



IDAHO DEPARTMENT OF HEALTH & WELFARE

Uniform Assessment Instrument Findings

PARTICIPANT INFORMATION

Participant Name		Home Phone	
Address		Medicaid ID#	
City		Date of Birth	
State		Marital Status	
Zip		Assessment Date	
Language		Admission Date	
Gender		Redet Date	
Housing Arrangement		Facility Name	
Region		Facility Phone	

CONTACTS

Contact	Relationship	Phone
		-

SUBSTITUTE DECISION MAKER

Decision Maker		Comments
Name		
Relationship		
Phone		

SECONDARY SOURCE OF INFORMATION

Source	Name	Phone	Relationship
Medical Record			
Physician			
Other			

ABUSE/NEGLECT/EXPLOITATION

- No indication of any abuse, neglect or exploitation
- Indication of material abuse, neglect or exploitation that involves misuse of funds, property or resources. The client is not in danger of any physical injury or pain
- Indication of psychological abuse, neglect or exploitation such as verbal assaults, threats, isolation, coercion, etc.

Indication of physical abuse, neglect or exploitation and extreme violation of rights where the participant's health and safety are in danger.

HEALTH INFORMATION

PRIMARY PHYSICIAN

Name	Phone

Bladder Control:

Bowel Control:

Comments:

Cardiovascular

- Circulation
- Congestive Heart Failure
- Heart Condition
- High Blood pressure

Dementia

- Dementia Alzheimer's
- Dementia Non-Alzheimer's

Developmental Disabilities

- Intellectual Disabilities
- Autism
- Cerebral Palsy

Endocrine

- Endocrine Diabetes
- Endocrine Thyroid
- Eye Disorders
- Immune System Disorders

General Information

- Alcoholism Substance Abuse
- Blood Related Problems
- Obesity
- Cancer

Cancer Type:

Comments

Health Information

Pertinent History

Last Hospitalization Date:

Reason:

Muscular/ Skeletal

- Arthritis
- Rheumatoid Arthritis
- Osteoporosis

Neurological

- TBI
- Seizure Disorder
- Spinal Cord Injury
- CVA

Psychiatric

- Anxiety Disorders
- Bipolar
- Major Depression
- Personality Disorder
- Schizophrenia

Respiratory

- Chronic Obstructive Pulmonary disease
- Pneumonia

Urinary/Reproductive

- Renal Failure
- Prostate Condition

Other problems:

Treatment/Therapies

- Behavioral Management Program Frequency:
- Bladder Control Program Frequency:
- Bowel Control program Frequency:
- Catheter Care Frequency:
- Chemo/Radiation Therapy Frequency:
- Decubitus Care Frequency:
- Developmental Therapy Frequency:
- Diabetic Management Frequency:
- Dialysis Treatment Frequency:
- Hospice Frequency:
- Licensed Nursing Care/Assessment Frequency:
- Medication Management Frequency:
- Occupational Therapy Frequency:
- Ostomy Care Frequency:
- Other Frequency:
- Physical Therapy Frequency:
- Psychotherapy Frequency:
- Range of Motion/Strengthening Frequency:
- Recreation Therapy Frequency:
- Respiratory Therapy Frequency:
- Restorative Therapy Program Frequency:
- Speech Therapy Frequency:
- Tracheostomy suctioning Frequency:
- Tube Feeding Frequency:
- Wound or Skin Care Frequency:

Comments:

DIET INFORMATION

Are you currently on a Special Diet? Select Diet Type: Select

Description:

Height Feet Height Inches Weight Pounds

Comments:

NUTRITIONAL RISK

Do you eat less than 2 meals/day?

Do you eat more than 2 servings each of fruits, vegetables, and milk/dairy products a day?

Do you have two to three drinks of beer, liquor or wine per day?

Do you have tooth or mouth problems that make it hard to chew?

Do you ever run out of money for food?

Do you frequently eat alone?

Do you take three or more different prescribed or over the counter drugs?

Have you gained or lost ten pounds in the last six months without wanting to?

