

# **UAI RESOURCE MANUAL**

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## **TABLE OF CONTENTS**

Resource Manual  
Revised February 2010

### Contents

- I. Forward
  - Acknowledgments
  - Purpose of the Uniform Assessment Instrument (UAI)
- II. UAI General Form Instructions
  - The Interview Process
- III. Section ONE – General Information
- IV. Section TWO – Functional Abilities, Supports, and Related Information
- V. Section THREE – Health Information
  - Explanation of Diagnosis Categories
  - Definitions of Treatments and Therapies
- VI. Section FOUR – Psychological / Social / Cognitive Information
- VII. Legal Citations – IDAPA Rules and CFR
  - Aged and Disabled Waiver Considerations
- VIII. UAI Computer Software User Guide
- IX. Train the Trainer Information

## I. Foreword

The Uniform Assessment Instrument (UAI) manual is designed to align and implement the values and direction of the Department's Vision and the Division of Medicaid Mission.

This Uniform Assessment Instrument (UAI) Resource Manual is also designed to help regional reviewers, providers and other personnel understand the complex and procedural requirements for an objective client assessment. The purpose of the manual is threefold:

1. A resource for the regional staff,
2. A standard working model which will be easy to update, and
3. A "train the trainer" component for new staff.

### Acknowledgements

This manual is a collaboration of Department of Health and Welfare personnel. The individuals who directly contributed to this document are listed in this acknowledgements section. Many other individuals offered their talents and expertise behind the scenes to provide input on technical issues and judgment decisions in this manual. We trust that you will find all their efforts worthwhile.

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A special 'thank you' and appreciation is extended to:

**Ms. Elvi Antonsson, ART**, Alternative Care Coordinator, Bureau of Benefits & Reimbursement Policy, for her assistance with the UAI history and software programming. Elvi was a member of the April 10, 2002, UAI Committee.

**Ms. Melanie Belnap, RN**, Regional Medicaid Services Program Manager, DHW Region VII. Melanie is a member of the Division of Medicaid Leadership Team.

**Ms. Diane Bagley, M.Ed.**, Quality Improvement and Training Specialist, Bureau of Care Management, Trainer, for her expert knowledge in the area of adult education.

**Ms. Nancy Catalano, BA**, Bureau of Care Management, Consumer Relations, for her strong editing abilities and assistance.

**Ms. LaVaun Cottle, RN,** Regional Nurse Reviewer, DHW Region VI, for her contributions to Chapter VII, Functional Assessments.

**Ms. Melba Covert, RN, MBA,** Regional Medicaid Services Program Manager, DHW Region VI. Melba is a member of the Division of Medicaid Leadership Team.

**Ms. Chris Cuellar, LPN,** Alternative Care Coordinator, Bureau of Benefits & Reimbursement Policy. Chris was a member of the April 10, 2002, UAI Committee.

**Ms. Ann Davis, BSN,** Regional Nurse Reviewer, DHW Region IV, for her support and assistance with the UAI user acceptance testing.

**Mr. Ike Gayfield, M. Ed,** Bureau Chief, Bureau of Care Management, for his support and direction with the UAI project and training manual.

**Mr. Tim Gerlitz, LSW,** Regional Medicaid Services Program Manager, DHW Region I. Tim is a member of the Division of Medicaid Leadership Team.

**Ms. Paula Gilbert, RN,** Regional Nurse Reviewer, DHW Region VI, for her contributions to Chapter V, Functional Assessments.

**Ms. Marcia Harvey, RN,** Regional Medicaid Services Program Manager, DHW Region II, Marcia is a member of the Division of Medicaid Leadership Team.

**Ms. Cynthia Jonsson, M.Ed.,** Quality Improvement and Training Unit, Bureau of Care Management, for her contributions to Chapter VII, Cognitive Assessments.

**Ms. Marilyn Kelseth, RN,** Regional Nurse Reviewer, DHW Region IV, for her time spent sharing her knowledge about the UAI process, especially for her assistance with the hands on training.

**Ms. Diana Lomon, RN,** Regional Nurse Reviewer, DHW Region VI, offered her expertise in assessment skills and overall client UAI education and instruction. Diana was a member of the April 10, 2002, UAI Committee.

**Ms. Teena Loveland, RN,** Regional Nurse Reviewer, DHW Region VII, identified supporting information and scoring for the UAI supervision functional assessment. Teena was a member of the April 10, 2002, UAI Committee.

**Mr. Tom Machala,** Regional Medicaid Services Program Manager, DHW Region V, for his time and expertise explaining the history, scoring and intent of the UAI. Tom is a member of the Division of Medicaid Leadership Team.

**Ms. Penny Maynard, BSN, MSHA,** Regional Nurse Reviewer, DHW Region I, Penny was a member of the April 10, 2002, UAI Committee.

**Ms. Gail McKim, BSN,** Regional Nurse Reviewer, DHW Region VI, for her expertise in suggesting different scenarios for scoring the UAI functional assessment.

**Ms. Cheryl Nilson, LSW**, Residential Care Coordinator, DHW Region II, for her input for the assessment of cognitive abilities. Cheryl was a member of the April 10, 2002 UAI committee.

**Ms. Marie Parkman, Psy.D.**, DHW Region I, for her in-depth and comprehensive article in Chapter III about assessing the mentally ill.

**Ms. Judy Ripke, LSW, MPA**, Regional Medicaid Services Program Manager, DHW Region IV, for her time and assistance sharing the UAI history and documents. Judy is a member of the Division of Medicaid Leadership Team.

**Mr. Jared Rye, RN**, Regional Nurse Reviewer, DHW Region IV, for his assistance in explaining content of care, cost effectiveness and scoring for the A&D waiver process. Jared was a member of the April 10, 2003 UAI Committee.

**Ms. Jo Ann Roberts, BSN**, Regional Nurse Reviewer, DHW Region III, Joann was a member of the April 10, 2002 UAI Committee.

**Ms. Susan Scheuerer, RN**, Regional Medicaid Services Program Manager, DHW Region III., for her assistance with the UAI computer software and user acceptance testing. Susan is a member of the Division of Medicaid Leadership Team.

**Mr. Paul Swatsenbarg, Ph.D**, Deputy Administrator, Division of Medicaid, for his support and direction with the UAI Resource Manual and the UAI training project.

**Ms. Sharon Thulon, RN**, Regional Nurse Reviewer, DHW Region II, for her contributions to assessment process in the functional areas of the assessment.

**Ms. Lynn Williams, MSN**, Bureau of Care Management, for her support and direction in the UAI committee meetings, final report and training manual. Lynn was a member of the April 10, 2002 UAI Committee.

**Ms. Mary Witt, BSN**, Regional Nurse Reviewer, DHW Region V, Mary was a member of the April 10, 2002, UAI Committee.

**Ms. Diane Yarrington, RN, MSHA**, for providing an explanation of the UAI history, for sharing her past training outlines and for her strong editing abilities.

## **Purpose of Uniform Assessment Instrument**

The purpose of the Uniform Assessment Instrument (UAI) is to gather information for determining a client's care needs, service eligibility and for planning client services. The UAI is a multidimensional questionnaire which assesses a client's functioning level, social skills, and physical and mental health. It provides a comprehensive look at a client but includes only those elements that are necessary for developing a negotiated service agreement, that are cost-efficient to gather, and that assess a client's actual functioning level. The UAI was carefully designed to provide a standardized way of conducting a client interview to ensure that all clients have an objective assessment of their needs.

### **Advantages of the UAI**

#### **For the Client:**

- Focus on all client needs and resources in one assessment,
- Reduces duplication of assessments, and
- Ensures objective assessment of the client's needs.

#### **For the Provider:**

- Provides a comprehensive picture of the client prior to initiation of a service on an ongoing basis,
- Fosters transfer and sharing of information among providers,
- Serves as a management tool,
- Serves as a tool for advocacy and funding, and
- Reduces paperwork.

#### **For the Idaho Taxpayer:**

- Provides characteristics of elderly clients and those with physical, developmental, and mental disabilities along the full spectrum of services,
- Tracks outcomes of these clients, and
- Targets services to the client's unmet needs.

## II. UAI General Form Instructions

The UAI is comprised of a limited assessment and a full assessment:

Limited Assessment (UAI Sections 1 and 2). The limited assessment covers general information and functional abilities and supports.

Full Assessment (UAI Sections 1 through 4). The full assessment is a multidimensional evaluation of a client's functionality and is to be completed during a face-to-face interview with the client. Any other information from medical records, family members, etc., should be used when available. The preferred source of information is the client.

In some situations (i.e. a cognitively-impaired client), other sources of information may be necessary. Be sure to note on the form when other sources are used to gather information. Also, if necessary, obtain a translator for clients who have communication problems and/or other limitations.

### Completing the Assessment

Each page of the UAI contains an essential set of data to be recorded in the spaces provided. Some specific points about completing the assessment are:

- 1) Occasionally, an accurate answer may not fit one of the answer options. In this case, please write in the answer.
- 2) If the answer to a question is unknown, write Unknown. Do not leave the question blank and do not mark No. There is an important difference between No and Unknown.
- 3) Please use the spaces next to the Comment section to specify/describe an answer which does not fit one of the categories listed.
- 4) Some questions are open-ended. Although these are not intended to be included in a database, they are important for gathering information about the client. In addition, there are numerous comment boxes for additional information which might be helpful in assessing the client's care needs. If necessary, add additional pages for comments.
- 5) In assessing the client, consider his/her current difficulties/behavior over the last two weeks.

Some final points about completing the assessment are:

- 1) Use a check mark (√) or an (X) to mark the appropriate response, and
- 2) Make sure every question has the appropriate number of responses recorded.
- 3) The individual(s) completing each section of the UAI must sign in the appropriate space on p. 12. and include requested information.

### Crediting Primary and Secondary Sources of Information

As mentioned previously, the client is the preferred source of information for the Uniform Assessment Instrument. However, secondary sources, including the medical record, the

primary care physician, family, and others, can be consulted to verify the reliability of the information if the assessor notes differences between the client's reported situations and his/her observed needs. Further, the assessor should document carefully all primary and secondary sources of information, both on UAI Page 1 in Questions 15 and 16, and also in the numerous comment spaces provided throughout the instrument. Questions 15 and 16 include spaces to identify the names of the sources with their telephone numbers. In addition, the assessor can attach additional pages for comments.

### **UAI Focus on Client's Current Functioning Level and Actual Need**

The purpose of the Uniform Assessment Instrument, as mentioned earlier, is to assess the current abilities/behaviors of the client and determine his/her care needs in the foreseeable future. Current is defined as within the last two (2) weeks and foreseeable means in the next thirty (30) days. It is very important that the assessor consider the actual needs of the individual, not potential needs which may or may not occur.

Assess the client according to his/her independent living skills and consider actual needs which will impact the client within the next thirty (30) days, not potential needs. Just because a client is in a facility, does not mean that he/she can not prepare meals.

### **Changing Assessment Information**

Information on the assessment may be revised in order to change incorrect information. All information collected during the intake process will need to be verified and possibly changed at the time of the face-to-face assessment with the UAI.

## **The Interview Process**

Interviews take place in a variety of settings, at different levels of interactions, and for different purposes. The UAI interview is a goal-directed interview designed to elicit pertinent data, impart specific information, and assess needs. It provides a data base, which is examined and analyzed to identify functional abilities and limitations from which appropriate referrals will be made. It attempts to give the service agency an understanding of client problems or needs and is the basis for determining necessary services or treatment.

### **Steps in the Interview Process:**

#### **1. Establish Initial Rapport with the Client & Structure the Interview Setting**

- Meet the client face to face, preferably in his/her own environment.
- Introduce yourself, your function or role, and make a connection.
- Assure privacy as much as possible.
- Reduce interruptions, control noise, and control traffic flow.

#### **2. Explain the Interview Process**

- Explain what you'll be doing, the types of questions you'll be asking and the general information you're trying to elicit.
- Explain how the information will be used and with whom it will be shared.
- Let the client know that he/she may mention information they may have forgotten at any time in the interview.
- Tell them that they can correct the information given at any time in the interview, if they feel they may have told you something incorrect.

