

## Department of County Human Services

Aging, Disability & Veterans Services • Adult Care Home Program

### Resident Rescreening Form

When a resident has been admitted to a hospital and/or other care facility and is ready to discharge, use this form to document updated care needs and make a readmission determination. See MCAR 023-080-208 for more information.

Resident's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred/Chosen Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Operator Name: \_\_\_\_\_ License #: \_\_\_\_\_

License Classification: \_\_\_\_\_ Date of Face-to-Face Rescreening with Resident: \_\_\_\_\_

Hospital/Facility Info - Name: \_\_\_\_\_ Admission Date: \_\_\_\_\_

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1. Are there any new diagnoses for the resident?  No  Yes, please list:

\_\_\_\_\_

2. Will the resident require new equipment?  No  Yes, please list equipment type(s):

\_\_\_\_\_

Who is/will be ordering the equipment? \_\_\_\_\_ Delivery date: \_\_\_\_\_

Is the home adequate to accommodate new equipment? (Consider equipment that will be used throughout the home in shared spaces as well as the resident's bedroom.)

No  Yes  N/A

3. Is the bedroom and home accessible to the resident (ramp, grab bars, etc.)?  No  Yes

4. Are skilled nursing tasks required (wound care, bowel program, injections, etc.)?  No  Yes

If a delegation or teaching is needed, who will be the RN: \_\_\_\_\_

Date delegation or teaching is scheduled: \_\_\_\_\_

5. Does the resident need follow-up care (home health, physical therapy, etc.)?  No  Yes

If yes, who will schedule the appointments? \_\_\_\_\_

6. Have there been significant changes in the resident's care needs?  No  Yes

New medications: \_\_\_\_\_

New night needs: \_\_\_\_\_

New treatments: \_\_\_\_\_

New staffing needs: \_\_\_\_\_

7. Have staffing support for behavior or ADL needs changed?  No  Yes, please indicate:

1:1  2:1  Two-person transfer  Other \_\_\_\_\_

8. Have evacuation needs changed?  No  Yes, please describe (resident now requires a two-person transfer, uses a wheelchair or walker, requires cueing, etc.):

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**Please note:** Confirm staffing levels are sufficient to meet resident needs prior to readmission.

**Summary of discharge plan:** \_\_\_\_\_

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**Readmission Determination:**

**Readmission Approved:**

- Resident's care needs continue to fall within the ACH's license classification. The resident will be readmitted to the home.
- Resident's care needs exceed the ACH's license classification, but continue to fall within a previously approved out-of-class exception for this resident. The resident will be readmitted to the home.

**Requesting Out-of-Class Resident Exception Approval for Readmission:**

- The resident's care needs exceed the ACH's license classification (and any previously approved out-of-class exception, if applicable); however, the resident's care needs can still be met in the home. I have submitted an exception request to the ACHP with evidence that such an exception does not jeopardize the care, health, welfare, or safety of any resident; that all residents' needs can be met; and that all home occupants can be evacuated within three minutes. Pending written approval of the exception request by the ACHP, the resident will be readmitted to the home.

**Readmission Denied:**

- The resident's care needs exceed the ACH's license classification (and any previously approved out-of-class exception, if applicable) and cannot be met within the ACH. The resident may not be readmitted at this time. Operator must clearly demonstrate the basis for refusing the resident's readmission to the home. Please attach any additional documentation needed and include it with the copies of this form distributed to the resident or the resident's representative, the resident's case manager, and the ACHP.

**Operator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Resident or Resident's Representative:** If you disagree with the rescreening determination, you may request an administrative conference by contacting the Adult Care Home Program by phone at 503-988-3000, by email at [advsd.adult.carehomeprogram@multco.us](mailto:advsd.adult.carehomeprogram@multco.us), or by mail at 600 NE 8th St., Suite 100, Gresham, OR 97030.

**Below this line for Operator use**

Within 24 hours of completing the rescreening form, please distribute a copy of the form to the resident or the resident's representative, and to the resident's case manager and the ACHP as described below. Retain the original within the resident's record.

