Functional Assessment Codes

Code most usual performance for each required activity

6- Independent/Modified Independent
- NO HELP NEEDED
  - Independent, modified independent, completes with extra time

5- Setup or clean-up assistance
- Helper provides SET UP and/or CLEAN UP ONLY
- Patient completes the activity
- NO assistance from the Helper to complete the activity
  - Set up, 'assistance to gather items'

4- Supervision or touching assistance/cues/contact guard/light min
- Patient completes activity
- Helper supervises throughout the activity or intermittently
  - Supervision, 'distant supervision', verbal cues, SBA 'stand by assist'
  - Touching, contact guard, steadying, hands on, 'hand hold' (ambulation)

3- Partial/Min-Moderate assistance
- Helper provides LESS than half the effort
  - Minimal assist
  - Moderate assist

2- Maximal assistance
- Helper provides MORE than half the effort
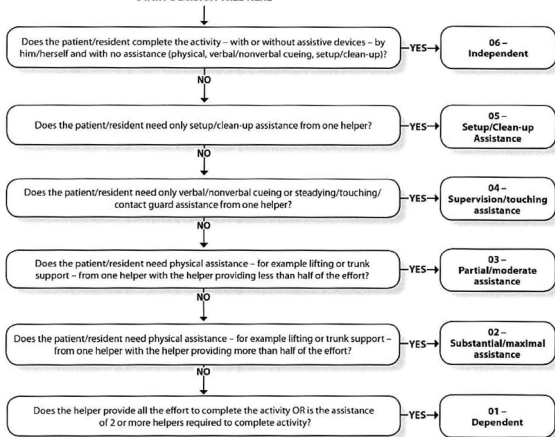 - Maximal assist

1- Dependent
- Helper does ALL the effort
- Patient does none of the effort to complete the activity
- Requires 2 or more helpers to complete the activity
  - Total assist, dependent, 2 person

If the activity was not completed during the <u>entire</u> assessment period, specify one of the following reasons:

- Patient refused
- Not attempted due to medical condition or safety concerns
- Not applicable: Patient did not perform that activity prior to injury
- Not attempted due to lack of equipment, weather constraints

Decision Tree

START DECISION TREE HERE

Does the patient/resident complete the activity – with or without assistive devices – by him/herself and with no assistance (physical, verbal/nonverbal cueing, setup/clean-up)? —YES→ **06 – Independent**

↓ NO

Does the patient/resident need only setup/clean-up assistance from one helper? —YES→ **05 – Setup/Clean-up Assistance**

↓ NO

Does the patient/resident need only verbal/nonverbal cueing or steadying/touching/contact guard assistance from one helper? —YES→ **04 – Supervision/touching assistance**

↓ NO

Does the patient/resident need physical assistance – for example lifting or trunk support – from one helper with the helper providing less than half of the effort? —YES→ **03 – Partial/moderate assistance**

↓ NO

Does the patient/resident need physical assistance – for example lifting or trunk support – from one helper with the helper providing more than half of the effort? —YES→ **02 – Substantial/maximal assistance**

↓ NO

Does the helper provide all the effort to complete the activity OR is the assistance of 2 or more helpers required to complete activity? —YES→ **01 – Dependent**

**Show me what you can do!
I will help you when you need it!
I will be here to keep you safe!!**

M-345-F (9.19)