#### **3. After Obtaining Basic UAI Information, Clarify the Presenting Problem**

- After gathering the basic information, clarify the presenting problem or reason for seeking services.
- State this in the client's own words and give enough detail to assure clarity.

#### **4. During the Interview Be Attentive and Observant**

- During the assessment, be attentive to what the client says.
- Keep at eye level with the client.
- Use your senses to gather information.
- Watch and observe the environment and the client.
- Listen carefully to the quality and tone of the client-s voice --- you may pick up coughs, wheezes, the click of dentures, for instance, which will be helpful to note.

#### **5. Question Appropriately**

- Ask questions one at a time.

- There will be a tendency to rely mostly on closed questions, since we may see our mission as only completing the form.
- Remember we are gathering data and assessing the situation, not just filling out a form.
- Closed questions are most helpful when brief, direct answers are needed.
- Open-ended questions are the better choice when you want to elicit more in-depth information.
- Avoid leading questions.
- You may want to repeat to the client to assure that you have heard and recorded it correctly.

## **6. Barriers to Effective Interviewing**

- Language is one of those barriers. If the client is not fluent in English, you will have to arrange for an interpreter.
- When using an interpreter, remember that you are interviewing the client.
- Other barriers to effective interviewing are the use of jargon, specialized language, and acronyms.
- Be sure the client understands what you are saying. Tailor your language to the client's understanding.

## **7. The Client's Attention Span**

- The attention span of the client may impact the interview.
- To keep the client's attention, you can attempt to uncover your information by more open-ended questions.
- Allowing the client to pace and even walking with him/her can be helpful.
- Verifying information with secondary sources is very important in this situation, as well.

## **8. Asking Sensitive Questions**

- When asking the client about what could be sensitive information, be direct and straightforward.
- Explain the purpose of the questions and show acceptance of the replies.
- Assure privacy as much as possible.

## **9. Dealing with a Client's Reluctance to Answer**

- At any time, a client may be reluctant to answer questions.
- Explanations at the beginning of the interview covering the types of questions and how they will be used are helpful in gaining the client's cooperation.
- The interviewer might want to examine the objectionable questions to see if there is another way to gather information or if stating the question in another way elicits an answer.
- Examine the client's objection itself, which could give some clues for a solution.
- Ultimately, a client may refuse to answer some questions
- It is important to document the circumstances of the client's refusal.

## **10. The Interviewer as a Block to Communication**

- Interjecting one's own opinions may have a judgmental tone.

- Keep the focus on the client.
- Jumping to conclusions, finishing the client's sentences, and offering solutions before having all the information cuts off communication.
- Every interviewer needs to examine personal interviewing strategies to find these types of communication blockers.

## **11. Analyzing the Completed Instrument**

- Areas of strength and of limitation or need are identified. The assessor should consider such things as:
  - \*What deficits exist in the client's ability to fulfill self-care requirements?
  - \*What potential risks to self-care ability exist?
  - \*What health problems exist?
  - \*How capable is the client to meet the demands of these health problems?
  - \*What measures could enhance the health, independence, and satisfaction of the client/caregiver?
  - \*What services can contribute to these?
- The UAI assessment data is the basis for referrals and care plan considerations. Prioritize the issues.
- Be sure to ask the client/caregiver what he/she thinks would be helpful and most important to address his/her specific needs.

## **12. Interviewing an Elderly Client-Special Considerations**

- It is important to give the client enough time to respond to your questions.
- Be sure to speak clearly, facing the client. Lower the pitch of your voice, speak distinctly.
- Be alert to confabulating (misrepresenting or falsifying information) when dementia is present. Verify information with a caregiver, physician, nurse, or a medical record whenever possible.
- The elderly are subject to multiple diagnoses with the physical, mental and social well being closely interrelated.
- When determining measures of functional status, examine the ability to function independently despite disease, physical and mental disability and social deprivation.
- Few persons of any age wish to permit detailed and intrusive measures of performance without perceiving a clear relationship to their well being. Explain the process prior to the interview.
- Memory may be a problem. Persons of all ages are prone to underestimate or overestimate events of the past especially if the events are remote or routine. Ask questions that require numerical answers.
- When assessing the assistance available from family or friends consider both, what the elderly client expects and what others are prepared to offer.

### III. UAI SECTION ONE-General Information

**IMPORTANT: The assessor who completes Section 1 should sign his/her name and add agency name, telephone, and date in the appropriate space on p. 12 of the UAI form.**

**Do not leave blank spaces on the form unless directed to skip certain sections or questions.**

Item Number	Item Directions
<b>1) Confidentiality</b>	<p>Be sure to obtain an Individual Service Plan and Informed Consent form (HW0623) and discuss it with the consumer. Please have him/her read and sign it prior to the completion of the interview. It does not necessarily need to be signed at the beginning of the interview. Discuss the importance of the release of information form with the client.</p> <p>The original is kept by the Regional Medicaid Service office and the yellow copy is left with the client. This is done at the time of the assessment.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• This is an excellent time to explain to the client the UAI purpose and process.</li> <li>• When possible, quote the client’s exact words with his/her answers. This is especially helpful in the event of a hearing for denial of services.</li> </ul>
<b>2) Social Security Number</b>	Record the number in the box provided.
<b>3) Client Name</b>	Print the client’s legal name in the following order: Last name, first name, middle name or initial. <i>(Note: if the client goes by middle name, print the full middle name.)</i>
<b>4-5) Medicaid/Medicare Numbers</b>	Record the numbers in the boxes provided. Check the numbers to make sure the digits are recorded correctly. If there is no number, leave blank.

<b>6) DOB</b>	Enter the birth date with two digits for the month and day, and four digits for the year. (mm/dd/yyyy)
<b>7) Sex</b>	Indicate the sex of the client.
<b>8) Lives Alone</b>	Indicate if client currently lives alone.
<b>9) Annual Income</b>	<i>(To be completed by the Area Agency for Aging only.)</i> Review current poverty guidelines to indicate if client's annual income is above or below poverty level. Note number of people currently living in the household.
<b>10) Client Address</b>	List the client address and telephone number and give travel directions if necessary. If the client lives in a facility, note the facility name and use the facility's address.
<b>11) Marital Status</b>	Check the box for the appropriate marital status.
<b>12) Race / Ethnic Origin</b>	Check the box for the appropriate racial group or ethnic origin.
<b>13) Emergency Contact</b>	List emergency or family contact name(s), including relationship and telephone number.
<b>14) Referred By</b>	List the name of the individual and agency that has referred the client for an assessment. Include the telephone number and date of referral.
<b>15 - 16) Sources of Information</b>	<p>Primary information is obtained from the client or an informant when the client clearly is not capable of responding to assessment items.</p> <p>Collateral information is obtained by using supporting and secondary information sources to supplement information obtained from the client. Secondary sources include the medical record, physician, other providers and any other person knowledgeable about the client. Collateral information can either be verbal or written and must be documented in the comments section. More space is provided on the last page of the UAI form.</p>

<p><b>17) Assessment Date</b></p>	<p><u>Assessment Date</u>: Date when the assessment is completed.</p> <p><u>Assessment Type &amp; Sections Completed</u>: Check the appropriate box for type of assessment.</p> <p><i>Initial</i> is the first UAI completed for the client and includes UAI Sections 1-4.</p> <p><i>Update</i> or limited assessment is completed if there has been a recent significant change in the client's functioning. A significant change is a major change in the client's status that affects more than one area of the client's functional or health status, and requires a review or revision of the care plan or negotiated service agreement. A limited assessment includes general information, functional abilities and supports, Sections 1 &amp; 2.</p> <p><i>Annual</i> refers to the yearly administration of the UAI.</p>
<p><b>18) Place of Assessment</b></p>	<p>Check only one box to designate the place of assessment. <u>Usual Housing Arrangement</u>: Check only one box to designate the usual place of residence. If the client resides in a custodial facility, please list the date of admission.</p>
<p><b>19) Substitute Decision-Maker</b></p>	<p>Check any number of boxes as appropriate and add clarifying information in the comments section. Informal decision-maker means there is not a legal arrangement for decision-making through a court or administrative agency.</p>
<p><b>20) Primary Language</b></p>	<p>List the primary language of the client. Check the appropriate box, either YES or NO, if the client requires an interpreter.</p>
<p><b>21) Legal Status</b></p>	<p>Indicate if client is on probation/parole, committed, and/or involved in any criminal proceedings. Use COMMENT space to include additional information.</p>
<p><b>22) Preparing for discharge from hospital, nursing facility, or institution</b></p>	<p>If the client is preparing for such a discharge, check YES and indicate planned discharge date. Add any necessary comments to explain.</p>
<p><b>23) Major Problem(s)... Anticipated Changes</b></p>	<p>Briefly describe the major problem(s) the client is experiencing at the time of the UAI and any anticipated</p>

	<p>changes. Be sure to include what assistance the client is seeking and who can provide that assistance.</p>
<p><b>24-29) Primary Caregiver Information</b></p>	<p>If a caregiver exists, check whether the caregiver is paid and the source of payment if applicable. Note if the caregiver is present during the assessment and whether he/she is readily available. Write the name, address, and telephone number of the caregiver (if available). If the caregiver is not a spouse or relative, briefly describe this relationship. Check the appropriate age category of the caregiver and indicate the days and times when he or she is available to the client. Also include the years and months the caregiver has been serving the client and any special training the caregiver has received.</p> <p><b>NOTE: If the client resides in a custodial living arrangement, skip to page 3, #31. Similarly, if the client does not have a primary caregiver, skip to page 3, #31. If the client resides in a custodial living arrangement, but intends to move out of the facility, items 25 - 30 should be completed based upon potential (or future) caregivers.</b></p>
<p><b>30) What kind of help or additional supports, etc.</b></p>	<p>Include comments about what kind of assistance the caregiver needs to continue to provide care. Obtain the caregiver's opinion about what he/she thinks is required for additional help or support. Attach additional sheet if necessary.</p>
<p><b>31 - 32) Additional Caregivers/Supports</b></p>	<p>List the names of any additional caregivers who provide support to the client. Check the appropriate box to indicate whether the caregivers are paid or unpaid. Include comments related to availability, or concerns about specific caregivers/supports listed.</p> <p>List any information you deem relevant. Also, indicate whether you believe the client can direct his/her care, i.e. supervise caregivers.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Inquire about other areas of support, which the client may not readily identify, such as support from family, community volunteers, church, etc.</li> </ul>

<b>33) Abuse, Neglect, or Exploitation</b>	Evaluate whether or not the client is currently experiencing or at risk for these situations and check only one box.  <b>IMPORTANT: Any indication of abuse, neglect, or exploitation REQUIRES referral for assessment/investigation.</b>
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## **IV. UAI SECTION TWO-Functional Abilities, Supports and Related Information**

### **General Information for Assessing Functional Abilities, Supports and Related Information**

Measurements of functional abilities and supports are commonly used across the country as a basis for differentiating among levels of long-term care giving. Functional abilities and supports are the degrees of independence with which a client performs Activities of Daily Living (ADL), Continence, Mobility, and Instrumental Activities of Daily Living (IADL).

There are three important points to remember when assessing functional abilities and supports:

1. Functional abilities and supports are measures of the client's impairment level and need for personal assistance. In many cases, impairment level and need for personal assistance are described by the help received, but this could lead to an inaccurate assessment. For example, a disabled client needs help to perform an activity in a safe manner, but he/she lives alone, has no formal supports, and receives no help. Coding the client's performance as independent because no help is received is very misleading in terms of the actual impairment level. In order to avoid this type of distortion, interpret the Activities of Daily Living (ADLs) in terms of what is usually needed to safely perform the entire activity.
2. Second, an assessment of functional abilities and supports are based on what the client is able to do, not what he/she prefers to do. In other words, assess the client's ability to do particular activities, even if he/she doesn't usually do the activity. Lack of capacity should be distinguished from lack of motivation, opportunity, or choice. This is particularly relevant for the IADLs mentioned above. For example, when asking someone if he/she can prepare light meals, the response may be "No", he/she does not prepare meals, even though the client may be able to do so. The client should be coded as not needing help. If a client refuses to perform an activity, thus putting himself/herself at risk, it is important to probe for the reason why the client refuses, in order to code the activity correctly. The emphasis in this section is on assessing whether ability is impaired. Physical health, mental health, cognitive, or functional disability problems may manifest themselves as the inability to perform ADL, Continence, Mobility, and IADL activities. If a client is mentally and physically free of impairment, there is not a safety risk to the client, and the client chooses not to complete an activity due to personal preference or choice, indicate that the client does not need help.
3. The emphasis of the measurement of each of the functional activities should be how the client usually performed the activity over the past two weeks. For example, if a client usually bathes with no help or reminding/cueing, but on the date of the interview requires some assistance with bathing, code the client as not requiring help unless the client's ability to function on the date of the assessment accurately reflects ongoing need.