**Please document distribution of the completed rescreening form below:**

A copy of this completed rescreening form, along with any attachments has been distributed to the:

Resident and/or the resident's legal representative - Always provide a copy.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Method:  paper copy in person  postal mail  email  other: \_\_\_\_\_

Resident's case manager/residential specialist/services coordinator - Submit a copy when denying readmission or requesting an out-of-class exception.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Method:  paper copy in person  postal mail  email  other: \_\_\_\_\_

ACHP- Submit a copy when denying readmission or requesting an out-of-class exception.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Method:  paper copy in person  postal mail  email  other: \_\_\_\_\_

# ACTIVITIES OF DAILY LIVING (ADLs) CLASSIFICATION WORKSHEET



**Individual's Legal Name:** \_\_\_\_\_ **Preferred/Chosen Name:** \_\_\_\_\_  
**Operator Name:** \_\_\_\_\_ **ACH License #:** \_\_\_\_\_  
**Assessment Date:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_

Evaluation of the individual's need for assistance in Activities of Daily Living (ADLs) is based on the individual's ability to complete activities and tasks rather than any specific services provided. Consider: how the individual has functioned during the 30 days prior to the assessment date, how the person is likely to function in the 30 days following the assessment date, and evidence of the actual or predicted need (based on current functioning) for another person's assistance within the assessment time frame. Assessment must not be based on future possible or preventive needs. See MCAR Appendix I for more information.

Description and Criteria			
<b>Bathing/Personal Hygiene section</b> – This section is comprised of two components (subsections): bathing and personal hygiene.			
<b>Bathing</b> (subsection) – Includes tasks of washing the body, hair, getting in/out of a bathtub/shower, while using assistive devices if needed. If confined to a bed, assess without considering the need to get in or out of the bathtub/shower. The individual: <ul style="list-style-type: none"> <li><b>Independent:</b> Needs no assistance or does meet criteria for assist or full assist.</li> <li><b>Assist:</b> Even with assistive devices, requires assistance of another person for a task of bathing at least one day per week, totaling at least four days per month. This includes hands-on assistance, cueing, or stand-by presence during the activity.</li> <li><b>Full Assist:</b> Even with assistive devices, requires hands-on assistance through all tasks of the activity, every time the activity is attempted.</li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Assist	<input type="checkbox"/> Full Assist
<b>Personal Hygiene</b> (subsection) – Includes shaving, caring for the mouth, and menstruation care. The individual: <ul style="list-style-type: none"> <li><b>Independent:</b> Needs no assistance or does meet criteria for assist or full assist.</li> <li><b>Assist:</b> Even with assistive devices, requires assistance for a task of personal hygiene at least one day per week, totaling at least four days per month. This means hands-on assistance, cueing, or stand-by presence during the activity.</li> <li><b>Full Assist:</b> Even with assistive devices, requires hands-on assistance to accomplish <u>at least two</u> personal hygiene tasks through all tasks of the activity every time the activity is attempted.</li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Assist	<input type="checkbox"/> Full Assist
<b>Bathing/Personal Hygiene section determination criteria</b> <ul style="list-style-type: none"> <li><b>Independent:</b> The individual does not meet any assistance levels as described below.</li> <li><b>Assist:</b> To meet criteria for assist in the bathing/personal hygiene section, the individual must require either:                                     <ul style="list-style-type: none"> <li><u>Assist</u> in the <u>bathing</u> subsection, or</li> <li><u>Full assist</u> in the <u>personal hygiene</u> subsection.</li> </ul> </li> <li><b>Full Assist:</b> To meet criteria for full assist in the bathing/personal hygiene section, the individual must require:                                     <ul style="list-style-type: none"> <li><u>Full assist</u> in the <u>bathing</u> subsection.</li> </ul> </li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Assist	<input type="checkbox"/> Full Assist

**Cognition/Behavior section** – This section is comprised of four components (subsections): self-preservation, decision-making, ability to make self understood, and challenging behaviors. Cognition/Behavior refers to how the individual is able to use information, make decisions, and ensure their daily needs are met. For each assistance level, individuals must have a documented history of actions or behaviors demonstrating need for assistance to ensure their health and safety. Documented history or incidents that occurred more than 30 days prior to the assessment date may be considered if such history or incidents demonstrate the need for assistance and that need would likely occur in the absence of existing supports. The individual's ability to manage each component of cognition/behavior is assessed by how the person would function without supports, meaning the assistance of another person, a care setting, or an alternative service resource. Lack of medication or lack of medication management is not considered when evaluating cognition/behavior.

