

CHILDREN AND MEDICAID PERSONAL CARE SERVICES IN TEXAS, 2009

REPORT TO

THE TEXAS HEALTH AND
HUMAN SERVICES COMMISSION

PREPARED BY

TEXAS A&M HEALTH SCIENCE CENTER
SCHOOL OF RURAL PUBLIC HEALTH

TEXAS A&M UNIVERSITY
COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT

TEXAS A&M UNIVERSITY
PUBLIC POLICY RESEARCH INSTITUTE

JANUARY 2010

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PREPARED FOR:

THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION

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EXECUTIVE SUMMARY

The Executive Summary provides only the most general information on the children receiving Medicaid Personal Care Services (PCS) in Texas. Detailed information on the characteristics and needs of children in the PCS program can be found in the full report. After the brief general information on the report data and the PCS program, demographic data are presented on all children who received PCS. Then, information is provided on those children who received PCS and were 4 to 20 years old. Finally, summary information is provided on children under four years old who received PCS.

THE DATA FOR THE REPORT

The Medicaid Fee-For-Service (FFS) program and Primary Care Case Management (PCCM) in Texas provided Personal Care Services (PCS) to over 5,400 children under the age of 21 during the spring of 2009. The strengths and needs of these children and their families were assessed using the Personal Care Assessment Form (PCAF). From September 2008 to April 2009, PCAF data from assessments completed by Department of State Health Services (DSHS) case managers were provided to the Texas A&M Health Science Center PCAF project team. These data were then weighted so that they might better reflect the characteristics of the entire population of over 5,400 children receiving PCS through these two programs in 2009. This report uses these weighted data to describe the children in Texas receiving PCS, the services they requested, and the services they received.

ASSESSMENTS AND THE PCS PROGRAM

The assessment process for PCS emphasizes three issues related to a child's functional performance and living environment.

- First, how much assistance does the child need to perform a functional task (e.g., bathing, dressing, meal preparation)?
- Second, is the child's ability to perform, or assist with performance of, a functional task affected by the child's medical, developmental, or behavioral health condition(s)?
- Third, is there some barrier that reduces the responsible adults' ability to provide the assistance needed to perform the functional task?

All three issues are crucial to the PCS program. Medicaid PCS can only be approved if all three of these requirements are met.

Children under four years old were assessed using the PCAF 0-3, while children from four to 20 years old were assessed using the PCAF 4-20. The two PCAF instruments share a common approach to assessment and many assessment items, but the two differ enough that they are appropriate for use with these divergent age groups.

ALL CHILDREN RECEIVING MEDICAID PCS

GEOGRAPHY: Young PCS recipients were not evenly distributed across the state. Three DSHS Regional Offices (San Antonio, Houston, and Harlingen) provided case management and administered PCS for almost 75 percent of the children in the PCS program. Region 11 (Harlingen) alone was responsible for assessing and managing the care for almost 2,600 members (47 percent) of this vulnerable population.

GENDER: A majority of the children receiving PCS (57%) were male.

AGE: Three-quarters of the overall population were between the ages of 4 years and 17 years of age. Fewer than 400 children receiving PCS (approximately 7%) were fewer than 4 years of age; almost 1,000 (18 %) were 18 to 20 years of age.

CHILDREN 4 TO 20 YEARS OLD RECEIVING PCS

1. **TYPES OF PROBLEMS/CONDITIONS**: Among those over the age of 3, 51.4 percent had a combination of both medical and psychiatric/behavioral/developmental problems; 23.2 percent had only medical problems that caused them to seek PCS; just over 25 percent of these children faced psychiatric/behavioral/developmental problems without complicating medical diagnoses.
2. **INTELLECTUAL DISABILITY**: Almost one-half (46.6%) of PCS recipients between the ages of 4 and 20 years of age had a diagnosis of some type of intellectual disability.
3. **COGNITIVE SKILLS**: Either because of their age or because of their condition, over 70 percent of those 4 to 20 years of age required continual or close stand-by assistance to assure they made safe and reasonable decisions.
4. **URINARY AND BOWEL CONTINENCE**: Over one-third of the 4 to 20 year olds who were receiving PCS had little or no control of their bowel or bladder function.
5. **NEEDS IN ACTIVITIES OF DAILY LIVING**: The activities of daily living (ADLs) in which these children exhibited the most dependence were more complex, multi-step activities -- dressing, personal hygiene, toileting, and bathing. Among these ADLs, the rate of total dependence averaged 47 percent. For less complex ADLs that may have been indicative of higher levels of impairment (e.g., locomotion, positioning, and bed mobility), the distributions tended to be bimodal. Children were either completely independent or totally dependent in these specific ADLs. Over one-half of these children required hands-on assistance with five or more ADLs. Over one-third of the children receiving PCS (34.8%) often resisted when someone tried to assist them with ADLs.
6. **NEEDS IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING**: All seven instrumental activities of daily living (IADLs) displayed bimodal distributions for these children; performance of these activities was either unaffected by a child's condition(s) or it was affected, and the child was completely dependent. For example, in medication administration, one-half (49.9 percent) of the children were independent or their condition

had no effect on this task; for 38.2 percent of the children, their condition affected the performance of the task, and they were completely dependent. The highest level of total dependency was observed in doing laundry. A child's condition affected the task, and the child was totally dependent, in 54.3 percent of the cases.

7. **CARE RESOURCES IN THE HOUSEHOLD:** Over one-third of responsible adults caring for children aged 4 to 20 and receiving PCS worked full-time; 75 percent were also caring for other children; over half were caring for other children with some type of impairment. Almost one-half of responsible adults indicated that problems with strength or stamina made them unable to assist their children with some ADL or IADL tasks.
8. **ALLOCATION OF PCS HOURS:** The average number of hours of PCS allocated to children during this time period was 25.2 hours per week. Ten percent received more than 44.3 hours of PCS per week and 10 percent received fewer than 10 hours per week. Most responsible adults or clients did not make a request for a specific number of PCS hours. Thirty-two percent made such a request, and they received PCS hours equal to or greater than the number of hours requested. In only four percent of cases did case managers report that they authorized fewer hours than were requested. Only 3 percent of those requesting PCS for a child aged 4 to 20 years of age were denied Medicaid PCS.

CHILDREN UNDER FOUR YEARS OLD RECEIVING PCS

1. **TYPES OF PROBLEMS/CONDITIONS:** Just over one-half of those under the age of four sought PCS because of some medical conditions alone; 37.5 percent had medical and behavioral or developmental problems. The most common medical conditions faced by these children and their households included respiratory problems (33.8%), epilepsy or other chronic seizure disorder (29%), micro/hydrocephaly (22%), cerebral palsy (15.2%), failure to thrive (14.7%) or a congenital heart disorder (14%).
2. **INTELLECTUAL DISABILITY:** Almost one-third (32.6%) of children less than four years of age showed signs of an intellectual disability; almost 12 percent of the children had a pervasive developmental problem such as autism.
3. **MEDICAL OR NURSING NEEDS AND HEALTH CARE USE:** A relatively high proportion of these children had special care needs. One in five had a feeding tube; almost 13 percent had an unstable medical condition; almost 12 percent received oxygen. These infants also often needed treatment for emergent conditions or exacerbations of their chronic problems. In the 30 days prior to their assessment, almost one in five had an unplanned or urgent visit to a physician; just over 10 percent had an emergency room visit; 14 percent were admitted to a hospital.
4. **NEEDS IN ADLs:** Responsible adults reported that the child's conditions or problems often affected their ability to perform various ADLs. The ADLs most commonly affected by their conditions were transfers (48%), using the toilet (65%), personal hygiene (68%), dressing (76%), and bathing (82%). For more than half of these young children five or more of the ten ADLs were affected by their condition(s). This means that these ADL activities took longer to perform or required the help of more than one person.
5. **NEEDS IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING:** No one expects children under the age of four to perform IADL tasks. However, the problems faced by a child under four might affect how a responsible adult performed these tasks. The child's condition(s) might have made the task take longer or required two-person assistance. For

the six IADLs on which information was recorded for children less than four years of age, the percent of children whose condition affected an IADL task ranged from fewer than one-quarter (22.9%) in grocery shopping to 44.6 percent in doing laundry. Across all six IADLs, roughly one-third of the children, on average, had conditions that affected the performance of an IADL task.

6. **ALLOCATION OF PCS HOURS:** For children less than four years of age, the average number of hours of PCS approved by case managers was 23.8 hours per week. Ten percent of these children received more than 42 hours of PCS per week and 10 percent received fewer than 8 hours per week. Most responsible adults or clients did not make a request for a specific number of PCS hours. One quarter of responsible adults made such a request, and received PCS hours equal to or greater than the number of hours requested. In 8.5 percent of the cases, case managers report that they authorized fewer hours than were requested. Slightly fewer than eight percent (7.8%) of those requesting PCS for children aged under the age of four were denied Medicaid PCS.

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CHAPTER ONE

THE STUDY AND THE REPORT

THE PCAF PROJECT AND ASSESSMENT FORMS

In September 2008, DSHS case managers and Medicaid managed care organization staff began completing PCS assessments using assessment forms developed by a team led by staff at the Texas A&M Health Science Center's School of Rural Public Health. One assessment form was the Personal Care Assessment Form Zero to Three (PCAF 0-3) used to assess the Medicaid Personal Care Service (PCS) needs of all children fewer than four years of age seeking or receiving PCS. The second assessment instrument was the Personal Care Assessment Form Four to Twenty (PCAF 4-20) used to assess all children from four to twenty years old seeking or receiving Medicaid PCS.

Many of the items on the PCAF instruments were initially developed as part of the Minimum Data Set for Nursing Home Resident Assessment and Care Screening (MDS) or the Minimum Data Set for Home Care (MDS-HC)[®]. These instruments and items were chosen after a review of the assessment tools used by other states to assess children for Medicaid services. One of the reasons MDS-based instruments were chosen was their explicit focus on functional status, which is a key issue in determining the need for personal care. In addition, these assessment tools are used in other sectors of the health care arena in Texas (e.g., nursing homes, managed care, and home health), so the possibility for continuity of information across care settings was enhanced. Where necessary, the items and the training material were modified to

assure their relevance to children. In addition, a variety of items and their associated training materials were purpose-built by the research team for these assessment instruments.¹

THE DATA FOR THIS REPORT

For the first six months of using the PCAFs, DSHS case managers submitted all completed PCAFs to the Texas A&M Health Science Center project team.² These paper forms were reviewed and entered into an electronic database. Texas A&M University's Public Policy Research Institute received a total of 3,068 assessments. One hundred and seven of these assessments are not included in our analyses. Eight assessments could not be used because of high levels of missing data, and 99 of the assessments were not used because Medicaid PCS was denied. Thus, analyses presented here are restricted to data on 2,961 children included in the PCS program; the PCAF 0-3 data included 201 children; the PCAF 4-20 data included 2,760 children.

However, these assessments represent slightly more than one-half of the children receiving PCS. In Texas, 5,493 children were participating in the Medicaid PCS program in April, 2009 when all data collection ended. The research team obtained PCS program data on the gender, age, and region of the state for this entire population of children using PCS. Combining this information with the project data, the research team weighted these 2,961 assessments so that they provided estimates applicable to the entire population of 5,493 children receiving PCS in Texas during the spring of 2009. Seven percent of this population was under the age of four, while 93 percent were from four to twenty years of age.³

¹ The MDS-HC[®] was developed by interRAI, which is an international organization of health professionals in more than 30 countries. interRAI is dedicated to the development of assessment instruments for vulnerable populations around the world. More information on interRAI can be obtained www.interrai.org.

² Nine of the eleven state health regions provided PCAF data from September 2008 through February 2009. Implementation was delayed in two regions because of the demands placed on DSHS staff by hurricane damage. These regions supplied data from December 2008 through March 2009.

³ Managed care organizations completed PCAF assessments, but they were not submitted to the research team for inclusion in this report.

The weighting process is described in greater detail in Appendix A: Methodological Notes. The frequency distributions for the responses to each item in each instrument are provided in Appendices B and C. Copies of the assessment forms appear in Appendices D and E.⁴

THE STRUCTURE OF THE REPORT

Subsequent chapters in this report will only provide information on responses to items in various sections of each PCAF instrument; information on all items in each form will not be discussed in these summary chapters. Specific items may not be discussed for a variety of reasons. Some prevalence rates were so low that they did not deserve attention in a summary report. For example, the research team estimated that no children under four years of age and receiving PCS had hemophilia. In other instances, information in the summary chapters on some items was condensed into fewer categories than appear on the instrument. Some items have relatively complex response sets; for example, in the PCAF 4-20 all items measuring functionality in ADLs are scored on a scale from zero to five. Other items were omitted from these chapters because the research team wanted the summary chapters to emphasize some of the most important results, while remaining a manageable size.

Readers who desire detailed information on specific items can find that information in the appropriate report appendix. In addition, the exhibits presented in the text do not display standard errors for our estimates. Such items introduce a great deal of “clutter” into a presentation largely aimed at stakeholders rather than behavioral scientists. Standard errors, however, are presented with the frequency distributions in the appendices.

⁴ Throughout this report, the reported “N” in the text or tables may differ slightly from this total because of missing data or rounding.

Chapter Two presents basic demographic and geographic information about all the children in Texas receiving PCS during the study period. Chapter Three presents the descriptive data for the population of children four through twenty years of age who received Medicaid PCS in the early months of 2009. Chapter Four presents the data for those children fewer than four years of age who received PCS during this same time period. Again, Chapters Three and Four touch only on the highlights of the data for these populations; full information on all assessment items for each population appears in Appendices B and C.

THE PCAF ASSESSMENTS AND THE PCS PROGRAM

At the outset of this report, certain aspects of the assessments completed to ascertain a child's need for Medicaid PCS should be made clear.⁵ One must remember that the children eligible for PCS include individuals who vary tremendously in their developmental stage and in the conditions that qualify them for Medicaid PCS. The client's developmental stage is always a consideration in PCS decisions. The functional tasks one expects a 6 year-old to be able to do independently are worlds apart from tasks one expects a 20 year old to be able perform independently. In addition, different medical, behavioral, or developmental conditions result in different constellations of functional impairments. These impairments can also vary dramatically in both the scope and intensity of their effects on a child's ability to function. Finally, children applying for or receiving PCS live in environments where the barriers to, and the supports for, functional independence may differ to a considerable degree.

Thus, the assessment process for PCS emphasizes three issues related to a child's functional performance and living environment.

⁵ On a procedural note, PCAF assessments are completed in the physical presence of both the child and responsible adult.

- First, how much assistance does the child need to perform a functional task (e.g., bathing, dressing, meal preparation)?
- Second, is the child's ability to perform, or assist with performance of, a functional task affected by the child's medical, developmental, or behavioral health condition(s)?
- Third, is there some barrier that reduces the responsible adults' ability to provide the assistance needed to perform a functional task?

All three issues are crucial to the PCS program. Medicaid PCS can only be approved if an assessment indicates that assistance is needed to perform a functional task, assistance with that task is needed because of the child's medical, behavioral, or developmental problem(s), and that needed assistance cannot be provided by responsible adults in the household.

CHAPTER TWO

GEOGRAPHY AND DEMOGRAPHY

The data provided by the Department of State Health Services (DSHS) included all PCAF assessments completed by DSHS during the study period. There are some differences in items and responses between the two PCAF instruments. In addition, the group composed of newborns to three year olds differs significantly from the group composed of children four to twenty years old. These younger children differ dramatically from their older counterparts in the degree to which they are expected to independently provide their own personal care. In addition, the assistance caregivers need to provide personal care services will differ between these two populations. For example, for some older children two-person assistance was needed for transfers or the completion of other ADL tasks. For these reasons, data for these two different age groups are combined only in this chapter.

Exhibit 2.1 displays the distribution of the children receiving PCS across the 11 health regions in the state.⁶ As the table illustrates, most regions served roughly the same percent of the state's children who were under four years old as they did children who were four to twenty. So, if a region served ten percent of the state's PCS population of children aged four to twenty years of age, then it was very likely to serve close to ten percent of the state's PCS population fewer than four years of age.

⁶ As noted earlier, the entire population totaled 5,493. Total figures presented in this report may vary slightly from exhibit to exhibit due to missing data or rounding.

EXHIBIT 2.1: DISTRIBUTION OF CHILDREN BY HEALTH REGION (N= 5,492)			
REGION	OFFICE	CHILDREN UNDER 4 (PERCENT)	CHILDREN 4 TO 20 (PERCENT)
1	Lubbock	3	2
2	Arlington	0	1
3	Arlington	5	6
4	Tyler	5	5
5	Tyler/Houston	1	2
6	Houston	14	14
7	Temple	8	6
8	San Antonio	14	13
9/10	El Paso	5	5
11	Harlingen	44	47
TOTAL PERCENT ^v		100	100
TOTAL NUMBER		373	5,119
^v Percentages may not equal 100% due to rounding.			

Exhibit 2.2 displays the age and gender distribution of the entire population of children receiving PCS. The distribution of children across the ages from 0-20 was relatively even. If the population was evenly distributed across all ages, one would expect to see approximately five percent of the population at each year of age. That was roughly true, except for those children under four years of age. The age groupings displayed were used because in many instances little difference occurred in the gender distribution for “adjacent” ages. The chosen groupings emphasize any differences that appeared across the age distribution. Within the population as a whole, males predominated (57% vs. 43%). That pattern held for almost all age groups. The exceptions were among the children 3 years old and under, where females dominated and those 18-20 where the gender distribution was relatively even.

EXHIBIT 2.2: AGE AND GENDER DISTRIBUTION OF CHILDREN RECEIVING MEDICAID PCS^y				
AGE (YEARS)	MALE (PERCENT)	FEMALE (PERCENT)	NUMBER OF CHILDREN	PERCENT OF TOTAL
Less than 1	29	71	33	1
1	48	52	112	2
2	31	69	93	2
3	45	55	133	2
4-5	60	40	485	9
6-12	63	37	2,204	41
13-17	58	42	1,365	25
18-20	49	51	980	18
TOTAL	57	43	5,404	100
^y Percentages in exhibits may not equal 100% due to rounding. Totals may vary slightly from exhibit to exhibit due to weighting, missing data, rounding, or some combination of these factors.				

CHAPTER THREE

CHILDREN FOUR TO TWENTY YEARS OF AGE RECEIVING PCS

This chapter presents frequency distributions for some of the assessment items for children aged four to twenty years old. Information on those items not highlighted in this chapter can be found in Appendix B. Most of the assessment data used in the study was gathered on the children already receiving PCS and having their semi-annual reassessment (69%). Only 27 percent of the assessments were intake assessments; fewer than 5 percent of the assessments during the study period occurred for other reasons (e.g., a significant change in health status, household circumstances, or care needs).

The vast majority of these children were attending school. Forty-one percent were in elementary school; 19 percent were attending middle school; just over one-quarter of the children were in high school (25.3%). Less than one percent attended college, and less than one percent attended kindergarten.

The children four to twenty years old receiving PCS often had multiple diagnoses, conditions, or disorders. The DSHS case manager identified into which of three population groups a child might be classified. They indicated whether the child was facing only medical challenges, only psychiatric, behavioral, or developmental challenges, or both types of challenges. Children facing both medical and psychiatric/behavioral/developmental challenges comprised just over half of the children in the PCS population (51.4%). The remaining children were categorized as facing only medical (23.2%) or only psychiatric/behavioral/developmental

(25.5%) challenges, though children in these groups could face either multiple medical or multiple behavioral challenges.⁷

SPECIFIC DIAGNOSES, PROBLEMS, AND CONDITIONS

The most common medical diagnoses for these children were asthma (24.7%), cerebral palsy (23.4%), or some chronic seizure disorder such as epilepsy (28.6%). Just over ten percent (10.2%) of the children suffered from some form of paralysis -- paraplegia, tetraplegia, or quadriplegia. The prevalence rates for a variety of other conditions hovered near five percent. These included hydro/microcephaly, apnea, congenital heart disorder, spina bifida or some other spinal cord injury, and traumatic brain injury. All other listed diagnoses exhibited significantly lower prevalence rates.

Behavioral, psychiatric, or developmental problems were often present among children receiving PCS. Exhibit 3.1 provides information on the prevalence of these problems. It is important to note that an individual child may have more than one of these disorders. For example, many of the children diagnosed with disruptive behavior disorder may also have attention deficit disorder. The disorder with by far the highest prevalence was intellectual disability (ID), often referred to as mental retardation/developmental disability or MR/DD. Almost one-half (46.6%) of the children had a diagnosis of some type or level of developmental disability. One-quarter of all the children had a diagnosis of attention deficit disorder. Autism, anxiety, depression, and disruptive behavior had prevalence rates ranging between 10 and 17 percent. As one would expect, the prevalence of psychotic disorders was much lower, but it was not absent in this population of community-dwelling children.

⁷ From this point forward, the terms psychiatric, behavioral, and developmental conditions will be condensed into the term “behavioral health” or simply “behavioral” conditions, etc.

EXHIBIT 3.1: PREVALENCE OF BEHAVIORAL, PSYCHIATRIC OR DEVELOPMENTAL PROBLEMS IN CHILDREN FOUR TO TWENTY YEARS OLD (N= 5,100)		
DISORDER OR PROBLEM	NUMBER OF CHILDREN	PERCENT OF CHILDREN 4 TO 20
Intellectual disability	2,385	46.6
Anxiety disorder	669	13.1
Autistic disorder	855	16.7
Attention deficit disorder	1,280	25.0
Disruptive behavior disorder	519	10.1
Mood disorder	715	14.0
Down syndrome	354	6.9
Psychotic disorder	143	2.8

The medical, behavioral, and developmental problems with which these children and households were dealing resulted in a variety of conditions that profoundly affected their personal care. A little over one-third of the children had restricted range of motion in their limbs. Fifteen percent were bed-bound or chair-fast, almost 17 percent had problems with chronic pain, and almost 13 percent had a problem with falling.

COGNITIVE FUNCTION

A child's ability to independently perform the activities considered under the PCS benefit is not simply a function of their physical conditions (e.g., chair-fast) or medical diagnoses (e.g., arthritis). It is also a function of the child's cognitive function. A child of four and a young person of twenty are unlikely to be at the same developmental stage cognitively. Nonetheless, a problem with cognition in either individual may significantly affect their ability to care for themselves or to help others care for them.

Most of the children four to twenty years old receiving PCS faced some level of cognitive challenge. Over half of the children had problems with short-term memory, and over half had problems with long-term memory. Four out of five (82%) needed cueing or monitoring to complete most or almost all multiple-step tasks (e.g., go to your room, get your shoes, and bring

them back to me in this room). Their ability to make safe or reasonable decisions in their everyday lives (see Exhibit 3.2) was also compromised. Almost 46 percent of the individuals aged 4 to 20 and receiving PCS were completely dependent on others for safe, reasonable decisions.

EXHIBIT 3.2: COGNITIVE SKILLS FOR DAILY DECISION-MAKING IN CHILDREN FOUR TO TWENTY YEARS OLD (N= 4,993)		
INDEPENDENCE IN DECISION-MAKING	NUMBER OF CHILDREN	PERCENT OF CHILDREN 4 TO 20
Independent	592	11.9
Modified independence	822	16.5
Moderately dependent	1,305	26.1
Completely dependent	2,274	45.5
TOTAL	4,993	100.0

BEHAVIOR PATTERNS

The assistance someone needs with their own personal care depends in part on the level of cooperation between the caregiver and the care recipient. Within this population, barriers to smooth cooperation existed frequently. These barriers often manifested themselves in behaviors that made caregiving more difficult (see Exhibit 3.3). One of the most relevant considerations related to PCS was the degree to which a care recipient resisted ADL care. Just over one-third of the children receiving PCS resisted assistance with ADL help in the 30 days prior to their assessment. Over 28 percent engaged in physically abusive behavior, and almost 18 percent tried to injure themselves during that same period.

EXHIBIT 3.3: PROBLEM BEHAVIORS IN CHILDREN FOUR TO TWENTY YEARS OLD (N= 4,966-4,985[§])	
PROBLEM BEHAVIORS MANIFESTED IN LAST 30 DAYS	PERCENT OF CHILDREN 4 TO 20
Resists ADL assistance	34.8
Socially inappropriate/disruptive	30.7
Physically abusive	28.6
Injury to self	17.8
Resists therapy/treatments	15.9
Deliberate damage to property	12.5
[§] Totals for each item differ slightly because of missing data	

BLADDER AND BOWEL CONTINENCE

Another important aspect of personal care revolves around the client's ability to control his or her bladder and bowel function. An inability to control these functions constitutes an additional burden on caregivers. In the PCAF 4-20 data, less than one-third (31.1%) of children had complete control over their bladder function. A higher percentage (38.6%) had either no or very little control over their bladder and was always or almost always incontinent. Fewer PCS clients among this group of children had problems with bowel control. Almost two in five (39.7%) had full control over their bowels. But, 37 percent were always or almost always incontinent of bowel.

Nighttime incontinence can present special problems. It affects both caregiver strain and the level of assistance needed. Three in five (60.4%) of the PCS population from four to twenty years old had an episode of nighttime incontinence in the week prior to their PCAF assessment.

PHYSICAL FUNCTION

A child or a caregiver's ability to perform IADLs such as meal preparation, medication assistance, and laundry constitutes one type of assistance that can be provided as part of Medicaid PCS. The performance of ADLs such as positioning, transferring, mobility, dressing, and bathing comprise the other crucial dimension of that assistance.

However, in assessing children's needs in these two arenas, one must be cognizant that children aged four to twenty years of age represent a wide range of developmental stages. For example, one might expect a twenty year-old to be able to prepare a meal, but one would certainly not expect a five year-old to be independent in meal preparation. For that reason, the PCAF instruments ask two questions about each IADL and ADL. The first of these is how independent the client is in performance of each activity. The second question is whether the child's condition affects the performance of the task (i.e., makes it more difficult or makes it take longer to complete).

For example, a six year-old child may be totally dependent in meal preparation, but the child's condition doesn't make meal preparation more difficult or more time-consuming. In such an instance, no PCS is needed. However, if the child's condition demands a special diet that requires extra time or the child's behavior problems interfere with meal preparation, then PCS may be needed. The information presented in Exhibit 3.4 and Exhibit 3.5 reflects this reality. They present more detailed information on the functional needs of those children whose condition affected their needs for assistance with an IADL or ADL.⁸

Exhibit 3.4 presents information on the levels of impairment of children whose special needs affect their own, or their caregiver's, performance of IADLs. Between one-third (laundry=33.7%) and two-thirds (telephone use=67.6%) of the children receiving PCS were independent in these IADLs, or their condition did not affect their dependency in the task. Total dependence ranged from 24.1 percent in telephone use to 54.3 percent in laundry.

⁸ For the purposes of Medicaid PCS, the ability of responsible adults to assist with ADL/IADL tasks must also be considered. However, this section of the report focuses solely on measurement of physical function and impairment.

EXHIBIT 3.4: ABILITY TO PERFORM IADLS AMONG THOSE CHILDREN FOUR TO TWENTY YEARS OLD				
	CONDITION AFFECTS IADL PERFORMANCE			
IADL	NO EFFECT OF CONDITION OR INDEPENDENT (PERCENT)	SET-UP, CUEING, REDIRECTION (PERCENT)	LIMITED OR EXTENSIVE ASSISTANCE (PERCENT)	COMPLETELY DEPENDENT (PERCENT)
Meal preparation	35.5	4.1	12.9	47.4
Medication help	49.9	5.5	6.4	38.2
Telephone use	67.6	3.4	4.9	24.1
Light housework	37.2	3.2	10.7	48.8
Laundry	33.7	2.5	9.5	54.3
Grocery shopping	54.1	0.9	4.7	40.2
Transportation ^ψ	45.7	2.3	6.1	45.9
^ψ Arranging transportation to places outside home				

Exhibit 3.5 presents similar information on these children's performance in ten ADLs. Total dependence in ADLs ranged from less than one in five (bed mobility = 18.8%) to over one-half (bathing = 53.4%). In bed mobility, positioning, eating, transfer and mobility inside or out, total dependency averaged 23.7 percent. For toilet use, dressing, personal hygiene, and bathing, average total dependence was 47.2 percent. Those ADLs in which these children were most dependent were activities that involved a number of steps or sub-tasks and a specific ordering of these tasks.

EXHIBIT 3.5: ABILITY TO PERFORM ADLS AMONG THOSE CHILDREN FOUR TO TWENTY YEARS OLD				
CONDITION AFFECTS ADL PERFORMANCE				
ADL	NO EFFECT OF CONDITION OR INDEPENDENT (PERCENT)	SET-UP, CUEING, REDIRECTION (PERCENT)	LIMITED OR EXTENSIVE ASSISTANCE (PERCENT)	COMPLETELY DEPENDENT (PERCENT)
<i>Less difficult or less complex^y</i>				
Bed mobility	71.0	1.3	8.9	18.8
Positioning	68.3	1.6	8.1	22.0
Eating	43.1	15.0	18.8	23.1
Transfer	60.4	1.7	10.0	28.0
Mobility inside	63.8	3.3	10.4	22.6
Mobility outside	54.6	4.7	13.0	27.8
<i>More difficult or more complex^y</i>				
Using toilet	18.2	10.2	27.2	44.4
Dressing	8.6	12.2	35.4	43.9
Personal hygiene	8.9	12.3	31.9	46.9
Bathing	6.0	12.0	28.6	53.4

^yThis distinction has no clear implications for the amount of time necessary to provide care for each of these tasks. It differentiates among tasks on the basis of how likely assistance is to be needed in performing these activities.

The information on individual ADLs is important, but the total amount of care needed by children is related to the number of ADLs in which assistance is needed, especially hands-on assistance. Exhibit 3.6 presents information on the total number of ADLs in which these children received hands-on assistance in the week prior to their assessment. Roughly 90 percent received hands-on assistance with at least one ADL. Almost 18 percent received hands-on assistance with all 10 ADLs. The median number of ADLs in which these children received hands-on assistance fell between four and five ADLs.

EXHIBIT 3.6: NUMBER OF ADLS IN WHICH CHILDREN FOUR TO TWENTY YEARS OLD RECEIVED HANDS-ON CARE (N=5,120)		
NUMBER OF ADLs	PERCENT	CUMULATIVE PERCENT
0	9.4	9.4
1	6.1	15.5
2	6.5	22.0
3	9.5	31.5
4	16.0	47.5
5	12.8	60.3
6	4.7	65.0
7	5.1	70.1
8	4.7	74.8
9	7.4	82.2
10	17.9	100

The information on ADLs and IADLs provides only a partial portrait of a child's needs for assistance. For example, 17 percent of these children needed two-person assistance for a transfer, while 12 percent needed two-person assistance with some other ADL.⁹ Almost a third of the children used a wheelchair as their main mode of locomotion or mobility.

A relatively small proportion of children used any specific type of assistive device or durable medical equipment (DME). For example, only four percent (4.4%) of the population use a hospital bed at home. However, when asked about the adequacy of the available assistive devices, 17.7 percent of the respondents believed that they needed new or additional DME or assistive devices.

HOUSEHOLD RESOURCES

Primary caregivers or responsible adults faced a number of situations that affected their ability to provide care to their child with special health care needs. The most common barriers to

⁹ These percentages are not mutually-exclusive. Certain children who needed two-person assistance with transfer may have needed two-person assistance with some other ADL.

caregiving for the primary caregiver were work outside the home, the presence of others in the household to whom they had to provide care, or problems with strength or stamina. Over one-third (36.6%) of the caregivers worked full-time outside the home; 16.4 percent worked part-time outside the home; 10.4 percent reported some other work situation. Seventy-five percent of caregivers also cared for other children, most commonly one or two other children, but approximately five percent of caregivers were responsible for six or more children. Roughly one-half of the caregivers were responsible for other children with special needs. Just over one-half of caregivers (53.5%) reported that their sleep was often interrupted during the night by the child's special needs, and almost half (49.2%) reported that problems with strength or stamina made them unable to assist the child with some IADLs or ADLs.

STRENGTHS, NEEDS, AND CARE

Exhibit 3.7 displays the results of the analyses of the types of tasks for which caregivers were most, or least, likely to request PCS assistance. By far, the most common requests were for PCS to assist with toilet use, dressing, personal hygiene, and bathing, with between 78.9 and 88.1 percent of caregivers or clients requesting PCS assistance with these tasks. Assistance with medication administration, telephone use, and arranging transportation were the least common types of requests.

The most common reasons for the denial of PCS services for a specific task were the case manager's determination that (1.) there was no functional limitation in the task for which assistance was requested, (2.) a functional limitation existed but that the limitation was not a result of the child's qualifying condition(s), or (3.) the case manager believed that responsible adults could meet that need without PCS assistance. The information in Exhibit 3.7 concerns case managers' responses to requests for PCS assistance with specific IADLs or ADLs.

EXHIBIT 3.7: PCS ASSISTANCE FOR SPECIFIC TASKS AMONG THOSE FOUR TO TWENTY YEARS OLD[¥]		
ASSISTANCE REQUESTED FOR THE ACTIVITY	PERCENT REQUESTING & RECEIVING PCS[€]	PERCENT REQUESTING & DENIED PCS[^]
IADL		
Meal preparation	49.8	8.3
Medication help	17.9	11.5
Telephone use	8.3	6.4
Accompaniment	25.5	8.2
Light housework	47.9	8.2
Laundry	54.1	7.6
Grocery shopping	21.5	8.4
Arranging transportation	10.7	9.4
Escort for appointment for care	20.1	6.6
ADL		
Bed mobility or positioning	24.4	3.3
Eating	48.5	4.8
Transfer	35.0	2.8
Mobility inside or outside	31.3	3.0
Using toilet	78.9	1.7
Dressing	90.2	2.2
Personal hygiene	87.8	2.8
Bathing	90.7	2.2

[¥] Exhibit 3.7 includes only specific requests for assistance with tasks. Those who made no specific request for assistance with the task do not appear in this exhibit.

[€] This is the proportion of the total population who requested and received assistance for the task.

[^] This is the proportion of the total population who requested task assistance, and the request was denied.

The data in Exhibit 3.7 do not speak to the overall PCS denial rate. Only approximately three percent of the children ages four to twenty seeking PCS assistance were completely denied PCS services.

Among those receiving PCS, their levels of need varied considerably, as did the number of hours of PCS that case managers approved.¹⁰ The average number of hours approved for children from 4 to 20 years old was 25.5 hours per week. Half of those receiving PCS hours

¹⁰ The hours discussed in this report are those approved by the case manager and noted on the PCAF. These hours may have been modified after the assessment by administrative action or by appeals.

were allocated fewer than 22.1 hours per week, while the remaining half received more than that number of hours of assistance. The most common number of hours awarded was 21.0 hours. Exhibit 3.8 presents the research team's estimates of the distribution of PCS hours approved by case managers. Ten percent of the population, over 500 children, received more than 44 hours of PCS, while 10 percent received less than 10 hours of PCS.¹¹

EXHIBIT 3.8: DISTRIBUTION OF PCS HOURS ALLOCATED FOR CHILDREN FOUR TO TWENTY YEARS OLD	
POPULATION PERCENTILE	NUMBER OF HOURS
90th	44.3
75th	32.5
50th	22.1
25th	15.0
10th	10.0

Case managers indicated that 64 percent of respondents made no request for a specific number of PCS hours. Thirty-two percent made a request for a specific number of hours, and the case manager approved PCS hours equal to, or greater than, the requested hours. In only four percent of the cases did case managers approve fewer hours than were requested.

¹¹ The factors associated with differences in the hour allocations will be examined in a later report. This is a report on PCS services, so those PCAF assessments that resulted in no services are not included in these totals.

CHAPTER FOUR

CHILDREN UNDER FOUR YEARS OF AGE RECEIVING PCS

Information on the youngest children receiving Medicaid PCS services appears in this chapter. More details on these data are displayed in Appendix C. Case managers indicated that just over half of the PCS population under four years old (52.4%) had a medical condition alone that qualified them for services, while almost forty percent (37.5%) had both a medical and a behavioral or developmental problem to be addressed by the Medicaid PCS program. The remaining 12 percent were classified as having only a behavioral or developmental problem with no accompanying medical conditions.

SPECIFIC DIAGNOSES, PROBLEMS, AND CONDITIONS

Exhibit 4.1 provides prevalence rates for the most common disorders and conditions reported for this vulnerable group. Respiratory disorders, intellectual disability, and seizure disorders were the most common problems faced by these children. Roughly one in five of these children had congenital brain or heart disorders. Almost 15 percent were noted for their “failure to thrive.” In terms of sensory deficits, almost 18 percent had impaired hearing, while just over 29 percent had impaired vision. Almost one-third (32.6%), even at this early age, had been identified as having some type or level of intellectual disability (ID), and some (11.9%) displayed pervasive developmental problems such as autism.

EXHIBIT 4.1: PREVALENCE OF MEDICAL, BEHAVIORAL, OR DEVELOPMENTAL PROBLEMS IN CHILDREN UNDER FOUR YEARS OLD (N= 375)		
DISORDER OR PROBLEM	NUMBER OF CHILDREN	PERCENT OF CHILDREN
Asthma/respiratory disorder	127	33.8
Intellectual disability	122	32.6
Seizure disorder	109	29.0
Micro/Hydrocephaly	82	22.0
Cerebral palsy	57	15.2
Congenital heart disorders	52	14.0
Failure to thrive	55	14.7
Autistic disorder	45	11.9
HEALTH CONDITIONS		
Contractures	49	13.0
Recurrent aspirations	46	12.2
Shortness of breath	41	10.8
SENSORY PROBLEMS		
Impaired vision	109	29.1
Impaired hearing	66	17.7

BEHAVIOR PATTERNS

Although young, these children exhibited behaviors that may have been problematic for both their formal and informal caregivers. A third of these children resisted ADL care; a third experienced disturbed sleep; almost a quarter (23.6%) engaged in repetitive behaviors (e.g., rocking, finger movements, etc) that interfered with normal activities. Perhaps most troubling of all, almost one in five (17.9%) engaged in self-injurious behavior.