There are several components to each functional activity, and the coded response is based on the client's ability to perform all the components. For example, when assessing the client's ability to bathe, it is necessary to ask about his/her ability to do all of the bathing activities such as getting in and out of the tub, preparing the bath, washing, and towel

drying. Therefore, interviewers will need to probe in detail in order to establish actual functional level.

Some questions in the section are personal and the client may feel somewhat embarrassed to answer (e.g., toileting, bladder and bowel control). Ask these questions in a straightforward manner and without hesitation. If you ask the questions without embarrassment or hesitation, the client will be more likely to feel comfortable. If the client is embarrassed, it is your responsibility to reassure the client that it is O.K. and that you understand how he/she could feel that way. Let the client know that answers to these questions are important because they will help you better understand his/her needs and provide a care plan that is right.

There is a space at the end of each Functional Abilities and Supports section to record comments. Use this space to comment on functioning in the areas of ADLs, Continence, Mobility, and IADLs. Comments should include the type of equipment used/needed to perform the activity and/or information about caregivers.

Use the space provided to record any problems with continued care giving. These may include, but are not limited to, poor health of the caregiver, employment of caregiver, caregiver's lack of knowledge about ways to appropriately care for the client, or a poor relationship between the client and the caregiver. The space can also be used to record whether the caregiver has a "backup" or someone who can provide for the client when the caregiver is not available.

Informal care refers to services the client's spouse, relative, or other individual(s) are both physically and mentally able and willing to provide, at all the times, the services generally are needed.

### **The Rating Scale:**

Use your judgment to pick the most appropriate rating for Assistance Required, Available Supports and Unmet Needs. Consider both paid and unpaid supports.

Assistance Required: Base the selection of the appropriate code on the client's ability to perform each activity on the day of review. If the client is in a custodial facility, base the selection according to how the client would perform each item if the client lived on his/her own. If the client has a temporary problem on the day of the review which interferes with how the activity is usually performed, base selection on the client's most typical performance. If the client often has a wide variations in performance of the activity, base selection on the most dependent performance.

Available Supports: Indicate the degree of existing supports; paid or unpaid, that are not paid by the Department of Health and Welfare or the Idaho Commission of Aging. This support can be from families, friends, neighbors, volunteers, church, and caregivers, etc. "Available" refers to help that an agency or client has agreed to provide.

Unmet Needs: Requires the assessor's decision on the level of unmet need: None, Minimal, Extensive, and Total.

Comments Column: Include any explanatory information related to the rating, as well as the names of any available supports.

**The Comment Space:**

Use the comment space to include additional information, other concerns related functioning, considerations for care planning and notes about specific ADLs and IADLs.

**Evaluating Reported vs. Observed Information:**

Information reported by a client regarding functioning abilities should be verified with secondary sources if the trustworthiness of the information is in question. For example, a client may state that they are able to complete a task but in reality may have problems doing so.

**Rating Able But Unwilling Clients:**

In rating an able but unwilling client, specify any difficulties with cueing versus capabilities and willingness to perform any of the ADLs or IADLs in the comment space.

**Functional Abilities Descriptions**

**(N=None, MI=Minimum, MO=Moderate, E=Extensive, and T=Total)**

**Important: The assessor who completes Section 2 should sign his/her name and add agency name, telephone number and date in the appropriate space on page 12 of the UAI form.**

<p><b>1. Preparing Meals:</b></p>	<p><u>None:</u> Possess cognitive and physical abilities to safely prepare all meals.</p> <p><u>Minimal:</u> Capable of preparing meals with cueing or supervision.</p> <p><u>Moderate:</u> Requires physical assistance with at least one meal per day and can fix other simple meals. Assistance provided may be in the form of a home delivered meal.</p> <p><u>Extensive:</u> Requires complete physical assistance with all meals but can assist with certain tasks.</p> <p><u>Total:</u> Requires complete physical or cognitive assistance with all meals and is unable to assist with any tasks. Is unable to access a refrigerator or microwave.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"><li>• Does the client need a specially equipped stove or specially arranged kitchen?</li><li>• Consider the client’s ability to carry meals from counter to table. If they have a walker, ask how they manage to prepare meals.</li><li>• Inquire what the client fixed for breakfast, lunch or dinner</li></ul>
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the day preceding the interview or what they will be preparing for their next meal. Have them give you details on how they prepare the meals.

- Request to observe the kitchen, meal prep area and refrigerator. Check for dust on cans.
- How are you getting your meals? Home delivered meals? How many? Facility provided?
- Are you on a special diet?
- What is a normal breakfast for you? Lunch? Supper?
- What is the most difficult for you to fix? Easiest?
- How do you get the foods you need to fix a meal?
- How do you open jars? Cans? Can you peel potatoes?
- Do you ever forget and leave a burner on? When was the last time? What happened?
- Observe for mental concentration during the interview.
- Does anyone ever help you with meals? Who?
- What types of foods do you keep on hand?

**Examples:**

None: Should be able to use a can opener, open jars (with or without an adapter), remove protective cover from freezer packs, heat leftovers in microwave or conventional oven, peel carrots, potatoes, prepare their own meals and feel they can do so and maintain nutritional needs, and furthermore, doesn't want anyone preparing their meals. If they are just having coffee and doughnuts, need to find out why.

Minimal: Should be able to do most tasks with perhaps a desire for a meal prepared by someone else just for variety.

Moderate: Needs assistance with main meal, doesn't want home delivered meals, can heat soup, prepare toast, make lunchmeat or peanut butter sandwiches, and snacks, and eats some raw fruits and vegetables. May need to have meals prepared ahead for easy retrieval and heated in microwave or on stove (assuming is safe). May have a home delivered meal once or twice a week.

Extensive: Needs assistance with completion of all meals, receives home delivered main meals, no community or family support system, has special dietary needs. May be able to assist with some meal prep but unable to sequence the complete task.

Total: This would be an individual who is unable to access and prepare any food. The person would be unable to intake nutrition without the physical assistance of another person. A person with the ability to go to a kitchen or cupboard and fix themselves a sandwich or open a can does not meet these criteria.

All meals at all times need to be prepared by someone else due to

	<p>inability physically (non-ambulatory) or mentally (dementia, mental retardation, or mentally ill to point of not being able to meet nutritional needs). No community or family support system. May or may not be sufficient to just receive home-delivered meals. All meals may need special preparation, i.e. pureed for tube feeding.</p>
<p><b>2. Eating Meals:</b></p>	<p><u>None:</u> Can feed self, chew, and swallow solid foods without difficulty or can feed self by gastrostomy tube or catheter.</p> <p><u>Minimum:</u> Can feed self, chew, and swallow foods but needs reminding/cueing to maintain adequate intake, or may need food cut up.</p> <p><u>Moderate:</u> Can feed self only if food is brought to them.</p> <p><u>Extensive:</u> Can feed self but needs standby assistance or cueing. May have occasional gagging, choking, or swallowing difficulty, or require assistance with feeding appliances.</p> <p><u>Total:</u> Must be fed by another person by mouth, or gastrostomy tube.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Does the client need special utensils such as built-up spoon, fork, non-spill cup, or plate guard?</li> <li>• Does the client need to be monitored while eating because of choking, chewing or swallowing difficulties?</li> <li>• Ask the client if they have dentures? Do they cause any difficulties with eating?</li> <li>• Are there some types of foods you can no longer eat?</li> <li>• What are they? Why? (dentures, missing teeth, swallowing)</li> <li>• How do you get meals from the stove or counter to the table?</li> <li>• Can you serve up your own plate? (Observe for tremors, strength of grasp by holding out your index and middle finger and have them squeeze)</li> <li>• Have you ever gagged or choked while eating? When was the last time?</li> <li>• Note: Fit of clothes.</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u> Is able to dish up own food, transfer to table, no choking or swallowing problems, no special utensils required. Should be consuming at least 2 meals/day with consistency.</p> <p><u>Minimal:</u> Requires encouragement to follow dietary needs, i.e.</p>

	<p>diabetic, low salt, low fat, etc. May be in training program to learn ADL's.</p> <p><u>Moderate:</u> No problems with eating, but has difficulty transferring food to comfortable place to eat due to having to use walker to keep balance. If they usually eat in the kitchen on a breadboard and they're okay with this, then should be a minimal. This category also includes someone who tires very easily while eating with, for example, lung problems and oxygen therapy. For a client who is bed bound, may be able to feed self with set up, or may need assistance with fluids.</p> <p><u>Extensive:</u> Client may have problems with swallowing due to stroke and is at risk for choking. May have Parkinson's and feeds self but requires constant cleanup, or someone to steady their hand.</p> <p><u>Total:</u> This is a score for those individuals who do not have the ability to feed themselves any food. This individual must be fed by another person by mouth or feeding appliance. Must be fed or tube fed. Client may be unable to tube feed self due to stroke with dominant side paralysis, quadroplegia, mental retardation, comatose.</p>
<p><b>3. Toileting:</b></p>	<p><u>None:</u> Can toilet self without physical assistance or supervision. May need grab bars / raised toilet seat or can manage own closed drainage system if has a catheter or sheath or uses protective aids.</p> <p><u>Minimal:</u> Needs standby assistance or cueing for safety or task completion. May need some physical assistance with parts of the task such as clothing adjustment, washing hands, etc.</p> <p><u>Moderate:</u> Needs physical assistance with parts of the task such as wiping, cleansing, clothing adjustment. May need a protective garment.</p> <p><u>Extensive:</u> Cannot get to the toilet unassisted. May or may not be aware of need.</p> <p><u>Total:</u> Physically unable to be toileted. Requires continual observation and total cleansing. Needs someone else to manage care of closed drainage system if they have catheter or sheath.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Does the client have the awareness of the need to toilet?</li> <li>• Does the client recognize the need to toilet but can not do so without the assistance of another person?</li> <li>• Inquire if the client has any bowel or bladder "accidents".</li> <li>• Do you take a "water" pill?</li> </ul>

	<ul style="list-style-type: none"> <li>• Do you wear protective garments? Pads or Pull-ups? How do you dispose of these? Note for odors, cleanliness, and proper disposal of toileting items.</li> <li>• Are you able to clean yourself after toileting? Does anyone ever help you with this activity? Who?</li> <li>• Catheter Care: Who assists you with this activity? Last UTI?</li> <li>• Ostomy Care: Who assists you with this activity? Who does set up? Clean up? Disposal?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u> Has no bladder or bowel problems, is slow but able to get to bathroom on time. Or, has occasional bladder incontinence but able to take care of own needs with cleaning self and proper disposal of incontinence supplies.</p> <p><u>Minimal:</u> Has stress incontinence, and can care for self, except needs assist with disposal of soiled items, i.e. in assisted living situation or daily removal from living quarters.</p> <p><u>Moderate:</u> Needs assistance with toileting; clothing adjustment, pericare, protective garments.</p> <p><u>Extensive:</u> Needs to be assisted to the bathroom. May need to have a toileting schedule; unaware of need.</p> <p><u>Total:</u> This individual does not have the awareness to toilet themselves. Or may have the awareness but are physically unable to do so without the assistance of another person. Unable to go to the bathroom. Requires protective garments to be checked, changed and pericare done on a regular basis. Needs caregiver to care for catheter or colostomy.</p>
<p><b>4. Mobility:</b></p>	<p><u>None:</u> Can get around inside and outside without assistance.</p> <p><u>Minimal:</u> Can get around inside without assistance but needs assistance outside.</p> <p><u>Moderate:</u> Needs occasional assistance inside and usually needs assistance outside.</p> <p><u>Extensive:</u> Can only get around with regular assistance both inside and outside.</p> <p><u>Total:</u> Cannot move around even with regular assistance.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Identify if the client needs equipment to assist</li> </ul>