<p><b>Self-Preservation</b> (subsection) – Ability to recognize and take action in a changing environment or a potentially harmful situation (e.g., find way home, safe appliance use, take medications, protect self from abuse, meet basic health and safety needs). Does not include the individual engaging in acts that may be risky or life threatening when the individual understands the potential consequences. The individual, due to an inability to act on or understand the need for self-preservation:</p> <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance recognizing or taking action to meet their basic health and safety needs.</li> <li>• <b>Minimal Assist:</b> Requires assistance to meet their basic health and safety needs at least one day per month. (Need may be event-specific.)</li> <li>• <b>Substantial Assist:</b> Requires at least daily assistance to meet their basic health and safety needs.</li> <li>• <b>Full Assist:</b> Requires assistance (not including support or monitoring) to meet basic health and safety needs <u>throughout</u> each day; is not able to be left alone without risk of harm to self or others, or significant negative health outcomes.</li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Minimal Assist	<input type="checkbox"/> Substantial Assist	<input type="checkbox"/> Full Assist
<p><b>Decision-Making</b> (subsection) – Ability to make everyday decisions about ADLs, Instrumental Activities of Daily Living (IADLs), and the tasks that comprise those activities. An individual needs assistance if they demonstrate they are unable to make decisions, need help understanding how to accomplish the tasks necessary to complete a decision, or do not understand the risks or consequences of their decisions. The individual:</p> <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance making everyday decisions about ADLs and tasks needed to accomplish ADLs.</li> <li>• <b>Minimal Assist:</b> Requires assistance in decision-making at least one day per month. (Need may be event-specific.)</li> <li>• <b>Substantial Assist:</b> Requires at least daily assistance in decision-making and completion of ADL and IADL tasks.</li> <li>• <b>Full Assist:</b> Requires assistance (not including support or monitoring) <u>throughout</u> each day to make decisions or understand the tasks necessary to complete ADLs and IADLs critical to one’s health and safety; cannot be left alone without risk of harm to self or others, or significant negative health outcomes.</li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Minimal Assist	<input type="checkbox"/> Substantial Assist	<input type="checkbox"/> Full Assist

