

Instructions
Behavioral Assessment
Supplement to Adult LTCFS

This Supplement, along with information collected on the LTCFS for functional eligibility purposes, is intended to collect data on behavioral symptoms to better inform the Department and others about the needs of program participants and assist with participant assessment and care planning. Behavioral data that are collected using this Supplement will reflect greater detail than is collected for eligibility purposes by the LTCFS.

1. During piloting of this behavioral assessment (October 1, 2013 through November 15, 2013), record your findings for each member screened using Select Survey at: link to be provided during webcast.
2. You must be a certified Adult LTCFS Screener to complete this behavioral assessment. If, in addition, you are a Qualified Intellectual Disability Professional (QIDP), RN, Nurse Practitioner (NP), Licensed Social Worker Licensed Clinical Social Worker, or please note it where indicated.
3. During piloting of this behavioral assessment, a selected group of screeners will complete the assessment for designated number of individuals at each participating screening agency. See your agency contact person if you have questions about the process or content of this assessment. Your agency contact should be the only person contacting DHS with questions about the process or content of this assessment.
4. Based on the restrictions in 3., above, complete this supplemental assessment for every adult for whom you have selected any of the following items while performing an initial or rescreen using the Adult LTCFS:
 - a. Living Arrangement is Mental Health Institute or State Psychiatric Facility, Other IMD or Jail/Correctional Facility, or State Center for the Developmentally Disabled.
 - b. Diagnosis is listed under Sections A., E., H., or K. (1. or 2.) on the Diagnosis Table
5. Complete this supplemental assessment for every adult for whom a Restrictive Measures Plan has been approved by DHS, if that adult's screen is selected as part of this pilot.
6. **Do** record any behavioral or mental health-related information that you have previously entered only in Notes sections on the Adult LTCFS.
7. Do not reiterate data for which you have checked a box on this supplement in the narrative section for Additional Information at the end of this assessment. That section is intended to capture items that were not included as check boxes in other sections of this assessment. These items may be added to this supplemental assessment after its pilot phase.
8. During the pilot phase, no verification is required for items marked or entered on this assessment. However, please enter only information that you learned from a credible

source. Your notes about sources of information may be added to the Additional Information section.

9. This behavioral assessment is a confidential document and is bound by the same laws and rules related to release to others as the LTCFS. During the piloting phase of this assessment, do not release a partial or completed assessment to any entity outside your screening agency. Based on the experience of those piloting this assessment, protocols will be developed for sharing the assessment with others, including service provider agencies.
10. Should you use a paper version of this assessment prior to electronically entering the data you have collected, use proper protocols to store the paper version, or destroy it by shredding as you would with any other draft material containing protected health information.
11. Do not print a copy of any completed assessment and retain it in a case file.

**BEHAVIORAL ASSESSMENT
SUPPLEMENT TO ADULT LTC FUNCTIONAL SCREEN**

Name of Individual Screened (Last, First, MI): _____

Date of Birth (MMDDYY): _____

Certified Screener Name (Last, First): _____ QIDP: RN NP
SW or LCSW
Other Credentials

Screening Agency: _____

Date of Completion (MMDDYY): _____

Part 1: Behaviors and Symptoms:
(Check all that apply)

Symptoms

- Confusion, hallucinations or delusions
 - Episodes of disorganized speech—incoherent, nonsensical, irrelevant, rambling
 - Repeated vocalizations, e.g., calls for help when assistance not needed
 - Emotional distress, anxiety or repeated questions requiring frequent reassurance
 - Pronounced lack of initiative or inertia
 - Elevated mood – intense euphoria, exaggerated behavior or opinion of self
 - Responds to internal stimuli
 - Fatigue without medically diagnosed cause
 - Temper flare-ups, anger management problems
 - Frequent and extreme mood change
 - Makes repeated, unwarranted complaints that require staff intervention
 - Suicide attempts or threats to attempt suicide
 - Suspected, but undiagnosed dementia
 - Day/night reversal
 - Lack of impulse control
 - Obsessions or compulsions requiring intervention
 - Other, please specify
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Symptoms – Lacks orientation to

Check all that apply Person Place Time Situation

Toward Self

- Threats of violence to self
 - Picking at or rubbing skin, pulling out hair
 - Inserting objects into body orifices
 - Head-banging
 - Striking self with hands or objects
 - Biting self
 - Cuts self
 - Chooses not to bathe, no cognitive impairment
 - Eating disorder (anorexia or bulimia)
 - Wandering by person with undiagnosed, but suspected, dementia
 - Does not eat unless reminded and/or assisted, although physically able
 - Seeks food when unobserved, choking risk
 - Eats available food to excess (condiments on table, samples at supermarket, etc.)
 - Does not notice or report physical or health problems
 - Harmful, high risk or consequential alcohol use, drug use or tobacco use
 - Hoarding
 - Excessive spending or gambling, or giving away money that threatens financial independence
 - On-line or video game time or TV use that interferes with health, employment or relationships
 - Unsafe or high risk behavior with strangers and/or in public (traffic, etc.)
 - Unsafe/high risk sexual activity or participation in prostitution
 - Chooses living arrangement that is high risk for adverse consequences, despite alternatives
 - Other, please specify
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Toward Others

- Verbal: Screams, yells, swears at, or insults or threatens others
- Physical: Pushes, hits, kicks, bites, spits at, pulls hair, or throws objects at others
- Intrudes on others' personal space or possessions
- Interpersonal intrusion (inappropriately questions or inserts self in business of others)
- Makes harassing or nuisance phone calls, texts, emails, letters
- Masturbating or disrobing in public or commonly shared areas

- Socially unacceptable behaviors: makes disruptive sounds, non-sexual touching of own private parts, picking nose, etc.
 - Disrupts care of others in living, vocational/employment, program environment
 - Disrupts meals; requires interventions in dining room or restaurant
 - Defecates, urinates or smears body fluids on others
 - Other, please specify
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Toward Others - Inappropriate touch, words, gestures of a sexual nature toward or affecting (*check all that apply*):

- Children
- Vulnerable Adults - Roommates, others in LTS residential or work settings, frail elders or adults with disabilities
- Caregivers, staff
- Other adults—including in public settings

Other

- Attempts to exit moving vehicle
 - Attempts to exit (elope) residential setting, employment setting, supervised outing, etc. (Does not include wandering.)
 - Resistance, panic or refusal to cooperate during dental or medical care or appointments
 - Arson, vandalism, kleptomania, burglary, theft
 - Destruction of property (hits or kicks walls, furniture, windows, etc.)
 - Abuses or inappropriately touches animals
 - Displays obsession or compulsions requiring frequent interventions
 - Verbal, but unable to perform typical social communication (greet others, request assistance, etc.) or activity (plan interaction with others)
 - Does not recognize threat from others; is vulnerable to exploitation
 - Defecates, urinates or smears body fluids in public, common areas or own living spaces
 - Fashions weapons out of common objects
 - Makes repeated false accusations against others
 - Repetitive coping strategies (door slamming, toilet flushing, etc.)
 - Other, please specify
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Part 2: Additional Information

Note additional information that is NOT noted elsewhere in this assessment or marked on Adult LTCFS for the individual screened.

Part 3: Assessment Time

Using minutes (rounded to the nearest quarter hour), enter the total amount of time spent on all activities (interviewing individual or his or her caregivers; requesting or reviewing written documents; travel; paperwork, collateral contacts, entering data in Select Survey, etc.) carried out to complete this assessment.

_____ **Minutes**