	<p>nurses/other with care.</p> <ul style="list-style-type: none"> <li>• Would you mind standing up and walking about 10 steps, turn around and return to your chair? (It is easier to observe transfers, balance, pace, gait, posture, and orientation in this manner).</li> <li>• What other type of equipment do you use to get where you need to go inside? Outside?</li> <li>• How far can you walk without having to stop and rest?</li> <li>• What do you do when you get too tired or short of breath?</li> <li>• When was the last time you fell? What happened?</li> <li>• Do you ever have periods of extreme weakness or fatigue? How often. Can you describe the circumstances?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u> May be in a wheelchair but can get around independently in or out of home. Have handicap access doorways. May have assistive devices to assist in reaching items, transferring out of chair, etc. May use other devices for ambulating, walker, cane, prosthetics, but if they can manage independently and have no history of falls in the past 3 months or so.</p> <p><u>Minimal:</u> May need assist getting to the outside, but able to manage once outside. May need occasional assist into Dr's office (once/month), or standby assist outside. Does not go outside except to Dr. appointments.</p> <p><u>Moderate:</u> Due to variable status requires assist with mobility on some days inside. Always requires help when outside on outings and/or on uneven surfaces.</p> <p><u>Extensive:</u> Requires direct assist with mobility at all times.</p> <p><u>Total:</u> Immobile.</p>
<p><b>5. Transferring:</b></p>	<p><u>None:</u> Can transfer independently and can manage own position changes.</p> <p><u>Minimal:</u> Transfers and changes position most of the time but needs assistance on occasion.</p> <p><u>Moderate:</u> Can assist with own transfers and position changes but needs assistance most of the time.</p> <p><u>Extensive:</u> Can assist with own transfers and position changes but needs assistance all of the time.</p> <p><u>Total:</u> Transfers / position changes must be done by one person all of the time.</p>

	<p><b>Prompt:</b></p> <ul style="list-style-type: none"> <li>• Identify if the client needs an overhead frame, slide board, etc.</li> <li>• Who helps you in/out of vehicles?</li> <li>• Does anyone ever help you with this activity? Who?</li> <li>• How much assistance do you need to get from the chair to the bed, etc?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u> Consistently transfers safely and independently from sitting to standing position and back again. Good balance.</p> <p><u>Minimal:</u> Occasionally unable to transfer safely and requires assist.</p> <p><u>Moderate:</u> Able to participate with transfers, but requires direct assist most of the time to do so safely. Able to push self up from chair, but requires hands on assist to maintain balance during the position change.</p> <p><u>Extensive:</u> More often than not is unsteady, tremulous, dizzy and requires direct assist with position changes.</p> <p><u>Total:</u> Must have another change transfer them directly. Unable to participate at all.</p>
<p><b>6. Personal Hygiene:</b></p>	<p><u>None:</u> Can manage personal hygiene without reminders, assistance, or supervision.</p> <p><u>Minimal:</u> Can manage personal hygiene but must be reminded/cued at least some of the time.</p> <p><u>Moderate:</u> Performs personal hygiene but requires physical assistance to complete.</p> <p><u>Extensive:</u> Caregiver performs most personal hygiene but client assists.</p> <p><u>Total:</u> Dependent on others to provide all personal hygiene.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Who does your hair? (if they say they do it, you could ask them to raise their arms as high as they can to determine ROM.</li> <li>• How do you clean your glasses?</li> <li>• How do you care for your fingernails/toenails?</li> <li>• How do you take care of your dentures?</li> </ul>

	<ul style="list-style-type: none"> <li>• How do you set up and prepare items for shaving?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u> Maintains good hygiene by self.</p> <p><u>Minimal:</u> Requires cueing to complete general hygiene tasks.</p> <p><u>Moderate:</u> Requires some assistance with some tasks.</p> <p><u>Extensive:</u></p> <p><u>Total:</u></p>
<p><b>7. Dressing:</b></p>	<p><u>None:</u> Can dress / undress and select clothing without assistance or supervision.</p> <p><u>Minimal:</u> Can dress / undress and select clothing but may need to be reminded / supervised.</p> <p><u>Moderate:</u> Can dress / undress and select clothing with assistance.</p> <p><u>Extensive:</u> Caregiver dresses / undresses and selects clothing but client assists.</p> <p><u>Total:</u> Dependent upon others to do all dressing / undressing.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Identify if the clients needs special consideration with manipulation of closures, i.e. zipper, Velcro, etc.</li> <li>• How do you decide what to wear for the day? Note: appropriate attire for situation and cleanliness.</li> <li>• What is most difficult part for you about getting dressing?</li> <li>• Where do you put soiled clothing?</li> <li>• Do you wear special garments? TED hose, orthotics?</li> <li>• How do you put your TED hose on?</li> <li>• Can you snap, button, and zip your clothing?</li> <li>• Does anyone ever help you with this activity? Who?</li> <li>• Has anyone complained about your grooming or dress?</li> <li>• Observe for clothing that is appropriate for the season.</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u></p> <p><u>Minimal:</u></p> <p><u>Moderate:</u> Some assistance is needed which is more than just prompting.</p>

	<p><u>Extensive:</u> <u>Total:</u></p>
<p><b>8. Bathing:</b></p>	<p><u>None:</u> Can bathe without reminders and without assistance or supervision.</p> <p><u>Minimal:</u> Can bathe without physical assistance but may need reminding or standby assistance.</p> <p><u>Moderate:</u> Requires assistance or cueing with parts of bathing, (i.e., washing back, feet, rinsing hair, etc.). Includes people who cannot get into / out of tub and may require some other assistance.</p> <p><u>Extensive:</u> Caregiver bathes the client with client' assistance.</p> <p><u>Total:</u> Dependent on others to provide complete bath, including shampoo.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Do you shower or bathe? How often?</li> <li>• Can you set up all the articles you need to complete?</li> <li>• Can you shampoo your hair? Reach your feet and backside? If no special equipment, who would you ask?</li> <li>• What do you do to keep from falling in the tub/shower?</li> <li>• Do you feel safe getting in/out of tub/shower?</li> <li>• Does anyone ever help you with this activity? Who? How often?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u></p> <p><u>Minimal:</u></p> <p><u>Moderate:</u> Needs assistance getting in or out of tub/shower or needs help with any other bathing tasks.</p> <p><u>Extensive:</u></p> <p><u>Total:</u></p>
<p><b>9. Transportation</b></p>	<p><u>None:</u> Can drive safely or is capable of using alternate transportation without assistance.</p> <p><u>Minimal:</u> Can use available transportation but needs instruction</p>

	<p>or physical assistance to get to or from transportation vehicle.</p> <p><u>Moderate:</u> Can use available transportation if physical assistance or cueing is provided to both get into and out of vehicle, but assistance is not needed during trip.</p> <p><u>Extensive:</u> Is dependent upon being accompanied to access the community.</p> <p><u>Total:</u> Medical condition is such that an ambulance is required.</p> <p><b>Prompt:</b></p> <ul style="list-style-type: none"> <li>• Identify if the client needs a specially equipped van or car.</li> <li>• How do you get to where you need to go?</li> <li>• Are there family members or support from the community who help you with transportation?</li> <li>• Are they able to continue to help you?</li> <li>• If family or friends are not available, how would you get there?</li> <li>• Have you experienced problems trying to arrange for a ride?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u></p> <p><u>Minimal:</u></p> <p><u>Moderate:</u></p> <p><u>Extensive:</u></p> <p><u>Total:</u></p>
<p><b>10. Finances:</b></p>	<p><u>None:</u> Handles financial business matters.</p> <p><u>Minimal:</u> Needs occasional assistance with financial business matters.</p> <p><u>Moderate:</u> Needs help with some financial business.</p> <p><u>Extensive:</u> Needs extensive helping managing financial business matters.</p> <p><u>Total:</u> Unable to handle financial business matters.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• How do you get your bills paid?</li> <li>• How do you know how much money is in your account?</li> <li>• Do you run out of money at times?</li> <li>• Did you go without food or medicine because of this?</li> </ul>

	<ul style="list-style-type: none"> <li>Does anyone ever help you with this activity? Who?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u>  <u>Minimal:</u>  <u>Moderate:</u>  <u>Extensive:</u>  <u>Total:</u></p>
<p><b>11. Shopping:</b></p>	<p><u>None:</u> Can shop without assistance.</p> <p><u>Minimal:</u> Shops without physical assistance but may need to be reminded / supervised.</p> <p><u>Moderate:</u> Can shop with physical assistance or cueing from caregiver.</p> <p><u>Extensive:</u> Caregiver shops but client assists.</p> <p><u>Total:</u> Totally dependent upon others for shopping.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>How do you get to the store to buy groceries or personal items?</li> <li>How do you get the items into your house/apartment and put away?</li> <li>Do you enjoy shopping?</li> <li>Does anyone ever help you with this activity? Who?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u>  <u>Minimal:</u>  <u>Moderate:</u>  <u>Extensive:</u>  <u>Total:</u></p>
<p><b>12. Laundry:</b></p>	<p><u>None:</u> Is capable of doing laundry.</p> <p><u>Minimal:</u> Does laundry without assistance but may need to be reminded / supervised.</p> <p><u>Moderate:</u> Can do laundry but needs physical assistance or reminding/cueing from caregiver.</p> <p><u>Extensive:</u> Caregiver does the laundry but client assists.</p>

	<p><b>Total:</b> Totally dependent upon others to do laundry within/outside the home.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Where are the washer and dryer?</li> <li>• How many times a week/month do you do laundry?</li> <li>• How often are your bed linens and towels laundered?</li> <li>• How does laundry get folded and put away?</li> <li>• Does anyone ever help you with this activity? Who?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u>  <u>Minimal:</u>  <u>Moderate:</u>  <u>Extensive:</u>  <u>Total:</u></p>
<p><b>13. Housework:</b></p>	<p><u>None:</u> Performs housecleaning with no assistance.</p> <p><u>Minimal:</u> Physically capable of performing all housecleaning but needs to be reminded / supervised.</p> <p><u>Moderate:</u> Performs light housecleaning without supervision or cueing and caregiver handles physically difficult housecleaning.</p> <p><u>Extensive:</u> Performs light housecleaning with supervision or cueing and caregiver handles physically difficult housecleaning.</p> <p><u>Total:</u> Totally dependent upon others for all housecleaning.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Do you do your dishes yourself after each meal?</li> <li>• Do you have a vacuum cleaner? Can you use it?</li> <li>• How do you get your tub/shower, toilet, sinks cleaned?</li> <li>• How do the floors get swept/mopped?</li> <li>• Who changes the linen on your bed? Turns the mattress?</li> <li>• How do you clean out your refrigerator? Does it automatically defrost?</li> <li>• How does the garbage get taken care of? Who takes it out?</li> <li>• Does anyone ever help you with housekeeping? Who?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u>  <u>Minimal:</u>  <u>Moderate:</u></p>

	<p><u>Extensive:</u> <u>Total:</u></p>
<p><b>14. Wood/Coal Supply:</b></p>	<p><u>None:</u> Maintains wood/coal supply with no assistance.</p> <p><u>Minimal:</u> Can maintain wood/coal supply with occasional assistance.</p> <p><u>Moderate:</u> Can maintain wood/coal but needs to be reminded / supervised.</p> <p><u>Extensive:</u> Can maintain heat if wood/coal is brought into living area, but is physically unable to carry wood/coal and needs assistance with chopping and stacking.</p> <p><u>Total:</u> Totally dependent upon others for assistance.</p> <p><b>Examples:</b></p> <p><u>None:</u> <u>Minimal:</u> <u>Moderate:</u> <u>Extensive:</u> <u>Total:</u> Needs someone to cut wood, bring it to their home and stack it.</p>
<p><b>15. Night Needs:</b></p>	<p><u>None:</u> Needs no assistance from another person during the night.</p> <p><u>Minimal:</u> Requires hands on or standby assistance 1-2 times per night.</p> <p><u>Moderate:</u> Requires hands on or standby assistance 3-4 times per night.</p> <p><u>Extensive:</u> Requires hands on or standby assistance 5 or more times per night.</p> <p><u>Total:</u> Requires staff to be up and awake all night.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• When was the last time you got up at night and felt confused about where you were? What did you do?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u> <u>Minimal:</u> <u>Moderate:</u></p>

