



# COMMONWEALTH of VIRGINIA

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INTERIM COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 1, 2015

The Honorable Thomas K. Norment, Jr., Co-Chair  
The Honorable Emmett W. Hanger, Jr., Co-Chair  
Senate Finance Committee  
10th Floor, General Assembly Building  
910 Capitol Street  
Richmond, VA 23219

Dear Senator Norment and Senator Hanger:

Item 307. S. of the *2015 Appropriations Act* requires the Department of Behavioral Health and Developmental Services in collaboration with the Community Services Boards to “*compile and report all available information regarding the services and support needs of the individuals on waiting lists for Intellectual and Developmental Disability (IDD) waiver services, including an estimate of the number of graduates with IDD who are exiting secondary education each fiscal year.*”

Please find enclosed the report in accordance with Item 307.S. Staff at the department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in blue ink that reads "Jack Barber, M.D." in a cursive style.

Jack Barber, M.D.

Enc.

Cc: William A. Hazel, Jr., M.D.  
Joe Flores  
Susan E. Massart  
Mike Tweedy



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December 1, 2015

The Honorable S. Chris Jones, Chair  
House Appropriations Committee  
General Assembly Building  
P.O. Box 406  
Richmond, VA 23218

Dear Delegate Jones:

Item 307. S. of the *2015 Appropriations Act* requires the Department of Behavioral Health and Developmental Services in collaboration with the Community Services Boards to “*compile and report all available information regarding the services and support needs of the individuals on waiting lists for Intellectual and Developmental Disability (I/DD) waiver services, including an estimate of the number of graduates with I/DD who are exiting secondary education each fiscal year.*”

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Virginia Department of  
Behavioral Health &  
Developmental Services

***Services and Support Needs of Individuals  
on Waiting Lists for Intellectual and  
Developmental Disability Waiver Services  
(Item 307.S)***

**To the Chairmen of the House Appropriations  
and Senate Finance Committees**

**December 1, 2015**

*Services and Support Needs of Individuals  
on Waiting Lists for Intellectual and  
Developmental Disability Waiver Services*

**Table of Contents**

	<b>Page</b>
<b>I. Executive Summary</b>	3
<b>II. Introduction</b>	4
<b>III. Survey Results</b>	5
<b>IV. Conclusion</b>	13
<b>Appendix A</b>	14
<b>Appendix B</b>	15

## I. Executive Summary

During the 2015 Session of the General Assembly, the Department of Behavioral Health and Developmental Services (DBHDS) was directed to submit a report concerning the waiting lists for the Intellectual Disability (ID) and the Developmental Disability (DD) Medicaid Waivers.

*307 S. “The Department of Behavioral Health and Developmental Services in collaboration with the Community Services Boards shall compile and report all available information regarding the services and support needs of the individuals on waiting lists for Intellectual and Developmental Disability (I/DD) waiver services, including an estimate of the number of graduates with I/DD who are exiting secondary education each fiscal year. The department shall submit a report to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2015.*

Specifically, DBHDS completed the study of who is on the waiver waiting lists and what services are being sought. This was completed by surveying the case managers of the individuals on the waiting list as of the fourth quarter of FY 2015. Virginia has not previously tracked its waiting lists as to what services individuals are seeking. The waiting lists have been managed by urgent need (ID) and chronologically (DD). Wait lists are composed of names of individuals who have waived receiving services in a facility funded through Medicaid, known as Intermediate Care Facilities for Individuals with Intellectual Disabilities or ICFs-IID, in order to receive services in community settings. Individuals are placed on the waiting list to receive a Medicaid funded waiver slot. New slots may be appropriated by the General Assembly or may become available when a currently funded slot is vacated. In the interim, individuals are placed on a waiting list for either a DD or ID slot. Individuals on the waiting list also have agreed to accept and begin receiving services within 30 days of being awarded a slot.

The Intellectual Disability and Developmental Disability (I/DD) waiver waiting lists as of September 4, 2015 are comprised of the names of 10,242 persons with I/DD who are seeking one or more Medicaid-funded waiver service. Approximately 3,400 individuals on the waiting list receive services on the Elderly or Disabled with Consumer Direction Waiver (EDCD), primarily case management, consumer directed personal care and respite care, while waiting for the more comprehensive array of services available in the ID and DD waivers. The information contained in this report was derived from an online survey completed by community services board (CSB) and DBHDS staff. The survey was developed by DBHDS and is not a standardized instrument. Case managers reported information for 94 percent of the individuals waiting for services. Overall, two thirds of the individuals on the combined waiting list are 22 years of age or younger and primarily reside in the Northern Virginia and Richmond areas. Slightly less than half of the individuals have a significant medical, behavioral or mental health needs in addition to their developmental disability, as reported by the case manager.

The large majority (one half to two thirds) of individuals and/or their families expressed a preference for services in the family home, such as in-home residential supports or personal assistance, rather than out-of-home residential services such as group homes. Similarly, community-based day activities, as well as after-school/weekend activities, were the most popularly expressed day service needs. It is significant that home-based and integrated day services were preferred over center-based day and congregate style residential services as this represents a departure from the norm (see Figure 3). Other strongly desired services include access to respite and assistive technology. Given that most of the individuals on the waiting list live with their families, access to respite services and

assistive technology helps families preserve the ability to provide care and supports to their family member. In addition to in-home services, integrated community based day services were listed as a priority. These community-based day services enable the individual with a disability to more effectively navigate his/her environment, communicate with others and maintain safety and independence. Both services have cost containing limits (i.e., number of hours or dollars per year) within the waivers. Overall, the case managers completing the survey were asked to project the number of hours of paid supports that the individual may require over the next five years should a waiver slot be assigned. These projected hours are less than those currently receiving similar services in the ID waiver. The preference for integrated day and in-home residential services are consistent with Virginia's plans to redesign these waiver services. According to information obtained from the Virginia Department of Education, as many as 10,000 youth with I/DD may be graduating from the secondary education system in the next five years (see Table 4). Some of these individuals are already on the waiting list for I/DD waivers. In addition, some of these future graduates will not require waiver services. Therefore, Virginia cannot at this point accurately project who will present for waiver services. DBHDS recognizes that all of the graduates will seek some type of daily activity (employment, volunteering, integrated day services) once they have completed their education and the waivers are the primary means of funding these services.