Do you require assistance to shop, cook and/or feed yourself?

Do you have difficulty swallowing?

ASSISTIVE DEVICES

BATHING	
Bathing Bench	
Grab Bar Tub Rail	
Handheld Shower	
Hydraulic Lift	
COMMUNICATION	
Electronic communication	
Glass Corrective Lenses	
Hearing Aid	
Interpreter	
Interpreter Sign	
PERS	
Magnifying Glass	
Picture Book	
Symbol Book	
Teletypewriter	
DIETARY	
Dentures	
Hand Splint Braces	
Infusion Pump	
Special Utensil Plate	
Glucose Testing Supplies	
CANE	
Cane	
Crutches	
Service Animal	
Hospital Bed	

Hoyer Lift	
Leg Braces	
Prosthesis	
Ramp Access	
Transfer Board	
Walker	
Wheelchair Electric	
Wheelchair Manual	
Wheelchair Cushion	
RESPIRATION	
Bipap	
CPAP	
Nebulizer	
Oxygen	
Volume Ventilator	
Oxygen Concentrator	
SKIN CARE	
Special Mattress	
Special Mattress Pad	
Whirlpool	
TOILETING	
Bedpan/Urinal	
Pads Incontinence	
Commode	
Grab Bars	
Raised Toilet	
Toilet Safety Frame	

Comments:

PSYCHOLOGICAL/SOCIAL/COGNITIVE

Alcohol/Drug Abuse

Psychoactive substance use to the extent that it interferes with functioning

No history of alcohol or drug abuse

- Current or occasional history of alcohol or drug abuse which may cause some interpersonal and/or health problems, but does not significantly impair overall independent functioning. May have behavior management plan in place.
- Current or frequent history of alcohol or drug abuse which cause moderate problems with peer, family members, law officials, etc. And may require some professional intervention. May have behavior management plan in place.
- Current or history of frequent alcohol or drug abuse which causes significant problems with others and severely impairs ability to function independently. May have behavior management plan in place.

Comments:

Anxiety

Indicated by excessive worry, apprehension, fear, nervousness or agitation

- No history of anxiety
- Current or history of occasional anxiety which interferes with functioning, but currently well controlled, may be taking medication. May have behavior management plan in place.
- Current or history of frequent anxiety which interferes with functioning and may require medication and routine monitoring by behavioral health professional. May have behavior management plan in place.
- Presently displays anxiety which significantly impairs the ability for self-care, may require medication or may need routine monitoring by behavioral health professional. May have behavior management plan in place.

Comments:

Assaultive/Destructive Behavior

Assaultive or combative toward others (throws objects, strikes or punches, bites, scratches, kicks, makes dangerous maneuvers with wheelchair, destroys property, sets fires, etc.

- No history of combative or destructive behaviors
- Current or history of occasional combative or destructive behaviors. Requires special tolerance or staff training, but does not require professional consultation and/or intervention. May have behavior management plan in place.
- Current or history of frequent combative or destructive behaviors, and may require professional consultation or staff training. May have behavior management plan in place.
- Is assaultive, and requires constant supervision, a professionally authorized behavioral management program, and/or professional consultation and intervention. May have behavior management plan in place.

Comments:

Danger to Self

Indicated by self-neglect, head banging, suicidal thoughts, self-mutilation, suicide attempts, etc.

- No history of self-injurious behavior.
- Current or occasional history of self-injurious behavior (i.e., self-mutilation, suicidal ideation/plans, and suicide gestures), but can be redirected away from these behaviors. May have behavior management plan in place.

Current or frequent history of self-injurious behavior, self-neglect, head banging, suicidal thoughts, self-mutilation, and behavioral control. Intervention and/or medication may be required to manage behavior. May have behavior management plan in place.

Displays self-injurious behavior and requires constant supervision, with behavioral control intervention and/or medication. Requires an assessment and/or referral for help. May have behavior management plan in place.

Comments:

Delusions

Beliefs not based on fact, such as having special powers, being persecuted, being spied upon.

