THE MINNESOTA STAFF ACTIVITIES FORM:

RESULTS OF ITS USE IN A SURVEY OF PERSONS RESIDING IN ICF-MRs

1-25-88

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The Minnesota Department of Human Services has undertaken a project to examine various consumer-based cost reimbursement strategies for the state's ICF-MR system. To inform this work, the Department contracted with Lewin and Associates and the Human Services Research Institute for the completion of numerous activities, including: 1) a review of existing records regarding the present reimbursement system, 2) a review of reimbursement models used elsewhere, 3) the collection of data reflective of the resource use and need status of 1,000 current ICF-MR residents, and 4) the design of a new consumer-based reimbursement system. These activities have been pursued with the involvement of Department staff, as well as other concerned persons in Minnesota, at every stage.

The reimbursement system developed will reflect the reality that some consumers are more costly to serve than others. As the new system is developed, project efforts will address issues related to administrative feasibility, efficient use of resources, reduction of disincentives to serving persons with the severest disabilities, and gaining maximum equity for both consumers and those providing care.

Key to the project is the development of an assessment strategy and related instrumentation for measuring "consumer need status" and related resource consumption. The measurement system must enable efficient projection of resource use by consumers via use of various need status indicators. That is, the need assessments must be capable of identifying differences in the amounts of staff time, expertise and effort that consumers require in ICF-MR placements. Some fixed number of planning categories related to consumer need or resource consumption will be identified rationally and/or empirically. Ultimately, the categories will be validated

empirically by statistical demonstration of the extent to which the consumer need or various indicators of resource use predict consumer consumption of staff time in ICF-MR facilities.

The purpose of this paper is to describe the assessment strategy used to collect needed information on consumer needs and resource consumption. What follows is a description of: the process used to design the assessment instrument employed, the measure itself, the strategy used to administer this measure to nearly 1,000 consumers, and the results obtained. Additionally, relevant research and policy implications are discussed.

Method

Instrument Design

Initially, project staff believed that an existing measure, or some combination of measures, could be used to assess the need status and resource consumption of consumers. A review of available measures yielded at least nine instruments that held such promise:

- ***AAMD Adaptive Behavior Scale (ABS).*** The ABS is a general behavior measure that includes 66 items across all commonly used adaptive behavior domains, e.g., self-care skills, socialization, money skills. The ABS also includes 44 items in maladaptive behavior domains such as self-abuse, aggressiveness and withdrawal. The ABS measures are intended as indices of an individual's capabilities for meeting the demands of living environments.

- ***Behavior Development Survey (BDS).*** The BDS is a short-form research version of the ABS. It provides information on consumer demographics, and on presence and extent of extraordinary disabling disabling conditions in sensory, physical and medical domains. It includes 37 adaptive behavior items and 16 maladaptive behavior items. It has been used in several states for purposes of planning and monitoring services to persons with developmental disabilities.

- ***Client Development Evaluation Report (CDER).*** The CDER was developed

by the State of California to assist with tracking the progress of consumers, to provide summary information on the consumer population, and to assist in evaluating program effectiveness. It provides measures of consumer demographics, extraordinary disabling conditions, equipment needs, adaptive skill performance (65 items) and maladaptive behavior (15 items).

- ***Inventory for Client and Agency Planning (ICAP).*** The ICAP was developed recently by researchers at the University of Minnesota. It is designed as a general tool for managing consumer information relevant to planning and evaluating services. It provides information on consumer demographics, disabling conditions, adaptive skill performance (79 items), maladaptive behavior (16 items), services received and program recommendations.

- ***Scales of Behavior Development (SBD).*** The SBD is a refinement of the Minnesota Developmental Programming System. The SBD provides information on consumer demographics, eligibility/legal status, disabling conditions, adaptive skill performance (80 items), and maladaptive behavior (24 items). It has been used for documentation of consumer need status and other purposes in Illinois, New York, and Maryland.

- ***Client Need Status Rating Scale (CNSRS).*** The CNSRS was developed for use in documenting consumer need status in Nebraska. Rather than focusing on consumer skill levels, it provides measures of the supervision and assistance required by consumers across major adaptive and maladaptive behavior domains. It is designed to provide a direct measure of consumer need status.

- ***Vineland Adaptive Behavior Scales (Vineland).*** The recently-revised Vineland scales are available in several formats: interview, survey and classroom. The Survey Form is the shortest and includes 261 items across major adaptive behavior domains and 36 items addressing maladaptive behaviors.

- ***Quality Assurance Review (QAR).*** The QAR was developed for use as a program review instrument by the Minnesota Department of Health. It provides information in medical, physical and sensory disability areas, measures of assistance required across major adaptive behavior domains, and one item on intervention required for maladaptive behaviors.

- ***Client Assessment and Research Evaluation (CARE).*** The CARE instrument is currently being developed in Texas, specifically for use as part of an assessment strategy in a case-mix reimbursement system. It provides measures of: consumer demographics; disabling conditions and interventions required in physical, medical, and sensory domains;

assistance required in major activities of daily living; intervention required in maladaptive behavior domains; and required restraints and adaptive devices.

To evaluate the utility of these measures and to integrate the preferences of those in Minnesota, project staff undertook two activities. First, a technical consultant specializing in assessment was retained to review these nine measures with regard to their: 1) documented psychometric properties, 2) feasibility of application, and 3) users' evaluations. A report documenting the findings of the technical consultant, is attached as Appendix A. Second, project staff convened a "Technical Advisory Committee," composed of 15 persons in Minnesota who represented a variety of interests and included advocates, service providers, and state officials. This committee met four times over a six month period to offer guidance to project staff concerning the assessment strategy.

Based on the findings of the technical consultant and the issues raised by members of the Technical Advisory Committee, none of the nine measures were deemed appropriate for use in this study. Though several measures held useful strengths, all carried certain shortcomings (e.g., questions were too numerous, some questions pertained to skills that were considered inappropriate, target domains were insufficient, contemporary thought on best habilitative practice was not reflected in the measure's content, the scoring mechanisms used were inappropriate). Thus, project staff, with the guidance of the technical consultant and the Technical Advisory Committee, devised a new measure, designed to suit the specific aims of this study.

This measure, the Minnesota Staff Activities Form (MSAF), is composed of 63 questions and is attached as Appendix B. Those completing the MSAF are asked to take into account these two qualifiers:

- ***The Time Period***: The consumer should be assessed with reference to his/her status and the staff intervention provided during the ***last four weeks***. If the consumer has experienced a drastic change in status or skill performance, or staff intervention practices have been altered in the last four weeks and such change appears to be permanent, responses should be based on current observations. Likewise, if the consumer is newly admitted, responses should be based on current observations; and

- ***The Context***: Since the status of consumers and the staff intervention provided may fluctuate during the day or over the past four weeks, ratings should be based on typical conditions observed 60% or more of the time. The objective is to capture the overall status of the consumer and the level of staff intervention s/he receives.

Aside from these considerations, the MSAF is divided into five sections:

- ***Background information:*** This section consists of ten questions designed to obtain information on the person completing the MSAF and background information on the consumer for whom it is being completed (e.g., age, primary means of communication, legal status, discharge plans);

- ***Extraordinary disabling conditions:*** Aside from cognitive deficits pertaining to one's capacity to reason or learn, consumers may also have complicating disabling conditions regarding their medical status, physical condition, or sensory capacities. This section contains 15 questions concerning such conditions and what is done for the consumer in response to the condition(s);

- ***Activities of daily living:*** This section contains 20 questions targeted to various skill domains. Each item calls for the respondent to rate the level of supervision and assistance the consumer typically receives to perform skills associated with the domain;

- ***Personal interactions:*** Divided into two sections, this component of the MSAF requests information on staff activities related to the consumer's socio-emotional status (six questions) (e.g., personal choice and initiative, development of friendships) and the display of challenging behavior (10 questions) (e.g., self injury, destruction of property, stealing); and

- ***Global ratings:*** The final two questions require respondents to provide an overall rating of how skillful the consumer is at performing daily living skills independently, and of the amount of staff intervention the consumer typically receives.

The underlying purpose of the MSAF is to provide a profile of the ***frequency and type of staff intervention*** that is provided a consumer. Few questions in the MSAF are designed to assess independent functioning in terms of how capable an individual is at performing ***specific tasks.*** Questions in the MSAF depart from this approach in two respects:

- Numerous questions in the MSAF are targeted to ***broad domains*** of every day living (e.g., dressing, personal hygiene), a tactic that allows respondents to rate consumer functioning in a variety of related skills simultaneously, while helping to prevent the association of specific skills to the reimbursement strategy (See Appendix B); and

- The scoring mechanism used in the MSAF captures information on the amount of staff intervention (e.g., supervision, assistance, frequency of intervention) consumers receive regarding the specified activity domain (See Appendix B).

Once designed, the MSAF was fieldtested using staff of six ICF-MRs in Massachusetts to: 1) improve the clarity of question and answer categories, 2) identify questions requiring probing to obtain complete answers, 3) improve the clarity of instructions, 4) identify questions creating hesitancy or defensiveness, 5) approximate the time needed to complete the form, and 6) gain feedback from respondents on how the form could be improved. Following the fieldtest, Department staff and members of the Technical Advisory Committee were asked to review a revised version of the MSAF. Their final recommendations were taken into account as project staff finalized the MSAF.

Sampling Plan

Crucial to any survey is its sampling plan. Ideally, the persons responding to a survey will, when considered together, be representative of the entire target population. For this study, the target population included ***residents of Minnesota's community Intermediate Care Facilities for persons***

with mental retardation (ICF-MRs). The strategy used to obtain a representative sample of these persons involved use of a stratified random sampling design. Three stratifying criteria were applied:

- ***Age of the ICF-MR resident.*** Given the belief that the resource needs of children differ from those of adults, the target population was divided by age into two groups: those less than 18 years old, and those 18 years or older.

- ***Facility size.*** Given federal regulations, one way of categorizing facilities is to bifurcate the distribution at 16 beds. Review of the size of present Minnesota ICF-MRs, however, reveals that 83% of these facilities have fewer than 16 beds. Dividing the distribution at 16 beds, then, would not suffice. Instead, project staff opted to divide facilities into three groups: small (6-10 beds), medium (11-20 beds), and large (21 beds or more). Using this strategy, it was found that 56% of Minnesota's ICF-MRs have 10 or fewer beds, 32% have between 11-20 beds, and 12% have 21 or more beds.

- ***Facility type.*** The population of facilities was divided further according to whether a facility was classified as an "A" (serving persons considered capable of self preservation) or "B" (serving persons deemed not capable of self preservation) type residence.

Review of the community ICF-MR system in Minnesota reveals that 334 facilities are in operation, providing services to 5,009 persons. Figure 1 shows the distribution of all facilities and consumers according to the three stratification criteria. As shown, neither facilities nor consumers are distributed evenly along these dimensions. Cell sizes range from a high of 155 facilities and 1,165 consumers to cells having no representation at all. Since, the objective was to gain a representative cross-section of current facilities along the three criteria, and not necessarily to assure equal representation across all cells, these discrepancies were tolerated.

FIGURE 1: DISTRIBUTION OF ICF-MRS AND CLIENTS ACCORDING TO THREE STRATIFICATION CRITERIA

MINNESOTA FACILITY SAMPLING PLAN

FACILITY SIZE	CHILDREN 0 < 18 YEARS		ADULTS > 18 YEARS		
	A FACILITY	B FACILITY	A FACILITY	B FACILITY	
6-10 PERSONS	SAMPLE: FACILITIES N=4 CLIENTS N=27 POPULATION: FACILITIES N=22 CLIENTS N=147	N=0	SAMPLE: FACILITIES N=16 CLIENTS N=102 POPULATION: FACILITIES N=155 CLIENTS N=1105	SAMPLE: FACILITIES N=4 CLIENTS N=32 POPULATION: FACILITIES N=10 CLIENTS N=76	FACILITIES N=187 CLIENTS N=1328
11-20 PERSONS	SAMPLE: FACILITIES N=1 CLIENTS N=15 POPULATION: FACILITIES N=1 CLIENTS N=15	SAMPLE: FACILITIES N=5 CLIENTS N=79 POPULATION: FACILITIES N=9 CLIENTS N=147	SAMPLE: FACILITIES N=15 CLIENTS N=212 POPULATION: FACILITIES N=81 CLIENTS N=1126	SAMPLE: FACILITIES N=5 CLIENTS N=74 POPULATION: FACILITIES N=14 CLIENTS N=204	FACILITIES N=105 CLIENTS N=1492
21+ PERSONS	N=0	SAMPLE: FACILITIES N=5 CLIENTS N=145 POPULATION: FACILITIES N=9 CLIENTS N=448	SAMPLE: FACILITIES N=4 CLIENTS N=96 POPULATION: FACILITES N=21 CLIENTS N=1165	SAMPLE: FACILITIES N=6 CLIENTS N=131 POPULATION: FACILITIES N=12 CLIENTS N=576	FACILITIES N=42 CLIENTS N=2189
	FACILITIES N=23 CLIENTS N=162	FACILITIES N=18 CLIENTS N=595	FACILITIES N=257 CLIENTS N=3396	FACILITIES N=36 CLIENTS N=856	FACILITIES N=334 CLIENTS N=5009

Owing in part to time and resource constraints, project staff aimed to select a sample of approximately 70 of the 334 facilities (21%), serving about 1,000 of the 5,009 consumers (20%). To obtain an acceptable cross-section of facilities, all 334 facilities were coded from 1-334 and assigned to their appropriate cell. Subsequently, facilities were chosen at random and in proportion to the overall distribution of facilities across all 12 cells. As facilities were chosen, the number of consumers served in each was summed to assure that the final count would not exceed 1,000. It was understood that for those facilities serving 21 persons or more, only up to 35 persons per facility would have MSAFs completed on their status.

Figure 2 displays those facilities chosen and electing to participate in the study, and the number of participating from each by cell. As shown, the final study sample involved 65 of the 334 facilities (19%) and 913 of the 5,009 consumers (18%). Careful comparison of Figures 1 and 2 reveals that the distribution of the sample of facilities is not identical in proportion to the distribution found in the population of facilities. These circumstances could not be fully avoided, given time and resource constraints, the refusal to participate of some facility administrators and other unforeseen factors. The sample, however, does appear to have adequate representation from all relevant cells.

FIGURE 2: FACILITIES SELECTED AND THE NUMBER OF CONSUMERS SERVED BY THREE STRATIFICATION CRITERIA

MINNESOTA FACILITY SAMPLING PLAN

FACILITY SIZE	CHILDREN 0 < 18 YEARS		ADULTS > 18 YEARS		
	A FACILITY	B FACILITY	A FACILITY	B FACILITY	
6-10 PERSONS	CEDAR IV (N=6) FORESTVIEW JAMES (N=6) NE RESIDENCE, INC (N=9) SUMMIT HOUSE I (N=6)	(N=0)	SEVEN 17 RUSTIC LANE (N=9) CURCMIN HOUSE-DODGE (N=6) DULUTH REC CARE CNTR (N=11) FORESTVIEW LEXINGTON (N=6) GOOD NEIGHBOR HOME (N=6) KROEGER'S HOUSE (N=6) MEADOW PARK HOUSE (N=6) NEXTON LUNDON RD (N=0) NEW ULM CRF II (N=6) OUTREACH PLYMOUTH GR HM (N=6) PROJECT NEW HOPE-3 (N=6) RANGE CNTR-BIRCHWOOD (N=6) RESIDENTIAL ALT II (N=6) RESIDENCE III (N=6) SIXTH STREET HOUSE (N=6) TODD COUNTY GR HM, INC (N=10)	CROOKSTON GR HM (N=8) LE SUEUR RESIDENCE (N=10) RANGE CNTR-HAPLEVIEW HM (N=6) THERESA K SEXTON HM SO (N=8)	
	FACILITIES N=4 CLIENTS N=27	FACILITIES N=0 CLIENTS N=0	FACILITIES N=16 CLIENTS N=104	FACILITIES N=4 CLIENTS N=32	FACILITIES N=24 CLIENTS N=163
11-20 PERSONS	PETTIT CHILD'S HM (N=15)	DEVOR CHILD'S HM (N=20) CO GR HM-LACRESCENT (N=15) INDSTATL CHILD'S HM (N=14) OAK RIDGE HM-WABENA (N=16) PINE RIDGE HOMES III (N=13)	ALEXANDER HOUSE (N=14) CHRIST LITTLE FLLS GR HM (N=12) FRIENDSHIP HOUSE (N=13) ESTN CO GR HM-CALEDONIA (N=13) MURIEL HUMPHREY-CHARLSON (N=0) MURIEL HUMPHREY-FRASER (N=24) OAK RIDGE HMS-AITKEN, INC (N=12) PARK AVENUE HM (N=15) REGION PARK HALL (N=12) REM FAIRMONT (N=30) REM MONTEVIDEO (N=15) REM TYLER (N=15) ST ELIZABETH HM (N=13) ST STEPHEN GR HM (N=12) WILSON APTS (N=15)	ADAMS GR HM (N=16) FILLMORE PLACE (N=15) NORTH STAR HMS (N=14) PROJ INDEP.-RIDGEWOOD (N=14) SHINGLE CREEK OPTION (N=15)	
	FACILITIES N=1 CLIENTS N=15	FACILITIES N=5 CLIENTS N=78	FACILITIES N=15 CLIENTS N=215	FACILITIES N=5 CLIENTS N=74	FACILITIES N=26 CLIENTS N=382
21+ PERSONS	(N=0)	DAKOTA'S CHILD, INC (N=44) HAMMER RESIDENCE (N=23) HOMEWARD BOUND I (N=33) MT OLIVET RLLNG ACR (N=32) REM ROSEAU (N=15)	CLARA DOERR-LUDLEY HALL (N=24) GRANITE BOARDING HM (N=23) PORTLAND RESIDENCE (N=24) REM MARSHALL (N=15)	CAMILLA ROSE GR HM (N=24) EDAMATEA ADULT HM (N=20) ORVILLA (N=26) THE LUTHERAN HM (N=26) REM FERNWOOD (N=17) THE PHOENIX RESIDENCE (N=22)	
	FACILITIES N=0 CLIENTS N=0	FACILITIES N=5 CLIENTS N=147	FACILITIES N=4 CLIENTS N=86	FACILITIES N=6 CLIENTS N=135	FACILITIES N=15 CLIENTS N=368
	FACILITIES N=5 CLIENTS N=42	FACILITIES N=10 CLIENTS N=225	FACILITIES N=35 CLIENTS N=405	FACILITIES N=15 CLIENTS N=241	FACILITIES N=65 CLIENTS N=911

Data Collection

Data collection was achieved in four steps: 1) notification of selected facilities, 2) recruitment and training of data collectors, 3) conduct of interviews with survey respondents, and 4) compilation of collected information.

Notification of selected facilities. Administrators of those ICF-MRs selected at random were notified through a letter of explanation sent by staff of the Department of Human Services. The letter provided: 1) a description of the study and the purpose of the survey, 2) information on the amount of staff time that would be required to complete the survey forms, and 3) notification that the letter would be followed by a phone call to answer questions and to set plans for interviewing respondents, if the administrator agreed to participate.

Nearly all those administrators initially contacted agreed to participate. For those few cases where agreement was not obtained or the facility could not be included for some other reason (e.g., it was no longer providing services), alternate facilities were selected at random according to the appropriate cell from those not initially selected. Subsequently, administrators of these other facilities were contacted. This process was continued until a suitable number of facilities was included.

Recruitment and training of data collectors. To recruit an appropriate number of data collectors, and to orchestrate the data collection process overall, project staff retained the services of Creative Community Options of White Bear Lake in Minnesota. This agency identified eight persons with a background in disabilities, but no obvious interest in the outcome of the

survey.

These persons were convened in Minneapolis and participated in a full day training session conducted by project staff where survey logistics were set and instruction provided on how to administer the MSAF. The session was conducted by project staff in collaboration with James Conroy of the Developental Disabilities Center at Temple University. Dr. Conroy has extensive experience with the preparation of data collectors for this type of survey. The guidance and instruction he provided in this regard was greatly valued. All data collectors demonstrated a sound understanding of the instrument's content and application by the end of the session.

Conduct of the interviews. Information was collected on the 913 ICF-MR consumers during a three month period, beginning in May, 1987 and ending in July. To do so, data collectors contacted staff at the selected facilities and arranged a mutually convenient time to meet. Subsequently, one data collector traveled to the facility and interviewed a staff person knowledgeable about the particular consumers under study. No consumers were interviewed directly. In most cases, the data collectors left the facility with the completed MSAFs in hand, though on occasion, because of the great number of MSAFs that had to be completed, some MSAFs were left behind. In such cases, data collectors returned at a later date to pick-up the remaining MSAFs. After reviewing the MSAFs and briefly discussing each with the respondent, the data collector added these to the others completed.

It should be noted that in addition to completing the MSAF, each staff person involved with providing care to those consumers surveyed was asked to to complete a complementing Resource Use Survey. This second survey required staff to provide a detailed description of their work day by work activity

and consumer. The composition of this survey and the findings generated from its use are reported elsewhere in another project report.

Additionally, to check the stability of the responses provided on the MSAF, 30 cases were selected at random and MSAFs were again completed. A data collector not associated with the initial assessment was charged with contacting the original respondent and having the second MSAF completed. Second assessments occurred within two weeks of the first. Unfortunately, however, due to a variety of logistical factors, second assessments were obtained for just 17 of the 30 cases.

Compilation of the collected information. Each of the 913 MSAFs was pre-coded to track return patterns and to simplify the data compilation process. The codes could not be used to identify the names of individual consumers.

Completed MSAFs first were returned to Creative Community Options in Minnesota for screening. Once deemed appropriate for further analysis, completed forms were forwarded to the Human Services Research Institute. Subsequently, information on each MSAF was coded, entered onto computer disk, and prepared for statistical analysis. Analyses were conducted using the Statistical Package for the Social Sciences (SPSS) designed either for the personal computer (SPSSPC+) or the mainframe (SPSS-X).

Results

Frequency statistics generated from the survey are presented below by the five major sections of the MSAF, with Appendix C presenting a copy of the MSAF that shows the frequency distribution by item. A sixth section presents findings related to the computation of variables based on the distribution of

previously defined variables. Finally, a seventh section presents information on the stability of the MSAF. Figures relevant to each section are displayed following the text associated with each particular section.

Background Information

Figures 3 through 11 display findings pertaining to the 10 background questions on the MSAF. These findings show that:

- (Figure 3) The majority of those completing the MSAF were residence managers (N=494), while the second most frequent respondents were direct care staff (N=298);

- (Figure 4) A great majority (N=767) of the respondents indicated that they were "extremely familiar" with the amount of supervision and assistance received by the consumers for whom they completed the MSAF, with only one respondent indicating minimal familiarity;

- (Figure 5) Most consumers have either a public guardian (N=426) or have parents acting as guardians (N=268), though a significant number (N=110) were deemed to have no need for a guardian;

- (Figure 6) Over a third of the consumers surveyed (N=347) resided in an ICF-MR state hospital or school prior to placement in their present community ICF-MR, and nearly another third (N=280) had resided with family, relatives or friends prior to their present placement;

- (Figure 7) For most (N=868), no discharge plans have been set;

- (Figure 8) Just over half the consumers (N=477) primarily communicate through verbal means, though a great number (N=205) have communication patterns that others typically are unable to understand.

- (Figure 9) Most (N=515) were deemed not capable of "self preservation" in response to an emergency;

- (Figure 10) The great majority (N=653) of consumers typically sleep through the night safely and without event, but a significant number (N=169) have troublesome sleep patterns; and

- (Figure 11) About half of the consumers (N=475) are between 22 and 40 years of age, though several are either quite young (20 persons are under 10 years of age) or of advanced age (41 persons are aged 65 years or older). The age of consumers ranged from less than a year to 83 years, averaging 32.8 years.

FIGURE 3: RELATIONSHIP OF RESPONDENT TO CONSUMER

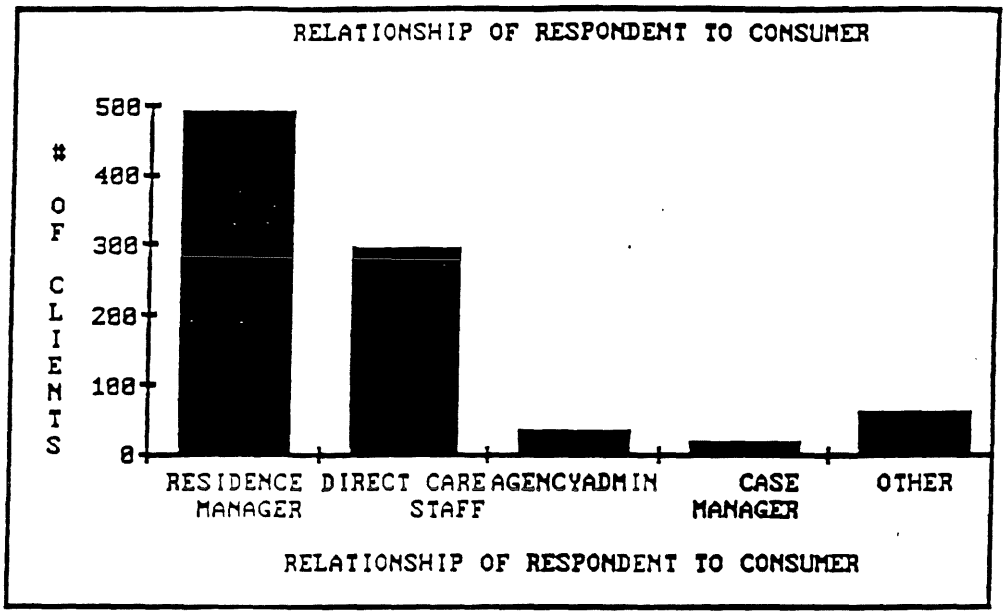


FIGURE 4: RESPONDENT'S FAMILIARITY WITH CONSUMER

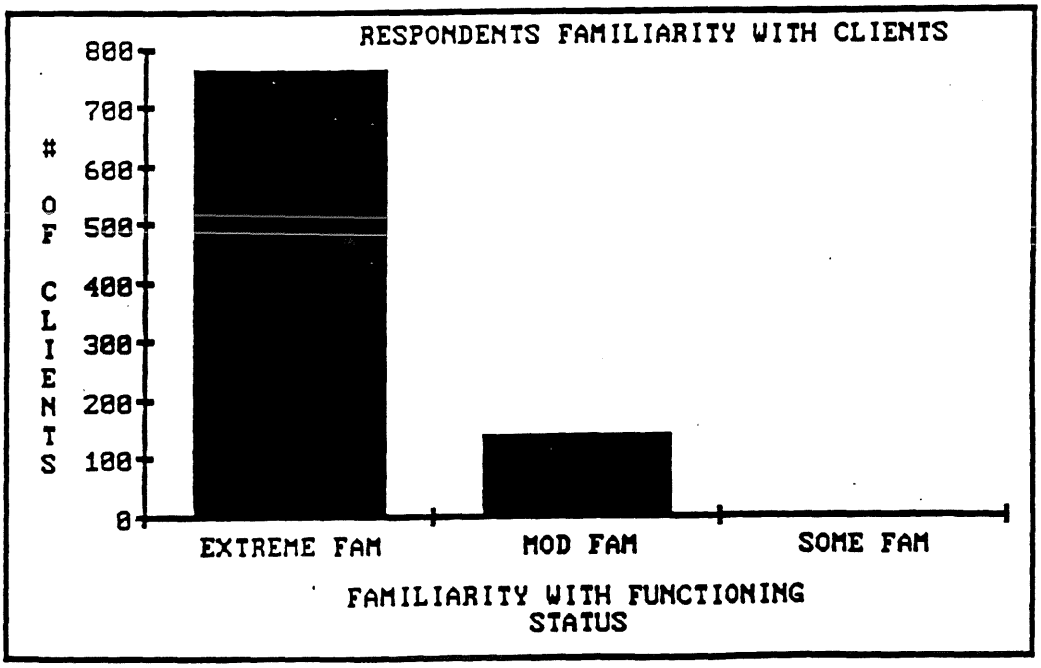
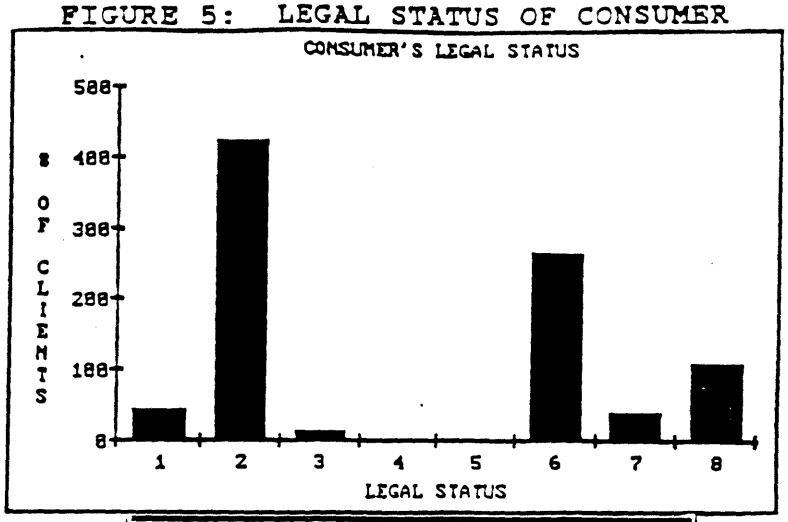
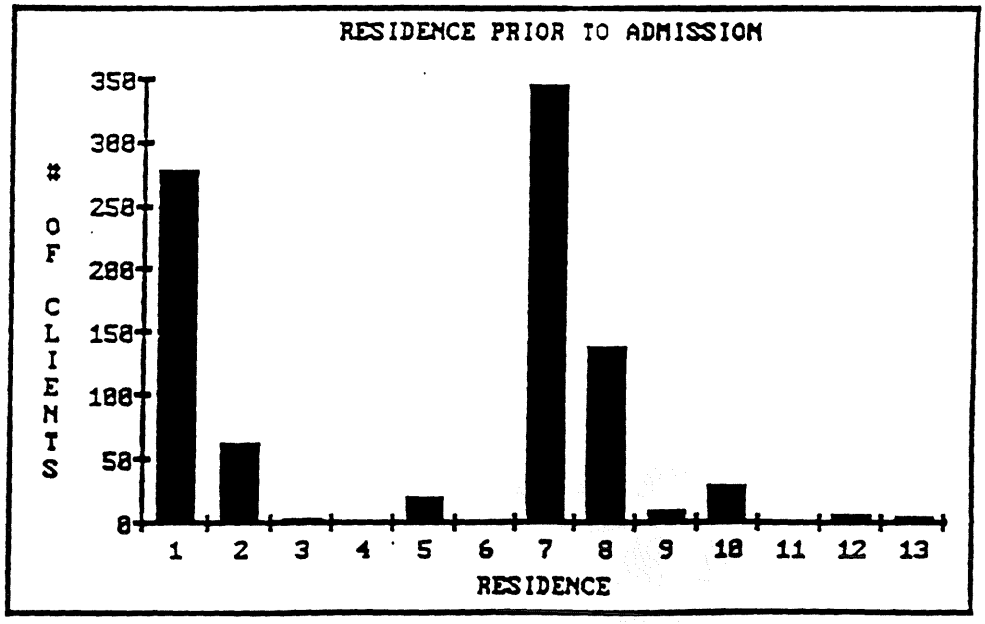


FIGURE 5: LEGAL STATUS OF CONSUMER



KEY	
1: PRIVATE GUARDIAN	5: GUARDIAN "AD LITEM"
2: PUBLIC GUARDIAN	6: PARENT AS LEGAL GUARDIAN
3: PRIVATE CONSERVATOR	7: NEEDS A GUARDIAN
4: PUBLIC CONSERVATOR	8: NO GUARDIAN NEEDED

FIGURE 6: CONSUMER'S PRIOR PLACE OF RESIDENCE



KEY	
1: WITH FAMILY/FRIENDS/RELATIVES	8: ICF/MR COMMUNITY
2: WITH FOSTER FAMILY	9: INTERMED CARE FACILITY (ICF)
3: OWN HOME (INDEPENDENT)	10: SKILLED NURSING FACILITY
4: OWN HOME (W/SUPERVISION)	11: RESPITE CARE FACILITY
5: LICENSED BOARD AND LODGING	12: GENERAL HOSPITAL
6: UNCERTIFIED BOARD AND LODGING	13: OTHER
7: ICF/MR STATE HOSPITAL/SCHOOL	

