

**Virginia  
Individual  
Developmental  
Disability  
Eligibility  
Survey – Adult  
Version**

March 2016

**2016**

Level of care tool for Virginia's DD Waivers for individuals 18  
and older

**VIDES -  
Adult**

## Instructions for Completing Virginia Individual DD Eligibility Survey-Adult

### General Documentation Rules

- For DD waiver recipients, the VIDES must be completed within 12 months of the previous VIDES and any time there is a significant change in the individual's life that potentially affects the results of this survey. Refusal to participate may jeopardize continued waiver services.
- For individuals on the DD waivers waiting list, the VIDES is completed once to determine eligibility and again, no more than 6 months prior to active DD waiver enrollment.
- VIDES is completed in the Waiver Management System (WaMS) for all purposes related to the DD waivers. All other users must complete the document manually, using pen, not pencil. The VIDES must be maintained in the individual's record.
- The evaluator must be a support coordinator/support coordination supervisor/case manager or ICF-IID social worker or case manager who has been trained in the administration of the VIDES.
- The VIDES must be completed in the presence of the individual. Others (e.g., family members, guardian, staff, etc.) who know him/her well may be informers.
- Complete the VIDES presuming the needed services and supports (paid or unpaid) are not in place for the individual. Also, consider the individual's *current* (not past or future) functioning in community environments.
- Use legal name. Do not use nicknames.
- For non-WaMS users: The individual's name should appear on all pages.
- For non-WaMS users: The date of completion must include the month, day, and year.
- For non-WaMS users: Ensure that the evaluator's full name, signature, professional title and affiliation appear on the form, e.g., **James L. Cooper, RN**. The evaluator is accountable for the scoring and may be contacted to discuss or verify the scoring of the assessment.

### DEFINITIONS:

***"No Assistance"*** means no help is needed.

***"Prompting/Structuring"*** means prior to the completion of the action(s) described in the item, some verbal direction and/or some rearrangement of the environment is needed.

***"Supervision"*** means that a helper must be present during the completion of the action(s) described in the item and provide only verbal direction, gestural prompts, and/or guidance.

***"Some Direct Assistance"*** means that a helper must be present during the completion of the action(s) described in the item and provide some physical guidance/support (with or without verbal direction).

***"Total Assistance"*** means that a helper must perform all or nearly all of the action(s) described in the item.

***"Rarely"*** means that the behavior occurs quarterly or less.

***"Sometimes"*** means that a behavior occurs once a month or less.

***"Often"*** means that a behavior occurs 2-3 times a month.

***"Regularly"*** means that a behavior occurs weekly or more.

**VIRGINIA INDIVIDUAL DD ELIGIBILITY SURVEY-ADULT  
 MEDICAID DD WAIVERS  
 SUMMARY SHEET**

Individual's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*NOTE: The individual must meet the criteria in 3 or more of the following categories to justify need for services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) or to meet level of care eligibility requirement for the DD Waiver(s).*

Date:		Date:		Date:		
MET	NOT MET	MET	NOT MET	MET	NOT MET	See qualifying option in each category below:
						Category 1: Health Status Two or more questions answered with a 4.
						Category 2: Communication Any three or more questions answered with a 3 or 4
						Category 3: Task Learning Skills Three or more questions answered with a 3 or 4
						Category 4: Personal/Self Care Any one question answered with a 4 or 5
						Category 5: Motor Skills Any two questions answered with 4 or 5
						Category 6: Behavior Any one question answered with a 3 or 4
						Category 7: Community Living Skills Three or more questions answered with a 4 or 5
						Category 8: Self Direction Three or more questions answered with a 2

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_

Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_

Title/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_

Title/Affiliation: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

**1. HEALTH STATUS**

How often does the individual require support (from a licensed nurse or other caregiver) for completion of the following?

