



DHSS-SHCN-12

PARTICIPANT NAME		DCN	DATE	INITIALS
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III. TECHNOLOGY ASSESSMENT

Check all that currently apply:		COMMENTS
Vent Dependent	☐ Total	
	☐ Intermittent	
Tracheostomy	☐	
C-PAP, BIPAP	☐	
Oxygen	☐ Continuous, Stable	
	☐ Continuous, Unstable	
G-Tube	☐ Continuous	
	☐ Continuous with Reflux	
	☐ Bolus	
NG Tube	☐ Continuous	
	☐ Bolus	
IV Therapy	☐ Continuous	
	☐ Intermittent	

IV. INDIVIDUAL DEPENDENCIES

BEHAVIORAL

Determine if the participant: receives monitoring for a mental condition; exhibits one or more of the following mood or behavior symptoms: wandering, physical abuse, socially inappropriate or disruptive behavior, inappropriate public sexual behavior or public disrobing; resists care; exhibits one of the following psychiatric conditions: abnormal thoughts, delusions, or hallucinations.

0 ☐ Stable mental condition AND No mood or behavior symptoms observed AND No reported psychiatric conditions
3 ☐ Stable mental condition monitored by a physician or licensed mental health professional at least monthly OR Behavior symptoms exhibited in past, but not currently present OR Psychiatric conditions exhibited in past, but not recently present
6 ☐ Unstable mental condition monitored by a physician or licensed mental health professional at least monthly OR Behavior symptoms are recently exhibited OR psychiatric conditions are recently exhibited
9 ☐ Unstable mental condition monitored by a physician or licensed mental health professional at least monthly AND Behavior symptoms are currently exhibited OR Psychiatric conditions are currently exhibited
18 ☐ N/A

COMMENTS

COGNITION

Determine if the participant has an issue in one or more of the following areas: cognitive skills for daily decision making; memory or recall ability (short-term, procedural, situational memory); disorganized thinking/awareness (mental function varies over the course of the day); ability to understand others or to be understood.

0 ☐ No issues with cognition OR No issues with memory, mental function, or ability to be understood/understand others
3 ☐ Displays difficulty making decisions in new situations or occasionally requires supervision in decision making AND Has issues with memory, mental functions, or ability to be understood/understand others
6 ☐ Displays consistent unsafe/poor decision making or requires total supervision AND Has issues with memory, mental function, or ability to be understood/understand others
9 ☐ Rarely or never has the capability to make decisions OR Displays consistent unsafe/poor decision making or requires total supervision AND Rarely or never understood/able to understand others
18 ☐ TRIGGER: Comatose state

COMMENTS

PARTICIPANT NAME	DCN	DATE	INITIALS
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IV. INDIVIDUAL DEPENDENCIES Continued

MOBILITY

Determine the participant's primary mode of locomotion: how moves, walking or wheeling? If wheeling how much assistance is needed once in the chair? Determine the amount of assistance the participant needs with bed mobility: transition from lying to sitting, turning, etc.

- 0 ☐ No assistance needed OR Only set up or supervision needed
 3 ☐ Limited or moderate assistance needed, i.e. participant performs more than 50% of task independently
 6 ☐ Maximum assistance needed for locomotion or bed mobility, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance OR Total dependence for bed mobility
 9 ☐ N/A
 18 ☐ TRIGGER: Participant is bedbound OR Total dependence on others for locomotion

COMMENTS

EATING

Determine the amount of assistance the participant needs with eating and drinking; includes intake of nourishment by other means (e.g. tube feeding or TPN). Determine if the participant requires a physician ordered therapeutic diet.

- 0 ☐ No assistance needed AND No physician ordered diet
 3 ☐ Physician ordered therapeutic diet OR Set up, supervision, or limited assistance needed with eating
 6 ☐ Moderate assistance needed with eating, i.e. participant performs more than 50% of the task independently
 9 ☐ Maximum assistance needed with eating, i.e. participant requires caregiver to perform more than 50% for assistance
 18 ☐ TRIGGER: Total dependence on others

COMMENTS

TOILETING

Determine the amount of assistance the participant needs with toileting. Toileting includes: using the toilet (bedpan, urinal, commode), changing incontinent episodes, managing catheters/ostomies, and adjusting clothing.

- 0 ☐ No assistance needed OR Only setup or supervision needed
 3 ☐ Limited or moderate assistance needed, i.e. participant performs more than 50% of task independently
 6 ☐ Maximum assistance needed, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance
 9 ☐ Total dependence on others
 18 ☐ N/A

COMMENTS

PARTICIPANT NAME	DCN	DATE	INITIALS
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IV. INDIVIDUAL DEPENDENCIES Continued

BATHING

Determine the amount of assistance the participant needs with bathing. Bathing includes taking a full body bath/shower and the transferring in and out of the bath/shower.