	<u>Extensive:</u> <u>Total:</u>
<b>16. Emergency Response:</b>	<p><u>None:</u> Needs no assistance to get outside of present dwelling or get emergency help. Is able to use the phone in emergency situations.</p> <p><u>Minimal:</u> Needs supervision and / or verbal cueing to get outside of present dwelling or get emergency help.</p> <p><u>Moderate:</u> Caregiver must assist to get outside of present dwelling, but client can assist.</p> <p><u>Extensive:</u> Requires some physical assistance to get outside of present dwelling.</p> <p><u>Total:</u> Requires total physical assistance to get outside of present dwelling.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Have you ever called 9-1-1 in an emergency? Anyone else?</li> <li>• How would you leave your home/apartment in event of an emergency? Who would you call?</li> <li>• Have you had an emergency situation in the past? Recently?</li> <li>• Tell me how you would handle an emergency such as falling in the bathtub or their bedroom.</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u>  <u>Minimal:</u>  <u>Moderate:</u>  <u>Extensive:</u>  <u>Total:</u></p>
<b>17. Medication:</b>	<p><u>None:</u> Can self-administer medication without assistance.</p> <p><u>Minimal:</u> Requires minimal assistance (i.e. open containers or use a mediset); understands medication routine.</p> <p><u>Moderate:</u> Requires occasional assistance or cueing to follow medication routine or timely medication refills.</p> <p><u>Extensive:</u> Requires daily assistance or cueing; must be reminded to take medications; does not know medication routine; may not remember if took medications.</p> <p><u>Total:</u> Requires licensed nurse to administer and/or assess the</p>

	<p>amount, frequency, or response to medication or treatment. A treatment is defined as an in home skilled nursing treatment.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Can you tell me what medications you are taking? Or What are you taking medications for? (many people know this, but not technical names)</li> <li>• How often do you take them?</li> <li>• Have you taken your medications today?</li> <li>• Do any medications need to be broken/crushed?</li> <li>• When did you take your last PRN medication?</li> <li>• Do you keep your medicines in the bottles, or in a Mediset? Who fills it for you?</li> <li>• Do you have trouble opening medicine bottles?</li> <li>• When was the last time you forgot to take a medication? What happened?</li> <li>• Does anyone ever help you with your medications? Who?</li> </ul> <p><b>Examples:</b></p> <p><u>None:</u></p> <p><u>Minimal:</u></p> <p><u>Moderate:</u> If client needs assistance filling mediset and needs reminders, score moderate.</p> <p><u>Extensive:</u> If the client can not remember the what, the when, or the why of their medications, score extensive.</p> <p><u>Total:</u></p>
<p><b>18. Supervision:</b></p>	<p>Complete SECTION FOUR – Psychological/Social/Cognitive prior to completing # 18 Supervision. The UAI computer software will then take the Section Four scores and determine the scoring for supervision. The reviewer will need to then identify the client’s unmet needs for supervision.</p> <p>The scoring determination is based on weighted factor points for each cognitive behavior. The score for each of the cognitive behaviors will be multiplied by these factor points.</p> <p>For example, if a client is frequently assaultive and requires professional consultation for a behavioral program, the reviewer will give the client a score of two (2) on the UAI form. This amount is then multiplied by the factor points for assaultive behaviors (4) to total 8 points toward the need for supervision.</p>

	<ul style="list-style-type: none"> <li>• Disorientation      3 points</li> <li>• Memory                2 points</li> <li>• Judgment             3 points</li> <li>• Hallucinations       1 point</li> <li>• Delusions             1 point</li> <li>• Anxiety                1 point</li> <li>• Depression            1 point</li> <li>• Wandering            4 points</li> <li>• Disruptive            4 points</li> <li>• Assaultive            4 points</li> <li>• Danger to Self       4 points</li> <li>• Alcohol/Drug         1 point</li> <li>• Vulnerability         4 points</li> </ul> <p>Once Section Four is completed, the client's total scores will determine the need for supervision. The scoring determinations are as follows:</p> <p>None      0-15 points  Minimal   16-30 points  Moderate 31-45 points  Extensive 46-60 points  Total      61-100 points</p>
<p><b>Environmental Assessment</b></p>	<p><b>IMPORTANT:</b> This environmental section should only be completed if the client is seeking services in the home or from the Area Agency on Aging (AAA). Otherwise SKIP THIS SECTION.</p> <p>Note whether the information recorded is based upon the client's (or client representative's) report or assessor's direct observation. Identify in the blank provided whether the source of the information is reported or observed. Try to verify as much of the reported information as possible in assessing the internal and external environment.</p>
<p><b>19-20. Environment Exterior – Interior:</b></p>	<p>This assessment evaluates the conditions, circumstances, and influences surrounding and affecting the actions and behavior of the client, family, and caregiver(s). The environment includes the client's own personal space to the broader concept of the community. The assessment of the environment is vital to planning.</p> <p>Look at the residence (<i>i.e. - review the exterior environment: sidewalks, handrails, windows, roof, general maintenance, lighting, and neighborhood safety, etc.</i>). Inside the residence, observe the adequacy of floors, bathing facilities, toilet, lighting, cleanliness, any stairs, the various systems for heating, cooling,</p>

	and lighting, kitchen appliances, and any other safety factors. Give your general observations, not a professional evaluation, about the suitability of the home. Any problem areas should be identified in the Plan of Care Considerations Summary on the last page of the UAI.
<b>21. Are There Other Needs?</b>	Use this comment box to address anything around the home, inside or out, which needs care or repair. Also comment on any need for specialized environmental controls for disabled clients. This environmental assessment is to assist persons to live at home in the least restrictive environment, if possible, and the information from the comments should be considered in developing a plan of care. Include comments about neighborhood, transportation access, etc.
<b>22. Assistive Devices and Medical Equipment:</b>	<p>Check the assistive devices or medical equipment that the client has or needs. Also, indicate if an assistive device / technology assessment is needed. Record any additional needs not covered by the list in the comment box.</p> <p><b>Prompt:</b></p> <ul style="list-style-type: none"> <li>• An “assistive device / technology assessment needed” should be checked “Yes” if: <ol style="list-style-type: none"> <li>1. The assessor has identified that a device may help the client function at a higher level, but the client does not have one at this time, or,</li> <li>2. If the client has a device which is not working properly.</li> </ol> </li> </ul>
<b>23. Additional Nutritional Risk Information</b>	Make sure a YES or NO response has been given for every question in this section.
<b>24. Diet Information</b>	If the client is NOT on a special diet ordered by a physician, SKIP to page 8. If the client is on a diet ordered by a physician, specify which diet(s) from the choices listed. If none of the choices matches the physician order, please specify in the OTHER blank. <i>(For definitions of the types of diets, please see the DEFINITIONS section later in the manual.)</i>

## V. UAI SECTION THREE-Health Information

**This section is not intended to be used to diagnose a problem. It is to record current conditions or diseases for which the client is being treated or may need a health care referral. A list of diagnosis categories with examples can be found at the end of the chapter. The medical record should be used to identify diagnosis and interventions.**

**The assessor who completes Section 4 should sign his/her name and add agency name, telephone, and date in the appropriate space on page 12.**

<b>1. Primary Physician's Name:</b>	Print the name of the primary physician. If the name is unknown, write UNKNOWN. If the client has no primary physician, write NONE.
<b>2. Telephone:</b>	List the telephone of the primary physician. If not known, write UNKNOWN.
<b>3. Current Diagnosis:</b>	Document current confirmed diagnoses by health/mental health professionals and medical problems identified by the client or family. Note any sexually transmitted diseases under the urinary/reproductive Section. Note any tuberculosis treatment un the Respiratory Section.
<b>4. Pertinent History:</b>	Document physical and mental health history which is relevant to current functioning. Include the dates of hospitalizations and mental health treatments.
<b>5. Last Hospitalization:</b>	List the reason for and the date of the last hospitalization.
<b>6. Medications:</b>	<p>List all currently prescribed medications and their dosage. If the client is preparing for discharge from a hospital, nursing home, or institution, list only the medications that will be taken after discharge. Use the route and frequency codes listed.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Be sure to inquire whether the client requires special medication considerations such liquids, pill form, or crushed pills.</li> </ul>

	<ul style="list-style-type: none"> <li>• It is helpful to ask the client/caregiver to show the assessor the actual prescription bottles to verify accuracy of the information.</li> <li>• Note if the client uses any type of schedule reminders, multiple day pill packs, etc.</li> <li>• Medications can be a clue to identify a diagnosis not mentioned or inadvertently omitted in Questions # 3 &amp; 4- Current Diagnosis and Pertinent History.</li> </ul>
<p><b>7. Comments:</b></p>	<p>List medications prescribed but not purchased, prescribed and purchased but not taken, prescribed for someone else but used by the client, etc. Add an additional page if necessary to document medication usage.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Be sure to note whether client requires liquids versus pill form, crushed pills, etc.</li> <li>• Are there medications which have been prescribed but not purchased?</li> <li>• Are there medications prescribed and purchased but not taken?</li> </ul>
<p><b>8. Over the Counter Medications/Home Remedies:</b></p>	<p>List whether the client uses over-the-counter medications. Include what, why, how often and effectiveness of the medication. Also note if client's use of over-the counter medications is physician directed.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Include herbal remedies and dietary or food supplements.</li> </ul>
<p><b>9. Bladder Control:</b> <b>10. Bowel Control:</b></p>	<p>Continence is the ability to control urination (bladder) and elimination (bowel). Incontinence may have one of several different causes, including specific disease processes and side-effects of medications.</p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Do you get to the bathroom on time?</li> <li>• How often do you have accidents?</li> <li>• Do you use pads or Depends?</li> </ul>

<b>11. Skin Problems:</b>	Include dry areas, rashes, stasis, ulcers, red areas, pressure sores/decubitus ulcers, open sores, open wounds, and/or any open sore that has not healed in the last thirty (30) days.
<b>12. Treatments/ Therapies:</b>	<p>List all treatments/therapies currently provided, unless preparing for discharge from a hospital, nursing facility, or institution. In this case, check treatments that must be provided after discharge.</p> <p>List all treatments/therapies which are physician ordered / referred, or otherwise authorized which are provided by or under the direct supervision of a licensed or certified professional therapist, by other providers, or family.</p> <p>For each treatment or therapy, write in the appropriate frequency code from the list.</p> <p>A complete list of therapies and definitions for therapies can be found at the end of this chapter.</p>
<b>13. Identify Assistance Required:</b>	Identify any assistance required to follow through with the treatments/therapies required.
<b>14. Recommendation Need to be Made:</b>	<p>Indicate if a client needs to be referred to a physician for a medical condition not currently being address.</p> <p>Use the Other spaces to address any possible interventions/care not listed. Add any additional information on the comment page at the end of the UAI or attach a separate sheet.</p>
<b>14. Vision</b>	
<b>15. Hearing:</b>	
<b>17. Receptive Speech:</b>	The ability to comprehend the verbal or spoken language.
<b>18. Expressive Speech</b>	The ability to communicate with spoken language.

<b>15. Nutrition:</b>	If not known by the client or caregiver, estimate height and weight.
<b>20. Allergies:</b>	Includes allergies to medications (e.g. codeine, penicillin); environmental (e.g. dust, pollen); and food (e.g. seafood, milk).

### **Explanation of Diagnosis Categories**

**Alcoholism/Substance Abuse:** Includes alcohol, prescription, illegal and over-the-counter drug abuse.

**Blood-Related Problems:** Includes Erythemia, Leukemia, Lymphoma, Splenic Disorders, Anemias, and Hepatitis.

**Cancer:** Cancer is not a single disease, but a group of disorders where normal body cells are transformed into malignant ones. If a client reports cancer as a diagnosis, it is important to ask what type and ascertain the location of the tumor. Treatments include radiation and chemotherapy, and there may be side effects such as weight loss, poor appetite, skin irritation, diarrhea, weakness, fatigue, and pain. The assessor may want to ask a significant other about the client's prognosis.

