

**COMMUNITY CARE WAIVER –  
SELF CARE ASSESSMENT TOOL FOR WAIVER ELIGIBILITY**

Consumer Name		Date of Birth		Serial Number	
Initial Certification	<input type="checkbox"/>	Re-Certification	<input type="checkbox"/>	Real Life Choices	<input type="checkbox"/>
					(Check Appropriate Box)

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

<u>Activities of Daily Living</u>	<u>Needs Assistance</u>	<u>Independent</u>
- 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		
<u>Domestic Skills</u>		
- 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		
<u>Personal Resources</u>		
- 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.**