*Please put appropriate number in the column with the current assessment date.*

(Key: 1= Rarely, 2=Sometimes, 3=Often, and 4=Regularly)

	Date:	Date:	Date:
a) Medication administration and/or evaluation for effectiveness of a medication regimen <i>For example, the individual requires a nurse, parent, and/or other caregiver to administer medications to ensure compliance.</i>			
b) Skilled nursing or RN delegated care for direct medical services. <i>For example, the individual requires skilled medical care (inclusive of RN delegation [training and ongoing monitoring] of direct support professionals), to include but not limited to; tube feedings, wound care, prescribed range of motion exercises, ostomy care, etc.</i>			
c) Regular monitoring of seizures and preventive measures <i>For example, the individual has a diagnosed seizure disorder, and/or when seizure activity is suspected ongoing assessment by physician is needed for evaluation of the progression.</i>			
d) Learning a prescribed regimen for a diagnosed chronic health care condition <i>For example, the individual requires specific instruction/training, to self-manage a chronic condition, such as diabetes, wound care, respiratory illnesses, cardiac conditions, rheumatoid arthritis, range of motion for spasticity, Celiac Disease, Crohn's Disease, Dysphasia, special diet related to food allergies/sensitivities, etc.</i>			
e) Management of care of diagnosed chronic health condition (e.g., cardio-pulmonary conditions) <i>For example, the individual requires assistance from caregivers or therapists to manage a chronic condition, such as diabetes, rheumatoid arthritis, respiratory illnesses, cardiac conditions, Celiac Disease, Crohn's Disease, dysphasia, mental health disorders, special diets related to allergies/sensitivities, range of motion for spasticity, specialized therapies for Autism, Traumatic Brain Injury, etc.</i>			
f) Physician prescribed OT/PT for activities of daily living supports <i>For example, individual is currently receiving Occupational or Physical Therapy services that have been prescribed by a physician.</i>			

<p>g) Physician/Speech &amp; Language Therapist/Occupational Therapist prescribed supports/protocol for choking/aspiration while eating, drinking</p> <p><i>For example, the individual has a diagnosed swallowing disorder such as dysphasia, requires a prescribed special diet to accommodate, such as thickeners for liquids and foods prepared in a certain manner (e.g., pureed to a specific consistency, food restrictions, or food cut into defined small bites, etc.). This should also include prescribed protocols to ameliorate any concerns with aspiration while sleeping related to positioning and any respiratory diagnosis/concerns.</i></p>			
<p>h) Supports for use of adaptive equipment</p> <p><i>For example, the individual has medical equipment for which they require assistance to utilize. This could include transfer systems, speech generating devices, wheelchairs, walkers, crutches, hospital bed, AFOs/splints, etc.</i></p>			
<p>i) Support for diagnosed nutritional concerns <i>For example, the individual has dietary concerns to include food allergies, specialty diets for diagnosed condition, undernourishment, swallowing difficulties, clinical obesity, thyroid conditions, failure to thrive, etc.</i></p>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

**2. COMMUNICATION**

How often does this person:

*Please put appropriate number in the column with the current assessment date.*

(Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

	Date:	Date:	Date:
<p>a) Effectively share information?  <i>For example, consider the individual's ability to share non-critical and critical information to effectively communicate with others, including unfamiliar listeners, on a consistent basis.</i></p>			
<p>b) Effectively communicate wants or needs in a manner easily understood by individuals in the community?  <i>For example, consider the individual's ability to communicate wants and needs consistently to individuals in the community. Communication of needs to be clear enough to enable others to appropriately identify actions needed to resolve the current concern expressed by the individual.</i></p>			
<p>c) Use at least simple words, phrases, short sentences?  <i>For example, consider the individual's ability to consistently able to utilize at least simple words, phrases, or short sentences to communicate basic wants and needs.</i></p>			
<p>d) Ask for at least 10 things using appropriate names?  <i>For example, consider the individual's ability to consistently utilize the names of common people, places, or things to identify needs/wants.</i></p>			
<p>e) Understand simple words, phrases, or instructions  <i>For example, consider the individual's receptive communication skills to appropriately interpret what is being asked of him/her. Individuals who meet this category are unable to process directives and, in turn, require them to be repeated or explained in greater detail.</i></p>			
<p>f) Demonstrate the ability to initiate conversation  <i>For example, consider the individual's ability to consistently produce spontaneous speech to enable him/her to have reciprocal conversations or to convey pertinent information in the event of an emergency.</i></p>			
<p>g) Identify self, place of residence, and significant others?  <i>For example, consider the individual's ability to consistently relay his/her own name, home address, phone number, identify individuals who reside in their home, as well as individuals who are consistently a part of their lives (e.g., immediate family, staff, teachers, doctors, or friends, etc.).</i></p>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

**3. TASK LEARNING SKILLS**

How often does this person perform the following activities?

