Acuity Assessment Instrument (AAI)

The DODD Acuity Assessment Instrument (AAI) is the standardized instrument used by the Ohio Department of Developmental Disabilities (Department) to assess the relative needs and circumstances of an individual compared to other adults in a non- residential setting when receiving one or more of the Adult Day waiver services. The score determined through this assessment ultimately will be used to calculate the annual funding limitation that will be available for an individual to access one or more of the Adult Day waiver services. A detailed description of the use and purpose of the AAI is provided in administrative rule 5123:2-9-19, *HCBS waivers, payment standards for adult day support, vocational habilitation, group employment support, individual employment supports, career planning and non-medical transportation to access one or more of these services.*

The Adult Day waiver services* referred to in this assessment include:

1 Adult Day Support
2 Vocational Habilitation
3 Group Employment Support
4 Individual Employment Support
5 Career Planning

* For those individuals who have not transitioned to the new Adult Day waiver services, Adult Day waiver services are intended to encompass Day Habilitation and Supported Employment waiver services received at the time the assessment is completed.

The **Primary** Informant:

The informant used in this assessment is the person who best can indicate the assessed individual's needs and circumstances in a non-residential setting.
The informant potentially can be:

1 The individual (self-advocate)
2 A provider of one or more of the Adult Day waiver services or similar non-residential services
3 A parent or other family member
4 A guardian
5 An advocate
6 Others who can accurately give information related to a person's needs and circumstances in the non-residential setting.

Service and Support Administrators (SSA) trained in the use of the AAI will solicit information needed to complete the assessment from informants. SSA's will submit the completed assessment that includes the automatically calculated score to the Department in an electronic format.

Acuity Assessment Instrument

To fully utilize this form, it must be protected (locked). If needed, this feature is found under the "Tools" menu. You may then "tab" to each field.

Name:	DOB:
Address:	DODD Number:
Interview Date:	SSA's Name:
Current Assessment Date:	Provider Name:
Primary Informant's Name:	Relationship to Individual:
Interviewer's Name:	Agency:
Business Address:	
Business Phone:	E-Mail:

Schedule

Indicate the individual's current schedule in one or more of the Adult Day waiver services setting(s) indicating the number of hours below.

Begin the calculation from the time the individual <u>arrives</u> at the Adult Day waiver services setting(s) and end the calculation at the time the individual <u>leaves</u> the setting(s). Using the ranges provided, indicate the total number of hours of Adult Day waiver services scheduled to be provided each day: (0, 0.01-1.00, 1.01-2.00, 2.01-3.00, 3.01-4.00, 4.01-5.00, 5.01-6.00, 6.01-7.00, 7.01-8.00, 8.01-9.00, 9.01-10.00, over 10.01)

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Indicate the individual's schedule in Adult Day waiver services if the schedule will be changing within 90 days following current assessment.

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

A. Task Training

To complete this section, the interviewer must first identify and discuss with the individual &/or other informants all tasks or activities that the individual completes within the first 30 minutes after arriving at the site where Adult Day waiver services are provided. Include tasks involved in leaving the transportation vehicle.

Describe the task/activity:

1. **Recommended Question**: *How many steps does it take to complete the task we just identified?* ***(Options: 1-2 steps, 3-4, 5-6, 7-8, 9 or more steps)***

2. **Recommended Question**: *Which answer best describes the level of assistance, if any, the individual requires to complete the task*?
   (Options: Independent, Verbal Prompts, Demonstration or Partner Assistance, Physical Prompts, Hand-over-Hand)

3. **Recommended Question**: *What percentage of staff time is typically required to enable an individual to complete a familiar task in the most efficient manner possible? This question is a measure of staff time needed for each task. It is not a measure of staff time needed per day or week.*

   Choose only one response from the following:

   ☐ 1 = Independent or no staff time monitoring
   ☐ 2 = Less than 25% staff time monitoring
   ☐ 3 = 25%-49% staff time monitoring plus verbal/gestural prompts
   ☐ 4 = 50%-74% staff time monitoring plus some physical assistance
   ☐ 6 = 75%-100% staff time monitoring plus full physical assistance

4. **Information Sources** *(check all that apply):*

   ☐ Individual ☐ Observation

   ☐ Informant (*if different from page 1*): Name Relationship

   ☐ Documentation (Source):

B. Expressive Communication

The purpose of this question is to identify the amount of staff time it takes to understand the needs and wants of the individual by determining the time it takes for the individual to communicate with others.