The data collected support the need to increase access to less intensive services, which may be provided through a supports model waiver. Supports waivers focus upon service provision within an individual's own home and accessing local community resources. The current DD Waiver is a supports waiver. The waiver redesign plan is to amend the current DD Waiver, which serves individuals with a developmental disability excluding individuals with an intellectual disability, into the new Family and Individual Supports Waiver. The redesign starts from the assumption that the majority of individuals not only can be supported in their own homes, but individuals and their families prefer in-home and integrated community services, as validated by the survey. All three of the current waivers will be amended to serve individuals with developmental disabilities, and not exclusively serve those with intellectual disability. (Intellectual disability is a specific subset of the broader term, "developmental disability.") This will provide more integrated community based options in each waiver.

## **II. Introduction**

This report was developed in accordance with Item 307.S of the 2015 Appropriation Act which requires DBHDS to report on the services and support needs of the individuals on waiting lists for Intellectual and Developmental Disability (I/DD) waiver services.

*307 S. "The Department of Behavioral Health and Developmental Services in collaboration with the Community Services Boards shall compile and report all available information regarding the services and support needs of the individuals on waiting lists for Intellectual and Developmental Disability (I/DD) waiver services, including an estimate of the number of graduates with I/DD who are exiting secondary education each fiscal year. The department shall submit a report to the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2015.*

In June 2015, DBHDS surveyed Virginia's 40 CSBs regarding the basic characteristics and service needs of individuals on the statewide Intellectual Disability (ID) waiver urgent and non-urgent

waiting lists residing in their catchment areas. The same survey was distributed to the DBHDS staff maintaining the Developmental Disability (DD) waiver records. A copy of the actual survey questions can be found in Appendix A. Case managers reported what services individuals and their families had requested. Each individual on the waiting list has been screened to affirm waiver eligibility using the state level of care assessment tool (see Appendix B).

DBHDS plans to incorporate similar data collection elements in its redesigned I/DD waivers' waiting list system, projected for implementation in July 2016. The data collected will aid in planning for future service delivery and financial estimates.

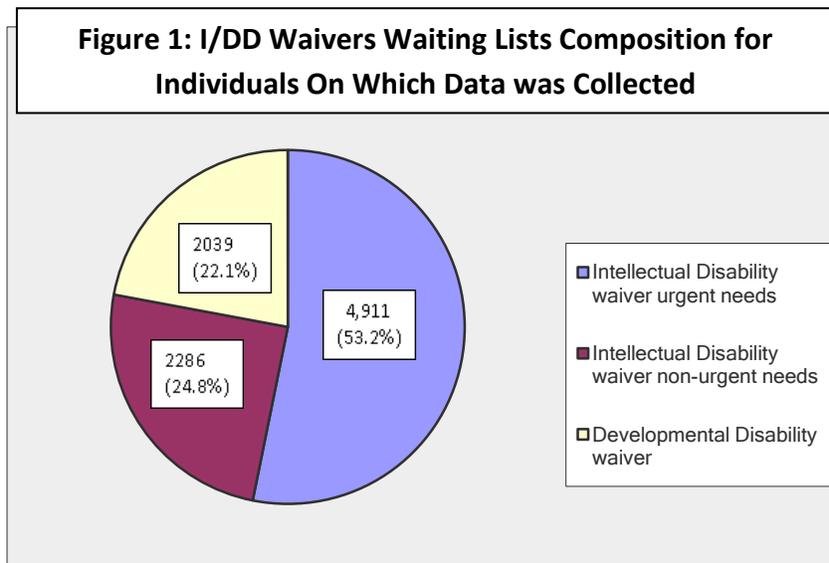
Information regarding the number of anticipated graduates with I/DD was obtained from the Virginia Department of Education in August 2015.

### III. Survey Results

In total, information was obtained regarding 9,236 of the 10,025 individuals on the ID and DD waiver waiting lists as of June 30, 2015.

#### Individuals on Each Waiting List

The survey was completed in the fourth quarter of FY 2015. On June 30, 2015 the waiting list was 10,025 and as of September 4, 2015, the waiting list had increased to 10,242. The chart below provides the distribution of the 9,236 individuals on whom data was reported by the case managers.



The waiting list numbers as of September 4, 2015 are contained in Table 1.

Waiver	Number on Waiting List	Percent of Overall I/DD Waiting List
Intellectual Disability - Urgent	5,030	49%
Intellectual Disability - Non-urgent	3,157	31%
Developmental Disability	2,055	20%
Total	10,242	100%

## Waiting List Individuals by Location

The following table details the number of individuals per CSB for whom information was obtained. This information was obtained only on those individuals on the ID waiver, as individuals receiving DD waiver services do not typically receive services from a CSB.