NURSING NEEDS AND URGENT CARE USE

These children had a variety of nursing needs because of the high prevalence of medical conditions. Just over one in five (20.1%) of these children required feeding tubes, and more than one in nine used oxygen (11.8%). Though relatively small in absolute numbers these children made considerable use of acute care and of emergency medical services; 18.9 percent had an

unplanned visit to a physician in the last 30 days, while 11 and 14 percent, respectively, visited the ER/ED or were admitted to a hospital.

EXHIBIT 4.2: MEDICAL, NURSING, OR EMERGENCY SERVICE NEEDS FOR CHILDREN UNDER FOUR YEARS OLD (N= 375)		
TYPE OF NEED OR SERVICE	NUMBER OF CHILDREN	PERCENT OF CHILDREN
MEDICAL/NURSING NEEDS		
Feeding tube	76	20.1
Medication management	57	15.3
Unstable medical condition	48	12.8
Nasopharyngeal suctioning	45	12.0
Oxygen	44	11.8
USE OF EMERGENCY MEDICAL SERVICES IN LAST 30 DAYS		
Urgent (unplanned) visit to physician	59	18.9
Emergency room visit	38	11.4
Hospital admission	50	14.0

THERAPY USE

These children were also likely to be receiving services other than PCS. More than two-thirds of them (65.9%) were receiving physical therapy; almost as high a proportion (62.1%) were receiving occupational therapy; just over three in five (61.6%) were receiving speech therapy. Depending on the type of therapy, between 6.7 percent and 8.1 percent of these children were reported in need of specific therapies that they were not receiving. Because of this, case managers reported that 13.5 percent of these children needed to be assessed for further therapy or treatment needs.¹²

PHYSICAL FUNCTION

Like their older counterparts, these children's need for PCS was highly dependent on their functional status. Unlike their older counterparts, who were four to twenty years of age,

¹² The total percent suggested for referral may include children suggested for referral for assessments related to multiple types of therapy.

these children would not be expected to perform any IADLs and very few ADL tasks independently. In fact, bed mobility or positioning in a chair would be among the few ADLs one might expect them to do without assistance. So, the basic question for the PCS program became “whether the child’s condition or special circumstances” affected the amount of assistance required of caregivers as they provided ADL care and carried out an IADL task? Did the child’s condition(s) make the task take longer or did it require two-person assistance? This information on whether a child’s condition affected the performance or completion of each IADL and ADL appears in Exhibit 4.3.

Generally, the child’s condition had less effect on IADLs than on ADLs. For example, less than a quarter of the children had conditions that affected the responsible person’s ability to grocery shop or administer medication. The IADLs most likely to be affected were the responsible person’s ability to do light housework or laundry.

The picture is somewhat different for ADLs. Those ADLs for which assistance was needed less frequently were bed mobility, positioning, locomotion inside the home, and transfers. Almost two-thirds to over 80 percent of responsible persons reported that the child’s needed assistance in using the toilet, for personal hygiene, for eating, for dressing, or for bathing. For all ADLs, an indication of assistance being needed meant that the child’s ability to perform the task, or assist with the task, was compromised by her or his condition. Either more time was required, or two persons were needed to accomplish the task.

EXHIBIT 4.3: PREVALENCE OF INSTANCES IN WHICH THE CHILD'S CONDITION AFFECTED ADL/IADL ASSISTANCE IN CHILDREN UNDER FOUR YEARS OLD (N= 375)		
TYPE OF ACTIVITY	CONDITION AFFECTED PERFORMANCE	
	NUMBER	PERCENTAGE
IADLS		
Grocery shopping	86	22.9
Medication help	91	24.2
Meal preparation	128	34.2
Arranging Transportation	128	34.0
Light housework	159	42.5
Laundry	166	44.6
ADLS		
Bed mobility	103	27.5
Positioning	151	40.3
Mobility inside	173	46.2
Transfer	180	48.0
Using toilet	242	64.6
Personal hygiene	253	67.2
Eating	260	69.4
Dressing	284	75.7
Bathing	307	81.8

The overall picture of the degree to which conditions affected ADL needs is found in Exhibit 4.4. Eleven percent of the children had conditions that affected either none or only one ADL. Roughly half had conditions that affected the performance of five or more ADLs.

EXHIBIT 4.4: FOR CHILDREN UNDER FOUR YEARS OLD, THE NUMBER OF ADLs IN WHICH THE CHILD'S CONDITION(S) AFFECTED ADL ASSISTANCE NEEDS (N=375)	
NUMBER OF ADLs	CUMULATIVE PERCENT OF CHILDREN
1	11.0
3	24.1
5	53.7
7	76.6
8	87.9
9	100

HOUSEHOLD RESOURCES

In terms of the challenges or barriers to caregiving by responsible adults, one-third worked full-time while just over 17 percent had some other type of working arrangement. Eighty-four percent had additional children for whom they provided care; over half had either two or three other children. For over one-half of those with other children (53.6%), one or more of those children also had special health care needs. Almost two-thirds (64.8%) of caregivers experienced interrupted sleep because of the child's needs for assistance, and almost one-third (30.6%) had a physical limitation (e.g., strength, range of motion, stamina) that made it impossible for them to assist the child with at least some ADLs or IADLs.

STRENGTHS, NEEDS, AND CARE

As Exhibit 4.4 indicates, the most common requests for assistance came in the ADLs. On average, roughly 56 percent of all responsible adults or primary caregivers requested assistance with more complex tasks like eating, using the toilet, dressing, personal hygiene, and bathing. These requests almost always resulted in the approval of PCS assistance. Requests for IADL assistance were somewhat less likely to receive a positive response.

The most common reasons for a negative response were that the child had no impairment related to their qualifying condition(s) that created a special burden for those providing care. The exception to this came in requests for assistance with medication administration. The most common reason for a negative response to requests for assistance with that task was that the case manager felt that the assistance of a medical professional, rather than a home health aide, was needed for the task. This was also the task for which caregivers were least likely to request assistance.

EXHIBIT 4.5: PCS ASSISTANCE REQUESTED AND APPROVED FOR CHILDREN UNDER FOUR YEARS OLD[¥]		
ASSISTANCE WAS REQUESTED FOR A SPECIFIC ACTIVITY	PERCENT REQUESTING & RECEIVING ASSISTANCE[€]	PERCENT REQUESTING & DENIED ASSISTANCE[^]
IADLS (mean = 65.1%)		
Meal preparation	28.7	13.9
Medication help	5.7	16.5
Laundry	37.7	7.7
Light housework	36.5	10.0
Grocery shopping	12.5	8.4
Arranging transportation	25.5	10.2
Escort for appointment for care	19.7	8.4
ADLS (mean = 85.8%)		
Bed mobility or positioning	28.8	5.4
Eating	52.9	14.0
Transfer	40.3	6.2
Mobility inside or outside	33.9	7.6
Using toilet	65.6	8.9
Dressing	71.7	9.4
Personal hygiene	63.6	9.3
Bathing	80.0	8.1

[¥] This table includes only those individuals requesting PCS assistance with an ADL or ADL task.

[€] This is the proportion of the total population who requested and received assistance for the task.

[^] This is the proportion of the total population who requested task assistance and it was denied.

The distribution of hours of PCS (see Exhibit 4.6) authorized for children less than four years of age was relatively similar to the distribution seen for those clients from four to twenty years of age. The average number of hours authorized was 23.8 hours per week. Only 10 percent of these authorizations were for less than 8 hours of assistance, and 10 percent were authorized to receive over 42 hours of PCS care per week. One-half of these children were authorized to receive between 15 and 30 hours of PCS per week.

EXHIBIT 4.6: DISTRIBUTION OF PCS HOURS ALLOCATED FOR CHILDREN UNDER FOUR YEARS OLD	
POPULATION PERCENTILE	NUMBER OF HOURS
90th	42.2
75th	30.0
50th	21.8
25th	15.0
10th	8.3

Again, roughly two-thirds of the responsible adults made no request for a specific number of PCS hours of assistance. Hours authorized were less than the number of hours requested for only 8.5 percent of this population. In total, only eight percent of the children under the age of four were denied PCS assistance entirely after they were assessed.

APPENDIX A

METHODOLOGICAL NOTES

TRAINING OF CASE MANAGERS

Training materials provided detailed discussions of the use of the two assessment forms, one for ages 0-3 and the other for ages 4-20. A training manual was produced for each participant to serve as a guide during the training and as a reference for use during implementation.

Training occurred between August 5th and August 7th. Case managers, regional managers, and state staff participated, as well as representatives of managed care organizations providing Medicaid services. Training on the assessment form was presented by project personnel from the Texas A&M Health Science Center School of Rural Public Health and Texas A&M University's College of Education and Human Development and Public Policy Research Institute. Personnel from the Texas Department of State Health Services assisted in the training, particularly as it related to the allocation of hours for personal care services and Medicaid policy. Approximately 20 hours was spent on the training over a period of three days.

A general overview and rationale was presented, followed by a detailed discussion of each of the items in the evaluations. The discussion contained examples illustrating the application of assessment item to the evaluation of clients. The training also included a detailed discussion of the using the collected assessment information to make decisions about hours that would be approved by the case managers. In addition to presentations for the entire group being trained there were breakout sessions that allowed for more interaction between the trainers and the assessors. During these sessions, a series of scenarios were presented, and each assessor used the assessment form to evaluate each case. After each case was evaluated individually, the group collectively discussed the evaluations and worked toward a consistent understanding of the evaluation process.

DATA COLLECTION

Data were collected as a part of the regularly required evaluation process by the state caseworkers who routinely complete assessments. These could either be reassessments of existing cases or new assessments of prospective cases. The intention was to collect all assessments during the six months starting September 1, 2008. The initial goal was to receive at least, 2,000 PCAF assessments from all regions during the 6 months of data collection.

Due to hurricane Ike striking the Texas coast on September 13 of 2008, data collection in Region 5S and Region 6 proceeded on a different timeline than the other regions. With the hurricane, these areas were forced to evacuate and relocate, PCAF assessments stopped for the fall months in these regions. Routine assessments from these areas were not started until December and the decision was made to extend data collection in those two regions until April 30, 2008.

Each regional office was supplied with pre-paid postage and address labels. Case managers were instructed to make a copy of each assessment completed to be kept in the DSHS regional case file, while the original should be sent to the Public Policy Research Institute (PPRI) at Texas A&M University via the prepaid postage.

In all, PPRI received 3,060 assessments, with 2,842 of those assessments coming from the age 4-20 group and 218 in the age 0-3 group¹³. The distributions of these evaluations across regions are presented in the following tables:

¹³ These numbers include assessments that received no hours which were not discussed in the main body of the report.

EXHIBIT A.1: DISTRIBUTION OF THE RETURNED 4-20 EVALUATION FORMS BY PUBLIC HEALTH REGION													
Region	1	2	3	4	5N	5S	6	7	8	9	10	11	Total
Number of PCAFS	76	7	166	90	29	16	351	185	396	69	103	1354	2842
% Total	2.7	0.2	5.8	3.2	1.0	0.6	12.4	6.5	13.9	2.4	3.6	47.6	100.0

EXHIBIT A.2: DISTRIBUTION OF THE RETURNED 0-3 EVALUATION FORMS BY PUBLIC HEALTH REGION													
Region	1	2	3	4	5N	5S	6	7	8	9	10	11	Total
Number of PCAFS	11	0	4	6	4	2	29	21	37	5	5	94	218
% total	5.1	0.0	1.8	2.8	1.8	0.9	13.3	9.6	17.0	2.3	2.3	43.1	100.0

There was some variation between the numbers of assessments collected and the number we would have expected based in the distribution of Medicaid clients. This was due in part to the fact that data collection occurred for five months rather than six in the two regions affected by the hurricane. Further, it appears that not all assessments were returned from some regions. To deal with this in the analysis the data were weighted to reflect the number of children in each region on Medicaid in those age groups. The annual count was used so that the weighted data estimated the annual number of assessed cases.

A total of 168 case managers conducted the 3,060 assessments. The number of case workers in each region that returned completed PCAFs varied from 1 (Region 5 N) to 42 (Region 11). The average number of assessments per case manager was also calculated and varied from 3.5 (Region 2) to 34.5 (Region 11). Over all the regions, the average number of assessments per case manager was 18.2.

EXHIBIT A.3: NUMBER OF CASE MANAGER ASSESSORS WITH PRODUCTIVITY BY REGION			
Region	Number of case Managers	Total number of assessments	Average number of assessments per case manager
1	10	87	8.7
2	2	7	3.5
3	22	170	7.7
4	12	96	8.0
5N	7	33	4.7
5S	1	18	18.0
6	27	380	14.1
7	13	206	15.8
8	18	433	24.1
9	6	74	12.3
10	8	108	13.5
11	42	1448	34.5
Total	168	3060	18.2
	Median number of assessments per case manager		11.5
	Mode number of assessments per case manager		3
	Minimum number of assessments per case manager		1
	Maximum number of assessments per case manager		71

Most of the assessments were completed in English; however Spanish language instruments were available. The Spanish language version was used 51 times (1.79% of the time) in the age 4-20 assessments and 4 times (1.83% of the time) in age 0-3 assessments.

MODIFICATION OF THE INSTRUMENTS

Minor modifications had to be made to the instruments once data collection had begun. One change was to add an “Other (specify)” to the list of “Behavioral Patterns: Signs and Symptoms in the last 30 days (G.1). Another change was to add “Escort to appointment health care services” as one of the categories used when asking about the amount of personal care services in a week (O.2). The information was coded and entered into the electronic database so that there were no differences in the data from the different forms.

DATA ENTRY, VERIFICATION AND CREATION OF DATABASE

Data were manually entered and verified by re-entering the same data. The first entry was compared to the second at the time of verification. If there was a discrepancy, the entry operator re-entered the correct response. The entry software was programmed to allow only data that was requested in the field. In other words, if a response could only be a numeric between 1 and 3, an attempt to enter another number resulted in an error indicated to the operator, who would then enter the correct response. These procedures minimized errors in the final data.

Reading the data into a database for analysis involved producing data maps showing the location of each response on the data records, indicating the type of data, defining labels for each question, and, when appropriate, producing labels for response codes. This was done separately for each of the two instruments. Using this database, it was further possible to identify possible errors or inconsistencies in the data, which were resolved by inspecting the original forms.

DETERMINATION OF WEIGHTS

As a function of the way in which the population was sampled, there were effectively different sampling rates for the months during which the data collected and different rates for the state health regions. The different rates for months would only be a factor if the cases that fell into particular months were not the same as those in other months. We assumed that there could be variation in the kinds of cases that might be evaluated by month and so we wanted to insure that the sample reflected the actual distribution of cases by month. Having different rates for regions was an issue because we know that the kinds of cases did differ by regions and so that to the extent that some regions are over or under sampled.

We were able to obtain the number of cases evaluated by month and the number of Medicaid claims for the age population by region. To construct an appropriate weight, we first

computed a weight to adjust the sample for the month in which the evaluation was completed. The proportion of cases evaluated in the month was divided by the proportion of the sample evaluated in the month. This produced a sample weighted by month. We then computed the weight for the region by dividing the proportion of the population of Medicaid claims for each region divided by the proportion of the sample in the region weighted by the month. The populations used as the basis for the weights are found in the tables below. The weight adjusting for both the month and the region is the product of the month weight and the regional weight. Finally, the combined weight was adjusted so that the sample size equaled the total size of the population of Medicaid cases (5,492) in April, 2009. Thus the weighted sample size for any group would be the actual size of the group.

APPENDIX B

DESCRIPTIVE DATA FOR PCAF 4-20

SECTION AA
CLIENT INFORMATION

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION AA – CLIENT INFORMATION

<i>AGE</i>	<i>Age</i>		<i>Std Err of Percent</i>
	<i>Weighted Frequency</i>	<i>Percent</i>	
4	200	4.0	0.39
5	285	5.7	0.55
6	332	6.6	0.58
7	340	6.7	0.54
8	275	5.5	0.49
9	299	5.9	0.53
10	282	5.6	0.51
11	325	6.4	0.62
12	352	7.0	0.60
13	300	6.0	0.59
14	310	6.2	0.64
15	229	4.6	0.45
16	268	5.3	0.53
17	258	5.1	0.51
18	290	5.8	0.51
19	358	7.1	0.60
20	332	6.6	0.57
<i>Total</i>	5033	100.0	

<i>GENDER</i>	<i>Gender</i>		<i>Std Err of Percent</i>
	<i>Weighted Frequency</i>	<i>Percent</i>	
<i>Female</i>	2093	41.4	1.13
<i>Male</i>	2962	58.6	1.13
<i>Total</i>	5055	100.0	

<i>PCS Provider Chosen</i>				
	<i>PCS</i>	<i>Weighted</i>		<i>Std Err of Percent</i>
		<i>Frequency</i>	<i>Percent</i>	
<i>Home Health Agency or PCS only Provider</i>		4087	79.8	0.89
<i>Consumer Directed Services</i>		769	15.0	0.82
<i>Service Responsibility Option</i>		142	2.8	0.32
<i>Not Indicated</i>		121	2.4	0.31
<i>Total</i>		5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION AA – CLIENT INFORMATION

<i>PCS Services Determination</i>			
<i>ADM</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Approved</i>	3092	60.4	1.09
<i>Denied</i>	8	0.2	0.07
<i>Modified</i>	391	7.6	0.56
<i>Not indicated¹⁴</i>	1628	31.8	1.06
<i>Total</i>	5119	100.0	

<i>Translator</i>			
<i>TRANS</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	4803	93.8	0.52
<i>Yes</i>	316	6.2	0.52
<i>Total</i>	5119	100.0	

¹⁴ Not indicated means the case manager did not select one of the choices of approved, denied, or modified on the assessment.

SECTION A
OTHER PROGRAM/AGENCY INVOLVEMENT

SECTION B
REASON FOR ASSESSMENT

A. OTHER PROGRAM/AGENCY INVOLVEMENT**A.1 OTHER CURRENT PROGRAM/AGENCY INVOLVEMENT WITH CLIENT/PARENT/GUARDIAN**

(DARS, DADS, WIC, MRA, MHA, DFPS, IHFS, Waiver Programs, Other)

AGENCY/PROGRAM (1)	CLIENT/FAMILY MEMBER (2)	RECEIVING/REFERRED/ APPLIED/WAITING (3)	CONTACT PERSON (4)	PHONE NUMBER (5)
a.				
b.				
c.				
d.				
e.				
f.				

B. REASON FOR ASSESSMENT AND SCHOOL SERVICES**B.1 REASON FOR ASSESSMENT**

Code: 0 = Intake assessment

1 = Scheduled reassessment

2 = Change in status assessment

3 = Other (specify): _____

☐

The information in Items B.2 is CONFIDENTIAL. The parent/guardian of the client/child is NOT required to respond to these in order to qualify for services.

B.2 SERVICES PROVIDED AT SCHOOL/DAY PROGRAM

Code: 0 = Not needed at school/day program

1 = Provided at school/day program

2 = Needed but not provided at school/day program

a.	Personal care attendant	
b.	Nursing services	
c.	Durable medical equipment	
d.	Other (specify):	

B.3 NAME OF SCHOOL OR DAY PROGRAM

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION A – OTHER AGENCY INVOLVEMENT

<i>Other Program/Agency Involvement - Agency/Program (A.1a)</i>			
<i>AGENCY1A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>DARS</i>	73	1.6	0.37
<i>DADS</i>	52	1.1	0.27
<i>WIC</i>	93	2.0	0.37
<i>MHA</i>	11	0.2	0.17
<i>DFPS</i>	5	0.1	0.04
<i>IHFS</i>	7	0.2	0.14
<i>Other</i>	4387	94.8	0.61
<i>Total</i>	4629	100.0	

<i>Other Program/Agency Involvement - Client/Family Member (A.2a)</i>			
<i>CLIENT2A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client</i>	3647	80.3	1.00
<i>Family Member</i>	162	3.6	0.37
<i>Both</i>	732	16.1	0.96
<i>Total</i>	4541	100.0	

<i>Other Program/Agency Involvement - Receiving/Referred/Applied/Waiting (A.3a)</i>			
<i>REC3A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Receiving</i>	4006	91.4	0.73
<i>Referred</i>	58	1.3	0.25
<i>Applied</i>	75	1.7	0.35
<i>Waiting</i>	247	5.6	0.61
<i>Total</i>	4384	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION B - REASON FOR ASSESSMENT

<i>Reason for Assessment (B.1)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>B1</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Intake assessment</i>	1357	26.5	1.05
<i>Scheduled reassessment</i>	3508	68.6	1.09
<i>Change in status assessment</i>	166	3.3	0.42
<i>Other</i>	82	1.6	0.33
<i>Total</i>	5114	100.0	

<i>Services Provided at School/Day Program - Personal care attendant (B.2a)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>B2_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed at school/day program</i>	3511	72.5	1.01	
<i>Provided at school/day program</i>	1174	24.2	0.95	
<i>Needed but not provided at school/day program</i>	158	3.3	0.47	
<i>Total</i>	4844	100.0		

<i>Services Provided at School/Day Program - Nursing services (B.2b)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>B2_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed at school/day program</i>	4294	88.6	0.68	
<i>Provided at school/day program</i>	498	10.3	0.63	
<i>Needed but not provided at school/day program</i>	56	1.2	0.29	
<i>Total</i>	4848	100.0		

<i>Services Provided at School/Day Program - Durable medical equipment (B.2c)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>B2_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed at school/day program</i>	4016	82.9	0.92	
<i>Provided at school/day program</i>	739	15.3	0.87	
<i>Needed but not provided at school/day program</i>	90	1.9	0.34	
<i>Total</i>	4845	100.0		

<i>Services Provided at School/Day Program - Other Services (B.2d)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>B2_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed at school/day program</i>	206	4.1	0.53	
<i>Provided at school/day program</i>	4825	95.2	0.58	
<i>Needed but not provided at school/day program</i>	38	0.7	0.25	
<i>Total</i>	5068	100.0		

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION B - REASON FOR ASSESSMENT

<i>Type of School or Day Program (B.3)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>B3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Day Care</i>	20	0.5	0.13
<i>Kindergarten</i>	25	0.6	0.15
<i>Elementary</i>	1701	40.8	1.23
<i>Middle</i>	771	18.5	1.05
<i>High school</i>	1052	25.3	1.08
<i>College</i>	41	1.0	0.21
<i>Other</i>	556	13.3	0.84
<i>Total</i>	4165	100.0	

SECTION C
DIAGNOSES AND HEALTH CONDITIONS

C. DIAGNOSES & HEALTH CONDITIONS

For C1, C2, C3, and C4: Code only for those active diagnoses that currently affect the client's functional, cognitive, or behavioral status or require treatment, therapy, or medication **AND** were diagnosed by a licensed or certified health care professional. For C5, code only for conditions or problems that currently affect the client's functional, cognitive, or behavioral status or require treatment, therapy, or medication.

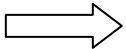
Code: 0 = No 1 = Yes, condition active and diagnosed

C.1	MEDICAL DIAGNOSES	
a.	Anemia	
b.	Apnea	
c.	Arthritis	
d.	Asthma/respiratory disorder	
e.	Cancer	
f.	Cerebral Palsy	
g.	Cleft Palate	
h.	Congenital heart disorder	
i.	Cystic Fibrosis	
j.	Diabetes	
k.	Epilepsy or other chronic seizure disorder	
l.	Explicit terminal prognosis	
m.	Failure to thrive	
n.	Hemophilia	
o.	Hydro/microcephaly	
p.	Metabolic disorders (e.g., PKU)	
q.	Muscular Dystrophy	
r.	Paraplegia/tetraplegia/quadriplegia	
s.	Pathological bone fracture	
t.	Renal failure	
u.	Spina Bifida or other spinal cord dysfunction	
v.	Substance abuse related problems at birth (e.g., fetal alcohol syndrome, cocaine dependency)	
w.	Traumatic brain injury	
C.2	OTHER MEDICAL DIAGNOSES	
a.	Specify:	
b.	Specify:	
c.	Specify:	
C.3	INFECTIONS	
a.	Antibiotic resistant infection (e.g., MRSA)	
b.	Other (specify):	
C.4	PSYCHIATRIC, DEVELOPMENTAL, OR BEHAVIORAL DIAGNOSES	
a.	Anxiety disorders (e.g., OCD, separation anxiety)	
b.	Autistic disorder or other pervasive developmental disorders (e.g., Asperger's, Rett's)	
c.	Attention Deficit Disorder or ADD	
d.	Disruptive behavior disorders (e.g., conduct disorder, oppositional defiant disorder)	
e.	Down Syndrome	
f.	Intellectual disability	
g.	Mood disorders (e.g., depression, bipolar disorder)	
h.	Schizophrenic, delusional (Paranoid), schizoaffective, and other psychotic disorders	

i.	Somatoform, eating, and tic disorders (e.g., anorexia nervosa, bulimia, pica)	
j.	Other (specify):	
k.	Other (specify):	
C.5	HEALTH CONDITIONS/PROBLEMS Code: 0 = No 1 = Yes, currently active	
a.	Bed-bound or chair-fast (because of health condition; spends at least 23 hours per day in bed or in chair – not wheelchair)	
b.	Contracture(s)	
c.	Fall(s) related to client's condition	
d.	Fracture(s)	
e.	Limitation in range of motion – limitations that interfered with daily functions or placed client at risk of injury	
f.	Pain interferes with normal activities (e.g., school, work, social activities, ADLs)	
g.	Pressure ulcers, wounds, or skin lesions	
h.	Recurrent aspiration	
i.	Shortness of breath during normal activities	
j.	Other (specify):	

C.6 CLIENT'S CURRENT CONDITION

Code: 1 = Medical
 2 = Psychiatric/Developmental/Behavioral
 3 = Both

☐


COMPLETE ITEM O.I.a.(3) NOW

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Medical Diagnoses - Anemia (C.1a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4966	97.0	0.36
Yes	153	3.0	0.36
<i>Total</i>	5119	100.0	

<i>Medical Diagnoses - Apnea (C.1b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4878	95.3	0.50
Yes	241	4.7	0.50
<i>Total</i>	5119	100.0	

<i>Medical Diagnoses - Arthritis (C.1c)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4972	97.1	0.30
Yes	147	2.9	0.30
<i>Total</i>	5119	100.0	

<i>Medical Diagnoses - Asthma/respiratory disorder (C.1d)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	3853	75.3	0.96
Yes	1266	24.7	0.96
<i>Total</i>	5119	100.0	

<i>Medical Diagnoses - Cancer (C.1e)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	5035	98.4	0.34
Yes	84	1.6	0.34
<i>Total</i>	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Medical Diagnoses - Cerebral Palsy (C.If)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_F</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	3923	76.6	0.93
Yes	1196	23.4	0.93
Total	5119	100.0	

<i>Medical Diagnoses - Cleft Palate (C.Ig)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_G</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	5068	99.0	0.20
Yes	51	1.0	0.20
Total	5119	100.0	

<i>Medical Diagnoses - Congenital heart disorder (C.Ih)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_H</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4859	94.9	0.45
Yes	260	5.1	0.45
Total	5119	100.0	

<i>Medical Diagnoses - Cystic Fibrosis (C.Ii)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_I</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	5095	99.5	0.16
Yes	24	0.5	0.16
Total	5119	100.0	

<i>Medical Diagnoses - Diabetes (C.Ij)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_J</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4960	96.9	0.39
Yes	159	3.1	0.39
Total	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

*Medical Diagnoses - Epilepsy or other
chronic seizure disorder (C.1k)*

	Weighted		Std Err of
<i>CI_K</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	3656	71.4	1.03
Yes	1463	28.6	1.03
Total	5119	100.0	

*Medical Diagnoses - Explicit terminal
prognosis (C.1l)*

	Weighted		Std Err of
<i>CI_L</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	5077	99.2	0.17
Yes	42	0.8	0.17
Total	5119	100.0	

*Medical Diagnoses - Failure to thrive
(C.1m)*

	Weighted		Std Err of
<i>CI_M</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4941	96.5	0.42
Yes	178	3.5	0.42
Total	5119	100.0	

Medical Diagnoses - Hemophilia (C.1n)

	Weighted		Std Err of
<i>CI_N</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	5098	99.6	0.14
Yes	21	0.4	0.14
Total	5119	100.0	

*Medical Diagnoses - Hydro/microcephaly
(C.1o)*

	Weighted		Std Err of
<i>CI_O</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4774	93.3	0.56
Yes	344	6.7	0.56
Total	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

*Medical Diagnoses - Metabolic Disorders
(C.1p)*

	Weighted		Std Err of
CI_P	Frequency	Percent	Percent
No	5080	99.2	0.20
Yes	38	0.8	0.20
Total	5119	100.0	

*Medical Diagnoses - Muscular Dystrophy
(C.1q)*

	Weighted		Std Err of
CI_Q	Frequency	Percent	Percent
No	4950	96.7	0.50
Yes	169	3.3	0.50
Total	5119	100.0	

*Medical Diagnoses - Paraplegia/tetraplegia/quadruplegia
(C.1r)*

	Weighted		Std Err of
CI_R	Frequency	Percent	Percent
No	4596	89.8	0.64
Yes	523	10.2	0.64
Total	5119	100.0	

*Medical Diagnoses - Pathological bone
fracture (C.1s)*

	Weighted		Std Err of
CI_S	Frequency	Percent	Percent
No	5058	98.8	0.31
Yes	61	1.2	0.31
Total	5119	100.0	

Medical Diagnoses - Renal Failure (C.1t)

	Weighted		Std Err of
CI_T	Frequency	Percent	Percent
No	5050	98.6	0.27
Yes	69	1.4	0.27
Total	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

*Medical Diagnoses - Spina Bifida or other
spinal cord dysfunction (C.1u)*

	Weighted		Std Err of
C1_U	Frequency	Percent	Percent
No	4868	95.1	0.49
Yes	251	4.9	0.49
Total	5119	100.0	

*Medical Diagnoses - Substance abuse
related problems (C.1v)*

	Weighted		Std Err of
C1_V	Frequency	Percent	Percent
No	5038	98.4	0.31
Yes	81	1.6	0.31
Total	5119	100.0	

*Medical Diagnoses - Traumatic brain injury
(C.1w)*

	Weighted		Std Err of
C1_W	Frequency	Percent	Percent
No	4899	95.7	0.43
Yes	220	4.3	0.43
Total	5119	100.0	

*Other Medical Diagnoses - Other
Diagnosis Present (C.2a)*

	Weighted		Std Err of
C2_A	Frequency	Percent	Percent
No	2727	53.3	1.14
Yes	2392	46.7	1.14
Total	5119	100.0	

*Other Medical Diagnoses - Other
Diagnosis Present (C.2b)*

	Weighted		Std Err of
C2_B	Frequency	Percent	Percent
No	4041	78.9	0.91
Yes	1078	21.1	0.91
Total	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Other Medical Diagnoses - Other</i>			
<i>Diagnosis Present (C.2c)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C2_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4612	90.1	0.71
Yes	507	9.9	0.71
<i>Total</i>	5119	100.0	

<i>Infections - Antibiotic Resistant Infection</i>			
<i>(C.3a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C3_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	5082	99.3	0.16
Yes	37	0.7	0.16
<i>Total</i>	5119	100.0	

<i>Infections - Other infection (C.3b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C3_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4952	97.0	0.42
Yes	155	3.0	0.42
<i>Total</i>	5108	100.0	

<i>Psychiatric, Developmental or Behavioral</i>			
<i>Diagnoses - Anxiety disorder (C.4a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4448	86.9	0.73
Yes	669	13.1	0.73
<i>Total</i>	5117	100.0	

<i>Psychiatric, Developmental or Behavioral</i>			
<i>Diagnoses - Autistic disorder (C.4b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4264	83.3	0.87
Yes	855	16.7	0.87
<i>Total</i>	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

*Psychiatric, Developmental or Behavioral
Diagnoses - Attention Deficit Disorder
(C.4c)*

	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	3839	75.0	0.94
<i>Yes</i>	1280	25.0	0.94
<i>Total</i>	5119	100.0	

*Psychiatric, Developmental or Behavioral
Diagnoses - Disruptive behavior disorders
(C.4d)*

	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4600	89.9	0.65
<i>Yes</i>	519	10.1	0.65
<i>Total</i>	5119	100.0	

*Psychiatric, Developmental or Behavioral
Diagnoses - Down Syndrome (C.4e)*

	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4765	93.1	0.57
<i>Yes</i>	354	6.9	0.57
<i>Total</i>	5119	100.0	

*Psychiatric, Developmental or Behavioral
Diagnoses - Intellectual disability (C.4f)*

	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_F</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	2734	53.4	1.11
<i>Yes</i>	2385	46.6	1.11
<i>Total</i>	5119	100.0	

*Psychiatric, Developmental or Behavioral
Diagnoses - Mood Disorders (C.4g)*

	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_G</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4404	86.0	0.75
<i>Yes</i>	715	14.0	0.75
<i>Total</i>	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Psychiatric, Developmental or Behavioral Diagnoses - Psychotic disorders (C.4h)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_H</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4976	97.2	0.37
Yes	143	2.8	0.37
Total	5119	100.0	

<i>Psychiatric, Developmental or Behavioral Diagnoses - Eating disorders (C.4i)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_I</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	5066	99.0	0.24
Yes	52	1.0	0.24
Total	5118	100.0	

<i>Psychiatric, Developmental or Behavioral Diagnoses - Other Disorder (C.4j)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_J</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4259	83.2	0.85
Yes	860	16.8	0.85
Total	5119	100.0	

<i>Psychiatric, Developmental or Behavioral Diagnoses - Other Disorder (C.4k)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_K</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4948	96.7	0.41
Yes	170	3.3	0.41
Total	5119	100.0	

<i>Health Conditions/Problems - Bed bound (C.5a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C5_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	4318	84.4	0.82
Yes	801	15.6	0.82
Total	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

*Health Conditions/Problems - Contractures**(C.5b)*

	<i>Weighted</i>		<i>Std Err of</i>
<i>C5_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4383	85.6	0.79
<i>Yes</i>	736	14.4	0.79
<i>Total</i>	5119	100.0	

Health Conditions/Problems - Falls (C.5c)

	<i>Weighted</i>		<i>Std Err of</i>
<i>C5_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4445	86.8	0.76
<i>Yes</i>	674	13.2	0.76
<i>Total</i>	5119	100.0	

*Health Conditions/Problems - Fractures**(C.5d)*

	<i>Weighted</i>		<i>Std Err of</i>
<i>C5_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4988	97.4	0.39
<i>Yes</i>	131	2.6	0.39
<i>Total</i>	5119	100.0	

*Health Conditions/Problems - Range of**Motion (C.5e)*

	<i>Weighted</i>		<i>Std Err of</i>
<i>C5_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	3349	65.4	1.08
<i>Yes</i>	1770	34.6	1.08
<i>Total</i>	5119	100.0	

Health Conditions/Problems - Pain (C.5f)

	<i>Weighted</i>		<i>Std Err of</i>
<i>C5_F</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4240	82.8	0.87
<i>Yes</i>	879	17.2	0.87
<i>Total</i>	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

*Health Conditions/Problems - Pressure ulcers
(C.5g)*

	Weighted		Std Err of
C5_G	Frequency	Percent	Percent
No	4948	96.7	0.41
Yes	171	3.3	0.41
Total	5119	100.0	

*Health Conditions/Problems - Recurrent
aspiration (C.5h)*

	Weighted		Std Err of
C5_H	Frequency	Percent	Percent
No	4841	94.6	0.55
Yes	278	5.4	0.55
Total	5119	100.0	

*Health Conditions/Problems - Shortness of
breath (C.5i)*

	Weighted		Std Err of
C5_I	Frequency	Percent	Percent
No	4602	89.9	0.70
Yes	517	10.1	0.70
Total	5119	100.0	

*Health Conditions/Problems - Other
Condition (C.5j)*

	Weighted		Std Err of
C5_J	Frequency	Percent	Percent
No	4786	93.5	0.53
Yes	333	6.5	0.53
Total	5119	100.0	

Clients Current Condition (C.6)

	Weighted		Std Err of
CURRENT	Frequency	Percent	Percent
Medical	1182	23.2	0.98
Psychiatric/Developmental/Behavioral	1301	25.5	1.02
Both	2621	51.4	1.15
Total	5104	100.0	

SECTION D
COGNITIVE FUNCTION

SECTION E
COMMUNICATION

SECTION F
HEARING AND VISION

D. COGNITIVE FUNCTION**D.1 COMATOSE OR PERSISTENT VEGETATIVE STATE**

Code: 0 = No 1 = Yes

☐**IF “YES” – SKIP TO SECTION H****D.2 SHORT-TERM MEMORY** – Recalls very recent events (e.g., most recent meal, object displayed then put away for a few minutes)

Code: 0 = Memory/recall ok

☐

1 = Memory/recall problem

D.3 LONG-TERM MEMORY – Recalls information beyond recent events (e.g., age, town, own family name, neighbors' names, pets' names)

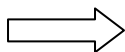
Code: 0 = Memory/recall ok

☐

1 = Memory/recall problem

D.4 PROCEDURAL TASK PERFORMANCE – Ability to perform steps in a multi-step sequence without cues or supervision (e.g., retrieving specific object from other room; dressing self properly; preparing snacks)Code: 0 = Performs most or all multiple-step tasks
without cueing or supervision☐1 = Needs cueing or supervision for most or all
multiple-step tasks**D.5 COGNITIVE SKILLS FOR DAILY DECISION-MAKING** – About such issues/daily tasks as when to get up, clothing to wear, how to organize the day, activities to do, or how to remain safe