<p><b>Ability to Make Self Understood</b> (subsection) – Cognitive ability to communicate or express needs, opinions, or urgent problems, whether in speech, writing, sign language, body language, symbols, pictures, or a combination including use of assistive technology. Impairment means cognitive inability to express self clearly to the point needs cannot be met independently and does not include the need for assistance due to language barriers or physical limitations to communicate. The individual:</p> <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance making self understood (beyond use of assistive technology or devices).</li> <li>• <b>Minimal Assist:</b> The individual requires assistance communicating at least one day per month in order to ensure their health and safety needs. (Need for assistance may be event-specific.)</li> <li>• <b>Substantial Assist:</b> Requires at least daily assistance communicating to meet their health and safety needs.</li> <li>• <b>Full Assist:</b> Requires assistance (not including support or monitoring) <u>throughout</u> each day to communicate, is rarely or never understood; cannot be left alone without risk of harm to self or others, or significant negative health outcomes.</li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Minimal Assist	<input type="checkbox"/> Substantial Assist	<input type="checkbox"/> Full Assist
<p><b>Challenging Behaviors</b> (subsection) – Exhibits behaviors that negatively impact their own or others’ health or safety (e.g., verbally/physically aggressive, socially inappropriate, disruptive). An individual who requires assistance with challenging behaviors does not understand the impact or outcome of their decisions or actions. This does not include exhibiting behaviors when the potential risks and consequences are understood. The individual:</p> <ul style="list-style-type: none"> <li>• <b>Independent:</b> Behaves with an understanding of the impact or outcome of their decisions or actions.</li> <li>• <b>Minimal Assist:</b> Requires assistance at least one day per month dealing with a behavior that may negatively impact their own or others’ health or safety. Sometimes displays challenging behaviors, but can be distracted and self-regulate behaviors with assistance through reassurance or cueing.</li> <li>• <b>Substantial Assist:</b> Requires at least daily assistance managing or mitigating behaviors. Regularly displays challenging behaviors, unable to self-regulate and does not understand consequences.</li> <li>• <b>Full Assist:</b> Requires additional support (not including monitoring) and constant assistance to prevent significant harm to self or others; cannot be left alone without risk of harm to self or others, or significant negative health outcomes.</li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Minimal Assist	<input type="checkbox"/> Substantial Assist	<input type="checkbox"/> Full Assist
<p><b>Cognition/Behavior section determination criteria</b> If an individual meets the cognition/behavior section criteria for both “assist” and “full assist,” the determination would be “full assist.”</p> <ul style="list-style-type: none"> <li>• <b>Independent:</b> The individual does not meet any assist levels as described below.</li> <li>• <b>Assist:</b> To meet criteria for assist in the cognition/behavior section, the individual must require either: <ul style="list-style-type: none"> <li>○ <u>Substantial Assist in one</u> of the <u>cognition/behavior subsections</u>; or</li> <li>○ <u>Minimal Assist in at least two</u> of the <u>cognition/behavior subsections</u>.</li> </ul> </li> <li>• <b>Full Assist:</b> To meet criteria for full assist in the cognition/behavior section, the individual must require either: <ul style="list-style-type: none"> <li>○ <u>Full assist in at least one</u> of the <u>cognition/behavior subsections</u>; or</li> <li>○ <u>Substantial assist in at least two</u> of the <u>cognition/behavior subsections</u>.</li> </ul> </li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Assist	<input type="checkbox"/> Full Assist	

