conditions (including loss of limb)?	<p>Yes</p> <p>No</p>
	Comments	
	Check all that apply:	<p>Amputation</p> <p>Arthritis/Osteoarthritis</p> <p>Arthritis/Rheumatoid</p> <p>Bursitis</p> <p>Contractures</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Does the person have any neurodevelopmental disorders or conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Choose not to answer <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Intellectual or Developmental Disability <input type="checkbox"/> Other related condition
	Neurological/Central Nervous System	
	Does the person have any neurological conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Choose not to answer <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)

Arkansas Independent Assessment Questions	
Domain	Question
	Brain Injury/Head Injury
	Dementia
	Epilepsy
	Friederich's Ataxia
	History of concussions
	Huntington's Chorea
	Migraine Headaches
	Multiple Sclerosis
	Muscular Dystrophy Paraplegia
	Parkinson's Disease
	Quadriplegia
	Stroke-Cerebrovascular Accident (CVA)
	Swallowing Disorders
	Transient Ischemic Attack (TIA)
	Other
Reproductive	No
	Yes
	Chose not to answer
Comments	No
	Yes
Respiratory	Chose not to answer
Does the person have any breathing problems ?	
Comments	Asthma
	Bronchitis
	Chronic emphysema
	Chronic Obstructive Pulmonary Disease (COPD)

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Pneumonia	
	Productive cough	
Skin	Does the person have any skin conditions or problems with the skin?	
	No	
	Yes	
	Check all that apply:	
	Choose not to answer	
	Bruises	
	Burns - 2 degree or greater	
	Decubitus ulcer	
	Eczema	
	Open lesions, abrasions, cuts or skin tears	
	Psoriasis	
	Stasis ulcers	
	Surgical site	
	Other	
	The condition is:	
	Healing	
	Non-healing	
	Treatments and Monitoring	
	Performed By:	
	Caregiver/Parent	
	Nurse/Medical Professional/Direct Care Worker	
	Self	
	Frequency:	
	Daily \geq 21 Day Duration	
	Daily \leq 21 Day Duration	
	\geq 30 Days	
	Weekly	
	Monthly	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Ostomy Care	
	Treatment/Monitoring	Colostomy Ileostomy Scheduled toileting program
	Feeding and Nutrition	
	Feeding Tube	
	Treatment/Monitoring	Gastrojejunostomy (GJ tube) Gastrostomy Jejunostomy Nasogastric
	Swallowing Disorders	
	Treatment/Monitoring	Oral Stimulation Program Special Diet Special Diet Management

Arkansas Independent Assessment Questions

Arkansas Independent Assessment Questions		
Domain	Question	Responses
		Other
Neurological	Observation and Assistance for Seizures	Requires only observation; no physical assistance and or intervention Requires minimal physical assistance and or intervention Requires significant physical assistance and or intervention
Treatment/Monitoring		
Respiratory	Treatment/Monitoring	Apnea Monitor CPAP- Via mask Nebulizer Oxygen Therapy Pulse Oximeter
		CPAP-Via trach

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Bronchial Drainage	Treatment/Monitoring	Respiratory Vest Postural Drainage Pummeling Bi-Level
Suctioning	Treatment/Monitoring	Nasopharyngeal Oral Trach Tracheostomy Care Tracheostomy Change
Ventilator	Treatment/Monitoring	Continuous - expected to be or has been dependent for 3 consecutive days Intermittent- at least 6 hours per day and expected to have been dependent for 3 consecutive days

Arkansas Independent Assessment Questions

Arkansas Independent Assessment Questions	
Domain	Question
	<p>Drainage tubes</p> <p>Dressing Changes (sterile or clean)</p> <p>Open Lesions such as fistulas, tube sites, tumors</p> <p>Open Surgical site</p> <p>Stage III or IV Decubitus Ulcer</p> <p>Wound vac</p>
Skin Care	<p>Treatment/Monitoring</p> <p>Application Ointments Lotions</p> <p>Dry Bandage Change</p> <p>Pressure Relieving Device</p> <p>Turning Repositioning Program</p>
Other Therapies	<p>Is the person receiving any therapies?</p> <p>No</p> <p>Yes</p> <p>Chose not to answer</p>
Comments	Caregiver/Parent
Performed By:	Nurse/Medical Professional/Direct Care Worker
Self	
Daily	
Weekly	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Alternative Therapies	>=21 days
	Occupational Therapy	
Pain Management	Physical Therapy	
	Range of Motion	
	Respiratory Therapy	
	Speech Therapy	
Other		
Assessment of Pain		
	Is the person currently experiencing pain anywhere on their body?	
	No	
	Yes	Chose not to answer
Comments		
	How frequently do they experience pain?	text field
	What is the location of the pain?	text field
	Indicate the severity of your pain: (Rate 0 = No Pain, 10 = Worst Pain imaginable)	0 - 10
	How does the person manage their pain?	text field