0 ☐ No assistance needed OR Only setup or supervision needed
3 ☐ Limited or moderate assistance needed, i.e. participant performs more than 50% of task independently
6 ☐ Maximum assistance, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance OR Total dependence on others
9 ☐ N/A
18 ☐ N/A

COMMENTS

DRESSING & GROOMING

Determine the amount of assistance the participant needs with personal hygiene, dressing upper body, and dressing lower body.

0 ☐ No assistance needed OR Only setup or supervision needed
3 ☐ Limited or moderate assistance needed, i.e. participant performs more than 50% of task independently
6 ☐ Maximum assistance needed, i.e. participant needs 2 or more helpers or more than 50% of caregiver weight-bearing assistance OR Total dependence on others
9 ☐ N/A
18 ☐ N/A

COMMENTS

REHABILITATION

Determine if the participant has the following medically ordered therapeutic services: physical therapy, occupational therapy, speech-language pathology and audiology services, and cardiac rehabilitation.

0 ☐ None of the above therapies ordered
3 ☐ Any of the above therapies ordered, 1 time per week
6 ☐ Any of the above therapies ordered, 2-3 times per week
9 ☐ Any of the above therapies ordered, 4 or more times per week
18 ☐ N/A

COMMENTS

PARTICIPANT NAME	DCN	DATE	INITIALS
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IV. INDIVIDUAL DEPENDENCIES Continued

TREATMENTS

Determine if the participant requires any of the following treatments: catheter/ostomy care, alternate modes of nutrition (tube feeding, TPN), suctioning, ventilator/respirator, or wound care (skin must be broken).

0

☐
None of the above treatments needed

3

☐
N/A

6

☐
One or more of the above treatments are needed

9

☐
N/A

18

☐
N/A

COMMENTS

MEAL PREP

Determine the amount of assistance the participant needs to prepare a meal. This includes: planning, assembling ingredients, cooking, and setting out the food and utensils.

0

☐
No assistance needed OR Only setup or supervision needed

3

☐
Limited or moderate assistance needed, i.e. participant performs more than 50% of task

6

☐
Maximum assistance, i.e. caregiver performs more than 50% of task OR Total dependence on others

9

☐
N/A

18

☐
N/A

COMMENTS

MEDICATION MANAGEMENT

Determine the amount of assistance the participant needs to safely manage their medications. Assistance may be needed due to a physical or mental disability.

0

☐
No assistance needed

3

☐
Setup help needed OR Supervision needed OR Limited or moderate assistance needed, i.e. participant performs more than 50% of task

6

☐
Maximum assistance needed, i.e. caregiver performs more than 50% of task OR Total dependence on others

9

☐
N/A

18

☐
N/A

COMMENTS

PARTICIPANT NAME	DCN	DATE	INITIALS
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IV. INDIVIDUAL DEPENDENCIES Continued

SAFETY

Determine if the participant exhibits any of the following risk factors: vision impairment, falling, balance (moving to standing position, turning to face the opposite direction, dizziness, or unsteady gait).

After determination of the preliminary score, history of institutionalization in the last 5 years and age will be considered to determine the final score.

- Institutionalization - long term care facility, RCF/ALF, mental health residence, psychiatric hospital, inpatient substance abuse, or settings for persons with intellectual disabilities.
- Age - 75 years or over

- 0 ☐ No difficulty or some difficulty with vision AND No falls in last 90 days AND No recent problems with balance
- 3 ☐ Severe difficulty with vision (sees only lights and shapes) OR Has fallen in last 90 days OR Has current problems with balance
- 6 ☐ No vision OR Has fallen in the last 90 days AND Has current problems with balance OR Preliminary score of 0 AND Age AND Institutionalization OR Preliminary score of 3 AND Age or Institutionalization
- 9 ☐ Preliminary score of 6 AND Institutionalization
- 18 ☐ TRIGGER: Preliminary score of 6 AND Age OR Preliminary score of 3 AND Age AND Institutionalization

COMMENTS

TOTAL POINTS FOR SECTION	SERVICE COORDINATOR'S SIGNATURE	DATE
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PARTICIPANT NAME	DCN	DATE	INITIALS
V. INDIVIDUAL HISTORY			
PRIMARY			
SECONDARY			
A. PAST MEDICAL HISTORY (INCLUDING THE PRESENCE OF INTELLECTUAL DISABILITY OR DEVELOPMENTAL DELAY)			
B. SOCIAL HISTORY/ENVIRONMENT (INCLUDING AVAILABILITY OF CAREGIVERS)			
C. OTHER IDENTIFIED RECIPIENT/CAREGIVER NEEDS			