<b>Dressing/Grooming section</b> – This section is comprised of two components (subsections): dressing and grooming			
<b>Dressing</b> (subsection) – Includes the acts of dressing, undressing, and putting on/taking off shoes and socks. The individual: <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance, or does not meet criteria for assist or full assist.</li> <li>• <b>Assist:</b> Even with assistive devices, requires assistance at least one day per week, totaling at least four days per month to accomplish some tasks of dressing. This includes hands-on assistance, cueing, or stand-by presence during the activity.</li> <li>• <b>Full Assist:</b> Even with assistive devices, requires hands-on assistance through all tasks of the activity, every time the activity is attempted.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Grooming</b> (subsection) – Includes nail care and hair or scalp care based on the individual's reasonable personal preferences. The individual: <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance, or does not meet criteria for assist or full assist.</li> <li>• <b>Assist:</b> Even with assistive devices, requires assistance at least at least one day per week, totaling at least four days per month, to accomplish some tasks of grooming. This includes hands-on assistance, cueing, or stand-by presence during the activity.</li> <li>• <b>Full Assist:</b> Even with assistive devices, requires hands-on assistance through all tasks of the activity, every time the activity is attempted.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dressing/Grooming section determination criteria</b> <ul style="list-style-type: none"> <li>• <b>Independent:</b> The individual does not meet any assist levels as described below.</li> <li>• <b>Assist:</b> To meet assist criteria for dressing/grooming, the individual must require either: <ul style="list-style-type: none"> <li>○ <u>Assist</u> in dressing, or</li> <li>○ <u>Full assist</u> in grooming.</li> </ul> </li> <li>• <b>Full Assist:</b> To meet full assist criteria for dressing/grooming, the individual must require: <ul style="list-style-type: none"> <li>○ <u>Full assist</u> in dressing.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eating section</b> – This section is comprised of one component, no subsections.			
<b>Eating</b> – Includes the tasks of eating; feeding; nutritional IV or feeding tube set-up by another person; and may include using assistive devices. The individual: <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance. Considered independent even if food set-up, food cutting, or a modified diet is needed.</li> <li>• <b>Assist:</b> Requires another person to be within sight and immediately available to actively provide hands-on assistance with feeding or adaptive utensils; or immediate hands-on assistance to address choking, or cueing during the act of eating at least one day per week, totaling at least four days per month.</li> <li>• <b>Full Assist:</b> Always requires one-on-one assistance through all tasks of the activity for direct feeding, constant cueing, or to prevent choking or aspiration every time the activity is attempted.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Elimination section</b> – This section is comprised of three components (subsections): bladder, bowel and toileting. Dialysis care needs are not assessed as part of elimination			
<b>Bladder</b> (subsection) – Includes the tasks of catheter care and ostomy care. The individual: <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance, or does not meet criteria for assist or full assist.</li> <li>• <b>Assist:</b> Even with assistive devices, requires hands-on assistance at least one day per week, totaling at least four days per month, with a task of bladder care.</li> <li>• <b>Full Assist:</b> Even with assistive devices, requires hands-on assistance through all tasks of the activity, every time the activity is attempted.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bowel</b> (subsection) – Includes tasks of digital stimulation, suppository insertion, ostomy care, and enemas. The individual: <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance, or does not meet criteria for assist or full assist.</li> <li>• <b>Assist:</b> Even with assistive devices, requires hands-on assistance at least one day per week, totaling at least four days per month, with a task of bowel care.</li> <li>• <b>Full Assist:</b> Even with assistive devices, requires hands-on assistance through all tasks of the activity, every time the activity is attempted.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Toileting</b> (subsection) – Includes tasks requiring the hands-on assistance of another person to get on and off the toilet, cleanse after elimination, change soiled incontinence supplies or soiled clothing, adjust clothing to enable elimination, or cue to prevent incontinence. The individual: <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance, or does not meet criteria for assist or full assist.</li> <li>• <b>Assist:</b> Even with assistive devices, requires hands-on assistance at least one day per week, totaling at least four days per month, with a task of toileting.</li> <li>• <b>Full Assist:</b> Even with assistive devices, requires hands-on assistance through all tasks of the activity, every time the activity is attempted.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Elimination section determination criteria</b> <ul style="list-style-type: none"> <li>• <b>Independent:</b> The individual does not meet any assist levels as described below</li> <li>• <b>Assist:</b> To meet criteria for assist in the elimination section, the individual must require either: <ul style="list-style-type: none"> <li>○ <u>Assist</u> with bladder care <u>or</u> bowel care <u>or</u> toileting subsections.</li> </ul> </li> <li>• <b>Full Assist:</b> To meet criteria for full assist in the elimination section, the individual must require: <ul style="list-style-type: none"> <li>○ <u>Full assist</u> with bladder care <u>or</u> bowel care <u>or</u> toileting subsections.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Mobility Section</b> – This section is comprised of two components (subsections): ambulation and transfer. Does <u>not</u> include getting on/off toilet, in/out of bathtub or shower, or in/out of a motor vehicle. For mobility, inside the home means inside the entrance to the adult care home. Courtyards, balconies, stairs, or hallways exterior to the doorway of the home are not considered “inside.”</p>				
<p><b>Ambulation</b> (subsection) – Includes the activities of moving around inside and outside the home/care setting, taking into consideration level of independence while using assistive devices (e.g., walkers, canes, crutches, manual and electric wheelchairs, and motorized scooters). Does not include exercise or physical therapy. The individual:</p> <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance, or does not meet criteria for minimal assist, substantial assist, or full assist.</li> <li>• <b>Minimal Assist:</b> Even with assistive devices, requires hands-on assistance to ambulate <u>outside</u> the home or care setting at least one day per month, but less than four days per month. Can ambulate <u>inside</u> the home or care setting without the assistance of another person.</li> <li>• <b>Substantial Assist:</b> Even with assistive devices, requires hands-on assistance to ambulate <u>inside</u> the home or care setting at least one day per week, totaling at least four days per month.</li> <li>• <b>Full Assist:</b> Even with assistive devices, requires hands-on assistance every time the activity is attempted. Individuals who are confined to bed meet the criteria for a full assist determination in ambulation.</li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Minimal Assist	<input type="checkbox"/> Substantial Assist	<input type="checkbox"/> Full Assist
<p><b>Transfer</b> (subsection) – Includes the tasks of moving to or from a chair, bed, or wheelchair using assistive devices, if needed. This includes repositioning for individuals confined to bed or wheelchair. This assistance must be required because of the individual's physical limitations, not their physical location. The individual:</p> <ul style="list-style-type: none"> <li>• <b>Independent:</b> Needs no assistance, or does not meet criteria for assist or full assist.</li> <li>• <b>Assist:</b> Even with assistive devices, requires hands-on assistance with a task of transferring at least one day per week, totaling at least four days per month.</li> <li>• <b>Full Assist:</b> Even with assistive devices, requires hands-on assistance, every time the activity is attempted.</li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Assist	<input type="checkbox"/> Full Assist	<input type="checkbox"/> Full Assist
<p><b>Mobility section determination criteria</b></p> <ul style="list-style-type: none"> <li>• <b>Independent:</b> The individual does not meet any assist levels as described below</li> <li>• <b>Minimal Assist:</b> To meet criteria for minimal assist in the mobility section, the individual must require:             <ul style="list-style-type: none"> <li>○ <u>Minimal assist</u> in the ambulation subsection.</li> </ul> </li> <li>• <b>Substantial Assist:</b> To meet criteria for substantial assist in the mobility section, the individual must require:             <ul style="list-style-type: none"> <li>○ <u>Substantial assist</u> in the ambulation subsection, or</li> <li>○ <u>Assist</u> in the transfer subsection</li> </ul> </li> <li>• <b>Full Assist:</b> To meet criteria for full assist in the mobility section, the individual must require:             <ul style="list-style-type: none"> <li>○ <u>Full Assist</u> in the ambulation <u>or</u> transfer subsections</li> </ul> </li> </ul>	<input type="checkbox"/> Independent	<input type="checkbox"/> Minimal Assist	<input type="checkbox"/> Substantial Assist	<input type="checkbox"/> Full Assist

