

Residential Assessment Profile

Member Profile

Does the member have skilled nursing needs? Yes No

If the member has a skilled nursing need, refer to the Nursing Needs Matrix and complete a referral for a Nursing Assessment. A higher level of care (nursing supported group home, skilled nursing facility) may be most appropriate. If you are unsure whether your member has a skilled nursing need, refer to the Nursing Needs Matrix referenced in the Division Medical Policy Manual Exhibit 1240-G-1.

Current Residential Setting: _____

Requested Residential Setting: _____

Explain in detail why a change in residential placement is needed at this time:

Preferred Geographical Area(s):

Does the Member prefer? _____

Member Cannot Live With: _____

Member Works, Attends School or Day Program Yes No Days and Hours per Week: _____

Individual Open to Relocating Yes No

Cross Streets of Current Program: _____

Natural Supports in Place Yes No

Medical Diagnosis / Conditions / Needs:

Current Medications

Medication Name: _____

Reason Prescribed: _____

Administration Method: _____

Notes:

Medication Allergies

Medication Name: _____

Notes:

Food Allergies:

Other Allergies:

Mobility: _____

Communication: _____

Personal care special instructions including eating, dressing, hygiene routine, etc.:

Overnight Support

The member needs constant awake staff checking on them at regular intervals: _____

The member wakes up needing support: _____

Activities of Daily Living

The member needs support with toileting: _____

The member needs support with bathing: _____

The member needs support with planning and cooking meals: _____

Mobility

The member needs support from 1 or 2 for lifting/transferring: _____

The member needs support from the use of medical equipment for lifting/transferring: _____

The member needs support to ambulate such as a gait belt, wheelchair, walker, etc: _____

The member needs transportation in a wheelchair accessible vehicle: _____

Medical Support

The member needs support with specific dietary needs such as diabetes or a special diet: _____

The member needs support with seizures: _____

The member needs support with wound care/skin integrity: _____

The member was hospitalized for medical needs within the past 12 months: _____

Day Time Support Needs

The member needs supervision in the home during awake hours: _____

The member needs support to access their community with supervision: _____

Behavioral Challenges

The member exhibits physical aggression: _____

The member exhibits property destruction: _____

The member leaves required supervision without telling others: _____

The member exhibits verbal aggression/threats towards themselves or others: _____

The member exhibits self-harming behaviors: _____

The member exhibits suicidal ideation/attempts: _____

The member exhibits sexual behaviors which are inappropriate to others: _____

The member was hospitalized for psychiatric support or had crisis team intervention in the past 12 months:

For a score between 0 and 50, independent living including a Supported Living setting may be appropriate.

For a score between 25 and 150, a Developmental Home setting may be appropriate.

For a score between 125 and 250, a Group Home setting may be appropriate.

Always consider the least restrictive environment first

What is the recommended setting based on this assessment? If the score does not match the level of care assessed add a justification.

Possible Triggers/Reasons for the Above Behaviors:

Behavior Supports that are Most Effective:

Behavior Supports that are Least Effective:

Is there any other information that would be helpful for a potential provider to know about serving this Member?

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