COMMUNITY CARE WAIVER –
SELF CARE ASSESSMENT TOOL FOR WAIVER ELIGIBILITY

<table>
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<tr>
<th>Consumer Name</th>
<th>Date of Birth</th>
<th>Serial Number</th>
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Initial Certification ☐ Re-Certification ☐ Real Life Choices ☐ (Check Appropriate Box)

Instructions: Check the appropriate boxes according to the individual’s needs. Please ensure that the entire document is completed.

### Activities of Daily Living

<table>
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<th>Needs Assistance</th>
<th>Independent</th>
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- Able to use bathtub or shower
- Able to use toilet or bedpan
- Performs hair care (shampooing/combing), shaving, and care of nails
- Transfers from bed to chair (or wheelchair), and transfers in out of the tub or shower
- Demonstrates oral care, such as brushing teeth
- Changes bed linens
- Uses utensils during meals
- Dresses appropriately regarding appearance & climate
- Ambulates, indoors and outdoors
- Prepares simple meals (eggs, sandwiches, cereal/milk)
- Self-administers medication
- Able to use special adaptive equipment

### Domestic Skills

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- Kitchen: washes dishes, maintains general cleanliness of refrigerator, stove, sink, floor
- Bathroom: maintains cleanliness of toilet, tub, shower and floor
- Uses washing machine and dryer; care for clothes and linens (ironing and mending if necessary)
- Able to clean room and windows: can use a broom, vacuum, and/or window cleaners
- Able to mow lawn, do light painting and minor repairs
- Takes out trash
- Able to obtain needed items from market or pharmacy
- Travels short distances to secure needed items or perform specific tasks

### Personal Resources

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- Awareness of how nutrition/diet can affect health
- Possesses community living skills such as: money management, home care maintenance, using the telephone, telling time, solving problems, and handling emergencies
- Utilizes community, leisure and recreational activities
- Can access public transportation or specialized services permitting limited community travel and mobility
- Possesses sufficient communication, language and self-advocacy skills to negotiate areas such as citizenship, legal matters, family issues and social needs

Completed By (Sign & Date) ________________ Reviewer: QMRP (Sign & Date) ____________________
Procedure for completion of the

COMMUNITY CARE WAIVER –

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In order to be evaluated for waiver eligibility, the Division of Developmental Disabilities (DDD) must have the Self-Care Assessment tool completed in accordance with the standard agreed upon between DDD and the Centers for Medicare & Medicaid Services (CMS). The subsequent procedures should be followed by a DDD Qualified Mental Retardation Professional (QMRP):

1.) When an Expected Admission to Waiver Services form is generated, the Case Manager or Regional Monitor will ensure that a person familiar with the consumer (e.g.; agency staff, DDD staff, family member, etc.) completes the Self Care Assessment Tool*, signs and dates it and then returns it to the consumer’s DDD Case Manager or Regional Monitor.

2.) Upon return of the tool, DDD will have a QMRP (e.g. Psychologist, HPC) review the form for accuracy and sign it certifying that the individual reviewed the document.

3a.) If there are no deficits noted then the process ends and the form will be returned to the Case Manager or Regional Monitor with a brief explanation.

3b.) If the QMRP notes deficits/areas in which assistance is needed, then the QMRP will sign the ICF-MR Certification in addition to the Self Care Assessment Tool, verifying certification.

4.) Both signed forms (Self Care Assessment Tool and ICF-MR Certification document) are forwarded to the Case Manager or Regional Monitor with a copy sent to the Regional Fiscal Coordinator who handles waiver eligibility.

5.) At the time of the annual service plan (e.g., ELP, IHP), the Self Care Assessment Tool must be reviewed and updated for all individuals who are waiver eligible. A QMRP must sign the last page of the service plan document, certifying continued ICF-MR (waiver) eligibility if she/he notes deficits/areas in which assistance is needed. If no deficit/area in which assistance is needed is noted, the QMRP will notify the Regional Fiscal Coordinator who handles waiver eligibility to remove the individual from the waiver.

6.) A copy of all signed tools will be maintained in the client file in accordance with Division Circulars.

* Completion of the form is signified by marking the appropriate boxes with a check mark. Please ensure that the entire document is completed.

Updated: 11/2005