### **Cardiovascular Problems:**

**Circulation Problems** include disturbance in the circulatory system, such as Peripheral Vascular Disease. These problems may be evident by edema (swelling) of the extremities, ulcers, gangrene, discoloration, absence of pulse in the extremity, and severe pain. This is also the code to give someone who is taking medication for high cholesterol.

**Congestive Heart Failure** is a condition caused by loss of pumping power of the heart, resulting in fluids collecting in the body.

**Heart Trouble** includes atherosclerosis (fatty deposits in the arteries), arteriosclerosis, cardiovascular disease, coronary artery disease, and heart attack.

**High Blood Pressure, or Hypertension,** is persistent elevation of the arterial blood pressure.

### **Dementia:**

**Alzheimer's disease** is a progressive neurological problem of unknown etiology, characterized by loss of memory, confusion, agitation, loss of motor coordination, and decline in the ability to perform routine tasks, personality changes, loss of language skills, and eventual death. Clients often exhibit emotional instability, and problems such as wandering, depression, belligerence, and incontinence may develop.

**Non-Alzheimer's** includes organic brain syndrome, chronic brain syndrome, and senility.

### **Developmental Disabilities:**

**Mental Retardation** is characterized by below average general intellectual functioning existing concurrently with deficits in adaptive behavior, manifested during the developmental period. Significantly below average is considered to be an IQ of 70 or below.

**Autism:** Autism is a developmental disability which appears in childhood, resulting from a lack of organization in brain functioning. Symptoms include self-absorption, inaccessibility, aloneness, inability to relate, highly repetitive play, rage reactions when interrupted, predilection for rhythmical movements, and language disturbances.

**Cerebral Palsy:** A developmental disability caused by damage to the brain in utero or during birth, resulting in various types of paralysis and lack of motor coordination, particularly for muscles used in speech.

**Epilepsy/Seizure Disorder:** Disorder which results from a sudden loss of consciousness accompanied sometimes by muscular contractions or spasms.

**Related Conditions** include Friedreich's Ataxia, Multiple Sclerosis, Muscular Dystrophy, and Spina Bifida.

**Digestive, Liver, Gall Bladder:** Intestinal problems may include a wide range of digestive tract disorders. Common problems are peptic and duodenal ulcers, colitis, diverticulitis, hiatal hernia, or gall bladder disease. Symptoms include indigestion, heartburn, nausea, belching, bloating, vomiting, diarrhea, weight loss, constipation, and pain. Other problems in this category include cirrhosis and chronic liver disease.

### **Endocrine/Gland Problems:**

**Diabetes** results from an insufficiency of insulin production by the pancreas and is characterized by the body's inability to utilize glucose (sugar). Diabetes causes infections or poor healing of legs and other complications. Depending on the type of diabetes, duration, and severity, a special diet, oral medication, and/or insulin injections may be required.

**Thyroid Problems** include disorders which affect functioning of the thyroid gland, such as hypothyroidism (under active thyroid) and hyperthyroidism (overactive thyroid).

**Other Endocrine Problems** include thyroid nodules and thyroiditis (inflammation of the thyroid).

**Eye disorders:** Include cataracts (age-related change in the transparency of the lens), glaucoma (elevation of pressure of fluid within the eye causing damage to the optic nerve), blindness, conjunctivitis, and corneal ulcers.

**Immune System Disorders:** Includes Lupus, Acquired Immune Deficiency Syndrome, and HIV Positive clients.

### **Muscular/Skeletal:**

**Arthritis** is an inflammatory condition involving the joints which ranges in severity from occasional mild pain to constant pain that can cause crippling. Types of arthritis include rheumatoid and osteoarthritis; location may include hands, neck, back, hips, legs, or joints.

**Cerebral Palsy:** A developmental disability caused by damage to the brain in utero or during birth, resulting in various types of paralysis and lack of motor coordination, particularly for muscles used in speech.

**Epilepsy/Seizure Disorder:** Disorder which results from a sudden loss of consciousness accompanied sometimes by muscular contractions or spasms.

**Related Conditions** include Friedreich's Ataxia, Multiple Sclerosis, Muscular Dystrophy, and Spina Bifida.

**Osteoporosis** is a bone-thinning process with loss of normal bone density, mass, and strength. Osteoporosis is a major cause of fractures of the spine, hip, wrists, and other bones. Symptoms include loss of height, dowager=s hump, and fractures.

**Other** includes degenerative joint disease, bursitis, and tendinitis.

### **Neurological:**

**Brain Trauma/Injury** includes brain tumors which are lesions in the brain that cause varied symptoms including headaches, lack of motor coordination, seizures, or tremors. Also includes brain damage due to an accident or incident which significantly affects intellectual or adaptive functioning.

**Epilepsy (non-DD related):** Disorder which results from a sudden loss of consciousness accompanied sometimes by muscular contractions or spasms.

**Spinal Cord Injury** is permanent damage to the spinal cord resulting in paralysis (loss of sensation and movement) to all or some limbs and the trunk of the body.

**Stroke (Cerebral Vascular Accident - CVA)** is an acute episode that exhibits loss of consciousness, confusion, slurred garbled speech or inability to speak, loss of mobility, and either left or right side paralysis due to loss of oxygen to the brain. A stroke may leave permanent effects such as inability to speak or comprehend speech (aphasia), memory loss, confusion, paralysis, and contracture (shortening and tightening of muscles).

**Other Neurological Problems** includes Parkinson's Disease (a progressive neuromuscular disorder characterized by tremors, shuffling gait, and muscle weakness), polio, and tardive dyskinesia.

### **Psychiatric Problems:**

**Anxiety Disorders** are characterized by patterns of anxiety and avoidance behavior. While anxiety is a normal part of existence, these disorders cause impairment in social occupational functioning.

**Bipolar Disorder** includes mixed, manic, depressed, and seasonal. Manic Disorder is characterized by a distinct period of abnormally and persistently elevated, expansive, or irritable mood.

**Major Depression** see the definition for DEPRESSION located in SECTION FOUR, Psychological/Cognitive/Social.

**Personality Disorder** includes paranoid, schizoid, schizotypal, histrionic, narcissistic, antisocial, borderline, avoidant, dependent, obsessive compulsive and passive aggressive. Characteristics include enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are inflexible and maladaptive and cause either significant functional impairment or subjective distress.

**Schizophrenia** includes disorganized, catatonic, and paranoid types and is characterized by patterns of delusions which are false beliefs, hallucinations, incoherence or marked loosening of associations, flat or grossly inappropriate affect, and disturbances in psychomotor behavior.

### **Respiratory Problems:**

**Black lung** (Pneumoconiosis) is a chronic, disabling lung disease which results from accumulation of coal dust in the lung tissue.

**COPD** is chronic obstructive pulmonary disease.

**Pneumonia** is characterized by fluid in the lungs.

**Other** includes TB, bronchitis, emphysema, asthma, and allergies.

### **Urinary/Reproductive Problems:**

**Renal Failure** may be acute or chronic.

**Other Urinary/Reproductive Problems** includes inflammation of the bladder, infection in the kidneys or other parts of the urinary tract, urinary tract infections, urinary retention, urinary incontinence, and disorders of the male genital organs and female genital tract (i.e., irregular menstrual cycles).

**All Other Problems:** Includes anything not coded above.

## **Definition of Treatments and Therapies**

**Bladder Control Program:** An individualized program designed to restore, improve, or maintain voluntary or automatic bladder function that is appropriate for the client's need.

**Bowel Control Program:** An individualized program designed to establish voluntary or automatic emptying of the bowel.

**Case Management/Care Coordination Assistance:** A method of managing the provision of health care to clients to improve the continuity and quality of care, such as coordinated services through the Idaho Commission on Aging, targeted case management for MI/DD clients, etc.

**Catheter Care:** The management and care of a client who requires an artificial means for emptying the bladder. Catheterization may include indwelling, Foley, straight, retention, French, Condom, External, Texas, or suprapubic catheters.

**Chemo/Radiation Therapy:** Administration of chemical reagents (medication or radiation) in treatment of disease that have specific and toxic effects on the microorganism causing the disease.

**Decubitus Care:** Measures used to treat open skin conditions that occurred as a result of excessive prolonged pressure over a bony prominence.

**Developmental Therapy:** Therapy directed toward the rehabilitation/habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living or economic self-sufficiency.

**Diabetic Management:** Assistance and guidance with developing a comprehensive, multidisciplinary program to control and manage a diabetic client.

**Dialysis Treatment:** Mechanical elimination of impurities from the blood during kidney failure.

**Licensed Nursing Care:** Provision of care by a licensed RN or under the supervision of an RN.

**Medication Management:** Monitoring the needs for and the reactions to medications.

**Occupational Therapy:** Defined therapy program designed to gain/regain skills that will assist a client to reach a higher level of skills regarding direct personal care and household activities (bathing, dressing, cooking, eating, etc.).

**Ostomy/Colostomy Care:** Training in the methods of cleaning and maintaining ostomy/colostomy. Cleansing of an opening in the abdomen through which body waste passes to the outside of the body. This includes the skin area around the opening. Reapplication of ostomy bag, if needed.

**Physical Therapy:** The treatment of disorders with physical agents and methods to assist in rehabilitating clients and restoring normal function following an illness or injury.

**Psychotherapy:** A therapy program for which the goal is to attain a relatively healthy state of mind (i.e., the client is able to cope with and adjust to the current stresses of every day living in an acceptable way).

**Psych / Social Rehabilitation Services:** Services designed to meet the psychological and social rehabilitation needs of clients, including such things as behavioral management programs, social skills training, aggression management, and anger control.

**Range of Motion/Strengthening (ROM):** Passive, active-assertive, active, and resistive exercises involving the extension, flexion, and rotation of a joint. Includes exercises to increase endurance, bed mobility, and self-exercises under supervision.

**Recreation Therapy:** The prescribed use of recreational and other activities as treatment interventions to improve the functional living competence of persons with physical, mental, emotional, and/or social disadvantages.

**Respiratory Therapy:** A treatment which introduces drug or moist air or vapor into the lungs for therapeutic purposes. Treatment may include oxygen administration, intermittent Positive Pressure Breathing (PPS), steam and/or medication conduction.

**Restorative Therapy:** A defined therapy program designed to gain/regain skills in motor activity (transfer, ambulation, bowel and bladder training, etc.).

**Speech Therapy:** An individualized program to increase receptive or expressive exchange of information

**Tracheostomy/Suctioning:** The management of surgically created opening in the trachea, the adjacent skin, and associated appliances (e.g., dressing, cannula, topically applied medications). The process by which fluid or gas is withdrawn from the body such as tracheostomy, nasopharyngeal, or gastric.

**Tube Feeding:** The administration of nourishment and fluids via a tube, such as a gastrostomy (stomach tube), nasogastric tube (nasal-oral tube), or intravenous feeding such as hyperalimentation.

**Wound or Skin Care:** Measures used to treat open skin areas or post-operative incisions to promote healing. Excludes decubitus and tracheostomy.

**Other(s):** Write in type. Enter comments on potential treatment/therapy referrals in the space provided.

## **VI. UAI SECTION FOUR-Psychological / Social / Cognitive Information**

**In this section it is important to assess the client need. This section is not meant to diagnose the client but to record specific abilities and limitations which will assist in identifying appropriate resources.**

**It is very important when assessing a person with a mental illness diagnosis to assess and access other supporting and verifying information. This particularly includes the person's psychosocial assessment.**

**Other information worth noting in the comment spaces includes:**

- **A situation where the assessor has concerns about his/her rating,**
- **Family problems, recent death, stresses, etc,**
- **Any description of legal issues related to Questions 9. Disruptive/Socially Inappropriate Behavior, 10. Assaultive/Destructive Behavior or 12. Alcohol/Drug Abuse,**
- **Quality of life issues,**
- **Provider/physician input,**
- **Positive/negative triggers which initiate certain behaviors (families may accept unusual behavior as normal for the client), and**
- **Any other emotional problems or needs.**

**IMPORTANT: The assessor who completes Section Four should sign his/her name and add agency name, telephone, and date in the appropriate space on p. 12 of the UAI form.**

### **1. Orientation: The ability to relate to person, place, time and/or situation.**

In assessing orientation, it is important to determine if the client has an understanding of his/her surroundings and relationships to people around (orientation to person), knows where he/she is (orientation to place), the month and year (orientation to time), and knows why he/she is being interviewed (orientation to situation). Adequate assessment of these areas is an important indicator of a client's ability to function and care for himself/herself with minimal supervision.