Choose only one response from the following:

1. **Recommended Question:** *Which answer best describes the individual's mode of communication?*

   ☐ 1 = Verbal
   ☐ 2 = Non-verbal and uses gestures, sign language, picture book and/or communication board.
   ☐ 3 = Uses communication cues and/or vocalizations (i.e., crying, laughing, yelling) that are not commonly understood or are misunderstood.

2. **Information Sources** *(check all that apply):*

   ☐ Individual ☐ Observation

   ☐ Informant (*if different from page 1*): Name Relationship

   ☐ Documentation (Source):

C. Mobility

The purpose of this question is to identify the amount of staff time it takes to assist an individual to access the setting (s) where one or more of the Adult Day waiver services are provided.

1. **Recommended Question:** *Which answer best identifies the individual's need for mobility-related assistance when moving from environment to environment in order to participate in one or more of the Adult Day waiver services?*

   Mobility Response *(choose only one response from the following):*
   - ☐ 1 = Independent
   - ☐ 2 = Uses a wheelchair and requires periodic staff assistance, such as when using an electronic wheelchair lift.
   - ☐ 3 = Requires assistance from staff when entering or leaving a bus and/or van.
   - ☐ 4 = Requires assistance from staff when traveling long distances and/or to adjust to changes in floor elevation and to enter or leave a bus or van.
   - ☐ 5 = Requires total assistance from staff.

2. **Information Sources** *(check all that apply):*

   ☐ Individual ☐ Observation

   ☐ Informant (*if different from page 1)*: Name Relationship

   ☐ Documentation (Source):

D. Clothing Assistance

The purpose of this question is to identify the amount of staff time it takes to assist an individual to put on or take off clothing when he/she participates in one or more of the Adult Day waiver services. The question pertains to assistance needed during a typical day and at times other than those required when toileting.

1. **Recommended Question:** *Which answer best identifies the individual's need for assistance to put on and take off clothing while in one or more Adult Day waiver services?*

   Choose only one response from the following:

   Clothing Assistance Response

   ☐ 1 = Independent
   ☐ 2 = Requires staff monitoring and/or verbal assistance and/or cues.
   ☐ 3 = Requires physical assistance from staff with activities such as unzipping and/or removing his/her coat or boots.
   ☐ 4 = Requires total assistance from staff with activities such as unzipping his/her coat and/or placing personal items in his/her locker.

2. **Information Sources** *(check all that apply):*

   ☐ Individual ☐ Observation

   ☐ Informant (*if different from page 1)*: Name Relationship

   ☐ Documentation (Source):

E. Bathroom Assistance

The purpose of this question is to identify the amount of staff time it takes to assist an individual when he/she uses the bathroom during a typical day when receiving one or more of the Adult Day waiver services?

1. **Recommended Question:** *Which answer best identifies the individual's need for assistance to use the bathroom while in one or more Adult Day waiver services?*

   Choose only one response from the following:

   Bathroom Assistance Response:

   ☐ 1 = Independent
   ☐ 3 = Because of physical and/or behavioral reasons, requires periodic staff assistance and supervision going to and from the bathroom and during his/her use of the bathroom.
   ☐ 6 = Requires some physical assistance from one staff member going to and from the bathroom and/or with activities such as unzipping and/or lowering his/her pants.
   ☐ 9 = Requires total assistance from one staff member with toileting activities such as preparing supplies and equipment and changing "Attends".
   ☐ 12 = Requires total assistance from two staff members.