No history of delusions.

Current or occasional history of delusions which interfere with functioning, but currently well controlled, maybe taking medication. May have behavior management plan in place.

Current or history of frequent delusions which interfere with functioning and may require medication and routine monitoring by a behavioral health professional. May have behavior management plan in place.

Presently has delusion(s) which significantly impair the ability for self-care, may or may not be taking medication. May have behavior management plan in place.

Comments:

Depression

Indicated by feelings of hopelessness, despair, sleep disturbance, appetite impairment, change in energy level, lack of motivation, thoughts of death.

No history of depression

Current or history of occasional depression which interferes with functioning but currently well controlled, may be taking medication. May have behavior management plan in place.

Current or history of frequent depression which interferes with functioning and may require medication and routine monitoring by behavioral health professional. May have behavior management plan in place.

Presently displays depression which significantly impairs the ability for self-care, may or may not be taking medication. My have behavior management plan in place.

Comments:

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.

No history of disruptive, aggressive or socially inappropriate behavior.

Current or history of occasional disruptive, aggressive or socially inappropriate behavior, either verbally or physically threatening. May require special tolerance or staff training. May have behavior management plan in place.

- Current or history of frequent disruptive, aggressive or socially inappropriate behavior. May require professional consultation or staff training. May have behavior management plan in place.
- Is dangerous or physically threatening and requires constant supervision, a professionally authorized behavioral management program, and/or professional consultation and intervention. May have behavior management plan in place.

Comments:

Hallucinations

Visual, auditory, tactile, olfactory or gustatory perceptions that have no basis in reality.

- No history of hallucinations.
- Current or history of occasional hallucinations which interfere with functioning, but currently well controlled, may be taking medication. May have behavior management plan in place.
- Current or history of frequent hallucinations which interfere with functioning and may require medication and routine monitoring by behavioral health professional. May have behavior management plan in place.
- Presently has hallucination(s) which significantly impair ability for self-care, may or may not be taking medication. May have behavior management plan in place.

Comments:

Judgment

Ability to make appropriate decisions, solve problems or respond to major life changes.

- Judgment is good. Makes appropriate decisions.
- Current or history of occasional poor judgment. May make inappropriate decisions in complex or unfamiliar situations. Needs monitoring and guidance in decision making. May have behavior management plan in place.
- Current or history of frequent poor judgment. Needs protection and supervisions because participant makes unsafe or inappropriate decisions. May have behavior management plan in place.
- Judgment is always poor. Cannot make appropriate decisions for self or makes unsafe decisions and needs intense supervision (Intense supervisions is needed to prevent danger to self or others.) May have behavior management plan in place.

Comments:

Memory

Ability to recall and use information.

- Does not have difficulty remembering and using information. Does not require directions or reminding from others.
- Current or history of occasional difficulty remembering and using information. Requires some direction and reminding from others. May be able to follow written instructions: May have behavior management plan in place.
- Current or history of frequent difficulty remembering and using information, and requires direction and reminding from others. Cannot follow written instructions. May have behavior management plan in place.

Cannot remember or use information. Requires continual verbal prompts. May have behavior management plan in place.

Comments:

Orientation

Ability to relate to person, place, time and/or situation.

Oriented to person, place, time and/or situation.

Current or history of occasional disorientation to person, place, time or situation that does not interfere with functioning in familiar surroundings. Requires some direction and reminding from others. May have behavior management plan in place.

Current or history of frequent disorientation to person, place, time or situation even if in familiar surroundings and requires supervision and oversight for safety. May have behavior management plan in place.

Always disoriented and requires constant supervision and oversight for safety. Extensive intervention needed to manage behavior.

Comments:

Self-Preservation / Victimization

Ability to avoid situations in which person may be easily taken advantage of and to protect him/herself and his/her property from others.

No history of self-preservation, victimization or exploitation. Participant is clearly aware of surroundings and is able to discern and avoid situations in which he/she may be abused neglected or exploited.