- 0 Oriented to person, place, time and/or situation.
- 1 Occasionally disoriented to person, place, time, or situation, but is sufficiently oriented to function independently if in familiar surroundings.
- 2 Frequently disoriented to person, place time or situation, even if in familiar surroundings, and requires supervision and oversight for safety.
- 3 Always disoriented and requires CONSTANT supervision and oversight for safety. Extensive intervention needed to manage behavior.

**Prompts:**

- Ask the client: May I ask you some standard questions we ask everybody? How old are you? What is the date? What is this place called? What year were you born? Who is the President? Governor?

**2. Memory: The ability to recall and use information.**

There are several different types of memory that can be assessed. Short-term verbal memory is probably the most important type of memory to assess because it influences a client's ability to communicate with others and to remember and subsequently follow instructions in a work, home, or care setting. Long-term memory is not as important for daily functioning but does affect the client's quality of life. Written or visual memory, also, is not as important as short-term verbal memory, in terms of daily functioning, but is important for the client in terms of being able to function well in a work situation. Also, visual memory, such as of written instructions, can be used to offset impairments in verbal memory.

- 0 Does not have difficulty remembering and using information. Does not require directions or reminding from others.
- 1 Occasionally has difficulty remembering and using information. Requires some direction and reminding from others. May be able to follow written instructions.
- 2 Frequently has difficulty remembering and using information, and requires direction and reminding from others. Cannot follow written instructions.
- 3 Cannot remember or use information. Requires continual verbal prompts.

**Prompts:**

- During the interview, determine if the client can remember your name and why you are talking with him/her.
- You can also ask if the client remembers details of a recent situation, such as, what did you have for breakfast this morning?
- To formally assess memory, explain to the client that you will identify for him three common items which you will ask him to recall later in the interview.

**3. Judgment: The ability to make appropriate decisions, solve problems, or responds to major life changes.**

Judgment refers to the client's ability to make choices or decisions that are in his/her best interest. Examples include: the types of people the client chooses to be around, the way the client spends resources, and risky situations the client chooses for fun or thrill, but which endanger his/her safety. Often a client's judgment is impaired because he/she cannot see the consequences of certain actions.

- 0 Judgment is good. Makes appropriate decisions.
- 1 Occasionally, judgment is poor. May make inappropriate decisions in complex or unfamiliar situations. Needs monitoring and guidance in decision-making.
- 2 Frequently, judgment is poor. Needs protection and supervision because client makes unsafe or inappropriate decisions.

Judgment is always poor. Cannot make appropriate decisions for self or makes unsafe decisions and needs intense supervision.

**Prompts:**

- Where do you plan on living? Where the client has few options and cannot live alone.
- What are you going to do when your savings account is empty?

**4. Hallucinations: The visual, auditory, tactile, olfactory or gustatory perceptions that have no basis in reality.**

Hallucinations are perceptual distortions that people sometimes experience. Loss of sleep, too much caffeine, abuse of drugs, and even alcohol, head injury, and other causes can lead to hallucinations. People with mental retardation or schizophrenia sometimes report hallucinations. This item assesses if the client has hallucinations which impair his/her ability to function. Auditory and visual hallucinations are most distracting to people compared to other types of distorted perceptions. If the client experiences hallucinations, does this cause him/her significant problems in communicating with others, trusting others, making rational day-to-day decisions, concentrating, etc?

- 0 No hallucinations currently.
- 1 Occasionally has a hallucination which interferes with functioning, but currently well controlled, may be taking medication.
- 2 Frequently has a hallucination which interferes with functioning and may require medication and routine monitoring by behavioral health professional.
- 3 Presently has a hallucination which significantly impairs ability for self-care, may or may not be taking medication.

**Prompts:**

- Have you heard any sounds or people talking to you or about you when there is nobody around?
- Most often the best approach during an assessment is to be direct and ask, do you hear voices that others do not hear, or experience things others do not experience?
- Have you seen any visions or smelled any smells that others don't seem to notice?
- Have these experiences interfered with your ability to perform your usual activities or work?

**5. Delusions: Beliefs not based on fact, such as having special powers, being persecuted or being spied upon.**

Delusions are false beliefs not based on reality. Sometimes people experience delusions of jealousy, persecution, or grandiosity, where they think they have special abilities others do not have. Sometimes there is a fine line between what is a delusion and an exaggerated opinion. Therefore, delusional thinking is not an all-or-nothing phenomenon, but can be viewed as a continuum. This item assesses if delusional thinking is obvious and if these delusional beliefs impair functioning so that more care and/or supervision is needed. Often by just talking with a client, the assessor can recognize delusional beliefs without direct

questioning. It is often difficult to assess delusional thinking in people with impaired language skills, and caution should be used.

0 Is not delusional currently.

1 Occasionally has delusions which interfere with functioning, but currently well controlled, may be taking medication.

2 Frequently has delusions which interfere with functioning and may require medication and routine monitoring by a behavioral health professional.

3 Presently has delusions which significantly impairs the ability for self care, may or may not be taking medication.

**Prompts:**

- Have things or events had special meanings for you?
- Did you see any references to yourself on TV or in the newspapers?
- Do you have a special relationship with God?
- Do you feel someone is inserting thoughts into your head that are not your own?
- Have you felt that you were under the control of another person or force?
- Do you get along with other people pretty well?
- Do you have special abilities or powers that others do not have?

**6. Anxiety: Indicated by excessive worry, apprehension, fear, nervousness, or agitation.**

Anxiety can be very discomforting and debilitating. We all have different levels of anxiety at different times, but here the focus is on anxiety that impairs a client's functioning. Intense anxiety is experienced as worry, apprehension, fear, nervousness or agitation. If a client experiences panic attacks, he/she may have shortness of breath, palpitations, chest pain, choking or smothering sensations, fear of going crazy, impending doom, etc. Sometimes people experience agoraphobia, where they have intense anxiety and avoid places and situations. They may have a specific anxiety about a specific object or situation, like spiders, or riding in a bus, or anxiety about social situations, and, consequently, avoid these situations to their own detriment.

0 No anxiety currently.

1 Occasionally has anxiety which interferes with functioning but currently well controlled, may be taking medication.

2 Frequently has anxiety which interferes with functioning and may require medication and routine monitoring by behavioral health professional.

3 Presently displays anxiety which significantly impairs the ability for self care, may or may not be taking medication.

**Prompts:**

- Have you felt worried or anxious?
- Is there anything that bothers you so much that you try to avoid it?
- Do you have chest pains? or Are there times when your heart races? (may be the physical manifestation of anxiety)
- Do you worry enough that you find it difficult to make a meal or eat?

- Do unpleasant thoughts constantly go round and round in your mind?

**7. Depression: Indicated by feelings of hopelessness/despair, sleep disturbance, appetite disturbance, change in energy level, lack of motivation, or thoughts of death.**

Depression can significantly impair a client's quality of life and ability to function. Most people feel blue or depressed at times. The focus here is the severity and persistence of the depression and how it impairs a client's ability to function. The American Psychiatric Association has published criteria that are helpful in assessing the presence of depression (From the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition):

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful),
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others),
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day,
4. Insomnia or hypersomnia nearly every day,
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down),
6. Fatigue or loss of energy nearly every day,
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick),
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others), and
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

The assessor should not arrive at a formal diagnosis of the client, but assess if some of these symptoms are present and if they impair the client's ability to function.

- 0 Does not display symptoms of depression currently.
- 1 Occasionally has depression which interferes with functioning but currently well controlled, may be taking medication.
- 2 Frequently has depression which interferes with functioning and may require medication and routine monitoring by behavioral health professional.
- 3 Presently displays depression which significantly impairs the ability for self care, may or may not be taking medication.

**Prompts:**

- Have you felt unhappy, sad, down or depressed? How often? How much of the time?
- Are you able to switch your attention to more pleasant topics when you want to?

- Have your interests in work, hobbies, social or recreational activities changed?
- Has it interfered with your ability to perform your usual activities or work?
- Are there some days you don't get out of bed? If so, what are the circumstances?
- Do you enjoy being alone?
- Did any special events happen this week for you?
- Do you have friends or loved ones who visit you often? How often? Who?
- What do you do for fun? Entertainment? Crafts?
- Do you belong to or attend any special gatherings? Church, bridge club, bingo, or meal sites?

**8. Wandering: Moving about aimlessly, wandering without purpose or regard to safety.**

Wandering refers to a client's not using good judgment and moving about without purpose or concern for his/her safety. In extreme cases, the client may be disoriented, experiencing delirium and mental confusion. The client may forget where he/she was going, or have an unreasonable idea of where he/she wants to go. The client may get in harm's way by exposing himself/herself to severe weather, to people who would take advantage, or to dangerous situations. A client who wanders, and potentially places himself/herself in danger, most likely would need a more intense level of supervision.

0 Does not wander

1 Wanders within the residence or facility and may wander outside but does not jeopardize health or safety.

2 Wanders within the residence or facility. May wander outside; health or safety may be jeopardized, but client is not combative about returning and does not require professional consultation or intervention.

3 Wanders outside and leaves immediate area. Has consistent history of leaving immediate area, getting lost, or being combative about returning. Requires constant supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention.

**Prompts:**

- Do you go outside alone?
- Have you ever gotten lost? If so, what did you do?

**9. Disruptive/Socially Inappropriate Behavior: Inappropriate behavior such as making excessive demands for attention, taking another's possessions, being verbally abusive, disrobing in front of others, and displaying inappropriate sexual behavior.**

Again, because of poor judgment, mental illness, or a character disorder, a client may interact socially with others in an inappropriate fashion and stimulate fear, apprehension, hostility, and even retaliation. Examples include stealing, fighting, threatening gestures, and sexual misbehavior, such as masturbating or exhibiting oneself in public. A client with these behaviors would need a fairly high level of supervision to caution, redirect, or manage his/her behavior. These maladaptive behaviors are displayed by clients in community settings as well as in nursing home and other residential care facilities and, in either case,

would need supervision. Records and observations from others are usually quite important in assessing the degree to which socially disruptive behavior is present.

- 0 Is not disruptive, aggressive, or socially inappropriate, is not dangerous to self or others.
- 1 Is sometimes disruptive/aggressive or socially inappropriate, either verbally or physically threatening. Is sometimes agitated or anxious. Requires special tolerance or management.
- 2 Is frequently disruptive/aggressive or socially inappropriate, or is extremely agitated or anxious. May require professional consultation or behavioral management program.
- 3 Is dangerous or physically threatening and requires constant supervision, a professionally authorized behavioral management program, and/or professional consultation and intervention.

**Prompts:**

- Have you done anything that has attracted the attention of others?
- Have you done anything that could have gotten you into trouble with the police?
- Have you done anything that seemed unusual or disturbing to others?

**10. Assaultive/Destructive Behavior: Assaultive or combative behavior to others.**

Clients sometimes display assaultive/destructive behaviors towards others for various reasons. Sometimes they may become assaultive toward others or destructive of property because of organic disorders related to head trauma, epilepsy, mental illness, etc., and, therefore, may require intense supervision. Obviously, these clients would pose a threat in the community or in a residential care facility and would require a high level of supervision. Sometimes, these clients require a behavior management program that is designed and supervised by a mental health professional. If residential treatment is required, it can be very difficult finding appropriate settings with the required structure to serve the needs of these clients and maintain safety. Again, records and observations of others are quite important in assessing the degree to which assaultive/destructive behaviors are present.

- 0 Is not assaultive or dangerous.
- 1 Is sometimes assaultive. Requires special tolerance or management, but does not require professional consultation and/or intervention.
- 2 Is frequently assaultive, and may require professional consultation for behavioral management program.
- 3 Is assaultive, and requires constant supervision, a professionally authorized behavioral management program, and/or professional consultation and intervention.

