

Minnesota Long Term Care Consultation Services Form: Supplemental Form for Assessment of Children under 18 Determination of Age-Appropriate Dependencies

Name _____

Instructions:

ACTIVITIES OF DAILY LIVING * Indicates Dependency

		Comments	Assessor's Score	RI	R2
LTC SD	Dressing				
Block 33	Independent	_____	00		
Value	• Intermittent supervision or reminders. May need physical assistance with fasteners, shoes or laying out clothes	_____	01		
<input type="checkbox"/>	• Constant supervision, but no physical assistance. (N/A 0-48 months)	_____	*02		
Dep.	• Physical assistance or presence of another at all times, but child is able to physically participate. (N/A 0-36 months)	_____	*03		
<input type="checkbox"/>	• Totally dependent on another for all dressing. Child is unable to physically participate. (N/A 0-12 months)	_____	*04		
LTC SD	Grooming				
Block 34	Independent	_____	00		
Value	• Intermittent supervision or reminders	_____	01		
<input type="checkbox"/>	• Help of another to complete task, but child is physically able to participate. (N/A 0-48 months)	_____	*02		
Dep.	• Totally dependent on another for all grooming needs. Child is physically unable to participate. (N/A 0-24 months)	_____	*03		
<input type="checkbox"/>					
LTC SD	Bathing				
Block 35	Independent	_____	00		
Value	• Intermittent supervision or reminders	_____	01		
<input type="checkbox"/>	• Needs help in and out of tub	_____	02		
Dep.	• Constant supervision, but child does not need physical assistance. (N/A 0-60 months)	_____	*03		
<input type="checkbox"/>	• Physical assistance of another, but child is physically able to participate. (N/A 0-48 months)	_____	*04		
	• Totally dependent on another for all bathing. Child is physically unable to participate. (N/A 0-12 months)	_____	*05		
LTC SD	Eating				
Block 36	Independent	_____	00		
Value	• Intermittent supervision or reminders	_____	01		
<input type="checkbox"/>	• Needs constant supervision and/or assistance in setting up meals, i.e. cutting meat, pouring fluids. (N/A 0-60 months)	_____	02		
Dep.	• Needs physical assistance. Child can partially feed self. (N/A 0-24 months)	_____	*03		
<input type="checkbox"/>	• Needs and receives total oral feeding from another. Child is physically unable to participate. (N/A 0-12 months)	_____	*04		
	• Receives tube feeding.* Child has documented incidents of choking or reflux on a weekly basis or more that is related to diagnosis or disability.	_____	*05		

*Remember to code tube feeding as Special Nursing using 3428B.

The number of dependencies indicated on this worksheet will determine the initial classification of "Low, Medium or High" ADL dependencies. Further steps are the same as outlined on DHS-3428B (Case Mix Classification Worksheet).

		Comments	Assessor's Score	RI	R2
LTC SD Block 38 Value <input type="text"/> Dep. <input type="checkbox"/>	Transfers				
	• Independent	_____	00		
	• Needs intermittent supervision or reminders, i.e. cuing or guidance only.	_____	01		
	• Needs physical assistance, but child is able to participate. Excludes carseat, highchair, crib for toddler age child. (N/A 0-30 months)	_____	*02		
	• Needs total assistance of another, and child is physically unable to participate. (N/A 0-18 months)	_____	*03		
	• Must be transferred using a mechanical device, i.e. Hoyer lift.	_____	*04		
LTC SD Block 39 Value <input type="text"/> Dep. <input type="checkbox"/>	Mobility (walking)				
	• Independent. Ambulatory without device.	_____	00		
	• Can mobilize with the assist of a device, but does not need personal assistance.	_____	01		
	• Intermittent physical assistance of another. (N/A 0-24 months) (This does not include supervision for safety of a child under age 5.)	_____	*02		
	• Needs constant physical assistance of another. Includes child who remains bedfast. (N/A 0-12 months)	_____	*03		
LTC SD Block 37 Value <input type="text"/> Dep. <input type="checkbox"/>	Positioning (bed mobility)				
	• Independent. Ambulatory without device.	_____	00		
	• Needs occasional assistance from another person or device to change position less than daily.	_____	01		
	• Needs intermittent assistance of another on a daily basis to change position. Child is physically able to participate.	_____	*02		
	• Needs total assistance in turning and positioning. Child is unable to participate. (N/A 0-9 months)	_____	*03		
LTC SD Block 41 Value <input type="text"/> Dep. <input type="checkbox"/>	Toileting				
	• Independent	_____	00		
	• Intermittent supervision, cuing or minor physical assistance such as clothes adjustment or hygiene. No incontinence. (N/A 0-60 months)	_____	*01		
	• Usually continent of bowel and bladder, but has occasional accidents requiring physical assistance. (N/A 0-60 months)	_____	*02		
	• Usually continent of bowel and bladder, but needs physical assistance or constant supervision for all parts of the task. (N/A 0-60 months)	_____	*03		
	• Incontinent of bowel and bladder. Diapered. (N/A 0-48 months)	_____	*04		
	• Needs assistance with bowel and bladder programs, or appliances (i.e. ostomies or urinary catheters).	_____	*05		

**Minnesota Long Term Care Consultation (LTCC) Services Form:
Supplemental Form for Assessment of Children under Age 18
Determination of Age-Appropriate Dependencies**

Purpose of Form: This form is a supplement to the LTCC screening form and is to be used when screening children under age 18. It provides a guide for determination of age-appropriate dependencies for the eight Activities of Daily Living (ADLs).

A child **may not** be found dependent in an activity of daily living if, because of the child's age, the amount of assistance needed is similar to the assistance appropriate for a typical child of the same age.

Each ADL has a:

- Written description of the need for assistance/supervision for that ADL
- Age in months noted as N/A
- Value associated with assessed need
- Place for comments
- 2 boxes on left hand side to document the value and if the need is considered a dependency (Blocks 33-41 on the LTCC Screening Document)

Process for completion

1. During the LTCC Screening, use this supplemental form to document information about the ADLs of children under age 18.
2. The assessment indicates the child has a dependency in an ADL. The next step is to determine the child's age in months.
 - If the child's age is within the age appropriate designation in the ADL description, a dependency cannot be assessed in that ADL and it is coded as 00.
 - If the child's age is older than the age appropriate designation, the child may be assessed as dependent in that ADL.
3. Total the number of ADL dependencies to determine the classification of "Low, Medium, or High" ADL dependencies on the CASE Mix Worksheet.

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