**Table 2: ID Waiver Waiting List Numbers per CSB**

<b>CSB</b>	<b>Percent</b>	<b>Count</b>
Alexandria	0.7%	47
Alleghany Highlands	0.0%	1
Arlington	1.5%	106
Blue Ridge	3.6%	257
Chesapeake	3.3%	234
Chesterfield	7.3%	525
Colonial	1.9%	139
Cumberland Mountain	1.0%	74
Crossroads	1.2%	83
Danville-Pittsylvania	1.7%	120
Dickenson	0.0%	0
District 19	0.4%	29
Eastern Shore	0.1%	7
Fairfax-Falls Church	17.1%	1230
Goochland Powhatan	0.3%	24
Hampton-Newport News	4.1%	292
Hanover	1.9%	133
Harrisonburg-Rockingham	1.6%	117
Henrico	5.5%	392
Highlands	0.8%	54
Horizon	1.9%	137
Loudoun	4.7%	336
Middle Peninsula-Northern Neck	1.3%	93
Mount Rogers	1.4%	103
New River Valley	2.9%	206
Norfolk	3.4%	244
Northwestern	3.4%	243
Piedmont	1.7%	124
Planning District One	0.6%	43
Portsmouth	0.6%	46
Prince William	2.4%	172
Rappahannock Area	5.5%	393
Rappahannock-Rapidan	2.5%	180
Region Ten	1.9%	139
Richmond	4.4%	319
Rockbridge Area	0.3%	25
Southside	0.3%	20
Valley	1.2%	89
Virginia Beach	4.1%	291
Western Tidewater	1.5%	107
<i>answered question</i>		<b>7174</b>
<i>skipped question</i>		<b>24</b>

Respondents were asked to indicate in which region of the state each individual on the waiting list resides. As expected, Northern Virginia had the greatest number of individuals on the two waiting lists, followed by the Richmond area. Southwestern Virginia had the smallest number. Table 3 and the data in the subsequent tables include those on the DD waiver waiting list.

<b>HPR</b>	<b>Percent</b>	<b>Count</b>
HPR I – Upper Central Virginia	17.8%	1642
HPR II – Northern Virginia	26.1%	2415
HPR III – Southwestern Virginia	15.3%	1413
HPR IV – Richmond/Central Virginia	21.2%	1963
HPR V – Tidewater Virginia	19.5%	1805
<i>answered question</i>		<b>9238</b>
<i>skipped question</i>		<b>0</b>

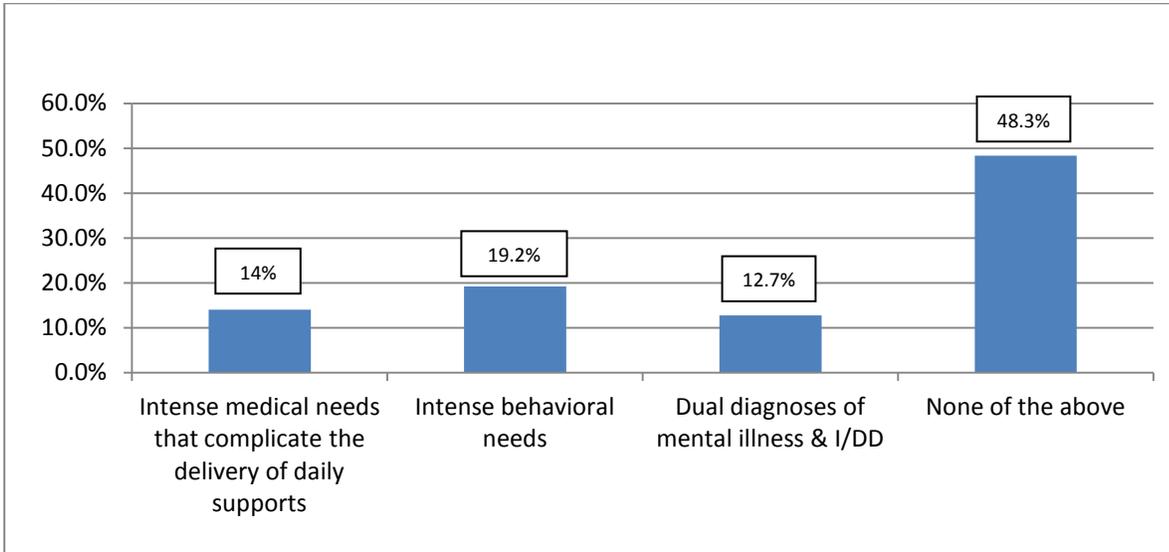
### **Age of Waiting List Individuals**

The majority of individuals on the combined waiting lists are children and youth aged 22 and under (6,222 individuals or 67 percent), with only 3,016 individuals (33 percent) being adults over the age of 22. This predominance of children and youth likely account for the results regarding service needs in Figures 2 through 7.

### **Individuals with More Intense Support Needs**

As illustrated in Figure 2 below, approximately half of the individuals on the waiting lists for which data was reported (8,345) do not have more intense medical, behavioral or mental health needs in addition to their intellectual or developmental disability (48 percent). Slightly less than half have either an intense medical, behavioral or mental health need (46 percent). Of these, behavioral challenges were noted as most prevalent at 19.2 percent. No response was reported for 1,247 individuals on the waiting list, which represents 16 percent of the total waiting list population at the time of the survey. Why this item was skipped for so many is unknown.