**11. Danger to Self: Indicated by self-neglect, head banging, suicidal thoughts or attempts, self-mutilation, etc.**

Sometimes clients have specific disorders that contribute to self-destructive behaviors. These behaviors can include self-neglect, suicidal thoughts and actions, and mutilation. For example, a client may be depressed or have a borderline personality disorder that contributes to impulsive and self-destructive behaviors, or be mentally confused. It is

important that the client be assessed by a mental health professional and that a professionally supervised intervention is implemented. Again, records, observations of others, and information about successful interventions are all important in assessing the degree to which these behaviors are present and the degree to which the client's level of functioning is impaired. The purpose of the UAI assessment is to determine the level of help and supervision necessary for this client and to determine if the client has been referred to the proper mental health professionals. The level of supervision for these individuals can be quite intense depending upon the severity and persistence of self-destructive behaviors.

**Note: Identifying that the client displays self-injurious behavior and requires constant supervision requires a referral for a specialized assessment and/or assistance.**

- 0 Does not display self-injurious behavior.
- 1 Displays self-injurious behavior (i.e. self mutilation, suicidal ideation/plans, and suicide gestures), but can be redirected away from these behaviors.
- 2 Displays self injurious behavior, and behavioral control intervention and/or medication may be required to manage behavior.
- 3 Displays self injurious behavior and requires constant supervision, with behavioral control intervention and/or medication. (Requires an assessment and/or referral for help.)

**12. Alcohol/Drug Abuse: Psychoactive substance use to the extent that it interferes with functioning.**

It is apparent that alcohol and or drug abuse can significantly interfere with a client's ability to function in families, at work, and in the community. The purpose of this item is not so that the UAI administrator can arrive at a specific diagnosis of alcohol or drug abuse, but to again assess the degree to which alcohol and/or drug abuse impairs the client's ability to function. This item also requires the UAI interviewer to inquire not only about alcohol-related problems, but also other drugs, such as marijuana, cocaine, amphetamines, and over-the-counter products that may be contributing to the client's inability to function well. Besides asking questions about usage of drugs, review of records can be helpful to understand the degree of abuse/dependence and subsequent problems in living.

- 0 Never abuses.
- 1 Infrequently abuses which may cause some interpersonal and/or health problems but does not significantly impair overall independent functioning.
- 2 Sometimes abuses which cause moderate problems with peer, family members, law officials, etc. and may require some professional intervention.
- 3 Frequently abuses which causes significant problems with others and severely impairs ability to function independently.

**13. Self-Preservation/Victimization/Exploitation: The ability to avoid situation in which persons may easily be taken advantage of, and to protect him/herself and property.**

The purpose of this section is not to identify any neglect, abuse, or victimization that may be occurring, although the UAI assessor needs to report any identified abuse/victimization to

authorities, but to identify if a client has the capacity and judgment to make decisions on his/her own behalf to protect himself/herself from abuse, neglect, and exploitation. For example, perhaps the client does not have the proper judgment and displays inappropriate gullibility toward others so that people may take advantage of him/her financially or sexually. This vulnerability to victimization/exploitation may lead to the client's safety being jeopardized. A client with this vulnerability would need supervision, whether in the community or in a residential setting. Again, records or observations of friends or family members are very helpful in evaluating this potential. Direct questions such as, Have you been abused by anyone in your life? may be helpful. However, frequently people will not share this information because of embarrassment, and collateral information is always helpful.

The definitions for the terms are:

**Abuse** - The non-accidental infliction of physical pain, injury, or mental injury.

**Neglect** - Failure of a caretaker to provide food, clothing, shelter, or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide these services for him/herself.

**Exploitation** - An action which may include, but is not limited to, the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage.

**Vulnerable Adult** - A person, 18 years of age or older, who is unable to protect him/herself from abuse, neglect, or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he/she lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his/her person.

**Note: If abuse is suspected, report it.**

- 0 Is clearly aware of surroundings and is able to discern and avoid situations in which he/she may be abused, neglected or exploited.
- 1 Is sometimes able to discern and avoid situations in which he/she may be abused, neglected or exploited.
- 2 Is frequently unable to discern and avoid situations in which he/she may be abused, neglected or exploited.
- 3 Requires constant supervision due to inability to discern and avoid situations in which he/she may be abused, neglected, or exploited.

## **VII. Legal Citations-IDAPA Rules and CFR**

## **VIII. UAI Computer Software User Guide**

## **IX. Train the Trainer Information**

### **Uniform Assessment Instrument Training Outline**

Eight Hour Workshop

#### **Objectives/Outcomes**

- Develop the ability to train and instruct new employees/providers in the UAI assessment process.
- Develop confidence in ability to understand, plan and discuss changes in the UAI definitions.
- Update UAI assessment and computer skills.
- Integrate regional consistency for the application of UAI with the HCBS waivers.
- Gain the ability to access and utilize the UAI Resource Manual to supplement and support current UAI assessment knowledge.

#### **Prerequisites**

- Currently performing UAI assessments

#### **Audience**

- Regional Nurse Reviewers
- Regional Social Workers and Residential Care Coordinators
- Regional Medicaid personnel

#### **Guiding Principles**

- Creative
- Relevant
- Focus on current assessment skills
- Regional participation and contributions

## **Content**

### **Day 1 8:30 am – 12:00 noon**

- Welcome
- Overview of Training Objectives
- Overview of UAI History and Changes
- UAI Resource Manual Outline
- Key Points-General Information
- Description of UAI Sections
- Practicum

### **Day 1 12:00 noon – 1:00 pm**

Lunch Break

### **Day 1 1:00 pm – 4:00 pm**

UAI Software Explanation and Application

### **Day 1 4:00 pm – 4:30 pm**

- Questions
- Evaluations
- Wrap Up

### **Materials and Supplies**

- UAI Resource Manual
- UAI Assessment Form
- Laptop Computer with UAI Software installed

## **Roles of the UAI Trainer**

A UAI trainer must insure that the training has the resources needed for effective learning and facilitation. It is not necessary for the trainer to do everything as some responsibilities may be delegated.

- Be the Contact Point
- Meeting Room Logistics
  - Computers
  - Adequate Space
- Notification of Members
  - Via email or snail mail
- Arrangements with other presenters (optional)
- Arrange Meals and Snacks for Breaks
  - Determine working if having working lunch
  - Or exiting the facility for lunch
- UAI Manuals and Handouts
  - UAI Resource Manual
  - UAI Hardcopy
  - Scenarios
  - Extra paper for notes

## **Be Prepared**

### Materials Checklist:

- Flip-chart easel (two are better than one)
- Flip-chart paper, have at least one extra pad.
- Masking tape, if flip chart paper not “Post-it” notes.
- Felt pens to make notes on flip charts. Test pens and discard old ones.
- Handout materials: sorted, stapled, and three-hole-punched.
- Name tags and business cards-optional if with own peers.
- Your notes and UAI manual.
- UAI training video-optional

### Tools:

- Three-hole punch
- Stapler
- Staples
- Pens
- Pencils
- Blank writing paper

### Miscellaneous items:

- Band-aid (for nasty paper cuts)
- Extra bottled water
- Headache tablet
- Breath freshener
- Comfortable shoes
- Personal snacks

## **Basic Points for Adult Education**

- 1. Describe the purpose and importance of the material and learning methods.**
  - Explain why exercises and activities are taking place.
- 2. Describe what module or unit activities will take place.**
  - Provide a roadmap of the module or unit.
  - Use visual aids to show the process.
  - Get learners involved.
- 3. Follow a logical sequence.**
  - Make sure your presentation is orderly. Make sure there is a beginning, middle and end to your presentation.
  - “Tell ‘em what you’re gonna tell ‘em. Tell ‘em. Then tell ‘em what you told ‘em”
- 4. Show a personal belief in the material/ concepts, skills, tools taught.**
  - Make comments that show support for the material or concepts.
  - Model skills to show buy-in/commitment
- 5. Describe the benefits of using the material/concept/skills/tools in the workplace.**
  - Link material/concepts/skills taught to organizational, department and individual goals
  - Use worksheets, action planners and forms to apply the module-specific skills to real-life situations.
- 6. Provide clear direction for learning activities and exercises.**
  - Communicate instructions for exercises and activities in a way that clarifies what to do and how and when to do it.
- 7. Adjust to the audience.**
  - Speak clearly at the appropriate volume and projection.
  - Use appropriate grammar and vocabulary.
  - Avoid telling off-the-cuff stories.
  - Don’t use examples just to give examples. Good examples must be planned, relate to the material and be relevant to the situation.
  - Avoid telling too many stories about yourself. Seeking others’ stories is as valuable, if not more so, than sharing your own. Learners bring a wealth of experience to a workshop.
- 8. Maintain audience attention.**
  - Use examples, analogies, body language, voice inflection, humor and energy.
  - Seek examples and analogies from learners to clarify or enhance content.
  - Maintain eye contact with learners.
  - Be aware of cultural differences.

**9. Use examples and analogies effectively.**

- Use examples from your experiences that show the value of understanding module concepts or using related skills.
- Ask the group for module-related examples.
- Choose analogies that show people a different way of looking at new concepts or skills
- When preparing for the workshop, identify where you will use examples and analogies and make notes in you materials.
- Always have an example of your own in case learners can't think of any.

**10. Ensure that all learners have the same understanding of important information and agreements and the discussion stays on track and moves forward; check for understanding and make procedural suggestions.**

- Use open-ended questions to check for understanding at the end of a learning unit, activity, exercise and after giving direction.
- Make procedural suggestions to refocus the group and manage pacing.

**11. Summarize the presentation/transitions.**

- Avoid jumping from presentation to presentation.

**12. Manage time effectively.**

- Time yourself.
- Start and finish on time.

## What kind of learner ARE YOU?

Read the following descriptions and decide...

### **Reluctant Learners:      Motto: Been there, done that.**

In a classroom or training session these are the people who sit in the back of the room, roll their eyes, talk to their neighbors, or work on something other than the course work. Some people have been with the company for 10 years; others have been only one year.

- Resist learning anything new
- Regardless of education level, they feel they have already been to school
- Cling to the security of what is known
- See no need for further learning
- Live by phrases such as “Can’t teach an old dog new tricks”
- Whine that they don’t get promoted
- Don’t get the interesting assignments

**Motto:**  
Been there,  
done that

### **Leisurely Learners:      Motto: This too shall pass.**

In today’s work environment, these are the individuals who feel threatened and genuinely confused about all the changing expectations. A leisurely learner may become a reluctant learner if they are punished for learning, discouraged from learning, or encountered obstacles with learning.

**Motto:**  
This too  
shall pass

- Keep up with the required training to meet current expectations
- And that is about all they do, the minimum expected
- Sometimes complain, other times enjoy learning
- Don’t volunteer for new assignments or ask to attend training programs
- Do what is recommended or required by their boss
- See teams as an opportunity to sit back and relax
- Many are successful because they know how to play political games

### **Life Long Learners      Motto: If it is new, try it!**

Lifelong learners are constantly absorbing new ideas, taking notes, and investigating what is new and what is changing. They are respected by their colleagues since they keep up in their fields and are a resource to the organization.

- Volunteer to attend learning events
- Read relevant books and professional magazines

- Talk with lots of people about what they are doing and how they're learning
- Watch for and anticipate trends
- Prepare themselves to leap into the future
- Experiment with new ideas.

**Motto:**  
If it is new, try it!

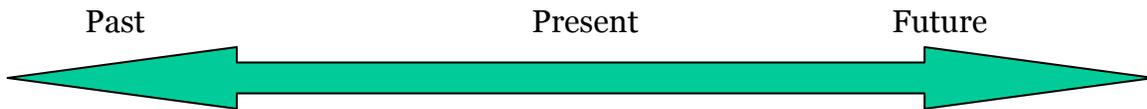
We are all a little of each of the learning types in some areas of our lives. The key is to realize when you are a reluctant learner and discover what you are reluctant to learn.



### Exercise: Learning Attitudes

In the columns below, list at least five examples for each category of learning. Your examples can be work or personal. Think about:

- What are you reluctant to learn?
- What do you learn because it is required?
- What do you need to learn to keep up in your field?
- What do you want to learn to prepare for the future?



Reluctant	Leisurely	Lifelong


It is important to realize that you are choosing when, what, and how to learn. By having a better understanding of the learning opportunities that you may need, but are avoiding, you can make informed decisions about your learning needs in the future.