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Psychosocial	Behavior/Emotion/Symptoms	
	Injurious to Self	
	Person engages in, or would without an intervention, behavior that causes physical harm or has significant potential for causing physical harm to their own body. Includes putting self in dangerous situations.	
	No	
	Yes	
	Does it require an immediate response?	
	No	
	Yes	
	In what types of physical harm do they engage?	
	Chemical abuse/misuse	
	Head-banging	
	Pulling out hair	
	Puts self in dangerous situations that causes harm or injury	
	Self-burning	
	Self-biting/cutting/hitting/poking/ or stabbing	
	Self restricts eating	
	Other	
	Intervention: Support and/or services provided by staff and/or caregiver	
	Requires no intervention	
	Needs interventions in the form of cues - responds to cues	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	How often on a weekly basis is intervention needed?	<p>Needs redirection - responds to redirection</p> <p>Needs behavior management or instruction - resists redirection/intervention</p> <p>Needs behavior management or instruction - physically resists intervention</p>
		<p>Less than weekly</p> <p>One time per week</p> <p>Two times per week</p> <p>Three times per week</p> <p>4 or more times per week but not daily</p> <p>Daily</p>
	Aggressive Toward Others, Physical	<p>Person engages in, or would without an intervention, behavior that causes physical harm to other people or to animals. A person who causes physical harm due to involuntary movement is not considered to have physical aggression towards others.</p> <p>No</p>
	Does it require an immediate response?	<p>Yes</p> <p>No</p>
	What types of physical aggression toward others do they engage?	<p>Bites</p> <p>Hits/Punches/Kicks</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Pulls others hair	
	Pushes	
	Scratches	
	Throws objects at others	
	Touches others in a sexual manner against their will	
	Uses objects to hurt others	
	Other	
	Intervention: Support and/or services provided by staff and/or caregiver	
	Requires no intervention	
	Needs interventions in the form of cues - responds to cues	
	Needs redirection - responds to redirection	
	Needs behavior management or instruction - resists redirection/intervention	
	Needs behavior management or instruction - physically resists intervention	
	How often on a weekly basis is intervention needed?	
	Less than weekly	
	One time per week	
	Two times per week	
	Three times per week	
	4 or more times per week but not daily	
	Daily	
	Aggressive Toward Others, Verbal/Gestural	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Person engages in, or would without an intervention, the use language verbally, through written words or symbols, or non-verbally through facial expressions, gestures or signs which threaten psychological, emotional or physical harm towards others.	No Yes
	What types of verbal/gestural aggression toward others do they display?	Attempts to intimidate through aggressive gestures with no physical contact Gloating/Intimidation/Staring Resistive to care
		Swears/yells/screams at others/verbal threats Taunting/Teasing Writes threatening notes Other
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention Needs interventions in the form of cues - responds to cues Needs redirection - responds to redirection Needs behavior management or instruction - resists redirection/intervention Needs behavior management or instruction - physically resists intervention

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	How often on a weekly basis is intervention needed?	<p>Less than weekly</p> <p>One time per week</p> <p>Two times per week</p> <p>Three times per week</p> <p>4 or more times per week but not daily</p> <p>Daily</p>
	Socially Unacceptable Behavior	<p>Person expresses themselves, or would without an intervention, in an inappropriate or unacceptable manner including sexual, offensive or injurious to self with others. Includes behavior that draws negative attention to themselves resulting in increased vulnerability. Behavior can be verbal or non-verbal.</p>
		<p>No</p> <p>Yes</p>
	Type of Socially Unacceptable Behavior Displayed:	<p>Disruptive of other's activities</p> <p>Doesn't understand personal boundaries</p> <p>Spitting</p> <p>Throws food</p> <p>Urinating/Defecating in inappropriate places</p> <p>Other – Socially offensive behavior</p> <p>Exposes private body areas to others</p> <p>Inappropriate touching of others</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Masturbates in public	
	Other - Inappropriate sexual activities	
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention Needs interventions in the form of cues - responds to cues Needs redirection - responds to redirection Needs behavior management or instruction - resists redirection/intervention Needs behavior management or instruction - physically resists intervention
	How often on a weekly basis is intervention needed?	Less than weekly One time per week Two times per week Three times per week 4 or more times per week but not daily Daily
Property Destruction		Person engages in behavior, or would without an intervention, to intentionally disassemble, damage or destroy public or private property or possessions. No Yes
	Does it require an immediate response?	No Yes

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Type of Property Destruction:	Breaks windows, glasses, lamps or furniture Sets fires Uses tools/objects to damage property Other
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention Needs interventions in the form of cues - responds to cues Needs redirection - responds to redirection Needs behavior management or instruction - resists redirection/intervention Needs behavior management or instruction - physically resists intervention
	How often on a weekly basis is intervention needed?	Less than weekly One time per week Two times per week Three times per week 4 or more times per week but not daily Daily
	Wandering/Elopement	Person purposefully will, or would without an intervention, leave an area or group without telling others or depart from the supervision staff unexpectedly resulting in increased vulnerability.
		No Yes

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Type of Wandering/Elopement Behaviors Displayed:	Intentionally wanders away from staff while in the community Leaves living area for extended period of time without informing appropriate person
	Runs away	
	Other	
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention Needs interventions in the form of cues - responds to cues Needs redirection - responds to redirection Needs behavior management or instruction - resists redirection/intervention Needs behavior management or instruction - physically resists intervention
	How often on a weekly basis is intervention needed?	Less than weekly One time per week Two times per week Three times per week 4 or more times per week but not daily Daily
	Legal Involvement	Person has been arrested and convicted of breaking a law or laws and has been determined to have knowledge of breaking laws. No Yes