## Classification Level Calculation

- In the table below, record the assistance level determination (i.e., independent, assist -including all minimal and substantial assist-, and full assist) for each of the sections from the classification worksheet (above).
- Count the total number of sections meeting each assistance level and record the number in the “Totals” row below.

Sections	Independent	Assist (Including minimal and substantial assist)	Full Assist
Bathing/Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognition/Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing/Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Totals</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Use the criteria below to make a classification level determination (Class 1, 2, or 3) and record it in the “Classification Level” box below.

Level	Criteria	Exceeds (look at next higher class level)
<b>Class 1</b>	<ul style="list-style-type: none"> <li>• 4 sections or less scored as assist (including minimal or substantial assist)</li> <li>• No Full Assist in any section (may have a Full Assist determination in a subsection)</li> <li>• Does not require skilled nursing (e.g., insulin) or continuous nursing care</li> </ul>	<ul style="list-style-type: none"> <li>• 5 sections or more scored as assist (including minimal or substantial assist)</li> <li>• Full assist in any section</li> <li>• Requires skilled nursing or continuous care</li> </ul>
<b>Class 2</b>	<ul style="list-style-type: none"> <li>• 5 sections or more scored as assist (including minimal or substantial assist)</li> <li>• 3 sections or less scored as full assist</li> </ul>	<ul style="list-style-type: none"> <li>• 4 sections or more scored as full assist</li> </ul>
<b>Class 3</b>	<ul style="list-style-type: none"> <li>• 4 sections or more scored as full assist</li> </ul>	
<b>Classification Level: Class</b>		