**Figure 2: Prevalence of Individuals with Intense Needs on the I/DD Waiting**

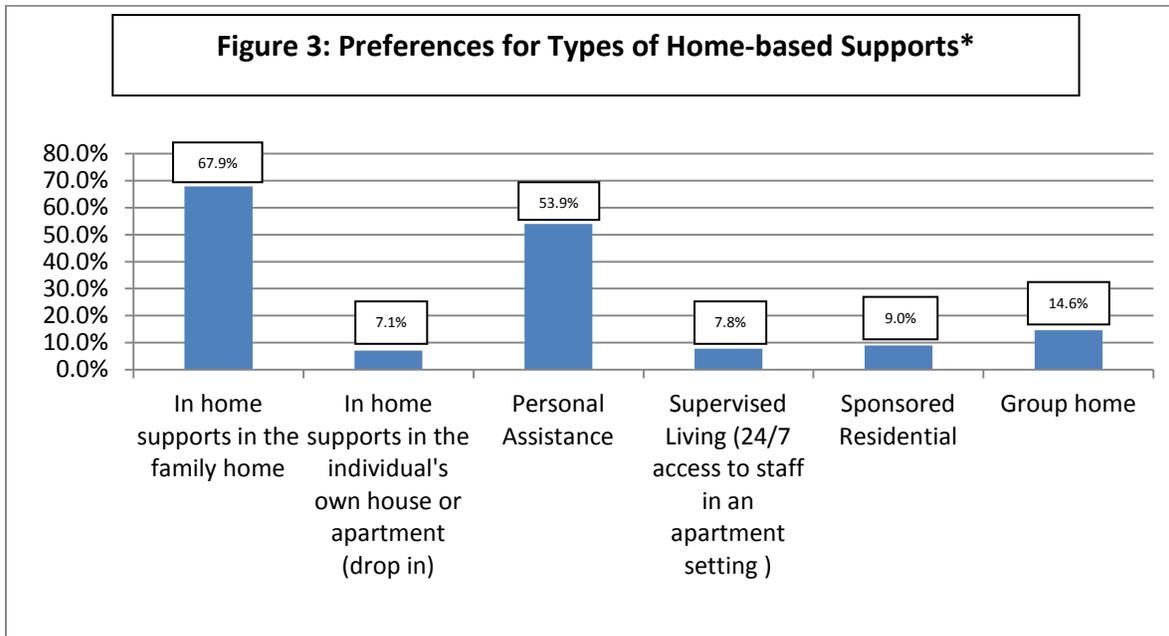


### Needs for Home-Based Supports

Survey respondents indicated that *In-home Supports* within the family home was the greatest need expressed by individuals with I/DD and their families (6,272 individuals). This service enhances the skills of the individual with I/DD, as well as assists him/her with activities of daily living. It can be provided in the home or in the community. *In-home Supports* was followed by *Personal Assistance Services* (4,981 individuals) as a needed service. Personal Assistance, however, does not include the skill-building emphasis; its focus is on assisting the individual with activities of daily living in the home and orientation to the larger community, as well as ensuring safety.

It is significant that the traditional “congregate” style services such as group home, sponsored residential, and supervised living were significantly less desired by this group of families of younger individuals. This finding is consistent with national trends.

**Figure 3: Preferences for Types of Home-based Supports\***



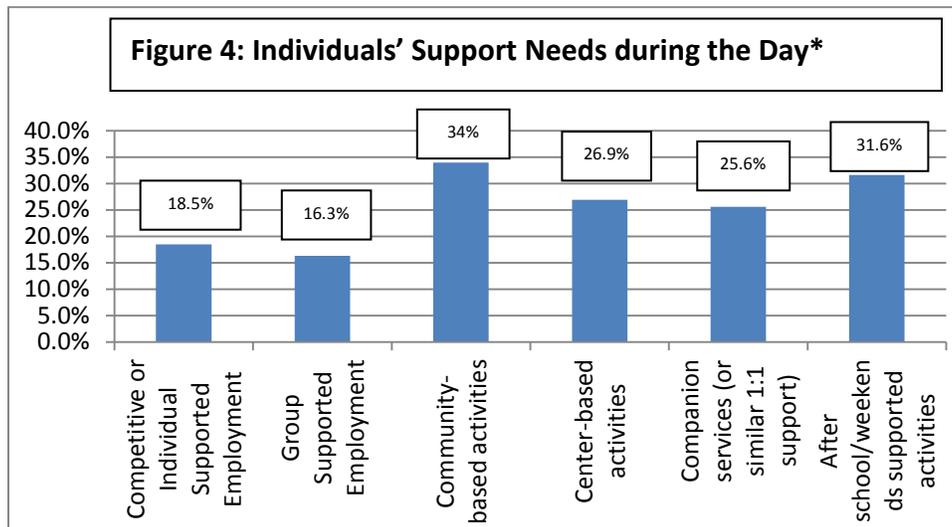
\*Percentages total over 100% as respondents reported all available options that could apply for each individual.

## Need for Supports During the Day

The survey indicates that integrated day activities are preferred over center based activities (3,136 individuals requesting integrated day activities). This is significant because it diverges from the traditional “center-based” model and is consistent with known national best practice. The redesigned waivers include a greater emphasis on “integrated day services.” The relative popularity of companion services (2,361 individuals) also points to this desire for a one-to-one community-based support model. Companion services are more focused on supporting an individual with accessing community events, locations (e.g., stores, restaurants, banks), and services which are available to all the citizens of a community.

After school and weekend activities are the second most identified need for day services (2,919 individuals). This may also be indicative of the relative youth of the individuals on the combined waiting lists.