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Types of Legal Involvement Behaviors Displayed:	
	Assault	
	Burglary	
	Commits arson	
	Drug related crimes	
	Financial crimes/stealing/compulsive spending	
	Prostitution	
	Public nuisance	
	Sexual crimes	
	Shoplifting	
	Terroristic threats	
	Trespassing	
	Other	
	Intervention: Support and/or services provided by staff and/or caregiver	
	Requires no intervention	
	Needs interventions in the form of cues - responds to cues	
	Needs redirection - responds to redirection	
	Needs behavior management or instruction - resists redirection/intervention	
	Needs behavior management or instruction - physically resists intervention	
	Less than weekly	
	One time per week	
	Two times per week	
	Three times per week	
	4 or more times per week but not daily	
	Daily	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	PICA (Ingestion of Non-Nutritive Substances)	
	Person will ingest, or would without an intervention, inedible items such as paper, strings, dirt or toilet water that may cause physical harm to that person	No Yes
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention Needs interventions in the form of cues - responds to cues Needs redirection - responds to redirection Needs behavior management or instruction - resists redirection/intervention Needs behavior management or instruction - physically resists intervention
	How often on a weekly basis is intervention needed?	Less than weekly One time per week Two times per week Three times per week 4 or more times per week but not daily Daily
	Difficulties Regulating Emotions	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Person has instances, or would without an intervention, of emotional behavior that are atypical of others in similar situations	No Yes
	Does it impact the person's functioning?	No Yes
	Does it prevent the person from doing things they want to do?	No Yes
	Check all that apply:	Cries Frequently argues about small things Impulsivity Isolation Over excitement Overzealous social exchanges Screams Shouts angrily Tantrums Throws self on floor Other
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention Needs interventions in the form of cues - responds to cues Needs redirection - responds to redirection Needs behavior management or instruction - resists redirection/intervention

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	How often on a weekly basis is intervention needed?	Needs behavior management or instruction - physically resists intervention Less than weekly One time per week Two times per week Three times per week 4 or more times per week but not daily Daily
	Susceptibility to Victimization	Person engages in, or would without an intervention, behaviors that increase or could potentially increase a person's level of risk or harm or exploitation by others such as befriending strangers No Yes
	How is person susceptible to victimization?	Caregiver neglect Domestic abuse Financial exploitation Person easily manipulated to their detriment Physical exploitation Physically threatened Puts self in harm's way Sexual exploitation Other

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Intervention: Support and/or services provided by staff and/or caregiver	<p>Requires no intervention</p> <p>Needs interventions in the form of cues - responds to cues</p> <p>Needs redirection - responds to redirection</p> <p>Needs behavior management or instruction - resists redirection/intervention</p> <p>Needs behavior management or instruction - physically resists intervention</p>
	How often on a weekly basis is intervention needed?	<p>Less than weekly</p> <p>One time per week</p> <p>Two times per week</p> <p>Three times per week</p> <p>4 or more times per week but not daily</p> <p>Daily</p>
	Withdrawal	<p>Person has a tendency, or would without an intervention, to avoid, isolate or retreat from conversation, interaction or activity</p>
		<p>No</p> <p>Yes</p>
	Types of Withdrawal Behaviors Displayed:	<p>Avoidance</p> <p>Isolation</p> <p>Lack of interest in life events</p> <p>Other</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention Needs interventions in the form of cues - responds to cues Needs redirection - responds to redirection Needs behavior management or instruction - resists redirection/intervention Needs behavior management or instruction - physically resists intervention
	How often on a weekly basis is intervention needed?	Less than weekly One time per week Two times per week Three times per week 4 or more times per week but not daily Daily
	Agitation	Person has a tendency, or would without an intervention, to suddenly or quickly become upset or violent No Yes
	Types of Agitation Behaviors Displayed:	Easily agitated Easily frustrated Other
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention

Arkansas Independent Assessment Questions	
Domain	Question
	Needs interventions in the form of cues - responds to cues
	Needs redirection - responds to redirection
	Needs behavior management or instruction - resists redirection/intervention
	Needs behavior management or instruction - physically resists intervention
	How often on a weekly basis is intervention needed?
	Less than weekly
	One time per week
	Two times per week
	Three times per week
	4 or more times per week but not daily
	Daily
	Impulsivity
	Person has a propensity, or would without an intervention, for sudden or spontaneous decisions or actions
	Yes
	Types of Impulsive Behaviors Displayed:
	Disregard for personal safety
	Easily influenced by others
	Financial
	High risk behaviors
	Thoughtless about boundaries
	Other
	Intervention: Support and/or services provided by staff and/or caregiver
	Requires no intervention