2. **Information Sources** *(check all that apply):*

   ☐ Individual

   ☐ Informant (*if different from page 1)*: Name Relationship

   ☐ Documentation (Source)

F. Eating Assistance

The purpose of this question is to identify the amount of staff time it takes to assist an individual to eat a meal during a typical day when receiving one or more of the Adult Day waiver services. Complete this question even if the individual does not eat a meal during scheduled Adult Day waiver service hours.

1. **Recommended Question:** *Which answer best identifies the individual's need for assistance to eat a meal while participating in one or more Adult Day waiver services*?

   Choose only one response from the following:

   Eating Assistance Response:

   ☐ 1 = Independent

   ☐ 4 = Requires assistance from one staff member with meal preparation activities including opening and warming food items and/or assisting the individual with his/her money skills and use of vending machines. Following completion of these tasks, the individual's meal is ready to be consumed and the staff member can leave the area.

   ☐ 6 = Requires assistance from one staff member to complete all facets of preparing, eating and cleaning up following the meal. Staff assistance may be provided to access and open the lunch box or bag; set up adaptive equipment; open and warm food; use vending machines; wipe the person's mouth; throw away trash.

   ☐ 8 = Requires total assistance from one staff member in order to complete feeding by mouth and/or to prepare and monitor tube feeding, and/or to monitor the individual's eating throughout the entire meal due to medical complications such as choking.

2. **Information Sources** *(check all that apply):*

   ☐ Individual ☐ Observation

   ☐ Informant (*if different from page 1)*: Name Relationship

   ☐ Documentation (Source)

G. Community Integration

The purpose of this question is to identify the amount of staff time it takes to assist an individual to participate in community activities that may lead to community connections or membership. The question pertains to assistance needed during a typical day when an individual is engaged in community activities which may occur at times other than or in conjunction with the times one or more Adult Day waiver services are provided.

1. **Recommended Question:** *Which answer best identifies the individual's need for assistance to participate in a community activity?*

Choose only one response from the following:

Community Integration Response:

☐ 1 = Independent, yet requires transportation to and from the activity.
☐ 2 = Requires staff monitoring and/or verbal assistance and/or cues as well as transportation to and from the activity.
☐ 3 = Requires total assistance from staff and the use of a transportation vehicle with an electronic lift.

2. **Information Sources** *(check all that apply):*
   ☐ Individual ☐ Observation
   ☐ Informant (*if different from page 1)*: Name Relationship
   ☐ Documentation (Source):

H. Supervision Required

The purpose of this question is to identify the amount of staff supervision and/or behavioral support it takes to assist an individual when he/she participates in one or more of the Adult Day waiver services.

1. Recommended Question: *Which answer best describes the level of staff supervision and intervention the individual requires during times when one or more Adult Day waiver services are provided?*

Choose only one response from the following:

Required Supervision Response:

○ 1 = **General Supervision** is provided in the service environment where one or more of the Adult Day waiver services are provided. The individual may or may not display target behaviors or have medical needs.

○ 3 = **Redirection is successful** when general supervision is provided in the service environment where one or more of the Adult Day waiver services are provided. The individual may or may not display target behaviors. When target behaviors are displayed and immediate re-direction is necessary, the individual responds positively to the re- direction.

○ 5 = **Redirection is not successful** when general supervision is provided in the service environment where one or more of the Adult Day waiver services are provided. The individual is difficult to re-direct when target behaviors are displayed, but constant and immediate supervision is not needed or required during all scheduled Adult Day waiver service activities.

○ 7 = **Requires in-view monitoring for behavioral reasons during all scheduled Adult Day waiver services programming.** The individual requires a formal behavior support plan and either attempts or displays target behaviors weekly; **or requires in-view monitoring for medical reasons during all scheduled Adult Day waiver services programming.** Due to medical and/or health related needs identified in writing by a medical practitioner, the individual requires constant in-view monitoring by staff.

○ 9 = **Requires arms-length monitoring, supervision and training from staff for behavioral reasons during at least 50% of all scheduled Adult Day waiver services programming.** The individual requires a formal behavior support plan and either attempts or displays target behaviors constantly; **or requires arms-length monitoring for medical reasons during all scheduled Adult Day waiver services programming.** Due to medical and/or health related needs identified in writing by a medical practitioner, the individual requires constant arms-length monitoring by staff.