Current or history of occasional inability to discern and avoid situations that he/she may be abused, neglected or exploited. May have behavior management plan in place.

Current or history of frequent inability to discern and avoid situations that he/she may be abused, neglected or exploited. May have behavior management plan in place.

Requires constant supervision due to inability to discern and avoid situations in which he/she may be abused, neglected or exploited. May have behavior management plan in place.

Comments:

Wandering

Moving about aimlessly; wandering without purpose or regard to safety.

No history of wandering.

Current or occasional history of wandering within the residence or facility and may wander outside, but does not jeopardize health or safety (of self or others.) May have behavior management plan in place.

Current or frequent history of wandering within the residence or facility. May wander outside; health or safety may be jeopardized but participant is not combative about returning and does not require professional consultation or intervention. May have behavior management plan in place.

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. May have behavior management plan in place.

Comments:

FUNCTIONAL ABILITIES

Attendant Care

Bathing

Identify the participant's ability to bathe and wash hair

Assistance Required:	Available Support:
Comments:	

Dressing

Identify the participant's ability to dress and undress, including selection of clean clothing or appropriate seasonal clothing

Assistance Required:	Available Support:
Comments:	

Eating Meals

Identify the level of assistance needed to perform the activity of feeding and eating with special equipment if regularly used or special tray setup

Assistance Required:	Available Support:
Comments:	

Emergency Response

Identify the participant's ability to recognize the need for and to seek emergency help

Assistance Required:	Available Support:
Comments:	

Medication

Identify the participant's ability/willingness to administer his/her own medication

Assistance Required:	Available Support:
Comments:	

Mobility

Identify the participant's physical ability to get around, both inside and outside, using mechanical aids if needed

Assistance Required:	Available Support:
Comments:	

Night Needs

Identify the participant's need for assistance during the night

Assistance Required:	Available Support:
Comments:	

Personal Hygiene

Identify the participant's ability to shave, care for mouth and comb hair

Assistance Required:	Available Support:
Comments:	

Supervision

Identify the participant's ability to manage his/her life, including needs and activities

Assistance Required:	Available Support:
Comments:	

Toileting

Identify the participant's ability to get to and from the toilet (including commode, bedpan and urinal), manage colostomy or other devices to cleanse after eliminating and to adjust clothing

Assistance Required:	Available Support:
Comments:	

Transferring

Identify the participant's ability to transfer when in bed or wheelchair

Assistance Required:	Available Support:
Comments:	

Homemaker

Access to Transportation

Identify the participant's ability to get to and from stores, medical facilities and other community activities, considering the ability both to access and use transportation

Assistance Required:	Available Support:
Comments:	

Housework

Identify the participant's ability to clean surfaces and furnishings in his/her living quarters, including dishes, floors and bathroom fixtures and disposing of household garbage

Assistance Required:	Available Support:
Comments:	

Laundry

Identify the participant's ability to do own laundry either at home or at the Laundromat

Assistance Required:	Available Support:
Comments:	

Preparing Meals

Identify the participant's ability to prepare own food. Consider safety issues such as whether burners are left on

Assistance Required:	Available Support:
Comments:	

Shopping

Identify the participant's ability to shop for food and personal items

Assistance Required:	Available Support:
Comments:	

SURVEY

Participant Experience

1. Do your service providers treat you with respect and dignity?
2. Does your service provider understand and respect your choices and preferences on how services are delivered to you?
3. Have you ever gone without services because the service provider did not show up?
4. Are you happy with the care your service provider gives you?
5. Are you satisfied with your current level of community engagement?

Participant Record

1. Is there a copy of Progress Notes in the participant's residence?
2. Do the Progress Notes document that services are delivered as authorized by IDHW?

Service Plan

1. Is there a current Service Plan in the participant's residence?
2. Does the Service Plan include and address all needs outlined on the UAI?
3. Are Risk Factors properly addressed in the Service Plan?
4. Are Personal Goals & Outcomes identified on the Service Plan?
5. Is the Service Plan signed by the Participant/Legal Guardian and Provider?