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Needs interventions in the form of cues - responds to cues	
	Needs redirection - responds to redirection	
	Needs behavior management or instruction - resists redirection/intervention	
	Needs behavior management or instruction - physically resists intervention	
	How often on a weekly basis is intervention needed?	
	Less than weekly	
	One time per week	
	Two times per week	
	Three times per week	
	4 or more times per week but not daily	
	Daily	
Intrusiveness		
	Person has a tendency, or would without an intervention, for entering personal or private space without regard or permission	
	No	
	Yes	
	Types of Intrusive Behaviors Displayed:	
	Inappropriate boundaries in public/private areas	
	Physical	
	Verbal	
	Unawareness of interpersonal space	
	Other	
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	How often on a weekly basis is intervention needed?	<p>Needs interventions in the form of cues - responds to cues</p> <p>Needs redirection - responds to redirection</p> <p>Needs behavior management or instruction - resists redirection/intervention</p> <p>Needs behavior management or instruction - physically resists intervention</p>
	Injury to Others	<p>Less than weekly</p> <p>One time per week</p> <p>Two times per week</p> <p>Three times per week</p> <p>4 or more times per week but not daily</p> <p>Daily</p>
	Person engages in behavior, or would without an intervention, that causes actual injury to others that is unintentional; including hitting and punching	<p>No</p> <p>Yes</p>
	Type of Injury to Others	<p>Unintentional</p> <p>Other</p>
	Intervention: Support and/or services provided by staff and/or caregiver	<p>Requires no intervention</p> <p>Needs interventions in the form of cues - responds to cues</p> <p>Needs redirection - responds to redirection</p> <p>Needs behavior management or instruction - resists redirection/intervention</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	How often on a weekly basis is intervention needed?	<p>Needs behavior management or instruction - physically resists intervention</p> <p>Less than weekly</p> <p>One time per week</p> <p>Two times per week</p> <p>Three times per week</p> <p>4 or more times per week but not daily</p> <p>Daily</p>
Anxiety		<p>An overwhelming feeling of apprehension and nervousness characterized by physical symptoms such as sweating and panic attacks. Worry, over-concern or restlessness due to fear that prevents the individual from doing things they want to do and impacts daily functioning</p> <p>No</p> <p>Yes</p>
	Type of Anxious Behaviors Displayed:	<p>Avoidance of people/situations</p> <p>Easily triggered due to past trauma</p> <p>Hoarding</p> <p>Hyper-vigilance</p> <p>Inability to concentrate</p> <p>Phobias due to fear</p> <p>Rocking</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention Needs interventions in the form of cues - responds to cues Needs redirection - responds to redirection Needs behavior management or instruction - resists redirection/intervention Needs behavior management or instruction - physically resists intervention
	How often on a weekly basis is intervention needed?	Less than weekly One time per week Two times per week Three times per week 4 or more times per week but not daily Daily
	Psychotic Behaviors	Markedly inappropriate behavior that affects a person's daily functioning and social interactions. Behavior characterized by a radical change in personality and a distorted or diminished sense of reality
	Type of Psychotic Behaviors Displayed:	No Yes Catatonic behavior Delusions

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Disorganized speech	
	Hallucinations	
	Thought disorder	
	Other	
	Intervention: Support and/or services provided by staff and/or caregiver	<p>Requires no intervention</p> <p>Needs interventions in the form of cues - responds to cues</p> <p>Needs redirection - responds to redirection</p> <p>Needs behavior management or instruction - resists redirection/intervention</p> <p>Needs behavior management or instruction - physically resists intervention</p>
	How often on a weekly basis is intervention needed?	<p>Less than weekly</p> <p>One time per week</p> <p>Two times per week</p> <p>Three times per week</p> <p>4 or more times per week but not daily</p> <p>Daily</p>
	Manic Behaviors	<p>Elevated changes in mood states characterized by severe fluctuations in energy and activity level, inappropriate elation and grandiose notions. Manic behavior patterns include hyperactivity, increased energy and heightened mood</p> <p>No</p> <p>Yes</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Type of Manic Behaviors Displayed:	<p>Decreased need for sleep</p> <p>Distractibility</p> <p>Grandiosity</p> <p>Inflated self-esteem</p>
		<p>Rapid/intense speech inappropriate to situation</p> <p>Other</p>
	Intervention: Support and/or services provided by staff and/or caregiver	<p>Requires no intervention</p> <p>Needs interventions in the form of cues - responds to cues</p> <p>Needs redirection - responds to redirection</p> <p>Needs behavior management or instruction - resists redirection/intervention</p> <p>Needs behavior management or instruction - physically resists intervention</p>
	How often on a weekly basis is intervention needed?	<p>Less than weekly</p> <p>One time per week</p> <p>Two times per week</p> <p>Three times per week</p> <p>4 or more times per week but not daily</p> <p>Daily</p>
	Patient Health Questionnaire (PHQ-2) (Age 18-64)	
	During the last two weeks, have you often been bothered:	
	By having little interest or pleasure in doing things?	<p>No</p> <p>Yes</p>

Arkansas Independent Assessment Questions	
Domain	Question
	By feeling down, sad or hopefulness?
	No
	Yes
	Patient Health Questionnaire (PHQ-9) (Age 18-64)
	Over the last two weeks, how often have you been bothered by any of the following problems?
	Little interest or pleasure in doing things
	Feeling down, depressed or hopeless
	Trouble falling or staying asleep, or sleeping too much
	Feeling tired or having little energy
	Poor appetite or overeating
	Feeling bad about yourself - or that you are a failure or have let yourself or your family down
	Trouble concentrating on things, such as reading the newspaper or watching television
	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
	Thoughts that you would be better off dead, or of hurting yourself in some way
	Add Columns
	Total Score
	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
	Not difficult at all
	Somewhat difficult
	Very difficult