Helping individuals work in the community reduces the need for other waiver services. Services geared towards securing competitive employment were reported for a slightly greater number of people than group supported employment (such as a work crew or enclave, in which a small group of individuals with disabilities work together). Employment related supports account for 34.8 percent of the projected need for individuals on the waiting lists. The redesigned waivers will not include prevocational services as an option. Research shows that the prevocational model does not lead to employment outcomes for individuals with I/DD that are similar to employment experienced by individuals without disabilities; thus, the survey did not query this service. The removal of prevocational services in combination with Virginia’s status as an “Employment First” state (a greater emphasis on offering employment options before other day service options) is expected to lead to more individuals who want to work being employed in community settings. DBHDS is aligning new and revised service definitions for employment services with the Department of Aging and Rehabilitation Services (DARS) to increase the number of individuals employed.

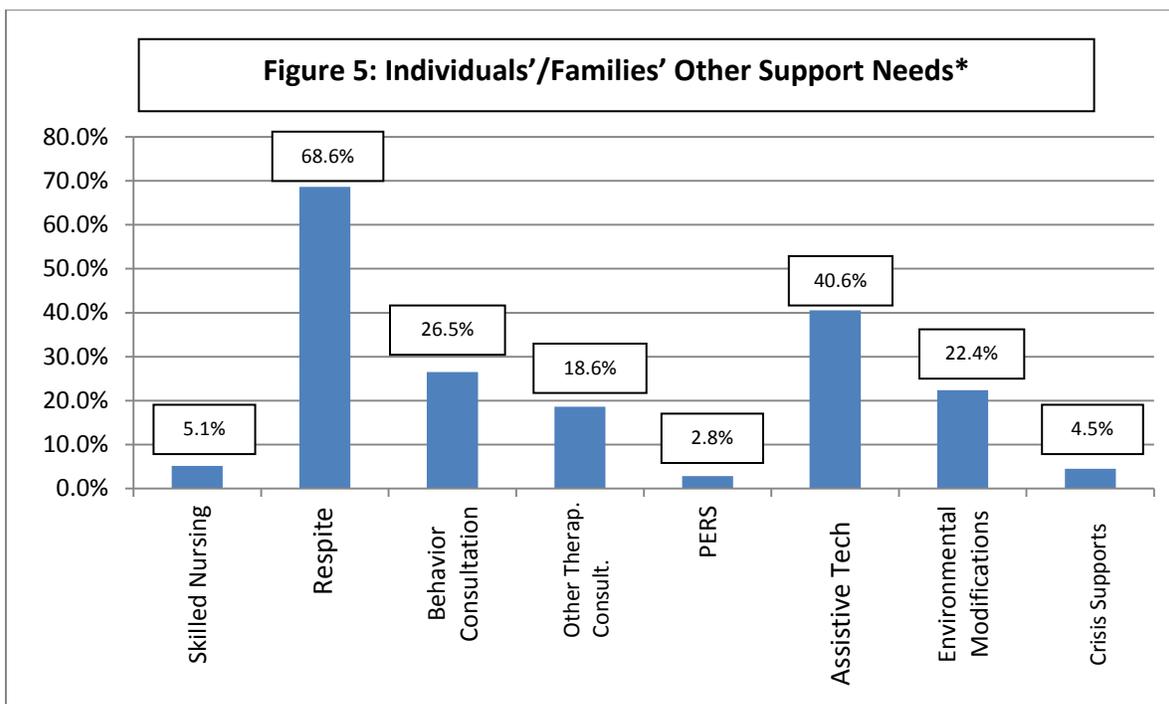


\*Percentages total over 100% as respondents were instructed to indicate all options that apply for each individual.

## Other Support Needs

Case managers were asked to indicate what other type of support needs individuals and their families expressed. By far, the greatest need reported was for respite services; 6,339 individuals and families expressed a desire to receive respite care.

The next most needed support was for assistive technology, which includes devices and equipment to increase individuals' independence and safety (3,747 individuals). Consultative supports to help families and paid providers better support individuals who have challenging behaviors were deemed the third most needed support (2,450 individuals). Followed closely were environmental modifications, which are structural changes to a family home or vehicle to accommodate the physical needs of the individual with disabilities (2,066 individuals). This data is further validated by the fact 3,400 individuals with I/DD in the EDCD waiver are seeking these services (assistive technology, consultative supports, and environmental modifications) which are not available through the EDCD waiver.



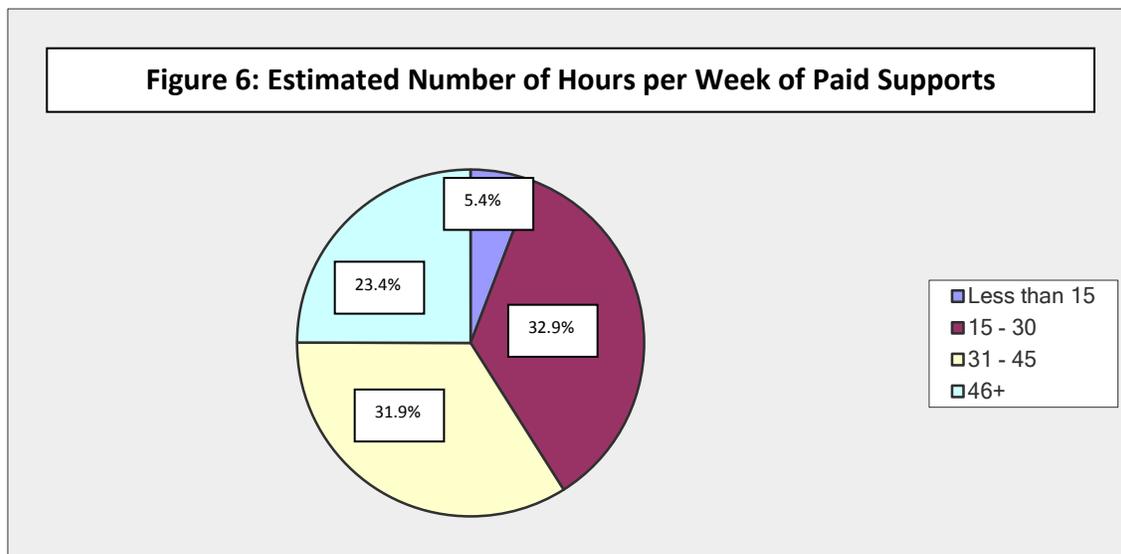
\*Percentages total over 100% as respondents were instructed to indicate all options that apply for each individual.