Code: 0 = Independent – Decisions consistent/reasonable

☐1 = Modified independent – Consistent/reasonable
decisions in customary situations or environments
but experienced difficulty with new/unfamiliar
tasks or in specific situations (e.g., crowds)2 = Moderately dependent – Decisions consistently
poor; cues or supervision required frequently3 = Completely dependent – Never/rarely made
decisions; cues or supervision required
continually**COMPLETE ITEM O.I.b.(3) NOW****E. COMMUNICATION****E.1 MAKING SELF UNDERSTOOD** – Expressing
information content, however able (with appliance
if normally used)☐Code: 0 = Understood – Expressed desires/needs without
difficulty1 = Usually understood – Some difficulty finding
words or finishing thoughts but usually

understood

2 = Sometimes understood – Ability was limited to making concrete requests understood (e.g., hunger)

3 = Rarely/never understood – Communication limited to interpretation of highly individual, person-specific sounds, behaviors, or body language understood by a limited number of people

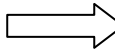
E.2 ABILITY TO UNDERSTAND OTHERS – Understanding verbal information content, however able (with hearing appliance, if normally used)

Code: 0 = Understands – Clear comprehension

1 = Usually understands – Sometimes missed some part or intent of message

2 = Sometimes understands – Responded only to simple, direct messages or communication

3 = Rarely/never understands – Observer has difficulty determining whether the child comprehended messages. Or, the client/child can hear sounds but did not understand messages

☐


COMPLETE ITEM O.1.c.(3) NOW

F. HEARING AND VISION

F.1 HEARING – Ability to hear (with hearing appliance, if normally used)

Code: 0 = Hears adequately – No difficulty in normal conversation, social interaction, TV, phone

1 = Some impairment – Problems with specific types of sounds (e.g., low register) or with specific situations (e.g., requires quiet setting to hear well)

2 = Highly impaired – Absence of useful hearing

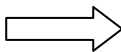
☐

F.2 VISION – Ability to see near or far in adequate light (with glasses or with other visual appliance, if normally used)

Code: 0 = Vision adequate – Saw fine detail, including fine detail in pictures, regular print in books

1 = Some impairment – Limited vision; was able to see large print or numbers in books; identify large objects in pictures

2 = Highly impaired – No vision or saw only light, colors, or shapes; eyes do not appear to follow objects

☐


COMPLETE ITEM O.1.d.(3) NOW

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION D - COGNITIVE FUNCTION

<i>Comatose or Persistent Vegetative State</i>			
	Weighted		Std Err of
<i>COMATOSE</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	5003	97.7	0.31
<i>Yes</i>	116	2.3	0.31
<i>Total</i>	5119	100.0	

<i>Short-Term Memory (D.2)</i>			
	Weighted		Std Err of
<i>SHORT</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Memory/Recall ok</i>	2124	42.9	1.16
<i>Memory/Recall problem</i>	2830	57.1	1.16
<i>Total</i>	4954	100.0	

<i>Long-Term Memory (D.3)</i>			
	Weighted		Std Err of
<i>LONG</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Memory/Recall ok</i>	2299	46.3	1.15
<i>Memory/Recall problem</i>	2671	53.7	1.15
<i>Total</i>	4970	100.0	

<i>Procedural Task Performance (D.4)</i>				
	<i>TASK</i>	Weighted		Std Err of
		<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Performs most or all multiple step tasks without cueing or supervision</i>		905	18.2	0.91
<i>Needs cueing or supervision for most or all multiple step tasks</i>		4076	81.8	0.91
<i>Total</i>		4980	100.0	

<i>Cognitive Skills for Daily Decision-Making (D.5)</i>			
	Weighted		Std Err of
<i>SKILLS</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Independent</i>	592	11.9	0.78
<i>Modified Independent</i>	822	16.5	0.85
<i>Moderately Dependent</i>	1305	26.1	1.03
<i>Completely Dependent</i>	2274	45.5	1.16
<i>Total</i>	4992	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION E - COMMUNICATION

<i>Making Self Understood (E.1)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>E1</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Understood</i>	1329	26.6	1.02
<i>Usually understood</i>	961	19.2	0.95
<i>Sometimes understood</i>	1039	20.8	0.89
<i>Rarely/never understood</i>	1669	33.4	1.10
<i>Total</i>	4997	100.0	

<i>Ability to understand Others (E.2)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>E2</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Understands</i>	1339	26.8	1.04
<i>Usually understands</i>	948	19.0	0.92
<i>Sometimes understands</i>	1611	32.3	1.07
<i>Rarely/never understands</i>	1097	22.0	0.97
<i>Total</i>	4994	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION F - HEARING AND VISION

<i>Hearing (F.1)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>F1</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Hears adequately</i>	4259	85.3	0.87
<i>Some impairment</i>	604	12.1	0.82
<i>Highly impaired</i>	133	2.7	0.34
<i>Total</i>	4995	100.0	

<i>Vision (F.2)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>F2</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Vision adequate</i>	3278	65.6	1.07
<i>Some impairment</i>	1199	24.0	1.00
<i>Highly impaired</i>	518	10.4	0.71
<i>Total</i>	4995	100.0	

SECTION G
BEHAVIOR PATTERNS

G. BEHAVIOR PATTERNS**G.1 SIGNS AND SYMPTOMS IN LAST 30 DAYS****Code: 0 = No occurrence in last 30 days****1 = Occurred in last month but not during last 7 days****2 = Occurred once or more in the last 7 days**

a.	Wandering – moved (locomotion) with no apparent rational purpose; seemingly oblivious to needs for safety	
b.	Elopement – attempted to or exited/left home, school, etc. at inappropriate time, without notice/permission, with impaired safety awareness	
c.	Verbally abusive – threatened, screamed at, or cursed others	
d.	Physically abusive or injuries to others –shoved, scratched, pinched, bit others	
e.	Bullying/Menacing behavior – no physical contact, but others made to feel unsafe/at-risk; invaded personal space of others in a threatening manner	
f.	Socially inappropriate or disruptive behavior – disruptive acts or sounds; noisiness; screaming; smeared /threw food/feces; hoarding; rummaging through other's belongings	
g.	Repetitive behavior that interferes with normal activities – e.g., finger flicking, rocking, spinning objects	
h.	Inappropriate sexual behavior – e.g., sexually abused/attacked others; inappropriate sexual activity or disrobing; masturbating in public	
i.	Resists ADL care – resisted assistance with ADLs, such as bathing, dressing, toileting, eating	
j.	Physically resists prescribed treatments and therapies – e.g., range-of-motion exercises, chest percussion	
k.	Injury to self – self-abusive acts; non-accidental injuries (e.g., cutting arms, head banging) that are not suicide attempts	
l.	Suicide attempt – effort(s) by client to end his/her life	
m.	Suicidal ideation – recurrent thoughts of death or suicide; saying that they wished they were dead or that they are going to kill or hurt themselves	
n.	Injury to animals – deliberate physical injury to/torture of animals	
o.	Dangerous, non-violent behavior – e.g., falling asleep while smoking, leaving candle lit or range burner turned on, playing with fire	
p.	Deliberate damage to property – e.g., intentional fire-setting, smashing furniture, breaking household objects	
q.	Other (specify):	

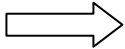
G.2 URGENT MENTAL/BEHAVIORAL HEALTH SERVICE USE IN LAST 30 DAYS

Code: 0 = No occurrence in last 30 days
 1 = Occurred only once in last 30 days
 2 = Multiple occurrences in last 30 days

a.	Admission to inpatient treatment for mental or behavioral health problem (includes hospital)	
b.	Visit to emergency room for care or treatment of a mental or behavioral health problem	
c.	Urgent visit to physician, psychiatrist, or mental or behavioral health specialist office (not a regularly scheduled visit or assessment) because of a mental or behavioral health issue	
d.	Other (specify):	

G.3 CHILD MAY REQUIRE REFERRAL TO A MENTAL OR BEHAVIORAL HEALTH SPECIALIST

Code: 0 = No 1 = Yes

☐


APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION G - BEHAVIOR PATTERNS

<i>Behavior Patterns - Wandering (G.1a)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_A</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	3689	73.8		1.07
<i>Occurred in last month but not during last 7 days</i>	574	11.5		0.77
<i>Occurred once or more in the past 7 days</i>	735	14.7		0.87
<i>Total</i>	4998	100.0		

<i>Behavior Patterns - Elopement (G.1b)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_B</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	4226	84.6		0.85
<i>Occurred in last month but not during last 7 days</i>	354	7.1		0.60
<i>Occurred once or more in the past 7 days</i>	418	8.4		0.66
<i>Total</i>	4998	100.0		

<i>Behavior Patterns - Verbally abusive (G.1c)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_C</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	3832	76.7		0.95
<i>Occurred in last month but not during last 7 days</i>	481	9.6		0.66
<i>Occurred once or more in the past 7 days</i>	684	13.7		0.76
<i>Total</i>	4998	100.0		

<i>Behavior Patterns - Physically abusive (G.1d)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_D</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	3564	71.3		1.06
<i>Occurred in last month but not during last 7 days</i>	551	11.0		0.71
<i>Occurred once or more in the past 7 days</i>	882	17.6		0.91
<i>Total</i>	4997	100.0		

<i>Behavior Patterns - Bullying/Menacing behavior (G.1e)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_E</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	4285	85.9		0.80
<i>Occurred in last month but not during last 7 days</i>	320	6.4		0.58
<i>Occurred once or more in the past 7 days</i>	384	7.7		0.59
<i>Total</i>	4989	100.0		

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION G - BEHAVIOR PATTERNS

<i>Behavior Patterns - Socially inappropriate or disruptive behavior (G.1f)</i>				
	Weighted			Std Err of
<i>G1_F</i>	Frequency	Percent		Percent
No occurrence in last 30 days	3465	69.3		1.10
Occurred in last month but not during last 7 days	646	12.9		0.80
Occurred once or more in the past 7 days	888	17.8		0.91
Total	4999	100.0		

<i>Behavior Patterns - Repetitive behavior (G.1g)</i>				
	Weighted			Std Err of
<i>G1_G</i>	Frequency	Percent		Percent
No occurrence in last 30 days	3519	70.4		1.06
Occurred in last month but not during last 7 days	557	11.1		0.73
Occurred once or more in the past 7 days	925	18.5		0.89
Total	5001	100.0		

<i>Behavior Patterns - Inappropriate sexual behavior (G.1h)</i>				
	Weighted			Std Err of
<i>G1_H</i>	Frequency	Percent		Percent
No occurrence in last 30 days	4749	95.2		0.51
Occurred in last month but not during last 7 days	109	2.2		0.34
Occurred once or more in the past 7 days	128	2.6		0.39
Total	4986	100.0		

<i>Behavior Patterns - Resists ADL care (G.1i)</i>				
	Weighted			Std Err of
<i>G1_I</i>	Frequency	Percent		Percent
No occurrence in last 30 days	3253	65.1		1.12
Occurred in last month but not during last 7 days	740	14.8		0.82
Occurred once or more in the past 7 days	1000	20.0		0.95
Total	4994	100.0		

<i>Behavior Patterns - Physically resists treatments and therapy (G.1j)</i>				
	Weighted			Std Err of
<i>G1_J</i>	Frequency	Percent		Percent
No occurrence in last 30 days	4192	84.1		0.86
Occurred in last month but not during last 7 days	439	8.8		0.70
Occurred once or more in the past 7 days	352	7.1		0.56
Total	4983	100.0		

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION G - BEHAVIOR PATTERNS

<i>Behavior Patterns - Injury to self (G.1k)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_K</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	4113	82.2		0.92
<i>Occurred in last month but not during last 7 days</i>	463	9.3		0.69
<i>Occurred once or more in the past 7 days</i>	425	8.5		0.69
<i>Total</i>	5001	100.0		

<i>Behavior Patterns - Suicide attempt (G.1l)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_L</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	4949	99.1		0.16
<i>Occurred in last month but not during last 7 days</i>	33	0.7		0.14
<i>Occurred once or more in the past 7 days</i>	13	0.3		0.09
<i>Total</i>	4995	100.0		

<i>Behavior Patterns - Suicide ideation (G.1m)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_M</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	4819	96.5		0.38
<i>Occurred in last month but not during last 7 days</i>	131	2.6		0.31
<i>Occurred once or more in the past 7 days</i>	45	0.9		0.21
<i>Total</i>	4996	100.0		

<i>Behavior Patterns - Injury to animals (G.1n)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_N</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	4793	95.9		0.50
<i>Occurred in last month but not during last 7 days</i>	126	2.5		0.41
<i>Occurred once or more in the past 7 days</i>	79	1.6		0.30
<i>Total</i>	4998	100.0		

<i>Behavior Patterns - Dangerous, non-violent behavior (G.1o)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>G1_O</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No occurrence in last 30 days</i>	4740	94.9		0.52
<i>Occurred in last month but not during last 7 days</i>	154	3.1		0.35
<i>Occurred once or more in the past 7 days</i>	102	2.0		0.39
<i>Total</i>	4996	100.0		

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION G - BEHAVIOR PATTERNS

<i>Behavior Patterns - Deliberate damage to property (G.1p)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
	<i>G1_P</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No occurrence in last 30 days</i>		4319	86.5	0.79
<i>Occurred in last month but not during last 7 days</i>		361	7.2	0.57
<i>Occurred once or more in the past 7 days</i>		316	6.3	0.59
<i>Total</i>		4996	100.0	

<i>Behavior Patterns - Other sign or symptom (G.1q)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
	<i>G1_Q</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No occurrence in last 30 days</i>		4038	98.4	0.32
<i>Occurred in last month but not during last 7 days</i>		36	0.9	0.16
<i>Occurred once or more in the past 7 days</i>		29	0.7	0.28
<i>Total</i>		4104	100.0	

<i>Behavior Patterns - Admission to inpatient treatment (G.2a)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
	<i>G2_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No occurrence in last 30 days</i>		4975	99.4	0.13
<i>Occurred only once in last 30 days</i>		22	0.4	0.11
<i>Multiple occurrences in last 30 days</i>		6	0.1	0.06
<i>Total</i>		5003	100.0	

<i>Behavior Patterns - Visit to emergency room (G.2b)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
	<i>G2_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No occurrence in last 30 days</i>		4974	99.4	0.14
<i>Occurred only once in last 30 days</i>		24	0.5	0.13
<i>Multiple occurrences in last 30 days</i>		5	0.1	0.06
<i>Total</i>		5003	100.0	

<i>Behavior Patterns - Urgent visit to physician (G.2c)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
	<i>G2_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No occurrence in last 30 days</i>		4891	97.8	0.29
<i>Occurred only once in last 30 days</i>		101	2.0	0.28
<i>Multiple occurrences in last 30 days</i>		11	0.2	0.10
<i>Total</i>		5003	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION G - BEHAVIOR PATTERNS

<i>Behavior Patterns - Other urgent health service use (G.2d)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>G2_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>No occurrence in last 30 days</i>	4964	99.4	0.21	
<i>Occurred only once in last 30 days</i>	27	0.5	0.21	
<i>Multiple occurrences in last 30 days</i>	3	0.1	0.04	
<i>Total</i>	4994	100.0		

<i>Referral to mental or behavioral health</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>G3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4630	92.6	0.63
<i>Yes</i>	371	7.4	0.63
<i>Total</i>	5001	100.0	

SECTION H
HEIGHT & WEIGHT

SECTION I
MEDICATIONS

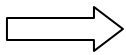
H. WEIGHT & HEIGHT

H.1 WEIGHT – Base weight on most recent measure in last 30 days

Weight in lbs.			OR	Weight in kilos		

H.2 HEIGHT – Base height on most recent measure in last 30 days

Feet		inches	OR	Centimeters		



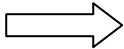
COMPLETE ITEM O.1.f.(3) NOW

I. MEDICATIONS

Count all medications taken in the last 7 days, including all prescribed medications and over-the-counter (OTC) medications, as well as any medications prescribed on an “as needed” or PRN basis. Include medications by any route of administration (e.g., pills, injections, ointments, inhaler).

I.1 NUMBER OF DIFFERENT MEDICATIONS TAKEN

--	--



COMPLETE ITEM O.1.g.(3) NOW

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION H – WEIGHT & HEIGHT

SECTION I - MEDICATIONS

<i>Weight (H.1)</i>	
<i>Mean</i>	100.4
<i>Standard Deviation</i>	78.45
<i>Range</i>	395
<i>Minimum</i>	15
<i>10th Percentile</i>	41
<i>25th Percentile</i>	54
<i>50th Percentile/Median</i>	89
<i>75th Percentile</i>	132
<i>90th Percentile</i>	180
<i>Maximum</i>	410

<i>Height (H.2)</i>	
<i>Mean</i>	54.7
<i>Standard Deviation</i>	14.85
<i>Range</i>	92
<i>Minimum</i>	0
<i>10th Percentile</i>	40
<i>25th Percentile</i>	48
<i>50th Percentile/Median</i>	56
<i>75th Percentile</i>	63
<i>90th Percentile</i>	67
<i>Maximum</i>	92

<i>Medications (I.1)</i>	
<i>Mean</i>	3.6
<i>Standard Deviation</i>	5.66
<i>Range</i>	84
<i>Minimum</i>	0
<i>10th Percentile</i>	0
<i>25th Percentile</i>	1
<i>50th Percentile/Median</i>	2
<i>75th Percentile</i>	5
<i>90th Percentile</i>	8
<i>Maximum</i>	84

SECTION J

LICENSED/PROFESSIONAL NURSING NEEDS

J. LICENSED/PROFESSIONAL NURSING NEEDS**J.1 CARE ACTIVITIES NEEDED OR PROVIDED DURING
LAST 7 DAYS THAT MAY REQUIRE NURSING CARE
OR SUPERVISION** (i.e., nursing services or nurse delegated
tasks)

Code: **0 = Not needed**
 1 = Needed and provided
 2 = Needed but not provided

a.	Medication management – includes injections and other nursing activities	
b.	Intravenous medications	
c.	Intravenous feeding (parenteral or IV)	
d.	Feeding tube	
e.	Nasopharyngeal suctioning	
f.	Tracheostomy care	
g.	Wound or skin lesion care – treatment or dressing of stasis or pressure/decubitus ulcer, surgical wound, burns, open lesions	
h.	Oxygen – administration or supervision	
i.	Urinary catheter care – insertion or maintenance (e.g., change, irrigation)	
j.	Comatose or persistent vegetative state – care to manage the condition	
k.	Ventilator or respirator – to manage equipment	
l.	Uncontrolled seizure disorder – care and supervision for safe management	
m.	Unstable medical condition – assessment, observation, and management on a daily basis	
n.	Other periodic assessment, management, supervision – once or twice a month	
o.	Other (specify):	

J.2 URGENT MEDICAL CARE USE IN LAST 30 DAYS

Code: **0 = No occurrence in last 30 days**
 1 = Occurred only once in last 30 days
 2 = Multiple occurrences in last 30 days

a.	Visit to emergency room for care or treatment of a medical problem	
b.	Admission to hospital for medical care	
c.	Urgent visit to physician's office for physical illness (not a regularly scheduled visit or checkup)	
d.	Other (specify):	

J.3 REFERRAL FOR NURSING ASSESSMENT – (e.g., unstable medical condition; significant change in health or functional status; needs more/different care, additional services, or supervision)

Code: 0 = No 1 = Yes

☐

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION J - LICENSED/PROFESSIONAL NURSING NEEDS

<i>Nursing Needs - Medication management (J.1a)</i>			
	Weighted		Std Err of
<i>J1_A</i>	Frequency	Percent	Percent
<i>Not needed</i>	4485	87.6	0.73
<i>Needed and provided</i>	594	11.6	0.71
<i>Needed but not provided</i>	39	0.8	0.21
<i>Total</i>	5117	100.0	

<i>Nursing Needs - Intravenous medications (J.1b)</i>			
	Weighted		Std Err of
<i>J1_B</i>	Frequency	Percent	Percent
<i>Not needed</i>	4982	97.3	0.40
<i>Needed and provided</i>	131	2.6	0.39
<i>Needed but not provided</i>	6	0.1	0.06
<i>Total</i>	5119	100.0	

<i>Nursing Needs - Intravenous feeding (J.1c)</i>			
	Weighted		Std Err of
<i>J1_C</i>	Frequency	Percent	Percent
<i>Not needed</i>	5042	98.5	0.22
<i>Needed and provided</i>	63	1.2	0.20
<i>Needed but not provided</i>	14	0.3	0.10
<i>Total</i>	5119	100.0	

<i>Nursing Needs - Feeding tube (J.1d)</i>			
	Weighted		Std Err of
<i>J1_D</i>	Frequency	Percent	Percent
<i>Not needed</i>	4548	88.8	0.70
<i>Needed and provided</i>	548	10.7	0.69
<i>Needed but not provided</i>	23	0.5	0.12
<i>Total</i>	5119	100.0	

<i>Nursing Needs - Nasopharyngeal suctioning (J.1e)</i>			
	Weighted		Std Err of
<i>J1_E</i>	Frequency	Percent	Percent
<i>Not needed</i>	4804	93.9	0.57
<i>Needed and provided</i>	289	5.7	0.54
<i>Needed but not provided</i>	24	0.5	0.17
<i>Total</i>	5117	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION J - LICENSED/PROFESSIONAL NURSING NEEDS

Nursing Needs - Tracheostomy care (J.1f)

	Weighted		Std Err of
J1_F	Frequency	Percent	Percent
Not needed	5015	98.0	0.22
Needed and provided	100	2.0	0.22
Needed but not provided	4	0.1	0.04
Total	5119	100.0	

Nursing Needs - Wound Care (J.1g)

	Weighted		Std Err of
J1_G	Frequency	Percent	Percent
Not needed	4927	96.2	0.49
Needed and provided	179	3.5	0.48
Needed but not provided	14	0.3	0.09
Total	5119	100.0	

Nursing Needs - Oxygen (J.1h)

	Weighted		Std Err of
J1_H	Frequency	Percent	Percent
Not needed	4841	94.6	0.52
Needed and provided	261	5.1	0.51
Needed but not provided	15	0.3	0.11
Total	5117	100.0	

Nursing Needs - Urinary catheter care (J.1i)

	Weighted		Std Err of
J1_I	Frequency	Percent	Percent
Not needed	4989	97.6	0.29
Needed and provided	106	2.1	0.28
Needed but not provided	16	0.3	0.10
Total	5111	100.0	

Nursing Needs - Comatose care (J.1j)

	Weighted		Std Err of
J1_J	Frequency	Percent	Percent
Not needed	5042	98.5	0.21
Needed and provided	74	1.4	0.21
Needed but not provided	3	0.1	0.04
Total	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION J - LICENSED/PROFESSIONAL NURSING NEEDS

Nursing Needs - Ventilator or respirator (J.1k)

	Weighted		Std Err of
<i>J1_K</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	5014	98.0	0.26
<i>Needed and provided</i>	95	1.9	0.25
<i>Needed but not provided</i>	5	0.1	0.06
<i>Total</i>	5115	100.0	

Nursing Needs - Uncontrolled seizure disorder (J.1l)

	Weighted		Std Err of
<i>J1_L</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	4576	89.5	0.76
<i>Needed and provided</i>	495	9.7	0.73
<i>Needed but not provided</i>	43	0.8	0.21
<i>Total</i>	5115	100.0	

Nursing Needs - Unstable medical condition (J.1m)

	Weighted		Std Err of
<i>J1_M</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	4731	92.5	0.63
<i>Needed and provided</i>	346	6.8	0.60
<i>Needed but not provided</i>	38	0.7	0.20
<i>Total</i>	5115	100.0	

Nursing Needs - Other periodic assessment (J.1n)

	Weighted		Std Err of
<i>J1_N</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	4710	92.1	0.63
<i>Needed and provided</i>	391	7.6	0.62
<i>Needed but not provided</i>	13	0.3	0.08
<i>Total</i>	5114	100.0	

Nursing Needs - Other professional nursing needs (J.1o)

	Weighted		Std Err of
<i>J1_O</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	4995	97.6	0.33
<i>Needed and provided</i>	119	2.3	0.32
<i>Needed but not provided</i>	2	0.0	0.03
<i>Total</i>	5116	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION J - LICENSED/PROFESSIONAL NURSING NEEDS

Urgent medical care use - Visit to emergency room for medical care (J.2a)

	Weighted		Std Err of
J2_A	Frequency	Percent	Percent
No occurrence in least 30 days	4691	91.6	0.65
Occurred only once in last 30 days	391	7.6	0.64
Multiple occurrences in last 30 days	36	0.7	0.15
Total	5118	100.0	

Urgent medical care use - Admission to hospital for medical care (J.2b)

	Weighted		Std Err of
J2_B	Frequency	Percent	Percent
No occurrence in least 30 days	4811	94.0	0.61
Occurred only once in last 30 days	289	5.6	0.61
Multiple occurrences in last 30 days	20	0.4	0.10
Total	5119	100.0	

Urgent medical care use - Urgent visit to physician (J.2c)

	Weighted		Std Err of
J2_C	Frequency	Percent	Percent
No occurrence in least 30 days	4510	88.1	0.76
Occurred only once in last 30 days	534	10.4	0.74
Multiple occurrences in last 30 days	73	1.4	0.21
Total	5117	100.0	

Urgent medical care use - Other urgent medical care use (J.2d)

	Weighted		Std Err of
J2_D	Frequency	Percent	Percent
No occurrence in least 30 days	5065	99.0	0.20
Occurred only once in last 30 days	48	0.9	0.20
Multiple occurrences in last 30 days	5	0.1	0.05
Total	5118	100.0	

Referral for nursing assessment (J.3)

	Weighted		Std Err of
J3	Frequency	Percent	Percent
No	4954	96.9	0.42
Yes	158	3.1	0.42
Total	5112	100.0	

SECTION K
TREATMENTS AND THERAPIES

K. TREATMENTS AND THERAPIES**K.1 TREATMENTS OR THERAPIES RECEIVED OR NEEDED**IN LAST 30 DAYS – outside of day program/school

Code: 0 = Not needed

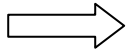
1 = Needed and provided

2 = Needed but not provided

a.	Chemotherapy	
b.	Radiation therapy	
c.	Hemodialysis	
d.	Peritoneal dialysis	
e.	Hospice	
f.	Physical therapy	
g.	Occupational therapy	
h.	Speech therapy	
i.	Mental health services (includes substance abuse treatment)	
j.	Home health aide	
k.	Restorative nursing care/habilitative care	
l.	Other (specify):	

K.2 REFERRAL TO CONSIDER NEED FOR NEW/DIFFERENT TREATMENT OR THERAPY

Code: 0 = No 1 = Yes

☐
COMPLETE ITEM 0.7.c NOW

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION K - TREATMENTS AND THERAPIES

<i>Treatments & Therapies - Chemotherapy (K.1a)</i>			
	Weighted		Std Err of
<i>K1_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	5074	99.1	0.18
<i>Needed and provided</i>	41	0.8	0.17
<i>Needed but not provided</i>	4	0.1	0.05
<i>Total</i>	5119	100.0	

<i>Treatments & Therapies - Radiation therapy (K.1b)</i>			
	Weighted		Std Err of
<i>K1_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	5102	99.7	0.12
<i>Needed and provided</i>	12	0.2	0.10
<i>Needed but not provided</i>	4	0.1	0.05
<i>Total</i>	5119	100.0	

<i>Treatments & Therapies - Hemodialysis (K.1c)</i>			
	Weighted		Std Err of
<i>K1_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	5107	99.8	0.17
<i>Needed and provided</i>	12	0.2	0.17
<i>Total</i>	5119	100.0	

<i>Treatments & Therapies - Peritoneal dialysis (K.1d)</i>			
	Weighted		Std Err of
<i>K1_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	5111	99.8	0.09
<i>Needed and provided</i>	8	0.2	0.09
<i>Total</i>	5119	100.0	

<i>Treatments & Therapies - Hospice (K.1e)</i>			
	Weighted		Std Err of
<i>K1_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed</i>	5099	99.6	0.11
<i>Needed and provided</i>	12	0.2	0.09
<i>Needed but not provided</i>	8	0.2	0.07
<i>Total</i>	5119	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION K - TREATMENTS AND THERAPIES

<i>Treatments & Therapies - Physical therapy (K.1f)</i>			
	Weighted		Std Err of
<i>K1_F</i>	Frequency	Percent	Percent
<i>Not needed</i>	3032	59.3	1.10
<i>Needed and provided</i>	1712	33.5	1.04
<i>Needed but not provided</i>	366	7.2	0.65
<i>Total</i>	5111	100.0	

<i>Treatments & Therapies - Occupational therapy (K.1g)</i>			
	Weighted		Std Err of
<i>K1_G</i>	Frequency	Percent	Percent
<i>Not needed</i>	2865	56.0	1.12
<i>Needed and provided</i>	1910	37.4	1.08
<i>Needed but not provided</i>	338	6.6	0.60
<i>Total</i>	5113	100.0	

<i>Treatments & Therapies - Speech therapy (K.1h)</i>			
	Weighted		Std Err of
<i>K1_H</i>	Frequency	Percent	Percent
<i>Not needed</i>	2902	56.8	1.12
<i>Needed and provided</i>	1909	37.3	1.09
<i>Needed but not provided</i>	299	5.9	0.54
<i>Total</i>	5110	100.0	

<i>Treatments & Therapies - Mental health services (K.1i)</i>			
	Weighted		Std Err of
<i>K1_I</i>	Frequency	Percent	Percent
<i>Not needed</i>	4090	80.0	0.90
<i>Needed and provided</i>	867	16.9	0.84
<i>Needed but not provided</i>	157	3.1	0.36
<i>Total</i>	5115	100.0	

<i>Treatments & Therapies - Home health aide (K.1j)</i>			
	Weighted		Std Err of
<i>K1_J</i>	Frequency	Percent	Percent
<i>Not needed</i>	4090	80.0	0.86
<i>Needed and provided</i>	893	17.5	0.81
<i>Needed but not provided</i>	132	2.6	0.33
<i>Total</i>	5115	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION K - TREATMENTS AND THERAPIES

<i>Treatments & Therapies - Restorative nursing care (K.1k)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>K1_K</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed</i>	5001	97.8	0.34	
<i>Needed and provided</i>	98	1.9	0.33	
<i>Needed but not provided</i>	14	0.3	0.09	
<i>Total</i>	5113	100.0		

<i>Treatments & Therapies - Other treatments or therapies (K.1)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>K1_L</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed</i>	4853	95.1	0.45	
<i>Needed and provided</i>	226	4.4	0.42	
<i>Needed but not provided</i>	26	0.5	0.19	
<i>Total</i>	5105	100.0		

<i>Referral to consider need for new treatment (K.2)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>K2</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>No</i>	4556	89.0	0.77	
<i>Yes</i>	561	11.0	0.77	
<i>Total</i>	5117	100.0		

SECTION L
CONTINENCE

L. CONTINENCE**L.1 BLADDER AND BOWEL PROGRAMS & APPLIANCES IN LAST 7 DAYS**

Code: 0 = Not needed or available and adequate
 1 = New or different program or appliance may be needed because of condition or problem

	Appliances		Programs	
a.	Indwelling catheter		f.	Bladder retraining
b.	Intermittent catheter		g.	Bowel retraining
c.	External catheter		h.	Scheduled toileting
d.	Ostomy		i.	Toilet training
e.	Pads/briefs		j.	Other (specify):

L.2 URINARY CONTINENCE – Code client's performance over 24 hours a day during last 7 days (with device or continence program, if used)

Code: 0 = **Continent** – Complete control and did not use any type of catheter, urinary collection device, or toileting program
 1 = **Complete control with device or program** – (e.g., catheter, ostomy, scheduled toileting)
 2 = **Usually continent** – Incontinent episodes once a week or less frequently
 3 = **Occasionally incontinent** – Episodes 2 or more times a week but not daily
 4 = **Frequently incontinent** – Tended to be incontinent daily but some control present (e.g., during day)
 5 = **Always/almost always incontinent** – Had inadequate control, multiple daily episodes
 8 = **Did not occur** – No urine output from bladder during last 7 days (e.g., dialysis)

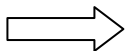
L.3 BOWEL CONTINENCE – Code person's performance over 24 hours a day during last 7 days (with device or continence program, if used)

Code: 0 = **Continent** – Complete control and did not use any type of ostomy

1 = **Complete control with device/program/medication** (e.g., ostomy)
 2 = **Usually continent** – Incontinent episodes once a week or less
 3 = **Occasionally incontinent** – Episodes 2 or more times a week but not daily
 4 = **Frequently incontinent** – Tended to be incontinent daily but some control present (e.g., during day)
 5 = **Always/almost always incontinent** – Had inadequate control, multiple daily episodes
 8 = **Did not occur** – No bowel movement during last 7 days

L.4 NIGHTTIME INCONTINENCE (BOWEL/BLADDER)

Code: 0 = No 1 = Yes



COMPLETE ITEM O.1.h.(3) NOW

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION L - CONTINENCE

<i>Bladder & bowel programs & appliances - Indwelling catheter (L.1a)</i>			
	<i>LI_A</i>	<i>Weighted Frequency</i>	<i>Std Err of Percent</i>
		<i>Percent</i>	
<i>Not needed or available and adequate</i>		5096	99.7
<i>New or different program or appliance may be needed because of condition or problem</i>		13	0.3
<i>Total</i>		5110	100.0

<i>Bladder & bowel programs & appliances - Intermittent catheter (L.1b)</i>			
	<i>LI_B</i>	<i>Weighted Frequency</i>	<i>Std Err of Percent</i>
		<i>Percent</i>	
<i>Not needed or available and adequate</i>		5089	99.6
<i>New or different program or appliance may be needed because of condition or problem</i>		20	0.4
<i>Total</i>		5110	100.0

<i>Bladder & bowel programs & appliances - External catheter (L.1c)</i>			
	<i>LI_C</i>	<i>Weighted Frequency</i>	<i>Std Err of Percent</i>
		<i>Percent</i>	
<i>Not needed or available and adequate</i>		5092	99.7
<i>New or different program or appliance may be needed because of condition or problem</i>		18	0.3
<i>Total</i>		5110	100.0

<i>Bladder & bowel programs & appliances - Ostomy (L.1d)</i>			
	<i>LI_D</i>	<i>Weighted Frequency</i>	<i>Std Err of Percent</i>
		<i>Percent</i>	
<i>Not needed or available and adequate</i>		5089	99.6
<i>New or different program or appliance may be needed because of condition or problem</i>		18	0.4
<i>Total</i>		5108	100.0

<i>Bladder & bowel programs & appliances - Pads/briefs (L.1e)</i>			
	<i>LI_E</i>	<i>Weighted Frequency</i>	<i>Std Err of Percent</i>
		<i>Percent</i>	
<i>Not needed or available and adequate</i>		4447	87.1
<i>New or different program or appliance may be needed because of condition or problem</i>		659	12.9
<i>Total</i>		5106	100.0

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION L - CONTINENCE

<i>Bladder & bowel programs & appliances - Bladder retraining (L.1f)</i>				
	<i>Weighted</i>		<i>Std Err</i>	
<i>L1_F</i>	<i>Frequency</i>	<i>Percent</i>	<i>of</i>	<i>Percent</i>
<i>Not needed or available and adequate</i>	5031	98.6		0.33
<i>New or different program or appliance may be needed because of condition or problem</i>	73	1.4		0.33
<i>Total</i>	5104	100.0		
<i>Bladder & bowel programs & appliances - Bowel retraining (L.1g)</i>				
	<i>Weighted</i>		<i>Std Err</i>	
<i>L1_G</i>	<i>Frequency</i>	<i>Percent</i>	<i>of</i>	<i>Percent</i>
<i>Not needed or available and adequate</i>	5038	98.7		0.23
<i>New or different program or appliance may be needed because of condition or problem</i>	66	1.3		0.23
<i>Total</i>	5104	100.0		
<i>Bladder & bowel programs & appliances - Scheduled toileting (L.1h)</i>				
	<i>Weighted</i>		<i>Std Err</i>	
<i>L1_H</i>	<i>Frequency</i>	<i>Percent</i>	<i>of</i>	<i>Percent</i>
<i>Not needed or available and adequate</i>	4922	96.5		0.50
<i>New or different program or appliance may be needed because of condition or problem</i>	181	3.5		0.50
<i>Total</i>	5102	100.0		
<i>Bladder & bowel programs & appliances - Toilet training (L.1i)</i>				
	<i>Weighted</i>		<i>Std Err</i>	
<i>L1_I</i>	<i>Frequency</i>	<i>Percent</i>	<i>of</i>	<i>Percent</i>
<i>Not needed or available and adequate</i>	4948	96.9		0.40
<i>New or different program or appliance may be needed because of condition or problem</i>	156	3.1		0.40
<i>Total</i>	5104	100.0		
<i>Bladder & bowel programs & appliances - Other bladder or bowel programs (L.1j)</i>				
	<i>Weighted</i>		<i>Std Err</i>	
<i>L1_J</i>	<i>Frequency</i>	<i>Percent</i>	<i>of</i>	<i>Percent</i>
<i>Not needed or available and adequate</i>	5028	98.4		0.29
<i>New or different program or appliance may be needed because of condition or problem</i>	82	1.6		0.29
<i>Total</i>	5110	100.0		

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION L - CONTINENCE

<i>Urinary Continence (L.2)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>L2</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Continent</i>	1592	31.1	1.03
<i>Complete control with device or program</i>	215	4.2	0.49
<i>Usually continent</i>	427	8.4	0.67
<i>Occasionally incontinent</i>	402	7.9	0.52
<i>Frequently incontinent</i>	491	9.6	0.71
<i>Always/almost always incontinent</i>	1971	38.6	1.11
<i>Did not occur</i>	13	0.3	0.18
<i>Total</i>	5112	100.0	

<i>Bowel Continence (L.3)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>L3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Continent</i>	2030	39.7	1.09
<i>Complete control with device or program</i>	174	3.4	0.40
<i>Usually continent</i>	385	7.5	0.63
<i>Occasionally incontinent</i>	300	5.9	0.51
<i>Frequently incontinent</i>	330	6.5	0.62
<i>Always/almost always incontinent</i>	1890	37.0	1.10
<i>Did not occur</i>	3	0.1	0.04
<i>Total</i>	5112	100.0	