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Geriatric Depression Scale (Age 65+)	Extremely difficult
	During the last two weeks, have you often been bothered:	
	By having little interest or pleasure in doing things?	No Yes
	By feeling down, sad or hopelessness?	No Yes
	Are you basically satisfied with your life?	All answers are either Yes or No
	Have you dropped many of your activities and interests?	All answers are either Yes or No
	Do you feel that your life is empty? Do you often get bored?	All answers are either Yes or No All answers are either Yes or No
	Are you in good spirits most of the time?	All answers are either Yes or No
	Are you afraid that something bad is going to happen to you? Do you feel happy most of the time? Do you often feel helpless?	All answers are either Yes or No All answers are either Yes or No All answers are either Yes or No
	Do you prefer to stay at home, rather than going out and doing new things?	All answers are either Yes or No

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Do you feel you have more problems with memory than most?	All answers are either Yes or No
	Do you think it is wonderful to be alive now?	All answers are either Yes or No
	Do you feel pretty worthless the way you are now?	All answers are either Yes or No
	Do you feel full of energy?	All answers are either Yes or No
	Do you feel that your situation is hopeless?	All answers are either Yes or No
	Do you think that most people are better off than you are?	All answers are either Yes or No
	Total GDS Score Pediatric Symptom Checklist (PSC-17) (Ages 4-17)	
	Have you or another caregiver ever completed a Pediatric Symptom Checklist form at school or in a physician's office?	
	Yes	
	No	
	Unsure	
	Fidgety, unable to sit still	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Feels sad, unhappy	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Daydreams too much	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Refuses to share	Responses to all are either Never (0); Sometimes (1); or Often (2)

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Does not understand other people's feelings	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Feels hopeless	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Has trouble concentrating	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Fights with other children	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Is down on him or herself	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Blames others for his/her troubles	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Seems to be having less fun	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Does not listen to rules	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Acts as if driven by a motor	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Teases others	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Worries a lot	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Takes things that do not belong to him/her	Responses to all are either Never (0); Sometimes (1); or Often (2)
	Distracted easily	
	Column Total's	
	Total Score	
	Suicide Screen	
	Have you thought about hurting yourself or taking your life in the last 30 days?	No

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Yes	Person unable to respond or refuses to answer Yes-now Yes-within past 2 weeks Yes-within past 2-6 months Yes-within past 6 months to 1 year Yes-1 year or more
	No	Do you have a plan? No Yes- contact a mental health professional immediately Person unable to respond or refuses to answer
	No	Do you have the means or some way to carry out your plan? No Yes- contact a mental health professional immediately Person unable to respond or refuses to answer
	No	Do you have a time planned that you will do this? No Yes- contact a mental health professional immediately Person unable to respond or refuses to answer
Alcohol/Substance Abuse		
Alcohol Use:		
	Do you currently drink alcoholic beverages like beer, wine or liquor?	No Yes Sometimes Chose not to answer
	How frequently do you drink alcoholic beverages?	Daily 1-3 times per week 4-6 times per week Once a month or less Rarely Chose not to answer

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Within the last year, has drinking affected your job, family life and friendships or caused legal problems?	No Yes Explain Sometimes Explain Choose not to answer
	Alcohol CAGE Questionnaire	
	Have you felt you should Cut down on your drinking?	No Yes Choose not to answer
	Have people Annoyed you by criticizing your drinking?	No Yes Choose not to answer
	Have you ever felt bad or Guilty about your drinking?	No Yes Choose not to answer
	Have you had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?	No Yes Choose not to answer
	Score	
	Interpretation of Score	
	Substance Abuse	
	Does the person currently use any street/illegal drugs (i.e. methamphetamine, speed, marijuana) or misuse/abuse prescription	No Yes Sometimes Choose not to answer

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Within the last year, has your substance use affected your job, family life and friendships or caused legal problems?	No Yes Explain Sometimes Explain Chose not to answer
	Substance Abuse CAGE Questionnaire	
	Have you felt you should Cut down on your drug use?	No Yes Chose not to answer
	Have people Annoyed you by criticizing your drug use?	No Yes Chose not to answer
	Have you ever felt bad or Guilty about your drug use?	No Yes Chose not to answer
	Have you gotten high first thing in the morning to steady your nerves or to help you feel better (eye opener)?	No Yes Chose not to answer
	Intpretation of Score	
Memory & Cognition	Functional Memory & Cognition	Does the person have a problem with cognitive functioning due to developmental disabilities or related condition, which manifested itself during the developmental period (birth through age 21), by report or by review of psychological testing results? No Undetermined

