

# CRITICAL NEEDS ASSESSMENT

## *Physical disabilities waiver*

Form: 3-2  
Version: 5/2024

**PRIVACY NOTICE:** The information you provide will be used to determine eligibility for division services. It will only be used by DHHS and, if needed, by a person or party contracted with DHHS. Without this data, we cannot make a determination. This data is part of record series: 15376.

Check One: Initial assessment

Petitioned assessment

Person's name: \_\_\_\_\_

Date:

ID number:

Worker:

Does this person have the cognitive ability to self-direct a personal assistant?      Yes      No

Desired/needed services:  
(Check all that apply)

Desired/needed services:  
(Check all that apply)

Attendant  
Personal response system  
consumer preparation  
liaison

Physical disability cause  
Date of onset  
Paraplegia  
MS  
Neurological  
Mental illness  
Deafness  
Blind  
Other

Supports currently received:  
(Check all that apply)

Home health/CNA  
Medication management  
Residential  
Other

\_\_\_\_\_ **1. Support system:** (score range 0 to 7)

Describe the composition of natural supports provided by family and friends. Does the person live with parents? Are the person's parents elderly? Do other individuals with special needs live at home? How is the health of the primary care giver? Does the person receive SSI, Medicaid, Housing Assistance? Does the person enjoy financial stability, hold a job, etc?

\_\_\_\_\_ **2. Special medical needs:** (score range 0 to 10)

Assess the person's physical health, are there problems? What special adaptive equipment is necessary for the person?

\_\_\_\_\_ **3. Protective service issues** (score range 0 to 9)

List issues facing the person (homelessness, abuse, neglect, exploitation, etc.).

\_\_\_\_\_ **4. Projected deterioration issues:** (score range 0 to 9)

What will happen if the waiver service is not provided immediately? (divorce, deterioration of family, death of care giver, etc.).

\_\_\_\_\_ **5. Resources/supports needed:** (score range 0 to 10)

Considering all supports/resources currently available to the person (e.g., other agencies, church, friends, community, family, school, etc.) what further supports does the person need?

\_\_\_\_\_ **6. Time on the waiting list:** (score range 0 to 10)

Total the length of time the person has been on the waiting list from the date the application was received (1 point for every ½ year, up to 10 points maximum)

**7. Functional status:** (score range 0 to 54)

Rate each functional activity listed below using the rating scale on the right, then determine the approximate hours of personal support per week the person will need using the total score and the personal assistance hours needed chart.

Functional status/activity	Rating			
1. In/our of bed	0	1	2	3
2. In/out of chair	0	1	2	3
3. Toileting	0	1	2	3
4. Bathe	0	1	2	3
5. Groom	0	1	2	3
6. Dress/undress	0	1	2	3
7. Drink/eat	0	1	2	3
8. Take medication	0	1	2	3
9. Mobility in home	0	1	2	3
10. Use telephone	0	1	2	3
11. Prepare meals	0	1	2	3
12. Dishes	0	1	2	3
13. Clean House	0	1	2	3
14. Laundry	0	1	2	3
15. Admit visitors	0	1	2	3
16. Manage finances/mail	0	1	2	3
17. Socialize	0	1	2	3
18. Communicate	0	1	2	3
<b>Total Score</b> _____				

**Rating**

0 = Independent with or without devices

1 = Minimal assistance

2 = Moderate assistance

3 = Cannot accomplish

**Total score:** (100 points possible)

Nurse coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Nurse coordinator: \_\_\_\_\_

Date: \_\_\_\_\_