The type of service reported to be least needed was Personal Emergency Response Systems (PERS) (258 individuals). PERS are devices that call for assistance in emergencies and also include automatic medication dispensing systems. A smaller number of individuals were projected to request this type of service. Most of the cost is one time in nature, with limited expenses with the ongoing costs of connectivity and monitoring. DBHDS has proposed in the redesigned waivers to cover the cost of connectivity and monitoring, as both are less expensive and less intrusive than direct staffing. Because use of remote monitoring has only recently become more common for this population, most case managers would not have been necessarily aware of how such a service can benefit an individual, in a more person-centered manner, even for individuals with significant needs. The percentage of individuals indicating needs for skilled nursing (5.1 percent) and more intense crisis

support services (4.5 percent) as depicted in Figure 5 are comparable to the findings of the 2014 Supports Intensity Scale® pilot conducted in Virginia by the American Association on Intellectual and Developmental Disabilities. That effort found that, of individuals served in the current waivers at that time, slightly less than 7 percent of individuals require intense medical supports and about 4 percent of individuals require moderate to intense behavioral supports.

### Estimated Number of Hours of Paid Supports Needed Per Week

Case managers were asked to estimate, based on the types of supports the individual/family member indicated were needed and the acuity of the individual’s need, what range of total hours per week of paid supports the person would require. Included in the estimate were hours of home-based, day, and other supports (see Figure 6).

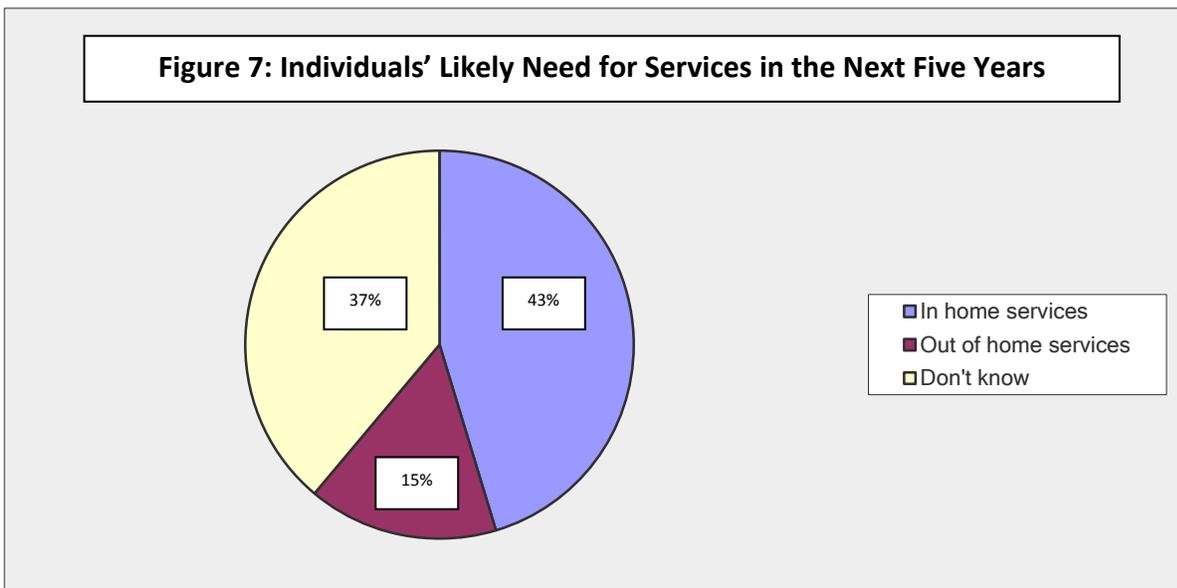


According to Figure 6 above, nearly 65 percent of individuals require between 15 and 45 hours of support per week. Most individuals can be supported in their own home when they need 45 or fewer hours per week. For individuals who live at home, 15 to 30 hours of support per week convert to three hours of support services per day for five to seven days, along with some additional in-home residential services. Thirty-one to 45 hours of support per week would be consistent with some day services, plus in-home residential and/or personal assistance, perhaps supplemented by occasional respite services. Again, if an individual is still receiving school services, the hours of services provided would vary according to their school schedule.

### Services Required in the Next Five Years

Case managers were asked to indicate, using their professional opinion and knowledge of the waiting list individuals, what broad category of services each individual will likely require in the next five years. Figure 7 illustrates the results.

The majority of respondents indicated that individuals on the waiting list would require some type of in-home service in the near future (3,972 individuals). Please note, in order to be on the waiting list individuals have to state that they would accept a waiver slot and begin using services within 30 days of it being assigned. The number of individuals likely needing out-of-home services (e.g., group home, sponsored residential, supported living in an apartment setting or even day services) was 1,397 individuals. It is significant to note that that the number of “don’t know” responses to this question was nearly as many as “in-home services” responses (3,409 individuals), which infers that the case manager was not as familiar with the projected future needs of the individual in order to respond. Five percent of case managers completing the survey skipped this question.