FIGURE 7: PENDING DISCHARGE PLANS FOR CONSUMERS

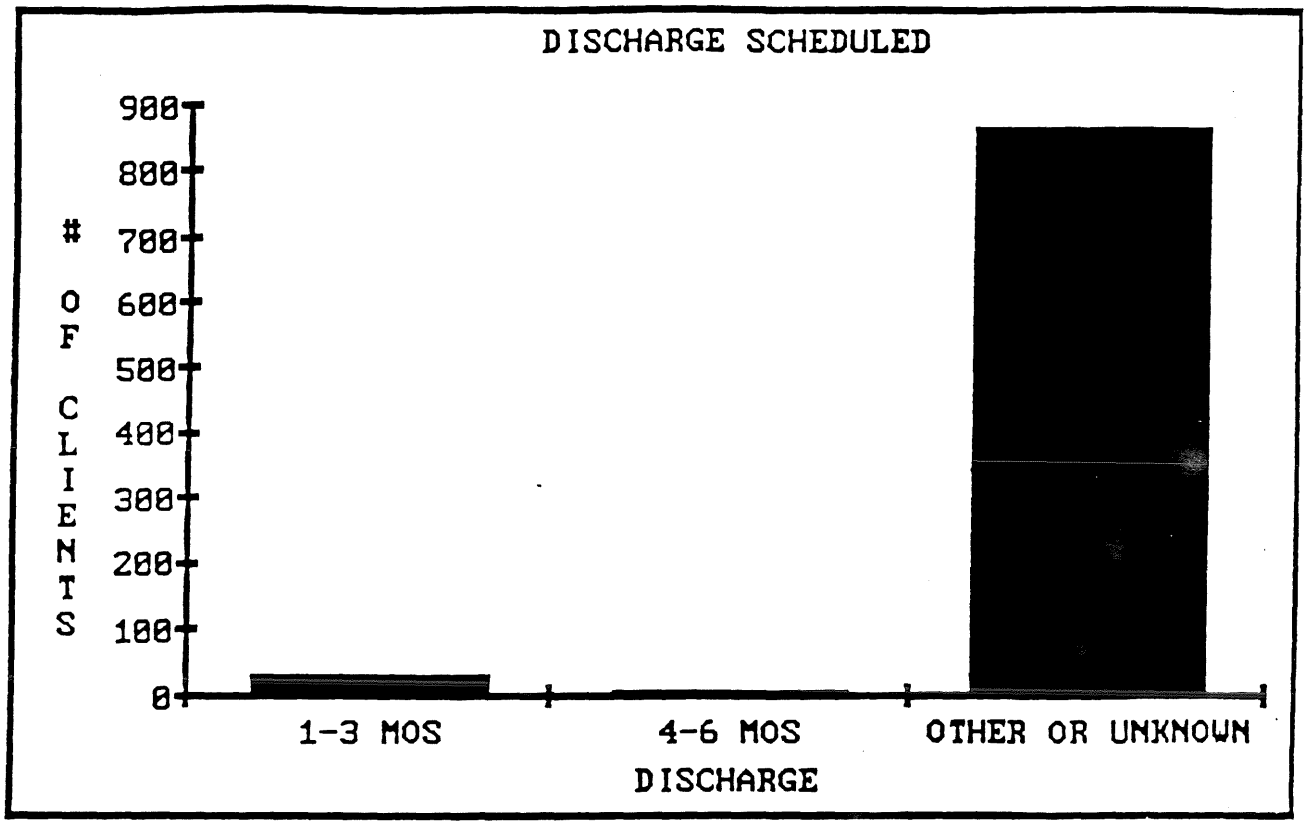


FIGURE 8: PRIMARY MEANS OF COMMUNICATION OF CONSUMERS

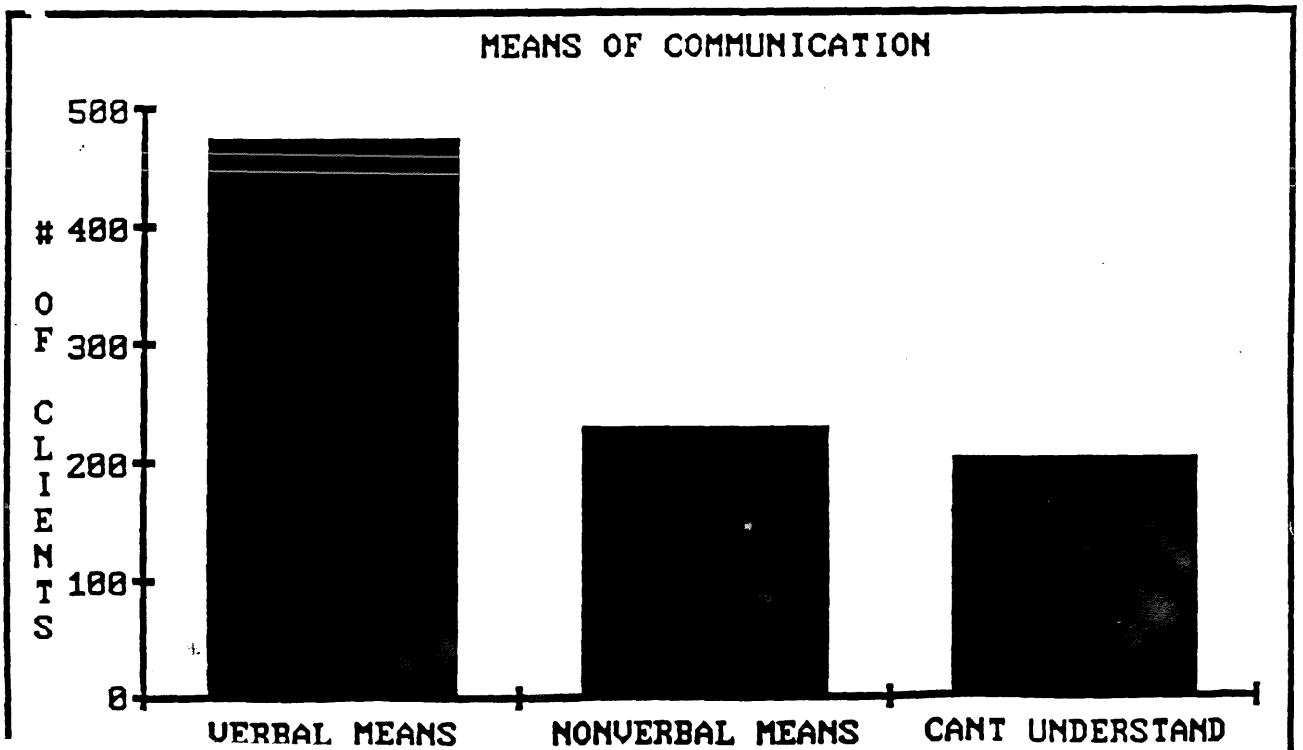


FIGURE 9: CAPACITY FOR SELF PRESERVATION OF CONSUMERS

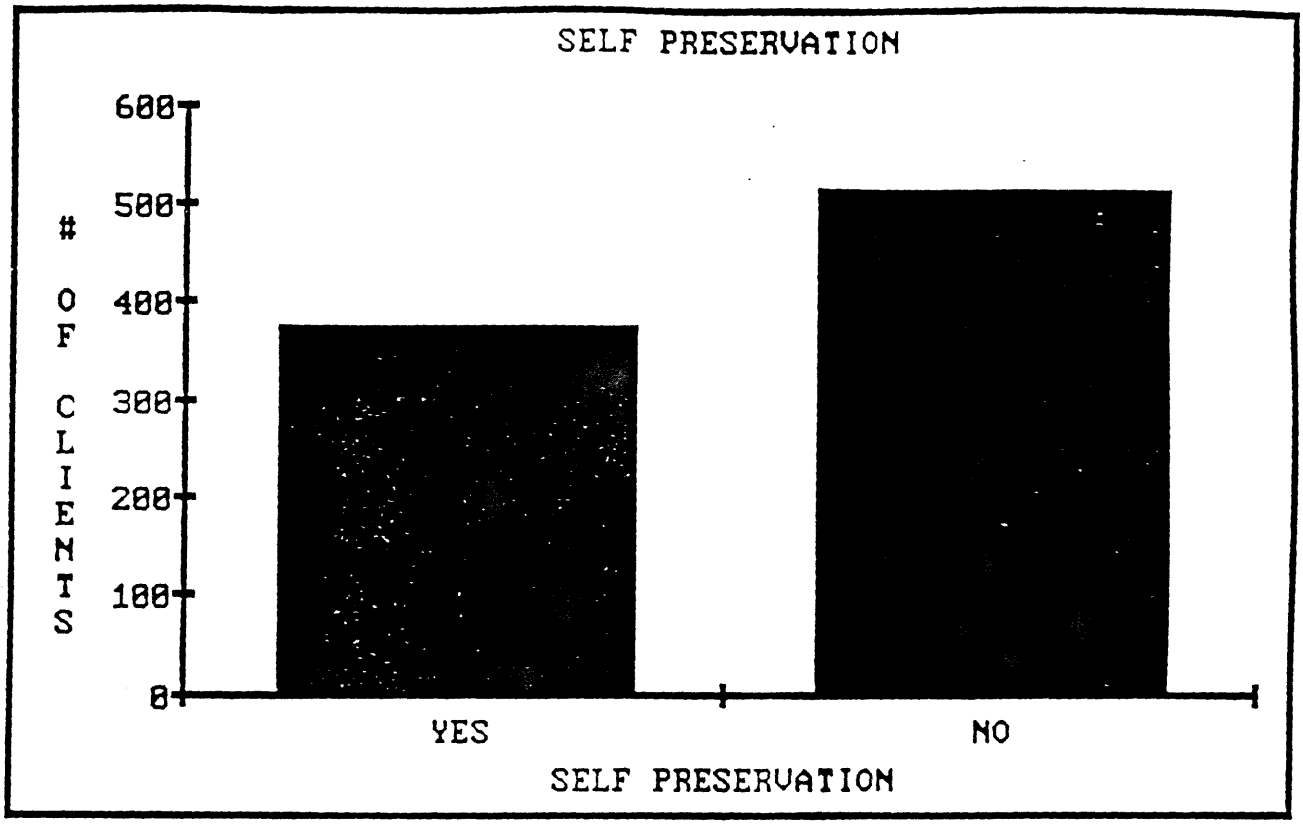


FIGURE 10: SLEEPING PATTERNS OF CONSUMERS

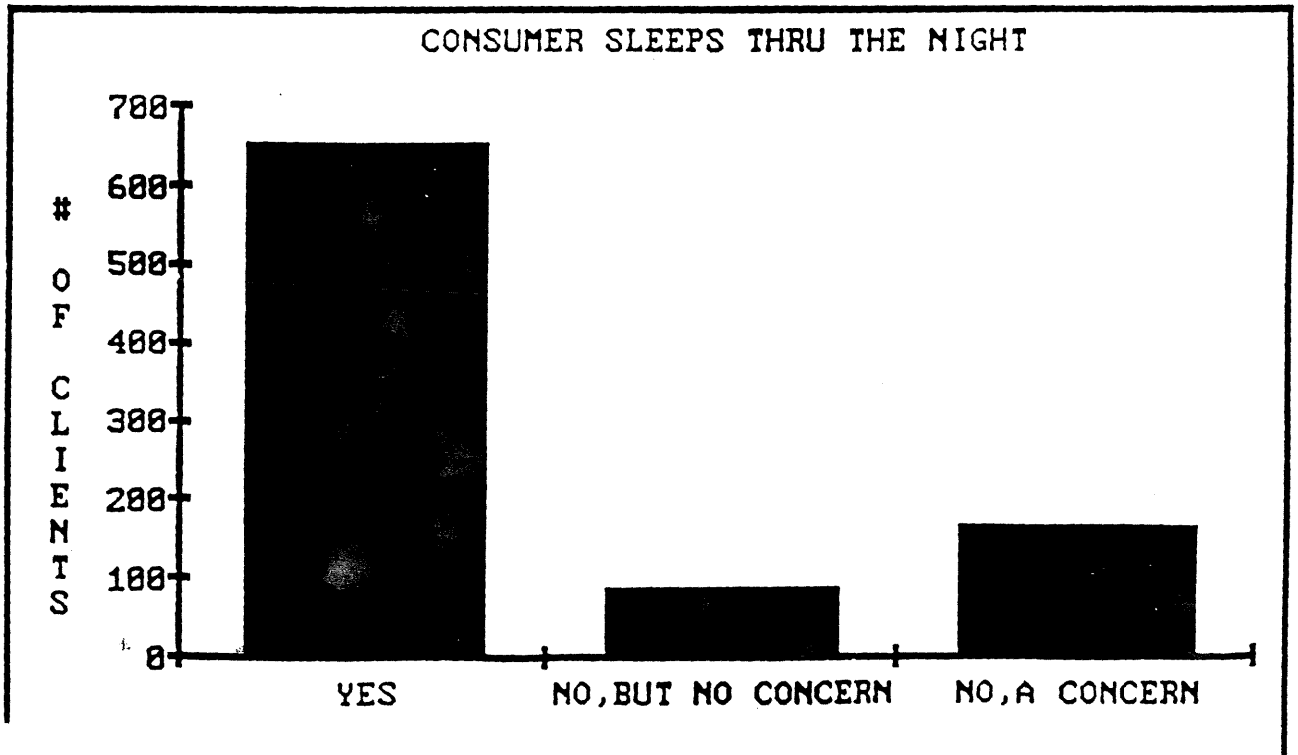
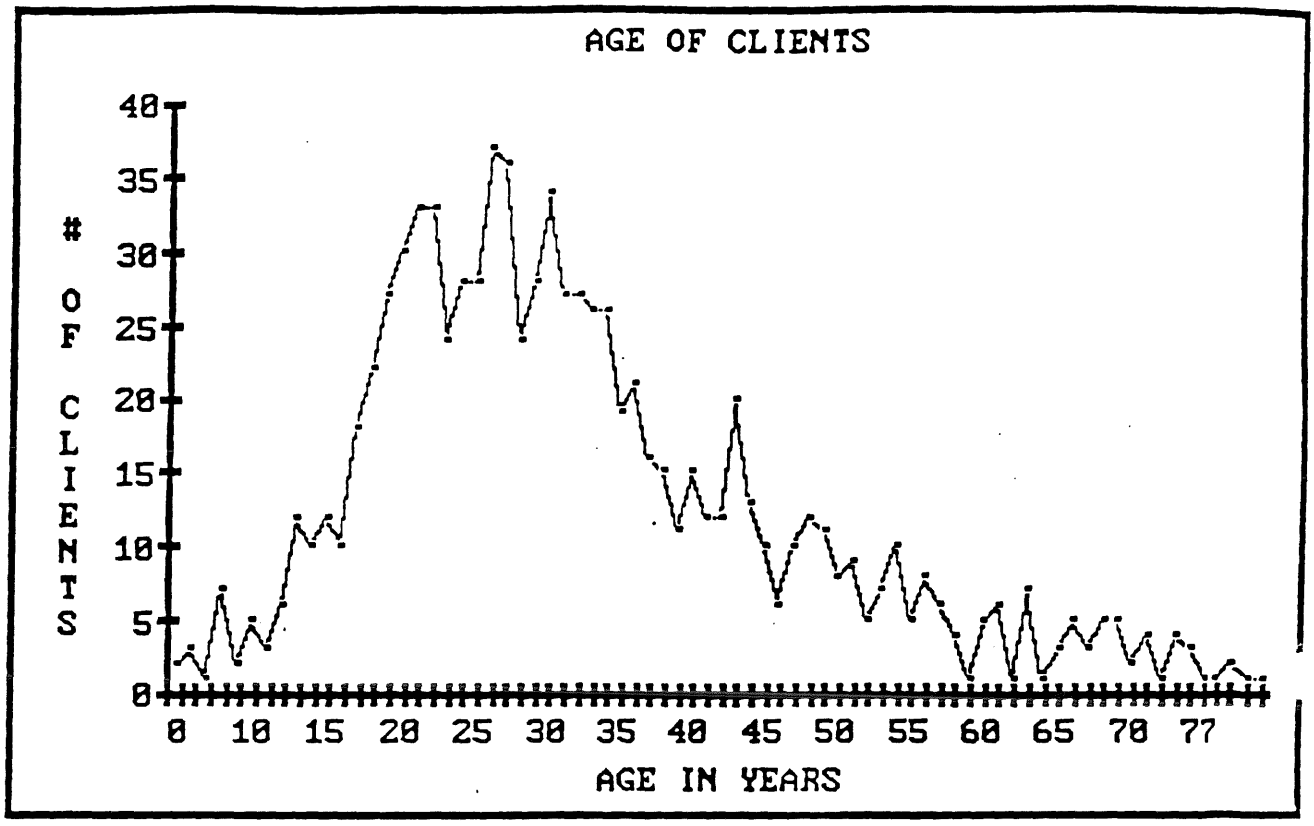


FIGURE 11: AGE IN YEARS OF CONSUMER



Extraordinary Disabling Conditions

Figures 12-27 show findings regarding the 15 questions on the MSAF related to the resource needs of consumers having medical, physical or sensory disabling conditions. These findings show that:

- (Figure 12) A majority of consumers (N=501) have a chronic medical condition that: a) is severe enough to demand ongoing medical attention, and b) is expected to persist continually for at least one year;

- Of these 501 persons:

  * (Figure 13) extensive supervision (N=314) and physical assistance (N=363) are given to most due to their specified medical condition(s);

  * (Figure 14) A near majority (N=238) require clinical monitoring (i.e., nursing procedures provided by licensed nurses) on a daily basis; and

  * (Figure 15) For many (N=184), staff have intervened over the past four weeks in an event stemming from specified medical conditions in ways requiring more than four hours of staff time;

- (Figure 16) Most consumers (n=544) visited a medical facility at least once during the four week period prior to completion of the MSAF;

- (Figure 17) The majority of consumers receive some type of medication, with oral administration most frequently used (N=686) and injection least used (N=18);

- (Figure 18) Where medications are administered, consumers typically require significant levels of assistance (i.e., physical), though the frequency of administration seems generally low;

- (Figure 19) Regarding the measures of the consumer's bodily functions, aside from weight, most consumers are not often assessed along any of the remaining nine measures.

- (Figure 20) Regarding the application of various medical treatments, relatively few clients receive any of the treatments listed, with skin care, dental care and pedicare listed as those treatments most often rendered.

- (Figure 21) Most consumers (N=514) do not have a chronic physical condition that: a) is severe enough to demand ongoing staff or professional attention, and b) is expected to persist continually for at least one year, yet it should be noted that a significant number do (N=394);

- (Figure 22) Regarding the consumer's practice of moving about within the residence or the community, or of moving between positions, it was found that:

  * for moving about within the residence, varying levels of supervision or assistance are required, with no single response option standing out as the one most noted;

  * for moving about within the community, away from the residence, the majority of consumers (N=691) require extensive supervision, and at least gestural, verbal or physical assistance (N=786); and

  * for moving between positions, most require little or no supervision (N=513) or assistance (N=537);

- (Figure 23) The great majority of consumers (N=643) do not have a chronic sensory (i.e., vision or hearing) disabling conditions that: a) is severe enough to demand ongoing staff or professional attention, and b) is expected to persist continually for at least one year;

- (Figure 24) Most consumers (N=584) are considered to have "normal vision," given corrective aids if needed, but several (N=133) have at least moderate trouble seeing;

- (Figure 25) Of those not having normal vision (N=329), the level of supervision and assistance provided due to the vision deficit varies, though a plurality require no or little supervision or assistance;

- (Figure 26) The great majority of consumers (N=746) are considered to have "normal hearing," given corrective aids if needed, though some (N=82) have at least moderate trouble hearing; and

- (Figure 27) Of those not having normal hearing (N=167), the level of supervision and assistance provided due to the hearing deficit varies, though a plurality require no or little supervision or assistance.

FIGURE 12: NUMBER WITH CHRONIC MEDICAL CONDITIONS

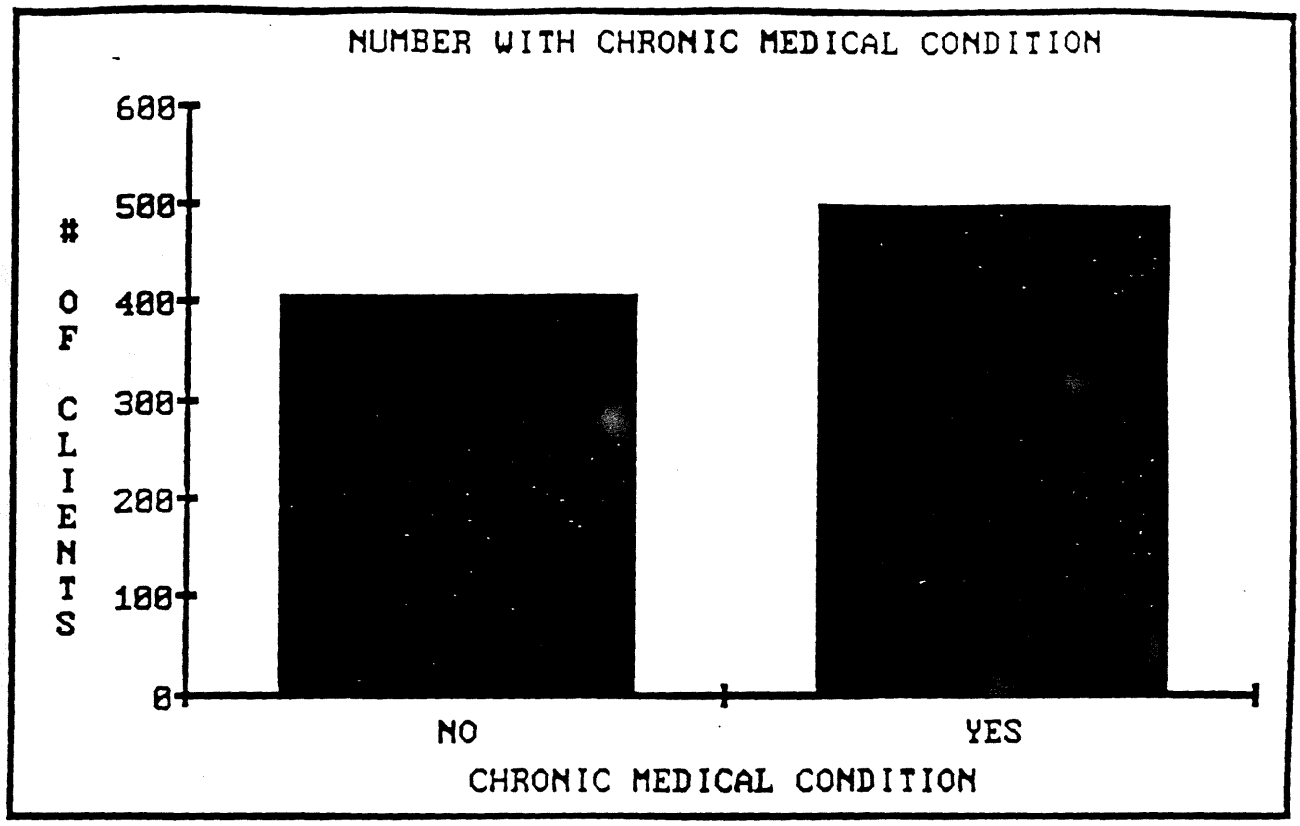


FIGURE 13: SUPERVISION OR ASSISTANCE GIVEN DUE TO MEDICAL CONDITIONS

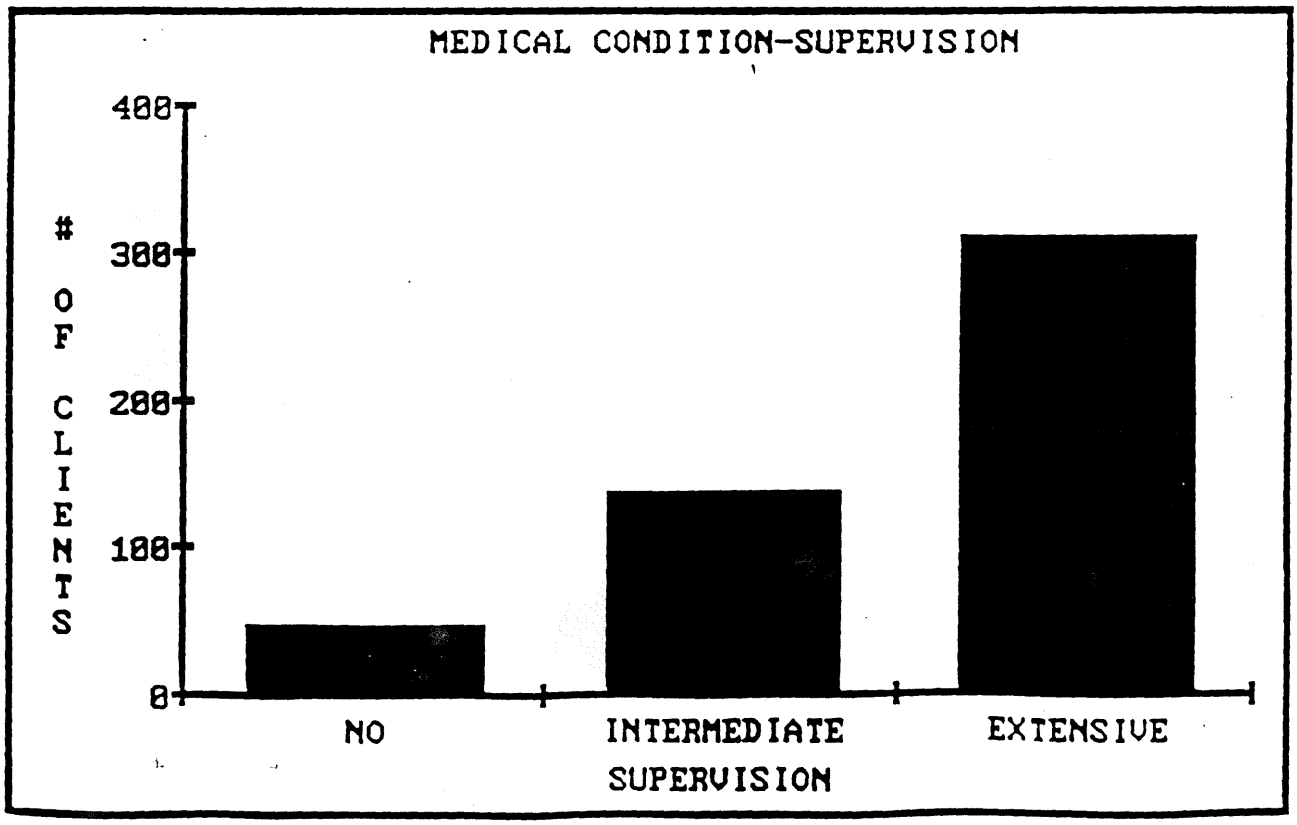


FIGURE 13: CONTINUED

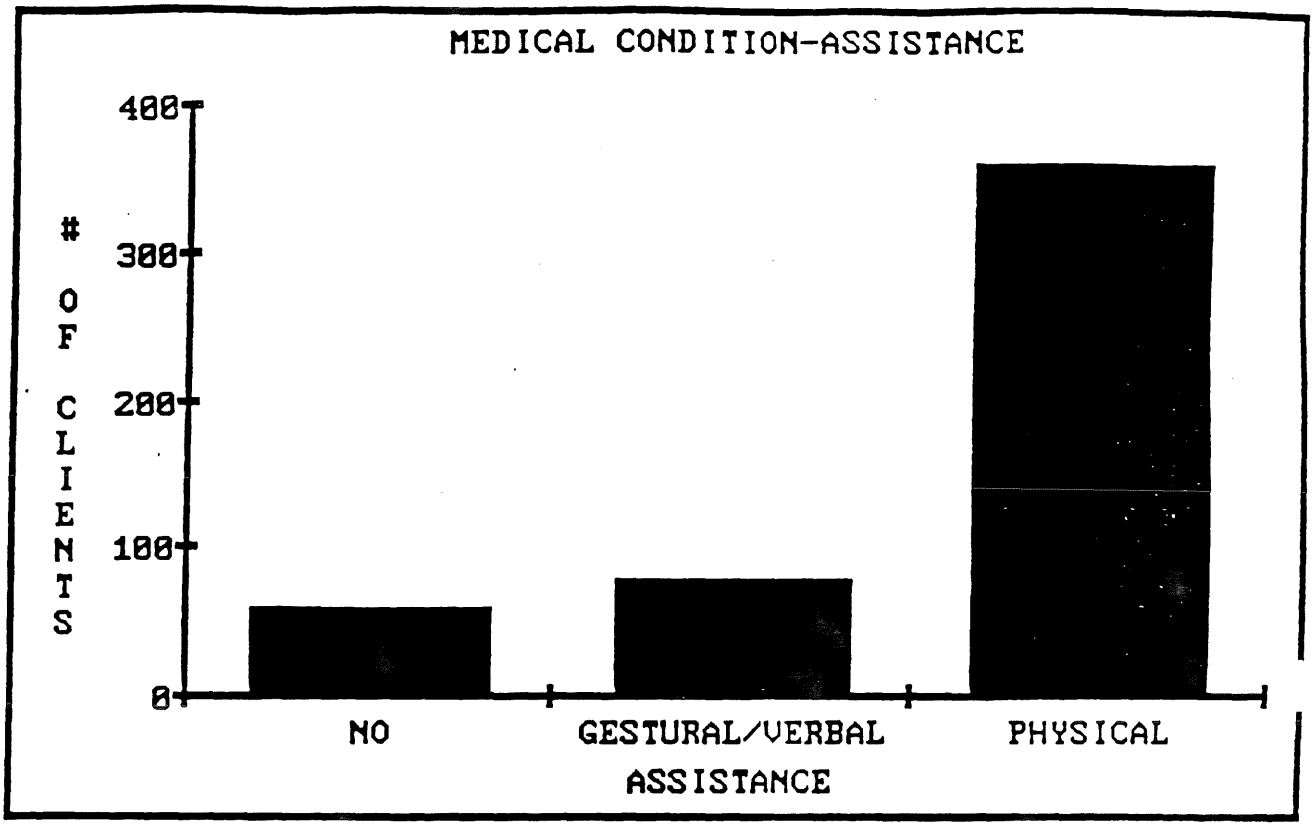


FIGURE 14: FREQUENCY OF CLINICAL MONITORING

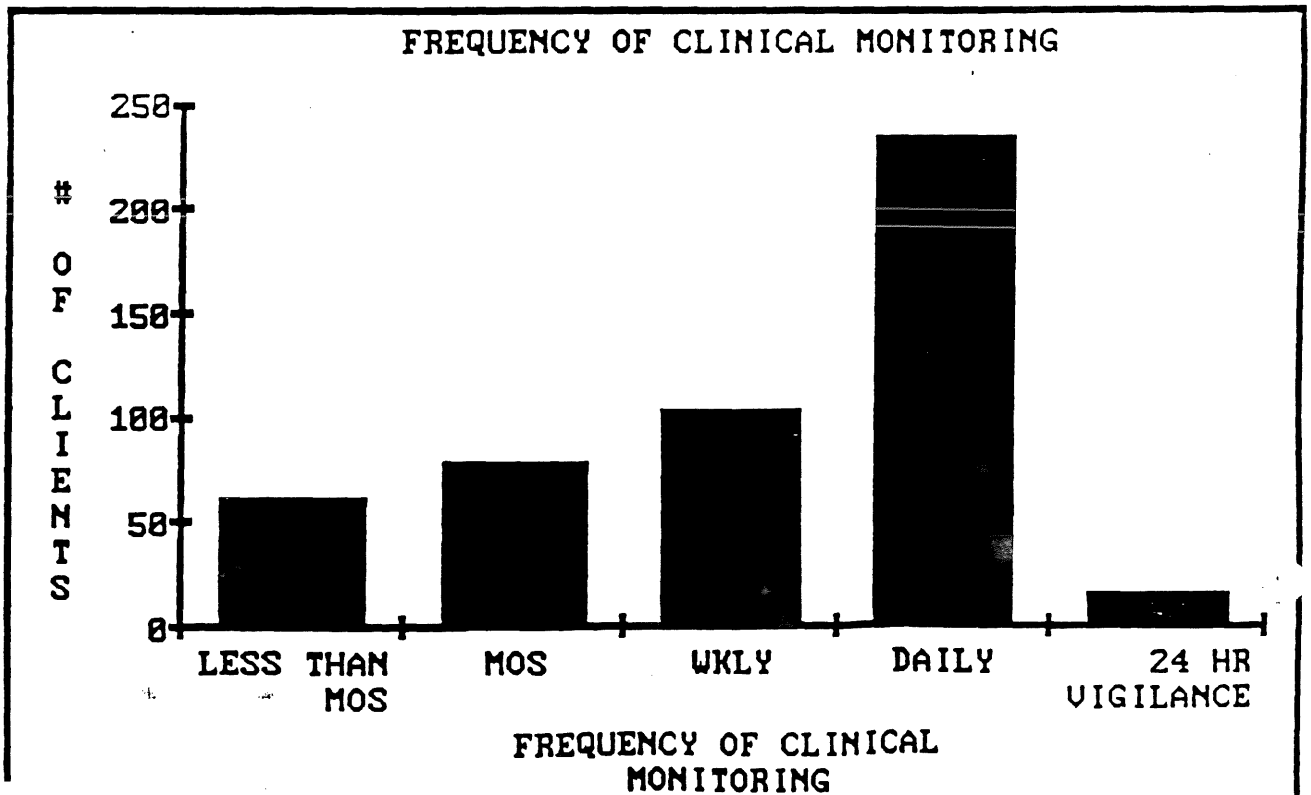


FIGURE 15: STAFF INTERVENTION DUE TO EMERGENCY EVENT

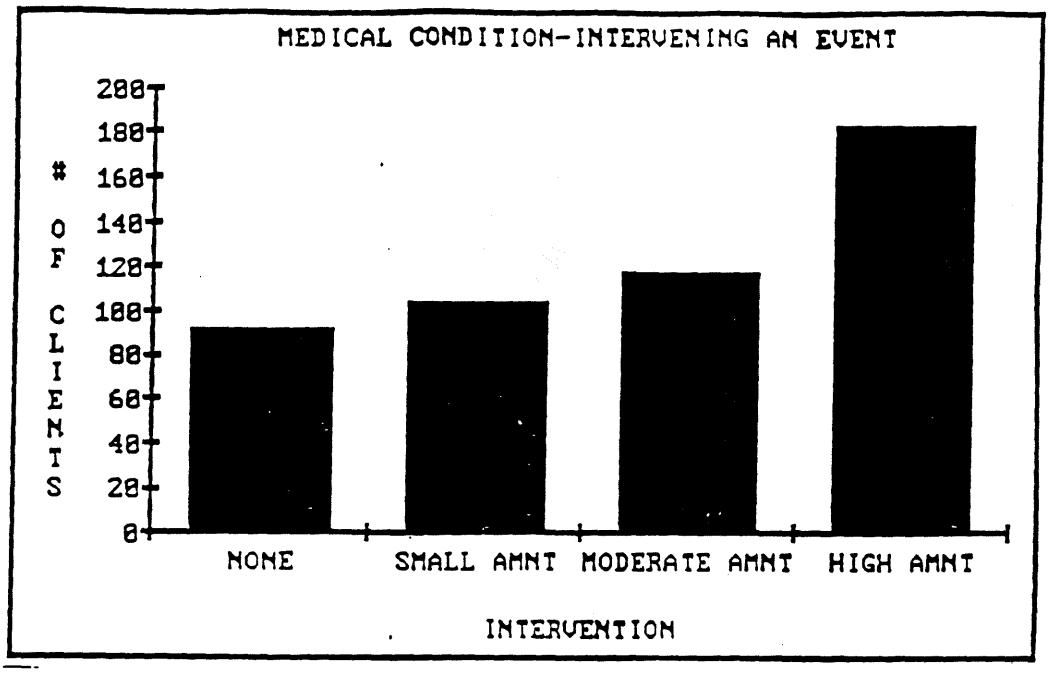


FIGURE 16: VISITS TO MEDICAL FACILITY

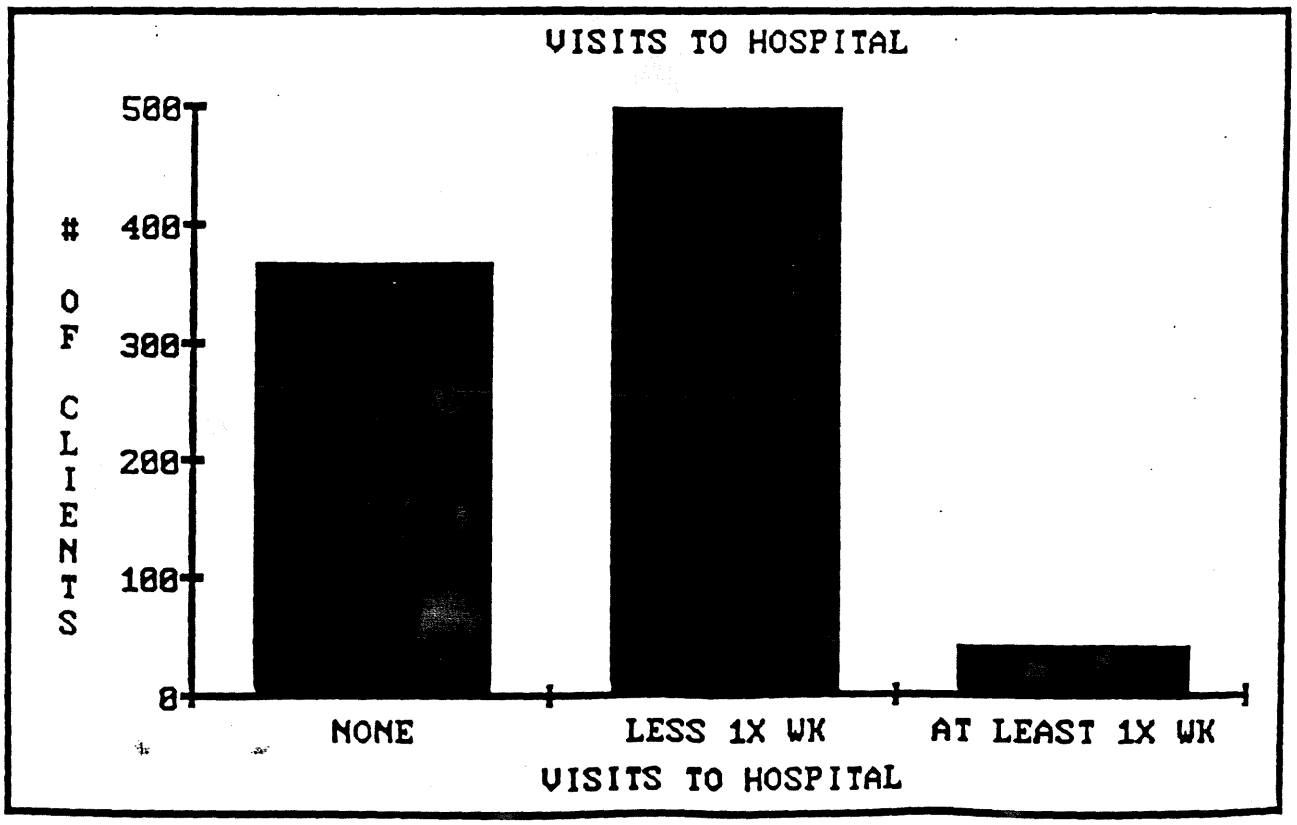
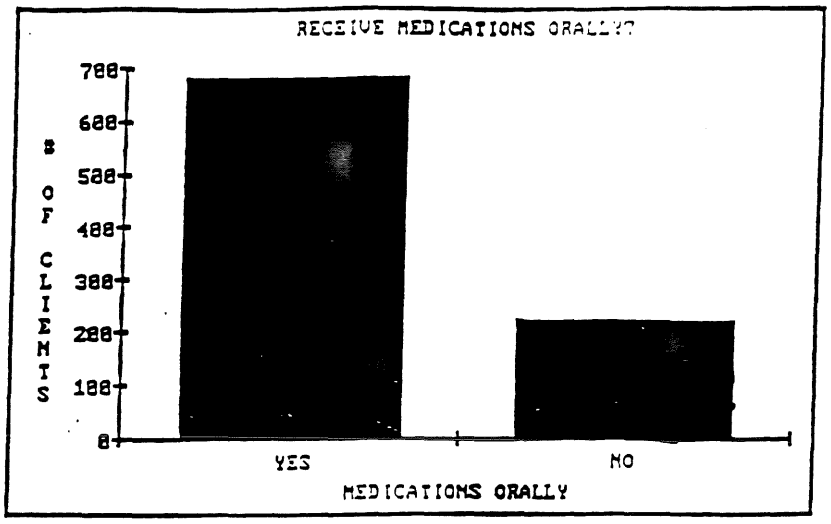
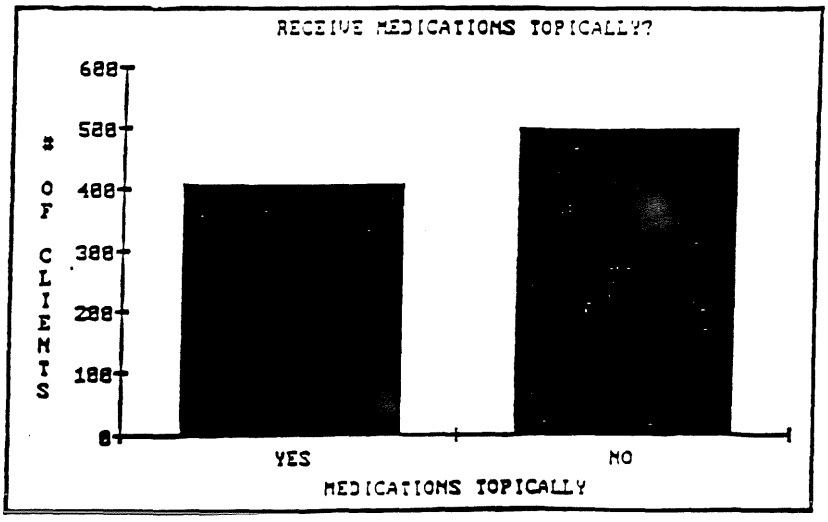


FIGURE 17: MEDICATIONS ADMINISTERED





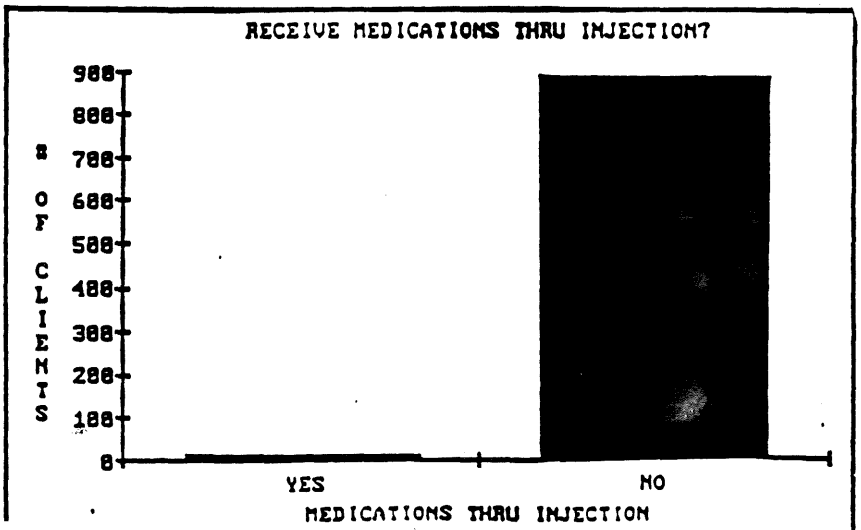


FIGURE 17: CONTINUED

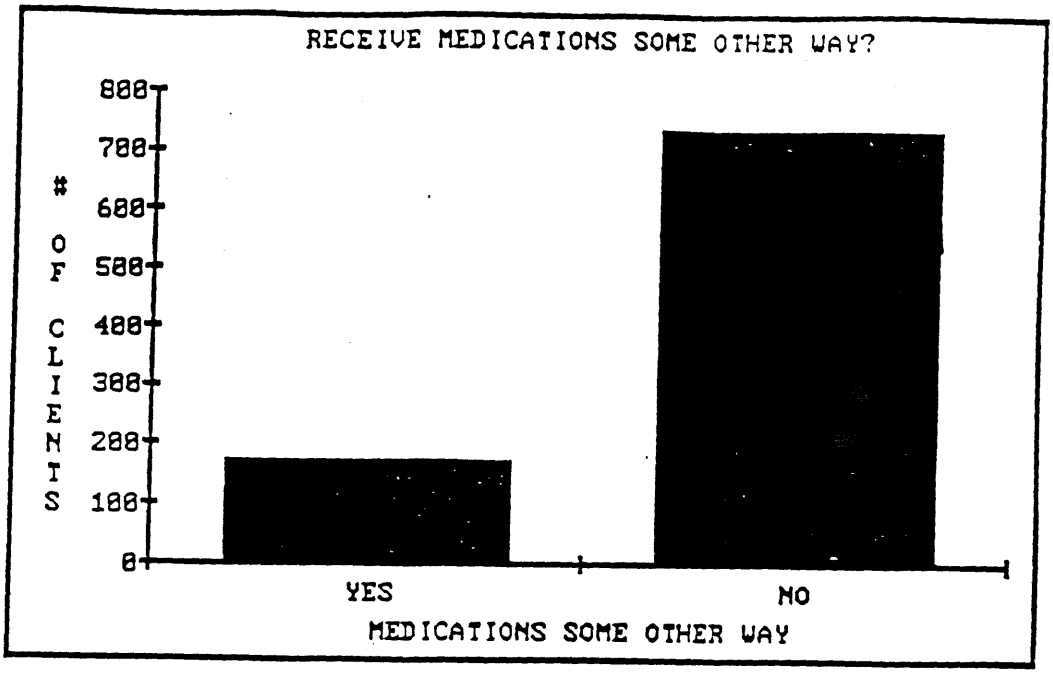


FIGURE 18: SUPERVISION OR ASSISTANCE GIVEN TO ADMINISTER MEDICATION

ADMINISTERING MEDICATION FOR MEDICAL PURPOSES

FREQUENCY OF ADMINISTRATION	ORALLY	TOPICALLY	INJECTION	OTHER
1-2 ORAL DOSES PER DAY	343			
3-4 ORAL DOSES PER DAY	197			
OVER 4 ORAL DOSES PER DAY	145			
1-2 APPLICATIONS PER DAY		327		
3-4 APPLICATIONS PER DAY		68		
4+ APPLICATIONS PER DAY		16		
1-3 INJECTIONS PER WEEK			14	
4-7 INJECTIONS PER WEEK			2	
7+ INJECTIONS PER WEEK			2	
1-3 OTHER PER DAY				150
4-7 OTHER PER DAY				19
7+ OTHER PER DAY				6
LEVEL OF ASSISTANCE				
NO OR LITTLE ASSISTANCE	57	41	4	5
GESTURAL OR PHYSICAL ASSISTANCE	95	26	1	2
PHYSICAL ASSISTANCE	533	341	13	168

FIGURE 19: FREQUENCY OF MEASUREMENT OF CONSUMERS MEDICAL STATUS

CONSUMER HAD THE FOLLOWING MEASUREMENTS TAKEN?