○ 11 = **Requires extensive arms-length monitoring, supervision and training from one staff member for behavioral reasons during all scheduled Adult Day waiver services programming.** The individual requires a formal behavior support program and must be within view of a second staff member; **or requires extensive arms-length monitoring from one staff member for medical reasons during all scheduled Adult Day waiver service programming** due to extensive medical and/or health related needs identified, in writing, by a medical practitioner.

2. **Information Sources** *(check all that apply):*
   ☐ Individual ☐ Observation

   ☐ Informant (*if different from page 1)*: Name Relationship

   ☐ Documentation (Source):

3. **Identified target behaviors &/or medical needs:** Check **all** target behaviors in which the individual engages &/or medical issues requiring staff assistance &/or intervention.
   ☐ Medically fragile condition
   ☐ Self-injurious behaviors
   ☐ Property destruction
   ☐ Behavior harmful to others
   ☐ Disruption of Adult Day waiver service areas
   ☐ Stealing
   ☐ PICA: Ingestion of inedible substances
   ☐ Other Describe:

4. **Documentation of target behaviors:** Describe the documentation used to verify the accuracy of the selections made and to indicate that they are currently occurring.

Note: No score will be recorded for this question unless a response has been made to item 3 and 4.

I. Medical Needs

The purpose of this question is to identify the amount of staff time it takes to assist an individual with medical needs during a typical day when the individual is engaged in one or more Adult Day waiver services.

1. **Recommended Question:** *Which answer best identifies the individual's need for assistance to participate in or receive one or more of the Adult Day waiver services?*

Medical Needs Response:

☐ 0 = No known medical concerns that require extra services or supports.
☐ 1 = Requires minimal staff monitoring and/or interventions, such as use of safety precautions, to address the diagnosed medical conditions of the individual.
☐ 2 = Requires moderate staff monitoring, such as dietary monitoring or staff assistance to prevent choking and/or the use of interventions on an intermittent basis to address the diagnosed medical conditions of the individual.
☐ 3 = Requires extensive staff intervention, such as use of oxygen, tube feeding, respiratory monitoring and percussion and treatment of wounds caused by self-injurious behavior, to address the diagnosed medical conditions of the individual.

2. **Information Sources** *(check all that apply):*
   ☐ Individual ☐ Observation
   ☐ Informant (*if different from page 1)*: Name Relationship
   ☐ Documentation (Source):

Adult Day Waiver Services Acuity Assessment Score

Name: Interview Date:

SSA Name: Date Scored:

County Board of DD or COG:

1. The individual's current Adult Day Services schedule per week will be calculated automatically. A score of .5 will be given if attending 4 or fewer total hours per day and a score of 1 will be given if attending more than 4 total hours per day.

Mon	Tuesday	Wed	Thurs	Fri	Sat	Sun
0	0	0	0	0	0	0

   Total the blocks above *(max of 7)*

2. The individual's proposed Adult Day Services schedule per week will be calculated automatically. A score of .5 will be given if attending 4 or fewer total hours per day and a score of 1 will be given if attending more than 4 total hours per day.

Mon	Tuesday	Wed	Thurs	Fri	Sat	Sun
0	0	0	0	0	0	0

   Total the blocks above *(max of 7)*

3. The individual's Assessment Score will be recorded automatically in each area:

   A. Task Training (6 = max score)

   B. Communication (3 = max score)

   C. Mobility (5 = max score)

   D. Clothing Assistance (4 = max score)

   E. Toileting Assistance (12 = max score)

   F. Eating Assistance (8 = max score)

   G. Community Integration (3 = max score)

   H. Supervision (11 = max score)

   I. Medical (3 = max score)

   Total Assessment Score*: (55 = max score possible)

   Acuity Assessment Ratio:

   AAI Effective Date:

*Total Assessment Score is equal to sum of sections A through I