**Estimated Number of Graduates with I/DD Exiting Secondary Education**

The data in Table 4 below was obtained from the Virginia Department of Education (VDOE) and provides an estimate of the number of graduates of secondary education in the next four years who have I/DD. It should be noted that the VDOE disability categories for special education do not completely align with the definition for “developmental disability” used by DBHDS. There may be additional youth grouped in categories such as “multiple disabilities or “other health impaired” who would qualify for DD waiver services, but it is not possible to know for certain from the summary data available. In addition, the figures below assume that the individuals graduate after completing 12<sup>th</sup> grade; however, as special education students are entitled to public education until the age of 22, individuals have the option to exit the school system at a later date. This would not necessarily affect the waiting list as currently maintained.

The numbers rise slightly in the 2017 – 2018 school year and then remain stable through 2020.

**Table 4: Estimated Number of Secondary Education Graduates with I/DD in the Next Five Years**

Disability	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016	Total/Disability
Traumatic Brain Injury	31	32	52	39	32	186
Autism	1,323	1,270	1,188	1,020	924	5,725
Intellectual Disability	760	817	870	847	810	4,104
Annual Total	2,114	2,119	2,110	1,906	1,766	10,015

#### IV. Conclusion

The survey of case managers was intended to provide information as to who is on the waiting list and what services individuals are seeking. The majority of individuals currently on the waiting lists are under age 22. Case managers reported that the majority of individuals are seeking services to be provided in their family home and within their community. As DBHDS further segments the waiting lists and refreshes the information for individuals waiting, more precise projections will be forthcoming on what type of services are needed and when those services will be needed. Specifically, the survey indicates that the best means of meeting the needs of these individuals is through supports waivers and similar services. In addition, potentially as many as 10,000 youth with I/DD may be graduating from the secondary education system over the next five years. It is currently unknown who among the future graduates are on the waiting lists for I/DD waivers, but more intense management of the waiting list will provide more current data. The survey revealed a preference for services in the family home, such as in-home residential supports or personal assistance, rather than out-of-home residential services such as group homes. For day services, community-based day activities and after-school/weekend activities are preferred. Respite and assistive technology were significant needs for families and individuals with I/DD. These results support projections of case managers that the individuals on the waiting list will need a moderate number of hours of paid supports in the next five years.

## Appendix A: ID/DD Waiver Waiting List Survey Questions

1. Individual's unique identifier (identifying number in lieu of name)
2. Individual's date of birth
3. Health Planning Region in which individual resides (I – V)
4. Indicate which CSB provides support coordination/case management
5. On which waiver waiting list is this individual?
  - a. ID waiver urgent
  - b. ID waiver non-urgent
  - c. DD
6. Identifying information of person completing survey
7. Individual's home-based support needs (check all in which individual/family has expressed interest)
  - a. In home supports in the family home
  - b. In home supports in the individual's own house or apartment
  - c. Personal Assistance
  - d. Supervised Living (24/7 access to staff in an apartment setting )
  - e. Sponsored Residential
  - f. Group Home
8. Individual's support needs during the day (check all in which individual/family has expressed interest)
  - a. Competitive or Individual Supported Employment
  - b. Group Supported Employment
  - c. Community-based activities
  - d. Center-based activities
  - e. Companion services (or similar 1:1 support)
  - f. After school/weekends supported activities
9. Other support needs (check all that apply)
  - a. Skilled Nursing
  - b. Respite
  - c. Behavior Consultation
  - d. Other Therapeutic Consultation
  - e. Personal Emergency Response System
  - f. Assistive Technology
  - g. Environmental Modifications
  - h. Crisis Supports (likely to need)
  - i. Other
10. Total estimated number of hours of paid supports needed per week
  - a. Less than 15
  - b. 15 – 30
  - c. 31 – 45
  - d. 45+
11. Does the individual have:
  - a. Complex medical needs
  - b. Behavioral needs
  - c. Dual diagnosis of mental illness and I/DD?
12. In your professional opinion, which of the following will the individual require in the next five years:
  - a. In home services
  - b. Out of home services
  - c. Don't know

## Appendix B: Level of Functioning Survey

For determining level of care eligibility for Intellectual Disability Waiver services, consider the individual's functioning in community environments. **Complete the attached survey presuming the needed services and supports are not in place for the individual.** Please note that, for items in "Health Status" section, needed care or supervision may be provided by caregivers other than a licensed nurse.

### DEFINITIONS:

**"No Assistance"** means no help is needed.

**"Prompting/Structuring"** means prior to the functioning, some verbal direction and/or some rearrangement of the environment is needed.

**"Supervision"** means that a helper must be present during the functioning and provide only verbal direction, gestural prompts, and/or guidance.

**"Some Direct Assistance"** means that a helper must be present and provide some physical guidance/support (with or without verbal direction).