<i>Nighttime incontinence (L.4)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>L4</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	2022	39.6	1.10
<i>Yes</i>	3081	60.4	1.10
<i>Total</i>	5102	100.0	

SECTION M
PHYSICAL FUNCTION

M. PHYSICAL FUNCTION**M.1 INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

(IADLs) – Code for assistance provided to client in routine activities around the home or in the community during the last 7 days. Consider assistance provided over 24-hours per day

Code: 0 = No help/Independent – No set-up help, supervision/cueing, or hands-on assistance **OR** some type of help provided only 1 or 2 times

1 = Set-up help only – Set-up help provided ≥ 3 times

2 = Intervention/Cueing/Redirection – Oversight, standby assistance, encouragement, cueing, redirection provided ≥ 3 times

3 = Limited assistance – Child/client highly involved in activity; received help on some occasions (at least ≥ 3 times) but not all the time

4 = Extensive assistance – Child/client received help throughout task most of the time, or full performance by others some, but not all, of the time

5 = Total dependence – Full performance of the activity by others during entire period

8 = Activity did not occur – During 7 day period

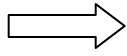
M.2 EFFECTS OF ILLNESS OR CONDITION ON IADL

NEEDS/CARE (Code M.2 as you complete M.1)

Code: 0 = Client/Child's condition did not affect the performance of the task (i.e., time it takes to do task or the number of persons needed to do task)

1 = Client/Child's condition affected the performance of the task (because of child's condition, task regularly takes longer to perform **OR** two-person assistance regularly provided/needed)

IADLs		M.1 Help	M.2 Effect?
a.	Meal preparation – prepared light meals/snacks (e.g., planning, cooking, assembling ingredients, setting out food & utensils)		
b.	Medication assistance (e.g., remembering to take medicines, opening bottles)		
c.	Telephone use – made and received telephone calls (using assistive devices, such as large numbers, amplification); includes finding number, making calls		
d.	Getting to places outside the home – arranged for transportation; including knowing where to go and ability to travel alone/independently		
e.	Laundry – sorting, washing, folding, putting away personal laundry (e.g., clothing, underwear), bedding, and towels		
f.	Ordinary/light housework – ordinary work around the home (e.g., doing dishes, dusting, sweeping or vacuuming, making bed, cleaning bathroom, tidying up)		
g.	Grocery shopping – shopping for food and household items (e.g., could take longer because of child's special diet or behavior)		



COMPLETE ITEMS 0.2.a.(2) – 0.2.h.(2) NOW

M.3 ACTIVITIES OF DAILY LIVING (ADL) – Code for assistance provided to client in last 7 days, including all 24 hours in a day

Code: 0 = No help/Independent – No set-up help, intervening/cueing, hands-on assistance **OR** some type of help provided only 1 or 2 times

1 = Set-up help only – Set-up help provided ≥ 3 times

2 = Cueing/Redirection/Monitoring – Oversight, standby assistance, encouragement, cueing, redirection provided ≥ 3 times

3 = Limited assistance – Child/client highly involved in activity; received physical/hands-on help (e.g., guided maneuvering of limbs) that is non-weight-bearing ≥ 3 times

4 = Extensive assistance – While child/client performed part of activity, over last 7-day period, help of the following type(s) provided 3 or more times:

- Weight-bearing support
- Full caregiver performance during part (not all) of last 7 days

5 = Total dependence – Full caregiver performance of activity during entire 7 days (e.g., each time activity occurred)

8 = Activity did not occur during entire 7 days

M.4 EFFECTS OF ILLNESS OR CONDITION ON ADL NEEDS/CARE IN LAST 7 DAYS
(Code M.4 as you complete M.3)

Code: 0 = Client/Child's condition did not affect the performance of the task (i.e., time it takes to do task or the number of persons needed to do task)

1 = Client/Child's condition affected the performance of the task (because of child's condition, task regularly takes longer to perform **OR** two-person assistance regularly provided/needed)

ADLs		M.3 Help	M.4 Effect?
a.	Bed mobility – moved to/from lying position, turns side to side and positions in bed		
b.	Positioning – moved/positioned in chair or other piece of furniture or equipment		
c.	Eating – ate and drank (regardless of skill)		
d.	Transfers – moved between surfaces, to/from bed, chair, wheelchair, standing position (EXCLUDE bath/shower transfers)		
e.	Locomotion Inside – moved between locations in the home; if uses wheelchair/electric cart, self-sufficiency once in chair/cart		
f.	Locomotion outside – moved between home and other places outside the home (e.g., school, doctor's office)		
g.	Toilet use – used the toilet room (or commode, bedpan, urinal); transferred on and off toilet; cleansed; changed pad/incontinence supplies; adjusted clothing		
h.	Dressing – put on, fastened, and took off all items of clothing, including donning/removing shoes, prostheses		

i.	Personal hygiene – maintained personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, managing feminine hygiene, washing/drying face, hands, perineum (EXCLUDE bathing)		
j.	Bathing – took full bath/shower, including transfer in and out. Code for most dependent performance in last 7 days – using codes below: 0. Independent 1. Set-up help only 2. Monitoring/oversight/cueing 3. Physical/hands-on help limited to transfer 4. Physical/hands-on help in part of bathing activity 5. Total dependence – full performance by other 8. Activity (full bath) did not occur during entire 7 days		

➡ **COMPLETE ITEMS 0.2.i.(2) – 0.2.p.(2) NOW**

M.5 ANY TWO-PERSON ASSISTANCE RECEIVED

Code: 0 = No 1 = Yes

a.	With any transfer – bed/chair/standing, toilet, or bathing, during the last 7 days	
b.	With any other ADL – during the last 7 days	

M.6 CLIENT NEEDS SPECIAL ASSISTANCE (CUEING, REDIRECTION, INTERVENTION, ETC.) FOR SAFETY OF SELF OR OTHERS DURING ADLs OR IADLs

Code: 0 = No 1 = Yes

a.	Needs special assistance for safety of self or others during ADLs or IADLs while in home	
b.	Needs special assistance for safety of self or others during ADLs or IADLs when outside the home	
c.	Other (specify):	

➡ **COMPLETE ITEMS 0.2.q.(2)–0.2.r.(2) NOW**

M.7 MAIN MODE OF LOCOMOTION IN LAST 7 DAYS

Code: 0 = No 1 = Yes

a.	Walking was main mode of locomotion	
b.	Wheelchair/cart/scooter was main mode of locomotion during last 7 days	
c.	Walking and wheelchair/cart used about equally	

M.8 USE OF & NEED FOR ASSISTIVE DEVICES TO MAXIMIZE/SUPPORT FUNCTIONING

Code: 0 = Not needed or available and adequate
1 = Referral to assess for unmet
DME needs

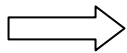
Durable Medical Equipment (DME)/Assistive Devices		
a.	Hospital bed	
b.	Bed mobility aids – e.g., bed rails, special mattress, postural supports like foam wedges, bed enclosure	
c.	Transfers aids – e.g., trapeze, transfer board, seat lift chair, Hoyer lift	
d.	Wheelchair, cart	
e.	Mobility aids/devices—e.g., cane, quad cane, crutches, walker	
f.	Bathing aids – e.g., shower chair, tub transfer bench	
g.	Medication management – e.g., talking clock, daily medication organizer	
h.	Meal preparation – e.g., rocker knife	
i.	Telephone use – e.g., voice activated telephone	
j.	Transportation – e.g., swivel cushion	
k.	Augmentative communication device	
l.	Gait trainer	
m.	Transcutaneous Electrical Nerve Stimulation (TENS) unit	
n.	Chest Physio Therapy (CPT) vest	
o.	Other (specify):	
p.	Other (specify):	

M.9 RESULTS OF DISCUSSION OF DME NEEDS WITH CLIENT/FAMILY

Code: 0 = No concerns expressed about current
DME needs
1 = Yes, family/client believes new or
additional DME needed

☐

Specify: _____



COMPLETE ITEM O.7.d NOW

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>IADL - Meal preparation (M.1a)</i>				
	<i>MI_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No help/independent/Condition did not affect task performance</i>		1812	35.5	1.09
<i>Set up help only</i>		64	1.2	0.31
<i>Intervention/Cueing/Redirection</i>		149	2.9	0.42
<i>Limited assistance</i>		153	3.0	0.31
<i>Extensive assistance</i>		508	9.9	0.76
<i>Total dependence</i>		2424	47.4	1.14
<i>Total</i>		5111	100.0	
<i>IADL - Medication assistance (M.1b)</i>				
	<i>MI_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No help/independent/Condition did not affect task performance</i>		2551	49.9	1.15
<i>Set up help only</i>		120	2.3	0.32
<i>Intervention/Cueing/Redirection</i>		163	3.2	0.39
<i>Limited assistance</i>		108	2.1	0.33
<i>Extensive assistance</i>		222	4.3	0.50
<i>Total dependence</i>		1952	38.2	1.09
<i>Total</i>		5116	100.0	
<i>IADL - Telephone use (M.1c)</i>				
	<i>MI_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No help/independent/Condition did not affect task performance</i>		3441	67.6	1.08
<i>Set up help only</i>		96	1.9	0.35
<i>Intervention/Cueing/Redirection</i>		74	1.5	0.28
<i>Limited assistance</i>		92	1.8	0.29
<i>Extensive assistance</i>		157	3.1	0.49
<i>Total dependence</i>		1227	24.1	0.97
<i>Total</i>		5088	100.0	
<i>IADL - Getting to places outside the home (M.1d)</i>				
	<i>MI_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No help/independent/Condition did not affect task performance</i>		2325	45.7	1.14
<i>Set up help only</i>		20	0.4	0.10
<i>Intervention/Cueing/Redirection</i>		96	1.9	0.32
<i>Limited assistance</i>		84	1.6	0.27
<i>Extensive assistance</i>		231	4.5	0.48
<i>Total dependence</i>		2337	45.9	1.14
<i>Total</i>		5094	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>IADL - Laundry (M.1e)</i>				
	<i>M1_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No help/independent/Condition did not affect task performance</i>		1721	33.7	1.10
<i>Set up help only</i>		17	0.3	0.10
<i>Intervention/Cueing/Redirection</i>		112	2.2	0.35
<i>Limited assistance</i>		133	2.6	0.33
<i>Extensive assistance</i>		353	6.9	0.58
<i>Total dependence</i>		2771	54.3	1.15
<i>Total</i>		5108	100.0	
<i>IADL - Ordinary/light housework (M.1f)</i>				
	<i>M1_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No help/independent/Condition did not affect task performance</i>		1899	37.2	1.12
<i>Set up help only</i>		46	0.9	0.24
<i>Intervention/Cueing/Redirection</i>		119	2.3	0.36
<i>Limited assistance</i>		168	3.3	0.34
<i>Extensive assistance</i>		379	7.4	0.62
<i>Total dependence</i>		2490	48.8	1.14
<i>Total</i>		5101	100.0	
<i>IADL - Grocery shopping (M.1g)</i>				
	<i>M1_G</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No help/independent/Condition did not affect task performance</i>		2756	54.1	1.13
<i>Set up help only</i>		3	0.1	0.03
<i>Intervention/Cueing/Redirection</i>		41	0.8	0.17
<i>Limited assistance</i>		67	1.3	0.22
<i>Extensive assistance</i>		175	3.4	0.38
<i>Total dependence</i>		2047	40.2	1.12
<i>Total</i>		5090	100.0	
<i>Effects of Illness on IADL - Meal preparation (M.2a)</i>				
	<i>M2_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		1805	35.3	1.09
<i>Client/child's condition affected the performance of the task</i>		3306	64.7	1.09
<i>Total</i>		5111	100.0	
<i>Effects of Illness on IADL - Medication assistance (M.2b)</i>				
	<i>M2_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		2538	49.7	1.15
<i>Client/child's condition affected the performance of the task</i>		2568	50.3	1.15
<i>Total</i>		5106	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>Effects of Illness on IADL - Telephone use (M.2c)</i>				
	<i>M2_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		3425	68.0	1.09
<i>Client/child's condition affected the performance of the task</i>		1609	32.0	1.09
<i>Total</i>		5033	100.0	

<i>Effects of Illness on IADL - Meal preparation (M.2d)</i>				
	<i>M2_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		2317	45.7	1.14
<i>Client/child's condition affected the performance of the task</i>		2759	54.3	1.14
<i>Total</i>		5076	100.0	

<i>Effects of Illness on IADL - Laundry (M.2e)</i>				
	<i>M2_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		1717	33.7	1.10
<i>Client/child's condition affected the performance of the task</i>		3372	66.3	1.10
<i>Total</i>		5089	100.0	

<i>Effects of Illness on IADL - Ordinary/light housework (M.2f)</i>				
	<i>M2_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		1895	37.2	1.12
<i>Client/child's condition affected the performance of the task</i>		3196	62.8	1.12
<i>Total</i>		5092	100.0	

<i>Effects of Illness on IADL - Meal preparation (M.2g)</i>				
	<i>M2_G</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		2743	54.0	1.14
<i>Client/child's condition affected the performance of the task</i>		2336	46.0	1.14
<i>Total</i>		5080	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>ADL - Bed Mobility (M.3a)</i>				
	<i>M3_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		3633	71.0	1.04
<i>Set up help only</i>		25	0.5	0.13
<i>Monitoring/oversight/cueing</i>		41	0.8	0.16
<i>Physical/hands-on help limited to transfer</i>		226	4.4	0.52
<i>Physical/ hands-on help in part of bathing activity</i>		229	4.5	0.49
<i>Total dependence</i>		962	18.8	0.91
<i>Total</i>		5116	100.0	
<i>ADL - Positioning (M.3b)</i>				
	<i>M3_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		3493	68.3	1.06
<i>Set up help only</i>		36	0.7	0.13
<i>Monitoring/oversight/cueing</i>		44	0.9	0.17
<i>Physical/hands-on help limited to transfer</i>		171	3.3	0.42
<i>Physical/ hands-on help in part of bathing activity</i>		244	4.8	0.52
<i>Total dependence</i>		1128	22.0	0.96
<i>Total</i>		5116	100.0	
<i>ADL - Eating (M.3c)</i>				
	<i>M3_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		2207	43.1	1.13
<i>Set up help only</i>		201	3.9	0.45
<i>Monitoring/oversight/cueing</i>		566	11.1	0.65
<i>Physical/hands-on help limited to transfer</i>		505	9.9	0.73
<i>Physical/ hands-on help in part of bathing activity</i>		457	8.9	0.68
<i>Total dependence</i>		1180	23.1	0.97
<i>Total</i>		5116	100.0	
<i>ADL - Transfers (M.3d)</i>				
	<i>M3_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		3090	60.4	1.10
<i>Set up help only</i>		23	0.5	0.12
<i>Monitoring/oversight/cueing</i>		59	1.2	0.18
<i>Physical/hands-on help limited to transfer</i>		217	4.2	0.46
<i>Physical/ hands-on help in part of bathing activity</i>		294	5.8	0.57
<i>Total dependence</i>		1433	28.0	1.03
<i>Total</i>		5116	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>ADL - Locomotion inside (M.3e)</i>				
	<i>M3_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		3262	63.8	1.09
<i>Set up help only</i>		46	0.9	0.23
<i>Monitoring/oversight/cueing</i>		122	2.4	0.24
<i>Physical/hands-on help limited to transfer</i>		267	5.2	0.48
<i>Physical/ hands-on help in part of bathing activity</i>		264	5.2	0.61
<i>Total dependence</i>		1154	22.6	0.95
<i>Total</i>		5116	100.0	
<i>ADL - Locomotion outside (M.3f)</i>				
	<i>M3_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		2788	54.6	1.13
<i>Set up help only</i>		41	0.8	0.16
<i>Monitoring/oversight/cueing</i>		198	3.9	0.38
<i>Physical/hands-on help limited to transfer</i>		349	6.8	0.55
<i>Physical/ hands-on help in part of bathing activity</i>		316	6.2	0.60
<i>Total dependence</i>		1418	27.8	1.03
<i>Total</i>		5110	100.0	
<i>ADL - Toilet use (M.3g)</i>				
	<i>M3_G</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		933	18.2	0.88
<i>Set up help only</i>		73	1.4	0.27
<i>Monitoring/oversight/cueing</i>		450	8.8	0.59
<i>Physical/hands-on help limited to transfer</i>		792	15.5	0.83
<i>Physical/ hands-on help in part of bathing activity</i>		598	11.7	0.71
<i>Total dependence</i>		2272	44.4	1.12
<i>Total</i>		5118	100.0	
<i>ADL - Dressing (M.3h)</i>				
	<i>M3_H</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		441	8.6	0.66
<i>Set up help only</i>		150	2.9	0.35
<i>Monitoring/oversight/cueing</i>		474	9.3	0.63
<i>Physical/hands-on help limited to transfer</i>		985	19.3	0.89
<i>Physical/ hands-on help in part of bathing activity</i>		821	16.1	0.82
<i>Total dependence</i>		2243	43.9	1.12
<i>Total</i>		5114	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>ADL - Personal hygiene (M.3i)</i>				
	<i>M3_I</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		454	8.9	0.69
<i>Set up help only</i>		127	2.5	0.33
<i>Monitoring/oversight/cueing</i>		503	9.8	0.60
<i>Physical/hands-on help limited to transfer</i>		835	16.3	0.80
<i>Physical/ hands-on help in part of bathing activity</i>		799	15.6	0.87
<i>Total dependence</i>		2397	46.9	1.13
<i>Total</i>		5114	100.0	

<i>ADL - Bathing (M.3j)</i>				
	<i>M3_J</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Independent/Condition did not affect task performance</i>		308	6.0	0.58
<i>Set up help only</i>		128	2.5	0.43
<i>Monitoring/oversight/cueing</i>		485	9.5	0.63
<i>Physical/hands-on help limited to transfer</i>		311	6.1	0.54
<i>Physical/ hands-on help in part of bathing activity</i>		1149	22.5	0.91
<i>Total dependence</i>		2731	53.4	1.14
<i>Total</i>		5112	100.0	

<i>Effects of Illness on ADL - Bed mobility (M.4a)</i>				
	<i>M4_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		3611	70.6	1.04
<i>Client/child's condition affected the performance of the task</i>		1505	29.4	1.04
<i>Total</i>		5115	100.0	

<i>Effects of Illness on ADL - Positioning (M.4b)</i>				
	<i>M4_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		3468	67.8	1.07
<i>Client/child's condition affected the performance of the task</i>		1646	32.2	1.07
<i>Total</i>		5114	100.0	

<i>Effects of Illness on ADL - Eating (M.4c)</i>				
	<i>M4_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		2161	42.3	1.13
<i>Client/child's condition affected the performance of the task</i>		2953	57.7	1.13
<i>Total</i>		5114	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>Effects of Illness on ADL - Transfers (M.4d)</i>				
	<i>M4_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		3069	60.0	1.10
<i>Client/child's condition affected the performance of the task</i>		2046	40.0	1.10
<i>Total</i>		5115	100.0	

<i>Effects of Illness on ADL - Locomotion inside (M.4e)</i>				
	<i>M4_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		3231	63.2	1.08
<i>Client/child's condition affected the performance of the task</i>		1882	36.8	1.08
<i>Total</i>		5113	100.0	

<i>Effects of Illness on ADL - Locomotion outside (M.4f)</i>				
	<i>M4_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		2761	54.1	1.13
<i>Client/child's condition affected the performance of the task</i>		2346	45.9	1.13
<i>Total</i>		5108	100.0	

<i>Effects of Illness on ADL - Toilet use (M.4g)</i>				
	<i>M4_G</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		921	18.0	0.88
<i>Client/child's condition affected the performance of the task</i>		4194	82.0	0.88
<i>Total</i>		5115	100.0	

<i>Effects of Illness on ADL - Dressing (M.4h)</i>				
	<i>M4_H</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		438	8.6	0.66
<i>Client/child's condition affected the performance of the task</i>		4666	91.4	0.66
<i>Total</i>		5104	100.0	

<i>Effects of Illness on ADL - Personal hygiene (M.4i)</i>				
	<i>M4_I</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		451	8.8	0.69
<i>Client/child's condition affected the performance of the task</i>		4654	91.2	0.69
<i>Total</i>		5105	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>Effects of Illness on ADL - Bathing (M.4j)</i>				
	<i>M4_J</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		303	6.0	0.58
<i>Client/child's condition affected the performance of the task</i>		4779	94.0	0.58
<i>Total</i>		5082	100.0	

<i>Two-person assistance with transfer (M.5a)</i>				
	<i>M5_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>		4258	83.3	0.84
<i>Yes</i>		852	16.7	0.84
<i>Total</i>		5110	100.0	

<i>Two-person assistance with any other ADL (M.5b)</i>				
	<i>M5_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>		4488	87.8	0.78
<i>Yes</i>		622	12.2	0.78
<i>Total</i>		5110	100.0	

<i>Special assistance for safety inside home (M.6a)</i>				
	<i>M6_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>		2480	48.5	1.14
<i>Yes</i>		2631	51.5	1.14
<i>Total</i>		5112	100.0	

<i>Special assistance for safety outside home (M.6b)</i>				
	<i>M6_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>		2619	51.2	1.15
<i>Yes</i>		2493	48.8	1.15
<i>Total</i>		5112	100.0	

<i>Other Special assistance for safety (M.6c)</i>				
	<i>M6_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>		5065	99.1	0.23
<i>Yes</i>		46	0.9	0.23
<i>Total</i>		5110	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

*Main mode of locomotion - Walking
(M.7a)*

	Weighted		Std Err of
M7_A	Frequency	Percent	Percent
No	1987	38.8	1.10
Yes	3127	61.2	1.10
Total	5113	100.0	

*Main mode of locomotion -
Wheelchair/cart/scooter (M.7b)*

	Weighted		Std Err of
M7_B	Frequency	Percent	Percent
No	3474	67.9	1.06
Yes	1641	32.1	1.06
Total	5115	100.0	

*Walking and wheelchair used equally
(M.7c)*

	Weighted		Std Err of
M7_C	Frequency	Percent	Percent
No	4872	95.5	0.48
Yes	232	4.5	0.48
Total	5104	100.0	

Assistive devices - Hospital bed (M.8a)

	Weighted		Std Err of
M8_A	Frequency	Percent	Percent
Not needed or available and adequate	4886	95.6	0.49
Referral to assess for unmet DME needs	225	4.4	0.49
Total	5111	100.0	

Assistive devices - Bed mobility aids (M.8b)

	Weighted		Std Err of
M8_B	Frequency	Percent	Percent
Not needed or available and adequate	4899	95.8	0.50
Referral to assess for unmet DME needs	216	4.2	0.50
Total	5115	100.0	

Assistive devices - Transfer aids (M.8c)

	Weighted		Std Err of
M8_C	Frequency	Percent	Percent
Not needed or available and adequate	4913	96.1	0.46
Referral to assess for unmet DME needs	198	3.9	0.46
Total	5111	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>Assistive devices - Wheelchair, cart (M.8d)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>M8_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed or available and adequate</i>	4694	91.7	0.69	
<i>Referral to assess for unmet DME needs</i>	423	8.3	0.69	
<i>Total</i>	5117	100.0		

<i>Assistive devices - Mobility aids/devices (M.8e)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>M8_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed or available and adequate</i>	4918	96.1	0.54	
<i>Referral to assess for unmet DME needs</i>	199	3.9	0.54	
<i>Total</i>	5117	100.0		

<i>Assistive devices - Bathing aids (M.8f)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>M8_F</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed or available and adequate</i>	4548	88.9	0.74	
<i>Referral to assess for unmet DME needs</i>	567	11.1	0.74	
<i>Total</i>	5115	100.0		

<i>Assistive devices - Medication management (M.8g)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>M8_G</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed or available and adequate</i>	5052	98.9	0.35	
<i>Referral to assess for unmet DME needs</i>	58	1.1	0.35	
<i>Total</i>	5110	100.0		

<i>Assistive devices - Meal preparation (M.8h)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>M8_H</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed or available and adequate</i>	5076	99.3	0.23	
<i>Referral to assess for unmet DME needs</i>	34	0.7	0.23	
<i>Total</i>	5109	100.0		

<i>Assistive devices - Telephone use(M.8i)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>M8_I</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed or available and adequate</i>	5086	99.5	0.21	
<i>Referral to assess for unmet DME needs</i>	25	0.5	0.21	
<i>Total</i>	5111	100.0		

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>Assistive devices - Transportation (M.8j)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>M8_J</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	5046	98.7		0.29
<i>Referral to assess for unmet DME needs</i>	65	1.3		0.29
<i>Total</i>	5111	100.0		

<i>Assistive devices - Augmentative communication device (M.8k)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>M8_K</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	5006	97.9		0.41
<i>Referral to assess for unmet DME needs</i>	109	2.1		0.41
<i>Total</i>	5115	100.0		

<i>Assistive devices - Gait trainer (M.8l)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>M8_L</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	5040	98.5		0.33
<i>Referral to assess for unmet DME needs</i>	74	1.5		0.33
<i>Total</i>	5115	100.0		

<i>Assistive devices - Transcutaneous electrical nerve stimulation unit (M.8m)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>M8_M</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	5095	99.6		0.22
<i>Referral to assess for unmet DME needs</i>	20	0.4		0.22
<i>Total</i>	5115	100.0		

<i>Assistive devices - Chest Physio Therapy (M.8n)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>M8_N</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	5098	99.7		0.09
<i>Referral to assess for unmet DME needs</i>	17	0.3		0.09
<i>Total</i>	5115	100.0		

<i>Assistive devices - Other DME (M.8o)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>M8_O</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	4751	93.0		0.69
<i>Referral to assess for unmet DME needs</i>	356	7.0		0.69
<i>Total</i>	5107	100.0		

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>Assistive devices - Other DME (M.8p)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>M8_P</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	4953	97.1		0.49
<i>Referral to assess for unmet DME needs</i>	150	2.9		0.49
<i>Total</i>	5102	100.0		

<i>Results of DME discussion (M.9)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>M9</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>No concerns expressed about current DME needs</i>	4205	82.3		0.92
<i>Yes family/client believes new or additional DME needed</i>	902	17.7		0.92
<i>Total</i>	5108	100.0		

SECTION N
HOUSEHOLD RESOURCES

N. HOUSEHOLD RESOURCES**IF CLIENT IS 18 OR OLDER, THEN SKIP THIS SECTION AND GO DIRECTLY TO SECTION O****N.1 PARENT/GUARDIAN STATUS/CHALLENGES****Code: 0 = No 1 = Yes**

a.	In school full-time		
b.	In school part-time (not full-time)		
c.	Working full-time outside home		
d.	Working part-time outside home (not full-time)		
e.	Other work situation (specify):		
f.	Responsible adult for other children		
	(1) If YES, record number of other children (use "0" to fill); if none, record "00"		
	(2) Number of dependent children in household, other than client, with special needs		
g.	Caregiving for a disabled or challenged <u>adult</u> family member in household (specify):		
h.	Caregiver's sleep is interrupted frequently throughout the night because of caregiving responsibilities related to child's condition		
i.	Because of physical limitations or disabilities (strength/stamina) parent/guardian is unable to assist client with some ADL or IADL tasks		
j.	Other (specify):		

N.2 NOTES ON HOW PARENT/GUARDIAN BARRIERS MAY AFFECT MEETING CLIENT'S ADL AND IADL NEEDS

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION N – HOUSEHOLD RESOURCES

<i>Parent/guardian status/challenges - In school full time (N.1a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>NI_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4194	94.5	0.57
<i>Yes</i>	244	5.5	0.57
<i>Total</i>	4437	100.0	

<i>Parent/guardian status/challenges - In school part-time (N.1b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>NI_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4282	96.5	0.35
<i>Yes</i>	155	3.5	0.35
<i>Total</i>	4437	100.0	

<i>Parent/guardian status/challenges - Working full-time outside home (N.1c)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>NI_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	2814	63.4	1.18
<i>Yes</i>	1623	36.6	1.18
<i>Total</i>	4437	100.0	

<i>Parent/guardian status/challenges - Working part-time outside of home (N.1d)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>NI_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	3715	83.6	0.94
<i>Yes</i>	728	16.4	0.94
<i>Total</i>	4443	100.0	

<i>Parent/guardian status/challenges - Other work situation (N.1e)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>NI_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	3967	89.6	0.74
<i>Yes</i>	459	10.4	0.74
<i>Total</i>	4426	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION N – HOUSEHOLD RESOURCES

<i>Parent/guardian status/challenges - Responsible adult for other children (N.1f)</i>			
<i>N1_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	1121	25.2	1.12
<i>Yes</i>	3318	74.8	1.12
<i>Total</i>	4438	100.0	

<i>Parent/guardian status/challenges - Number of other children (N.1fa)</i>			
<i>N1_FA</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>0</i>	82	2.5	0.44
<i>1</i>	989	29.8	1.28
<i>2</i>	1032	31.1	1.28
<i>3</i>	573	17.2	0.96
<i>4</i>	251	7.5	0.75
<i>5</i>	202	6.1	0.71
<i>6</i>	78	2.3	0.44
<i>7</i>	43	1.3	0.25
<i>8</i>	26	0.8	0.20
<i>9</i>	33	1.0	0.22
<i>10</i>	7	0.2	0.10
<i>11</i>	9	0.3	0.12
<i>Total</i>	3324	100.0	

<i>Parent/guardian status/challenges - Number of dependents with special needs (N.1fb)</i>			
<i>N1_FB</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>0</i>	1564	47.1	1.39
<i>1</i>	978	29.4	1.28
<i>2</i>	393	11.8	0.84
<i>3</i>	210	6.3	0.77
<i>4</i>	65	2.0	0.29
<i>5</i>	60	1.8	0.41
<i>6</i>	15	0.4	0.14
<i>7</i>	7	0.2	0.08
<i>8</i>	5	0.2	0.12
<i>9</i>	18	0.5	0.17
<i>10</i>	7	0.2	0.10
<i>Total</i>	3322	100.0	

APPENDIX B: CAF 4-20 FREQUENCY TABLES

SECTION N – HOUSEHOLD RESOURCES

<i>Parent/guardian status/challenges - Caregiver for disabled adult (N.1g)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>NI_G</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	3953	89.0	0.79
<i>Yes</i>	490	11.0	0.79
<i>Total</i>	4444	100.0	

<i>Parent/guardian status/challenges - Caregivers sleep interrupted (N.1h)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>NI_H</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	2065	46.5	1.22
<i>Yes</i>	2377	53.5	1.22
<i>Total</i>	4442	100.0	

<i>Parent/guardian status/challenges - Parent guardian unable to assist (N.1i)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>NI_I</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	2257	50.8	1.22
<i>Yes</i>	2184	49.2	1.22
<i>Total</i>	4441	100.0	

<i>Parent/guardian status/challenges - Other household issues (N.1j)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>NI_J</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	4128	94.1	0.58
<i>Yes</i>	257	5.9	0.58
<i>Total</i>	4385	100.0	

SECTION O
STRENGTHS AND NEEDS

O. STRENGTHS AND NEEDS**O.1 ADDITIONAL CONSIDERATIONS AND POTENTIAL COMPLEXITIES****Column (3): Review items noted in Column (2)****Code:** 0 = No problems noted 1 = At least one problem noted

(1) ISSUES		(2) ITEMS	(3) PROBLEMS	(4) Impact on ADL/IADL needs (may be continued on p. 14)
a.	Diagnoses/Conditions	C.1 - C.5		
b.	Decision-making	D.1 - D.5		
c.	Communication	E.1 - E.2		
d.	Hearing/Vision	F.1 - F.2		
e.	Behavior	G.1 - G.3		
f.	Weight /Height	H.1 - H.2		
g.	Medications	I.1		
h.	Continence	L.1 - L.4		
i.	Other			

O.2 PERSONAL CARE ASSISTANCE IN AVERAGE OR USUAL WEEK**Column (2): Potential PCS need (based on PCAF assessment)****Code:** 0 = No functional limitation

1 = Functional limitation present but the limitation is not affected by child/client's condition or problem

2 = Functional limitation is present and is affected by child/client's condition or problem

Column (3): PCS decision**Code:** 0 = No PCS assistance requested

1 = PCS assistance requested and approved

2 = PCS assistance requested but denied because of no functional limitation

3 = PCS assistance requested but denied because requested assistance is not covered by PCS services

4 = PCS assistance requested but denied because functional limitation is not related to child's condition/problem

5 = PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional

6 = PCS assistance requested but denied because PCS need is currently being met by another agency or program

7 = PCS assistance requested but denied because parent/guardian can meet needs (not applicable to client ≥ 18)

8 = PCS requested but denied for other reason; specify in Column (4)

(1) ACTIVITY		(2) NEED	(3) PCS	(4) ADDITIONAL INFORMATION
a.	Meal preparation			
b.	Medication assistance			
c.	Communication assistance			
d.	Arranging transportation			
e.	Accompaniment – Client/child needs to be accompanied when outside the home for personal care			
f.	Laundry			
g.	Light housework			
h.	Grocery shopping			
i.	Bed mobility or positioning in chair/wheelchair			
j.	Eating			
k.	Transfers			
l.	Locomotion			
m.	Toileting needs			
n.	Dressing			
o.	Personal hygiene			
p.	Bathing			
q.	Special assistance (cueing, redirection, etc) in home for safety of self or others during ADLs or IADLs			
r.	Special assistance (cueing, redirection, etc) outside home for safety of self or others during ADLs or IADLs			
s.	Escort to appointment for health services			
t.	Other (specify):			
u.	Other (specify):			

O.3 INDICATE THE NUMBER OF MINUTES OF PCS CARE FOR EACH HOUR OF EACH DAY DURING AN AVERAGE/USUAL WEEK. If two persons are needed for 20 minutes during one hour, then the total for that hour is 40 minutes.

24-Hour Flow Sheet								
	Time of Day	SUNDAY Minutes of PCS needed (1)	MONDAY Minutes of PCS needed (2)	TUESDAY Minutes of PCS needed (3)	WEDNESDAY Minutes of PCS needed (4)	THURSDAY Minutes of PCS needed (5)	FRIDAY Minutes of PCS needed (6)	SATURDAY Minutes of PCS needed (7)
a.	12:00 AM							
b.	1:00 AM							
c.	2:00 AM							
d.	3:00 AM							
e.	4:00 AM							
f.	5:00 AM							
g.	6:00 AM							
h.	7:00 AM							
i.	8:00 AM							
j.	9:00 AM							
k.	10:00 AM							
l.	11:00 AM							
m.	12:00 PM							
n.	1:00 PM							
o.	2:00 PM							
p.	3:00 PM							
q.	4:00 PM							
r.	5:00 PM							
s.	6:00 PM							
t.	7:00 PM							
u.	8:00 PM							
v.	9:00 PM							
w.	10:00 PM							
x.	11:00 PM							
y.	Total number of minutes per day							
z.	Total number of minutes per week. Sum daily totals in O.3.y.(1) through O.3.y.(7)							

[illegible]

O.4 PCS HOURS AUTHORIZED

DIVIDE TOTAL MINUTES OF PCS CARE AUTHORIZED (O.3.z) BY THE NUMBER SIXTY (60).

If the division does not result in a whole number (5.00, 9.00, etc) or a fraction representing a quarter-hour (e.g., 9.25, 9.50, 9.75), then you should round up to the next quarter-hour

(e.g., .01 - .25 = .25; .26 - .50 = .50; .51 - .75 = .75; .76 - .99 = go up to next full hour).

O.5 PCS HOURS REQUESTED AND PCS HOURS AUTHORIZED

Code: 0 = Responsible person made no request for a specific amount of PCS assistance
 1 = PCS hours authorized equal or exceed hours requested by responsible person
 2 = PCS hours authorized are less than hours requested by responsible person

O.6 NATURE OF ANY DISAGREEMENT ABOUT PCS HOURS/RATIONALE FOR DIFFERENCE

O.7 REFERRALS AND SERVICES NEEDED

Code: 0 = No 1 = Yes

Referrals will be made for:			Notes:
a.	Mental or behavioral health specialist services (G.3)		
b.	Nursing services assessment (See J.3)		
c.	Therapies or Treatments (See K.2)		
d.	Durable Medical Equipment (DME) assessment (See M.8 and M.9)		
e.	Other referrals related to PCS (specify):		

O.8 TARGET DATE FOR NEXT ASSESSMENT

Date:

O.9 ADDITIONAL COMMENTS RELATED TO CLIENT'S NEEDS FOR PCS, NURSING SERVICES, OR DME

<i>Additional considerations - Diagnoses/conditions (O.1a_3)</i>			
	Weighted		Std Err of
<i>O1_A_3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No problem noted</i>	40	0.8	0.22
<i>At least one problem noted</i>	5066	99.2	0.22
<i>Total</i>	5107	100.0	

<i>Additional considerations - Decision making (O.1b_3)</i>			
	Weighted		Std Err of
<i>O1_B_3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No problem noted</i>	748	14.6	0.85
<i>At least one problem noted</i>	4358	85.4	0.85
<i>Total</i>	5107	100.0	

<i>Additional considerations - Communication (O.1c_3)</i>			
	Weighted		Std Err of
<i>O1_C_3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No problem noted</i>	1472	28.8	1.04
<i>At least one problem noted</i>	3634	71.2	1.04
<i>Total</i>	5106	100.0	

<i>Additional considerations - Hearing/Vision (O.1d_3)</i>			
	Weighted		Std Err of
<i>O1_D_3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No problem noted</i>	3217	62.9	1.10
<i>At least one problem noted</i>	1894	37.1	1.10
<i>Total</i>	5111	100.0	

<i>Additional considerations - Behavior (O.1e_3)</i>			
	Weighted		Std Err of
<i>O1_E_3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No problem noted</i>	2118	41.5	1.13
<i>At least one problem noted</i>	2989	58.5	1.13
<i>Total</i>	5107	100.0	

<i>Additional considerations - Weight/Height (O.1f_3)</i>			
	Weighted		Std Err of
<i>O1_F_3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No problem noted</i>	3939	77.2	0.98
<i>At least one problem noted</i>	1163	22.8	0.98
<i>Total</i>	5102	100.0	

<i>Additional considerations - Medications (O.1g_3)</i>			
<i>O1_G_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No problem noted</i>	2258	44.1	1.14
<i>At least one problem noted</i>	2857	55.9	1.14
<i>Total</i>	5115	100.0	

<i>Additional considerations - Continence (O.1h_3)</i>			
<i>O1_H_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No problem noted</i>	1463	28.6	1.01
<i>At least one problem noted</i>	3647	71.4	1.01
<i>Total</i>	5110	100.0	

<i>Additional considerations - Other problem noted (O.1i_3)</i>			
<i>O1_I_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No problem noted</i>	4927	96.4	0.45
<i>At least one problem noted</i>	185	3.6	0.45
<i>Total</i>	5112	100.0	

<i>Potential need - Meal preparation (O.2a_2)</i>				
	<i>O2_A_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		647	12.7	0.79
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		1264	24.7	1.00
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		3195	62.6	1.12
<i>Total</i>		5106	100.0	

<i>Potential need - Medication assistance (O.2b_2)</i>				
	<i>O2_B_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		1470	28.8	1.05
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		1200	23.5	0.97
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		2439	47.7	1.14
<i>Total</i>		5109	100.0	

Potential need - Communication assistance (O.2c_2)

	<i>O2_C_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		2130	41.8	1.15
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		737	14.5	0.78
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		2227	43.7	1.12
<i>Total</i>		5094	100.0	

Potential need - Arranging transportation (O.2d_2)

	<i>O2_D_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		1496	29.3	1.07
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		1417	27.8	1.03
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		2191	42.9	1.12
<i>Total</i>		5104	100.0	

Potential need - Accompaniment (O.2e_2)

	<i>O2_E_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		1213	23.8	1.00
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		1191	23.3	0.99
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		2704	52.9	1.15
<i>Total</i>		5109	100.0	

Potential need - Laundry (O.2f_2)

	<i>O2_F_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		685	13.4	0.82
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		1075	21.0	0.97
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		3354	65.6	1.12
<i>Total</i>		5114	100.0	

Potential need - Light housework (O.2g_2)

	<i>O2_G_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		751	14.7	0.88
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		1273	24.9	1.02
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		3088	60.4	1.14
<i>Total</i>		5112	100.0	

Potential need - Grocery shopping (O.2h_2)

	<i>O2_H_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		1377	27.0	1.03
Functional limitation present but the limitation is not affected by child/clients condition or problem		1475	29.0	1.06
Functional limitation is present and is affected by child/clients condition or problem		2243	44.0	1.11
Total		5096	100.0	

Potential need - Bed mobility or positioning (O.2i_2)

	<i>O2_I_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		3128	61.5	1.10
Functional limitation present but the limitation is not affected by child/clients condition or problem		297	5.8	0.56
Functional limitation is present and is affected by child/clients condition or problem		1663	32.7	1.07
Total		5088	100.0	

Potential need - Eating (O.2j_2)

	<i>O2_J_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		1981	38.8	1.12
Functional limitation present but the limitation is not affected by child/clients condition or problem		280	5.5	0.58
Functional limitation is present and is affected by child/clients condition or problem		2839	55.7	1.15
Total		5100	100.0	

Potential need - Transfers (O.2k_2)

	<i>O2_K_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		2876	56.5	1.10
Functional limitation present but the limitation is not affected by child/clients condition or problem		194	3.8	0.48
Functional limitation is present and is affected by child/clients condition or problem		2025	39.7	1.10
Total		5094	100.0	

Potential need - Locomotion (O.2l_2)

	<i>O2_L_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		2796	54.9	1.10
Functional limitation present but the limitation is not affected by child/clients condition or problem		242	4.7	0.52
Functional limitation is present and is affected by child/clients condition or problem		2051	40.3	1.10
Total		5089	100.0	

Potential need - Toileting needs(O.2m_2)

	<i>O2_M_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		839	16.5	0.84
Functional limitation present but the limitation is not affected by child/clients condition or problem		203	4.0	0.53
Functional limitation is present and is affected by child/clients condition or problem		4052	79.5	0.95
Total		5093	100.0	

Potential need - Dressing (O.2n_2)

	<i>O2_N_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		301	5.9	0.53
Functional limitation present but the limitation is not affected by child/clients condition or problem		288	5.6	0.65
Functional limitation is present and is affected by child/clients condition or problem		4514	88.5	0.81
Total		5102	100.0	

Potential need - Personal hygiene (O.2o_2)

	<i>O2_O_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		352	6.9	0.60
Functional limitation present but the limitation is not affected by child/clients condition or problem		294	5.8	0.64
Functional limitation is present and is affected by child/clients condition or problem		4457	87.3	0.84
Total		5102	100.0	

Potential need - Bathing (O.2p_2)

	<i>O2_P_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		245	4.8	0.53
Functional limitation present but the limitation is not affected by child/clients condition or problem		294	5.8	0.66
Functional limitation is present and is affected by child/clients condition or problem		4565	89.4	0.82
Total		5104	100.0	

Potential need - Special assistance inside home (O.2q_2)

	<i>O2_Q_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No functional limitation		2276	44.9	1.14
Functional limitation present but the limitation is not affected by child/clients condition or problem		372	7.3	0.62
Functional limitation is present and is affected by child/clients condition or problem		2424	47.8	1.15
Total		5073	100.0	

Potential need - Special assistance outside home (O.2r_2)

	<i>O2_R_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		2358	46.5	1.14
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		390	7.7	0.61
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		2324	45.8	1.15
<i>Total</i>		5073	100.0	

Potential need - Escort to appointment for health service

	<i>O2_S_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		1723	41.3	1.16
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		651	15.6	0.92
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		1794	43.0	1.16
<i>Total</i>		4169	100.0	

Potential need - Other potential PCS need (O.2t_2)

	<i>O2_T_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		5001	98.1	0.33
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		13	0.3	0.09
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		84	1.6	0.32
<i>Total</i>		5098	100.0	

Potential need - Other potential PCS need (O.2u_2)

	<i>O2_U_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No functional limitation</i>		5069	99.4	0.12
<i>Functional limitation present but the limitation is not affected by child/clients condition or problem</i>		11	0.2	0.08
<i>Functional limitation is present and is affected by child/clients condition or problem</i>		18	0.4	0.09
<i>Total</i>		5098	100.0	

PCS decision - Meal preparation (O.2a_3)

	<i>O2_A_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		2144	41.9	1.13
<i>PCS assistance requested and approved</i>		2547	49.8	1.13
<i>PCS assistance requested but denied because of no functional limitation</i>		84	1.6	0.30
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		11	0.2	0.07
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		126	2.5	0.38
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		34	0.7	0.14
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		36	0.7	0.23
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		130	2.5	0.33
<i>PCS requested by denied for other reason</i>		1	0.0	0.01
<i>Total</i>		5114	100.0	

PCS decision - Medication assistance (O.2b_3)

	<i>O2_B_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		3607	70.6	1.05
<i>PCS assistance requested and approved</i>		915	17.9	0.90
<i>PCS assistance requested but denied because of no functional limitation</i>		48	0.9	0.23
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		47	0.9	0.23
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		71	1.4	0.33
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		99	1.9	0.27
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		56	1.1	0.31
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		268	5.2	0.40
<i>PCS requested by denied for other reason</i>		1	0.0	0.01
<i>Total</i>		5112	100.0	

PCS decision - Communication assistance (O.2c_3)

	<i>O2_C_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		4352	85.3	0.79
<i>PCS assistance requested and approved</i>		424	8.3	0.65
<i>PCS assistance requested but denied because of no functional limitation</i>		72	1.4	0.31
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		23	0.5	0.12
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		40	0.8	0.20
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		6	0.1	0.05
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		27	0.5	0.18
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		157	3.1	0.29
<i>PCS requested by denied for other reason</i>		1	0.0	0.01
<i>Total</i>		5101	100.0	

PCS decision - Arranging transportation (O.2d_3)

	<i>O2_D_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		4079	79.9	0.89
<i>PCS assistance requested and approved</i>		546	10.7	0.70
<i>PCS assistance requested but denied because of no functional limitation</i>		40	0.8	0.21
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		6	0.1	0.06
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		86	1.7	0.33
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		4	0.1	0.04
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		51	1.0	0.25
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		292	5.7	0.45
<i>PCS requested by denied for other reason</i>		3	0.1	0.03
<i>Total</i>		5106	100.0	

PCS decision - Accompaniment (O.2e_3)

	<i>O2_E_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		3388	66.3	1.06
<i>PCS assistance requested and approved</i>		1302	25.5	0.97
<i>PCS assistance requested but denied because of no functional limitation</i>		56	1.1	0.29
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		16	0.3	0.09
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		74	1.4	0.35
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		6	0.1	0.06
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		46	0.9	0.25
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		215	4.2	0.39
<i>PCS requested by denied for other reason</i>		7	0.1	0.06
<i>Total</i>		5108	100.0	

PCS decision - Laundry (O.2f_3)

	<i>O2_F_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		1957	38.3	1.12
<i>PCS assistance requested and approved</i>		2766	54.1	1.14
<i>PCS assistance requested but denied because of no functional limitation</i>		73	1.4	0.32
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		3	0.1	0.03
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		89	1.7	0.29
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		16	0.3	0.20
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		32	0.6	0.17
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		170	3.3	0.38
<i>PCS requested by denied for other reason</i>		4	0.1	0.04
<i>Total</i>		5110	100.0	

PCS decision - Light housework (O.2g_3)

	<i>O2_G_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		2181	42.7	1.14
<i>PCS assistance requested and approved</i>		2510	49.1	1.14
<i>PCS assistance requested but denied because of no functional limitation</i>		73	1.4	0.30
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		5	0.1	0.05
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		130	2.6	0.38
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		20	0.4	0.21
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		31	0.6	0.19
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		158	3.1	0.33
<i>PCS requested by denied for other reason</i>		3	0.1	0.04
<i>Total</i>		5112	100.0	

PCS decision - Grocery shopping (O.2h_3)

	<i>O2_H_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		3574	70.1	1.04
<i>PCS assistance requested and approved</i>		1094	21.5	0.94
<i>PCS assistance requested but denied because of no functional limitation</i>		45	0.9	0.21
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		3	0.1	0.04
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		108	2.1	0.34
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		15	0.3	0.20
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		34	0.7	0.20
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		215	4.2	0.37
<i>PCS requested by denied for other reason</i>		11	0.2	0.09
<i>Total</i>		5099	100.0	

PCS decision - Bed mobility or positioning (O.2i_3)

	<i>O2_I_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		3685	72.3	1.04
<i>PCS assistance requested and approved</i>		1244	24.4	0.99
<i>PCS assistance requested but denied because of no functional limitation</i>		75	1.5	0.30
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		1	0.0	0.02
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		18	0.4	0.10
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		14	0.3	0.20
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		17	0.3	0.10
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		34	0.7	0.14
<i>PCS requested by denied for other reason</i>		1	0.0	0.01
	9	9	0.2	0.15
<i>Total</i>		5098	100.0	

PCS decision - Eating (O.2j_3)

	<i>O2_J_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		2379	46.7	1.14
<i>PCS assistance requested and approved</i>		2473	48.5	1.14
<i>PCS assistance requested but denied because of no functional limitation</i>		61	1.2	0.28
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		11	0.2	0.08
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		8	0.2	0.07
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		65	1.3	0.29
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		25	0.5	0.17
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		73	1.4	0.33
<i>PCS requested by denied for other reason</i>		2	0.0	0.02
<i>Total</i>		5096	100.0	

<i>PCS decision - Transfers (O.2k_3)</i>				
	<i>O2_K_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		3109	61.0	1.12
<i>PCS assistance requested and approved</i>		1845	36.2	1.09
<i>PCS assistance requested but denied because of no functional limitation</i>		86	1.7	0.34
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		1	0.0	0.02
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		8	0.2	0.07
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		13	0.3	0.20
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		7	0.1	0.06
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		21	0.4	0.11
<i>PCS requested by denied for other reason</i>		3	0.1	0.02
<i>Total</i>		5094	100.0	

<i>PCS decision - Locomotion (O.2l_3)</i>				
	<i>O2_L_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		3340	65.7	1.08
<i>PCS assistance requested and approved</i>		1589	31.3	1.04
<i>PCS assistance requested but denied because of no functional limitation</i>		85	1.7	0.34
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		3	0.1	0.04
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		8	0.2	0.07
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		15	0.3	0.20
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		12	0.2	0.08
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		27	0.5	0.12
<i>PCS requested by denied for other reason</i>		4	0.1	0.04
<i>Total</i>		5082	100.0	

PCS decision - Toileting needs (O.2m_3)

	<i>O2_M_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		990	19.4	0.91
<i>PCS assistance requested and approved</i>		4020	78.9	0.94
<i>PCS assistance requested but denied because of no functional limitation</i>		34	0.7	0.18
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		1	0.0	0.02
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		5	0.1	0.06
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		16	0.3	0.20
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		6	0.1	0.05
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		19	0.4	0.11
<i>PCS requested by denied for other reason</i>		1	0.0	0.01
<i>Total</i>		5092	100.0	

PCS decision - Dressing (O.2n_3)

	<i>O2_N_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		389	7.6	0.63
<i>PCS assistance requested and approved</i>		4600	90.2	0.71
<i>PCS assistance requested but denied because of no functional limitation</i>		30	0.6	0.17
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		1	0.0	0.02
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		22	0.4	0.18
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		15	0.3	0.20
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		15	0.3	0.10
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		23	0.4	0.13
<i>PCS requested by denied for other reason</i>		1	0.0	0.02
<i>Total</i>		5097	100.0	

PCS decision - Personal hygiene (O.2o_3)

	<i>O2_O_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		479	9.4	0.67
<i>PCS assistance requested and approved</i>		4474	87.8	0.77
<i>PCS assistance requested but denied because of no functional limitation</i>		48	0.9	0.24
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		1	0.0	0.02
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		18	0.4	0.17
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		15	0.3	0.20
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		22	0.4	0.16
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		37	0.7	0.15
<i>PCS requested by denied for other reason</i>		1	0.0	0.02
<i>Total</i>		5096	100.0	

PCS decision - Bathing (O.2p_3)

	<i>O2_P_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		362	7.1	0.64
<i>PCS assistance requested and approved</i>		4625	90.7	0.72
<i>PCS assistance requested but denied because of no functional limitation</i>		33	0.6	0.22
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		1	0.0	0.02
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		10	0.2	0.08
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		17	0.3	0.21
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		22	0.4	0.13
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		27	0.5	0.14
<i>PCS requested by denied for other reason</i>		1	0.0	0.02
<i>Total</i>		5099	100.0	

PCS decision - Special assistance in home (O.2q_3)

	O2_Q_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		3223	63.5	1.11
PCS assistance requested and approved		1536	30.2	1.06
PCS assistance requested but denied because of no functional limitation		69	1.4	0.31
PCS assistance requested but denied because requested assistance is not covered by PCS services		104	2.0	0.27
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		3	0.1	0.04
PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional		13	0.3	0.20
PCS assistance requested but denied because PCS need is currently being met by another agency or program		21	0.4	0.13
PCS assistance requested but denied because parent/guardian can meet needs		101	2.0	0.23
PCS requested by denied for other reason		9	0.2	0.09
Total		5077	100.0	

PCS decision - Special assistance outside home (O.2r_3)

	O2_R_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		3461	68.2	1.08
PCS assistance requested and approved		1276	25.1	1.02
PCS assistance requested but denied because of no functional limitation		66	1.3	0.31
PCS assistance requested but denied because requested assistance is not covered by PCS services		111	2.2	0.28
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		14	0.3	0.20
PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional		13	0.3	0.20
PCS assistance requested but denied because PCS need is currently being met by another agency or program		19	0.4	0.12
PCS assistance requested but denied because parent/guardian can meet needs		106	2.1	0.24
PCS requested by denied for other reason		10	0.2	0.09
Total		5077	100.0	

PCS decision - Escort to appointment for health service

	<i>O2_S_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		3058	73.3	0.99
<i>PCS assistance requested and approved</i>		839	20.1	0.88
<i>PCS assistance requested but denied because of no functional limitation</i>		21	0.5	0.18
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		6	0.1	0.06
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		15	0.4	0.13
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		13	0.3	0.24
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		7	0.2	0.07
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		193	4.6	0.46
<i>PCS requested by denied for other reason</i>		19	0.5	0.14
<i>Total</i>		4171	100.0	

PCS decision - PCS decision for other PCS need (O.2t_3)

	<i>O2_T_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		5011	98.1	0.37
<i>PCS assistance requested and approved</i>		61	1.2	0.29
<i>PCS assistance requested but denied because of no functional limitation</i>		23	0.4	0.22
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		3	0.0	0.04
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		3	0.1	0.04
<i>PCS requested by denied for other reason</i>		6	0.1	0.05
	89	2	0.0	0.04
<i>Total</i>		5110	100.0	

PCS decision - PCS decision for other PCS need (O.2u_3)

	<i>O2_U_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		5074	99.3	0.23
<i>PCS assistance requested but denied because of no functional limitation</i>		25	0.5	0.22
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		2	0.0	0.03
<i>PCS requested by denied for other reason</i>		6	0.1	0.05
	89	2	0.0	0.04
<i>Total</i>		5110	100.0	

<i>PCS Hours Authorized (O.4)</i>	
<i>Mean</i>	25.2
<i>Standard Deviation</i>	20.21
<i>Range</i>	156.5
<i>Minimum</i>	1.3
<i>10th Percentile</i>	9.8
<i>25th Percentile</i>	14.9
<i>50th Percentile/Median</i>	22.0
<i>75th Percentile</i>	32.1
<i>90th Percentile</i>	77.7
<i>Maximum</i>	157.8

<i>Hours Requested and PCS Hours Authorized</i>			
	<i>O_5</i>	<i>Weighted Frequency</i>	<i>Std Err of Percent</i>
<i>Responsible person made no request for a specific amount of PCS assistance</i>		3194	63.7
<i>PCS hours authorized equal or exceed hours requested by responsible person</i>		1624	32.4
<i>PCS hours authorized are less than hours requested by responsible person</i>		198	3.9
<i>Total</i>		5016	100.0

<i>Referrals and Services Needed - Mental or Behavioral Health Specialist(O.7a)</i>			
	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>O_7A</i>			
<i>No</i>	4709	92.0	0.62
<i>Yes</i>	408	8.0	0.62
<i>Total</i>	5117	100.0	

<i>Referrals and Services Needed - Nursing services assessment (O.7b)</i>			
	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>O_7B</i>			
<i>No</i>	4955	96.9	0.43
<i>Yes</i>	160	3.1	0.43
<i>Total</i>	5115	100.0	

<i>Referrals and Services Needed - Therapies or Treatments (O.7c)</i>			
	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>O_7C</i>			
<i>No</i>	4623	90.4	0.75
<i>Yes</i>	490	9.6	0.75
<i>Total</i>	5113	100.0	

<i>Referrals and Services Needed - Durable Medical Equipment(O.7d)</i>			
<i>O_7D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No	4404	86.1	0.83
Yes	713	13.9	0.83
Total	5117	100.0	

<i>Referrals and Services Needed - Other referrals related to PCS (O.7e)</i>			
<i>O_7E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No	4426	87.1	0.74
Yes	655	12.9	0.74
Total	5081	100.0	

APPENDIX C

DESCRIPTIVE DATA FOR PCAF 0-3

SECTION AA
CLIENT INFORMATION

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION AA – CLIENT INFORMATION

<i>Age</i>			
<i>AGE</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
0	33	8.9	3.33
1	112	30.1	4.25
2	93	25.0	4.22
3	133	36.0	4.21
<i>Total</i>	371	100.0	

<i>Gender</i>			
<i>GENDER</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
Male	150	40.3	4.46
Female	222	59.7	4.46
<i>Total</i>	372	100.0	

<i>PCS Provider Chosen</i>				
	<i>PCS</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
Home Health Agency or PCS only Provider		300	80.1	2.82
Consumer Directed Services		53	14.1	2.49
Service Responsibility Option		12	3.2	1.13
Not Indicated		10	2.7	1.11
<i>Total</i>		375	100.0	

<i>PCS Services Determination</i>			
<i>ADM</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
Approved	236	63.0	4.05
Denied	2	0.5	0.54
Modified	24	6.3	2.17
Not indicated	113	30.1	3.91
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION AA – CLIENT INFORMATION

<i>TRANS</i>	<i>Translator</i>		<i>Std Err of</i> <i>Percent</i>
	<i>Weighted</i> <i>Frequency</i>	<i>Percent</i>	
<i>No</i>	348	92.7	2.00
<i>Yes</i>	27	7.3	2.00
<i>Total</i>	375	100.0	

SECTION A
OTHER PROGRAM/AGENCY INVOLVEMENT

SECTION B
REASON FOR ASSESSMENT

A. OTHER PROGRAM/AGENCY INVOLVEMENT**A.1 OTHER CURRENT PROGRAM/AGENCY INVOLVEMENT WITH CLIENT/PARENT/GUARDIAN**

(e.g., DARS, DADS, WIC, ECI, MHA, MRA, DFPS, IHFS, Waiver Programs, Other)

AGENCY/PROGRAM (1)	CLIENT/FAMILY MEMBER (2)	RECEIVING/REFERRED/ APPLIED/WAITING (3)	CONTACT PERSON (4)	PHONE NUMBER (5)
a.				
b.				
c.				
d.				
e.				
f.				

B. REASON FOR ASSESSMENT**B.1 REASON FOR ASSESSMENT**

Code: 0 = Intake assessment

1 = Scheduled reassessment

2 = Change in status assessment

3 = Other (Specify): _____

☐

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION A – OTHER AGENCY INVOLVEMENT

<i>Other Program/Agency Involvement - Agency/Program (A.1a)</i>			
<i>AGENCY1A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>DARS</i>	1	0.2	0.16
<i>DADS</i>	1	0.3	0.29
<i>WIC</i>	56	15.3	3.54
<i>ECI</i>	55	14.9	3.73
<i>DFPS</i>	2	0.6	0.50
<i>Waiver Programs</i>	2	0.5	0.33
<i>Other</i>	251	68.2	4.44
<i>Total</i>	369	100.0	

<i>Other Program/Agency Involvement - Client/Family Member (A.2a)</i>			
<i>CLIENT2A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client</i>	303	83.1	3.26
<i>Family Member</i>	4	1.2	0.63
<i>Both</i>	57	15.7	3.22
<i>Total</i>	364	100.0	

<i>Other Program/Agency Involvement - Receiving/Referred/Applied/Waiting (A.3a)</i>			
<i>REC3A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Receiving</i>	322	89.6	3.14
<i>Referred</i>	8	2.3	1.18
<i>Applied</i>	4	1.2	0.88
<i>Waiting</i>	24	6.8	2.90
<i>Total</i>	359	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION B - REASON FOR ASSESSMENT

<i>Reason for Assessment (B.1)</i>			
<i>B1</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Intake assessment</i>	224	59.6	4.33
<i>Scheduled reassessment</i>	141	37.7	4.26
<i>Change in status assessment</i>	8	2.1	1.31
<i>Other</i>	2	0.6	0.60
<i>Total</i>	375	100.0	

SECTION C
DIAGNOSES AND HEALTH CONDITIONS

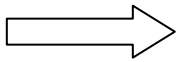
C. DIAGNOSES & HEALTH CONDITIONS

For C1, C2, C3, and C4: Code only for those active diagnoses that currently affect the client's functional, cognitive, or behavioral status or require treatment, therapy, or medication **AND** were diagnosed by a licensed or certified health care professional. For C5, code only those conditions or problems that currently affect the client's functional, cognitive, or behavioral status or require treatment, therapy, or medication.

Code: 0 = No 1 = Yes, condition active and diagnosed

C.1	MEDICAL DIAGNOSES	
a.	Anemia	
b.	Apnea	
c.	Arthritis	
d.	Asthma/respiratory disorder	
e.	Cancer	
f.	Cerebral Palsy	
g.	Cleft Palate	
h.	Congenital heart disorder	
i.	Cystic Fibrosis	
j.	Diabetes	
k.	Epilepsy or other chronic seizure disorder	
l.	Explicit terminal prognosis	
m.	Failure to thrive	
n.	Hemophilia	
o.	Hydro/microcephaly	
p.	Metabolic disorders (e.g., PKU)	
q.	Muscular Dystrophy	
r.	Paraplegia/tetraplegia/quadriplegia	
s.	Pathological bone fracture	
t.	Renal failure	
u.	Spina Bifida or other spinal cord dysfunction	
v.	Substance-abuse-related problems at birth (e.g., fetal alcohol syndrome, cocaine dependency)	
w.	Traumatic brain injury	
C.2	OTHER MEDICAL DIAGNOSES	
a.	Specify:	
b.	Specify:	
c.	Specify:	
C.3	INFECTIONS	
a.	Antibiotic resistant infection (e.g., MRSA)	
b.	Other (specify):	
C.4	PSYCHIATRIC, BEHAVIORAL, OR DEVELOPMENTAL DIAGNOSES	
a.	Attention deficit (ADD) or ADHD	
b.	Autistic disorder or other pervasive developmental disorders (e.g., Asperger's, Rett's)	
c.	Disruptive behavior disorders (e.g., oppositional defiant disorder)	
d.	Down Syndrome	
e.	Intellectual disability	

f.	Other (specify):	
g.	Other (specify):	
C.5	HEALTH CONDITIONS Code: 0 = No 1 = Yes, currently active	
a.	Fracture(s)	
b.	Recurrent aspiration	
c.	Bed-bound or chair-fast (because of health condition; at least 23 hours per day)	
d.	Shortness of breath during normal activities	
e.	Contracture(s)	
f.	Pressure ulcers, wounds, skin lesions	
g.	Other (specify):	



COMPLETE ITEM O.1.a.(3) NOW

C.6 CLIENT'S CURRENT CONDITIONS

Code: 1 = Medical
2 = Psychiatric/Developmental/Behavioral
3 = Both

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Medical Diagnoses - Anemia (C.1a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	339	90.4	2.86
Yes	36	9.6	2.86
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Apnea (C.1b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	341	90.8	2.30
Yes	34	9.2	2.30
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Arthritis (C.1c)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	371	99.0	0.61
Yes	4	1.0	0.61
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Asthma/respiratory disorder (C.1d)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	248	66.2	4.23
Yes	127	33.8	4.23
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Cancer (C.1e)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	358	95.5	3.01
Yes	17	4.5	3.01
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Cerebral Palsy (C.1f)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_F</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	318	84.8	2.91
Yes	57	15.2	2.91
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Medical Diagnoses - Cleft Palate (C.1g)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_G</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	364	97.1	1.24
Yes	11	2.9	1.24
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Congenital heart disorder (C.1h)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_H</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	323	86.0	3.15
Yes	52	14.0	3.15
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Cystic Fibrosis (C.1i)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_I</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	371	98.8	1.18
Yes	4	1.2	1.18
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Diabetes (C.1j)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_J</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	368	98.5	0.92
Yes	6	1.5	0.92
<i>Total</i>	373	100.0	

<i>Medical Diagnoses - Epilepsy or other chronic seizure disorder (C.1k)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_K</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	266	71.0	4.44
Yes	109	29.0	4.44
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Explicit terminal prognosis (C.1l)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>Cl_L</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	360	95.9	2.96
Yes	16	4.1	2.96
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Medical Diagnoses - Failure to thrive (C.1m)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_M</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	320	85.3	2.99
Yes	55	14.7	2.99
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Hemophilia (C.1n)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_N</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	375	100.0	0.00
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Hydro/microcephaly (C.1o)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_O</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	293	78.0	4.20
Yes	82	22.0	4.20
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Metabolic Disorders (C.1p)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_P</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	358	95.4	2.50
Yes	17	4.6	2.50
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Muscular Dystrophy (C.1q)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_Q</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	372	99.1	0.44
Yes	3	0.9	0.44
<i>Total</i>	375	100.0	

<i>Medical Diagnoses - Paraplegia/tetraplegia/quadriplegia (C.1r)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_R</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	343	91.5	2.95
Yes	32	8.5	2.95
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Medical Diagnoses - Pathological bone fracture (C.1s)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_S</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	371	98.9	0.77
Yes	4	1.1	0.77
Total	375	100.0	

<i>Medical Diagnoses - Renal Failure (C.1t)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_T</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	366	97.7	1.42
Yes	9	2.3	1.42
Total	375	100.0	

<i>Medical Diagnoses - Spina Bifida or other spinal cord dysfunction (C.1u)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_U</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	351	93.5	2.28
Yes	24	6.5	2.28
Total	375	100.0	

<i>Medical Diagnoses - Substance abuse related problems (C.1v)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_V</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	361	96.6	1.55
Yes	13	3.4	1.55
Total	373	100.0	

<i>Medical Diagnoses - Traumatic brain injury (C.1w)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>CI_W</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	352	93.8	2.60
Yes	23	6.2	2.60
Total	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Other Medical Diagnoses - Other Diagnosis Present (C.2a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C2_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	141	37.7	4.59
<i>Yes</i>	234	62.3	4.59
<i>Total</i>	375	100.0	

<i>Other Medical Diagnoses - Other Diagnosis Present (C.2b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C2_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	236	62.9	4.47
<i>Yes</i>	139	37.1	4.47
<i>Total</i>	375	100.0	

<i>Other Medical Diagnoses - Other Diagnosis Present (C.2c)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C2_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	289	77.0	3.95
<i>Yes</i>	86	23.0	3.95
<i>Total</i>	375	100.0	

<i>Infections - Antibiotic Resistant Infection (C.3a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C3_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	369	98.4	0.96
<i>Yes</i>	6	1.6	0.96
<i>Total</i>	375	100.0	

<i>Infections - Other infection (C.3b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C3_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	364	97.1	1.14
<i>Yes</i>	11	2.9	1.14
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Psychiatric, Developmental or Behavioral Diagnoses - Attention deficit (ADD) or ADHD (C.4a)</i>			
<i>C4_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No	346	92.3	1.81
Yes	29	7.7	1.81
Total	375	100.0	

<i>Psychiatric, Developmental or Behavioral Diagnoses - Autistic disorder (C.4b)</i>			
<i>C4_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No	330	88.1	3.28
Yes	45	11.9	3.28
Total	375	100.0	

<i>Psychiatric, Developmental or Behavioral Diagnoses - Disruptive behavior disorders (C.4c)</i>			
<i>C4_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No	355	94.7	1.71
Yes	20	5.3	1.71
Total	375	100.0	

<i>Psychiatric, Developmental or Behavioral Diagnoses - Down Syndrome (C.4d)</i>			
<i>C4_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No	368	98.2	0.87
Yes	7	1.8	0.87
Total	375	100.0	

<i>Psychiatric, Developmental or Behavioral Diagnoses - Intellectual disability (C.4e)</i>			
<i>C4_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No	252	67.4	4.41
Yes	122	32.6	4.41
Total	373	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Psychiatric, Developmental or Behavioral Diagnoses - Other Disorder (C.4f)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_F</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	305	81.2	2.86
<i>Yes</i>	70	18.8	2.86
<i>Total</i>	375	100.0	

<i>Psychiatric, Developmental or Behavioral Diagnoses - Other Disorder (C.4g)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C4_G</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	369	98.5	0.76
<i>Yes</i>	6	1.5	0.76
<i>Total</i>	375	100.0	

<i>Health Conditions/Problems - Fracture(s) (C.5a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C5_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	365	97.4	1.20
<i>Yes</i>	10	2.6	1.20
<i>Total</i>	375	100.0	

<i>Health Conditions/Problems - Recurrent aspiration (C.5b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C5_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	329	87.8	3.27
<i>Yes</i>	46	12.2	3.27
<i>Total</i>	375	100.0	

<i>Health Conditions/Problems - Bed- bound or chair- fast (C.5c)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>C5_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	304	81.6	3.52
<i>Yes</i>	68	18.4	3.52
<i>Total</i>	373	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION C - DIAGNOSES AND HEALTH CONDITIONS

<i>Health Conditions/Problems - Shortness of breath during normal activities (C.5d)</i>			
<i>C5_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	335	89.2	2.60
<i>Yes</i>	41	10.8	2.60
<i>Total</i>	375	100.0	

<i>Health Conditions/Problems - Contracture(s) (C.5e)</i>			
<i>C5_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	326	87.0	3.38
<i>Yes</i>	49	13.0	3.38
<i>Total</i>	375	100.0	

<i>Health Conditions/Problems - Pressure ulcers, wounds, skin lesions (C.5f)</i>			
<i>C5_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	364	96.9	1.23
<i>Yes</i>	12	3.1	1.23
<i>Total</i>	375	100.0	

<i>Health Conditions/Problems - Other Condition (C.5g)</i>			
<i>C5_G</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	340	90.6	2.28
<i>Yes</i>	35	9.4	2.28
<i>Total</i>	375	100.0	

<i>Clients Current Condition (C.6)</i>				
	<i>CURRENT</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Psychiatric/Developmental/Behavioral</i>	<i>Medical</i>	195	52.4	4.40
	<i>Psychiatric/Developmental/Behavioral</i>	38	10.1	2.21
	<i>Both</i>	140	37.5	4.05
<i>Total</i>		373	100.0	

SECTION D
COGNITIVE FUNCTION

SECTION E
COMMUNICATION

SECTION F
HEARING AND VISION

D. COGNITIVE FUNCTION**D.1 COMATOSE OR PERSISTENT VEGETATIVE STATE**

Code: 0 = No 1 = Yes

☐

IF "YES" – SKIP TO SECTION H

E. COMMUNICATION**E.1 MAKING SELF UNDERSTOOD** – Expressing information content, however able☐

Code: 0 = **Understood** – Expressed needs without difficulty; child was always/almost always understood by others
 1 = **Difficulty making needs known** – Difficulty expressing needs clearly; only understood some of the time
 2 = **Rarely/never understood** – Others rarely/never understand what child is trying to communicate

E.2 ABILITY TO UNDERSTAND OTHERS – Understand verbal information content, however able (with hearing appliance, if normally used)☐

Code: 0 = **Understood** – Clearly comprehended statements or requests
 1 = **Difficulty understanding others** – Understood and responded to simple statements or requests
 2 = **Rarely/never understands/responds** – Rarely/never understood or responded to statements or requests

 **COMPLETE ITEM 0.1.b.(3) NOW**
F. HEARING AND VISION**F.1 HEARING** – Ability to hear (with hearing appliance, if normally used)☐

Code: 0 = **Appears to hear adequately** – Responded to sounds (e.g., turns head, tracks sound, responds to speech)
 1 = **Impaired** – Absence of response to sounds

F.2 VISION – Ability to see near or far in adequate light (with glasses or with other visual appliance, if normally used)☐

Code: 0 = **Adequate** – Eyes appear to follow objects, both near and far
 1 = **Impaired** – Eyes do not appear to follow objects

 **COMPLETE ITEM 0.1.c.(3) NOW**

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION D - COGNITIVE FUNCTION

SECTION E - COMMUNICATION

<i>Comatose or Persistent Vegetative State</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>COMATOSE</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	368	100.0	0.00
<i>Total</i>	368	100.0	

<i>Making Self Understood (E.1)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
	<i>E1</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Understood</i>		61	16.3	2.83
<i>Difficulty making needs known</i>		124	33.3	4.29
<i>Rarely/never understood</i>		188	50.4	4.52
<i>Total</i>		373	100.0	

<i>Ability to understand Others (E.2)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
	<i>E2</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Understands</i>		82	22.1	3.62
<i>Difficulty understanding others</i>		105	28.3	3.89
<i>Rarely/never understands/responds</i>		183	49.6	4.66
<i>Total</i>		370	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION F - HEARING AND VISION

<i>Hearing (F.1)</i>				
	<i>F1</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Appears to hear adequately</i>		309	82.3	3.93
<i>Impaired</i>		66	17.7	3.93
<i>Total</i>		375	100.0	

<i>Vision (F.2)</i>				
	<i>F2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Adequate</i>		266	70.9	4.15
<i>Impaired</i>		109	29.1	4.15
<i>Total</i>		375	100.0	

SECTION G
BEHAVIOR PATTERNS

G. BEHAVIOR PATTERNS**G.1 SIGNS AND SYMPTOMS IN LAST 7 DAYS**

Code: 0 = No 1 = Yes

a.	Repetitive behavior that interferes with normal activities – e.g., finger flicking, rocking, spinning objects, hand flapping	
b.	Resisted ADL care – resisted assistance with ADLs, such as bathing, dressing, toileting, eating	
c.	Injury to self – self-abusive acts; non-accidental injuries (e.g., head banging)	
d.	Sleep disturbances – awake/active all or most of the night	
e.	Disruptive behavior – disruptive noisiness; screaming; temper tantrums that escalate into aggressive or violent behaviors	
f.	Other challenging behavioral problem(s) (specify):	

G.2 URGENT MENTAL/BEHAVIORAL HEALTH SERVICE USE IN LAST 30 DAYS

Code: 0 = No occurrence in last 30 days
 1 = Occurred only once in last 30 days
 2 = Multiple occurrences in last 30 days

a.	Admission to inpatient treatment for mental or behavioral health problem (includes hospital)	
b.	Visit to emergency room for care or treatment of a mental or behavioral health problem	
c.	Urgent visit to physician, psychiatrist, or mental or behavioral health specialist office (not a regularly scheduled visit or assessment) because of a mental or behavioral health issue	
d.	Other (specify):	

G.3 CHILD MAY REQUIRE REFERRAL TO A MENTAL OR BEHAVIORAL HEALTH SPECIALIST

Code: 0 = No 1 = Yes

☐
 **COMPLETE ITEMS O.1.d.(3) AND O.7.a NOW**

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION G – BEHAVIOR PATTERNS

<i>Behavior Patterns - Repetitive behavior that interferes with normal activities (G.1a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>G1_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	287	76.4	3.65
Yes	88	23.6	3.65
Total	375	100.0	

<i>Behavior Patterns - Resisted ADL care (G.1b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>G1_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	251	66.8	4.04
Yes	124	33.2	4.04
Total	375	100.0	

<i>Behavior Patterns - Injury to self (G.1c)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>G1_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	308	82.1	3.14
Yes	67	17.9	3.14
Total	375	100.0	

<i>Behavior Patterns - Sleep disturbances (G.1d)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>G1_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	240	66.7	4.46
Yes	120	33.3	4.46
Total	360	100.0	

<i>Behavior Patterns - Disruptive behavior (G.1e)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>G1_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	275	73.3	3.65
Yes	100	26.7	3.65
Total	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION G – BEHAVIOR PATTERNS

<i>Behavior Patterns - Other sign or symptom (G.1f)</i>			
<i>G1_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No	343	91.4	1.95
Yes	32	8.6	1.95
<i>Total</i>	375	100.0	

<i>Behavior Patterns - Admission to inpatient treatment (G.2a)</i>			
<i>G2_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No occurrence in last 30 days	375	100.0	0.00
<i>Total</i>	375	100.0	

<i>Behavior Patterns - Visit to emergency room (G.2b)</i>			
<i>G2_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No occurrence in last 30 days	373	99.5	0.48
Occurred only once in last 30 days	2	0.5	0.48
<i>Total</i>	375	100.0	

<i>Behavior Patterns - Urgent visit to physician (G.2c)</i>			
<i>G2_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No occurrence in last 30 days	373	99.5	0.48
Occurred only once in last 30 days	2	0.5	0.48
<i>Total</i>	375	100.0	

<i>Behavior Patterns - Other urgent health service use (G.2d)</i>			
<i>G2_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No occurrence in last 30 days	371	99.4	0.60
Occurred only once in last 30 days	2	0.6	0.60
<i>Total</i>	373	100.0	

<i>Referral to mental or behavioral health specialist (G.3)</i>			
<i>G3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
No	349	93.6	1.67
Yes	24	6.4	1.67
<i>Total</i>	373	100.0	

SECTION H
HEIGHT & WEIGHT

SECTION I
MEDICATIONS

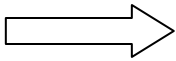
H. HEIGHT & WEIGHT

H.1 WEIGHT – Base weight on most recent measure in last 30 days

Weight in lbs.	OR	Weight in kilos	

H.2 HEIGHT/LENGTH – Base height on most recent measure in last 30 days

Inches	OR	Centimeters		



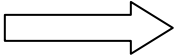
COMPLETE ITEM O.I.e.(3) NOW

I. MEDICATIONS

Count all medications taken in the last 7 days, including all prescribed medications and over-the-counter (OTC) medications, as well as any medications prescribed on an “as needed” or PRN basis. Include medications by any route of administration (e.g., pills, injections, ointments, inhaler).