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Referral for testing	Yes- Due to developmental disabilities	
	Need referral	
Does the person have a documented diagnosis of brain injury or related neurological condition that is not congenital?	Referral made-waiting for testing results	
No		
Yes		
Choose one	Acquired or traumatic brain injury Degenerative or genetic disease that became symptomatic on or after the person's 18th birthday	
	Text field	
What is the diagnosis?		
Modified Rancho Los Amigos Level of Cognitive Functioning (Select One)	I person is completely unresponsive to stimuli II person reacts inconsistently and non-purposefully to stimuli III Person responds specifically but inconsistently to stimuli and may follow simple commands IV Person is in a heightened state of activity with severely decreased ability to process information. Behavior is non-purposeful relative to the immediate environment. V Person appears alert and responds to simple commands fairly consistently. Agitation, which is out of proportion (But directly related to stimuli), may be evident. VI Person shows goal directed behavior but depends on external input for direction VII Person goes through daily routine automatically, has absent to minimal confusion, but lacks insight.	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	VIII Person is alert and oriented. Independence in the home and community has returned. Social, emotional and cognitive abilities may be decreased.	
Notes Comments		
Mental Status Evaluation	Now, I'm going to read you a list of questions. These are questions that are often asked in interviews like this and we are asking them the same way to everyone. Some may be easy and some may be difficult. Would this be alright?	
	Yes	
	Refused	
	N/A	
Let's Start with Today's Date		
	What year is it now?	
	What month is it now?	
Memory Phase: Ask beneficiary to repeat phrase after you TWICE:		
	John Brown, 42 Market Street, Chicago	
	About what time is it? (within 1 hour)	
	Count backwards 20 to 1	
	Say the months in reverse order	
	Repeat the memory phrase (Once)	
Ask beneficiary to repeat memory phrase above.		
Total Weighted Score		
Interpretation	A score of 10 or more is consistent with the presence of dementia, excluding REFUSED or NA	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	What type of support does the person need in the home for assistance with activities that require remembering, decision-making or judgment?	<p>Someone else needs to be with the person always, to observe or provide supervision.</p> <p>Someone else needs to be around always, but they only need to check on the person now and then.</p> <p>Sometimes the person can be left along for an hour or two</p> <p>Sometimes the person can be left alone for most of the day</p> <p>The person can be left alone all day and all night, but someone needs to check in on the person every day.</p>
	What type of support does the person need to help with remembering, decision-making, or judgment when away from home?	<p>The person can be left alone without anyone checking in.</p> <p>The person cannot leave home, even with someone else, because of behavioral difficulties (becomes very confused or agitated during outings, engages in inappropriate behavior, becomes aggressive etc.</p> <p>Someone always needs to be with the person to help with remembering, decision making or judgment when away from home.</p>
	Notes Comments	<p>The person can go places alone as long as they are familiar places</p> <p>The person does not need help going anywhere</p>
Sensory & Communication	Vision	<p>Does the person have any problems with their vision?</p> <p>No</p> <p>Yes</p> <p>Chose not to answer</p>
	Hearing	
	Speech	
	Other	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Describe your vision WITHOUT the use of an assistive device	<p>Adequate: Can read regular print in books or newspapers Minimally Limited: Can read regular print but may have decreased peripheral vision; may not read regular print but can read headlines or large print Moderately Limited: Must have large print to 'read'; has difficulty identifying small objects; vision has limited usefulness for navigation Severely Limited: Sees primary lights and shadows; has significantly restricted field vision; or no useful vision</p>
	Does the person use any assistive device to help with their vision?	<p>No Yes Chose not to answer</p>
	Describe your vision WITH the use of an assistive device	<p>Adequate: Can read regular print in books or newspapers Minimally Limited: Can read regular print but may have decreased peripheral vision; may not read regular print but can read headlines or large print Moderately Limited: Must have large print to 'read'; has difficulty identifying small objects; vision has limited usefulness for navigation Severely Limited: Sees primary lights and shadows; has significantly restricted field vision; or no useful vision</p>
Notes Comments		
Hearing		
Does the person have any hearing loss?		<p>No Yes Chose not to answer</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Describe your hearing WITHOUT use of an assistive device	<p>Normal</p> <p>Minimally impaired: Difficulty in 1:1 conversations with some people and / or in noisy environments</p> <p>Moderately impaired: Some useful hearing; using own speech to make needs and wants known</p> <p>Highly impaired: May hear loud sounds; identifying source and location of sound may be difficult; relies on visual means for understanding others (sign language, written language, speech reading, captioning on television)</p> <p>Severely impaired: No useful hearing</p> <p>Unknown</p>
	Does the person use any assistive devices to help with their hearing?	<p>No</p> <p>No-uses interpreter</p> <p>Yes</p> <p>Chose not to answer</p>
	Describe your hearing WITH use of an assistive device	<p>Normal</p> <p>Minimally Impaired- difficulty 1:1 conversations with some people and / or in noisy environments</p> <p>Moderately Impaired- Overall useful hearing, uses own speech to make needs and wants known</p> <p>Highly Impaired- may not hear loud sounds; identifying source and location of sound may be difficult; relies on visual means for understanding (sign language, written language, speech reading, captioning on television)</p> <p>Severely impaired- no useful hearing</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
Functional Communication	Does the person have difficulty communicating with and or making their wants and needs known to others?	<p>No</p> <p>Yes</p> <p>Choose not to answer</p>
	Describe the nature of the difficulty (check all that apply)	<p>Delayed expressive language</p> <p>No functional communication</p> <p>No functional expressive language</p> <p>Non-Verbal</p> <p>Receptive language impairment (inability to comprehend spoken language)</p> <p>Speech impairment (articulation)</p> <p>Speech impairment (functional expressive language)</p> <p>Cognitive issues (delayed disordered development)</p> <p>Deaf</p> <p>Motor issues (cerebral palsy, act)</p> <p>Neurological issues (e.g., seizures, aphasia, apraxia)</p> <p>Physical medical issues (e.g., after a laryngectomy)</p> <p>Other</p> <p>Explain</p>
	What is the primary cause of the difficulties you identified?	
	Expressive Communication Skills	<p>No impairment</p> <p>Speech intelligible to familiar listeners</p> <p>Speech difficult to understand</p> <p>Combines signs and or gestures to communicate</p>
	Receptive Communication Skills	<p>Uses single signs or gestures to express wants and needs</p> <p>Uses augmentative communication</p> <p>Does not have functional expressive language</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Does the person currently receive speech and language therapy?	<p>No Comprehends conversational Speech</p> <p>Yes Comprehends phrases with gestural cues modeling prompts</p>
	Does the person use some form of sign language to communicate	<p>No Limited Comprehension - one or two words</p> <p>Yes Comprehends signs gestures modeling prompts</p>
	What types of sign language do you use	<p>No Does not comprehend verbal, visual or gestural communication</p> <p>Yes Comments</p>
	Does the person use visual language, other than sign language to communicate?	<p>No American sign language</p> <p>Yes Baby sign</p>
		<p>No Emoticon+Bodicon (Facial expression + body language)</p> <p>Yes Home signs, gestures</p>
		<p>No International sign language</p> <p>Yes Limited or Close Vision Signing</p>
		<p>No Manual alphabet (finger spelling)</p> <p>Yes Signed English</p>
		<p>No Tactile (hand in hand) Signing</p> <p>Yes Other</p>
		<p>No Explains</p> <p>Yes Comments</p>