MEASUREMENT	NONE OR NOT APPLICABLE	LESS THAN ONCE/WEEK	1 TO 6 TIMES/WEEK	ONCE DAILY	2 TIMES PER DAY
TEMPERATURE	570	261	55	8	3
PULSE	592	259	39	11	3
RESPIRATION	668	201	32	4	2
BLOOD PRESSURE	525	337	40	5	2
WEIGHT	35	670	197	11	0
BLOOD SAMPLES	707	189	11	0	0
URINE SAMPLES	749	148	8	1	1
STOOL SAMPLES	863	39	5	0	0
LIQUID INTAKE AND OUTPUT	848	21	7	3	5
OTHER	871	21	7	3	0

FIGURE 20: FREQUENCY OF APPLICATION OF VARIOUS MEDICAL PROCEDURES

TREATMENTS PROVIDED DURING THE PAST FOUR WEEKS

MEASUREMENTS	FREQUENCY							
	NOT APPLICABLE	LESS THAN ONCE/WEEK	1-6 TIMES/WEEK	ONCE PER DAY	2 TIMES PER DAY	EVERY 4 HOURS	EVERY 2 HOURS	MORE THAN EVERY 2 HOURS
NASAL GASTRIC FEEDING	904	1	2	0	0	0	1	0
GASTROSTOMY	892	0	3	0	1	10	1	1
PARENTERAL FEEDING (I.V.)	904	0	1	1	1	0	0	1
ORAL/NASAL SUCTIONING	898	2	4	1	1	0	5	0
TRACHEOSTOMY	905	1	1	0	1	0	0	0
DRESSINGS STERILE/UNSTERILE	839	20	15	8	17	5	0	0
SKIN CARE ATTENDED TO BY STAFF	452	59	103	85	150	47	12	4
OTHER SKIN CARE REQUIRING FREQUENT PHYSICIAN INTERVENTION	824	54	3	5	14	5	0	0
TURNING AND POSITIONING	772	2	10	8	23	45	51	1
RANGE OF MOTION	712	0	54	84	58	0	0	0
OXYGEN ADMINISTRATION	898	5	1	1	1	0	0	1
ENEMAS/SUPPOSITORIES	761	59	76	4	6	0	0	0
DENTAL	654	24	30	64	133	2	0	0
EAR IRRIGATIONS	828	60	8	6	2	1	1	0
PEDI-CARE	657	132	42	45	28	1	1	2
POSTURAL DRAINING	882	8	5	2	2	6	1	0
TESTING BLOOD SUGAR LEVELS	896	8	1	0	2	0	1	0

FIGURE 21: NUMBER WITH CHRONIC PHYSICAL CONDITIONS

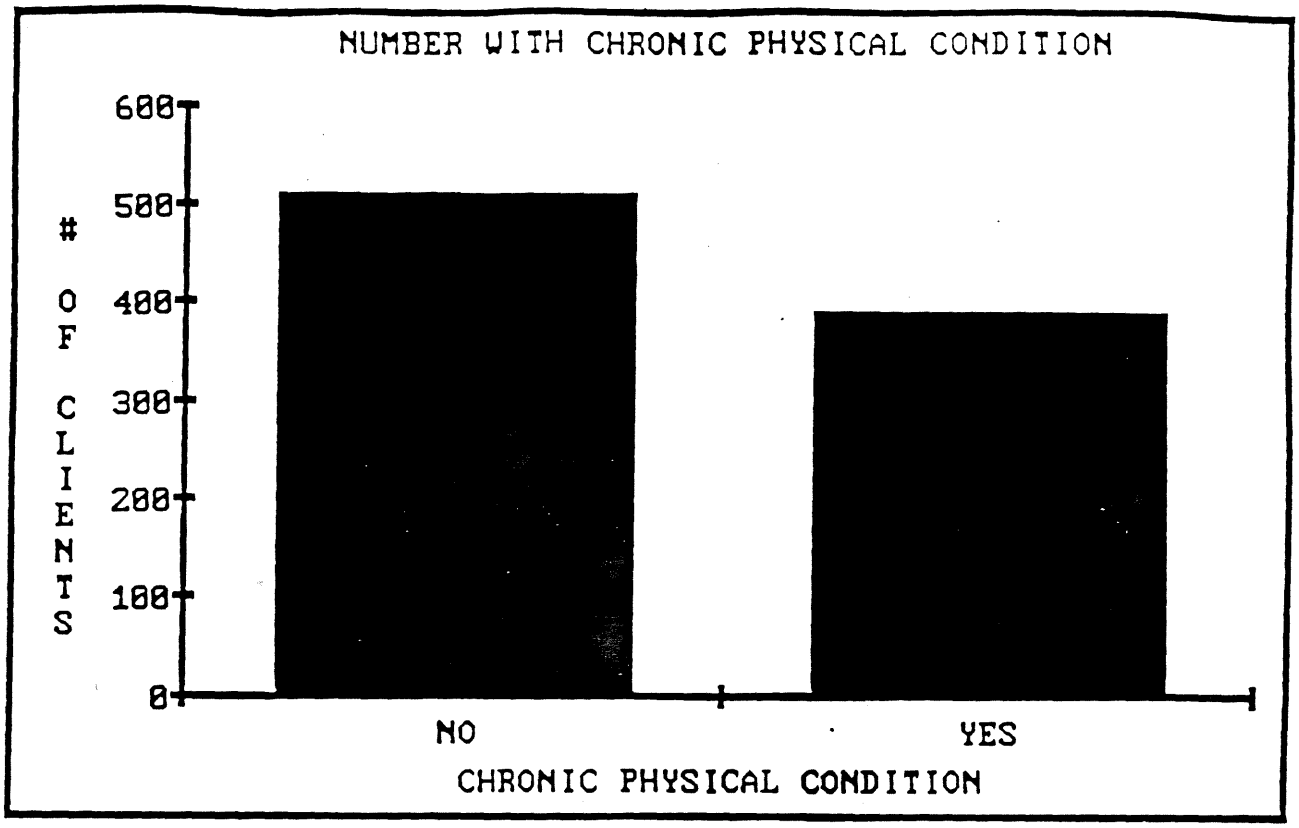


FIGURE 22: MOBILITY OF CONSUMERS

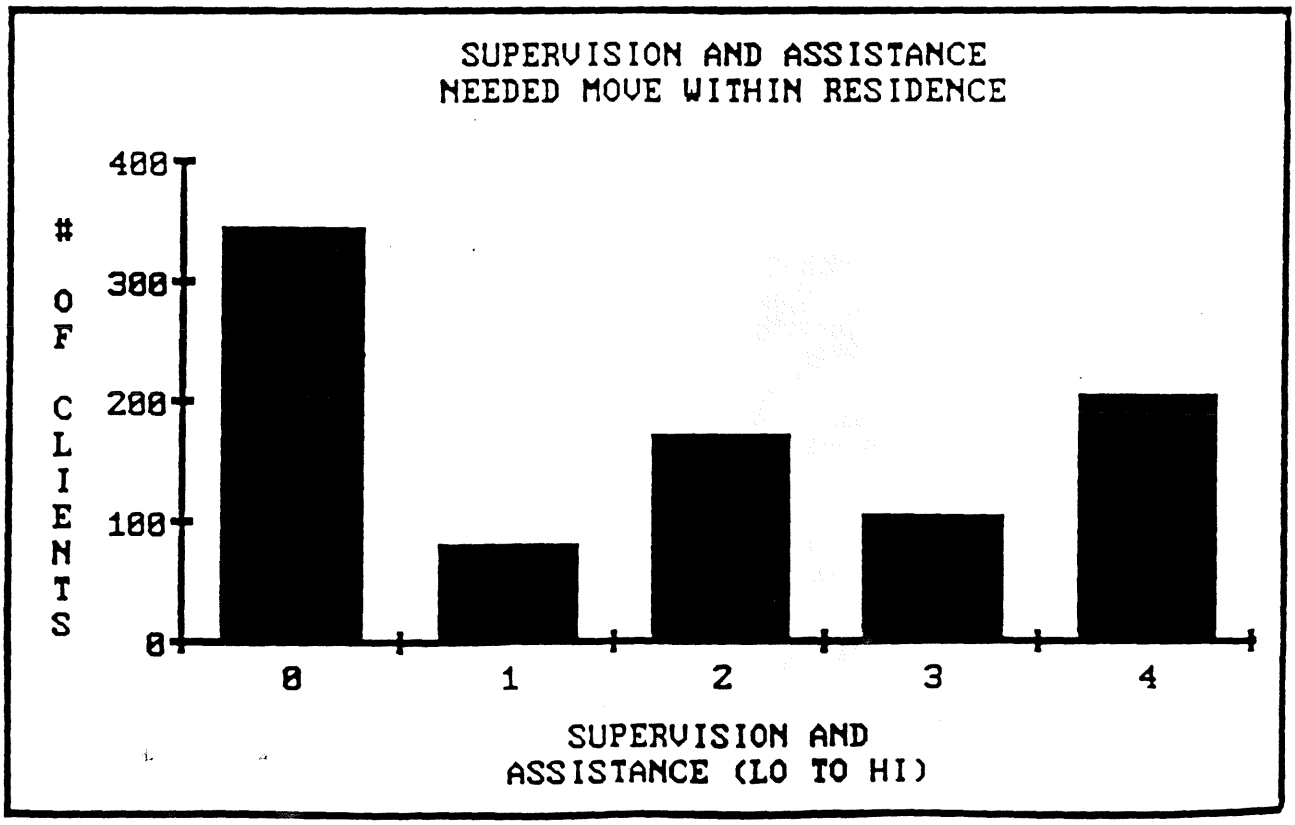
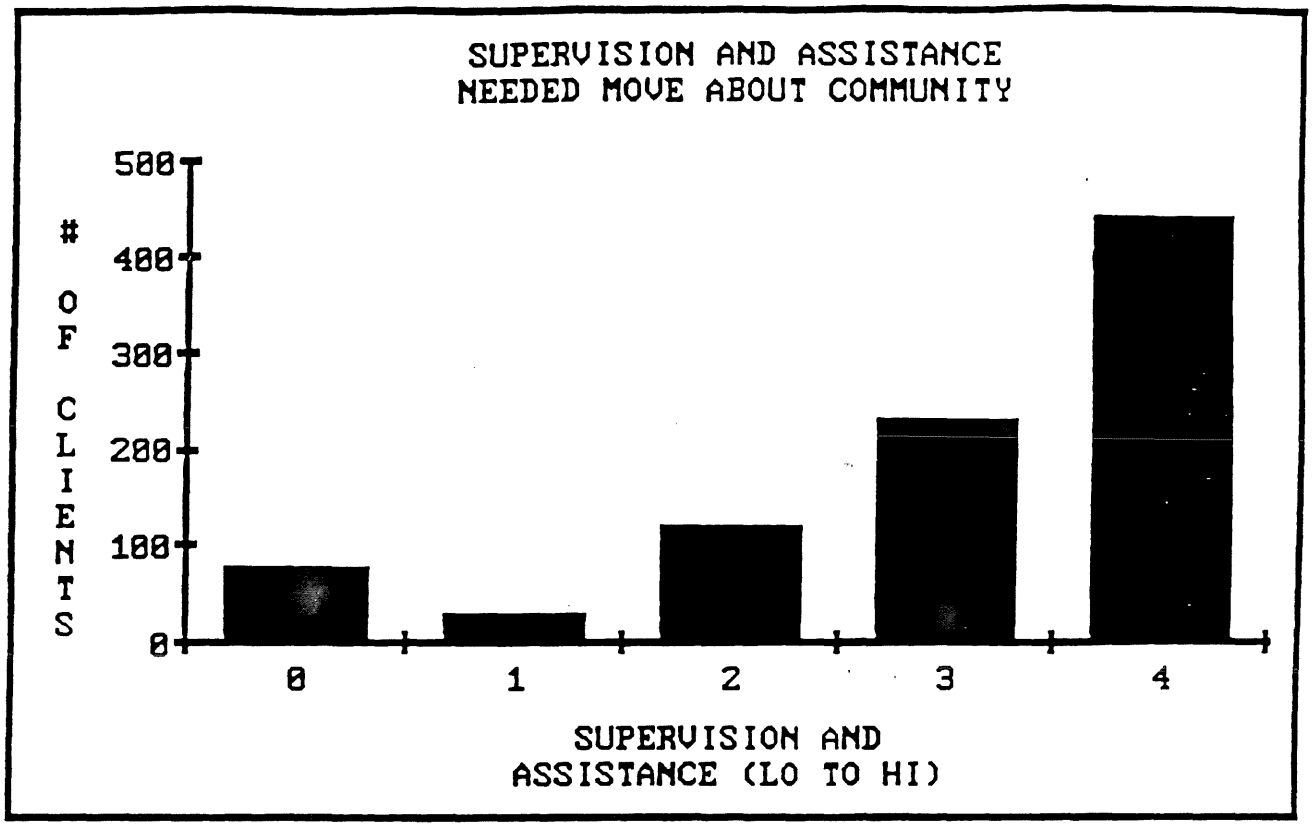


FIGURE 22: CONTINUED



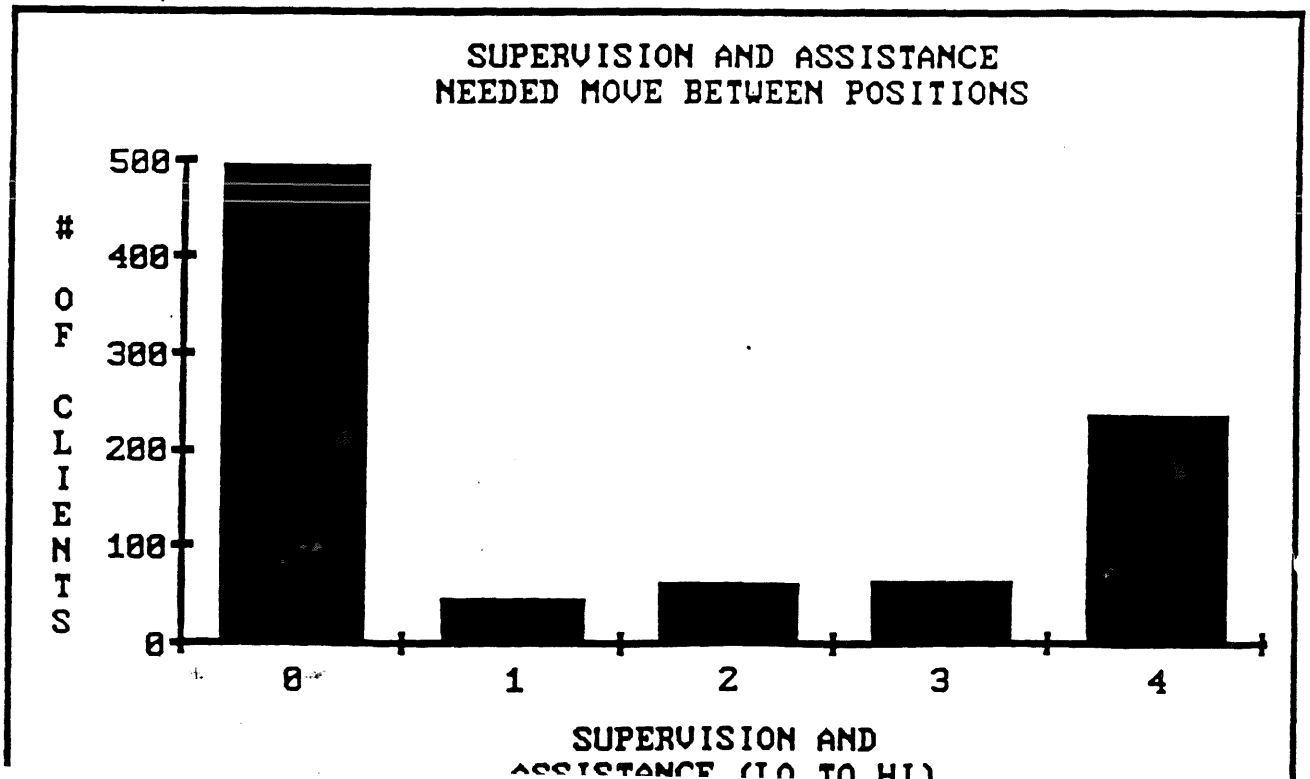


FIGURE 23: NUMBER WITH CHRONIC SENSORY CONDITIONS

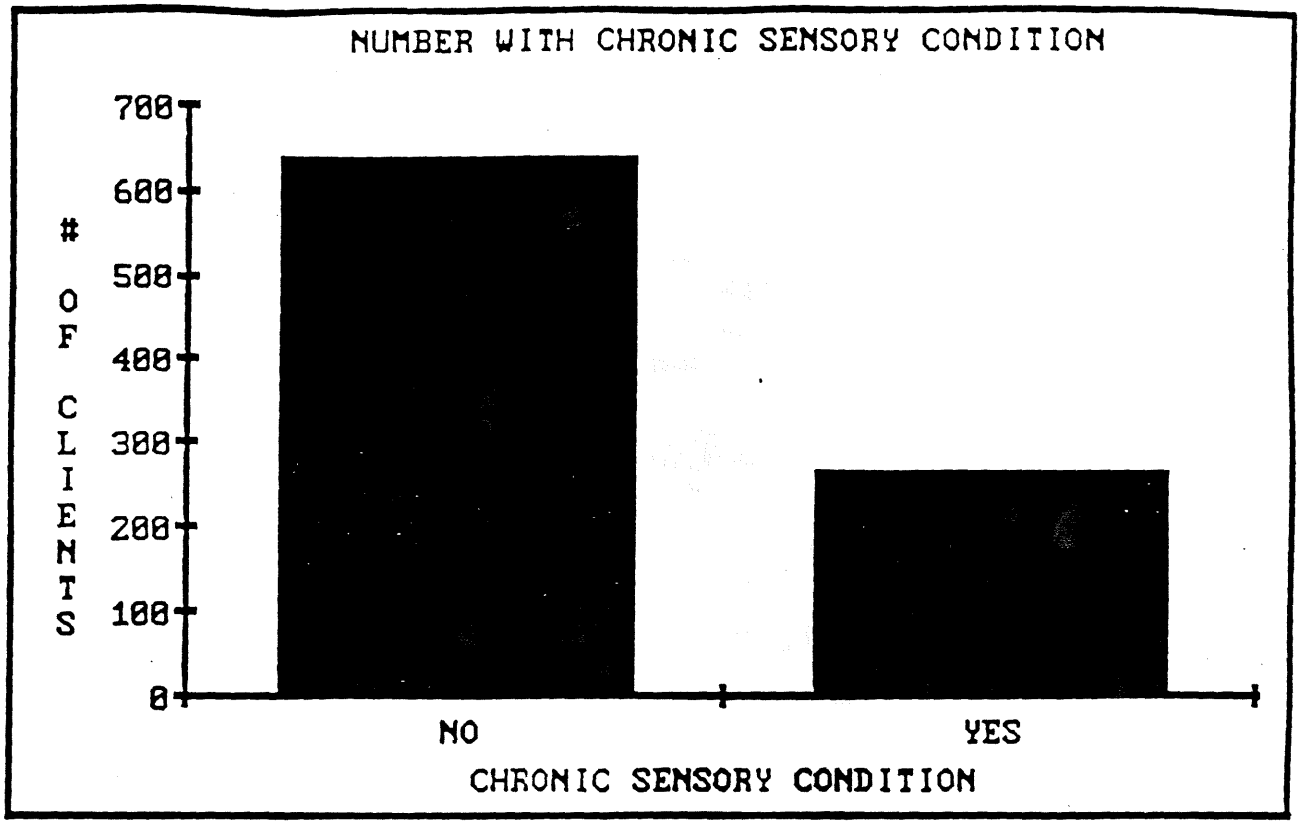


FIGURE 24: CONSUMERS CAPACITY TO SEE

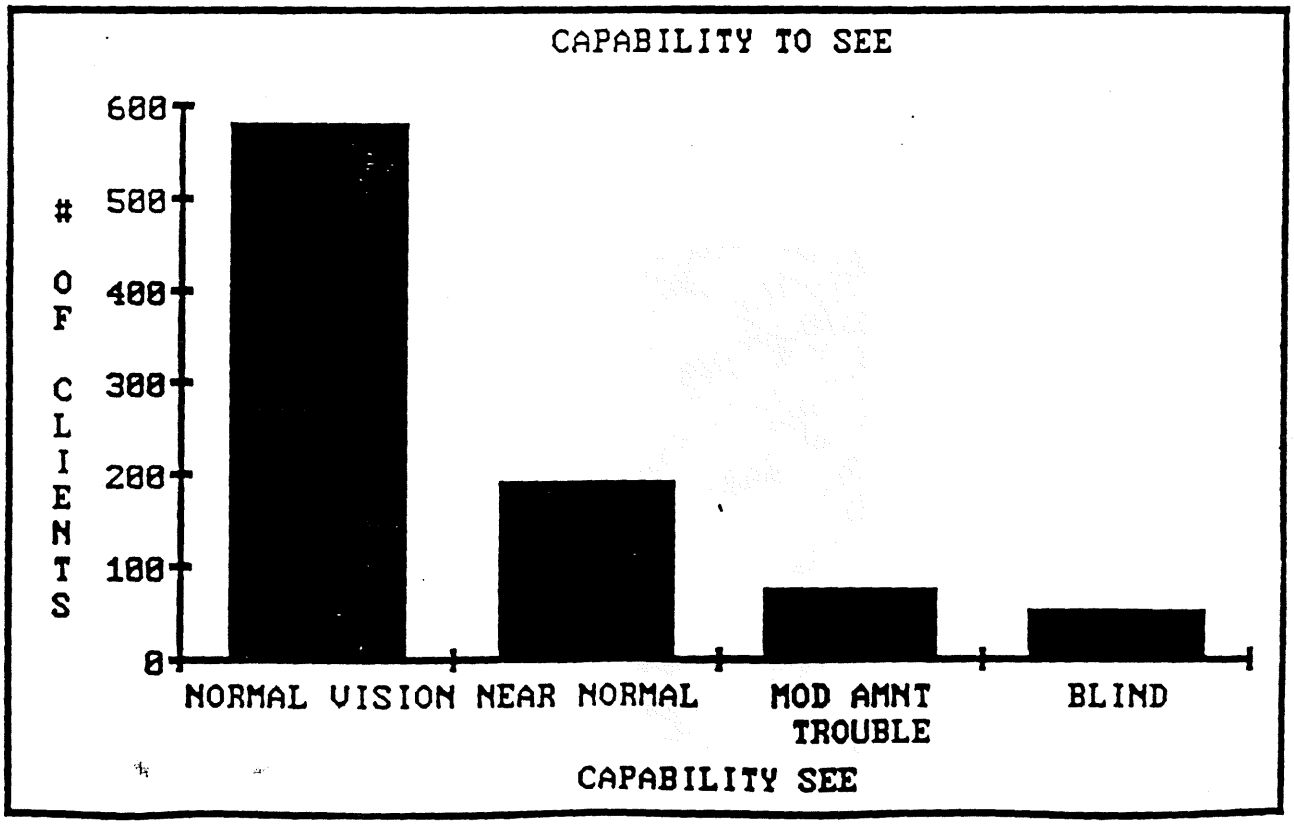
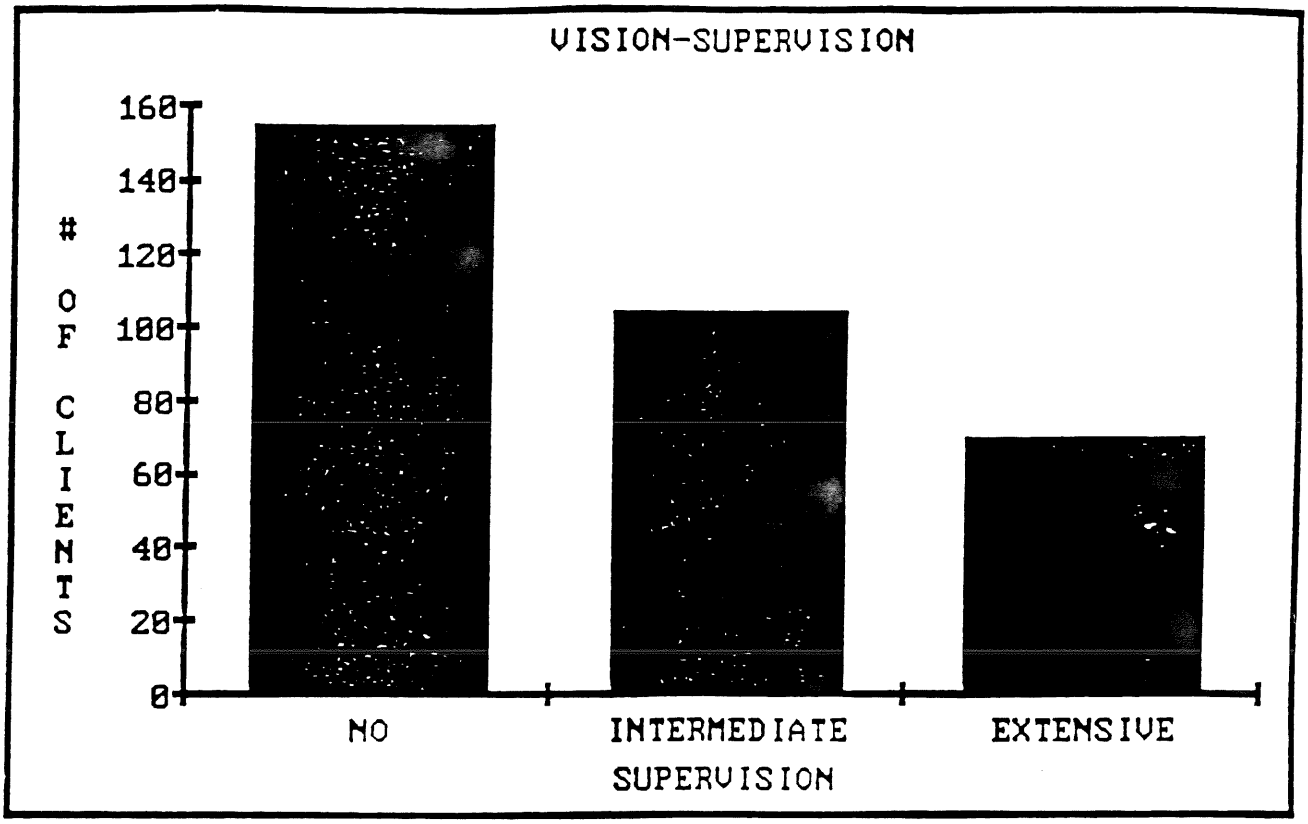