I.1 NUMBER OF DIFFERENT MEDICATIONS TAKEN

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COMPLETE ITEM O.I.f.(3) NOW

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION H – HEIGHT AND WEIGHT

SECTION I – MEDICATIONS

<i>Weight (H.1)</i>	
<i>Mean</i>	27.9
<i>Standard Deviation</i>	14.22
<i>Range</i>	78
<i>Minimum</i>	8
<i>10th Percentile</i>	16
<i>25th Percentile</i>	21
<i>50th Percentile/Median</i>	27
<i>75th Percentile</i>	34
<i>90th Percentile</i>	38
<i>Maximum</i>	86

<i>Height (H.2)</i>	
<i>Mean</i>	31.1
<i>Standard Deviation</i>	9.29
<i>Range</i>	47
<i>Minimum</i>	7
<i>10th Percentile</i>	22
<i>25th Percentile</i>	27
<i>50th Percentile/Median</i>	31
<i>75th Percentile</i>	36
<i>90th Percentile</i>	39
<i>Maximum</i>	54

<i>Medications (I.1)</i>	
<i>Mean</i>	3.4
<i>Standard Deviation</i>	5.11
<i>Range</i>	38
<i>Minimum</i>	0
<i>10th Percentile</i>	0
<i>25th Percentile</i>	1
<i>50th Percentile/Median</i>	2
<i>75th Percentile</i>	5
<i>90th Percentile</i>	8
<i>Maximum</i>	38

SECTION J
LICENSED/PROFESSIONAL NURSING NEEDS

J. LICENSED/PROFESSIONAL NURSING NEEDS**J.1 CARE ACTIVITIES NEEDED OR PROVIDED DURING
LAST 7 DAYS THAT MAY REQUIRE NURSING CARE
OR SUPERVISION** – (i.e., nursing services or nurse delegated
tasks)

Code: **0 = Not needed**
 1 = Needed and provided
 2 = Needed but not provided

a.	Medication Management – includes injections and other nursing activities	
b.	Intravenous medications	
c.	Intravenous feeding (parenteral or IV)	
d.	Feeding tube	
e.	Nasopharyngeal suctioning	
f.	Tracheostomy care	
g.	Wound or skin lesion care – treatment or dressing of stasis or pressure/decubitus ulcer, surgical wound, burns, open lesions	
h.	Oxygen – administration or monitoring	
i.	Urinary catheter care – insertion or maintenance (e.g., change, irrigation)	
j.	Comatose or persistent vegetative state – care to manage the condition	
k.	Ventilator or respirator – to manage equipment	
l.	Uncontrolled seizure disorder – care and monitoring for safe management	
m.	Unstable medical condition – assessment, observation, and management on a daily basis	
n.	Other periodic assessment, management, monitoring – once or twice a month	
o.	Other (specify):	

J.2 URGENT MEDICAL CARE USE IN LAST 30 DAYS

Code: **0 = No occurrence in last 30 days**
 1 = Occurred only once in last 30 days
 2 = Multiple occurrences in last 30 days

a.	Visit to emergency room for care or treatment of a medical problem	
b.	Admission to hospital for medical care	
c.	Urgent visit to physician's office for physical illness (not a regularly scheduled visit or checkup)	
d.	Other (specify):	

J.3 REFERRAL FOR NURSING ASSESSMENT – (e.g., unstable condition; significant change in health or functional status; needs more/different nursing care, additional services, or monitoring)

Code: **0 = No** **1 = Yes**

 **COMPLETE ITEM 0.7.b NOW**

☐

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION J - LICENSED/PROFESSIONAL NURSING NEEDS

<i>Nursing Needs - Medication management (J.1a)</i>				
<i>J1_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>Not needed</i>	311	83.1	3.68	
<i>Needed and provided</i>	57	15.3	3.56	
<i>Needed but not provided</i>	6	1.6	1.25	
<i>Total</i>	374	100.0		

<i>Nursing Needs - Intravenous medications (J.1b)</i>				
<i>J1_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>Not needed</i>	356	95.0	2.13	
<i>Needed and provided</i>	14	3.8	1.86	
<i>Needed but not provided</i>	4	1.2	1.18	
<i>Total</i>	375	100.0		

<i>Nursing Needs - Intravenous feeding (J.1c)</i>				
<i>J1_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>Not needed</i>	357	95.0	1.95	
<i>Needed and provided</i>	19	5.0	1.95	
<i>Total</i>	375	100.0		

<i>Nursing Needs - Feeding tube (J.1d)</i>				
<i>J1_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>Not needed</i>	283	75.4	4.11	
<i>Needed and provided</i>	76	20.1	3.58	
<i>Needed but not provided</i>	17	4.4	2.62	
<i>Total</i>	375	100.0		

<i>Nursing Needs - Nasopharyngeal suctioning (J.1e)</i>				
<i>J1_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>Not needed</i>	330	88.0	2.53	
<i>Needed and provided</i>	45	12.0	2.53	
<i>Total</i>	375	100.0		

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION J - LICENSED/PROFESSIONAL NURSING NEEDS

<i>Nursing Needs - Tracheostomy care (J.1f)</i>			
	Weighted		Std Err of
<i>J1_F</i>	Frequency	Percent	Percent
<i>Not needed</i>	352	93.9	1.95
<i>Needed and provided</i>	23	6.1	1.95
<i>Total</i>	375	100.0	

<i>Nursing Needs - Wound Care (J.1g)</i>			
	Weighted		Std Err of
<i>J1_G</i>	Frequency	Percent	Percent
<i>Not needed</i>	355	94.6	1.84
<i>Needed and provided</i>	20	5.4	1.84
<i>Total</i>	375	100.0	

<i>Nursing Needs - Oxygen (J.1h)</i>			
	Weighted		Std Err of
<i>J1_H</i>	Frequency	Percent	Percent
<i>Not needed</i>	321	85.5	3.28
<i>Needed and provided</i>	44	11.8	2.56
<i>Needed but not provided</i>	10	2.7	2.31
<i>Total</i>	375	100.0	

<i>Nursing Needs - Urinary catheter care (J.1i)</i>			
	Weighted		Std Err of
<i>J1_I</i>	Frequency	Percent	Percent
<i>Not needed</i>	366	97.6	1.77
<i>Needed and provided</i>	9	2.4	1.77
<i>Total</i>	375	100.0	

<i>Nursing Needs - Comatose care (J.1j)</i>			
	Weighted		Std Err of
<i>J1_J</i>	Frequency	Percent	Percent
<i>Not needed</i>	375	100.0	0.00
<i>Total</i>	375	100.0	

<i>Nursing Needs - Ventilator or respirator (J.1k)</i>			
	Weighted		Std Err of
<i>J1_K</i>	Frequency	Percent	Percent
<i>Not needed</i>	358	95.4	1.72
<i>Needed and provided</i>	17	4.6	1.72
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION J - LICENSED/PROFESSIONAL NURSING NEEDS

<i>Nursing Needs - Uncontrolled seizure disorder (J.1l)</i>			
	Weighted		Std Err of
<i>J1_L</i>	Frequency	Percent	Percent
<i>Not needed</i>	342	91.3	2.41
<i>Needed and provided</i>	33	8.7	2.41
<i>Total</i>	375	100.0	

<i>Nursing Needs - Unstable medical condition (J.1m)</i>			
	Weighted		Std Err of
<i>J1_M</i>	Frequency	Percent	Percent
<i>Not needed</i>	322	85.8	2.94
<i>Needed and provided</i>	48	12.8	2.80
<i>Needed but not provided</i>	5	1.3	1.18
<i>Total</i>	375	100.0	

<i>Nursing Needs - Other periodic assessment (J.1n)</i>			
	Weighted		Std Err of
<i>J1_N</i>	Frequency	Percent	Percent
<i>Not needed</i>	321	85.6	3.25
<i>Needed and provided</i>	54	14.4	3.25
<i>Total</i>	375	100.0	

<i>Nursing Needs - Other professional nursing needs (J.1o)</i>			
	Weighted		Std Err of
<i>J1_O</i>	Frequency	Percent	Percent
<i>Not needed</i>	336	89.6	3.42
<i>Needed and provided</i>	30	8.0	2.73
<i>Needed but not provided</i>	9	2.4	2.30
<i>Total</i>	375	100.0	

<i>Visit to emergency room for medical care (J.2a)</i>			
	Weighted		Std Err of
<i>J2_A</i>	Frequency	Percent	Percent
<i>No occurrence in least 30 days</i>	332	88.6	2.71
<i>Occurred only once in last 30 days</i>	38	10.2	2.63
<i>Multiple occurrences in last 30 days</i>	5	1.2	0.68
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION J - LICENSED/PROFESSIONAL NURSING NEEDS

<i>Admission to hospital for medical care (J.2b)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>J2_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>No occurrence in least 30 days</i>	322	86.0	3.73	
<i>Occurred only once in last 30 days</i>	50	13.2	3.71	
<i>Multiple occurrences in last 30 days</i>	3	0.8	0.57	
<i>Total</i>	375	100.0		

<i>Urgent visit to physician (J.2c)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>J2_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>No occurrence in least 30 days</i>	304	81.0	3.45	
<i>Occurred only once in last 30 days</i>	59	15.7	3.34	
<i>Multiple occurrences in last 30 days</i>	12	3.2	1.65	
<i>Total</i>	375	100.0		

<i>Other urgent medical care use (J.2d)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>J2_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>No occurrence in least 30 days</i>	365	97.4	1.07	
<i>Occurred only once in last 30 days</i>	8	2.2	1.04	
<i>Multiple occurrences in last 30 days</i>	1	0.4	0.28	
<i>Total</i>	375	100.0		

<i>Referral for nursing assessment (J.3)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>J3</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>No</i>	345	92.0	2.98	
<i>Yes</i>	30	8.0	2.98	
<i>Total</i>	375	100.0		

SECTION K
TREATMENTS AND THERAPIES

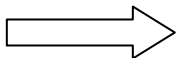
K. TREATMENTS AND THERAPIES**K.1 TREATMENTS OR THERAPIES RECEIVED OR
NEEDED IN LAST 30 DAYS** – outside of day
program/school/ECI

Code: 0 = Not needed
 1 = Needed and provided
 2 = Needed but not provided

a.	Chemotherapy	
b.	Radiation therapy	
c.	Hemodialysis	
d.	Peritoneal dialysis	
e.	Hospice	
f.	Physical therapy	
g.	Occupational therapy	
h.	Speech therapy	
i.	Mental health services	
j.	Home health aide	
k.	Restorative nursing care/habilitative care	
l.	Other (specify):	

K.2 REFERRAL TO CONSIDER NEED FOR NEW TREATMENT OR THERAPY

Code: 0 = No 1 = Yes

☐


COMPLETE ITEM 0.7.c NOW

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION K - TREATMENTS AND THERAPIES

<i>Treatments & Therapies - Chemotherapy (K.1a)</i>			
	Weighted		Std Err of
<i>K1_A</i>	Frequency	Percent	Percent
<i>Not needed</i>	358	95.5	3.01
<i>Needed and provided</i>	17	4.5	3.01
<i>Total</i>	375	100.0	

<i>Treatments & Therapies - Radiation therapy (K.1b)</i>			
	Weighted		Std Err of
<i>K1_B</i>	Frequency	Percent	Percent
<i>Not needed</i>	374	99.8	0.22
<i>Needed and provided</i>	1	0.2	0.22
<i>Total</i>	375	100.0	

<i>Treatments & Therapies - Hemodialysis (K.1c)</i>			
	Weighted		Std Err of
<i>K1_C</i>	Frequency	Percent	Percent
<i>Not needed</i>	375	100.0	0.00
<i>Total</i>	375	100.0	

<i>Treatments & Therapies - Peritoneal dialysis (K.1d)</i>			
	Weighted		Std Err of
<i>K1_D</i>	Frequency	Percent	Percent
<i>Not needed</i>	371	98.8	1.18
<i>Needed and provided</i>	4	1.2	1.18
<i>Total</i>	375	100.0	

<i>Treatments & Therapies - Hospice (K.1e)</i>			
	Weighted		Std Err of
<i>K1_E</i>	Frequency	Percent	Percent
<i>Not needed</i>	373	99.4	0.60
<i>Needed and provided</i>	2	0.6	0.60
<i>Total</i>	375	100.0	

<i>Treatments & Therapies - Physical therapy (K.1f)</i>			
	Weighted		Std Err of
<i>K1_F</i>	Frequency	Percent	Percent
<i>Not needed</i>	103	27.4	3.79
<i>Needed and provided</i>	247	65.9	4.23
<i>Needed but not provided</i>	25	6.7	2.65
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION K - TREATMENTS AND THERAPIES

<i>Treatments & Therapies - Occupational therapy (K.1g)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>K1_G</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed</i>	112	29.9	4.28	
<i>Needed and provided</i>	233	62.1	4.57	
<i>Needed but not provided</i>	30	8.0	2.76	
<i>Total</i>	375	100.0		

<i>Treatments & Therapies - Speech therapy (K.1h)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>K1_H</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed</i>	114	30.3	4.22	
<i>Needed and provided</i>	231	61.6	4.36	
<i>Needed but not provided</i>	30	8.1	1.93	
<i>Total</i>	375	100.0		

<i>Treatments & Therapies - Mental health services (K.1i)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>K1_I</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed</i>	347	92.8	2.14	
<i>Needed and provided</i>	17	4.7	1.71	
<i>Needed but not provided</i>	10	2.5	1.35	
<i>Total</i>	374	100.0		

<i>Treatments & Therapies - Home health aide (K.1j)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>K1_J</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed</i>	291	77.5	3.58	
<i>Needed and provided</i>	44	11.8	2.23	
<i>Needed but not provided</i>	40	10.7	3.00	
<i>Total</i>	375	100.0		

<i>Treatments & Therapies - Restorative nursing care (K.1k)</i>				
	<i>Weighted</i>		<i>Std Err of</i>	
<i>K1_K</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>	
<i>Not needed</i>	345	91.8	2.16	
<i>Needed and provided</i>	28	7.6	2.10	
<i>Needed but not provided</i>	2	0.6	0.58	
<i>Total</i>	375	100.0		

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION K - TREATMENTS AND THERAPIES

<i>Treatments & Therapies - Other treatments or therapies (K.1)</i>				
	<i>K1_L</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed</i>		342	92.0	2.87
<i>Needed and provided</i>		22	6.0	2.61
<i>Needed but not provided</i>		8	2.0	1.31
<i>Total</i>		371	100.0	

<i>Referral to consider need for new treatment (K.2)</i>				
	<i>K2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>		324	86.5	3.29
<i>Yes</i>		51	13.5	3.29
<i>Total</i>		375	100.0	

SECTION L
CONTINENCE

L. CONTINENCE**L.1 BLADDER AND BOWEL APPLIANCES IN THE LAST 7 DAYS**

Code: 0 = Not needed or available and adequate

1 = New or different appliance

may be needed because of condition or
problem

Appliances			
a.	Indwelling catheter		e. Other (specify): <input type="text"/>
b.	Intermittent catheter		
c.	External catheter		
d.	Ostomy		

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION L - CONTINENCE

<i>Bladder & bowel programs & appliances - Indwelling catheter (L.1a)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>L1_A</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	375	100.0		0.00
<i>Total</i>	375	100.0		

<i>Bladder & bowel programs & appliances - Intermittent catheter (L.1b)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>L1_B</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	375	100.0		0.00
<i>Total</i>	375	100.0		

<i>Bladder & bowel programs & appliances - External catheter (L.1c)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>L1_C</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	375	100.0		0.00
<i>Total</i>	375	100.0		

<i>Bladder & bowel programs & appliances - Ostomy (L.1d)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
<i>L1_D</i>	<i>Frequency</i>	<i>Percent</i>		<i>Percent</i>
<i>Not needed or available and adequate</i>	375	100.0		0.00
<i>Total</i>	375	100.0		

<i>Bladder & bowel programs & appliances - Other bladder or bowel programs (L.1e)</i>				
	<i>Weighted</i>			<i>Std Err of</i>
	<i>L1_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>Not needed or available and adequate</i>		353	94.2	1.88
<i>New or different program or appliance may be needed because of condition or problem</i>		22	5.8	1.88
<i>Total</i>		375	100.0	

SECTION M
PHYSICAL FUNCTION

M. PHYSICAL FUNCTION**M.1 INSTRUMENTAL ACTIVITIES OF DAILY LIVING –**

Code for whether type/level of assistance provided during the last 7 days by parent or others was affected by child's condition

Code: 0 = Child's condition did not affect the

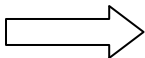
performance of the task (i.e., time it takes to do task)

task or the number of persons needed to do

1 = Child's condition affected task performance

(because of child's condition, task regularly takes longer to perform OR two-person assistance regularly provided/needed)

a.	Meal preparation – preparing meals or snacks (planning, assembling ingredients, cooking/preparing, setting out food and utensils)	
b.	Medication assistance - assistance with the child's medications (e.g., giving medicines at the correct time, opening bottle)	
c.	Laundry – sorting, washing, folding, putting away child's personal laundry (e.g., clothing, underwear) and child's bedding and towels	
d.	Ordinary/light housework – ordinary work around the home (e.g., doing dishes, dusting, sweeping or vacuuming, making beds, cleaning bathroom, or tidying up)	
e.	Grocery shopping – shopping for food and household items (e.g., could take longer because of child's special dietary requirements or behavior)	
f.	Getting to places outside the home – arranging for public transportation, arranging other transport (including getting the child out of the house, into/out of vehicle)	



COMPLETE ITEMS 0.2.a.(2) – 0.2.f.(2) NOW

M.2 ASSISTANCE WITH ACTIVITIES OF DAILY LIVING

(ADLs) – Code for whether assistance provided in last 7 days was affected by child's condition; include assistance across 24 hours a day

Code: 0 = Child's condition did not affect the

performance of the task (i.e., time it takes to do task or the number of persons needed to do task)

1 = Child's condition affected task performance

(because of child's condition, task regularly takes longer to perform OR two-person assistance regularly provided/needed)

a.	Bed mobility – moved to/from lying position, turns side to side and positions in bed	
b.	Positioning – moved/positioned in chair or other piece of furniture or equipment	
c.	Eating – ate and drank (regardless of skill)	
d.	Transfers – moved between surfaces, to/from bed, chair, wheelchair, standing position (EXCLUDE bath/shower transfers)	

e.	Locomotion inside – moved between locations in the home or day program	
f.	Toilet use – used the toilet room (potty chair, bedpan); transferred on and off toilet; adjusted clothing	
g.	Dressing – put on, fastened, and took off all items of street clothing	
h.	Personal hygiene – including combing hair, brushing teeth, washing/drying face, hands (EXCLUDE bathing)	
i.	Bathing – took full bath/shower, including transfer in and out	

**M.3 MAIN MODE OF LOCOMOTION IN LAST 7 DAYS
(WITH ASSISTIVE DEVICE, IF USED)**

Code: 0 = No 1 = Yes

a.	Crawling, scooting, rolling, or walking was <i>main</i> mode of locomotion	
b.	Wheelchair/cart was <i>main</i> mode of locomotion	

M.4 ANY TWO-PERSON ASSISTANCE RECEIVED

Code: 0 = No 1 = Yes

a.	With any transfer – bed/chair/standing, toilet, or bathing, during the last 7 days	
b.	With any other ADL care – during the last 7 days	

➡ **COMPLETE ITEMS 0.2.g.(2) – 0.2.n.(2) NOW**

M.5 CHILD NEEDS SPECIAL ASSISTANCE (INTERVENTION, CUEING, REDIRECTION, ETC) FOR SAFETY OF SELF OR OTHERS DURING ADLs OR IADLs

Code: 0 = No 1 = Yes

a.	Needs special assistance for safety of self or others during ADLs or IADLs while in home	
b.	Needs special assistance for safety of self or others during ADLs or IADLs when outside the home	
c.	Other (specify):	

➡ **COMPLETE ITEMS 0.2.o.(2) – 0.2.p.(2) NOW**

M.6 DURABLE MEDICAL EQUIPMENT (DME)/ASSISTIVE DEVICES

Code: 0 = DME not needed or available and adequate
1 = Referral to assess for unmet DME needs

a.	Hospital bed	
b.	Bed mobility aids – e.g., bed rails, special mattress, postural supports like foam wedges, bed enclosure	
c.	Transfers aids – e.g., trapeze, transfer board, seat lift	

	chair, Hoyer lift	
d.	Locomotion devices – wheelchair, cart	
e.	Walking aids/devices – e.g., cane, walker, splint, stander	
f.	Bathing aids – e.g., shower chair, tub transfer bench	
g.	Augmentative communication device	
h.	Gait trainer	
i.	Transcutaneous Electrical Nerve Stimulation (TENS) unit	
j.	Chest Physio Therapy (CPT) vest	
k.	Other (specify):	
l.	Other (specify):	

**M.7 DME NEEDS WERE DISCUSSED WITH PARENT
TO INVESTIGATE ANY UNMET DME NEEDS**

☐

Code: 0 = Parents indicate no unmet DME needs

1 = Parents indicate new or additional DMIE needed

Specify: _____

 **COMPLETE ITEM 0.7.d NOW**

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>IADL - Meal preparation (M.1a)</i>				
	<i>M1_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		247	65.8	4.14
<i>Client/child's condition affected the performance of the task</i>		128	34.2	4.14
<i>Total</i>		375	100.0	
<i>IADL - Medication assistance (M.1b)</i>				
	<i>M1_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		284	75.8	4.11
<i>Client/child's condition affected the performance of the task</i>		91	24.2	4.11
<i>Total</i>		375	100.0	
<i>IADL - Laundry (M.1c)</i>				
	<i>M1_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		206	55.4	4.65
<i>Client/child's condition affected the performance of the task</i>		166	44.6	4.65
<i>Total</i>		373	100.0	
<i>IADL - Ordinary/light housework (M.1d)</i>				
	<i>M1_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		216	57.5	4.48
<i>Client/child's condition affected the performance of the task</i>		159	42.5	4.48
<i>Total</i>		375	100.0	
<i>IADL - Grocery shopping (M.1e)</i>				
	<i>M1_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		289	77.1	4.04
<i>Client/child's condition affected the performance of the task</i>		86	22.9	4.04
<i>Total</i>		375	100.0	
<i>IADL - Getting to places outside the home (M.1f)</i>				
	<i>M1_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		248	66.0	4.61
<i>Client/child's condition affected the performance of the task</i>		128	34.0	4.61
<i>Total</i>		375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>ADL - Bed mobility (M.2a)</i>				
	<i>M2_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		272	72.5	4.43
<i>Client/child's condition affected the performance of the task</i>		103	27.5	4.43
<i>Total</i>		375	100.0	

<i>ADL - Positioning (M.2b)</i>				
	<i>M2_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		224	59.7	4.67
<i>Client/child's condition affected the performance of the task</i>		151	40.3	4.67
<i>Total</i>		375	100.0	

<i>ADL - Eating (M.2c)</i>				
	<i>M2_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		115	30.6	4.34
<i>Client/child's condition affected the performance of the task</i>		260	69.4	4.34
<i>Total</i>		375	100.0	

<i>ADL - Transfers (M.2d)</i>				
	<i>M2_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		195	52.0	4.50
<i>Client/child's condition affected the performance of the task</i>		180	48.0	4.50
<i>Total</i>		375	100.0	

<i>ADL - Locomotion inside (M.2e)</i>				
	<i>M2_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		202	53.8	4.52
<i>Client/child's condition affected the performance of the task</i>		173	46.2	4.52
<i>Total</i>		375	100.0	

<i>ADL - Toilet use (M.2f)</i>				
	<i>M2_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		133	35.4	4.37
<i>Client/child's condition affected the performance of the task</i>		242	64.6	4.37
<i>Total</i>		375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>ADL - Dressing (M.2g)</i>				
	<i>M2_G</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		91	24.3	3.66
<i>Client/child's condition affected the performance of the task</i>		284	75.7	3.66
<i>Total</i>		375	100.0	

<i>ADL - Personal hygiene (M.2h)</i>				
	<i>M2_H</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		122	32.5	4.20
<i>Client/child's condition affected the performance of the task</i>		253	67.5	4.20
<i>Total</i>		375	100.0	

<i>ADL - Bathing (M.2i)</i>				
	<i>M2_I</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Client/child's condition did not affect the performance of the task</i>		68	18.2	3.29
<i>Client/child's condition affected the performance of the task</i>		307	81.8	3.29
<i>Total</i>		375	100.0	

<i>Main mode of locomotion - Main mode of locomotion - Crawling, scooting, rolling, or walking (M.3a)</i>				
	<i>M3_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>		179	47.6	4.73
<i>Yes</i>		197	52.4	4.73
<i>Total</i>		375	100.0	

<i>Main mode of locomotion - Main mode of locomotion - Wheelchair/cart/scooter (M.3b)</i>				
	<i>M3_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>		291	77.5	3.72
<i>Yes</i>		84	22.5	3.72
<i>Total</i>		375	100.0	

<i>Two- person assistance with transfer (M.4a)</i>				
	<i>M4_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>		320	85.7	3.51
<i>Yes</i>		53	14.3	3.51
<i>Total</i>		373	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>Two- person assistance with any other ADL (M.4b)</i>				
<i>M4_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>No</i>	329	88.2	3.37	
<i>Yes</i>	44	11.8	3.37	
<i>Total</i>	373	100.0		

<i>Special assistance for safety inside home (M.5a)</i>				
<i>M5_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>No</i>	190	51.0	4.77	
<i>Yes</i>	182	49.0	4.77	
<i>Total</i>	373	100.0		

<i>Special assistance for safety outside home (M.5b)</i>				
<i>M5_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>No</i>	201	53.9	4.80	
<i>Yes</i>	172	46.1	4.80	
<i>Total</i>	373	100.0		

<i>Other Special assistance for safety (M.5c)</i>				
<i>M5_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>No</i>	359	97.4	1.60	
<i>Yes</i>	9	2.6	1.60	
<i>Total</i>	368	100.0		

<i>Assistive devices - Hospital bed (M.6a)</i>				
<i>M6_A</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>Not needed or available and adequate</i>	362	96.6	1.38	
<i>Referral to assess for unmet DME needs</i>	13	3.4	1.38	
<i>Total</i>	375	100.0		

<i>Assistive devices - Bed mobility aids (M.6b)</i>				
<i>M6_B</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>	
<i>Not needed or available and adequate</i>	361	96.4	1.60	
<i>Referral to assess for unmet DME needs</i>	14	3.6	1.60	
<i>Total</i>	375	100.0		

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>Assistive devices - Transfer aids (M.6c)</i>				
	<i>M6_C</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		373	99.3	0.67
<i>Referral to assess for unmet DME needs</i>		3	0.7	0.67
<i>Total</i>		375	100.0	

<i>Assistive devices - Locomotion devices (M.6d)</i>				
	<i>M6_D</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		357	95.1	1.51
<i>Referral to assess for unmet DME needs</i>		19	4.9	1.51
<i>Total</i>		375	100.0	

<i>Assistive devices - Walking aids/devices (M.6e)</i>				
	<i>M6_E</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		355	94.7	1.58
<i>Referral to assess for unmet DME needs</i>		20	5.3	1.58
<i>Total</i>		375	100.0	

<i>Assistive devices - Bathing aids (M.6f)</i>				
	<i>M6_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		336	89.5	2.39
<i>Referral to assess for unmet DME needs</i>		39	10.5	2.39
<i>Total</i>		375	100.0	

<i>Assistive devices - Augmentative communication device (M.6g)</i>				
	<i>M6_G</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		371	98.8	0.84
<i>Referral to assess for unmet DME needs</i>		4	1.2	0.84
<i>Total</i>		375	100.0	

<i>Assistive devices - Gait trainer (M.6h)</i>				
	<i>M6_H</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		375	100.0	0.00
<i>Total</i>		375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION M - PHYSICAL FUNCTION

<i>Assistive devices - Transcutaneous Electrical Nerve Stimulation Unit (M.6i)</i>				
	<i>M6_I</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		375	100.0	0.00
<i>Total</i>		375	100.0	

<i>Assistive devices - Chest Physio Therapy (CPT) vest (M.6j)</i>				
	<i>M6_J</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		373	99.4	0.60
<i>Referral to assess for unmet DME needs</i>		2	0.6	0.60
<i>Total</i>		375	100.0	

<i>Assistive devices - Other DME (M.6k)</i>				
	<i>M6_K</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		320	85.2	3.56
<i>Referral to assess for unmet DME needs</i>		55	14.8	3.56
<i>Total</i>		375	100.0	

<i>Assistive devices - Other DME (M.6l)</i>				
	<i>M6_L</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Not needed or available and adequate</i>		335	89.4	3.36
<i>Referral to assess for unmet DME needs</i>		40	10.6	3.36
<i>Total</i>		375	100.0	

<i>DME needs were discussed with parent to investigate any unmet needs (M.7)</i>				
	<i>M7</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Parents indicate no unmet DME needs</i>		321	85.7	2.81
<i>Parents indicate new or additional DME needed</i>		54	14.3	2.81
<i>Total</i>		375	100.0	

SECTION N
HOUSEHOLD RESOURCES

N. HOUSEHOLD RESOURCES**N.1 PARENT/GUARDIAN STATUS/CHALLENGES**

Code: 0 = No 1 = Yes

a.	In school full-time		
b.	In school part-time (not full-time)		
c.	Working full-time outside home		
d.	Working part-time outside home (not full-time)		
e.	Other work situation (specify):		
f.	Responsible adult for other children		
	(1) If YES, record number of other children (use "0" to fill); if none, record "00"		
	(2) Number of dependent children in household, other than client, with special needs		
g.	Caregiving for a disabled <u>adult</u> family member in household (specify):		
h.	Unable to sleep through the night because of caregiving responsibilities		
i.	Due to physical disability/limitations (strength, stamina, or range of motion) parent/guardian is unable to assist child with some ADL or IADL tasks		
j.	Other (specify):		

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION N – HOUSEHOLD RESOURCES

<i>Parent/guardian status/challenges - In school full time (N.1a)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>N1_A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	356	94.9	1.55
<i>Yes</i>	19	5.1	1.55
<i>Total</i>	375	100.0	

<i>Parent/guardian status/challenges - In school part- time (N.1b)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>N1_B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	371	98.8	0.64
<i>Yes</i>	5	1.2	0.64
<i>Total</i>	375	100.0	

<i>Parent/guardian status/challenges - Working full- time outside home (N.1c)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>N1_C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	251	66.8	4.08
<i>Yes</i>	125	33.2	4.08
<i>Total</i>	375	100.0	

<i>Parent/guardian status/challenges - Working part- time outside of home (N.1d)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>N1_D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	340	90.6	2.82
<i>Yes</i>	35	9.4	2.82
<i>Total</i>	375	100.0	

<i>Parent/guardian status/challenges - Other work situation (N.1e)</i>			
	<i>Weighted</i>		<i>Std Err of</i>
<i>N1_E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
<i>No</i>	342	91.1	2.27
<i>Yes</i>	33	8.9	2.27
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION N – HOUSEHOLD RESOURCES

<i>Parent/guardian status/challenges - Responsible adult for other children (N.1f)</i>			
<i>N1_F</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	60	16.0	2.69
<i>Yes</i>	315	84.0	2.69
<i>Total</i>	375	100.0	

<i>Parent/guardian status/challenges - Number of other children (N.1fa)</i>			
<i>N1_FA</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>0</i>	12	3.8	2.63
<i>1</i>	67	21.2	4.20
<i>2</i>	110	34.9	4.74
<i>3</i>	67	21.2	4.02
<i>4</i>	29	9.1	2.66
<i>5</i>	20	6.3	2.47
<i>6</i>	7	2.3	1.12
<i>7</i>	2	0.7	0.58
<i>8</i>	2	0.6	0.57
<i>Total</i>	315	100.0	

<i>Parent/guardian status/challenges - Number of dependents with special needs (N.1fb)</i>			
<i>N1_FB</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>0</i>	146	46.4	5.10
<i>1</i>	62	19.5	3.15
<i>2</i>	69	21.8	4.83
<i>3</i>	28	8.8	2.84
<i>4</i>	4	1.4	1.41
<i>5</i>	0	0.1	0.15
<i>6</i>	6	1.8	0.99
<i>Total</i>	315	100.0	

<i>Parent/guardian status/challenges - Caregiver for disabled adult (N.1g)</i>			
<i>N1_G</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	365	97.4	0.99
<i>Yes</i>	10	2.6	0.99
<i>Total</i>	375	100.0	

APPENDIX C: CAF 0-3 FREQUENCY TABLES

SECTION N – HOUSEHOLD RESOURCES

<i>Parent/guardian status/challenges - Caregivers sleep interrupted (N.1h)</i>			
<i>NI_H</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	132	35.2	4.05
<i>Yes</i>	242	64.8	4.05
<i>Total</i>	374	100.0	

<i>Parent/guardian status/challenges - Parent guardian unable to assist (N.1i)</i>			
<i>NI_I</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	260	69.4	3.72
<i>Yes</i>	115	30.6	3.72
<i>Total</i>	375	100.0	

<i>Parent/guardian status/challenges - Other household issues (N.1j)</i>			
<i>NI_J</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No</i>	341	92.8	1.73
<i>Yes</i>	27	7.2	1.73
<i>Total</i>	367	100.0	

SECTION O
STRENGTHS AND NEEDS

O. STRENGTHS AND NEEDS**O.1 ADDITIONAL CONSIDERATIONS AND POTENTIAL COMPLEXITIES****Column (3):** Review items noted in Column (2)**Code:** 0 = No problems noted 1 = At least one problem noted

(1) ISSUE		(2) ITEMS	(3) PROBLEM	(4) Impact on ADL/IADL needs (may be continued on pg. 9)
b.	Diagnoses/Conditions	C.1- C.5		
b.	Communication	E.1- E.2		
c.	Hearing/Vision	F.1- F.2		
d.	Behavior	G.1- G.3		
e.	Height/Weight	H.1- H.2		
f.	Medications	I.1		
g.	Other (specify):			

O.2 PERSONAL CARE ASSISTANCE IN AVERAGE OR USUAL WEEK**Column (2): Potential PCS need (based on PCAF assessment)**

Code: **0** = Child's condition/problem does not affect performance of the task
1 = Child's condition/problem does affect performance of task

Column (3): PCS decision

Code: **0** = No PCS assistance requested
1 = PCS assistance requested and approved
2 = PCS assistance requested but denied because of no functional limitation
3 = PCS assistance requested but denied because requested assistance is not covered by PCS services
4 = PCS assistance requested but denied because functional limitation is not related to child's condition/problem
5 = PCS assistance requested but denied because functional limitation must be addressed by skilled health professional
6 = PCS assistance requested but denied because PCS need is currently being met by another agency or program
7 = PCS assistance requested but denied because parent/guardian can meet child's needs
8 = PCS request by denied for other reason; specify in Column (4)

(1) ACTIVITY		(2) NEED	(3) PCS	(4) ADDITIONAL INFORMATION
a.	Meal preparation			
b.	Medication assistance			
c.	Laundry			
d.	Ordinary/light housekeeping			
e.	Grocery shopping			
f.	Going to places outside the home – arranging transportation			
g.	Bed mobility or positioning in chair/wheelchair			
h.	Eating			
i.	Transfers			
j.	Locomotion			
k.	Toileting needs			
l.	Dressing			
m.	Personal hygiene			
n.	Bathing			
o.	Special assistance (cueing, redirection, etc) in home for safety of self or others during ADLs or IADLs			
p.	Special assistance (cueing, redirection, etc) outside home for safety of self or others during ADLs or IADLs			
q.	Escort to appointment for health services			
r.	Other (specify):			
s.	Other (specify):			

O.3 INDICATE THE NUMBER OF MINUTES OF PCS CARE FOR EACH HOUR OF EACH DAY DURING AN AVERAGE/USUAL. If two persons are needed for 20 minutes during one hour, then the total for that hour is 40 minutes.

24-Hour Flow Sheet								
	Time of Day	SUNDAY Minutes of PCS needed (1)	MONDAY Minutes of PCS needed (2)	TUESDAY Minutes of PCS needed (3)	WEDNESDAY Minutes of PCS needed (4)	THURSDAY Minutes of PCS needed (5)	FRIDAY Minutes of PCS needed (6)	SATURDAY Minutes of PCS needed (7)
a.	12:00 AM							
b.	1:00 AM							
c.	2:00 AM							
d.	3:00 AM							
e.	4:00 AM							
f.	5:00 AM							
g.	6:00 AM							
h.	7:00 AM							
i.	8:00 AM							
j.	9:00 AM							
k.	10:00 AM							
l.	11:00 AM							
m.	12:00 PM							
n.	1:00 PM							
o.	2:00 PM							
p.	3:00 PM							
q.	4:00 PM							
r.	5:00 PM							
s.	6:00 PM							
t.	7:00 PM							
u.	8:00 PM							
v.	9:00 PM							
w.	10:00 PM							
x.	11:00 PM							
y.	Total PCS minutes per day							
z.	Total number of minutes per week. Sum daily totals in O.3.y.(1) through O.3.y.(7)							

[illegible]

O.4 PCS HOURS AUTHORIZED

DIVIDE TOTAL MINUTES OF PCS CARE AUTHORIZED (O.3.z) BY THE NUMBER SIXTY (60).

If the division does not result in a whole number (5.00, 9.00, etc) or a fraction representing a quarter-hour (e.g., 9.25, 9.50, 9.75), then you should round up to the next quarter-hour

(e.g., .01-.25 = .25; .26-.50 = .50; .51-.75 = .75; .76-.99 = go up to next full hour).

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O.5 PCS HOURS REQUESTED AND PCS HOURS AUTHORIZED

Code: 0 = Responsible person made no request for a specific amount of PCS assistance
 1 = PCS hours authorized equal or exceed hours requested by responsible person
 2 = PCS hours authorized are less than hours requested by responsible person

O.6 NATURE OF ANY DISAGREEMENT ABOUT PCS HOURS/RATIONALE FOR DIFFERENCE

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O.7 REFERRALS AND SERVICES NEEDED

Code: 0 = No 1 = Yes

Referrals will be made for:			Notes:
a.	Mental or behavioral health specialist (See G.3)		
b.	Nursing services assessment (See J.3)		
c.	Therapies or Treatments (See K.2)		
d.	Durable medical equipment (DME) assessment (See M.6 and M.7)		
e.	Other referrals related to PCS (specify):		

O.8 TARGET DATE FOR NEXT

Date:

ASSESSMENT

O.9 ADDITIONAL COMMENTS RELATED TO CHILD'S NEED FOR PCS, NURSING SERVICES, OR DME

<i>Additional considerations - Diagnoses/conditions (O.1a_3)</i>			
	Weighted		Std Err of
<i>O1_A_3</i>	Frequency	Percent	Percent
<i>At least one problem noted</i>	375	100.0	0.00
<i>Total</i>	375	100.0	

<i>Additional considerations - Communication (O.1b_3)</i>			
	Weighted		Std Err of
<i>O1_B_3</i>	Frequency	Percent	Percent
<i>No problem noted</i>	81	21.7	3.78
<i>At least one problem noted</i>	294	78.3	3.78
<i>Total</i>	375	100.0	

<i>Additional considerations - Hearing/Vision (O.1c_3)</i>			
	Weighted		Std Err of
<i>O1_C_3</i>	Frequency	Percent	Percent
<i>No problem noted</i>	222	59.1	4.54
<i>At least one problem noted</i>	153	40.9	4.54
<i>Total</i>	375	100.0	

<i>Additional considerations - Behavior (O.1d_3)</i>			
	Weighted		Std Err of
<i>O1_D_3</i>	Frequency	Percent	Percent
<i>No problem noted</i>	233	62.2	4.09
<i>At least one problem noted</i>	142	37.8	4.09
<i>Total</i>	375	100.0	

<i>Additional considerations - Height/Weight (O.1e_3)</i>			
	Weighted		Std Err of
<i>O1_E_3</i>	Frequency	Percent	Percent
<i>No problem noted</i>	304	81.0	3.08
<i>At least one problem noted</i>	71	19.0	3.08
<i>Total</i>	375	100.0	

<i>Additional considerations - Medications (O.1f_3)</i>			
	Weighted		Std Err of
<i>O1_F_3</i>	Frequency	Percent	Percent
<i>No problem noted</i>	154	41.1	4.46
<i>At least one problem noted</i>	221	58.9	4.46
<i>Total</i>	375	100.0	

<i>Additional considerations - Other problem noted (O.1g_3)</i>			
	Weighted		Std Err of
<i>O1_G_3</i>	Frequency	Percent	Percent
<i>No problem noted</i>	357	95.8	1.36
<i>At least one problem noted</i>	16	4.2	1.36
<i>Total</i>	372	100.0	

<i>Potential need - Meal preparation (O.2a_2)</i>				
	<i>O2_A_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		236	63.2	4.40
<i>Childs condition/problem does affect performance of task</i>		137	36.8	4.40
<i>Total</i>		373	100.0	
<i>Potential need - Medication assistance (O.2b_2)</i>				
	<i>O2_B_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		283	75.9	4.11
<i>Childs condition/problem does affect performance of task</i>		90	24.1	4.11
<i>Total</i>		373	100.0	
<i>Potential need - Laundry (O.2c_2)</i>				
	<i>O2_C_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		209	56.0	4.63
<i>Childs condition/problem does affect performance of task</i>		164	44.0	4.63
<i>Total</i>		373	100.0	
<i>Potential need - Ordinary/light housekeeping (O.2d_2)</i>				
	<i>O2_D_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		207	55.4	4.50
<i>Childs condition/problem does affect performance of task</i>		166	44.6	4.50
<i>Total</i>		373	100.0	
<i>Potential need - Grocery shopping (O.2e_2)</i>				
	<i>O2_E_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		294	78.5	3.98
<i>Childs condition/problem does affect performance of task</i>		81	21.5	3.98
<i>Total</i>		375	100.0	
<i>Potential need - Going to places outside the home (O.2f_2)</i>				
	<i>O2_F_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		244	65.5	4.77
<i>Childs condition/problem does affect performance of task</i>		129	34.5	4.77
<i>Total</i>		373	100.0	
<i>Potential need - Bed mobility or positioning (O.2g_2)</i>				
	<i>O2_G_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		230	61.6	4.43
<i>Childs condition/problem does affect performance of task</i>		143	38.4	4.43
<i>Total</i>		373	100.0	

<i>Potential need - Eating (O.2h_2)</i>				
	<i>O2_H_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		114	30.7	4.17
<i>Childs condition/problem does affect performance of task</i>		258	69.3	4.17
<i>Total</i>		372	100.0	
<i>Potential need - Transfers (O.2i_2)</i>				
	<i>O2_I_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		185	49.5	4.56
<i>Childs condition/problem does affect performance of task</i>		188	50.5	4.56
<i>Total</i>		373	100.0	
<i>Potential need - Locomotion (O.2j_2)</i>				
	<i>O2_J_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		207	55.5	4.55
<i>Childs condition/problem does affect performance of task</i>		166	44.5	4.55
<i>Total</i>		373	100.0	
<i>Potential need - Toileting needs(O.2k_2)</i>				
	<i>O2_K_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		101	27.1	4.21
<i>Childs condition/problem does affect performance of task</i>		271	72.9	4.21
<i>Total</i>		371	100.0	
<i>Potential need - Dressing (O.2l_2)</i>				
	<i>O2_L_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		80	21.5	3.43
<i>Childs condition/problem does affect performance of task</i>		291	78.5	3.43
<i>Total</i>		371	100.0	
<i>Potential need - Personal hygiene (O.2m_2)</i>				
	<i>O2_M_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		116	31.1	4.08
<i>Childs condition/problem does affect performance of task</i>		256	68.9	4.08
<i>Total</i>		371	100.0	
<i>Potential need - Bathing (O.2n_2)</i>				
	<i>O2_N_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		56	15.0	3.19
<i>Childs condition/problem does affect performance of task</i>		316	85.0	3.19
<i>Total</i>		371	100.0	

<i>Potential need - Special assistance inside home (O.2o_2)</i>				
	<i>O2_O_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		228	61.1	4.55
<i>Childs condition/problem does affect performance of task</i>		145	38.9	4.55
<i>Total</i>		373	100.0	

<i>Potential need - Special assistance outside home (O.2p_2)</i>				
	<i>O2_P_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		226	60.7	4.81
<i>Childs condition/problem does affect performance of task</i>		147	39.3	4.81
<i>Total</i>		373	100.0	

<i>Potential need - Escort to appointment for health services (O.2q_2)</i>				
	<i>O2_Q_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		190	73.0	4.78
<i>Childs condition/problem does affect performance of task</i>		70	27.0	4.78
<i>Total</i>		260	100.0	

<i>Potential need - Other potential PCS need (O.2r_2)</i>				
	<i>O2_R_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		354	95.0	2.78
<i>Childs condition/problem does affect performance of task</i>		19	5.0	2.78
<i>Total</i>		372	100.0	

<i>Potential need - Other potential PCS need (O.2s_2)</i>				
	<i>O2_S_2</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Childs condition/problem does not affect performance of the task</i>		366	98.2	1.53
<i>Childs condition/problem does affect performance of task</i>		7	1.8	1.53
<i>Total</i>		372	100.0	

<i>PCS decision - Meal preparation (O.2a_3)</i>				
	<i>O2_A_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		215	57.4	4.60
<i>PCS assistance requested and approved</i>		108	28.7	4.02
<i>PCS assistance requested but denied because of no functional limitation</i>		16	4.2	1.60
<i>PCS assistance requested but denied because requested assistance is not covered by PCS services</i>		2	0.4	0.40
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		16	4.4	2.45
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		12	3.2	2.34
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		3	0.8	0.64
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		3	0.9	0.65
<i>Total</i>		375	100.0	

PCS decision - Medication assistance (O.2b_3)

	O2_B_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		292	77.8	3.63
PCS assistance requested and approved		21	5.7	1.59
PCS assistance requested but denied because of no functional limitation		13	3.5	1.51
PCS assistance requested but denied because requested assistance is not covered by PCS services		5	1.3	1.18
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		8	2.2	1.03
PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional		22	5.8	2.71
PCS assistance requested but denied because PCS need is currently being met by another agency or program		4	1.2	0.71
PCS assistance requested but denied because parent/guardian can meet needs		7	1.9	0.85
PCS requested by denied for other reason		2	0.6	0.60
Total		375	100.0	

PCS decision - Laundry (O.2c_3)

	O2_C_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		205	54.6	4.49
PCS assistance requested and approved		141	37.7	4.28
PCS assistance requested but denied because of no functional limitation		16	4.3	1.68
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		6	1.7	0.97
PCS assistance requested but denied because parent/guardian can meet needs		4	1.1	0.78
PCS requested by denied for other reason		2	0.6	0.60
Total		375	100.0	

PCS decision - Ordinary/light housekeeping (O.2d_3)

	O2_D_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		200	53.5	4.44
PCS assistance requested and approved		137	36.5	4.30
PCS assistance requested but denied because of no functional limitation		21	5.6	1.84
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		9	2.5	1.12
PCS assistance requested but denied because parent/guardian can meet needs		7	1.9	1.01
Total		374	100.0	

PCS decision - Grocery shopping (O.2e_3)

	O2_E_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		297	79.1	3.41
PCS assistance requested and approved		47	12.5	2.88
PCS assistance requested but denied because of no functional limitation		8	2.2	1.34
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		13	3.5	1.26
PCS assistance requested but denied because PCS need is currently being met by another agency or program		2	0.6	0.60
PCS assistance requested but denied because parent/guardian can meet needs		8	2.1	1.08
Total		375	100.0	

PCS decision - Going to places outside the home (O.2f_3)

	O2_F_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		241	64.4	4.77
PCS assistance requested and approved		96	25.5	4.82
PCS assistance requested but denied because of no functional limitation		12	3.3	1.50
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		10	2.6	1.13
PCS assistance requested but denied because PCS need is currently being met by another agency or program		3	0.7	0.67
PCS assistance requested but denied because parent/guardian can meet needs		13	3.6	1.31
Total		375	100.0	

PCS decision - Bed mobility or positioning (O.2g_3)

	O2_G_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		247	65.8	4.20
PCS assistance requested and approved		108	28.8	4.07
PCS assistance requested but denied because of no functional limitation		7	2.0	0.94
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		6	1.5	0.79
PCS assistance requested but denied because PCS need is currently being met by another agency or program		3	0.8	0.64
PCS assistance requested but denied because parent/guardian can meet needs		4	1.1	0.73
Total		375	100.0	

PCS decision - Eating (O.2h_3)

	O2_H_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		123	33.0	4.12
PCS assistance requested and approved		198	52.9	4.55
PCS assistance requested but denied because of no functional limitation		16	4.4	1.43
PCS assistance requested but denied because requested assistance is not covered by PCS services		9	2.4	1.64
PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional		22	5.9	2.73
PCS assistance requested but denied because PCS need is currently being met by another agency or program		1	0.2	0.22
PCS assistance requested but denied because parent/guardian can meet needs		2	0.5	0.54
PCS requested by denied for other reason		2	0.6	0.60
Total		374	100.0	

PCS decision - Transfers (O.2i_3)

	O2_I_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		201	53.5	4.50
PCS assistance requested and approved		151	40.3	4.43
PCS assistance requested but denied because of no functional limitation		10	2.7	1.09
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		4	1.0	0.72
PCS assistance requested but denied because parent/guardian can meet needs		9	2.5	1.07
Total		375	100.0	

PCS decision - Locomotion (O.2j_3)

	<i>O2_J_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		219	58.4	4.42
<i>PCS assistance requested and approved</i>		127	33.9	4.30
<i>PCS assistance requested but denied because of no functional limitation</i>		8	2.1	0.93
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		5	1.2	0.75
<i>PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional</i>		2	0.6	0.58
<i>PCS assistance requested but denied because PCS need is currently being met by another agency or program</i>		3	0.7	0.67
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		11	3.0	1.20
<i>Total</i>		375	100.0	

PCS decision - Toileting needs (O.2k_3)

	<i>O2_K_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		95	25.4	4.20
<i>PCS assistance requested and approved</i>		245	65.6	4.26
<i>PCS assistance requested but denied because of no functional limitation</i>		17	4.6	1.46
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		7	1.8	1.01
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		7	1.9	1.06
<i>PCS requested by denied for other reason</i>		2	0.6	0.60
<i>Total</i>		374	100.0	

PCS decision - Dressing (O.2l_3)

	<i>O2_L_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		71	18.9	3.32
<i>PCS assistance requested and approved</i>		269	71.7	3.74
<i>PCS assistance requested but denied because of no functional limitation</i>		20	5.3	1.79
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		7	1.8	1.00
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		6	1.7	0.97
<i>PCS requested by denied for other reason</i>		2	0.6	0.60
<i>Total</i>		375	100.0	

PCS decision - Personal hygiene (O.2m_3)

	<i>O2_M_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		101	27.0	4.04
<i>PCS assistance requested and approved</i>		239	63.6	4.23
<i>PCS assistance requested but denied because of no functional limitation</i>		18	4.7	1.70
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		9	2.3	1.11
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		6	1.7	0.98
<i>PCS requested by denied for other reason</i>		2	0.6	0.60
<i>Total</i>		375	100.0	

PCS decision - Bathing (O.2n_3)

	O2_N_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		44	11.9	3.02
PCS assistance requested and approved		300	80.0	3.39
PCS assistance requested but denied because of no functional limitation		18	4.7	1.47
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		9	2.3	1.11
PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional		2	0.6	0.58
PCS assistance requested but denied because parent/guardian can meet needs		2	0.5	0.54
Total		375	100.0	

PCS decision - Special assistance in home (O.2o_3)

	O2_O_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		250	66.9	4.22
PCS assistance requested and approved		89	23.7	3.89
PCS assistance requested but denied because of no functional limitation		6	1.5	0.85
PCS assistance requested but denied because requested assistance is not covered by PCS services		7	1.8	0.93
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		5	1.5	0.88
PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional		5	1.3	1.19
PCS assistance requested but denied because PCS need is currently being met by another agency or program		2	0.6	0.59
PCS assistance requested but denied because parent/guardian can meet needs		7	1.9	0.94
PCS requested by denied for other reason		3	0.8	0.64
Total		374	100.0	

PCS decision - Special assistance outside home (O.2p_3)

	O2_P_3	Weighted Frequency	Percent	Std Err of Percent
No PCS assistance requested		256	68.4	4.64
PCS assistance requested and approved		89	23.9	4.58
PCS assistance requested but denied because of no functional limitation		3	0.8	0.59
PCS assistance requested but denied because requested assistance is not covered by PCS services		5	1.4	0.83
PCS assistance requested but denied because functional limitation is not related to child's condition/problem		5	1.5	0.88
PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional		5	1.3	1.19
PCS assistance requested but denied because parent/guardian can meet needs		7	1.9	0.94
PCS requested by denied for other reason		3	0.8	0.64
Total		374	100.0	

PCS decision - Escort to appointment for health services (O.2q_3)

	<i>O2_Q_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		188	71.8	4.78
<i>PCS assistance requested and approved</i>		52	19.7	4.64
<i>PCS assistance requested but denied because of no functional limitation</i>		5	2.1	1.00
<i>PCS assistance requested but denied because functional limitation is not related to child's condition/problem</i>		7	2.5	1.39
<i>PCS assistance requested but denied because parent/guardian can meet needs</i>		9	3.5	1.41
<i>PCS requested by denied for other reason</i>		1	0.3	0.32
<i>Total</i>		262	100.0	

PCS decision - PCS decision for other PCS need (O.2r_3)

	<i>O2_R_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		353	94.8	2.79
<i>PCS assistance requested and approved</i>		19	5.0	2.78
<i>PCS requested by denied for other reason</i>		1	0.2	0.22
<i>Total</i>		372	100.0	

PCS decision - PCS decision for other PCS need (O.2s_3)

	<i>O2_S_3</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>No PCS assistance requested</i>		365	98.0	1.55
<i>PCS assistance requested and approved</i>		7	1.8	1.53
<i>PCS requested by denied for other reason</i>		1	0.2	0.22
<i>Total</i>		372	100.0	

PCS Hours Authorized (O.4)

<i>Mean</i>	23.8
<i>Standard Deviation</i>	17.65
<i>Range</i>	68.9
<i>Minimum</i>	3.1
<i>10th Percentile</i>	8.3
<i>25th Percentile</i>	15.0
<i>50th Percentile/Median</i>	21.8
<i>75th Percentile</i>	30.0
<i>90th Percentile</i>	42.2
<i>Maximum</i>	72.1

Hours Requested and PCS Hours Authorized (O.5)

	<i>O_5</i>	<i>Weighted Frequency</i>	<i>Percent</i>	<i>Std Err of Percent</i>
<i>Responsible person made no request for a specific amount of PCS assistance</i>		247	66.4	4.14
<i>PCS hours authorized equal or exceed hours requested by responsible person</i>		94	25.1	3.59
<i>PCS hours authorized are less than hours requested by responsible person</i>		32	8.5	2.56
<i>Total</i>		373	100.0	

Referrals and Services Needed - Mental or Behavioral Health Specialist(O.7a)

			<i>Std Err</i>
	<i>Weighted</i>		<i>of</i>
<i>O_7A</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	356	95.0	1.45
Yes	19	5.0	1.45
<i>Total</i>	375	100.0	

Referrals and Services Needed - Nursing services assessment (O.7b)

			<i>Std Err</i>
	<i>Weighted</i>		<i>of</i>
<i>O_7B</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	342	91.3	3.04
Yes	33	8.7	3.04
<i>Total</i>	375	100.0	

Referrals and Services Needed - Therapies or Treatments (O.7c)

			<i>Std Err</i>
	<i>Weighted</i>		<i>of</i>
<i>O_7C</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	342	91.1	2.93
Yes	34	8.9	2.93
<i>Total</i>	375	100.0	

Referrals and Services Needed - Durable Medical Equipment(O.7d)

			<i>Std Err</i>
	<i>Weighted</i>		<i>of</i>
<i>O_7D</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	332	88.6	2.52
Yes	43	11.4	2.52
<i>Total</i>	375	100.0	

Referrals and Services Needed - Other referrals related to PCS (O.7e)

			<i>Std Err</i>
	<i>Weighted</i>		<i>of</i>
<i>O_7E</i>	<i>Frequency</i>	<i>Percent</i>	<i>Percent</i>
No	347	92.6	1.82
Yes	28	7.4	1.82
<i>Total</i>	375	100.0	

APPENDIX D
PCAF 4-20 INSTRUMENT

PERSONAL CARE ASSESSMENT FORM (PCAF)

FOR CHILDREN AGES 4-20

A. OTHER PROGRAM/AGENCY INVOLVEMENT

A.1 OTHER CURRENT PROGRAM/AGENCY INVOLVEMENT WITH CLIENT/PARENT/GUARDIAN (DARS, DADS, WIC, MRA, MHA, DFPS, IHFS, Waiver Programs, Other)

AGENCY/PROGRAM (1)	CLIENT/FAMILY MEMBER (2)	RECEIVING/REFERRED/ APPLIED/WAITING (3)	CONTACT PERSON (4)	PHONE NUMBER (5)
a.				
b.				
c.				
d.				
e.				
f.				

*Code for last 7 days, unless otherwise indicated,
throughout remainder of assessment*

B. REASON FOR ASSESSMENT AND SCHOOL SERVICES

B.1 REASON FOR ASSESSMENT

Code: 0 = Intake assessment
1 = Scheduled reassessment
2 = Change in status assessment
3 = Other (specify): _____

☐

*The information in Items B.2 is **CONFIDENTIAL**. The parent/guardian of the client/child is **NOT** required to respond to these in order to qualify for services.*

B.2 SERVICES PROVIDED AT SCHOOL/DAY PROGRAM

Code: 0 = Not needed at school/day program
1 = Provided at school/day program
2 = Needed but not provided at school/day program

a.	Personal care attendant	
b.	Nursing services	
c.	Durable medical equipment	
d.	Other (specify):	

B.3 NAME OF SCHOOL OR DAY PROGRAM

C. DIAGNOSES & HEALTH CONDITIONS

*For C1, C2, C3, and C4: Code only for those active diagnoses that currently affect the client's functional, cognitive, or behavioral status or require treatment, therapy, or medication **AND** were diagnosed by a licensed or certified health care professional. For C5, code only for conditions or problems that currently affect the client's functional, cognitive, or behavioral status or require treatment, therapy, or medication.*

Code: 0 = No 1 = Yes, condition active and diagnosed

C.1	MEDICAL DIAGNOSES	
a.	Anemia	
b.	Apnea	
c.	Arthritis	
d.	Asthma/respiratory disorder	
e.	Cancer	
f.	Cerebral Palsy	
g.	Cleft Palate	
h.	Congenital heart disorder	
i.	Cystic Fibrosis	
j.	Diabetes	
k.	Epilepsy or other chronic seizure disorder	
l.	Explicit terminal prognosis	
m.	Failure to thrive	
n.	Hemophilia	
o.	Hydro/microcephaly	
p.	Metabolic disorders (e.g., PKU)	
q.	Muscular Dystrophy	
r.	Paraplegia/tetraplegia/quadriplegia	
s.	Pathological bone fracture	

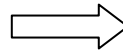
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t.	Renal failure	
u.	Spina Bifida or other spinal cord dysfunction	
v.	Substance abuse related problems at birth (e.g., fetal alcohol syndrome, cocaine dependency)	
w.	Traumatic brain injury	
C.2	OTHER MEDICAL DIAGNOSES	
a.	Specify:	
b.	Specify:	
c.	Specify:	
C.3	INFECTIONS	
a.	Antibiotic resistant infection (e.g., MRSA)	
b.	Other (specify):	
C.4	PSYCHIATRIC, DEVELOPMENTAL, OR BEHAVIORAL DIAGNOSES	
a.	Anxiety disorders (e.g., OCD, separation anxiety)	
b.	Autistic disorder or other pervasive developmental disorders (e.g., Asperger's, Rett's)	
c.	Attention Deficit Disorder or ADD	
d.	Disruptive behavior disorders (e.g., conduct disorder, oppositional defiant disorder)	
e.	Down Syndrome	
f.	Intellectual disability	
g.	Mood disorders (e.g., depression, bipolar disorder)	
h.	Schizophrenic, delusional (Paranoid), schizoaffective, and other psychotic disorders	
i.	Somatoform, eating, and tic disorders (e.g., anorexia nervosa, bulimia, pica)	
j.	Other (specify):	
k.	Other (specify):	
C.5	HEALTH CONDITIONS/PROBLEMS Code: 0 = No 1 = Yes, currently active	
a.	Bed-bound or chair-fast (because of health condition; spends at least 23 hours per day in bed or in chair – not wheelchair)	
b.	Contracture(s)	
c.	Fall(s) related to client's condition	
d.	Fracture(s)	
e.	Limitation in range of motion – limitations that interfered with daily functions or placed client at risk of injury	
f.	Pain interferes with normal activities (e.g., school, work, social activities, ADLs)	
g.	Pressure ulcers, wounds, or skin lesions	
h.	Recurrent aspiration	
i.	Shortness of breath during normal activities	
j.	Other (specify):	

C.6 CLIENT'S CURRENT CONDITION

Code: 1 = Medical
2 = Psychiatric/Developmental/Behavioral
3 = Both

☐
**COMPLETE ITEM O.1.a.(3) NOW****D. COGNITIVE FUNCTION****D.1 COMATOSE OR PERSISTENT VEGETATIVE STATE****Code: 0 = No 1 = Yes**
☐
IF "YES" – SKIP TO SECTION H

D.2 SHORT-TERM MEMORY – Recalls very recent events
 (e.g., most recent meal, object displayed then put away for a few minutes)

Code: 0 = Memory/recall ok**1 = Memory/recall problem**
☐

D.3 LONG-TERM MEMORY – Recalls information beyond recent events (e.g., age, town, own family name, neighbors' names, pets' names)

Code: 0 = Memory/recall ok**1 = Memory/recall problem**
☐

D.4 PROCEDURAL TASK PERFORMANCE – Ability to perform steps in a multi-step sequence without cues or supervision (e.g., retrieving specific object from other room; dressing self properly; preparing snacks)

Code: 0 = Performs most or all multiple-step tasks without cueing or supervision

1 = Needs cueing or supervision for most or all multiple-step tasks

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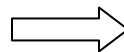
D.5 COGNITIVE SKILLS FOR DAILY DECISION-MAKING – About such issues/daily tasks as when to get up, clothing to wear, how to organize the day, activities to do, or how to remain safe

Code: 0 = Independent – Decisions consistent/reasonable

1 = Modified independent – Consistent/reasonable decisions in customary situations or environments but experienced difficulty with new/unfamiliar tasks or in specific situations (e.g., crowds)

2 = Moderately dependent – Decisions consistently poor; cues or supervision required frequently

3 = Completely dependent – Never/rarely made decisions; cues or supervision required continually

☐
**COMPLETE ITEM O.1.b.(3) NOW****E. COMMUNICATION**

E.1 MAKING SELF UNDERSTOOD – Expressing information content, however able (with appliance if normally used)

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Code: 0 = Understood – Expressed desires/needs without difficulty

1 = Usually understood – Some difficulty finding words or finishing thoughts but usually understood

2 = Sometimes understood – Ability was limited to making concrete requests understood (e.g., hunger)

3 = Rarely/never understood – Communication limited to interpretation of highly individual, person-specific sounds, behaviors, or body language understood by a limited number of people

E.2 ABILITY TO UNDERSTAND OTHERS – Understanding verbal information content, however able (with hearing appliance, if normally used)

Code: 0 = Understands – Clear comprehension

1 = Usually understands – Sometimes missed some part or intent of message

2 = Sometimes understands – Responded only to simple, direct messages or communication

3 = Rarely/never understands – Observer has difficulty determining whether the child comprehended messages. Or, the client/child can hear sounds but did not understand messages

➡ **COMPLETE ITEM O.1.c.(3) NOW**

F. HEARING AND VISION

F.1 HEARING – Ability to hear (with hearing appliance, if normally used)

Code: 0 = Hears adequately – No difficulty in normal conversation, social interaction, TV, phone

1 = Some impairment – Problems with specific types of sounds (e.g., low register) or with specific situations (e.g., requires quiet setting to hear well)

2 = Highly impaired – Absence of useful hearing

F.2 VISION – Ability to see near or far in adequate light (with glasses or with other visual appliance, if normally used)

Code: 0 = Vision adequate – Saw fine detail, including fine detail in pictures, regular print in books

1 = Some impairment – Limited vision; was able to see large print or numbers in books; identify large objects in pictures

2 = Highly impaired – No vision or saw only light, colors, or shapes; eyes do not appear to follow objects

➡ **COMPLETE ITEM O.1.d.(3) NOW**

G. BEHAVIOR PATTERNS**G.1 SIGNS AND SYMPTOMS IN LAST 30 DAYS**

Code: 0 = No occurrence in last 30 days

1 = Occurred in last month but not during last 7 days

2 = Occurred once or more in the last 7 days

a.	Wandering – moved (locomotion) with no apparent rational purpose; seemingly oblivious to needs for safety	
b.	Elopement – attempted to or exited/left home, school, etc. at inappropriate time, without notice/permission, with impaired safety awareness	
c.	Verbally abusive – threatened, screamed at, or cursed others	
d.	Physically abusive or injuries to others – shoved, scratched, pinched, bit others	
e.	Bullying/Menacing behavior – no physical contact, but others made to feel unsafe/at-risk; invaded personal space of others in a threatening manner	
f.	Socially inappropriate or disruptive behavior – disruptive acts or sounds; noisiness; screaming; smeared /threw food/feces; hoarding; rummaging through other's belongings	
g.	Repetitive behavior that interferes with normal activities – e.g., finger flicking, rocking, spinning objects	
h.	Inappropriate sexual behavior – e.g., sexually abused/attacked others; inappropriate sexual activity or disrobing; masturbating in public	
i.	Resists ADL care – resisted assistance with ADLs, such as bathing, dressing, toileting, eating	
j.	Physically resists prescribed treatments and therapies – e.g., range-of-motion exercises, chest percussion	
k.	Injury to self – self-abusive acts; non-accidental injuries (e.g., cutting arms, head banging) that are not suicide attempts	
l.	Suicide attempt – effort(s) by client to end his/her life	
m.	Suicidal ideation – recurrent thoughts of death or suicide; saying that they wished they were dead or that they are going to kill or hurt themselves	
n.	Injury to animals – deliberate physical injury to/torture of animals	
o.	Dangerous, non-violent behavior – e.g., falling asleep while smoking, leaving candle lit or range burner turned on, playing with fire	
p.	Deliberate damage to property – e.g., intentional fire-setting, smashing furniture, breaking household objects	
q.	Other (specify):	

G.2 URGENT MENTAL/BEHAVIORAL HEALTH SERVICE USE IN LAST 30 DAYS

Code: 0 = No occurrence in last 30 days

1 = Occurred only once in last 30 days

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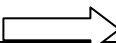
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2 = Multiple occurrences in last 30 days

a.	Admission to inpatient treatment for mental or behavioral health problem (includes hospital)	
b.	Visit to emergency room for care or treatment of a mental or behavioral health problem	
c.	Urgent visit to physician, psychiatrist, or mental or behavioral health specialist office (not a regularly scheduled visit or assessment) because of a mental or behavioral health issue	
d.	Other (specify):	

G.3 CHILD MAY REQUIRE REFERRAL TO A MENTAL OR BEHAVIORAL HEALTH SPECIALIST

Code: 0 = No 1 = Yes

☐
 **COMPLETE ITEMS 0.1.e.(3) AND 0.7.a NOW**
H. WEIGHT & HEIGHT**H.1 WEIGHT** – Base weight on most recent measure in last 30 days

Weight in lbs.	OR	Weight in kilos				

H.2 HEIGHT – Base height on most recent measure in last 30 days

Feet	inches	OR	Centimeters			

 **COMPLETE ITEM 0.1.f.(3) NOW**
I. MEDICATIONS

Count all medications taken in the last 7 days, including all prescribed medications and over-the-counter (OTC) medications, as well as any medications prescribed on an “as needed” or PRN basis. Include medications by any route of administration (e.g., pills, injections, ointments, inhaler).

I.1 NUMBER OF DIFFERENT MEDICATIONS TAKEN

 **COMPLETE ITEM 0.1.g.(3) NOW**
J. LICENSED/PROFESSIONAL NURSING NEEDS**J.1 CARE ACTIVITIES NEEDED OR PROVIDED DURING LAST 7 DAYS THAT MAY REQUIRE NURSING CARE OR SUPERVISION** (i.e., nursing services or nurse delegated tasks)Code: 0 = Not needed
1 = Needed and provided

2 = Needed but not provided

a.	Medication management – includes injections and other nursing activities	
b.	Intravenous medications	
c.	Intravenous feeding (parenteral or IV)	
d.	Feeding tube	
e.	Nasopharyngeal suctioning	
f.	Tracheostomy care	
g.	Wound or skin lesion care – treatment or dressing of stasis or pressure/decubitus ulcer, surgical wound, burns, open lesions	
h.	Oxygen – administration or supervision	
i.	Urinary catheter care – insertion or maintenance (e.g., change, irrigation)	
j.	Comatose or persistent vegetative state – care to manage the condition	
k.	Ventilator or respirator – to manage equipment	
l.	Uncontrolled seizure disorder – care and supervision for safe management	
m.	Unstable medical condition – assessment, observation, and management on a daily basis	
n.	Other periodic assessment, management, supervision – once or twice a month	
o.	Other (specify):	

J.2 URGENT MEDICAL CARE USE IN LAST 30 DAYSCode: 0 = No occurrence in last 30 days
1 = Occurred only once in last 30 days
2 = Multiple occurrences in last 30 days

a.	Visit to emergency room for care or treatment of a medical problem	
b.	Admission to hospital for medical care	
c.	Urgent visit to physician's office for physical illness (not a regularly scheduled visit or checkup)	
d.	Other (specify):	

J.3 REFERRAL FOR NURSING ASSESSMENT – (e.g., unstable medical condition; significant change in health or functional status; needs more/different care, additional services, or supervision)

Code: 0 = No 1 = Yes

☐
 **COMPLETE ITEM 0.7.b NOW**
K. TREATMENTS AND THERAPIES**K.1 TREATMENTS OR THERAPIES RECEIVED OR NEEDED**

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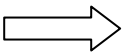
IN **LAST 30 DAYS** – outside of day program/school

Code: 0 = Not needed
 1 = Needed and provided
 2 = Needed but not provided

a.	Chemotherapy	
b.	Radiation therapy	
c.	Hemodialysis	
d.	Peritoneal dialysis	
e.	Hospice	
f.	Physical therapy	
g.	Occupational therapy	
h.	Speech therapy	
i.	Mental health services (includes substance abuse treatment)	
j.	Home health aide	
k.	Restorative nursing care/habilitative care	
l.	Other (specify):	

K.2 REFERRAL TO CONSIDER NEED FOR NEW/DIFFERENT TREATMENT OR THERAPY

Code: 0 = No 1 = Yes

**COMPLETE ITEM 0.7.c NOW****L. CONTINENCE****L.1 BLADDER AND BOWEL PROGRAMS & APPLIANCES IN LAST 7 DAYS**

Code: 0 = Not needed or available and adequate
 1 = New or different program or appliance may be needed because of condition or problem

Appliances		Programs	
a.	Indwelling catheter	f.	Bladder retraining
b.	Intermittent catheter	g.	Bowel retraining
c.	External catheter	h.	Scheduled toileting
d.	Ostomy	i.	Toilet training
e.	Pads/briefs	j.	Other (specify):

L.2 URINARY CONTINENCE – Code client's performance over 24 hours a day during last 7 days (with device or continence program, if used)

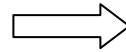
Code: 0 = **Continent** – Complete control and did not use any type of catheter, urinary collection device, or toileting program
 1 = **Complete control with device or program** – (e.g., catheter, ostomy, scheduled toileting)
 2 = **Usually continent** – Incontinent episodes once a week or less frequently
 3 = **Occasionally incontinent** – Episodes 2 or more times a week but not daily
 4 = **Frequently incontinent** – Tended to be incontinent daily but some control present (e.g., during day)
 5 = **Always/almost always incontinent** – Had inadequate control, multiple daily episodes
 8 = **Did not occur** – No urine output from bladder during last 7 days (e.g., dialysis)

L.3 BOWEL CONTINENCE – Code person's performance over 24 hours a day during last 7 days (with device or continence program, if used)

Code: 0 = **Continent** – Complete control and did not use any type of ostomy
 1 = **Complete control with device/program/medication** (e.g., ostomy)
 2 = **Usually continent** – Incontinent episodes once a week or less
 3 = **Occasionally incontinent** – Episodes 2 or more times a week but not daily
 4 = **Frequently incontinent** – Tended to be incontinent daily but some control present (e.g., during day)
 5 = **Always/almost always incontinent** – Had inadequate control, multiple daily episodes
 8 = **Did not occur** – No bowel movement during last 7 days

L.4 NIGHTTIME INCONTINENCE (BOWEL/BLADDER)

Code: 0 = No 1 = Yes

**COMPLETE ITEM 0.1.h.(3) NOW****M. PHYSICAL FUNCTION****M.1 INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

(IADLs) – Code for assistance provided to client in routine activities around the home or in the community during the last 7 days. Consider assistance provided over 24-hours per day

Code: 0 = **No help/Independent** – No set-up help, supervision/cueing, or hands-on assistance **OR** some type of help provided only 1 or 2 times
 1 = **Set-up help only** – Set-up help provided ≥ 3 times
 2 = **Intervention/Cueing/Redirection** – Oversight, standby assistance, encouragement, cueing, redirection provided ≥ 3 times
 3 = **Limited assistance** – Child/client highly involved in activity; received help on some occasions (at least ≥ 3 times) but not all the time

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4 = Extensive assistance – Child/client received help throughout task most of the time, or full performance by others some, but not all, of the time

5 = Total dependence – Full performance of the activity by others during entire period

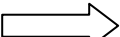
8 = Activity did not occur – During 7 day period

M.2 EFFECTS OF ILLNESS OR CONDITION ON IADL NEEDS/CARE (Code M.2 as you complete M.1)

Code: 0 = Client/Child's condition did not affect the performance of the task (i.e., time it takes to do task or the number of persons needed to do task)

1 = Client/Child's condition affected the performance of the task (because of child's condition, task regularly takes longer to perform OR two-person assistance regularly provided/needed)

IADLs		M.1 Help	M.2 Effect?
a.	Meal preparation – prepared light meals/snacks (e.g., planning, cooking, assembling ingredients, setting out food & utensils)		
b.	Medication assistance (e.g., remembering to take medicines, opening bottles)		
c.	Telephone use – made and received telephone calls (using assistive devices, such as large numbers, amplification); includes finding number, making calls		
d.	Getting to places outside the home – arranged for transportation; including knowing where to go and ability to travel alone/independently		
e.	Laundry – sorting, washing, folding, putting away personal laundry (e.g., clothing, underwear), bedding, and towels		
f.	Ordinary/light housework – ordinary work around the home (e.g., doing dishes, dusting, sweeping or vacuuming, making bed, cleaning bathroom, tidying up)		
g.	Grocery shopping – shopping for food and household items (e.g., could take longer because of child's special diet or behavior)		

 **COMPLETE ITEMS 0.2.a.(2) – 0.2.h.(2) NOW**

M.3 ACTIVITIES OF DAILY LIVING (ADL) – Code for assistance provided to client in last 7 days, including all 24 hours in a day

Code: 0 = No help/Independent – No set-up help, intervening/cueing, hands-on assistance OR some type of help provided only 1 or 2 times

1 = Set-up help only – Set-up help provided ≥ 3 times

2 = Cueing/Redirection/Monitoring – Oversight, standby assistance, encouragement, cueing, redirection provided ≥ 3 times

3 = Limited assistance – Child/client highly involved in activity; received physical/hands-on help (e.g., guided maneuvering of limbs) that is non-weight-bearing ≥ 3 times

4 = Extensive assistance – While child/client performed part of activity, over last 7-day period, help of the following type(s) provided 3 or more times:

- Weight-bearing support
- Full caregiver performance during part (not all) of last 7 days

5 = Total dependence – Full caregiver performance of activity during entire 7 days (e.g., each time activity occurred)

8 = Activity did not occur during entire 7 days

M.4 EFFECTS OF ILLNESS OR CONDITION ON ADL NEEDS/CARE IN LAST 7 DAYS (Code M.4 as you complete M.3)

Code: 0 = Client/Child's condition did not affect the performance of the task (i.e., time it takes to do task or the number of persons needed to do task)

1 = Client/Child's condition affected the performance of the task (because of child's condition, task regularly takes longer to perform OR two-person assistance regularly provided/needed)

ADLs		M.3 Help	M.4 Effect?
a.	Bed mobility – moved to/from lying position, turns side to side and positions in bed		
b.	Positioning – moved/positioned in chair or other piece of furniture or equipment		
c.	Eating – ate and drank (regardless of skill)		
d.	Transfers – moved between surfaces, to/from bed, chair, wheelchair, standing position (EXCLUDE bath/shower transfers)		
e.	Locomotion Inside – moved between locations in the home; if uses wheelchair/electric cart, self-sufficiency once in chair/cart		
f.	Locomotion outside – moved between home and other places outside the home (e.g., school, doctor's office)		
g.	Toilet use – used the toilet room (or commode, bedpan, urinal); transferred on and off toilet; cleansed; changed pad/incontinence supplies; adjusted clothing		

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h.	Dressing – put on, fastened, and took off all items of clothing, including donning/removing shoes, prostheses		
i.	Personal hygiene – maintained personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, managing feminine hygiene, washing/drying face, hands, perineum (EXCLUDE bathing)		
j.	Bathing – took full bath/shower, including transfer in and out. Code for most dependent performance in last 7 days – using codes below: 0. Independent 1. Set-up help only 2. Monitoring/oversight/cueing 3. Physical/hands-on help limited to transfer 4. Physical/hands-on help in part of bathing activity 5. Total dependence – full performance by other 8. Activity (full bath) did not occur during entire 7 days		

➡ **COMPLETE ITEMS O.2.i.(2) – O.2.p.(2) NOW**

M.5 ANY TWO-PERSON ASSISTANCE RECEIVED

Code: 0 = No 1 = Yes

a.	With any transfer – bed/chair/standing, toilet, or bathing, during the last 7 days	
b.	With any other ADL – during the last 7 days	

M.6 CLIENT NEEDS SPECIAL ASSISTANCE (CUEING, REDIRECTION, INTERVENTION, ETC.) FOR SAFETY OF SELF OR OTHERS DURING ADLs OR IADLs

Code: 0 = No 1 = Yes

a.	Needs special assistance for safety of self or others during ADLs or IADLs while in home	
b.	Needs special assistance for safety of self or others during ADLs or IADLs when outside the home	
c.	Other (specify):	

➡ **COMPLETE ITEMS O.2.q.(2) – O.2.r.(2) NOW**

M.7 MAIN MODE OF LOCOMOTION IN LAST 7 DAYS

Code: 0 = No 1 = Yes

a.	Walking was main mode of locomotion	
b.	Wheelchair/cart/scooter was main mode of locomotion during last 7 days	
c.	Walking and wheelchair/cart used about equally	

M.8 USE OF & NEED FOR ASSISTIVE DEVICES TO MAXIMIZE/SUPPORT FUNCTIONING

Code: 0 = Not needed or available and adequate
1 = Referral to assess for unmet DME needs

Durable Medical Equipment (DME)/Assistive Devices		
a.	Hospital bed	
b.	Bed mobility aids – e.g., bed rails, special mattress, postural supports like foam wedges, bed enclosure	
c.	Transfers aids – e.g., trapeze, transfer board, seat lift chair, Hoyer lift	
d.	Wheelchair, cart	
e.	Mobility aids/devices – e.g., cane, quad cane, crutches, walker	
f.	Bathing aids – e.g., shower chair, tub transfer bench	
g.	Medication management – e.g., talking clock, daily medication organizer	
h.	Meal preparation – e.g., rocker knife	
i.	Telephone use – e.g., voice activated telephone	
j.	Transportation – e.g., swivel cushion	
k.	Augmentative communication device	
l.	Gait trainer	
m.	Transcutaneous Electrical Nerve Stimulation (TENS) unit	
n.	Chest Physio Therapy (CPT) vest	
o.	Other (specify):	
p.	Other (specify):	

M.9 RESULTS OF DISCUSSION OF DME NEEDS WITH CLIENT/FAMILY

Code: 0 = No concerns expressed about current DME needs
1 = Yes, family/client believes new or additional DME needed

Specify: _____

➡ **COMPLETE ITEM O.7.d NOW**

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N. HOUSEHOLD RESOURCES**IF CLIENT IS 18 OR OLDER, THEN SKIP THIS SECTION AND GO DIRECTLY TO SECTION O****N.1 PARENT/GUARDIAN STATUS/CHALLENGES****Code: 0 = No 1 = Yes**

a.	In school full-time		
b.	In school part-time (not full-time)		
c.	Working full-time outside home		
d.	Working part-time outside home (not full-time)		
e.	Other work situation (specify):		
f.	Responsible adult for other children		
	(1) If YES, record number of other children (use "0" to fill); if none, record "00"		
	(2) Number of dependent children in household, other than client, with special needs		
g.	Caregiving for a disabled or challenged <u>adult</u> family member in household (specify):		
h.	Caregiver's sleep is interrupted frequently throughout the night because of caregiving responsibilities related to child's condition		
i.	Because of physical limitations or disabilities (strength/stamina) parent/guardian is unable to assist client with some ADL or IADL tasks		
j.	Other (specify):		

N.2 NOTES ON HOW PARENT/GUARDIAN BARRIERS MAY AFFECT MEETING CLIENT'S ADL AND IADL NEEDS

(May be continued on pg. 11 if necessary)

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O. STRENGTHS AND NEEDS**O.1 ADDITIONAL CONSIDERATIONS AND POTENTIAL COMPLEXITIES**

Column (3): Review items noted in Column (2)

Code: 0 = No problems noted 1 = At least one problem noted

(1) ISSUES		(2) ITEMS	(3) PROBLEMS	(4) Impact on ADL/IADL needs (may be continued on p. 14)
c.	Diagnoses/Conditions	C.1 - C.5		
b.	Decision-making	D.1 - D.5		
c.	Communication	E.1 - E.2		
d.	Hearing/Vision	F.1 - F.2		
e.	Behavior	G.1 - G.3		
f.	Weight /Height	H.1 - H.2		
g.	Medications	I.1		
h.	Continence	L.1 - L.4		
i.	Other			

O.2 PERSONAL CARE ASSISTANCE IN AVERAGE OR USUAL WEEK

Column (2): Potential PCS need (based on PCAF assessment)

Code: 0 = No functional limitation
 1 = Functional limitation present but the limitation is not affected by child/client's condition or problem
 2 = Functional limitation is present and is affected by child/client's condition or problem

Column (3): PCS decision

Code: 0 = No PCS assistance requested
 1 = PCS assistance requested and approved
 2 = PCS assistance requested but denied because of no functional limitation
 3 = PCS assistance requested but denied because requested assistance is not covered by PCS services
 4 = PCS assistance requested but denied because functional limitation is not related to child's condition/problem
 5 = PCS assistance requested but denied because functional limitation must be addressed by a skilled health professional
 6 = PCS assistance requested but denied because PCS need is currently being met by another agency or program
 7 = PCS assistance requested but denied because parent/guardian can meet needs (not applicable to client ≥18)
 8 = PCS requested by denied for other reason; specify in Column (4)

(1) ACTIVITY		(2) NEED	(3) PCS	(4) ADDITIONAL INFORMATION
a.	Meal preparation			
b.	Medication assistance			
c.	Communication assistance			
d.	Arranging transportation			

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e.	Accompaniment – Client/child needs to be accompanied when outside the home for personal care		
f.	Laundry		
g.	Light housework		
h.	Grocery shopping		
i.	Bed mobility or positioning in chair/wheelchair		
j.	Eating		
k.	Transfers		
l.	Locomotion		
m.	Toileting needs		
n.	Dressing		
o.	Personal hygiene		
p.	Bathing		
q.	Special assistance (cueing, redirection, etc) in home for safety of self or others during ADLs or IADLs		
r.	Special assistance (cueing, redirection, etc) outside home for safety of self or others during ADLs or IADLs		
s.	Escort to appointment for health services		
t.	Other (specify):		
u.	Other (specify):		

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O.3 INDICATE THE NUMBER OF MINUTES OF PCS CARE FOR EACH HOUR OF EACH DAY DURING AN AVERAGE/USUAL WEEK. If two persons are needed for 20 minutes during one hour, then the total for that hour is 40 minutes.

24-Hour Flow Sheet								
	Time of Day	SUNDAY Minutes of PCS needed (1)	MONDAY Minutes of PCS needed (2)	TUESDAY Minutes of PCS needed (3)	WEDNESDAY Minutes of PCS needed (4)	THURSDAY Minutes of PCS needed (5)	FRIDAY Minutes of PCS needed (6)	SATURDAY Minutes of PCS needed (7)
a.	12:00 AM							
b.	1:00 AM							
c.	2:00 AM							
d.	3:00 AM							
e.	4:00 AM							
f.	5:00 AM							
g.	6:00 AM							
h.	7:00 AM							
i.	8:00 AM							
j.	9:00 AM							
k.	10:00 AM							
l.	11:00 AM							
m.	12:00 PM							
n.	1:00 PM							
o.	2:00 PM							
p.	3:00 PM							
q.	4:00 PM							
r.	5:00 PM							
s.	6:00 PM							
t.	7:00 PM							
u.	8:00 PM							
v.	9:00 PM							
w.	10:00 PM							
x.	11:00 PM							
y.	Total number of minutes per day							
z.	Total number of minutes per week. Sum daily totals in O.3.y.(1) through O.3.y.(7)							

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O.4 PCS HOURS AUTHORIZED

DIVIDE TOTAL MINUTES OF PCS CARE AUTHORIZED (O.3.z) BY THE NUMBER SIXTY (60).
If the division does not result in a whole number (5.00, 9.00, etc) or a fraction representing a quarter-hour (e.g., 9.25, 9.50, 9.75), then you should round up to the next quarter-hour
(e.g., .01 - .25 = .25; .26 - .50 = .50; .51 - .75 = .75; .76 - .99 = go up to next full hour).

--	--	--	--

O.5 PCS HOURS REQUESTED AND PCS HOURS AUTHORIZED

Code: 0 = Responsible person made no request for a specific amount of PCS assistance
 1 = PCS hours authorized equal or exceed hours requested by responsible person
 2 = PCS hours authorized are less than hours requested by responsible person

--

O.6 NATURE OF ANY DISAGREEMENT ABOUT PCS HOURS/RATIONALE FOR DIFFERENCE

--

O.7 REFERRALS AND SERVICES NEEDED

Code: 0 = No 1 = Yes

Referrals will be made for:			Notes:
a.	Mental or behavioral health specialist services (G.3)		
b.	Nursing services assessment (See J.3)		
c.	Therapies or Treatments (See K.2)		
d.	Durable Medical Equipment (DME) assessment (See M.8 and M.9)		
e.	Other referrals related to PCS (specify):		

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O.8 TARGET DATE FOR NEXT ASSESSMENT

Date:

O.9 ADDITIONAL COMMENTS RELATED TO CLIENT’S NEEDS FOR PCS, NURSING SERVICES, OR DME

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O.10 CASE MANAGER (CURRENT ASSESSMENT)

a. SIGNATURE:		c. DATE:
b. PRINTED NAME:		

APPENDIX E

PCAF 0-3 INSTRUMENT

Personal Care Assessment Form (V.08.15.08)

PCAF 0-3

PERSONAL CARE ASSESSMENT FORM (PCAF) FOR CHILDREN AGES 0-3**A. OTHER PROGRAM/AGENCY INVOLVEMENT****A.1 OTHER CURRENT PROGRAM/AGENCY INVOLVEMENT WITH CLIENT/PARENT/GUARDIAN**

(e.g., DARS, DADS, WIC, ECI, MHA, MRA, DFPS, IHFS, Waiver Programs, Other)

AGENCY/PROGRAM (1)	CLIENT/FAMILY MEMBER (2)	RECEIVING/REFERRED/ APPLIED/WAITING (3)	CONTACT PERSON (4)	PHONE NUMBER (5)
a.				
b.				
c.				
d.				
e.				
f.				

*Code for last 7 days, unless otherwise indicated, throughout remainder of assessment***B. REASON FOR ASSESSMENT****B.1 REASON FOR ASSESSMENT**

Code: 0 = Intake assessment

1 = Scheduled reassessment

2 = Change in status assessment

3 = Other (Specify): _____

☐
C. DIAGNOSES & HEALTH CONDITIONS

For C1, C2, C3, and C4: Code only for those active diagnoses that currently affect the client's functional, cognitive, or behavioral status or require treatment, therapy, or medication **AND** were diagnosed by a licensed or certified health care professional. For C5, code only those conditions or problems that currently affect the client's functional, cognitive, or behavioral status or require treatment, therapy, or medication.

Code: 0 = No 1 = Yes, condition active and diagnosed

C.1	MEDICAL DIAGNOSES	
a.	Anemia	
b.	Apnea	
c.	Arthritis	
d.	Asthma/respiratory disorder	
e.	Cancer	
f.	Cerebral Palsy	
g.	Cleft Palate	
h.	Congenital heart disorder	
i.	Cystic Fibrosis	
j.	Diabetes	
k.	Epilepsy or other chronic seizure disorder	

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l.	Explicit terminal prognosis	
m.	Failure to thrive	
n.	Hemophilia	
o.	Hydro/microcephaly	
p.	Metabolic disorders (e.g., PKU)	
q.	Muscular Dystrophy	
r.	Paraplegia/tetraplegia/quadriplegia	
s.	Pathological bone fracture	
t.	Renal failure	
u.	Spina Bifida or other spinal cord dysfunction	
v.	Substance-abuse-related problems at birth (e.g., fetal alcohol syndrome, cocaine dependency)	
w.	Traumatic brain injury	
C.2	OTHER MEDICAL DIAGNOSES	
a.	Specify:	
b.	Specify:	
c.	Specify:	
C.3	INFECTIONS	
a.	Antibiotic resistant infection (e.g., MRSA)	
b.	Other (specify):	
C.4	PSYCHIATRIC, BEHAVIORAL, OR DEVELOPMENTAL DIAGNOSES	
a.	Attention deficit (ADD) or ADHD	
b.	Autistic disorder or other pervasive developmental disorders (e.g., Asperger's, Rett's)	
c.	Disruptive behavior disorders (e.g., oppositional defiant disorder)	
d.	Down Syndrome	
e.	Intellectual disability	
f.	Other (specify):	
g.	Other (specify):	
C.5	HEALTH CONDITIONS Code: 0 = No 1 = Yes, currently active	
a.	Fracture(s)	
b.	Recurrent aspiration	
c.	Bed-bound or chair-fast (because of health condition; at least 23 hours per day)	
d.	Shortness of breath during normal activities	
e.	Contracture(s)	
f.	Pressure ulcers, wounds, skin lesions	
g.	Other (specify):	

 **COMPLETE ITEM 0.1.a.(3) NOW**
C.6 CLIENT'S CURRENT CONDITIONS

Code: 1 = Medical
 2 = Psychiatric/Developmental/Behavioral
 3 = Both

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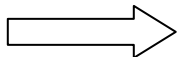
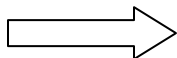
PCAF 0-3

D. COGNITIVE FUNCTION**D.1 COMATOSE OR PERSISTENT VEGETATIVE STATE**

Code: 0 = No 1 = Yes

☐

IF "YES" – SKIP TO SECTION H

E. COMMUNICATION**E.1 MAKING SELF UNDERSTOOD** – Expressing information content, however able☐Code: 0 = **Understood** – Expressed needs without difficulty; child was always/almost always understood by others1 = **Difficulty making needs known** – Difficulty expressing needs clearly; only understood some of the time2 = **Rarely/never understood** – Others rarely/never understand what child is trying to communicate**E.2 ABILITY TO UNDERSTAND OTHERS** – Understand verbal information content, however able (with hearing appliance, if normally used)☐Code: 0 = **Understood** – Clearly comprehended statements or requests1 = **Difficulty understanding others** – Understood and responded to simple statements or requests2 = **Rarely/never understands/responds** – Rarely/never understood or responded to statements or requests**COMPLETE ITEM O.1.b.(3) NOW****F. HEARING AND VISION****F.1 HEARING** – Ability to hear (with hearing appliance, if normally used)☐Code: 0 = **Appears to hear adequately** – Responded to sounds (e.g., turns head, tracks sound, responds to speech)1 = **Impaired** – Absence of response to sounds**F.2 VISION** – Ability to see near or far in adequate light (with glasses or with other visual appliance, if normally used)☐Code: 0 = **Adequate** – Eyes appear to follow objects, both near and far1 = **Impaired** – Eyes do not appear to follow objects**COMPLETE ITEM O.1.c.(3) NOW****G. BEHAVIOR PATTERNS**

Personal Care Assessment Form (V.08.15.08)**PCAF 0-3****G.1 SIGNS AND SYMPTOMS IN LAST 7 DAYS**

Code: 0 = No 1 = Yes

a.	Repetitive behavior that interferes with normal activities – e.g., finger flicking, rocking, spinning objects, hand flapping	
b.	Resisted ADL care – resisted assistance with ADLs, such as bathing, dressing, toileting, eating	
c.	Injury to self – self-abusive acts; non-accidental injuries (e.g., head banging)	
d.	Sleep disturbances – awake/active all or most of the night	
e.	Disruptive behavior – disruptive noisiness; screaming; temper tantrums that escalate into aggressive or violent behaviors	
f.	Other challenging behavioral problem(s) (specify):	

G.2 URGENT MENTAL/BEHAVIORAL HEALTH SERVICE USE IN LAST 30 DAYS

Code: 0 = No occurrence in last 30 days
 1 = Occurred only once in last 30 days
 2 = Multiple occurrences in last 30 days

a.	Admission to inpatient treatment for mental or behavioral health problem (includes hospital)	
b.	Visit to emergency room for care or treatment of a mental or behavioral health problem	
c.	Urgent visit to physician, psychiatrist, or mental or behavioral health specialist office (not a regularly scheduled visit or assessment) because of a mental or behavioral health issue	
d.	Other (specify):	

G.3 CHILD MAY REQUIRE REFERRAL TO A MENTAL OR BEHAVIORAL HEALTH SPECIALIST

Code: 0 = No 1 = Yes

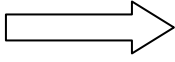
☐
 **COMPLETE ITEMS O.1.d.(3) AND O.7.a NOW**
H. HEIGHT & WEIGHT

H.1 WEIGHT – Base weight on most recent measure **in last 30 days**

Weight in lbs.	OR	Weight in kilos		

H.2 HEIGHT/LENGTH – Base height on most recent measure **in last 30 days**

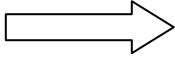
Inches	OR	Centimeters			

Personal Care Assessment Form (V.08.15.08)**PCAF 0-3****COMPLETE ITEM 0.1.e.(3) NOW****I. MEDICATIONS**

Count all medications taken in the last 7 days, including all prescribed medications and over-the-counter (OTC) medications, as well as any medications prescribed on an “as needed” or PRN basis. Include medications by any route of administration (e.g., pills, injections, ointments, inhaler).

I.1 NUMBER OF DIFFERENT MEDICATIONS TAKEN

--	--

**COMPLETE ITEM 0.1.f.(3) NOW****J. LICENSED/PROFESSIONAL NURSING NEEDS**

J.1 CARE ACTIVITIES NEEDED OR PROVIDED DURING LAST 7 DAYS THAT MAY REQUIRE NURSING CARE OR SUPERVISION – (i.e., nursing services or nurse delegated tasks)

Code: **0 = Not needed**
 1 = Needed and provided
 2 = Needed but not provided

a.	Medication Management – includes injections and other nursing activities	
b.	Intravenous medications	
c.	Intravenous feeding (parenteral or IV)	
d.	Feeding tube	
e.	Nasopharyngeal suctioning	
f.	Tracheostomy care	
g.	Wound or skin lesion care – treatment or dressing of stasis or pressure/decubitus ulcer, surgical wound, burns, open lesions	
h.	Oxygen – administration or monitoring	
i.	Urinary catheter care – insertion or maintenance (e.g., change, irrigation)	
j.	Comatose or persistent vegetative state – care to manage the condition	
k.	Ventilator or respirator – to manage equipment	
l.	Uncontrolled seizure disorder – care and monitoring for safe management	
m.	Unstable medical condition – assessment, observation, and management on a daily basis	
n.	Other periodic assessment, management, monitoring – once or twice a month	
o.	Other (specify):	

J.2 URGENT MEDICAL CARE USE IN LAST 30 DAYS

Code: **0 = No occurrence in last 30 days**
 1 = Occurred only once in last 30 days

Personal Care Assessment Form (V.08.15.08)**PCAF 0-3****2 = Multiple occurrences in last 30 days**

a.	Visit to emergency room for care or treatment of a medical problem	
b.	Admission to hospital for medical care	
c.	Urgent visit to physician's office for physical illness (not a regularly scheduled visit or checkup)	
d.	Other (specify):	

J.3 REFERRAL FOR NURSING ASSESSMENT – (e.g., unstable condition; significant change in health or functional status; needs more/different nursing care, additional services, or monitoring)

Code: 0 = No 1 = Yes

COMPLETE ITEM 0.7.b NOW

K. TREATMENTS AND THERAPIES

K.1 TREATMENTS OR THERAPIES RECEIVED OR NEEDED IN LAST 30 DAYS – outside of day program/school/ECI

Code: 0 = Not needed
1 = Needed and provided
2 = Needed but not provided

a.	Chemotherapy	
b.	Radiation therapy	
c.	Hemodialysis	
d.	Peritoneal dialysis	
e.	Hospice	
f.	Physical therapy	
g.	Occupational therapy	
h.	Speech therapy	
i.	Mental health services	
j.	Home health aide	
k.	Restorative nursing care/habilitative care	
l.	Other (specify):	

K.2 REFERRAL TO CONSIDER NEED FOR NEW TREATMENT OR THERAPY

Code: 0 = No 1 = Yes

COMPLETE ITEM 0.7.c NOW

L. CONTINENCE

L.1 BLADDER AND BOWEL APPLIANCES IN THE LAST 7 DAYS

Personal Care Assessment Form (V.08.15.08)**PCAF 0-3**

Code: 0 = Not needed or available and adequate
 1 = New or different appliance
 may be needed because of condition or
 problem

Appliances			
a.	Indwelling catheter		e. Other (specify): <input type="text"/>
b.	Intermittent catheter		
c.	External catheter		
d.	Ostomy		

M. PHYSICAL FUNCTION**M.1 INSTRUMENTAL ACTIVITIES OF DAILY LIVING –**

Code for whether type/level of assistance provided during the last 7 days by parent or others was affected by child's condition

Code: 0 = Child's condition did not affect the
performance of the task (i.e., time it takes to do task or the number of persons needed to do task)
 1 = Child's condition affected task performance
 (because of child's condition, task regularly takes longer to perform OR two-person assistance regularly provided/needed)

a.	Meal preparation – preparing meals or snacks (planning, assembling ingredients, cooking/preparing, setting out food and utensils)	
b.	Medication assistance - assistance with the child's medications (e.g., giving medicines at the correct time, opening bottle)	
c.	Laundry – sorting, washing, folding, putting away child's personal laundry (e.g., clothing, underwear) and child's bedding and towels	
d.	Ordinary/light housework – ordinary work around the home (e.g., doing dishes, dusting, sweeping or vacuuming, making beds, cleaning bathroom, or tidying up)	
e.	Grocery shopping – shopping for food and household items (e.g., could take longer because of child's special dietary requirements or behavior)	
f.	Getting to places outside the home – arranging for public transportation, arranging other transport (including getting the child out of the house, into/out of vehicle)	

 **COMPLETE ITEMS 0.2.a.(2) – 0.2.f.(2) NOW**

M.2 ASSISTANCE WITH ACTIVITIES OF DAILY LIVING

(ADLs) – Code for whether assistance provided in last 7 days was affected by child's condition; include assistance across 24 hours a day

Code: 0 = Child's condition did not affect the
performance of the task (i.e., time it takes to do task or the number of persons needed to do task)
 1 = Child's condition affected task performance

Personal Care Assessment Form (V.08.15.08)**PCAF 0-3**

(because of child's condition, task regularly takes longer to perform OR two-person assistance regularly provided/needed)

a.	Bed mobility – moved to/from lying position, turns side to side and positions in bed	
b.	Positioning – moved/positioned in chair or other piece of furniture or equipment	
c.	Eating – ate and drank (regardless of skill)	
d.	Transfers – moved between surfaces, to/from bed, chair, wheelchair, standing position (EXCLUDE bath/shower transfers)	
e.	Locomotion inside – moved between locations in the home or day program	
f.	Toilet use – used the toilet room (potty chair, bedpan); transferred on and off toilet; adjusted clothing	
g.	Dressing – put on, fastened, and took off all items of street clothing	
h.	Personal hygiene – including combing hair, brushing teeth, washing/drying face, hands (EXCLUDE bathing)	
i.	Bathing – took full bath/shower, including transfer in and out	

M.3 MAIN MODE OF LOCOMOTION IN LAST 7 DAYS (WITH ASSISTIVE DEVICE, IF USED)

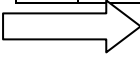
Code: 0 = No 1 = Yes

a.	Crawling, scooting, rolling, or walking was <i>main</i> mode of locomotion	
b.	Wheelchair/cart was <i>main</i> mode of locomotion	

M.4 ANY TWO-PERSON ASSISTANCE RECEIVED

Code: 0 = No 1 = Yes

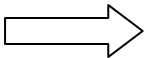
a.	With any transfer – bed/chair/standing, toilet, or bathing, during the last 7 days	
b.	With any other ADL care – during the last 7 days	

 **COMPLETE ITEMS 0.2.g.(2) – 0.2.n.(2) NOW**

M.5 CHILD NEEDS SPECIAL ASSISTANCE (INTERVENTION, CUEING, REDIRECTION, ETC) FOR SAFETY OF SELF OR OTHERS DURING ADLs OR IADLs

Code: 0 = No 1 = Yes

a.	Needs special assistance for safety of self or others during ADLs or IADLs while in home	
b.	Needs special assistance for safety of self or others during ADLs or IADLs when outside the home	
c.	Other (specify):	

 **COMPLETE ITEMS 0.2.o.(2) – 0.2.p.(2) NOW**

Personal Care Assessment Form (V.08.15.08)**PCAF 0-3****M.6 DURABLE MEDICAL EQUIPMENT (DME)/ASSISTIVE DEVICES**

Code: 0 = DME not needed or available and adequate
 1 = Referral to assess for unmet DME needs

a.	Hospital bed	
b.	Bed mobility aids – e.g., bed rails, special mattress, postural supports like foam wedges, bed enclosure	
c.	Transfers aids – e.g., trapeze, transfer board, seat lift chair, Hoyer lift	
d.	Locomotion devices – wheelchair, cart	
e.	Walking aids/devices – e.g., cane, walker, splint, stander	
f.	Bathing aids – e.g., shower chair, tub transfer bench	
g.	Augmentative communication device	
h.	Gait trainer	
i.	Transcutaneous Electrical Nerve Stimulation (TENS) unit	
j.	Chest Physio Therapy (CPT) vest	
k.	Other (specify):	
l.	Other (specify):	

M.7 DME NEEDS WERE DISCUSSED WITH PARENT TO INVESTIGATE ANY UNMET DME NEEDS

Code: 0 = Parents indicate no unmet DME needs
 1 = Parents indicate new or additional DME

☐ ed

Specify: _____

 **COMPLETE ITEM 0.7.d NOW**

N. HOUSEHOLD RESOURCES**N.1 PARENT/GUARDIAN STATUS/CHALLENGES**

Code: 0 = No 1 = Yes

a.	In school full-time	
b.	In school part-time (not full-time)	
c.	Working full-time outside home	
d.	Working part-time outside home (not full-time)	

Personal Care Assessment Form (V.08.15.08)

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e.	Other work situation (specify):			
f.	Responsible adult for other children			
	(1) If YES, record number of other children (use "0" to fill); if none, record "00"			
	(2) Number of dependent children in household, other than client, with special needs			
g.	Caregiving for a disabled <u>adult</u> family member in household (specify):			
h.	Unable to sleep through the night because of caregiving responsibilities			
i.	Due to physical disability/limitations (strength, stamina, or range of motion) parent/guardian is unable to assist child with some ADL or IADL tasks			
j.	Other (specify):			

N.2 NOTES ON HOW PARENT/GUARDIAN BARRIERS MAY AFFECT MEETING CLIENT'S ADL AND IADL NEEDS

(May be continued on pg. 9 if necessary)
--

Personal Care Assessment Form (V.08.15.08)**PCAF 0-3****O.1 ADDITIONAL CONSIDERATIONS AND POTENTIAL COMPLEXITIES****Column (3): Review items noted in Column (2)****Code:** 0 = No problems noted 1 = At least one problem noted

(1) ISSUE		(2) ITEMS	(3) PROBLEM	(4) Impact on ADL/IADL needs (may be continued on pg. 9)
d.	Diagnoses/Conditions	C.1- C.5		
b.	Communication	E.1- E.2		
c.	Hearing/Vision	F.1- F.2		
d.	Behavior	G.1- G.3		
e.	Height/Weight	H.1- H.2		
f.	Medications	I.1		
g.	Other (specify):			

O.2 PERSONAL CARE ASSISTANCE IN AVERAGE OR USUAL WEEK**Column (2): Potential PCS need (based on PCAF assessment)****Code:** 0 = Child's condition/problem does not affect performance of the task
1 = Child's condition/problem does affect performance of task**Column (3): PCS decision**

Code: 0 = No PCS assistance requested
 1 = PCS assistance requested and approved
 2 = PCS assistance requested but denied because of no functional limitation
 3 = PCS assistance requested but denied because requested assistance is not covered by PCS services
 4 = PCS assistance requested but denied because functional limitation is not related to child's condition/problem
 5 = PCS assistance requested but denied because functional limitation must be addressed by skilled health professional
 6 = PCS assistance requested but denied because PCS need is currently being met by another agency or program
 7 = PCS assistance requested but denied because parent/guardian can meet child's needs
 8 = PCS request by denied for other reason; specify in Column (4)

(1) ACTIVITY		(2) NEED	(3) PCS	(4) ADDITIONAL INFORMATION
a.	Meal preparation			
b.	Medication assistance			
c.	Laundry			
d.	Ordinary/light housekeeping			
e.	Grocery shopping			
f.	Going to places outside the home			

PCAF 0-3

[illegible]

Personal Care Assessment Form (V.08.15.08)

PCAF 0-3

O.3 INDICATE THE NUMBER OF MINUTES OF PCS CARE FOR EACH HOUR OF EACH DAY DURING AN AVERAGE/USUAL. If two persons are needed for 20 minutes during one hour, then the total for that hour is 40 minutes.

24-Hour Flow Sheet								
	Time of Day	SUNDAY Minutes of PCS needed (1)	MONDAY Minutes of PCS needed (2)	TUESDAY Minutes of PCS needed (3)	WEDNESDAY Minutes of PCS needed (4)	THURSDAY Minutes of PCS needed (5)	FRIDAY Minutes of PCS needed (6)	SATURDAY Minutes of PCS needed (7)
a.	12:00 AM							
b.	1:00 AM							
c.	2:00 AM							
d.	3:00 AM							
e.	4:00 AM							
f.	5:00 AM							
g.	6:00 AM							
h.	7:00 AM							
i.	8:00 AM							
j.	9:00 AM							
k.	10:00 AM							
l.	11:00 AM							
m.	12:00 PM							
n.	1:00 PM							
o.	2:00 PM							
p.	3:00 PM							
q.	4:00 PM							
r.	5:00 PM							
s.	6:00 PM							
t.	7:00 PM							
u.	8:00 PM							
v.	9:00 PM							
w.	10:00 PM							
x.	11:00 PM							
y.	Total PCS minutes per day							
z.	Total number of minutes per week. Sum daily totals in O.3.y.(1) through O.3.y.(7)							

Personal Care Assessment Form (V.08.15.08)

PCAF 0-3

O.4 PCS HOURS AUTHORIZED

DIVIDE TOTAL MINUTES OF PCS CARE AUTHORIZED (O.3.z) BY THE NUMBER SIXTY (60).

If the division does not result in a whole number (5.00, 9.00, etc) or a fraction representing a quarter-hour (e.g., 9.25, 9.50, 9.75), then you should round up to the next quarter-hour

(e.g., .01-.25 = .25; .26-.50 = .50; .51-.75 = .75; .76-.99 = go up to next full hour).

--	--	--	--

O.5 PCS HOURS REQUESTED AND PCS HOURS AUTHORIZED

Code: 0 = Responsible person made no request for a specific amount of PCS assistance
 1 = PCS hours authorized equal or exceed hours requested by responsible person
 2 = PCS hours authorized are less than hours requested by responsible person

O.6 NATURE OF ANY DISAGREEMENT ABOUT PCS HOURS/RATIONALE FOR DIFFERENCE

--

O.7 REFERRALS AND SERVICES NEEDED

Code: 0 = No 1 = Yes

Referrals will be made for:			Notes:
a.	Mental or behavioral health specialist (See G.3)		
b.	Nursing services assessment (See J.3)		
c.	Therapies or Treatments (See K.2)		
d.	Durable medical equipment (DME) assessment (See M.6 and M.7)		
e.	Other referrals related to PCS (specify):		

PCAF 0-3

ASSESSMENT

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

a. SIGNATURE:		c. DATE:
b. PRINTED NAME:		

ACKNOWLEDGEMENTS

The PCAF instruments were developed with commentary and review from a wide range of individuals involved in advocating for or providing services to children in Texas. The authors, however, would like to give special acknowledgement to Marianna Zolondek and Billy Millwee of the Texas Health and Human Services Commission for their support and leadership in this effort to assure that children in the Medicaid program receive the services they require. Margaret Bruch and her staff at the DSHS provided crucial input to assist the project team in tailoring the instruments to the special needs of the DSHS case managers and the children receiving PCS. They provided invaluable guidance to the project team.

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