St. Clair County Community Mental Health
Adult Residential Licensing – Resident Assessment for Reimbursement

Part I: Resident Information	
Individual:	Case #:
Date of Birth: Case Holder:	
Date of Placement: Home:	

Part II: Assessment Information
Date of Assessment: Reason for Assessment: ☐ Initial ☐ Annual ☐ Significant Change ☐ Department Request

Part III: Support Plan Information
Section 1: Personal Care Needs, Supervision, Mobility & Medications
Category A: Personal Care Needs
Directions: Please select the appropriate degree option for each personal care need listed below. Also, please select the "2+ staff needed" box whenever more than 2 staff members are required in order to meet that specific need.
Degree Codes: 0 = Independent; 1 = Prompting/Cueing Required; 2 = Some Physical Assistance; 3 = Total Physical Assistance

Eating: Assistance with eating, such as feeding the resident or encouraging the resident to eat. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Drinking: Assistance with fluid intake, such as raising a glass to the resident's mouth. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Transferring In & Out of Bed/Chair: Assisting the resident to rise from or sit/lie on a bed and/or chair. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Toileting: Assisting the resident with hygienic practices surrounding toilet use. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Showering/Bathing: Assisting the resident with hygienic practices related to showering & bathing. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Dressing: Assisting the resident with putting on or taking off clothing. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Bladder Management: Assistance with urinary incontinence-related problems. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Bowel Management: Assistance with fecal incontinence-related problems. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Ambulating: Assisting the resident with moving around from one place to another, both inside and outdoors. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Personal Hygiene: Assisting the resident with overall personal hygiene, with items such as shaving, combing hair, & nail care. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Turning and Positioning in Bed/Chair: Assistance with moving and/or positioning a resident while they are in a bed or chair. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Managing Health Care: Assistance with overall healthcare coordination, such as keeping track of doctors' appointments & medications. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed

Securing Health Care: Assistance with locating a healthcare provider for a specific need. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Doing Laundry: Assistance with washing, drying and folding of resident's personal laundry. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Shopping: Assistance with preparing lists, as well as selecting & purchasing items such as groceries and other essentials. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Obtaining Clean, Season-Appropriate Clothing: Assistance with selecting clothing appropriate to the time of day, weather, and occasion. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Securing and Using Transportation: Assistance with obtaining, accessing, and/or utilizing mode(s) of transportation. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Managing Finances: Assistance with managing financial matters, such as writing checks, paying bills, as well as keeping track of income. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Using the Telephone: Assistance with operating a telephone, such as looking up numbers, dialing, and/or answering the phone. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Making and Keeping Appointments: Assistance with scheduling & tracking appointments, as well as arranging transportation to appointments. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Caring for Personal Possessions: Assistance with obtaining, maintaining and safeguarding personal possessions. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Writing Correspondence: Assistance with writing and sending personal and/or business-related letters and emails. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Engaging in Social and Leisure Activities: Assistance with arranging and/or attending social and leisure activities. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed

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Category B: Monitoring and Protection of Health & Safety of Resident

Directions: Please select the appropriate degree option for each assessment below. Also, please select the "2+ staff needed" box on the right hand side whenever more than 2 staff members are required to meet that specific need.

Degree Codes: 0 = None; 1 = Minimal; 2 = Moderate; 3 = Extensive; 4 = Total

Supervision: ☐ 2+ staff needed

☐ **0:** Resident requires no supervision either in the home or when in the community.

☐ **1:** Resident requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places.

☐ **2:** Resident requires some supervision in the home and needs attendance when outside the home, and/or tends to wander.

☐ **3:** Resident requires regular supervision in the home and cannot leave home unattended unless approved by clinical staff; or is unaware of unsafe areas; or is an elopement risk; or in a crisis bed; or NGRI; or moderate-profound I/DD; or severe psychosis/mania

☐ **4:** Resident requires 24 hour direct supervision

Degree Codes: 0 = Independent (Mobile); 1 = Minimal (Mobile); 2 = Moderate (Immobile); 3 = Total (Immobile)

Mobility: ☐ 2+ staff needed

☐ **0:** Resident has no mobility needs and can evacuate independently in an emergency.

☐ **1:** Resident requires limited physical or oral assistance to evacuate in an emergency.

☐ **2:** Resident requires moderate physical or oral assistance to evacuate in an emergency

☐ **3:** Resident requires total physical or oral assistance to evacuate in an emergency from 1 or more staff members.

Medications: ☐ 2+ staff needed

☐ **0:** Resident can self-administer medications without assistance.

   OR

Resident can self-administer medications with…. **(check all that apply):**

☐ **1:** …assistance with remembering a schedule.

☐ **1:** …assistance with offering medication at prescribed times.

☐ **1:** …assistance with opening containers or locked storage area.

    OR

☐ **2:** Resident cannot self-administer medications.

Section 2: Behavior or Cognitive Care Needs

Directions: Please select the appropriate degree option for each personal care need listed below.

Degree Codes: 0 = No Problem(s); 1 = Minimal Problem(s); 2 = Moderate Problem(s); 3 = Total Physical Assistance

Orientation to Time, Place, & Person: Resident does not know when, where, and who they are. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Judgement: Resident's decisions are harmful to self or others. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Agitation: Resident is easily upset or unsettled. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Aggression: Resident is verbally and/or physically aggressive. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Hallucinations: Resident hears or sees things that are not there. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Communication of Needs: Resident cannot express their needs and/or desires. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Understanding Instructions: Resident cannot understand and/or follow instructions and/or directions given to them. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Short-Term Memory: Resident is unable to retain small amounts of information in mind in an active, readily available state for a limited period of time. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Long-Term Memory: Resident is unable to store information in mind for a long period of time, to be recalled at a later date. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed
Ability to Safely Use and/or Avoid Poisonous Materials: Resident is unable to safely use and/or avoid poisonous materials. **Degree:** ☐ 0 ☐ 1 ☐ 2 ☐ 3	☐ 2+ staff needed

Part IV: Signatures

By signing below, I am indicating that I am in agreement with this assessment in its entirety.

Group Home/AFC Supervisor Signature	Print Name	Date
Case Holder Signature	Print Name	Date

Once the form is completed & signed above, the Case Holder will forward the Assessment to the SCCCMH Finance Department Designee for review & approval.

Tammy Sparks: _____ & _____

    Initials   Date

Following approval from the Finance Dept (i.e., initial & date), document will then be forwarded to the Scanning Department to be scanned into the chart.

Clinical Form: #03-0164

Revised Date: 8/16/2024

Policy Ref: #03-003-0045, #07-003-0035

EHR: Administrative/Financial, Residential Note: Adult Residential Licensing - Resident Assessment for Reimbursement