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	What Type	Chose not to answer
		Cued Speech
		Speech reading
		Writing or typing
		other
		Explain
	Does the person use facilitated communications	No
		Yes
		Chose not to answer
	Does the person use any type of augmentative communication device	No
		Yes
		Chose not to answer
	What type of device(s)?	Alpha Smart
		Alpha Talker
		Artificial Larynx
		Big Mac Switch
		Braille Screen Communicator
		Cheap talk
		Dynamite
		Dynavox
		Electric output device
		Link Assistive Device
		Mini Message Mate
		PECS
		Pocket Talker
		Speak Easy
		TTY

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Does the person have a sensory integration disorder diagnosis?	No Voice Photo Album Voice Recognition Software Other Personal Listing Device Other picture systems Other
		Yes Explain Choose not to answer
	Does the person have a Hypersensitivity Diagnosis - are they overly sensitive to sensory stimulation (touch, taste, smell, movement, hearing, vision)?	No Yes Explain Choose not to answer
		No Yes Choose not to answer Noise canceling headphones Occupational therapy Safety ear plugs Sensory diet / menu for gaining behavioral control Other device Explain Other intervention Explain
	Does the person use assistive devices or other interventions to help with sensory integration?	No Yes Check all that apply:
		Appear to hear adequately, but have a delayed response to sounds / speech
	Does the person experience any of the following issues related to sensory input?	

Arkansas Independent Assessment Questions	
Domain	Question
	Responses
	Avoid being touched
	Can't keep hands to self
	Difficulty keeping tongue in mouth, put hands / fingers in mouth frequently
	Difficulty making transitions from one situation to another
	Difficulty screening out sights and sounds (visual/auditory stimuli)
	Difficulty unwinding or calming self
	Engage in self-injury
	Engage in self-stimulation
	Fearful of activities moving through space, such as using an escalator, climbing stairs, etc.
	Fearful of new tasks and situations
	Grind, clench teeth
	Make repetitive vocal sounds - such as humming, throat-clearing, frequent coughing
	Misjudge force required to open and close doors, give hugs, etc.
	More clumsy or careless than peers
	Overly sensitive to touch, movement, sights, lights, or sounds
	Poor balance
	Prefer activities that involve swinging, spinning, rocking
	Reject textures of food, clothing
	Respond to loud or unexpected noise by becoming upset
	Rock self, to sleep, in frustration, in comfort, in excitement
	Smell objects
	Under-reactive to touch, movement, sights, or sounds

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Unusually high activity level	
	Unusually low activity level	
	Unusual reaction to pain - doesn't seem to notice	
	Unusual reaction to pain - particularly noticeable reaction	
	Walk on toes	
	Other	
	Explain	
Self-Preservation	Does the person requires a 24-hour plan of care that includes a back-up plan that reasonably assures their health and safety in the community?	No - Person accesses supports as needed
		No - Person requires some services; doesn't require a 24-Hour Plan of Care
	Yes	
	Unknown	
	Awake supervision	
	Formal behavior support	
	Independent	
	Which of the following items does the 24-Hour Plan require?	Minimal supervision (verbal/physical prompts for preservation)
		Mentally unable
		Physically unable
		Both mentally and physically unable
	No	
	Yes	
	Alcohol and/or other drug use leading to health or safety concerns	
	Check all that apply:	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Behaviors that pose a threat of harm to self or others	
	Dehydration or malnutrition	
	Hygiene that may compromise health	
	Impairment of orientation, memory, reasoning and/or judgment	
	Inability to manage funds that may result in negative consequences	
	Inability to manage medications or to seek medical treatment that may threaten health or safety	
	Unsafe/unhealthy living conditions	
	Other	
	This person is at risk of neglect, abuse or exploitation by another person?	
	No	
	Yes	
Caregiver		
	Name	Parent
	Relationship	Child
		Spouse/Significant Other/Partner
		Guardian/Legal Representative
		Other
	Do you currently live in the same household as the individual you provide care for?	
	No	
	Yes	
	Explain	
	Chose not to answer	
	What kind of help do you give this individual:	
	Arranging Coordinating care, including clinic visits, etc.	
	Housekeeping (such as meal preparation, cleaning & laundry)	
	Managing medications (like helping set up)	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Money Management	
	Monitoring health (like blood pressure or diabetes)	
	Paperwork like filing insurance claims or handling legal matters	
	Personal care (such as bathing, dressing, toileting, etc.)	
	Shopping and errands	
	Supervision for safety	
	Transportation	
	Other	
Comments		
	Do you or family have concerns about the individual's memory, thinking or ability to make decisions?	
	No	
	Yes	
	Choose not to answer	
Comments		
	Are you very concerned or somewhat concerned?	
	Very concerned	
	Somewhat concerned	
	No	
	Yes	
	Explain	
	Choose not to answer	
	Given the individual's CURRENT CONDITION, have you ever considered placing him / her in a different type of care setting, such as a nursing home or another care facility for long-term placement?	
	Probably not	
	Definitely not	
	Probably would	
	Definitely would	
	Does not apply- individual is in care facility	
	Excellent	
	How would you describe your own health	

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Do your own health problems ever get in the way of providing care?	Good Fair Poor Chose not to answer
	How would you rate your level of stress related to caring for this individual	No Yes Chose not to answer
	Do you have difficulty getting a good night's sleep, 3 or more times a week?	None Low Medium High Unsure Chose not to answer
	Are you currently Employed?	No Yes Sometimes Chose not to answer
	Do you have anyone to help you with caregiving?	Working Full Time Working Part Time Not Currently Working No Yes Chose not to answer
	Can you depend on this person to help you when you need it?	No Explain Yes Unsure

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Are you currently receiving any caregiver supports (e.g. respite, training or education, caregiver coaching or counseling or support groups)?	<p>Chose not to answer</p> <p>No</p> <p>Yes</p> <p>Chose not to answer Open text field</p>
	Describe the supports services and frequency:	
	Are there any issues obstacles that make it more difficult to provide support to the individual?	<p>No</p> <p>Yes</p> <p>Chose not to answer</p>
	Check all that apply	
		Information
		Education or training (direct care skills, disease process)
		Help managing his her memory care or behavior issues
		Help managing his her care needs (medications, treatments)
		Help with finances
		Finding time for myself (respite, breaks from caregivers)
		One -to-one coaching or counseling
		Developing an informal network of support
		Dealing with family relationships and communications
		Home Safety modifications
		Technology and assistive devices
		Hiring my own help
		Help addressing my own care needs
		Balancing work, family and caregiving responsibilities
		Help with chemical or mental health issues for myself
		Other

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Comments	
	In an average week, how many hours do you provide care for this individual?	0-4 hours of care 4.1 - 8 hours of care 8.1 - 16 hours of care 16.1 - 23 hours of care 24 hours of care
	Comments	
Employment	Has your school team discussed plans to begin exploring your work, volunteer or post -secondary educational options?	No Yes Choose not to answer
	Do you know referral to Vocational Rehabilitation is an option, even while they attend high school? (ages 13 -21)	No Yes Choose not to answer
	Describe planning efforts such as employment goals included on IEP, etc.	
	Is the person currently employed	No Yes N/A Choose not to answer

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Which statement best describes your status at this time?	Unemployed: looking for work Unemployed: not looking for work Explain: Retired
	Comments	
	Type of employment:	
	Center-based sheltered employment activity	
	Name of agency; contact:	
	Competitive-with job support coaching	
	Competitive - without job support	
	Name of agency; contact:	
	Educational Program	
	Name of agency; contact:	
	Self-Employment- with job support	
	Self -Employment-without job support	
	Supported work in an enclave group crew setting	
	Name of agency; contact:	
	Other	
	Explain:	
	Quality of Life	
	Routines and Preferences	
	What is a typical day like for you?	Open text field
	What are some things you enjoy doing?	Open text field
	How do you want to spend your time?	Open text field
	Do you like where you live (housing, city, county, etc.?)	No Explain Yes

Arkansas Independent Assessment Questions		
Domain	Question	Responses
	Strengths and Accomplishments	Chose not to answer
	What are some of the things you feel you are good at doing?	Open text field Notes/Comments
Relationships		
Supports-Family, Friends and Others	Who are some people you enjoy spending time with?	Open text field
Future Plans	What would you like for yourself in the future?	Open text field Notes/Comments