FIGURE 25: SUPERVISION OR ASSISTANCE GIVEN DUE TO VISION DEFICITS



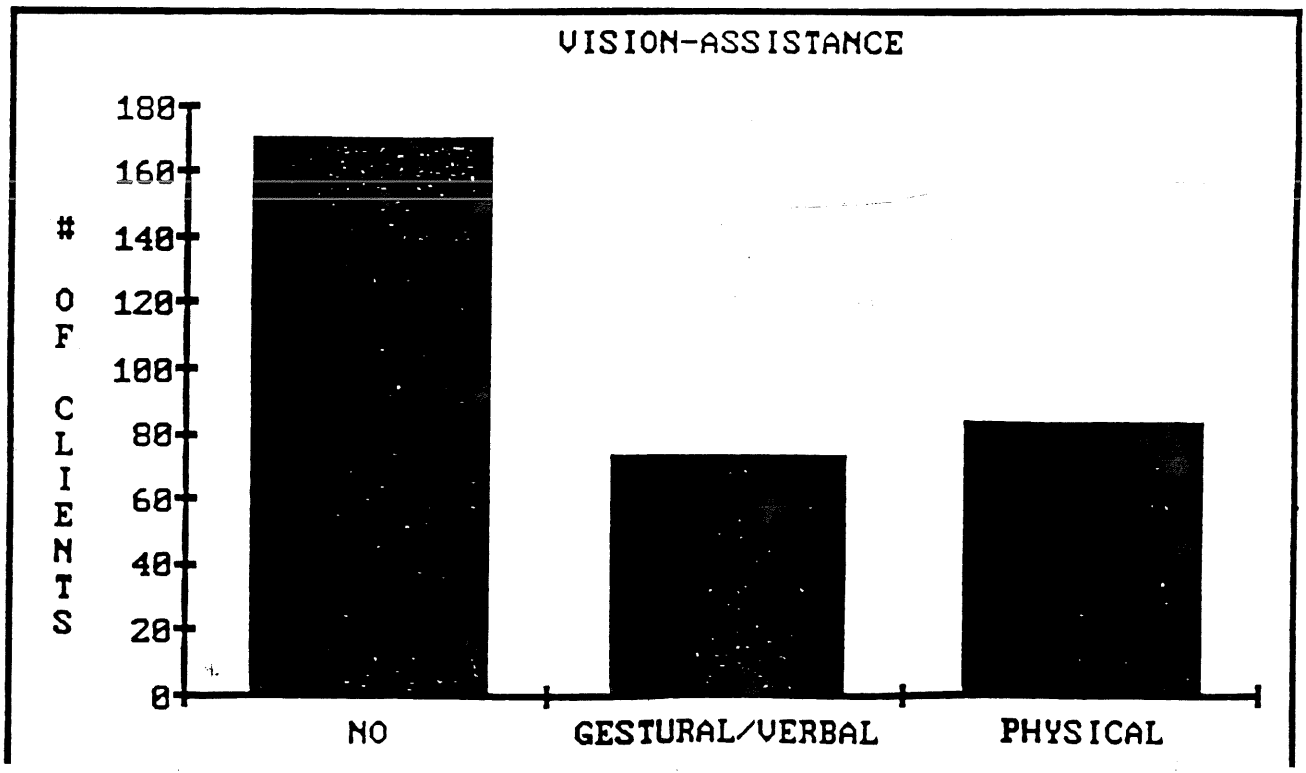


FIGURE 26: CONSUMERS CAPACITY TO HEAR

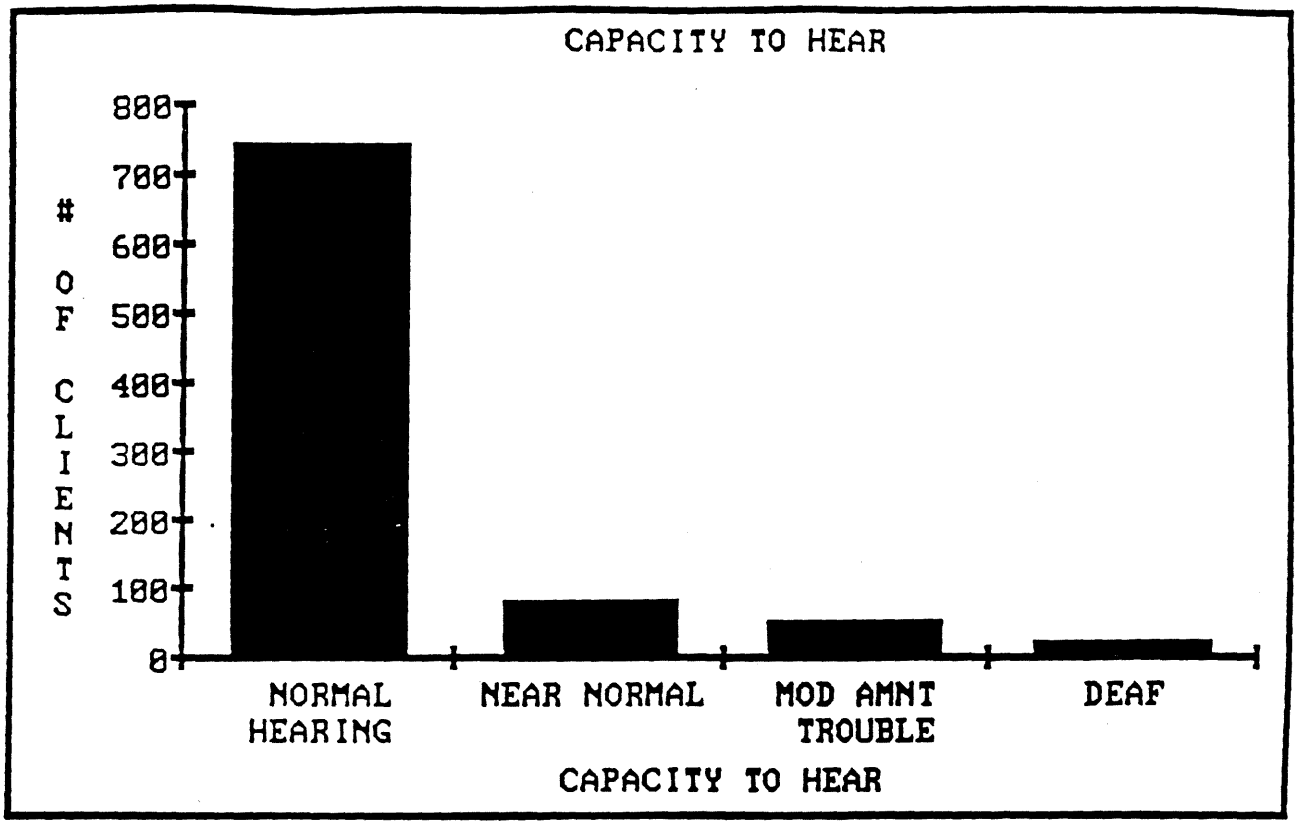


FIGURE 27: SUPERVISION OR ASSISTANCE GIVEN DUE TO HEARING DEFICITS

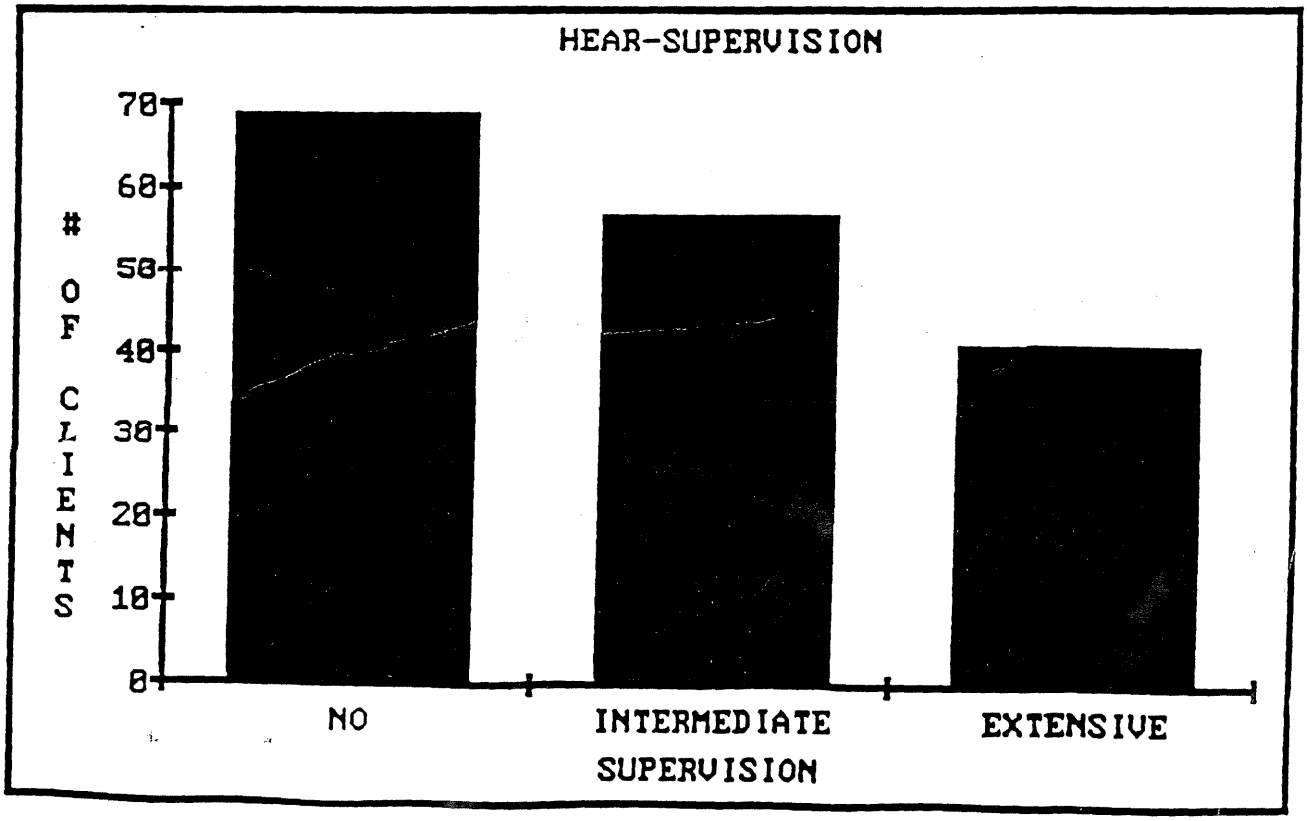
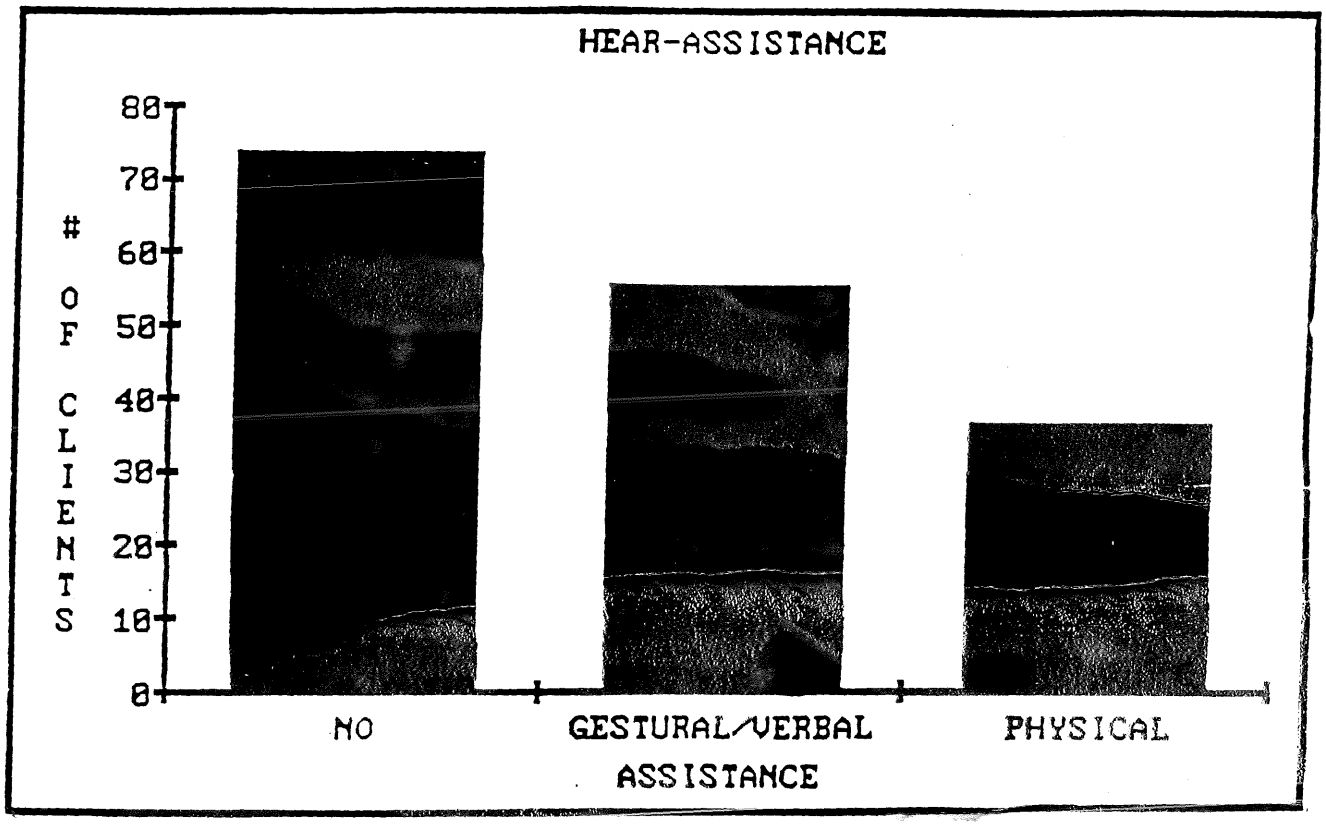


FIGURE 27: CONTINUED



Activities of Daily Living

The MSAF contains 20 items pertaining to broad categories of daily living (e.g., toileting, dressing, community safety). For each, respondents were asked to rate the level of supervision (no or little, intermittent, extensive) and assistance (no or little, gestural or verbal, physical) that a consumer typically receives. Responses were tabulated so that the level of staff intervention provided consumers could be examined by skill category. Additionally, responses related to the supervision and assistance were each scored from zero to two as follows:

Supervision		Assistance	
Score	Level of Supervision	Score	Level of Assistance
0	No or little supervision	0	No or little assistance
1	Intermittent supervision	1	Gestural or verbal assistance
2	Extensive supervision	2	Physical assistance

Using these scores, a series of scales were constructed to capture the consumers' overall needs for supervision and/or assistance to complete various daily living skills. Findings pertaining to this section of the MSAF are displayed in Figures 28 to 38:

- (Figure 28) Consumers typically receive extensive amounts of supervision and physical assistance to complete skills in a great many activity domains. Areas requiring the least amounts of staff intervention, pertain to basic self help skills (e.g., toileting, dressing);

- (Figures 29-31) Items pertaining to elemental activities of daily living were set apart from the others to create three scales: 1) supervision received; 2) assistance received, and 3) supervision and assistance received. Those eight activity domains included in these scales pertain to:

- toileting;
- eating drinking;
- bathing/showering
- grooming;
- dressing;
- communicating basic needs;
- simple money management; and
- preparing simple meals.

* (Figure 29) Using the scoring format noted above, consumers were found to receive a high amount of supervision for performing skills in these domains. Scores ranged from 0-16, but over half the consumers (N=504) scored 10 or higher;

* (Figure 30) Using the same scoring format, consumers were likewise found to receive relatively high amounts of assistance. Scores again ranged from 0-16, but over half (N=482) scored 10 or higher;

* (Figure 31) Using the same scoring format, the supervision and assistance scores were summed to yield and overall indicator of staff intervention regarding elemental skills. Scores ranged from 0-32, but as expected, consumers were found to receive great amounts of supervision and assistance, with over half (N=488) scoring 20 or higher.

o (Figures 32-34) The remaining 11 items,* those pertaining to more advanced activities of daily living, were used to create three additional scales, identical in construction to those three noted above. The eleven activity domains included in these scales include:

- communicating complex thoughts;
- community activity;
- home safety;
- community mobility;
- complex money management;
- preparing complex meals;
- dishwashing;
- household chores;
- using the phone
- leisure activities
- using community businesses.

* (Figure 32) Consumers were found to be extremely dependent on staff supervision and assistance to perform skills in these domains. Regarding supervision, scores ranged from 1-22, but more than half (N=473) scored 19 or higher, and over a third (N=341) scored 22, the highest possible score;

* (Figure 33) Regarding assistance, scores ranged from 0-22, and more than half (N=514) scored 18 or higher with about 30% (N=272)

* Note: One item, pertaining to household maintenance, was not included in these analyses because it was found to subtract from the scale's internal consistency.

scoring a 22;

* (Figure 34) When the supervision and assistance scores were summed, scores ranged from 2-42, with over half (N=509) scoring 38 or higher. Nearly one third (N=300) scored either 43 or 44, with 44 being the highest possible score.

o (Figures 35-37) Nineteen of the 20 items were summed to yield total staff intervention scores (See previous note). Again, three separate scales were constructed:

* (Figure 35) Regarding supervision, scores ranged from 1-38, with over half (N=490) scoring 30 or higher. Nearly one fifth (N=171) scored a 38, the highest possible score;

* (Figure 36) Regarding assistance, scores ranged from 0-38, with over half (N=494) scoring 28 or higher;

* (Figure 37) When the supervision and assistance scores were summed, scores ranged from 1-76, with over half (N=467) scoring a 61.

o (Figure 38) Review of the figures above, as well as the statistical properties of the nine scales, suggests that consumers, as a group, receive a great amount of supervision and assistance related to daily living skills, with significant numbers requiring extensive staff intervention to complete even elemental activities.

Review of the high internal consistencies associated with these scales suggest that numerous items composing the scale could be eliminated without adversely affecting internal consistency.

FIGURE 28: SUPERVISION AND ASSISTANCE RECEIVED REGARDING 20 SKILL AREAS

	SUPERVISION			ASSISTANCE		
DAILY LIVING ACTIVITIES	NO/LITTLE	INTERMITTENT	EXTENSIVE	NO/LITTLE	GESTURAL/VERBAL	PHYSIC
TOILETING	408	213	292	415	159	339
EATING/DRINKING	347	269	297	353	259	301
BATHING/SHOWERING	203	184	526	220	208	485
GROOMING	139	270	504	152	269	492
DRESSING	273	257	383	269	245	399
COMMUNITY BASIC NEEDS	305	220	388	289	332	291
COMMUNICATING COMPLEX THOUGHTS	167	180	565	158	338	416
COMMUNITY SAFETY	87	114	711	102	268	543
HOME SAFETY	123	160	630	123	271	519
COMMUNITY MOBILITY	82	111	720	94	221	598
SIMPLE MONEY MANAGEMENT	104	173	636	117	240	556
COMPLEX MONEY MANAGEMENT	8	82	823	10	115	788
PREPARING SIMPLE MEALS	148	182	583	143	254	516
PREPARING COMPLEX MEALS	12	105	796	11	160	12
DISHWASHING	166	163	584	160	212	541
HOUSEHOLD CHORES	109	248	556	106	289	518
HOUSEHOLD MAINTENANCE	37	73	803	38	113	762
USING THE TELEPHONE	132	153	628	109	141	663
LEISURE ACTIVITIES	118	269	526	129	350	434
USES COMMUNITY BUSINESS	55	146	712	64	266	583

FIGURE 29: SUPERVISION RECEIVED REGARDING EIGHT ELEMENTAL SKILL AREAS

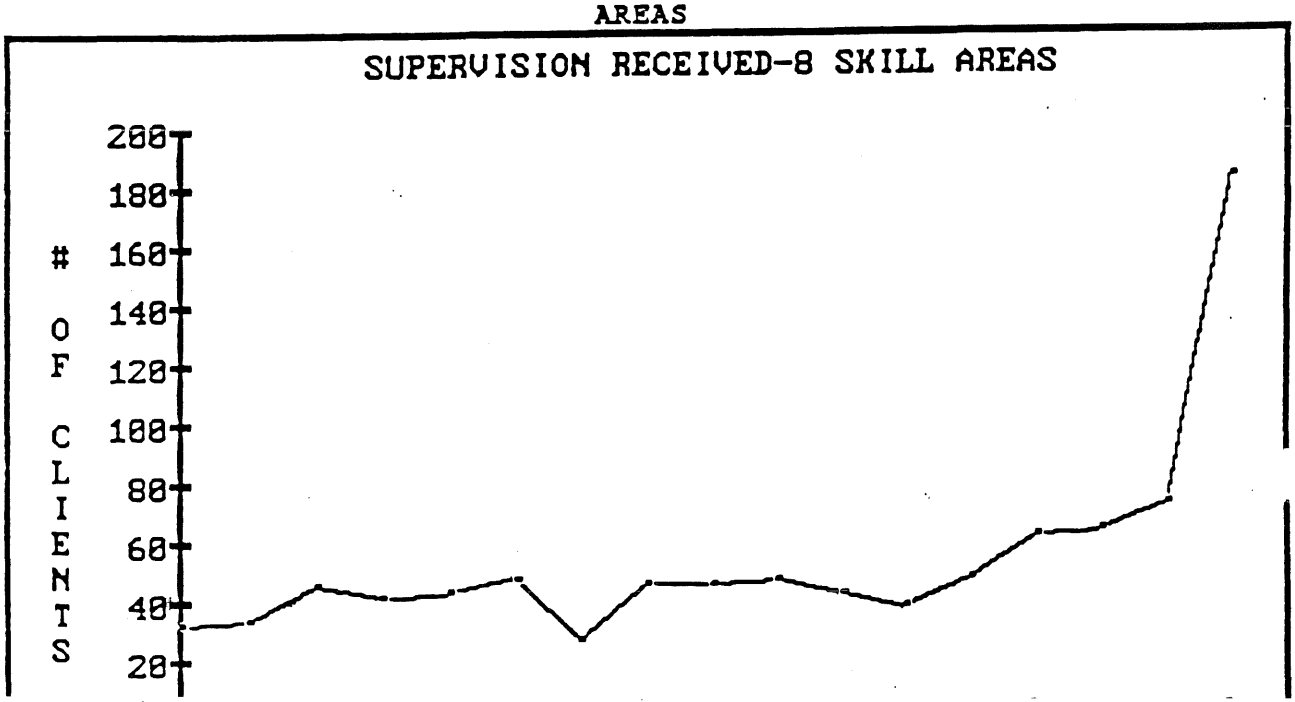


FIGURE 30: ASSISTANCE RECEIVED REGARDING EIGHT ELEMENTAL SKILL AREAS

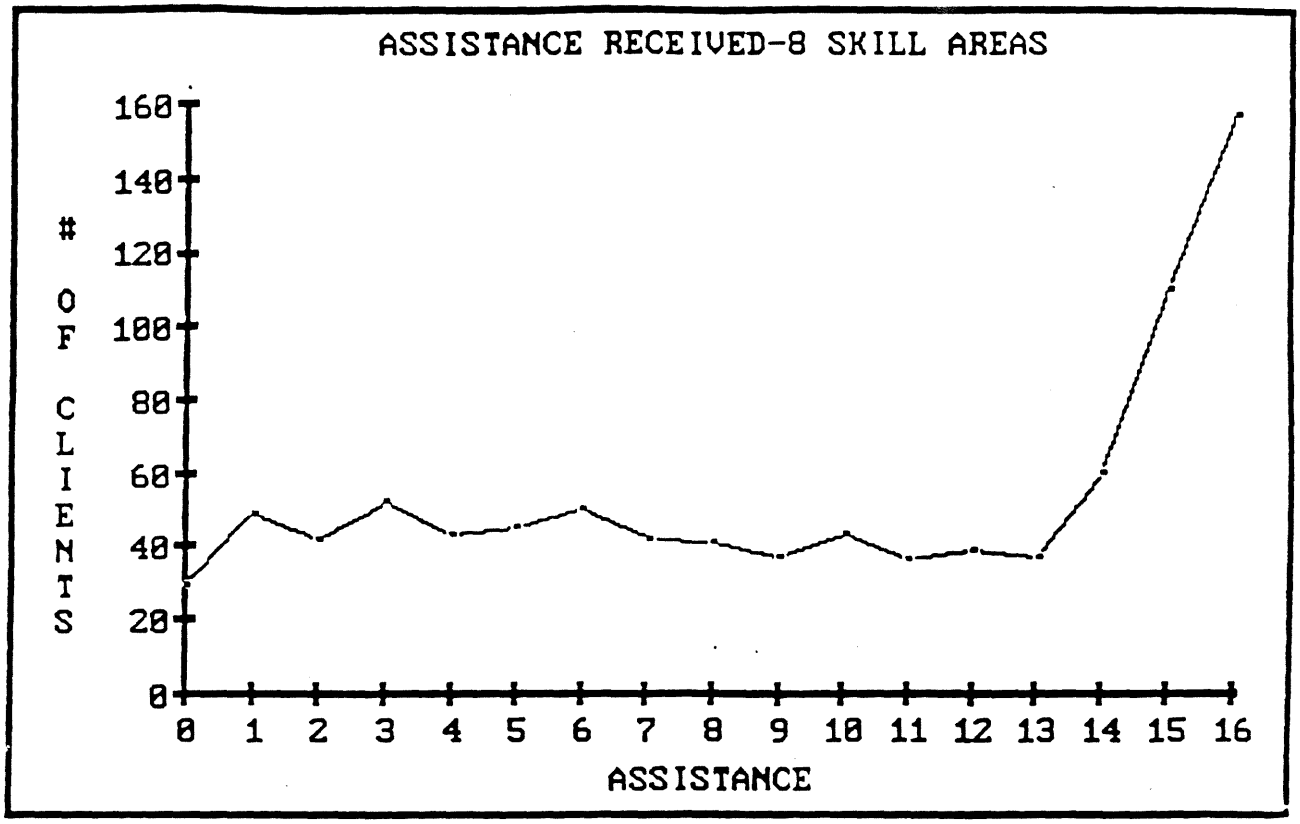


FIGURE 31: SUPERVISION AND ASSISTANCE RECEIVED REGARDING EIGHT ELEMENTAL AREAS

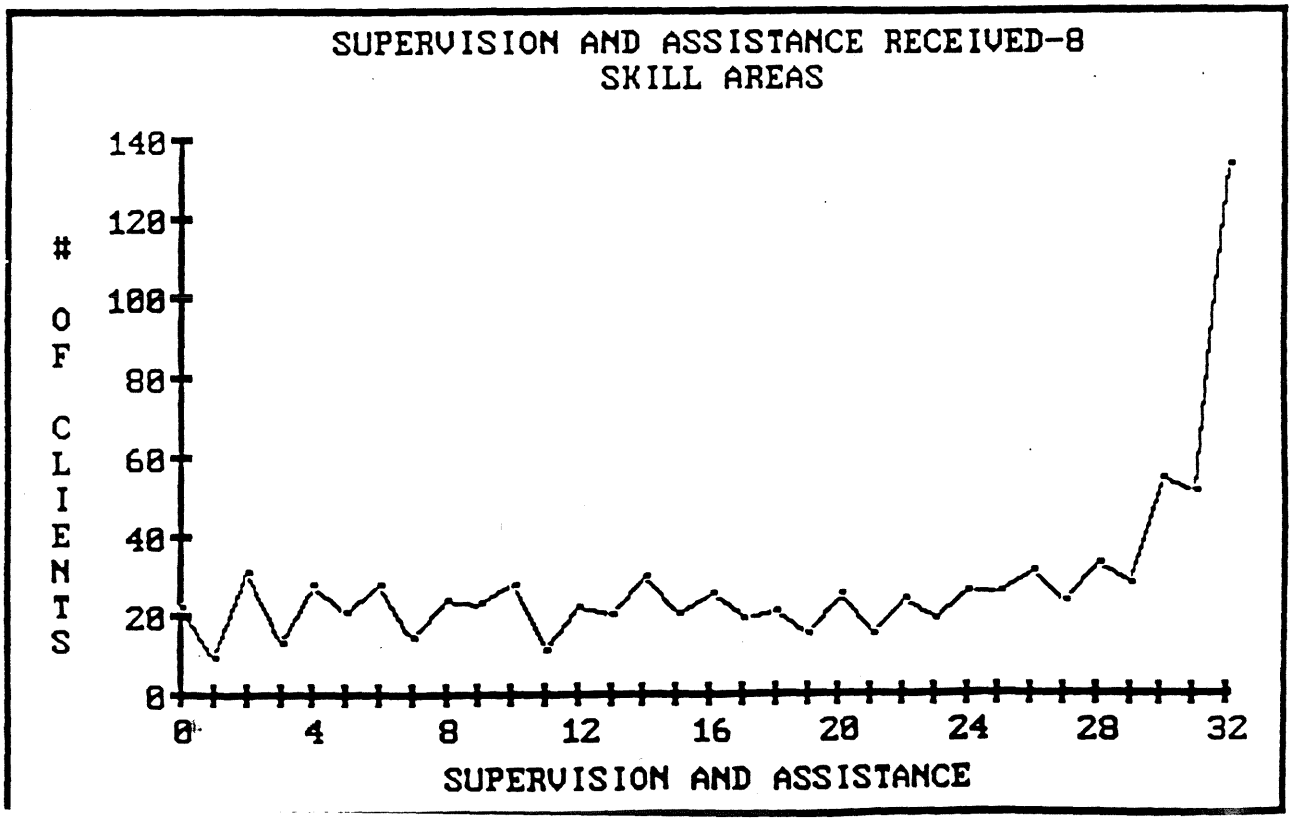


FIGURE 32: SUPERVISION RECEIVED REGARDING ELEVEN ADVANCED AREAS

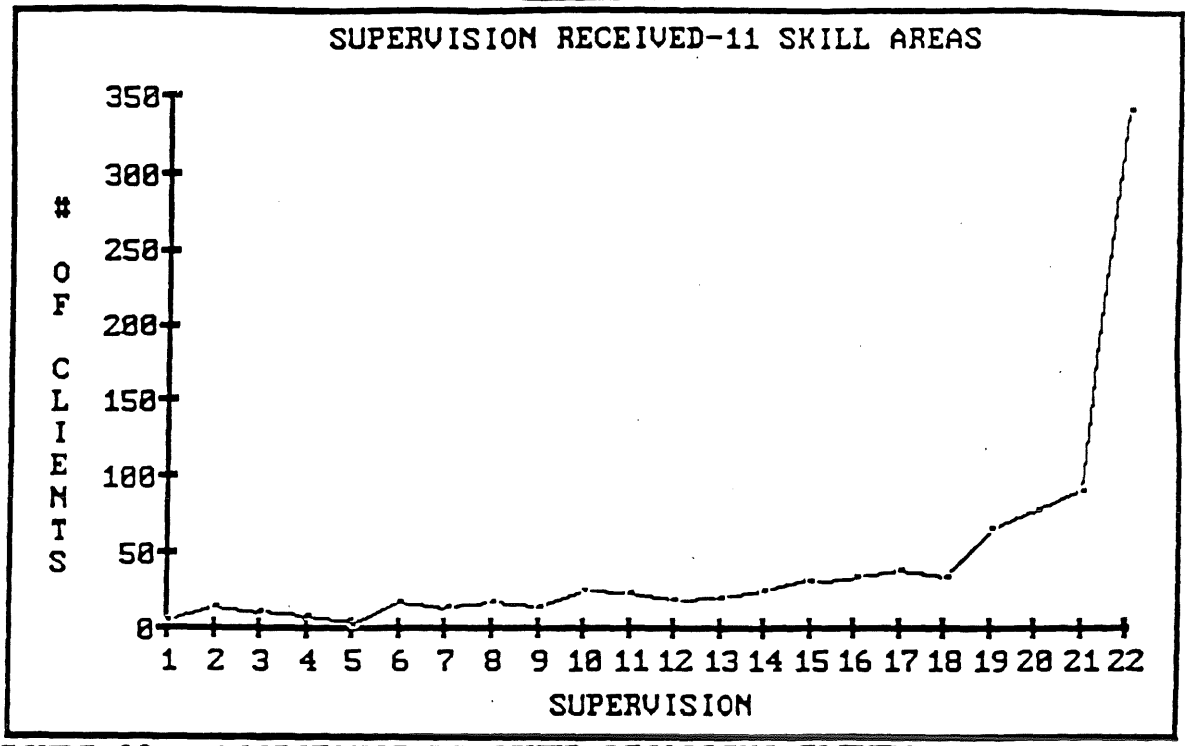


FIGURE 33: ASSISTANCE RECEIVED REGARDING ELEVEN ADVANCED AREAS

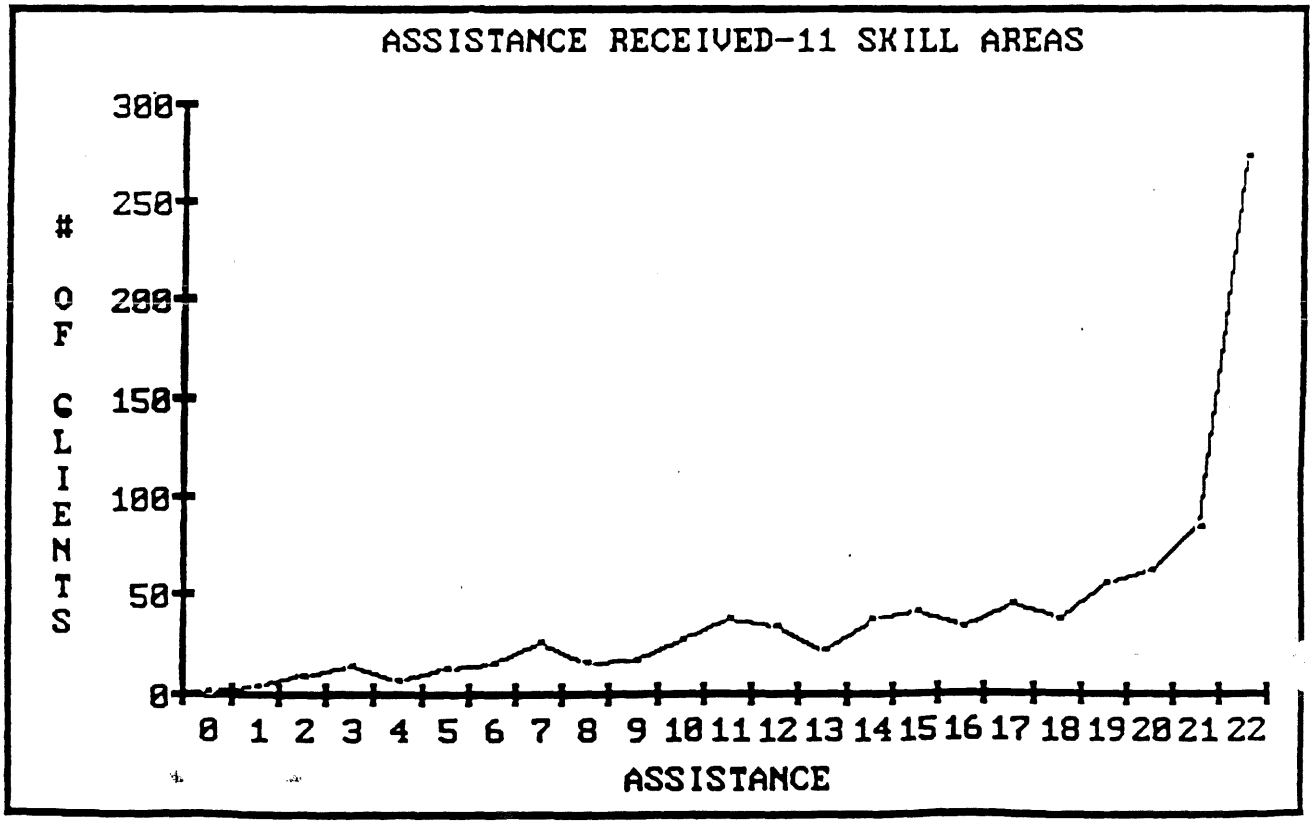


FIGURE 34: SUPERVISION AND ASSISTANCE RECEIVED REGARDING ELEVEN ADVANCED AREAS

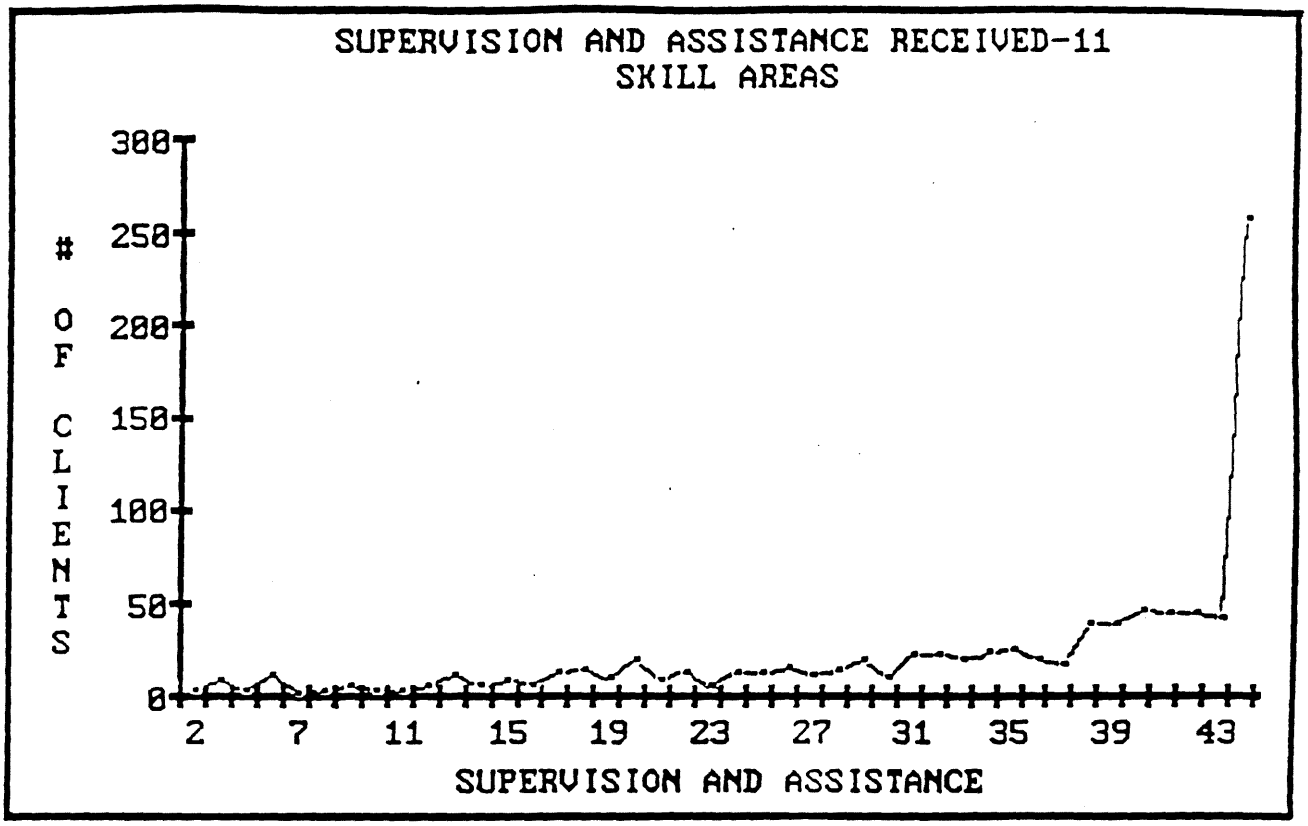


FIGURE 35: SUPERVISION RECEIVED REGARDING 19 SKILL AREAS

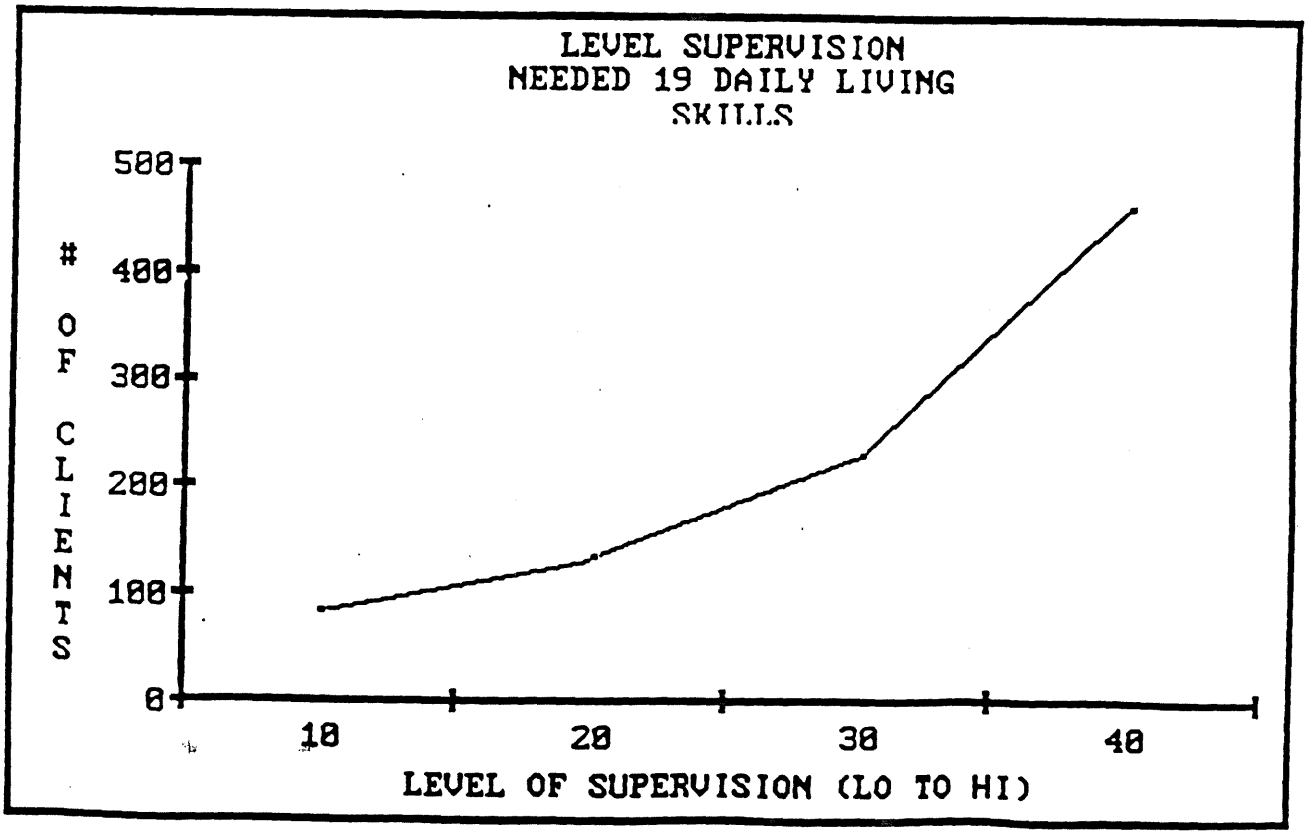


FIGURE 36: ASSISTANCE RECEIVED REGARDING 19 SKILL AREAS

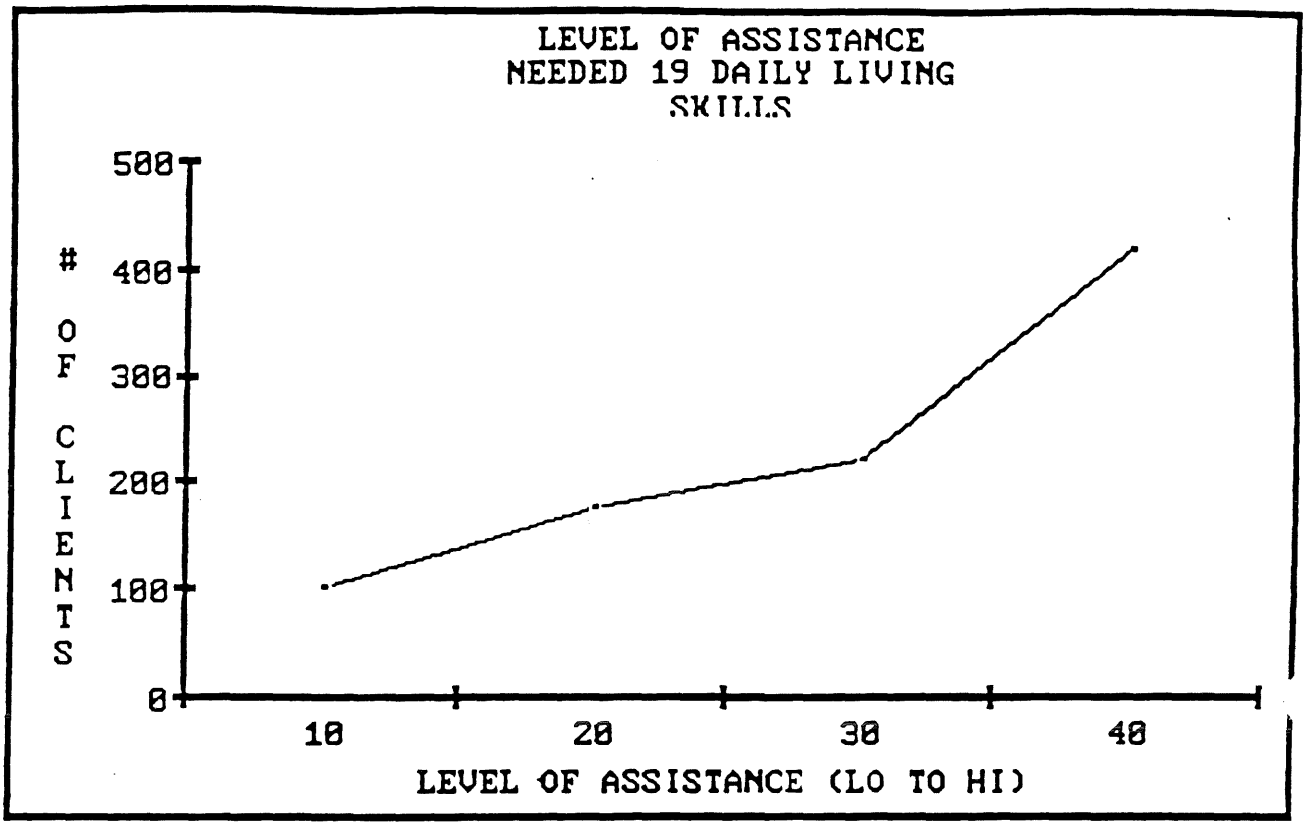


FIGURE 37: SUPERVISION AND ASSISTANCE RECEIVED REGARDING 19 SKILL AREAS

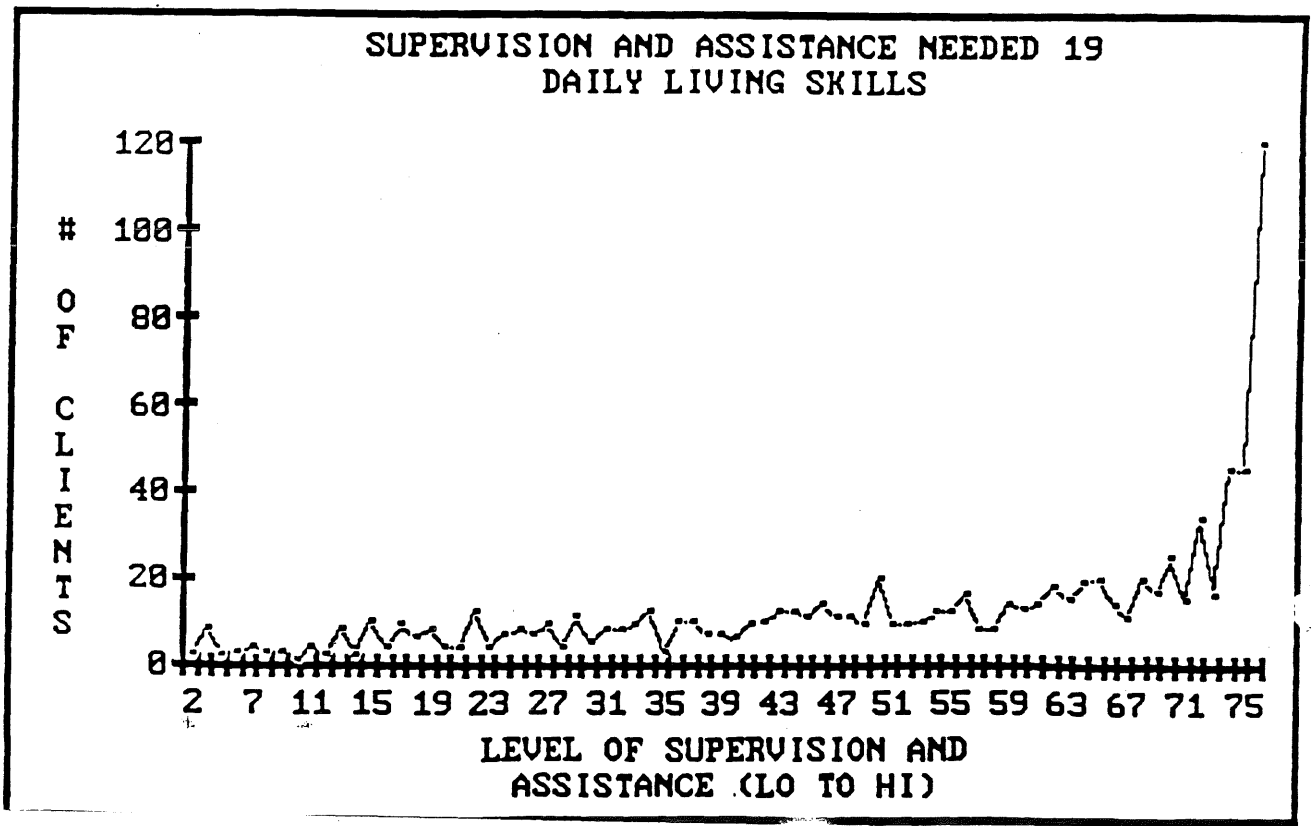


FIGURE 38: STATISTICAL PROPERTIES OF DAILY LIVING SCALES

SCALE	SEE FIGURE	POSSIBLE SCORING RANGE	ACTUAL RANGE	MEAN	MEDIAN	STANDARD DEVIATION	INTERNAL CONSISTENCY
SUPERVISION RE/ ELEMENTAL SKILLS	29	0-16	0-16	9.842	11.00	5.226	NOT COMPUTED
ASSISTANCE RE/ ELEMENTAL SKILLS	30	0-16	0-16	9.559	10.00	5.329	NOT COMPUTED
SUPRVSN/ASSTNCE RE/ ELEMENTAL SKILLS	31	0-32	0-32	19.405	21.00	10.400	NOT COMPUTED
SUPERVISION RE/ ADVANCED SKILLS	32	0-22	1-22	17.785	20.00	5.427	NOT COMPUTED
ASSISTANCE RE/ ADVANCED SKILLS	33	0-22	0-22	16.783	19.00	5.631	NOT COMPUTED
SUPRVSN/ASSTNCE RE/ ADVANCED SKILLS	34	0-44	2-42	34.568	39.00	10.788	NOT COMPUTED
SUPERVISION RE/ ALL SKILLS	35	0-38	1-38	27.630	31.00	10.206	.955
ASSISTANCE RE/ ALL SKILLS	36	0-38	0-38	26.342	29.00	10.611	.962
SUPRVSN/ASSTNCE RE/ ALL SKILLS	37	0-76	1-76	53.973	60.00	20.493	.978

Personal Interaction

The MSAF contains six items pertaining to the staff intervention provided consumers with regard to: 1) personal choice and initiative, 2) development of friendships, 3) care of personal belongings, 4) participation in self directed activity, 5) community recreation, and 6) community integration. For each, respondents noted whether staff were working with the consumer on skills related to the area, and, if so, respondents indicated the level of such intervention (i.e., no or little, intermittent, extensive) and the frequency of intervention (i.e., less than once per month), 1-3 times per month, 1-6 times per week, 1-10 times per day, one or more times per hour. Responses were examined so that the level of staff intervention could be viewed by each personal interaction domain. Moreover, responses related to staff intervention for the various response options were scored as follows:

Instruction Provided		Level of Intervention		Frequency of Intervention	
Score	Status	Score	Status	Score	Status
0	Skills not worked on	0	Little intervention	0	Less than once per month
1	Skills worked on	1	Intermittent intervention	1	1-3 times/month
		2	Extensive intervention	2	1-6 times/week
				3	1-10 times/day
				4	One or more/hour

Using these scores, four scales were constructed to reflect the overall amount of intervention consumers receive in the six personal interaction domains. Findings pertaining to this section of the MSAF are displayed in Figures 39-43:

- (Figure 39) Consumers typically receive instruction in all six of the personal interaction areas. The areas receiving the least attention include care of personal belongings and community integration, while those areas receiving the most attention include community recreation, personal choice, and the development of friendships;

- (Figure 40) The instruction provided in the six areas (scored 0 or 1) was summed to yield and overall score that could range from 0-6. Few consumers (N=106) received instruction in only one or no areas, while nearly half (N=433) received instruction in five or six areas.

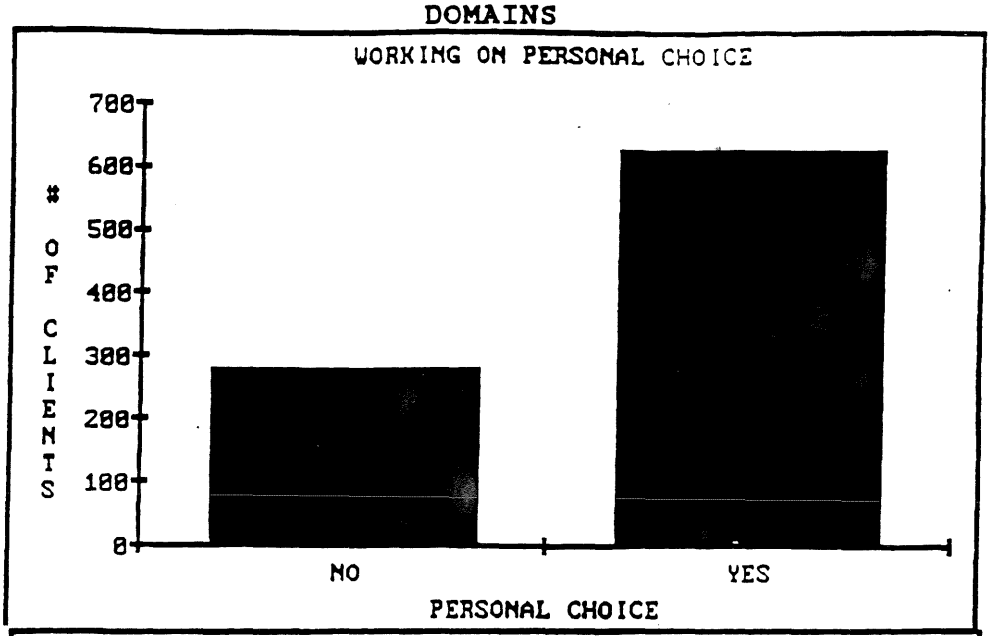
- (Figure 41) The level of intervention provided (scored 0-2 for each area) was summed to obtain an overall score that could range from 0-12. Scores ranged from 0-12, though most consumers scored between 2-7 (N=536), indicating that consumers generally receive moderate levels of intervention in these areas;

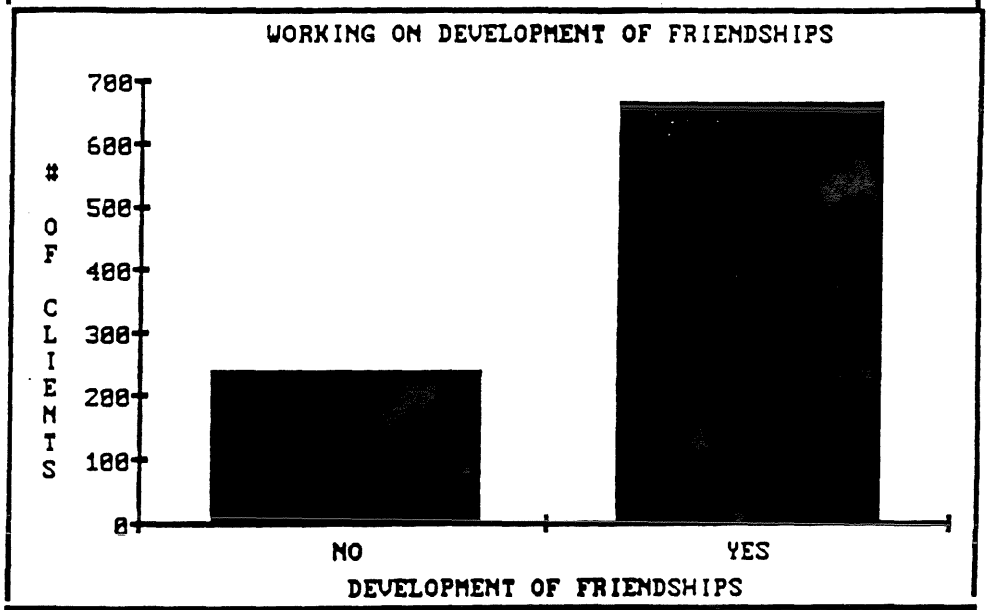
- (Figure 42) The frequency of intervention provided (scored 0-4 for each area) was summed to obtain an overall score that could range from 0-24. Scores ranged from 0-24, but most consumers scored between 6-14 (N=540), again suggesting that the frequency of intervention is neither extensive nor occasional, but moderate.

- (Figure 43) An overall measure of staff intervention was computed by multiplying the level of intervention score (0-2) by the frequency of intervention score (0-4) for each of the six areas and then summing these products. The resulting scores could range from 0-48, with higher scores indicating the greatest levels of intervention. Scores ranged from 0-48, but the majority of consumers scored 12 or less (N=492). Though nearly all consumers receive intervention in the personal interaction areas, such intervention does not appear to be the focus of staff activity.

- (Figure 44) The statistical properties associated with these four scales reveal that consumers generally receive services targeted to these domains, though several do not.

FIGURE 39: STAFF ACTIVITY REGARDING SIX PERSONAL INTERACTION DOMAINS





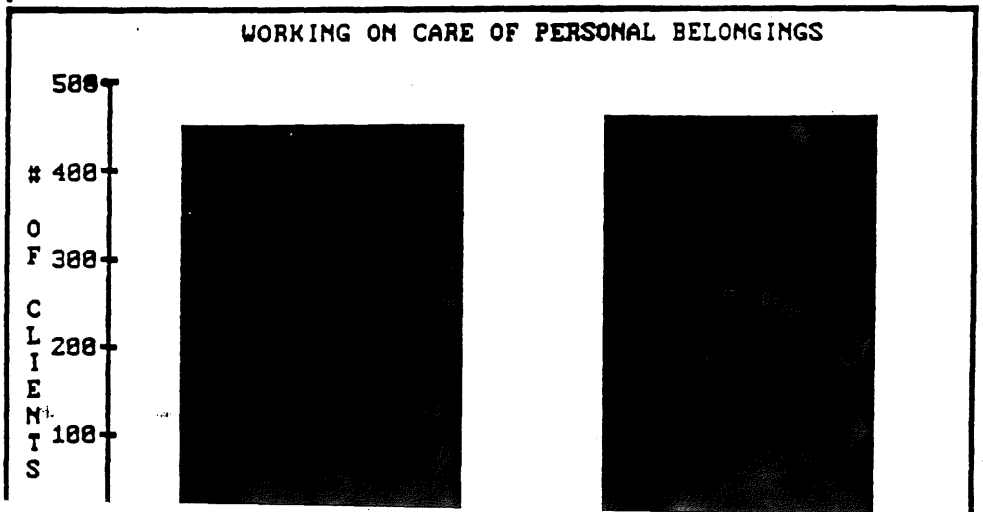
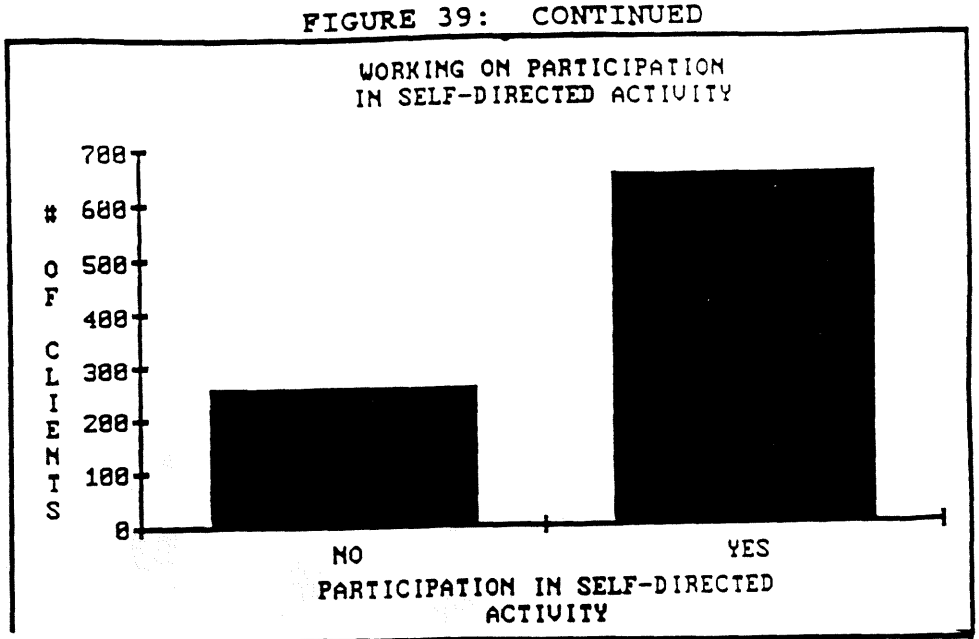
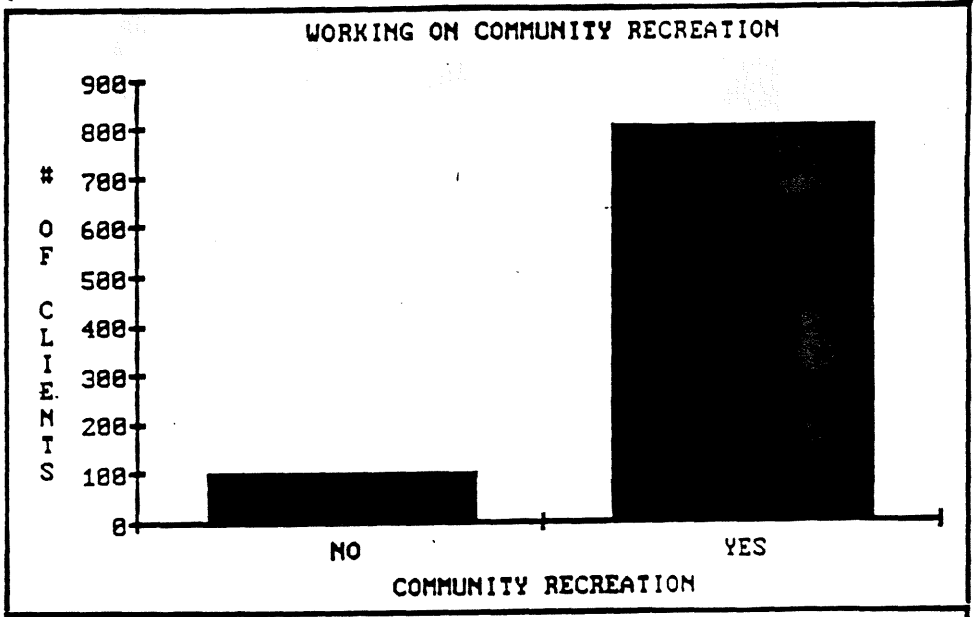


FIGURE 39: CONTINUED





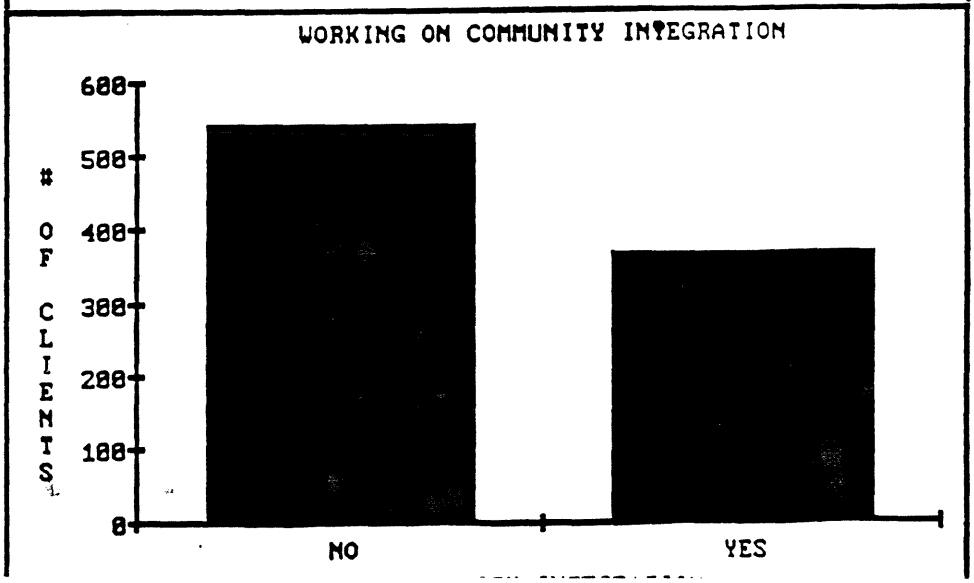


FIGURE 40: NUMBER OF AREAS WHERE CONSUMERS RECEIVE INSTRUCTION

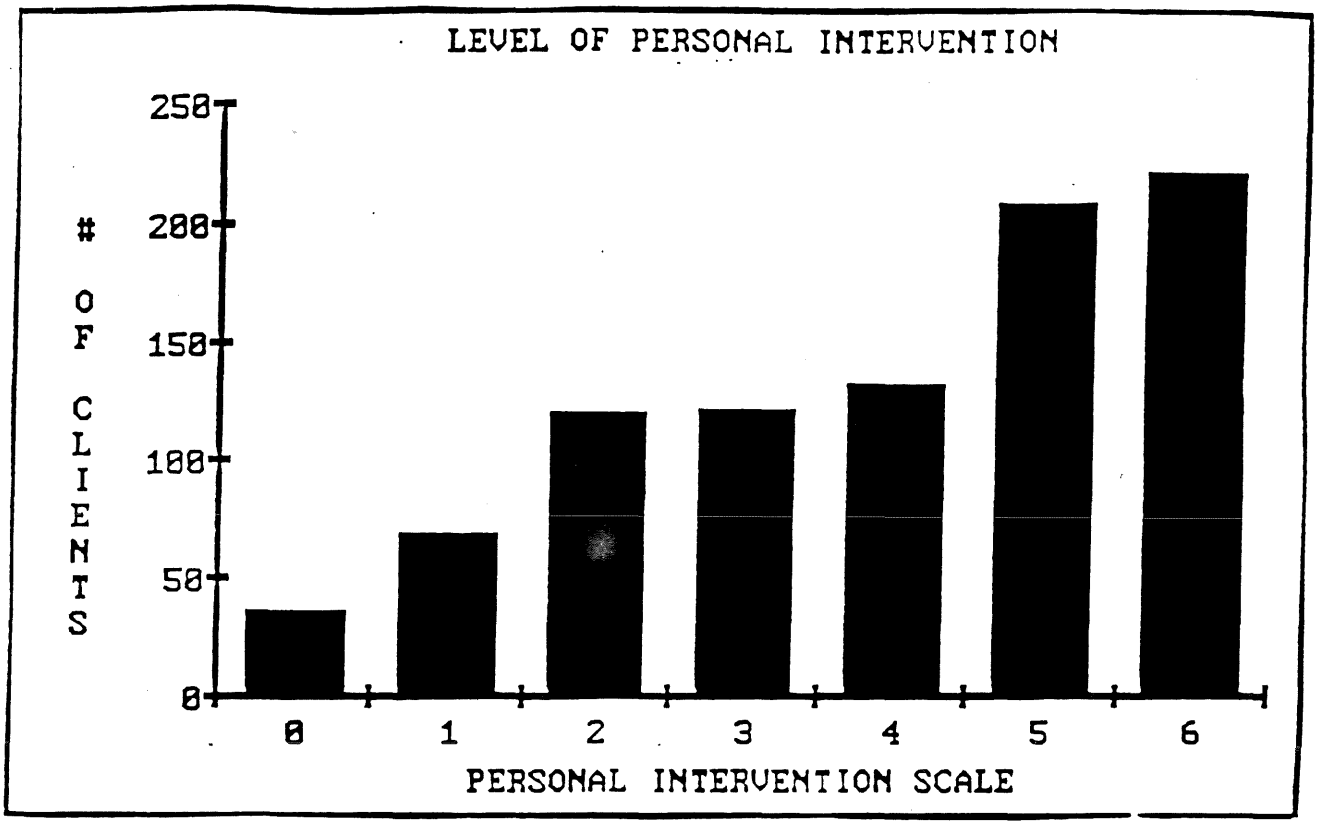


FIGURE 41: OVERALL LEVEL OF STAFF INTERVENTION REGARDING SIX INTERACTION DOMAINS

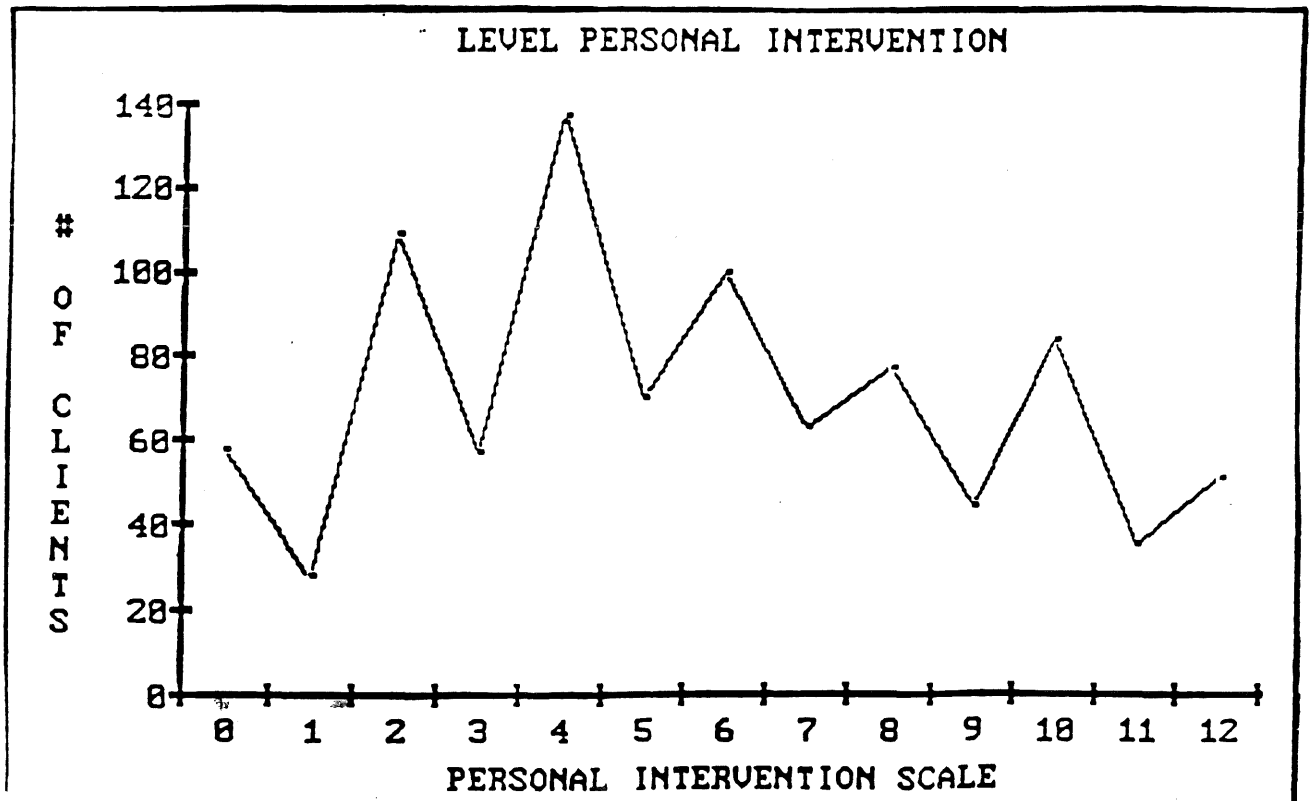


FIGURE 42: OVERALL FREQUENCY OF INTERVENTION REGARDING SIX INTERACTION DOMAINS

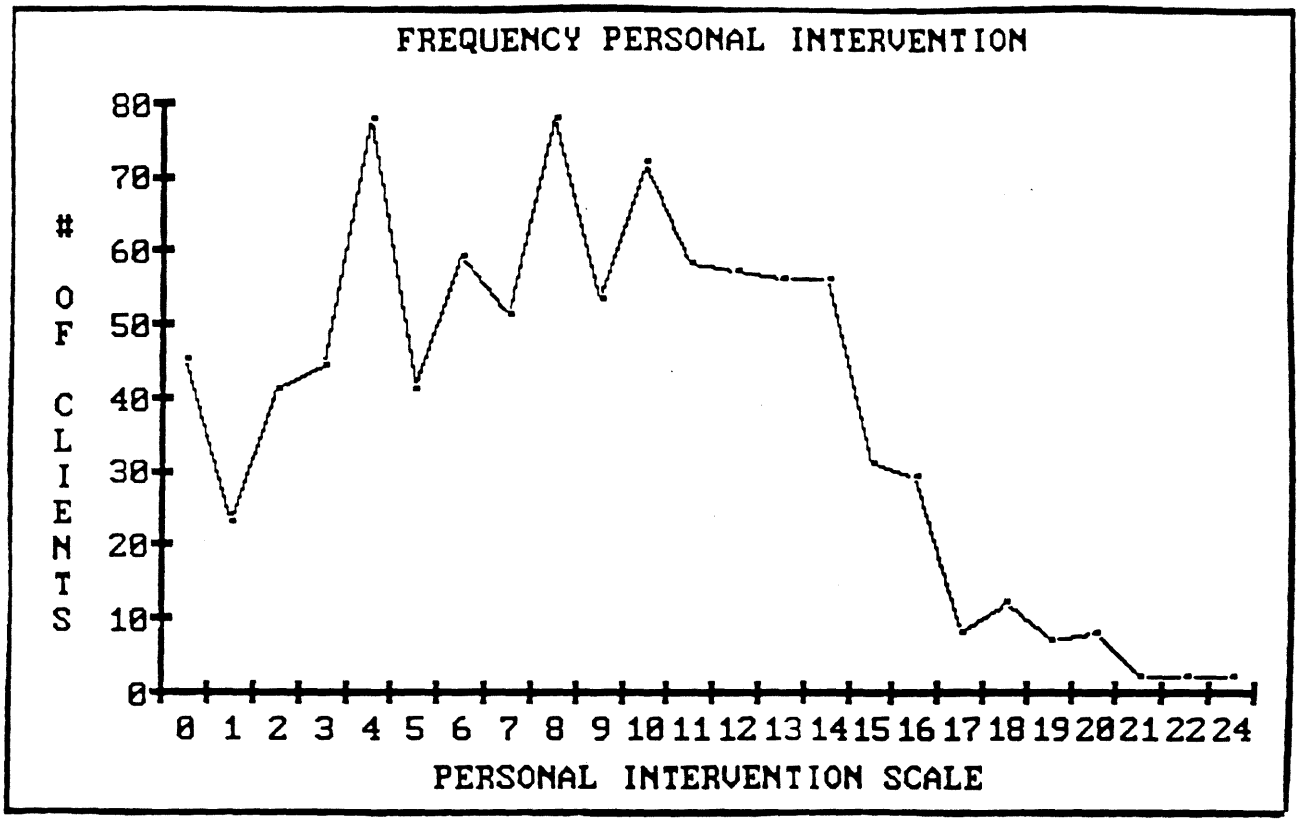


FIGURE 43: OVERALL MEASURE OF INTERVENTION REGARDING SIX INTERACTION DOMAINS

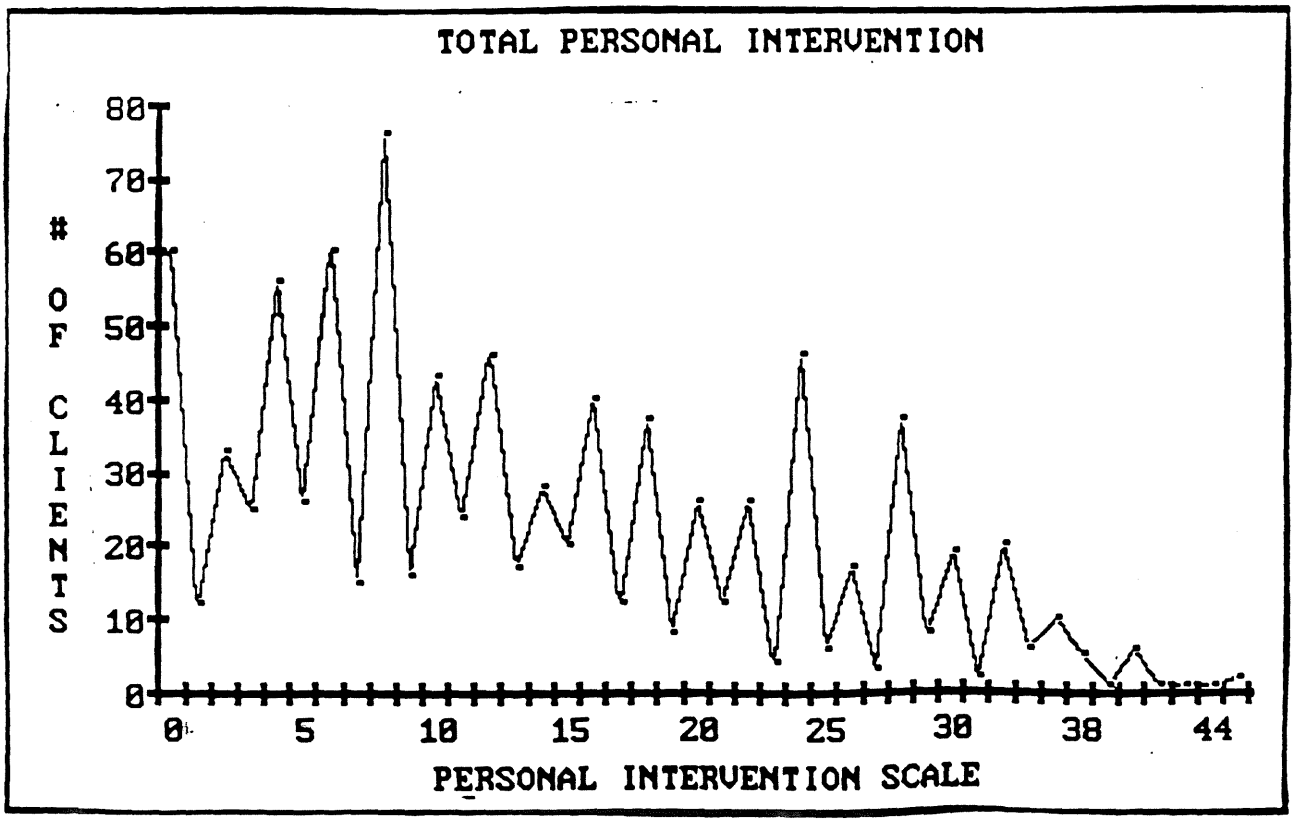


FIGURE 44: STATISTICAL PROPERTIES REGARDING PERSONAL INTERACTION SCALES

SCALE	SEE FIGURE	POSSIBLE SCORING RANGE	ACTUAL RANGE	MEAN	MEDIAN	STANDARD DEVIATION	INTERNAL CONSISTENC
NUMBER OF TOPICS GIVEN INTERVENTION	40	0-6	0-6	3.93	4.00	1.78	.746
LEVEL OF INTERVENTION PROVIDED	41	0-12	0-12	5.70	5.00	3.37	.751
FREQUENCY OF INTERVENTION PROVIDED	42	0-24	0-24	8.57	8.00	4.89	.737
OVERLALL STAFF INTERVENTION	43	0-48	0-48	13.75	12.00	10.11	.858

Challenging Behavior

The MSAF contains ten questions regarding staff activities aimed at the challenging behavior displayed by consumers. One question is concerned with medication, if any, given for behavior, while nine items pertain to a range of behaviors, including: 1) self-injury, 2) unusual or repetitive habits, 3) withdrawal behavior, 4) hurtful of others, 5) social offensive behavior, 6) destruction of property, 7) stealing or hoarding, 8) wandering, and 9) vulnerability to the inappropriate behavior of others. Regarding these nine items, the same scoring system described above in the personal interaction section was used, with the same scores and scales computed. Findings pertaining to this section of the MSAF are displayed in Figures 45-50:

- (Figure 45) The great majority of consumers (N=773) do not receive medication for their behavior, but a significant number (N=140) do;

- (Figure 46) For each of the nine behavior categories examined, the majority of consumers were found not to display the behaviors under question. The most often noted challenging behaviors were socially offensive behavior (N=425), while the least frequently noted behaviors were stealing and hoarding (N=148), and wandering (N=152)

- (Figure 47) The level of intervention provided (scored 0-2 for each behavior) was summed to obtain an overall index that could range from

0-18. Scores ranged from 0-16, with the majority of consumers scoring two or less (N=484), suggesting that consumers, as a group, require little intervention for challenging behavior;

- (Figure 48) The frequency of intervention provided (scored 0-4 for each behavior) was summed to obtain an overall score that could range from 0-36. Scores ranged from 0-30, with most (N=519) scoring four points or fewer, again suggesting that consumers require infrequent for their behavior; and

- (Figure 49) An overall measure of staff activity related to challenging behavior was computed by multiplying the level of intervention score by the frequency of intervention score for each behavior, and then summing these products. The resulting scores could range from 0-72, with higher scores indicating the greatest level of intervention. Scores ranged from 0-60, with nearly 30% (N=270) receiving a score of zero. Most consumers (N=458) scored five or less.

- (Figure 50) The statistical properties of these three scales document that consumers, as a group, require little staff intervention for behavior.

FIGURE 45: NUMBER OF CONSUMERS RECEIVING MEDICATION FOR BEHAVIOR

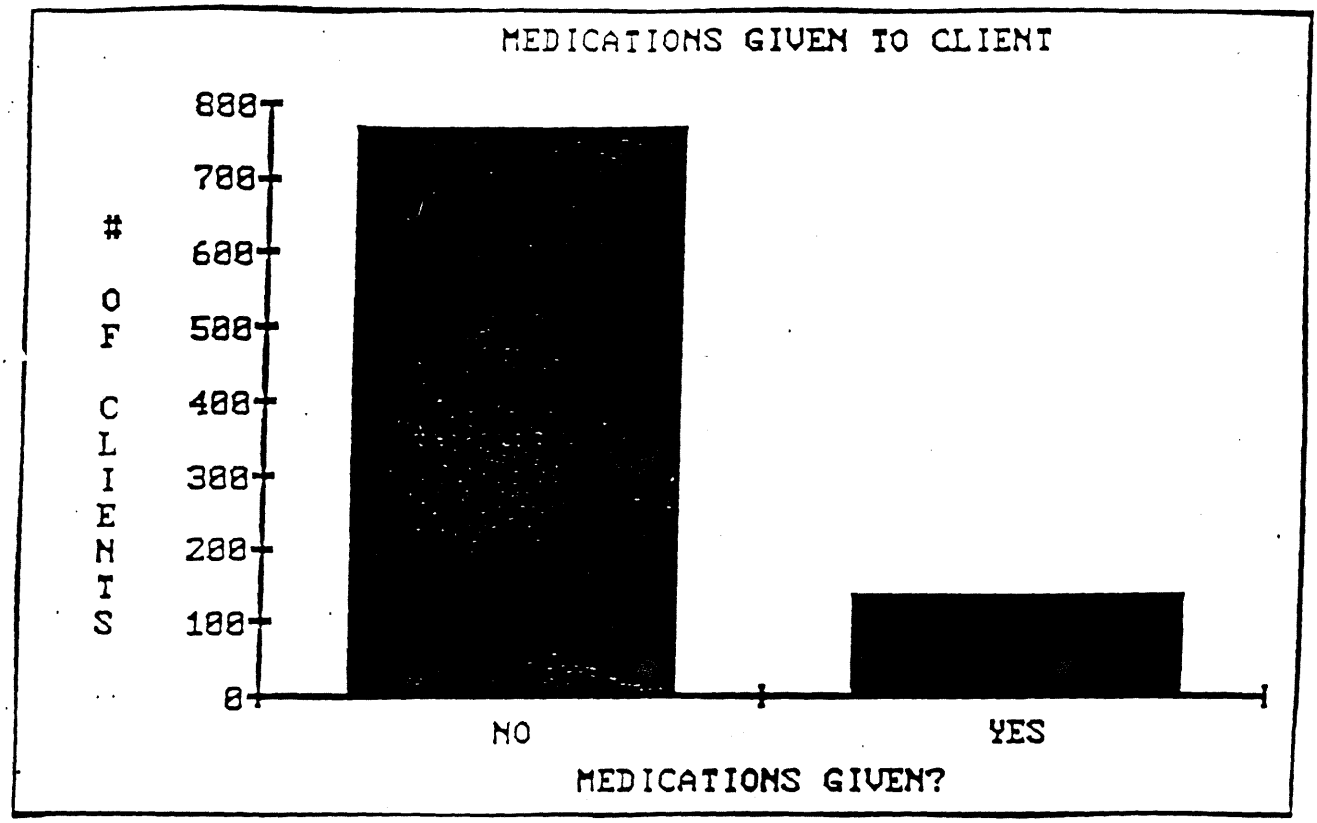
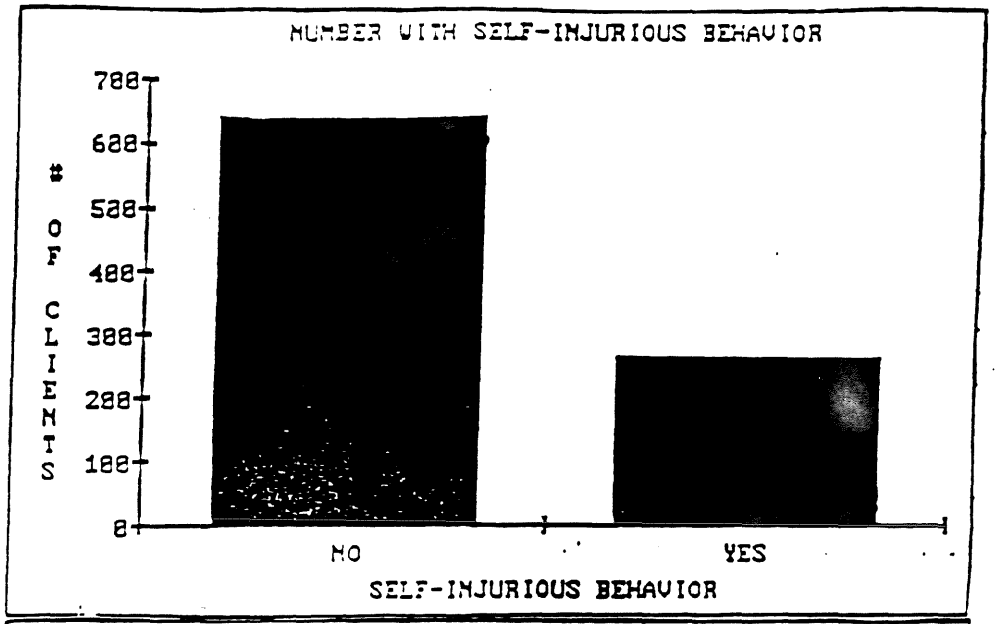
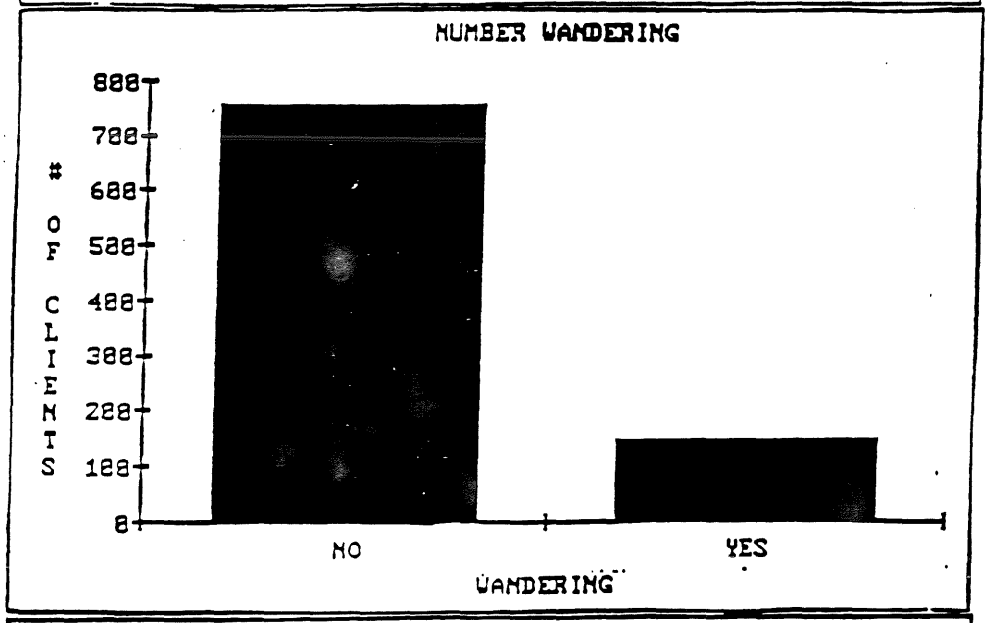


FIGURE 46: STAFF ACTIVITY REGARDING NINE TYPES OF CHALLENGING BEHAVIOR





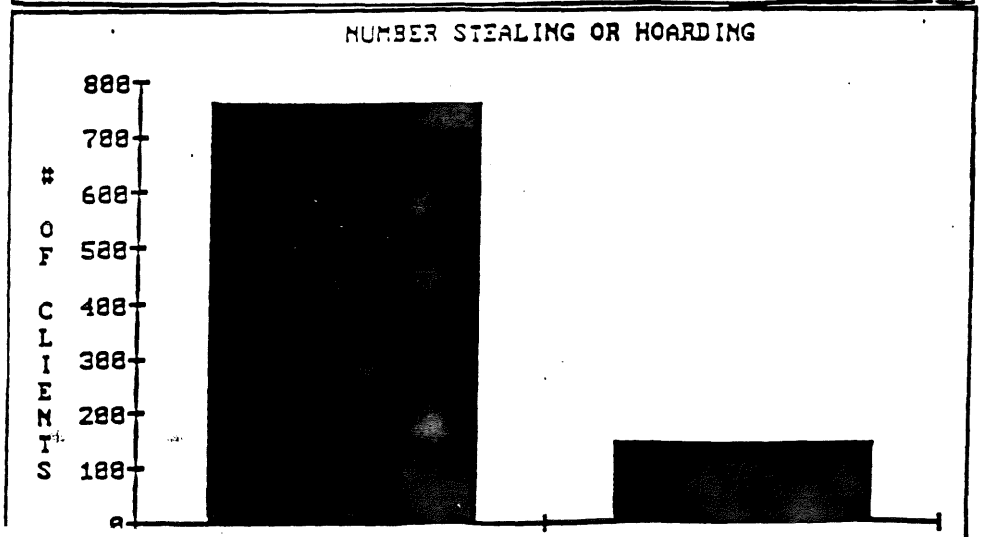
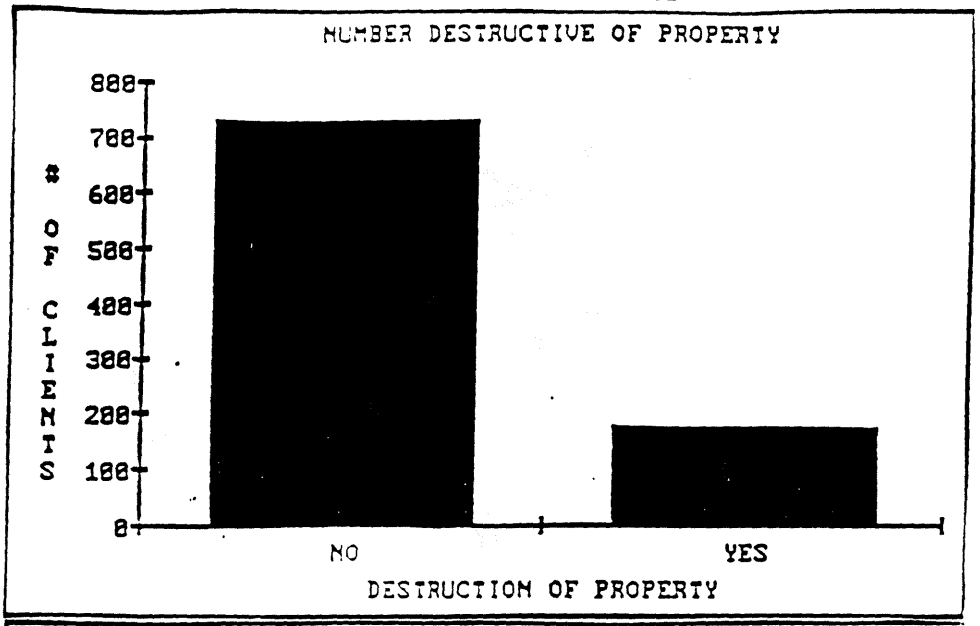
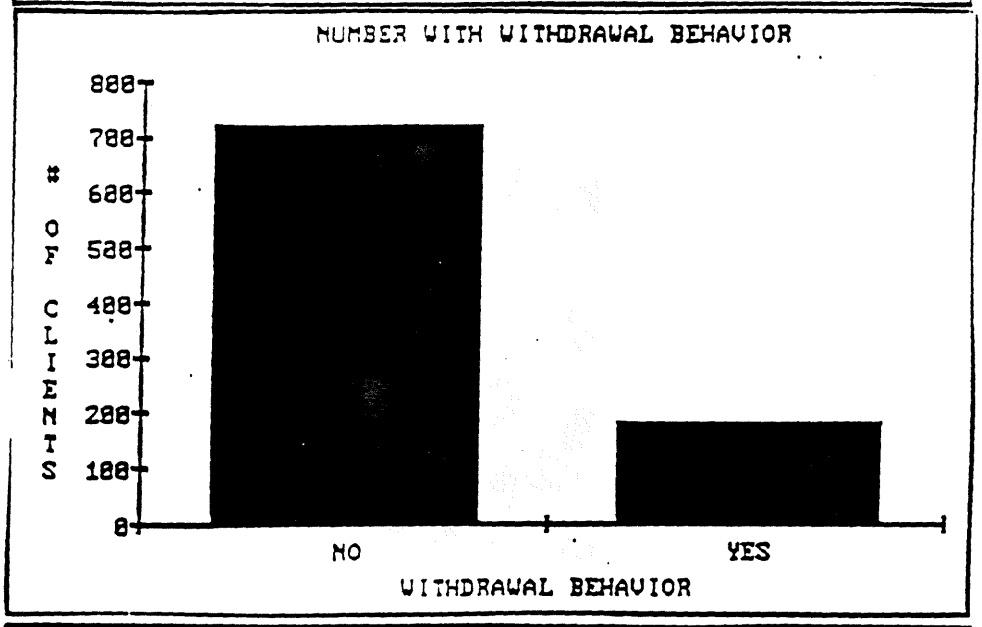


FIGURE 46: CONTINUED





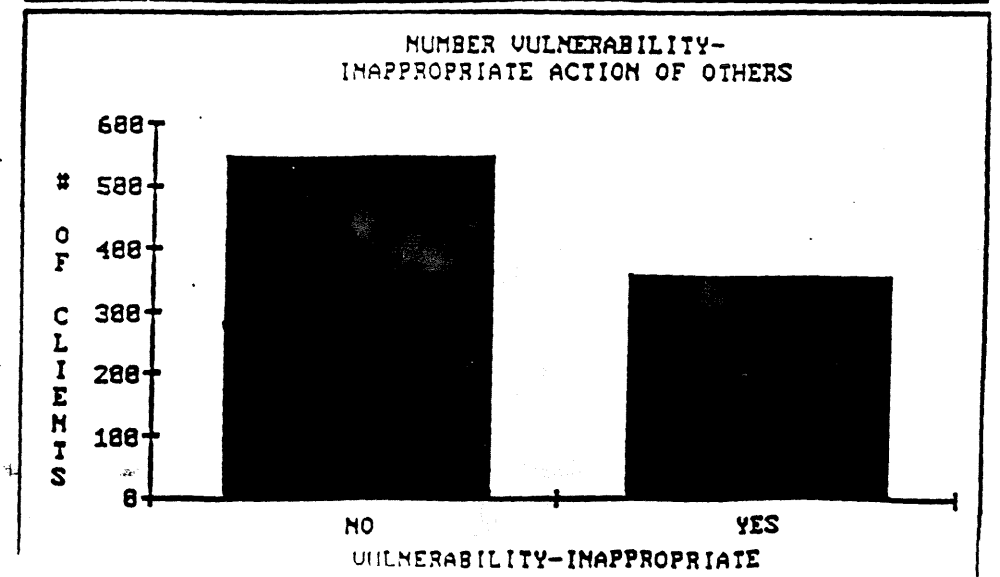
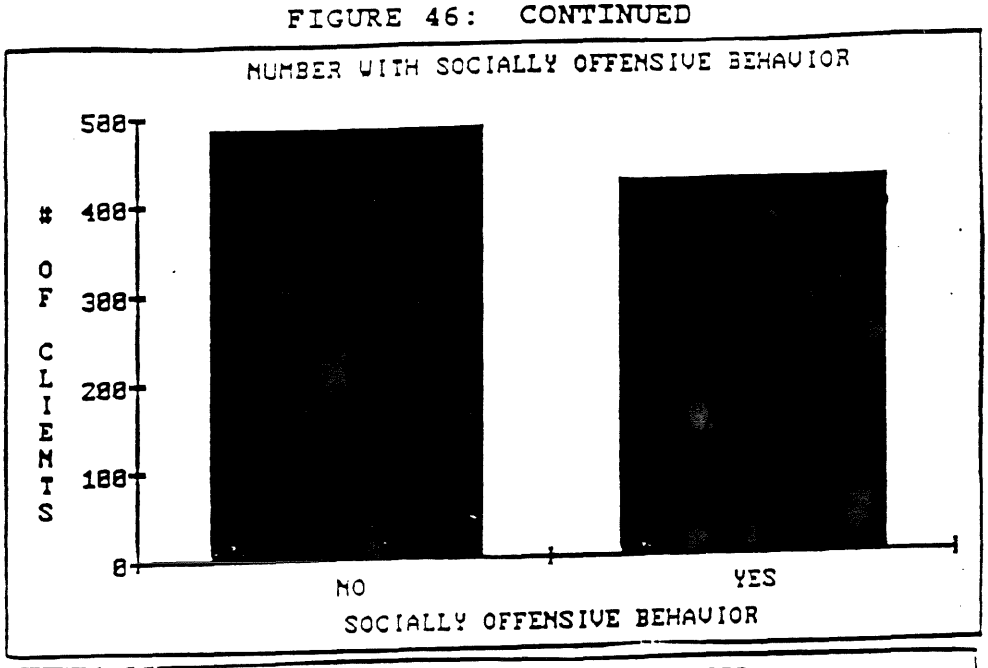
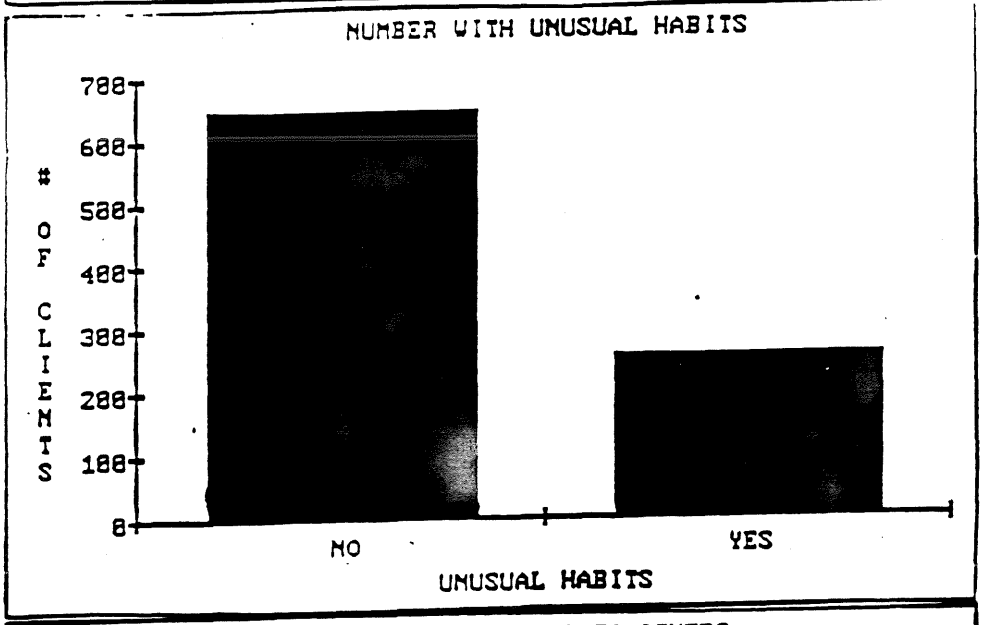


FIGURE 46: CONTINUED





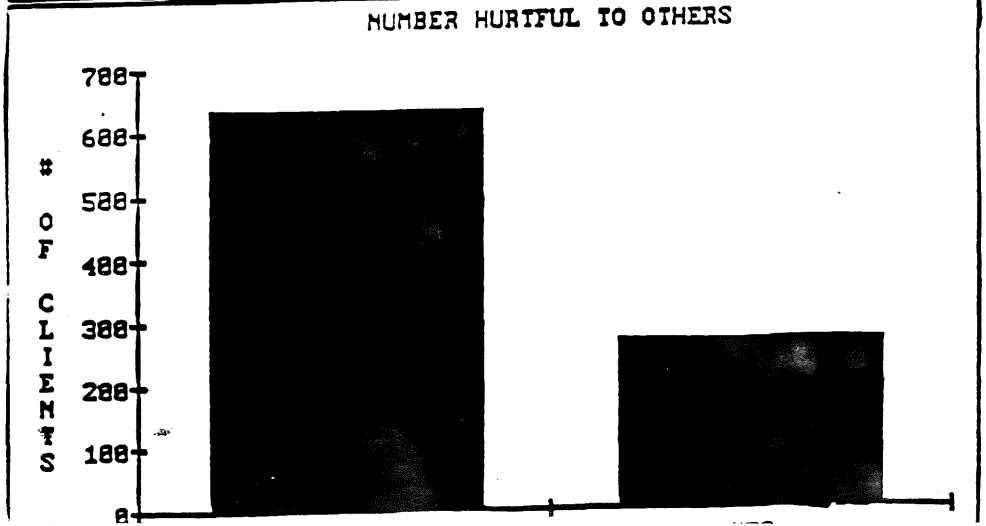


FIGURE 47: OVERALL LEVEL OF STAFF INTERVENTION FOR NINE BEHAVIOR TYPES

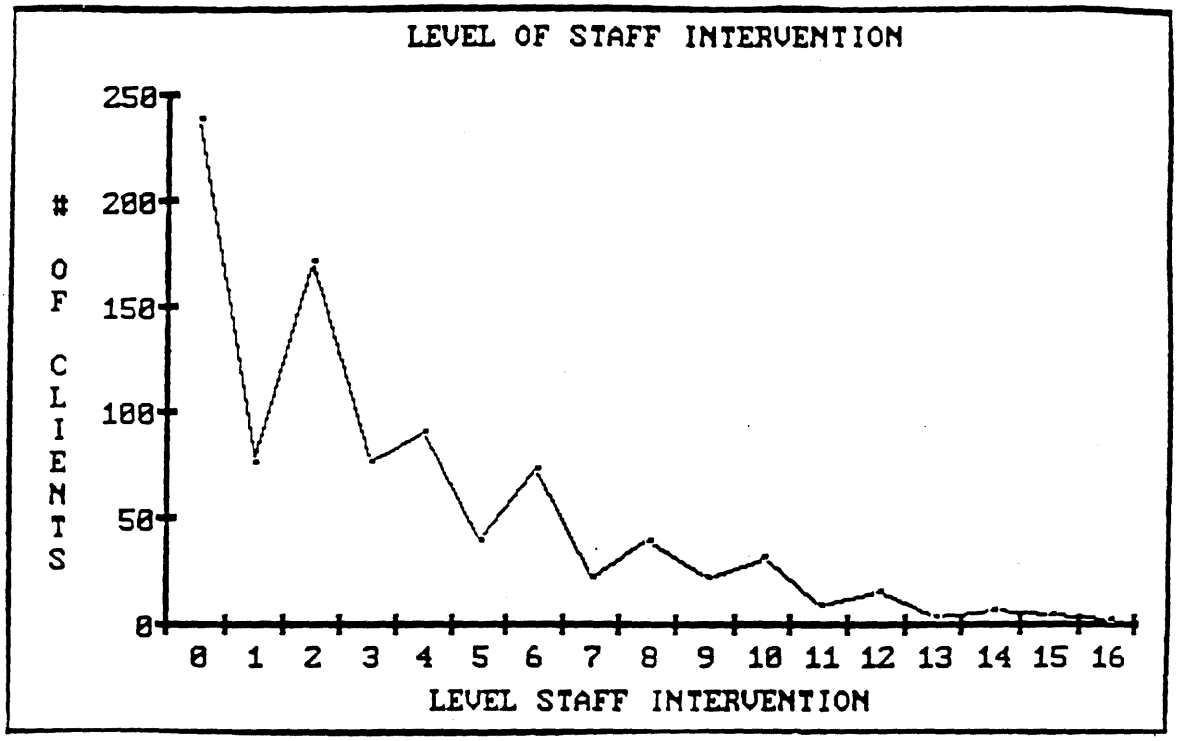


FIGURE 48: OVERALL FREQUENCY OF STAFF INTERVENTION FOR NINE BEHAVIOR TYPES

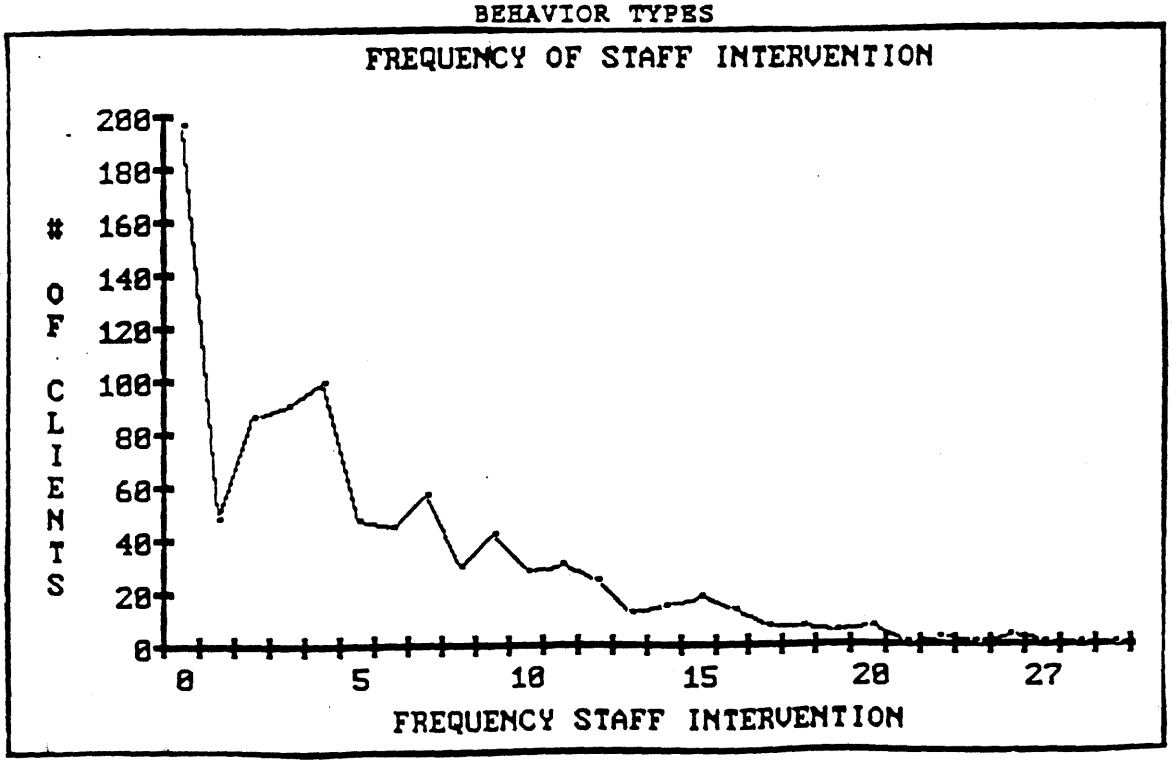


FIGURE 49: OVERALL MEASURE OF INTERVENTION FOR NINE BEHAVIOR TYPES

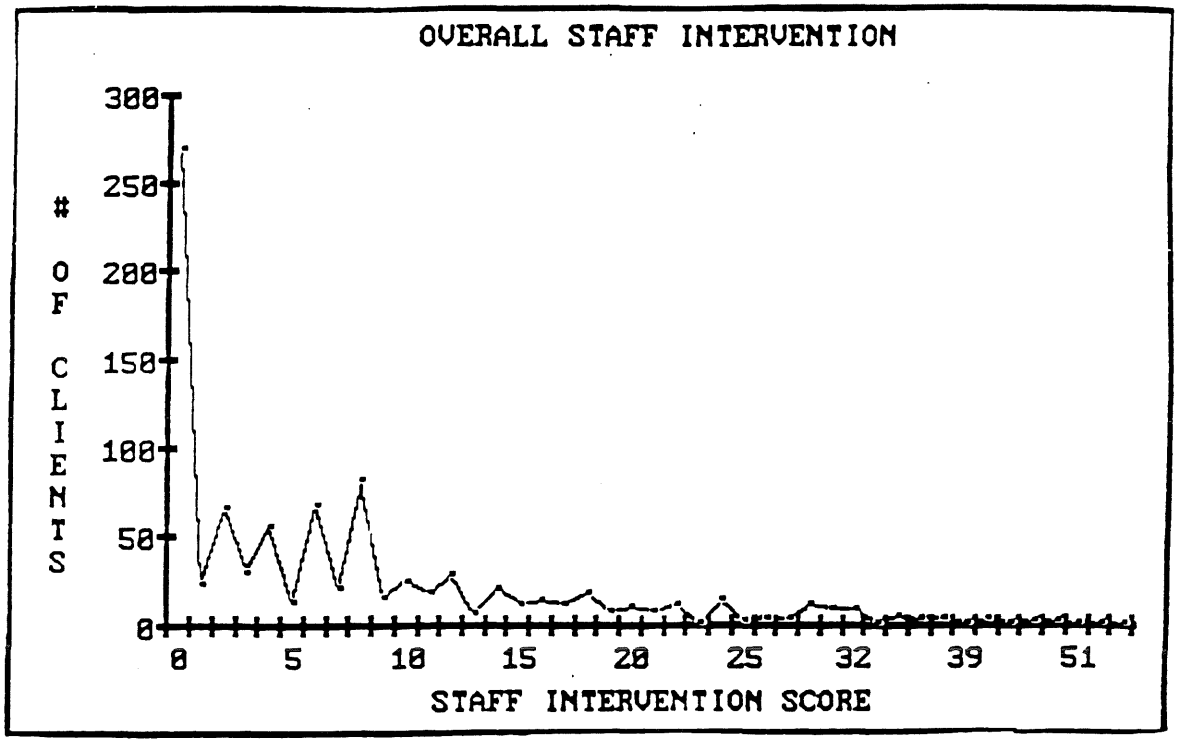


FIGURE 50: STATISTICAL PROPERTIES FOR SCALES REGARDING CHALLENGING BEHAVIOR

SCALE	SEE FIGURE	POSSIBLE SCORING RANGE	ACTUAL RANGE	MEAN	MEDIAN	STANDARD DEVIATION	INTERNAL CONSISTENC
LEVEL OF INTERVENTION PROVIDED	47	0-18	0-16	3.38	2.00	3.42	.685
FREQUENCY OF INTERVENTION PROVIDED	48	0-36	0-30	5.31	4.00	5.23	.663
OVERLALL STAFF INTERVENTION	49	0-72	0-60	7.94	5.00	9.62	.815

Global Assessment

The two final questions on the MSAF require that respondents provide an overall, global rating of the consumer's skill level and the amount of staff intervention received by the consumer. Figures 51-52 display findings generated by these questions:

- (Figure 51) The majority of consumers are judged as minimally (N=557) or moderately (N=273) skilled, though 82 persons were classified as highly skilled or very highly skilled; and

- (Figure 52) A plurality of consumers (N=318) are said to receive a very high amount of intervention, with relatively few (N=63) receiving a minimal amount of intervention.

FIGURE 51: GLOBAL RATING OF CONSUMER'S CAPACITY TO PERFORM DAILY LIVING SKILLS

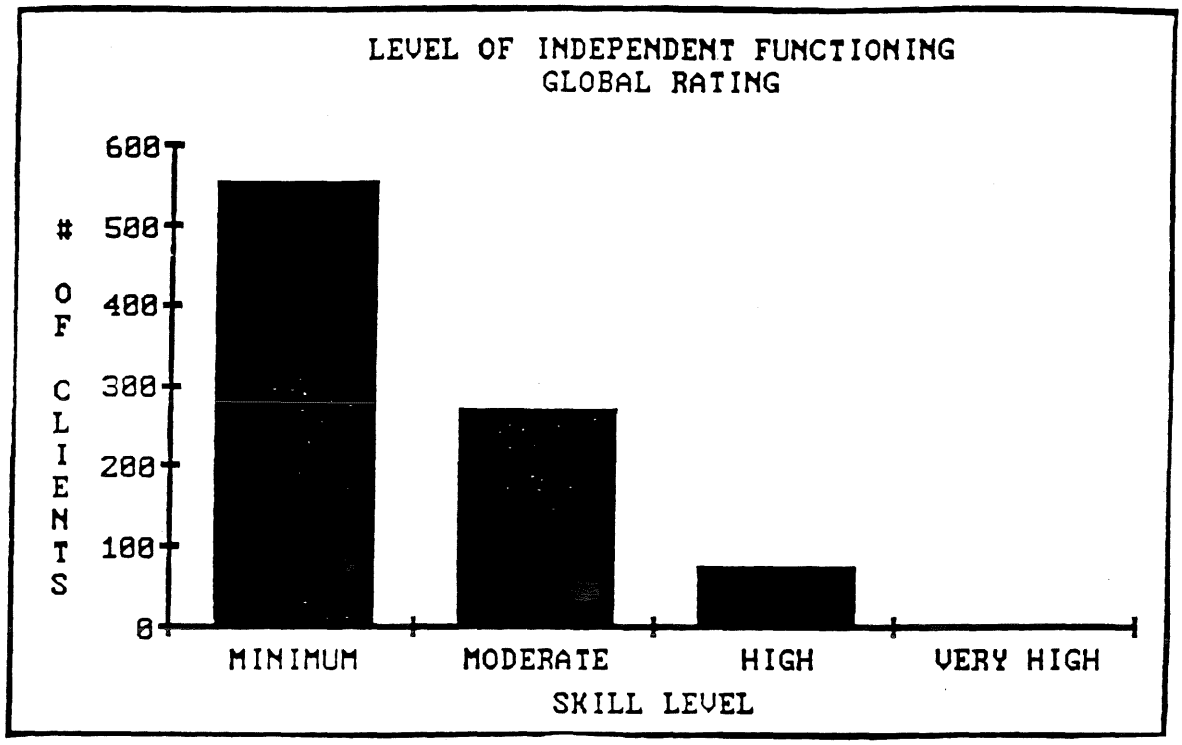
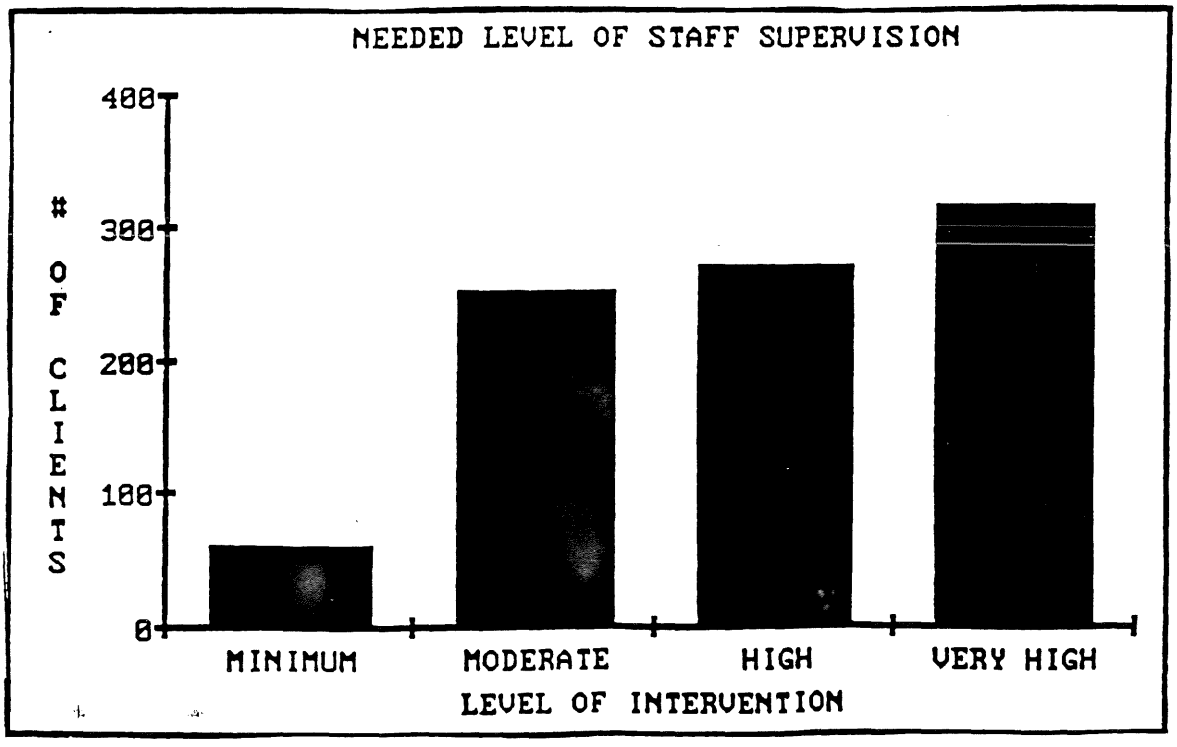


FIGURE 52: GLOBAL RATING OF THE AMOUNT OF INTERVENTION PROVIDED CONSUMER



Computation of Additional Variables

The results presented so far document the distribution of responses to specific items of the MSAF and distributions related to several scales that were created. In addition to these outcomes, other scale scores were produced that combined numerous items and/or previously defined scales. These additional scales were created to collapse the information collected into indices pertaining to broadly defined content areas (e.g., extraordinary disabling conditions, overall medical intervention). The additional indices that were created are defined below, with complementing Figure for each following.

- ***Extraordinary disabling conditions.*** (Figure 53) Three items of the MSAF require the respondent to judge whether the consumer manifests extraordinary medical, physical or sensory disabling. Response to these items were given a score of zero (no such conditions) or one (such a condition exists), and summed to yield an overall score that could vary from 0-3.

- ***Medication index.*** (Figure 54) As shown earlier, consumers were rated regarding the medication they receive (if any) due to medical physical or sensory conditions through oral, topical, injection or other means. For each means of administration, these ratings included information on the frequency of the medication administered and the level of assistance provided. Responses were scored as follows:

Score	Frequency*	Score	Level of Assistance
0	1-2 applications/day	0	No or little assistance
1	3-4 applications/day	1	Gestural or verbal assistance
2	Over 4 applications/day	2	Physical assistance

*NOTE: Frequency options vary by medication. See Appendix B.

Using these scores a "medication index" was computed by multiplying the frequency of administration score (0-2) by the level of assistance score (0-2) for each of the four means of administration, and then summing these products to yield a scale whose scores could range from 0-16.

- ***Bodily measures index.*** (Figure 55) As noted earlier information was collected regarding how often various measures of bodily functions are taken. The frequency of measurement was scored 0-5 as follows:

0:	none	3:	Once daily
1:	less then once per week	4:	Twice per day
2:	1-6 times per week	5:	3 or more times daily

Scores assigned to each of nine bodily measures were summed to yield a score that could range from 0-45.

- ***Medical treatment index.*** (Figure 56) As shown earlier, data was collected on how often various medical treatments were provided. The frequency of treatment was scored from 0-7 as follows:

0:	None	4:	Two times per day
1:	Less than once per week	5:	Every four hours
2:	1-6 times per week	6:	Every six hours
3:	Once per day	7:	Continuously/more than every two hours

Scores assigned to each of 18 medical treatments were summed to yield a score that could range from 0-126.

- ***Three supervision/assistance scales.*** Three scales were created, based on the supervision and assistance consumers received due to medical, physical or sensory disabling conditions. For these scales the items composing each were scored according to the level of supervision (scored 0-2) and assistance (scored 0-2) that is typically provided. The scoring systems were defined in greater detail earlier. For each item of the scale, supervision scores (0-2) were multiplied by their corresponding assistance score (0-2). Subsequently these products were summed to yield a total scale score. The three scale scores produced include:

  * ***Medical disability index.*** (Figure 57) One item of the MSAF requires respondents to rate the overall level of supervision and assistance provided consumers due to specified medical conditions. The scale produced scores that could range from 0-4;

  * ***Physical disability intervention index.*** (Figure 58) Three items of the MSAF require respondents to rate the level of supervision

and assistance provided to: 1) move about within the residence, 2) move about within the community, and 3) to transfer or move between positions. The scale produced scores that could range from 0-12; and

* ***Sensory disability intervention index.*** (Figure 59) Two items of the MSAF require respondents to rate the level of supervision and assistance provided in response to vision or hearing deficits. The scale produced scores that could range from 0-8.

- ***Overall medical intervention index.*** (Figure 60) This scale combines four previously defined scales, including the: 1) medication index, 2) bodily measures index, 3) medical treatment index, 4) medical disability index. Because these scales involved differing units of measure they could not be simply summed to produce an overall score. Instead, the scores associated with each scale were first transformed into Z scores, a standardized scoring measure. Subsequently, the scale scores, now defined using the same unit of measure, were summed to yield and overall medical intervention index, with lower scores indicating the least amount of staff intervention.

- ***Overall intervention index.*** (Figure 61) This scale combines six previously defined scales across all those functioning spheres tested by the MSAF, including the: 1) overall medical intervention index, 2) physical disability intervention index, 3) sensory disability intervention index, 4) overall daily living skills intervention index, 5) overall personal intervention index, and 6) overall behavioral intervention index. Again, because these scales involve differing units of measure, a Z score transformation was undertaken. Subsequently, the scale scores were summed to yield an overall intervention index, with lower scores indicating the least amount of staff intervention.

Figure 62 lists these additional scales along with their essential statistical properties. As shown, though consumers vary considerably with regard to the intervention they typically receive, as a group they tend to receive substantial amounts of intervention, suggesting that these consumers have substantial levels of disability.

FIGURE 53: EXTRAORDINARY DISABLING CONDITIONS INDEX

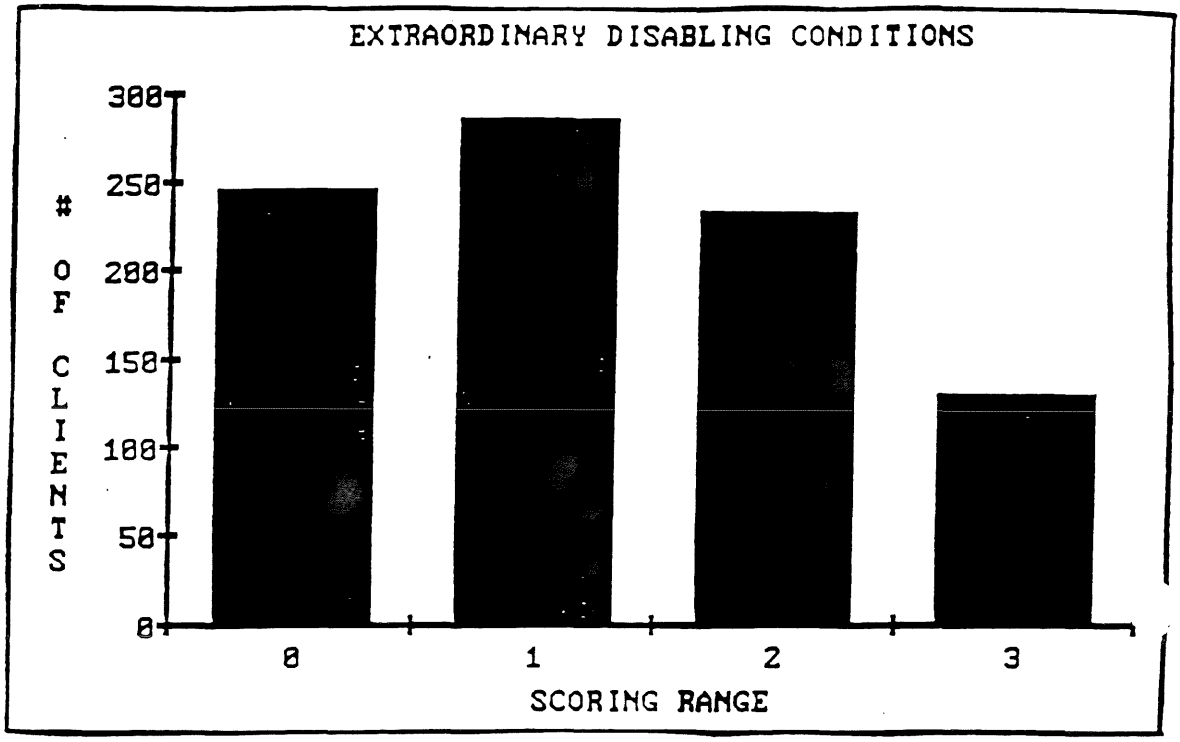


FIGURE 54: MEDICATIONS INDEX

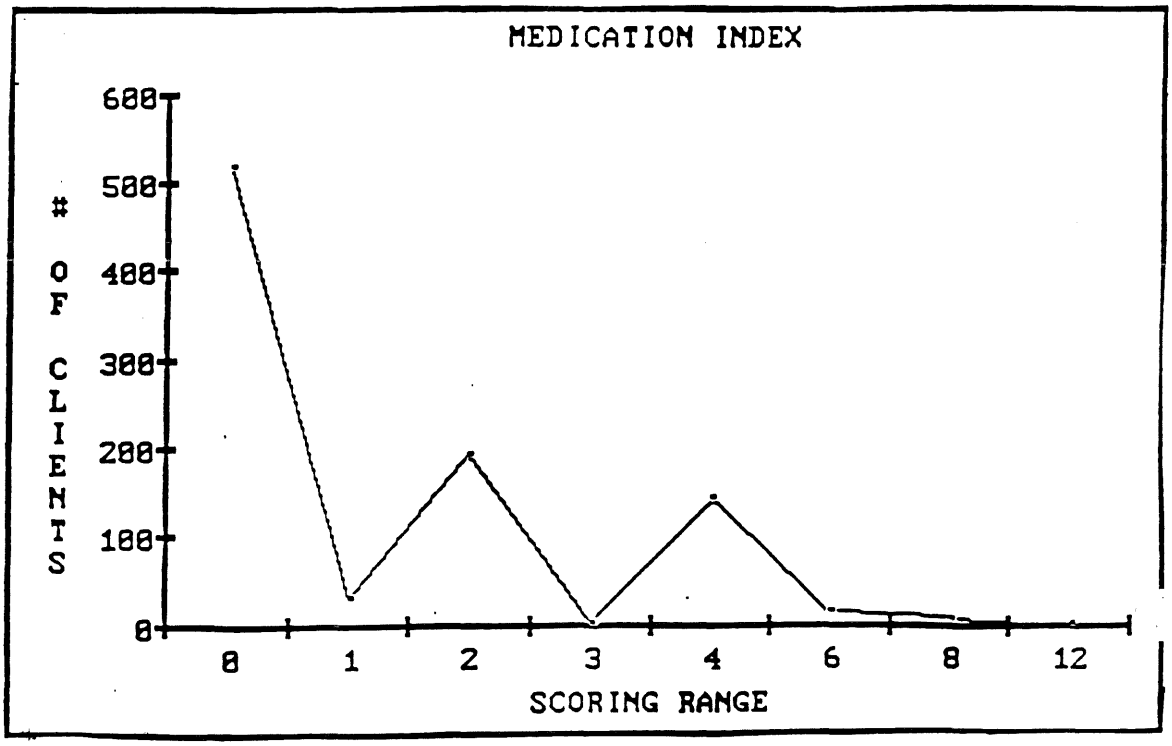


FIGURE 55: BODILY MEASURES INDEX

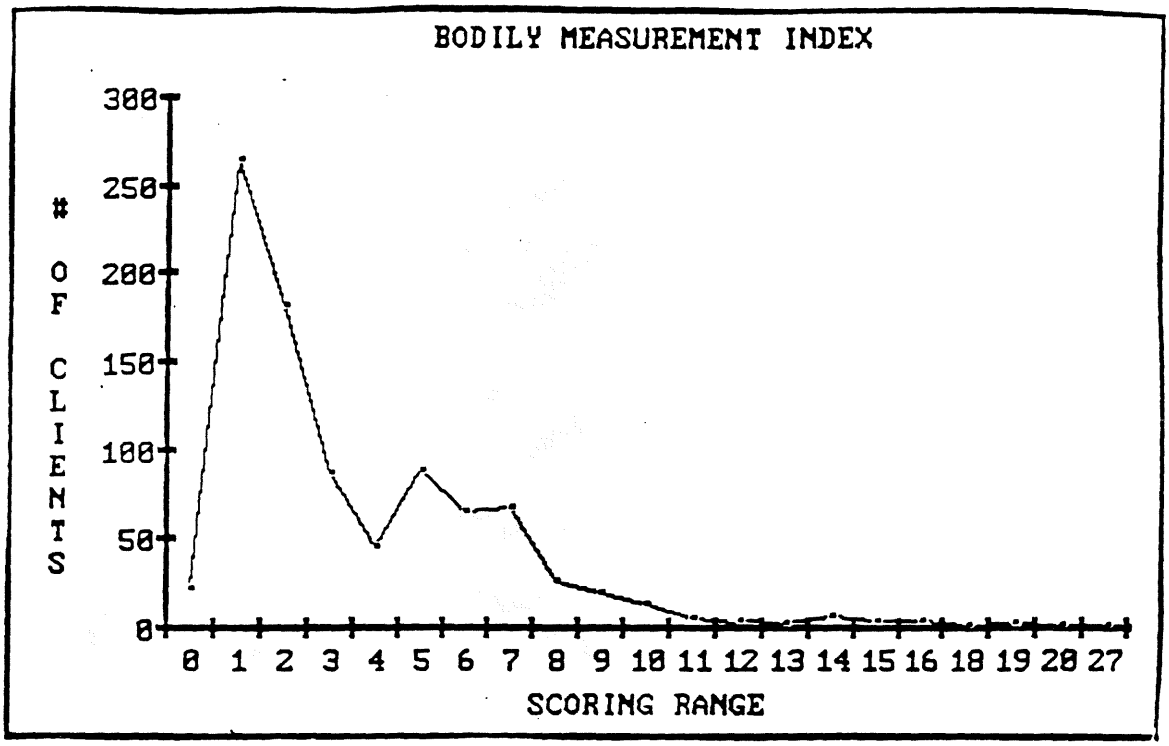


FIGURE 56: MEDICAL TREATMENT INDEX

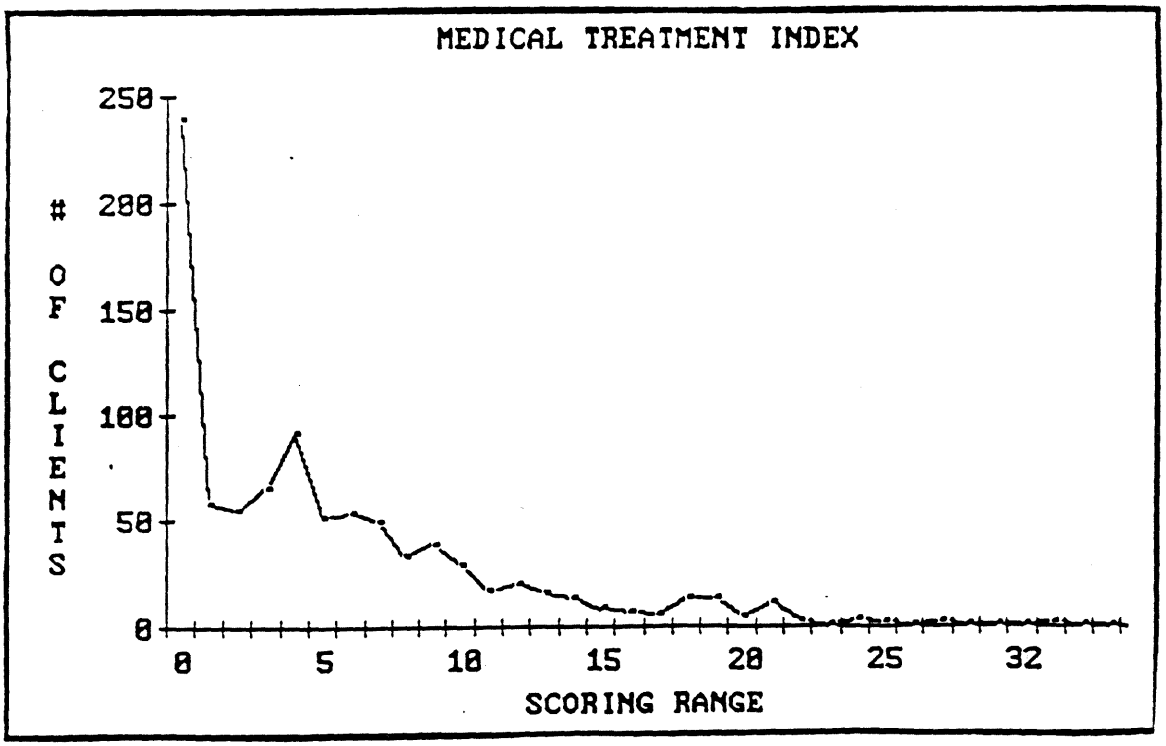


FIGURE 57: MEDICAL DISABILITY INDEX

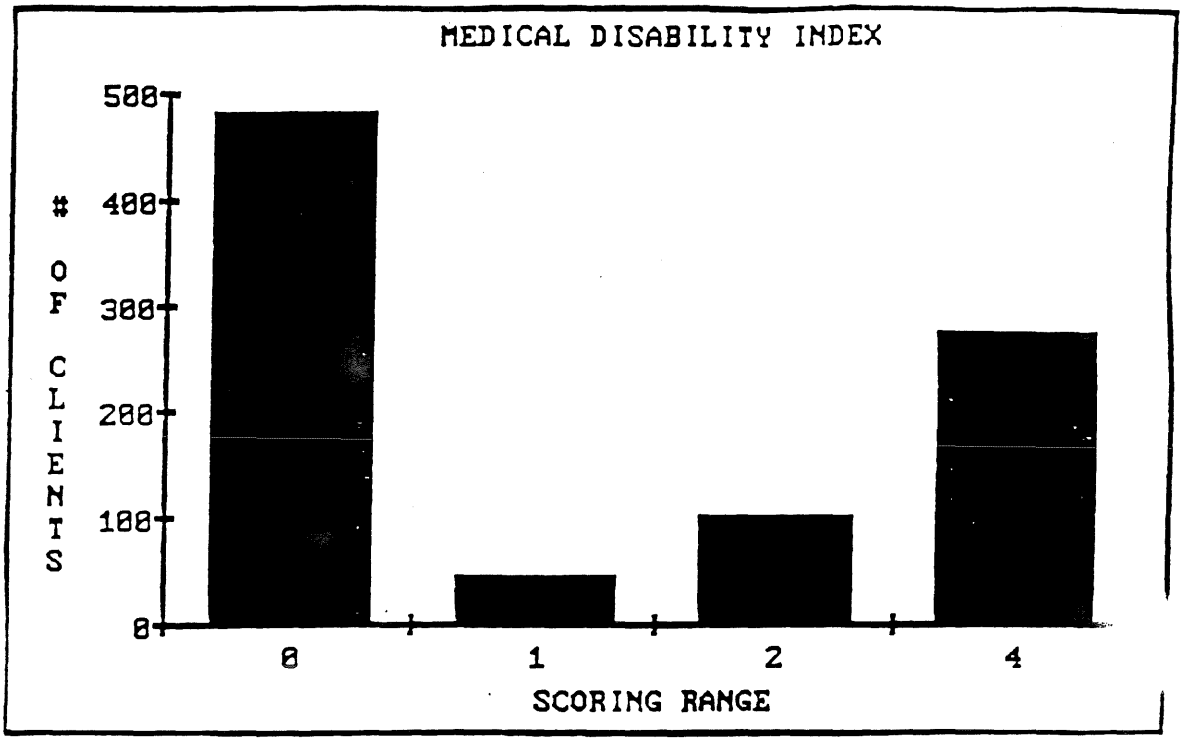


FIGURE 58: PHYSICAL DISABILITY INDEX

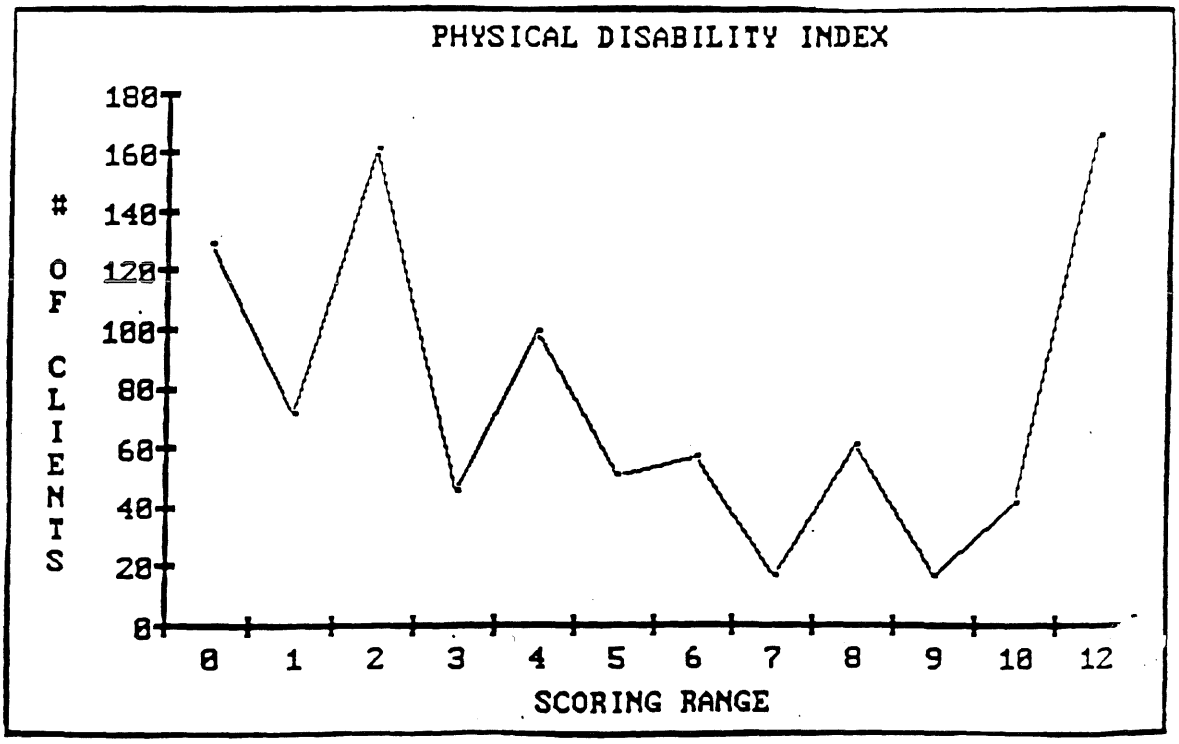


FIGURE 59: SENSORY DISABILITY INDEX

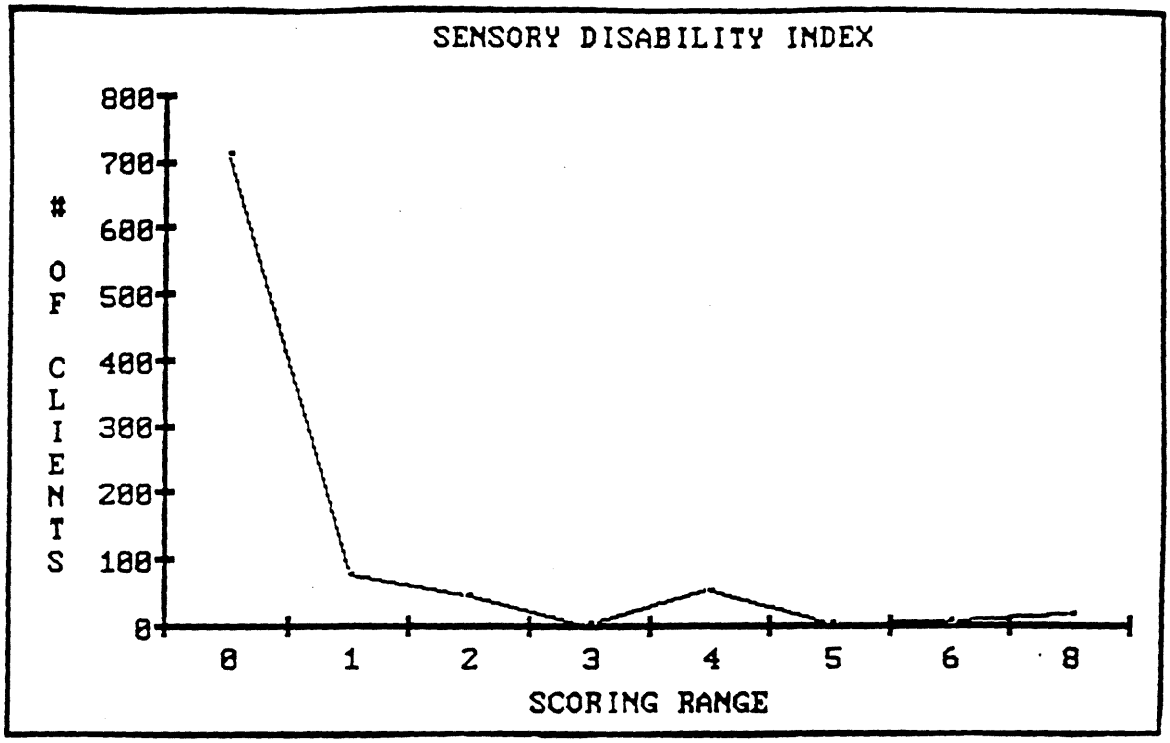


FIGURE 60: OVERALL MEDICAL INTERVENTION INDEX

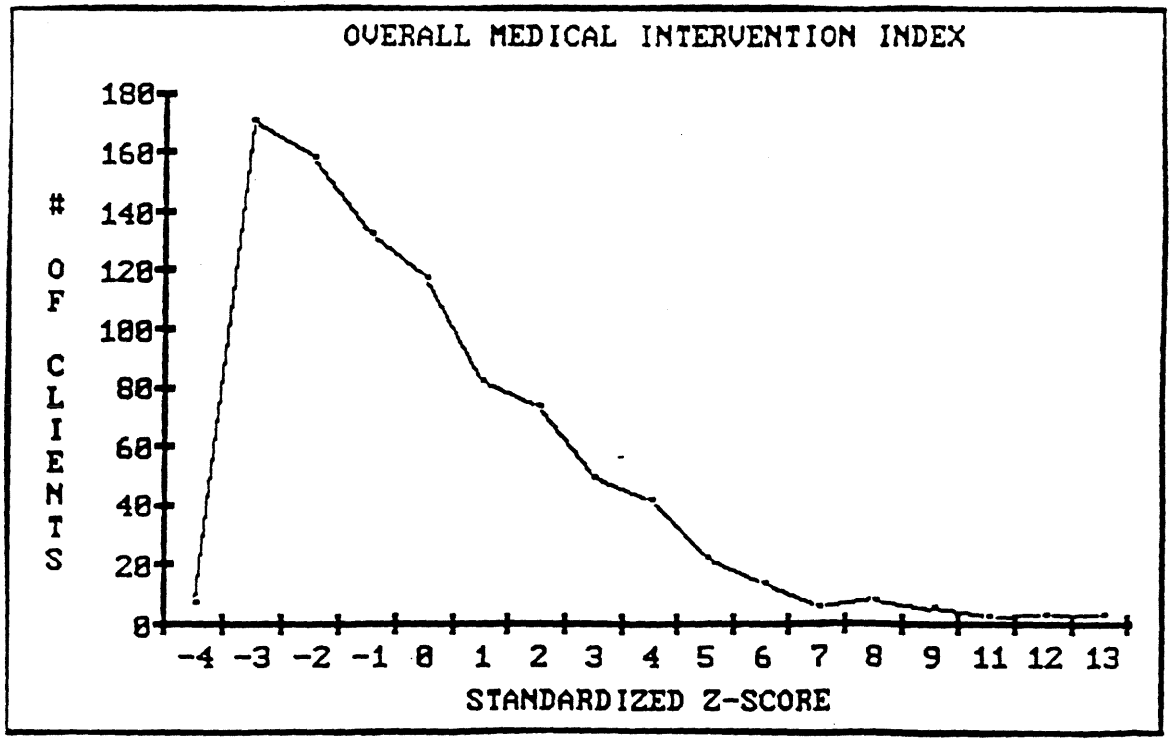


FIGURE 61: OVERALL INTERVENTION INDEX

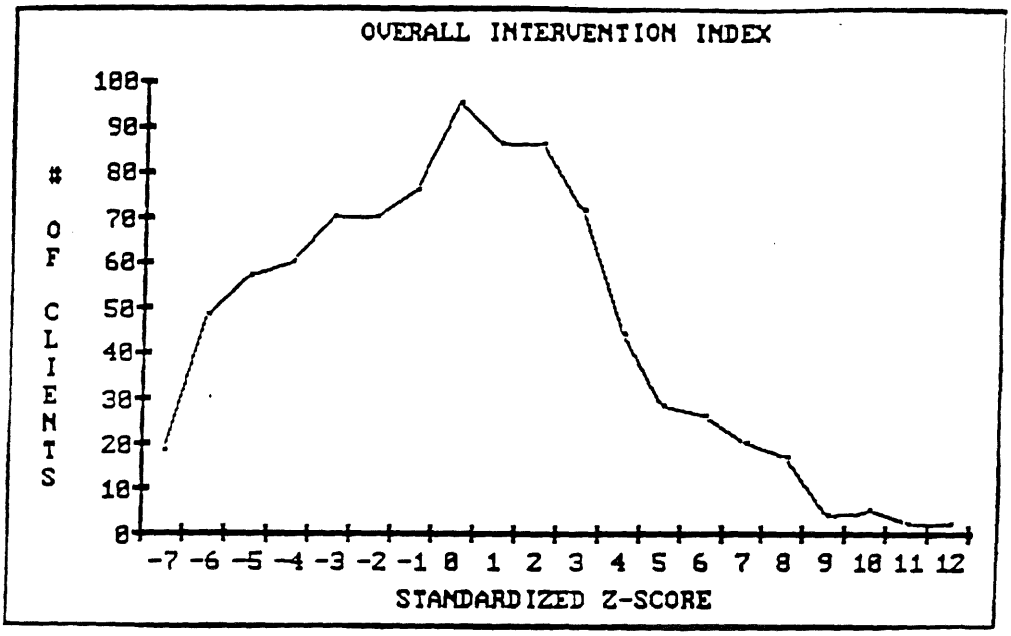


FIGURE 62: STATISTICAL PROPERTIES OF NINE MSAF SCALES

SCALE	MSAF QUESTIONS USED	POSSIBLE SCORING RANGE	RANGE	MEAN	STANDARD DEVIATION	INTERNAL CONSISTENCY (ALPHA)
EXTRAORDINARY DISABLING CONDITIONS	11,19,23	0-3	0-3	1.30	1.02	*
MEDICATION INDEX	16	0-16	0-16	1.26	1.75	.63
BODILY MEASURES INDEX	17	0-45	0-27	3.62	3.18	.75
MEDICAL TREATMENT INDEX	18	0-126	0-37	5.43	6.07	.91
MEDICAL DISABILITY INDEX	12	0-4	0-4	1.49	1.77	*
PHYSICAL DISABILITY INDEX	20,21,22	0-12	0-12	5.11	4.21	*
SENSORY DISABILITY INDEX	24,25	0-8	0-8	0.61	1.49	*
OVERALL MEDICAL INTERVENTION INDEX	**	—	-3.6 TO 13.2	-0.03	2.84	.68
OVERALL INTERVENTION INDEX	**	—	-7 TO 12	-0.02	3.80	.70

* NOTE: SO FEW ITEMS COMPOSED THE SCALE THAT ALPHAS WERE NOT COMPUTED.
** NOTE: COMPOSED FROM PREVIOUSLY DEFINED SCALES.

Stability of the MSAF

As noted earlier (See the Methods Section), those who completed a sample of 30 MSAFs were asked to complete the form again about two weeks later. Due to a variety of factors, only 17 of the 30 forms were filled out a second time. The stability of MSAF was examined using these 17 MSAF pairs.

A sample of scores on the first administration of the MSAF was correlated with their corresponding scores from the second administration. The resulting correlation coefficients are taken to reflect the stability (i.e., test-retest reliability) of the items or scales under question.

Given the length of the MSAF, such coefficients were not calculated for every item or scale. Instead, a sample of MSAF items and scales was examined. Figure 63 lists these items or scales and displays the stability co-efficient for each. As shown, the MSAF has an acceptable level of stability for most of those items or scales examined, with many above .85. The lowest coefficients pertain to findings regarding the medication index (r=.476) and medical treatment index (r=.540). The low score associated with the overall medical intervention index (r=.553) is due to the fact that this scale is in part composed of the medication and medical treatment indices.

When considering these findings, the nature of the stability measure must be taken into account. To calculate stability coefficients, the MSAF was administered at two different points in time. Differences in scores between Time-1 and Time-2 can be caused by a variety of factors, two important ones being error associated with the design or administration of the MSAF itself, and actual change in the status of the phenomena under question. Where such phenomena are relatively stable (e.g., overall measure of consumer

functioning with regard to daily living skills), differences in scores from Time-1 to Time-2 are likely associated with the design or administration of the MSAF. Where such phenomena actually do vary from Time-1 to Time-2, differences in scores may be associated with naturally occurring changes, error related to MSAF, or both.

It may be speculated that the comparatively low stability scores associated with the medication and medical treatment indices may actually reflect real change in consumer status from Time-1 to Time-2, not necessarily a low probability event. Yet, one may still argue that these MSAF items themselves simply did not work as well as others.

Overall, however, given the range of MSAF items or scales examined and their resulting stability coefficients, albeit with a sample of just 17 MSAF pairs, these findings strongly suggest that the MSAF produces information that is stable.

FIGURE 63: A SAMPLE OF MSAF ITEMS OR SCALES AND THEIR CORRESPONDING STABILITY COEFFICIENT

MSAF Item or Scale	MSAF Question(s)	Stability Coefficient
Familiarity of respondent with consumers	2	1.000**
Age of consumer	3	1.000**
Primary means of communication	8	.616
Presence of medical extraordinary condition	11	.874**
Presence of physical extraordinary condition	19	1.000**
Presence of sensory extraordinary condition	23	.685*
Total extraordinary disabling condition	11,19,23	.940**
Medical disability index	12	.932**
Physical disability index	20,21,22	.959**
Sensory disability index	24,25	.990**
Medication index	16	.476
Medical treatment index	18	.540
Bodily measure index	17	.757**
Overall medical intervention index	--	.553
Overall daily living skills intervention index	26-45	.979**
Overall personal interaction intervention index	46-51	.976**
Overall behavioral intervention index	53-61	.855**
Overall intervention index	--	.909**

* indicates $p<.01$
** indicates $p<.001$

Discussion

Impressions regarding ICF-MR Residents

The results of the current study demonstrate that the MSAF can be used to identify differences in the need status and related resource use of persons living in ICF-MRs. Though the findings document diversity among consumers, a significant proportion of these persons were found to receive extensive levels of staff intervention due to extraordinary disabling conditions, difficulty with performing various daily living skills, or needs related to daily personal interaction, including challenging behavior. Whether the level of intervention provided is appropriate, given actual consumer preferences and needs, remains open to question. A study worth undertaking involves ***comparing how capable consumers are at completing various daily living skills independently with MSAF scores documenting the staff intervention provided.*** The correlation coefficients would reflect how effective the system is at matching staff intervention with consumer need, a "goodness of fit" index.

Though study findings suggest that ICF-MR residents, as a group, have a great need for staff oversight and intervention, the findings strongly suggest that each ICF-MR resident has unique needs that require an individualized approach. While the MSAF provides information deemed useful from a systems planning perspective targeted to the establishment of efficient and equitable reimbursement rates, individual habilitative approaches must be specifically tailored to accommodate the unique needs and preferences of each consumer. When doing so, results of the MSAF regarding

individual consumers will have limited utility.

Statistical Properties

Using MSAF items, a variety of scales were devised. The internal consistency reliability estimates (coefficient alpha) for these scales generally demonstrates that each is composed of homogeneous items drawn from a single domain of importance. Several scales were found to have coefficients over .90, while certain others, including the overall measure of staff intervention, had coefficients above .70. Subsequent analysis regarding the MSAF should involve finding means to reduce the number of items involved with computing certain scales without sacrificing internal consistency.

The stability (i.e., test-retest) reliability estimates are also encouraging. The computed coefficients for selected items and scales show that scores generated by the MSAF are rather stable. Two areas where high levels of stability were not apparent, however, pertain to medication administration and the provision of medical treatments. These may well be areas where staff intervention actually does vary, depending on the changing medical status of consumers. It could be argued that medical status is more apt to change than other aspects of consumer functioning, such as the need for assistance to perform daily living skills or to move about the residence or community, two areas with high stability coefficients. Thus, while the MSAF may accurately reflect change in patterns of medical treatment, such change expectedly results in lowered stability coefficients.

Limitations

Though presently composed of some 62 questions that span 19 pages, the

length of the MSAF will not prove to be too great a limitation. The measure can be pared down considerably, given further statistical analysis. For instance, the daily living skills index consists of 19 items, several of which could be eliminated without loss to the scales internal consistency or predictive power. Similarly, several questions pertaining to background information or the effects of extraordinary disabling conditions may be eliminated or collapsed into single items. The process undertaken to reduce the MSAF's length, however, must also involve consideration of the values and service expectations held by those in Minnesota. Thus, certain items, while flawed in a statistical sense, may remain a part of the MSAF.

APPENDIX C:

ITEM BY ITEM FINDINGS USING THE MSAF

THE MINNESOTA ICF-MR

STAFF ACTIVITIES FORM *

(3-9-87)

Consumer Code: #_____
First Name/Last Int: _____
Facility Code: #_____
Wing/Hall: _____
Surveyor: #_____
Date (m-d-y): __-__-8__

SPECIAL NOTES

QUALIFIERS: In responding to these questions, please consider the:

- TIME PERIOD: The consumer should be assessed with reference to his/her status and the staff intervention provided during the last four weeks. If the consumer has experienced a drastic change in status or skill performance or staff intervention practices have been altered in the last four weeks and such change appears to be permanent, responses should be based on current observations. Likewise, if the consumer is newly admitted, responses should be based on current observations; and the

- CONTEXT: Since the status of consumers and the staff intervention provided may fluctuate during the day or over the past four weeks, ratings should be based on typical conditions observed 60% or more of the time. The objective is to capture the overall status of the consumer and the level of staff intervention s/he receives.

GENERAL INSTRUCTIONS: Proceed through the entire instrument for each consumer under review. Brief instructions are provided directly on the form.

SECTION I: BACKGROUND INFORMATION

1. Relationship of the respondent to this consumer: (Mark one)

194 1. Residence Manager
395 2. Direct Care Staff
37 3. Agency Administrator
20 4. Case Manager
__ 5. Guardian
64 6. Other (please specify):_____

2. How familiar are you with this consumer's overall functioning status, and the amounts of supervision and assistance s/he receives? (Mark one)

167 1. Extremely Familiar 195 2. Moderately Familiar 1 3. Somewhat Familiar

3. Consumer's date of birth (as documented in records): ____ (month) - ___ (day) - 19__ (year)

4. Consumer's legal status: (Mark one)

196 1. Has a private guardian (non parent)
116 2. Has a public guardian (ward of DHS Commsnr)
14 3. Has a private conservator
4 4. Has a public conservator
4 5. Has a guardian "ad litem"
169 6. Parent is legal guardian
31 7. Needs guardian (full/limited)
110 8. No guardian needed

---

*Prepared by: Human Services Research Institute
2336 Massachusetts Avenue
Cambridge, MA 02140

5. Date of most recent admission to this facility: ____ (month) - ___ (day) - 19__ (year)

6. Note this consumer's place of residence JUST PRIOR to admission to this ICF-MR: (Mark one)

280 1. With family/relatives/friends
63 2. With foster family
4 3. Own home (independent)
2 4. Own home (w/ supervision)
21 5. Licensed board and lodging
1 6. Uncertified board and lodging
347 7. ICF-MR state hospital or school
139 8. ICF-MR community
11 9. ICF
30 10. Skilled nursing facility
2 11. Respite care facility
1 12. General Hospital
5 13. Other: _____
1 99

7. Discharge for this consumer is scheduled to occur within: (Mark one)

14 1. 1 to 3 months or less
10 2. 4 to 6 months
367 3. Other or unknown
19. MISS

8. Mark this consumer's primary means of communication: (Mark one)

477 1. Verbal means (i.e., spoken words)
150 2. Nonverbal means (e.g., gestures, sign language, communication board)
125 3. Others typically are unable to understand this person's efforts to communicate.
19. MISS

9. Indicate whether this consumer has the capability of "self preservation" in an emergency. This includes, but is not limited to, fire emergencies. (Mark one)

377 1. Yes, the consumer is capable of self preservation.
515 2. No, the consumer is not capable of self preservation
21 3. Unknown.

10. Indicate whether this consumer typically sleeps through the night safely and without event: (Mark one)

657 1. Yes, this consumer typically sleeps through the night.
90 2. No, this consumer typically does not sleep through the night, but this pattern is not a concern since it does not often require staff intervention.
193 3. No, this consumer typically does not sleep through the night, and this pattern is a concern since it often requires staff intervention or regular monitoring.
19. MISS

SPECIAL NOTES FOR COMPLETING QUESTIONS 11 THROUGH 45

RATING OPTIONS: Numerous questions require you to make judgements regarding the typical amount of supervision and type of assistance that is given this consumer. Please use the following definitions of the supervision and assistance options provided to guide your judgements.

If the consumer has disabilities severe enough to prohibit his/her performance of a given skill or the skill is performed for the consumer by staff, choose the options depicting the most extensive staff intervention (i.e., extensive supervision and physical assistance).

- SUPERVISION CATEGORY: Supervision means protective or instructional supervision (i.e., visual monitoring). It does not refer to hands-on care, instructional prompts (e.g., gestures, verbal cues, physical guidance), or to verbal counseling. Three rating options include:

  0. No or Little Supervision: This consumer performs relevant skills or activities independently or with supervision needed no more than 10% of the time.

  1. Intermittent Supervision: This consumer performs relevant skills or activities with moderate supervision (11% to 50% of the time). Staff supervision generally consists of intermittent checking or observing.

  2. Extensive Supervision: This consumer performs relevant skills or activities only with extensive or nearly continuous supervision (more than 50% of the time or constant). Staff intervention generally consists of frequent or ongoing checking or observing.

- ASSISTANCE CATEGORY: Assistance refers to gestural, verbal or physical prompts that are typically given this consumer to assure completion of the tasks in a specified skill domain. This includes verbal encouragement and physical, hands-on care. Three rating options are provided:

  0. No or Little Assistance: This consumer performs most or all of these types of skills independently or with staff assistance needed no more than 10% of the time.

  1. Gestural or Verbal Assistance: This consumer performs most or all of these types of skills when given gestural, verbal assistance, or physical assistance (11% of the time or more). Staff assistance, however, most typically involves use of gestural or verbal assistance, such as verbal reminders or corrections, pointing or other hand signals, or modeling of specific skills.

  2. Physical Assistance: This consumer performs these types of skills when given gestural, verbal assistance, or physical assistance (11% of the time or more). Staff assistance, however, most typically involves frequent or continuous physical assistance, such as hands-on, physical care or instructional guidance involving physical contact (e.g., graduated manual guidance).

SECTION II: EXTRAORDINARY DISABLING CONDITIONS

11. Does this consumer have a CHRONIC MEDICAL condition(s) that a) is severe enough to demand ongoing medical attention from staff or medically trained personnel, AND b) is expected to persist continually for at least one year?

    501 YES 410 NO (GO TO QUES #15) 2 DON'T KNOW (GO TO QUES #15)

    If YES, specify the medical condition(s):

    a. _____
    b. _____
    c. _____

12. Rate the overall level of supervision and assistance given this consumer by DIRECT CARE staff due to specified MEDICAL condition(s). (Mark one in each category)

SUPERVISION	ASSISTANCE
52 0. No or little supervision	61 0. No or little assistance
141 1. Intermittent supervision	77 1. Gestural or verbal assistance
314 2. Extensive supervision	363 2. Physical assistance
400 MISS.	410 MISS.

13. Rate the frequency of clinical monitoring (i.e., nursing procedures) emanating from this consumer's specified MEDICAL condition(s) that is given to this consumer by licensed nurses. (Mark one)

65 1. Less than monthly	234 4. Daily
80 2. Monthly	17 5. 24 hour vigilance
106 3. Weekly	407 MISS.

14. In the last four weeks, how much staff time has been spent intervening in an event(s) resulting from the presence of specified MEDICAL conditions that threatened the health or safety of this consumer? (Mark one)

95 1. None -No staff time spent	119 3. Moderate amount (1-4 hours)
107 2. Small amount (up to one hour)	154 4. High amount (more than 4 hours)
	407 MISS.

    If you marked small, moderate or high amount in response to Question 14, please specify the type(s) of event(s) that occurred: (Mark all that apply)

0:555 1:543 __ 1. Choking/aspiration	0:514 1:119 __ 4. Severe vomiting
0:436 1:367 __ 2. Epileptic seizures	0:345 1:191 __ 5. Other: _____
0:515 1:284 __ 3. Falls	_____
	_____

15. How many visits to the hospital, dental office, doctor's office or outpatient clinic has this consumer had in the past four weeks where she or he was accompanied by staff? (Mark one)

    367 1. None
    500 2. Less than once a week but at least once
    44 3. At least once a week

16. For each of four methods of administering medication for medical purposes, specify the:

- FREQUENCY of administration; and the
- LEVEL OF ASSISTANCE provided in its administration (See page 3)

Direct your response to reflect typical patterns existing over the past four weeks. (DO NOT COUNT MEDICATION ADMINISTERED FOR CHALLENGING BEHAVIOR).

a. Does this consumer receive medications ORALLY? 1. Yes 2. No ------> GO TO QUES #16B

FREQUENCY of Administration	LEVEL OF ASSISTANCE
0. 1-2 Oral Doses per DAY	0. No or little assistance
1. 3-4 Oral Doses per DAY	1. Gestural or verbal assistance
2. Over 4 Oral Doses per DAY	2. Physical assistance
9.	9.

b. Does this consumer receive medications TOPICALLY? 1. Yes 2. No ------> GO TO QUES #16C

FREQUENCY of Administration	LEVEL OF ASSISTANCE
0. 1-2 Applications per DAY	0. No or little assistance
1. 3-4 Applications per DAY	1. Gestural or verbal assistance
2. Over 4 Applications per DAY	2. Physical assistance
9.	9.

c. Does this consumer receive medications through INJECTION? 1. Yes 2. No ------> GO TO QUES #16D

FREQUENCY of Administration	LEVEL OF ASSISTANCE
0. 1-3 Injections per WEEK	0. No or little assistance
1. 4-7 Injections per WEEK	1. Gestural or verbal assistance
2. Over 7 Injections per WEEK	2. Physical assistance
9.	9.

d. Does this consumer receive medications SOME OTHER WAY? 1. Yes 2. No ------> GO TO QUES #17

FREQUENCY of Administration	LEVEL OF ASSISTANCE
0. 1-3 Others per DAY	0. No or little assistance
1. 4-7 Others per DAY	1. Gestural or verbal assistance
2. Over 7 Others per DAY	2. Physical assistance
9.	9.

17. In the past four weeks, how often has this consumer had the following measurements taken? (For each measurement listed enter the appropriate frequ code in the space provided.)

FREQUENCY CODE	MEASUREMENT	CODE #
0 = None or not applicable	A. Temperature	
1 = Less than once/week	B. Pulse	
2 = 1 to 6 times/week	C. Respiration	
3 = Once daily	D. Blood Pressure	
4 = 2 times per day	E. Weight	
5 = 3 or more times per day	F. Blood Samples	
	G Urine Samples	
	H. Stool Samples	
	I. Liquid Intake and Output	
	J. Other (specify) _____	

18. For each treatment listed below, enter the appropriate frequency code. Rel your responses to those treatments provided during the past four charted we on a one-to-one basis.

FREQUENCY CODE LIST	TREATMENT	CODE
0 = Not Applicable	A. Nasal gastric feeding	
1 = Less than once/week	B. Gastrostomy	
2 = 1-6 times/week	C. Parenteral feeding (I.V.)	
3 = Once per day	D. Oral/nasal suctioning	
4 = 2 times per day	E. Tracheostomy care/suctioning	
5 = Every four hours	F. Dressings sterile/unsterile	
6 = Every 2 hours	G. Skin care attended to by staff	
7 = Continuously/More than every 2 hours	H. Other skin care requiring frequent physician intervention	
8 = Cannot determine	I. Turning and positioning	
	J. Range of motion/as a distinct, separately scheduled service	
	K. Oxygen administration	
	L. Enemas/Suppositories/Hemorrhoid	
	M. Dental/prescriptive mouth care	
	N. Ear irrigations	
	O. Pedi-care (foot care)	
	P. Postural drainage	
	Q. Testing blood sugar levels	
	R. Eye washes or eye care	
	S. Other: _____	

19. Does this consumer have a CHRONIC PHYSICAL disabling condition(s) that a) is severe enough to demand ongoing staff or professional (e.g., physical or occupational therapist) attention, AND b) is expected to persist continually for at least one year?

1 YES 5 NO 8 DON'T KNOW

If YES, specify the physical condition(s):

a. _____
b. _____
c. _____

20. Regarding this consumer's practice of moving about WITHIN THE RESIDENCE, specify the amount of supervision and type of assistance he or she is given typically. (Mark one rating per category)

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

21. Regarding this consumer's practice of moving about THE COMMUNITY, AWAY FROM THE RESIDENCE'S IMMEDIATE AREA, specify the amount of supervision and type of assistance he or she is given typically. (Mark one rating per category)

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

22. Regarding this consumer's practice of "transferring" or moving between positions (e.g., to/from bed, chair, standing, transfers to/from bath and toilet), specify the amount of supervision and type of assistance he or she is given typically. (Mark one rating per category)

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

23. Does this consumer have a CHRONIC SENSORY disabling condition(s) (i.e., vision and hearing) that a) is severe enough to demand ongoing staff or professional attention, AND b) is expected to persist continually for at least one year?

1 YES 5 NO 8 DON'T KNOW

If YES, specify the sensory impairment(s):

a. _____
b. _____
c. _____

24. Judge this consumer's functional capability to see within his or her home, given typical use of corrective aids if needed. (Mark one)

1. Normal vision 3. Has moderate amount of trouble seeing
2. Near normal 4. Is blind or has a great amount of trouble seeing

If you marked numbers 2,3 or 4, specify the amount of supervision and type of assistance this consumer is typically given due to his/her vision deficit. (Mark one per category)

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

25. Judge this consumer's functional capacity to hear within his or her home, given typical use of corrective aids if needed. (Mark one)

1. Normal hearing 3. Moderate amount of trouble hearing
2. Near normal hearing 4. Is deaf or has a great amount of trouble hearing

If you marked numbers 2,3 or 4, specify the amount of supervision and type of assistance this consumer is typically given due to his/her hearing deficit. (Mark one per category)

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

SECTION III: ACTIVITIES OF DAILY LIVING

DIRECTIONS FOR COMPLETING QUESTIONS 26 TO 45.

- For each skill domain listed, rate the level of staff SUPERVISION and ASSISTANCE that is provided typically to assure effective performance of tasks pertaining to each domain, regardless of reason. As explained by the "Special Notes" on page 3:
  - * RATE the typical level of supervision this consumer is given, and
  - * RATE the typical level of assistance this consumer is given.
- Each skill domain is described, including several examples of the types of activities that are included under the domain. Examples used are meant to be suggestive, not exhaustive. Respondents may have other example skills of a similar nature in mind when selecting a rating.

- A consumer may not require the same degree of staff supervision or assistance for each example skill in a domain. In such instances, please judge the OVERALL level of staff intervention provided for MOST of the skills pertaining to that domain.

---

26. Toileting Keeps dry and unsoiled. Example skills: attends to toileting needs at appropriate times and places. (May use colostomy bags or catheters.)

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

27. Eating/Drinking Eats a meal using appropriate utensils. Example skills: drinks from a glass, uses fork, and cuts food with knife.

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

28. Bathing/showering Washes self, bathes, and showers. Example skills: washes, rinses and dries parts of the body.

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

29. Grooming Maintains personal hygiene and appearance. Example skills: brushes teeth, combs hair, applies deodorant, and cares for other personal needs (e.g. shaving, menstrual hygiene).

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

30. Dressing Puts on and takes off shoes and clothing. Example skills: buttons and zippers clothes, distinguishes front from back and inside from outside of clothes, and selects appropriate clothing with respect to weather.

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

31. Communicating basic needs Communicates essential needs and desires in ways understood by staff. May use spoken language, gestures, sign language or other means of non-verbal communication. Example skills: indicates hunger, illness, discomfort or the need for using a toilet, asks directions, and expresses preferences in daily activities.

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

32. Communicating complex thoughts Communicates thoughts, needs and desires oth than those considered essential in ways understood by staff or strangers. M use spoken language, gestures, sign language or other means of non-verbal communication. Example skills: asks directions, describes the day's activities to others, expresses preferences in daily activities, and engages in conversation.

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision .	2. Physical assistance

33. Community safety Moves through the neighborhood without causing undue risk health or safety of self or others. Example skills: safely crosses major a smaller streets, goes to and from a particular destination (e.g. store, work without getting lost, avoids dangerous situations including inappropriate approaches from strangers, and gets help if needed.

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

34. Home safety Functions within the home environment without causing undue ri to the health or safety of self or others. Example skills: recognizes spoiled food, uses toxic household products appropriately, and safely handl electric and other appliances.

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

35. Community Mobility Travels from one location to another. Example skills: utilizes public or private transportation to move about town, and responds functional community signs (e.g. selection of appropriate restrooms, entrance/exit signs).

SUPERVISION	ASSISTANCE
0. No or little supervision	0. No or little assistance
1. Intermittent supervision	1. Gestural or verbal assistance
2. Extensive supervision	2. Physical assistance

36. Simple money management Recognizes coins and bills as having value for purchasing items or paying bills. Example skills: carries own money, waits for change after a purchase, recognizes difference in value between coins/bills of different denominations, understands the need for money to purchase items in stores.

SUPERVISION		ASSISTANCE	
104	0. No or little supervision	117	0. No or little assistance
173	1. Intermittent supervision	240	1. Gestural or verbal assistance
436	2. Extensive supervision	556	2. Physical assistance

37. Complex money management Makes purchases, pays bills, and keeps track of his/her money, handling many of his/her own financial affairs. Example skills: counts the correct change from a purchase, estimates the cost of a shopping trip, deposits money in or withdraws money from a bank, writes checks.

SUPERVISION		ASSISTANCE	
8	0. No or little supervision	10	0. No or little assistance
42	1. Intermittent supervision	135	1. Gestural or verbal assistance
815	2. Extensive supervision	745	2. Physical assistance

38. Preparing simple meals Plans and prepares cold meals that do not involve the use of a stove or complex appliances. Example skills: prepares salads, sandwiches, frozen juices, and/or cold cereals.

SUPERVISION		ASSISTANCE	
145	0. No or little supervision	143	0. No or little assistance
162	1. Intermittent supervision	154	1. Gestural or verbal assistance
553	2. Extensive supervision	516	2. Physical assistance

39. Preparing complex meals Plans and prepares hot meals involving the use of a stove and/or other kitchen appliances. Example skills: prepares fried foods (e.g., hamburgers, grilled cheese), baked foods (e.g., casseroles, cakes), boiled foods (e.g., macaroni, soups), or steamed foods (e.g., vegetables).

SUPERVISION		ASSISTANCE	
12	0. No or little supervision	11	0. No or little assistance
105	1. Intermittent supervision	160	1. Gestural or verbal assistance
776	2. Extensive supervision	722	2. Physical assistance

40. Dishwashing Cleans dishes and cooking utensils. Example skills: Hand washes glasses, dishes and utensils, scrubs pots, and operates dishwasher.

SUPERVISION		ASSISTANCE	
166	0. No or little supervision	190	0. No or little assistance
107	1. Intermittent supervision	212	1. Gestural or verbal assistance
524	2. Extensive supervision	591	2. Physical assistance

41. Household chores Maintains a clean household. Example skills: does laundry and puts away clothes, vacuums, makes bed, takes out trash, cleans bathroom fixtures, and sweeps or mops floors.

SUPERVISION		ASSISTANCE	
109	0. No or little supervision	106	0. No or little assistance
248	1. Intermittent supervision	221	1. Gestural or verbal assistance
536	2. Extensive supervision	517	2. Physical assistance

42. Household maintenance Performs ongoing household maintenance. Example skills: maintains yard (e.g. raking, mowing, shoveling snow), changes lightbulbs, requests help from residential maintenance crew, requests help from appliance and other repair persons.

SUPERVISION		ASSISTANCE	
37	0. No or little supervision	35	0. No or little assistance
71	1. Intermittent supervision	113	1. Gestural or verbal assistance
893	2. Extensive supervision	753	2. Physical assistance

43. Using the telephone Uses the telephone for social and personal needs. Example skills: uses phone book and/or directory assistance to get a telephone number, correctly dials, or converses appropriately with friends or organizational or business representatives.

SUPERVISION		ASSISTANCE	
133	0. No or little supervision	104	0. No or little assistance
153	1. Intermittent supervision	141	1. Gestural or verbal assistance
614	2. Extensive supervision	655	2. Physical assistance

44. Leisure Activities Occupies self during non-work hours. Example skills: goes on outings (e.g., movies, trips), engages others in planned or spontaneous activities (e.g., card games, clubs meetings, conversations, walks), reads, has hobbies or does crafts.

SUPERVISION		ASSISTANCE	
119	0. No or little supervision	119	0. No or little assistance
209	1. Intermittent supervision	350	1. Gestural or verbal assistance
316	2. Extensive supervision	434	2. Physical assistance

45. Uses community businesses Uses businesses in the community as needed or desired. Example skills: eats in a restaurant, attends a movie, shops for clothes or groceries, or gets a haircut.

SUPERVISION		ASSISTANCE	
55	0. No or little supervision	64	0. No or little assistance
196	1. Intermittent supervision	266	1. Gestural or verbal assistance
715	2. Extensive supervision	583	2. Physical assistance

SECTION IV PERSONAL INTERACTION

DIRECTIONS FOR COMPLETING QUESTIONS 46 TO 51

- Six personal interaction skill domains are described, including several examples of the types of activities or skills that are meant by the general heading. Examples used are meant to be suggestive, not exhaustive. Respondents may have other example skills or activities of a similar nature in mind when responding.

- If staff spend time working with this consumer on these skills or activities, two ratings are required:

  * Rate the level of staff intervention that is typically provided. When selecting a rating, remain mindful of the "Qualifiers" noted on page 1. Choose between three options:

    0. Little Intervention: This consumer performs relevant skills or activities with little (10% of the time or less) staff supervision or assistance.

    1. Intermittent Intervention: This consumer performs relevant skills or activities with moderate supervision, or with intermittent assistance consisting of gestural, verbal or physical prompts, or verbal counseling (11% to 50% of the time).

    2. Extensive Intervention: This consumer performs relevant skills or activities only with extensive or nearly continuous supervision or assistance consisting of gestural, verbal or physical prompts or verbal counseling (more than 50% of the time).

  * Estimate the frequency of staff intervention while working with the skills relevant to the noted domain, choosing one of five options:

    0. Less than once per month
    1. One to 3 times per month
    2. One to 6 times per week
    3. One to 10 times per day
    4. One or more times per hour

- A consumer may not require the same degree of staff supervision or assistance for each of the examples listed in a domain. In such instances, judge the OVERALL amount of time spent supervising or assisting the consumer regarding activities or skills identical or very similar to those listed in each domain.

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46. Personal choice and initiative Initiates activities pertaining to one's personal needs or use of leisure time, and makes choices about daily activities or long range plans. Example skills include: makes lunch, rises to an alarm clock, plans daily menus, plans weekend activities without waiting to see what others are doing, helps to set instructional goals.

231 No, skills are not worked on with this consumer
52 No, skills are not worked on, but are planning to ---> GO TO QUES # 47
630 Yes, these types of skills are worked on

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
52 0. Little Intervention	21 0. Less than once per month
261 1. Intermittent Intervention	50 1. One to 3 times per month
351 2. Extensive Intervention	248 2. One to 6 times per week
713 M.33	131 3. One to ten times per day
	60 4. One or more times an hour
	713 M.33

47. Development of Friendships Interacts with others to exchange greetings, sha feelings, or undertake joint projects. Example skills include: converses with others, plays table games with others, undertakes projects with others such as cooking meals or working in a garden, or goes out on dates.

203 No, skills are not worked on with this consumer
44 No, skills are not worked on, but are planning to ---> GO TO QUES # 48
665 Yes, these types of skills are worked on

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
69 0. Little Intervention	15 0. Less than once per month
261 1. Intermittent Intervention	86 1. One to 3 times per month
340 2. Extensive Intervention	227 2. One to 6 times per week
665 M.33	121 3. One to ten times per day
	36 4. One or more times an hour
	665 M.33

48. Care of Personal Belongings Takes care of personal items, assuring that the remain in good working order or remain undamaged. Example skills include: cleans eyeglasses or razors, operates appliances (e.g., electric shaver, curling iron, blow dryer) or electronic equipment (e.g., television, stereo) with care. This category does not refer to "repairing" or "mending" items.

413 No, skills are not worked on with this consumer
59 No, skills are not worked on, but are planning to ---> GO TO QUES # 49
461 Yes, these types of skills are worked on

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
74 0. Little Intervention	11 0. Less than once per month
144 1. Intermittent Intervention	60 1. One to 3 times per month
139 2. Extensive Intervention	198 2. One to 6 times per week
454 M.33	107 3. One to ten times per day
	17 4. One or more times an hour
	473 M.33

49. Participation in Self-Directed Activity Occupies self with various activiti not requiring the presence of other participants. Example skills include: listens to the radio, plays solitary games, reads or undertakes a hobby, suc as knitting, painting or woodworking.

219 No, skills are not worked on with this consumer
40 No, skills are not worked on, but are planning to ---> GO TO QUES # 5(
634 Yes, these types of skills are worked on

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
127 0. Little Intervention	40 0. Less than once per month
231 1. Intermittent Intervention	72 1. One to 3 times per month
195 2. Extensive Intervention	121 2. One to 6 times per week
353 M.33	210 3. One to ten times per day
	75 4. One or more times an hou
	737 M.33

50. Community Recreation Participates in various recreational activities outside the residence. Example skills include: goes to restaurants, movies, picnics, concerts or dances; or plays a sport such as volleyball, kickball or basketball; or gets outdoors for running, fishing, boating, camping, or sledding.

71 No, skills are not worked on with this consumer |
33 No, skills are not worked on, but are planning to |----> GO TO QUES # 51
201 Yes, these types of skills are worked on

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
114 0. Little Intervention	20 0. Less than once per month
107 1. Intermittent Intervention	203 1. One to 3 times per month
593 2. Extensive Intervention	417 2. One to 6 times per week
100 M.33	72 3. One to ten times per day
	93 4. One or more times an hour
	108 M.33

51. Community Integration Participates in various activities with community members who have no affiliation with an agency that offers services primarily to persons with developmental disabilities. Example skills: attends meetings or activities of civic organizations, sport clubs or church groups, goes out with advocates or friends, participates in community activities (e.g., marches in a parade, bowls in a league, participates in fund raising initiatives).

459 No, skills are not worked on with this consumer |
38 No, skills are not worked on, but are planning to |----> GO TO QUES # 52
367 Yes, these types of skills are worked on

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
91 0. Little Intervention	51 0. Less than once per month
78 1. Intermittent Intervention	157 1. One to 3 times per month
133 2. Extensive Intervention	138 2. One to 6 times per week
544 M.33	11 3. One to ten times per day
	18 4. One or more times an hour
	544 M.33

DIRECTIONS FOR COMPLETING QUESTIONS 52 TO 60.

- After question 51, nine behavior categories are specified with each encompassing a set of similar behaviors. Example behaviors are provided but are meant to be suggestive, not exhaustive. Respondents may have other similar behaviors in mind when responding.

- In some cases, consumers may display more than one behavior falling into a given category. In this event, relate your responses to the staff effort applied to ALL THE BEHAVIORS pertaining to that particular category. List each behavior one time only. Do not refer to the same behavior in more than one of the categories.

- If this consumer displays challenging behavior that staff are working with, mark YES in the appropriate space and provide three additional responses:

  * Specify the challenging behavior(s) in the space provided.

  * Rate the level of staff intervention that is provided typically in direct response to the behavior after it is displayed or to prevent behavior from occurring. Again, when selecting a rating, remain mindful of the "Qualifiers" presented on page 1. Choose between three options:

    0. Little Intervention. Staff intervention is minimal, involving preventive practice, re-direction, or corrective action that requires little staff supervision or assistance. This level of intervention consumes the least amount of staff time, amounting to no more than five minutes in total staff time per instance of the behavior or amount of preventive practice.

    1. Moderate Intervention. Involves preventive practice, re-direction, or corrective action that requires moderate levels of staff supervision or assistance, amounting to between 6-15 minutes in total staff time per instance of the behavior or amount of preventive practice.

    2. Extensive Intervention. Involves preventive practice, re-direction, or corrective action that requires high or extensive levels of staff supervision or assistance, amounting to over 15 minutes in total staff time per instance of the behavior or amount of preventive practice.

  * Estimate the frequency of staff intervention by choosing one of five options:

    0. Less than once per month
    1. One to 3 times per month
    2. One to 6 times per week
    3. One to 10 times per day
    4. One or more times per hour

---

52. Is this consumer given medications to control his or her behavior?

170 Yes 773 No ___ Don't Know

If you marked YES, mark the level of assistance this consumer is provided typically to assure proper administration (See page 3). (Mark one)

6 0. No or little assistance
24 1. Gestural or verbal assistance
110 2. Physical assistance
1 M. M.33

53. Self-Injurious Behavior Engages in behavior that causes injury to his/her own body. Example behaviors include: self hitting, self biting, head banging, self burning, self poking or stabbing, rectal digging, or ingesting foreign substances.

571 No, behavior is not a concern nor is it worked on |
75 No, though occasionally a concern, it is not worked on |---> GO TO QUES # 54
267 Yes, behavior is a concern and is worked on

If yes, specify the behavior(s): _____

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
55 0. Little Intervention	34 0. Less than once per month
70 1. Moderate Intervention	58 1. One to 3 times per month
145 2. Extensive Intervention	44 2. One to 6 times per week
645 M.33	28 3. One to ten times per day
	31 4. One or more times an hour
	646 M.33

54. Unusual or Repetitive Habits Performs unusual stereotypic behavior that inhibits or prohibits participation in daily life activities. Example skills include: headweaving, rocking, grinding teeth, spinning objects, or hand-flapping.

No, behavior is not a concern nor is it worked on
No, though occasionally a concern, it is not worked on ---> GO TO QUES # 55
Yes, behavior is a concern and is worked on

If yes, specify the behavior(s): _____

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
0. Little Intervention	0. Less than once per month
1. Moderate Intervention	1. One to 3 times per month
2. Extensive Intervention	2. One to 6 times per week
	3. One to ten times per day
	4. One or more times an hour

55. Withdrawal Behavior Excessively avoids others or situations calling for personal interaction to a point where this type behavior significantly interferes with participation in normal daily activities. Example behaviors include: refusing to talk to others, remaining in one's room for inordinate periods of time, repeatedly declining opportunities to recreate with others.

No, behavior is not a concern nor is it worked on
No, though occasionally a concern, it is not worked on ---> GO TO QUES # 56
Yes, behavior is a concern and is worked on

If yes, specify the behavior(s): _____

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
0. Little Intervention	0. Less than once per month
1. Moderate Intervention	1. One to 3 times per month
2. Extensive Intervention	2. One to 6 times per week
	3. One to ten times per day
	4. One or more times an hour

56. Hurtful to Others Engages in behavior that causes physical pain to other people or to animals. Example behaviors include: hitting, biting, pinching, scratching, kicking, and inappropriate sexual advances.

No, behavior is not a concern nor is it worked on
No, though occasionally a concern, it is not worked on ---> GO TO QUES # 57
Yes, behavior is a concern and is worked on

If yes, specify the behavior(s): _____

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
0. Little Intervention	0. Less than once per month
1. Moderate Intervention	1. One to 3 times per month
2. Extensive Intervention	2. One to 6 times per week
	3. One to ten times per day
	4. One or more times an hour

57. Socially Offensive Behavior Behavior that is typically offensive to other pe or interferes with the activity of others. Example behaviors include: spitti urinating in inappropriate places, screaming, teasing, bullying, arguing with apparent reason, and inappropriate masturbation.

No, behavior is not a concern nor is it worked on
No, though occasionally a concern, it is not worked on ---> GO TO QUES #
Yes, behavior is a concern and is worked on

If yes, specify the behavior(s): _____

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
0. Little Intervention	0. Less than once per month
1. Moderate Intervention	1. One to 3 times per month
2. Extensive Intervention	2. One to 6 times per week
	3. One to ten times per day
	4. One or more times an hour

58. Destruction of Property Damages, destroys or breaks things. Example behavio include: breaking windows, glasses, lamps or furniture, tearing clothes, sett fires in the home inappropriately, using tools or objects to damage property.

No, behavior is not a concern nor is it worked on
No, though occasionally a concern, it is not worked on ---> GO TO QUES
Yes, behavior is a concern and is worked on

If yes, specify the behavior(s): _____

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
0. Little Intervention	0. Less than once per month
1. Moderate Intervention	1. One to 3 times per month
2. Extensive Intervention	2. One to 6 times per week
	3. One to ten times per day
	4. One or more times an hour

59. Stealing or Hoarding Steals items or money, or collects and hoards items to point where such activity interferes with the performance of daily activitie

No, behavior is not a concern nor is it worked on
No, though occasionally a concern, it is not worked on ---> GO TO QUES
Yes, behavior is a concern and is worked on

If yes, specify the behavior(s): _____

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
0. Little Intervention	0. Less than once per month
1. Moderate Intervention	1. One to 3 times per month
2. Extensive Intervention	2. One to 6 times per week
	3. One to ten times per day
	4. One or more times an hour

60. Wandering Departs from the supervision of staff unexpectedly. Example behaviors include: leaving the residence for extended periods without informing appropriate persons, running away, wandering away from staff while moving about the community.

(61) No, behavior is not a concern nor is it worked on
(1) No, though occasionally a concern, it is not worked on
(152) Yes, behavior is a concern and is worked on

|---> GO TO QUES # 61

If yes, specify the behavior(s): _____

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
(17) 0. Little Intervention	(17) 0. Less than once per month
(48) 1. Moderate Intervention	(41) 1. One to 3 times per month
(66) 2. Extensive Intervention	(41) 2. One to 6 times per week
1 9 missing	(13) 3. One to ten times per day
359 missing	(11) 4. One or more times an hour
	1 9 missing

61. Vulnerability to the Inappropriate Actions of Others Is victimized by the inappropriate behavior of other persons in ways that cause physical harm, emotional distress, or monetary loss. Example behaviors include: being robbed, teased, physically or sexually abused, or being victimized by fraud.

(465) No, behavior is not a concern nor is it worked on
(147) No, though occasionally a concern, it is not worked on
359 Yes, behavior is a concern and is worked on
1 9 missing

|---> GO TO QUES # 62

If yes, specify the behavior(s): _____

LEVEL OF INTERVENTION	FREQUENCY OF INTERVENTION
(11) 0. Little Intervention	(51) 0. Less than once per month
(51) 1. Moderate Intervention	(65) 1. One to 3 times per month
145 2. Extensive Intervention	(23) 2. One to 6 times per week
1 9 missing	(60) 3. One to ten times per day
551 missing	(21) 4. One or more times an hour
	1 9 missing

SECTION V: GLOBAL ASSESSMENT

574 missing

62. Rate the OVERALL amount of staff supervision and assistance this consumer typically receives during the daily routine.

(63) 1. Minimal amount intervention
154 2. Moderate amount intervention
(27) 3. High amount of intervention
(12) 4. Very High amount of intervention
5 9 missing

63. How skillful is this consumer at performing daily living skills INDEPENDENTLY?

557 1. Minimally Skilled: Has disabilities that prohibit the completion of basic self-care skills (e.g., eating, toileting, bathing) or is focusing on learning basic self-care skills.

(73) 2. Moderately Skilled: Completes most, if not all, basic self-care skills independently and is focusing on learning simple skills of everyday living (e.g., making sandwiches, completing household chores, moving about town unaided).

(7) 3. Highly Skilled: Completes basic self-care skills and many simple tasks of everyday living, and is focusing on learning complex skills of daily living (e.g., budgeting money, writing checks, preparing hot meals).

5 4. Very Highly Skilled: Completes basic self-care skills, simple daily living skills and many complex skills. This person is ready or very nearly ready to live semi-independently or independently.

1 9 missing

might check frequencies