**"Total Care"** means that a helper must perform all or nearly all of the functions.

**"Rarely"** means that the behavior occurs quarterly or less.

**"Sometimes"** means that a behavior occurs once a month or less.

**"Often"** means that a behavior occurs 2-3 times a month.

**"Regularly"** means that a behavior occurs weekly or more.

## LEVEL OF FUNCTIONING SURVEY SUMMARY SHEET

Individual's Name: \_\_\_\_\_

NOTE: *The individual must meet the indicated dependency level in 2 or more of the following categories to justify need for services in a Medicaid-certified facility for persons with intellectual disability or to meet level of care eligibility requirement for the Intellectual Disability Waiver.*

Date:		Date:		Date:		
MET	NOT MET	MET	NOT MET	MET	NOT MET	See qualifying option in each category below:
						Category 1: Health Status  Two or more questions answered with a 4 or Question "j" answered yes.
						Category 2: Communication  Three or more questions answered with a 3 or 4
						Category 3: Task Learning Skills  Three or more questions answered with a 3 or 4
						Category 4: Personal/Self Care  Question "a" answered with a 4 or 5 or Question "b" answered with a 4 or 5 or Question "c" and "d" answered with a 4 or 5
						Category 5: Mobility  Any one question answered with 4 or 5
						Category 6: Behavior  Any one question answered with a 3 or 4
						Category 7: Community Living Skills  Any two of questions "b", "e", or "g" answered with a 4 or 5 or Three or more questions answered with a 4 or 5

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_

Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_

Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_

Title/Affiliation: \_\_\_\_\_

## LEVEL OF FUNCTIONING SURVEY

### 1. HEALTH STATUS

How often is nursing care or nursing supervision by a licensed nurse required for the following?  
**(See instructions, as help/supervision may also be provided by caregivers.)**

*Please put appropriate number in the box under year of assessment.*

(Key: 1= Rarely, 2=Sometimes, 3=Often, and 4=Regularly)

	Date:	Date:	Date:
a.) Medication administration and/or evaluation for effectiveness of a medication regimen?			
b.) Direct services such as care for lesions, dressings, treatments (other than shampoos, foot powder, etc.)			
c.) Seizure control?			
d.) Teaching diagnosed disease control and care, including diabetes?			
e.) Management of care of diagnosed circulatory or respiratory problems?			
f.) Motor disabilities which interfere with all activities of daily living: bathing, dressing, mobility, toileting, etc.?			
g.) Observation for choking/aspiration while eating or drinking?			
h.) Supervision of use of adaptive equipment (i.e., special spoon, braces, etc.)?			
i.) Observation for nutritional problems (i.e., undernourishment, swallowing difficulties, obesity)?			
j.) Is age 55 or older, has a diagnosis of a chronic disease and has been in an institution 20 years or more?			

Notes/Comments:

2. COMMUNICATION

How often does this person:

*Please put appropriate number in the box under the year of assessment.*

( Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

Verbal			
Non-Verbal	Date:	Date:	Date:
a.) Indicate wants by pointing, vocal noises or signs?			
b.) Use simple words, phrases, short sentences?			
c.) Ask for at least 10 things using appropriate names?			
d.) Understand simple words, phrases or instructions containing prepositions (i.e., "on," "in," "behind")?			
e.) Speak in an easily understood manner?			
f.) Identify self, place or residence, and significant others?			

Notes/Comments:

### 3. TASK LEARNING SKILLS

How often does this person perform the following activities?

*Please put the appropriate number in the box under the year of assessment.*

( Key: 1=regularly, 2=often, 3=sometimes, 4=rarely )

	Date:	Date:	Date:
a.) Pay attention to purposeful activities for 5 minutes?			
b.) Stay with a 3-step task for more than 15 minutes?			
c.) Tell time to the hour and understand time intervals?			
d.) Count more than 10 objects?			
e.) Do simple addition, subtraction?			
f.) Write or print 10 words?			
g.) Discriminate shapes, sizes or colors?			
h.) Name people or objects when describing pictures?			
i.) Discriminate between "one", "many", "lot"?			

Notes/Comments:

4. PERSONAL/SELF-CARE

With what type of assistance can this person currently:

*Please put appropriate number in the box under year of assessment*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Care)

	Date:	Date:	Date:
a.) Perform toileting functions (i.e., maintain bladder and bowel continence, clean self, etc.)?			
b.) Perform eating/feeding functions (i.e., drink liquids and eat with spoon or fork, etc.)?			
c.) Perform bathing function (i.e., bathe, run bath, dry self, etc.)?			
d.) Dress self completely (i.e., including fastening and putting on clothes)?			

Notes/Comments:

5. MOBILITY

With what type of assistance can this person currently:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Care)

Ambulatory Non-Ambulatory	Date:	Date:	Date:
a.) Move (walking, wheeling) around environment?			
b.) Rise from lying down to sitting positions, sit without support?			
c.) Turn and position in bed, roll over?			

Notes/Comments:

6. BEHAVIOR

How often does this person:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=Rarely, 2=Sometimes, 3=Often, 4=Regularly)

	Date:	Date:	Date:
a.) Engage in self-destructive behavior?			
b.) Threaten or do physical violence to others?			
c.) Throw things or damage property, have temper outbursts?			
d.) Respond to others in a socially unacceptable manner— (without undue anger, frustration or hostility)?			

Notes/Comments:

7. COMMUNITY LIVING SKILLS

With what type of assistance would this person currently be able to:

*Please put appropriate number in the box under the year of assessment.*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Care)

	Date:	Date:	Date:
a.) Prepare simple foods requiring no mixing or cooking?			
b.) Take care of personal belongings, room (excluding vacuuming, ironing, clothes washing/drying, wet mopping)?			
c.) Add coins of various denominations up to one dollar?			
d.) Use telephone to call home, doctor, fire, police?			
e.) Recognize survival signs/words: i.e., stop, go, traffic lights, police, men, women, restrooms, danger, etc.?			
f.) Refrain from exhibiting unacceptable sexual behavior in public?			
g.) Go around cottage/house/apartment, ward/street, building/neighborhood, without running away, wandering off or becoming lost?			
h.) Make minor purchases, i.e., candy, soft drinks, etc.?			

Notes/Comments: