

Level of Care Assessment Instrument

Individual _____ Date of birth _____ Age _____

Social Security number _____ Medicaid number _____

Name of assessor _____ Date of assessment _____

Location of assessment _____

Informant _____ Relationship _____

Informant _____ Relationship _____

Informant _____ Relationship _____

Document(s) reviewed _____

a. Condition

- a. A medical or psychological evaluation from a qualified clinician must be on file. Submission of the standardized diagnosis form is required, including the clinician's license number, signature, and date.
- b. Children birth through age 9 **(If yes to the following 3 questions, the individual has a DD level of care. No further assessment is required.)**

Yes No Does the clinician's verification form indicate the individual has a substantial developmental delay or a specific diagnosed congenital/acquired condition?

Yes No Does the clinician's verification form indicate the diagnosed delay or condition is attributable to a mental or physical impairment or combination of mental/physical impairments **other than** an impairment solely caused by mental illness?

Yes No Does the clinician's verification form indicate that, without services and supports, the diagnosed condition is likely to result in at least three substantial functional limitations, as defined in section 2, later in life?

c. Ages 10 and above

Yes No Does the clinician's verification form indicate the individual has a diagnosed severe, chronic disability?

Yes No Does the clinician's verification form indicate the diagnosed disability is attributable to a mental or physical condition or combination of mental/physical impairments **other than** a sole mental health condition?

Yes No Does the clinician's verification form indicate the diagnosed disability was manifested before the age of 22?

Yes No Does the clinician's verification form indicate the diagnosed disability is likely to continue indefinitely?

b. Areas of major life activity

a. **Self-care**

1. The individual is able to cleanse one's body by bathing, showering, sponge bath, or other generally acceptable method. The assessor should not consider the individual's ability to transfer in/out of the tub/shower or how well the individual cleanses self during the toileting process. These areas are addressed in other sections.

0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

2 With prompts to initiate or assistance to set-up from another person

4 With the assistance of another person to complete the task

6 The activity must be performed by another person on the individual's behalf

2. The individual is able to complete oral hygiene (tooth-brushing, denture care, etc.) tasks

0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance

1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders

2 With prompts to initiate or assistance to set-up from another person

4 With the assistance of another person to complete the task

6 The activity must be performed by another person on the individual's behalf

3. The individual is able to perform tasks related to hair care (brushing, styling, etc.)
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate or assistance to set-up from another person
 - 4 With the assistance of another person to complete the task
 - 6 The activity must be performed by another person on the individual's behalf
 - 8 Not applicable

4. The individual is able to perform nail care tasks (cleaning, trimming, etc.)
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate or assistance to set-up from another person
 - 4 With the assistance of another person to complete the task
 - 6 The activity must be performed by another person on the individual's behalf
 - 8 Not applicable

5. The individual is able to shave (facial hair, under arms, legs, etc.), if needed
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate or assistance to set-up from another person
 - 4 With the assistance of another person to complete the task
 - 6 The activity must be performed by another person on the individual's behalf
 - 8 Not applicable

6. The individual is able to apply deodorant
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate or assistance to set-up from another person
 - 4 With the assistance of another person to complete the task
 - 6 The activity must be performed by another person on the individual's behalf
 - 8 Not applicable

7. The individual is able to complete activities necessary to eliminate and dispose of bodily waste by using a commode, bedpan or urinal; changing incontinence or feminine hygiene supplies; wiping; or managing an ostomy or catheter
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate from another person
 - 4 With the assistance of another person to complete the task
 - 6 The activity must be performed by another person on the individual's behalf

8. The individual is able to put on and fasten AND unfasten and take off items of clothing. The assessor should not consider personal style or ability to match clothing.
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate or set-up from another person
 - 4 With the assistance of another person to complete the task
 - 6 The activity must be performed by another person on the individual's behalf

9. The individual is able to feed oneself, including the processes of getting food into one's mouth, chewing and swallowing and/or managing a feeding tube

- 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
- 2 With prompts to initiate or assistance to set-up from another person
- 4 With the assistance of another person to complete the task
- 6 The activity must be performed by another person on the individual's behalf

b. Receptive and expressive language

1. The individual is able to express needs and wants in a manner that is understandable to people who do not know the individual using spoken, written, signed, electronic, or mechanical means

- 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- 1 Independently with the use of assistive devices/equipment
- 4 With the assistance of another person
- 6 The activity must be performed by another person on the individual's behalf

2. The individual is able to understand people who communicate through spoken, written, signed, electronic, or mechanical means

- 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- 1 Independently with the use of assistive devices/equipment
- 4 With the assistance of another person
- 6 The activity must be performed by another person on the individual's behalf

c. Mobility

1. The individual is able to move between locations by ambulation or other means
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With intermittent assistance from another person, such as for assistance with stairs, navigating curbs or traveling on uneven surfaces.
 - 6 With the routine assistance of another person to complete the task

2. The individual is able to position oneself when sitting or lying down.
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment,
 - 2 With prompts to initiate from another person
 - 4 With the assistance of another person to complete the task
 - 6 The activity must be performed by another person on the individual's behalf

3. The individual is able to transfer between surfaces, such as to/from bed, chair, tub, standing position
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate or assistance with set-up from another person
 - 4 With the assistance of another person to complete the task, such as continual supervision, physical guidance or use of a gait belt.
 - 6 The individual requires use of a mechanical lift for transfers with the assistance of one or more people.

4. The individual is able to cross streets safely by using crosswalks, following traffic signals, etc.
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment
 - 2 With the presence of another person, for prompting/assistance, in unfamiliar areas only.
 - 4 With the presence of another person for prompting/assistance, in both familiar and unfamiliar areas.

d. Self-direction

1. The individual is able to make decisions about daily routines that are consistent with one's own lifestyle, values, and goals (For ages 16+ only)
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 2 With assistance of another person for new/unfamiliar situations
 - 4 With assistance of another person for reminding, planning, or adjusting routine, even with familiar situations
 - 6 The activity must be performed by another person on the individual's behalf.
 - 8 Not applicable (To be used only for individuals under the age of 16)
2. The individual is able to ask for help, when needed, for physical, emotional, or practical needs
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment,
 - 2 With prompts to initiate from another person
 - 4 The activity must be performed by another person on the individual's behalf

3. The individual is able to occupy self and follow rules for short periods of time

- 0 Independently - The person can be left alone without any supervision (Under age 12 - able to be left alone for at least 2 hours with a responsible adult in another area of the house
Ages 12 – 15 able to remain alone for at least two hours)
- 1 With assistive technology to obtain assistance, if needed
- 2 With another person checking in daily
- 4 With another person present for at least half of the person’s waking hours
- 6 With the presence of another person for all waking hours
- 10 With the presence of another person throughout the day and night

4. The individual is able to make informed choices that are unlikely to result in harm to self or others

- 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
- 1 Independently - Within a structured environment only
- 2 With supervision in public/community settings only
- 4 With supervision within a structured/familiar environment
- 6 With the assistance of more than one person in public or unfamiliar settings

5. Indicate frequency of support required by the individual within the past 12 months to prevent the following types of behaviors from occurring or to intervene when they occur.

	Not Applicable	Less than monthly	Monthly	At least once weekly	Daily	2 or more times per day
Injury to self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Property destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wandering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual offending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e. Capacity for independent living

1. The individual is able to identify grocery, clothing, and household items needing purchased
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate from another person
 - 4 With the assistance of another person to set-up or complete the task
 - 6 The activity must be performed by another person on the individual's behalf
 - 8 Not applicable (N/A for individuals under age 16)

2. The individual is able to obtain or purchase needed items, including groceries, clothing, and other household items
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate from another person
 - 4 With the assistance of another person to set-up or complete the task
 - 6 The activity must be performed by another person on the individual's behalf
 - 8 Not applicable (N/A for individuals under age 16)

3. The individual is able to prepare or cook food for oneself (Individuals under age 16 – able to prepare a snack)
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate from another person
 - 4 With the assistance of another person to set-up or complete the task
 - 6 The activity must be performed by another person on the individual's behalf

4. The individual is able to maintain cleanliness of the living environment by completing essential housework tasks (For individuals under age 16 – Able to participate in housework tasks)
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate from another person
 - 4 With the assistance of another person to set-up or complete the task
 - 6 The activity must be performed by another person on the individual's behalf

5. The individual is able to use technology to connect to community services and supports, including phones, computers, mobile devices, etc.
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate from another person
 - 4 With the assistance of another person to set-up or complete the task
 - 6 The activity must be performed by another person on the individual's behalf

6. The individual is able to access and use transportation (For individuals under age 16 – Able to access neighborhood resources)
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate from another person
 - 4 With the assistance of another person to set-up or complete the task
 - 6 The activity must be performed by another person on the individual's behalf

7. The individual is able to wash and dry one's clothing and household items by machine or by hand
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment, including devices/equipment for initial prompting or reminders
 - 2 With prompts to initiate from another person
 - 4 With the assistance of another person to set-up or complete the task
 - 6 The activity must be performed by another person on the individual's behalf
 - 8 Not applicable (N/A for individuals under age 16)

f. Economic Proficiency (N/A for individuals under age 16)

1. The individual is able to maintain competitive community employment or self-employment earning at least minimum wage
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 1 Independently with the use of assistive devices/equipment or other reasonable accommodations
 - 2 With intermittent supports, coaching, or follow-along by another person
 - 4 With support/coaching by another person for the entire shift
 - 6 The individual is not able to maintain competitive community employment or self-employment.
 - 8 Not applicable (N/A for individuals under age 16)
2. The individual is able to secure money in a safe location and to access it , when needed (Does not include assistance with transportation)
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 2 With prompts to initiate from another person
 - 6 The activity must be performed by another person on the individual's behalf
 - 8 Not applicable (To be used for individuals under the age of 16)

3. The individual is able to make simple purchases (Does not include transportation to locations)
 - 0 Independently - Completes task safely, consistently, without undue effort, and in a reasonable amount of time with no assistance
 - 2 With the assistance of another person to complete the task
 - 6 The activity must be performed by another person on the individual's behalf
 - 8 Not applicable (To be used for individuals under the age of 16)

g. Learning/Cognition

1. The individual has been diagnosed as having an intellectual disability by a qualified clinician through use of standardized testing.
 - 0 No
 - 6 Yes

2. The individual is able to complete activities within the home that require remembering, decision-making, or judgment. (For individuals ages 16 and above.)
 - 0 Independently - The person can be left alone without any supervision
 - 1 With assistive technology to obtain assistance, if needed
 - 2 With another person checking in daily.
 - 4 With another person present for at least half of the person's waking hours
 - 6 With the presence of another person for all waking hours
 - 8 Not applicable (To be used for individuals under age 16)
 - 10 With the presence of another person throughout the day and night

h. Health-related supports

1. Frequency with which the individual requires assistance with medication administration.

Not applicable (N/A for individuals under 18)	Monthly	Weekly	Daily	Twice daily	More than twice daily
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Frequency with which the individual requires supports for any of the following:

	Not Applicable	Less than monthly	At least once per month	At least once per week	Daily	Two or more times daily
Suctioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracheostomy care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ventilator/respirator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home infusion therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total parenteral nutrition (TPN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decubitus (wound) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peritoneal or hemodialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enteral (tube) feedings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Frequency with which the individual requires supports from the following health care providers for monitoring, assessment, or treatment of diagnosed conditions. Include direct service to the individual or any supervision of that service by the clinical specialist. Also include services provided by other specialists or assistants under the direct and regular supervision of the clinical specialist listed.

	Not Applicable	Less than monthly	At least once per month	At least once per week	Daily	Two or more times daily
Nurse (RN/LPN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessor Recommendation:

Based upon a review of the diagnosis and functional assessment information above, I recommend that the individual

DOES **DOES NOT** meet criteria for a developmental disabilities level of care.

DODD Determination:

Based upon a review of the diagnosis and functional assessment information above, I determine that the individual

DOES **DOES NOT** meet criteria for a developmental disabilities level of care.