*Please put appropriate number in the column with the current assessment date.*

(Key: 1=regularly, 2=often, 3=sometimes, 4=rarely)

	Date:	Date:	Date:
<p>a) Engage in purposeful activities (i.e., age appropriate activities that result in an outcome) for at least 5 minutes?  <i>For example, consider the individual's ability to maintain consistent focus and stay on task independently without distractibility while completing preferred or non-preferred activities to include, but not limited to activities of daily living (e.g., bathing, dressing, , using the bathroom, eating), household maintenance tasks, reciprocal conversation, etc.).</i></p>			
<p>b) Complete a multi-step (at least 3 steps) task without reminders?  <i>For example, consider the individual's ability to independently complete, as instructed, tasks requiring three steps such as activities of daily living, home maintenance tasks, job related tasks, etc.</i></p>			
<p>c) Tell time to the hour and understand time intervals?  <i>For example, consider the individual's ability to independently tell time to the hour using either a digital or analog clock and ability to understand the concept of the passage of time, discern how long activities take to complete, and the difference between time intervals (e.g., 15 minute verses 30 minutes, 30 minutes verses 45 minutes, etc.).</i></p>			
<p>d) Count more than 10 objects?  <i>For example, consider the individual's ability to independently complete the task of counting more than 10 objects placed before him/her.</i></p>			
<p>e) Perform single digit addition, subtraction?  <i>For example, consider the individual's ability to independently complete single digit addition and subtraction math problems (e.g., 3+2=___; 5+3=___; 6-2=___; 8-3=___; etc.).</i></p>			
<p>f) Write or print 10 words?  <i>For example, consider the individual's ability to independently write at least ten words using pen or pencil. Additionally, this may include the individual's motor skills precluding him/her from writing legibly and/or the inability to write without copying words that are provided by someone else.</i></p>			
<p>g) Discriminate shapes, sizes and colors?  <i>For example, consider the individual's ability to identify primary (red, yellow, blue) or secondary colors (orange, green, purple), common shapes, (e.g., square, rectangle, triangle, circle, star), and distinguish which shapes are larger or smaller than others without assistance.</i></p>			
<p>h) Recognize persons, places, events, objects in their community?  <i>For example, consider an individual's ability to discriminate, without assistance, community members (such as police, firefighters, store clerks, doctors, nurses, postal carriers, etc.), places in his/her community (such as stores, police station, restrooms, restaurants, etc.), and common community objects (such as a fire engine, ambulance, traffic lights, crosswalks, etc.).</i></p>			

<p>i) Demonstrate comprehension of numerical concepts such as “one,” “a few,” and “a lot?”</p> <p><i>For example, consider the individual’s ability to independently distinguish between “greater or less than” concepts such as a single item vs. “a couple of” items using common objects. “A few” can be considered to be three and “a lot” can be considered to be more than three.</i></p>			
---	--	--	--

Notes/Comments:



Individual's Name: \_\_\_\_\_

**4. PERSONAL/SELF-CARE**

With what type of assistance can this person currently:

*Please put appropriate number in the column with the current assessment date.*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Assistance)

	Date:	Date:	Date:
a) Perform personal hygiene tasks? <i>For example, consider the individual's ability to complete hygiene tasks such as using the restroom, washing hands &amp; face, tooth brushing without assistance (using adaptive equipment if necessary).</i>			
b) Perform dining functions? <i>For example, consider the individual's ability to complete dining functions independently and safely (e.g., eating/drinking, using utensils, chewing &amp; swallowing so as not to be at risk for choking). Use of adaptive utensils alone does not constitute meeting this element.</i>			
c) Perform bathing/showering functions? <i>For example, consider the individual's ability to independently and safely perform essential bathing/showering functions (e.g., run bath, adjust water temperature, bathe/shower, wash hair, dry self, etc.).</i>			
d) Perform grooming tasks? <i>For example, consider the individual's ability to perform regular grooming tasks (e.g., dressing, undressing, hair care, maintain overall neat appearance).</i>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

**5. MOTOR SKILLS**

With what type of assistance can this person currently:

*Please put appropriate number in the column with the current assessment date.*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Assistance)

	Date:	Date:	Date:
a) Move safely about his/her environment using assistive devices as needed? <i>For example, consider the individual's ability to maneuver safely about his/her surroundings (e.g., level of assistance required with transferring or to getting from one area of the home to another).</i>			
b) Safely get in and out of bed? <i>For example, consider the individual's level of assistance required to move into and out of the bed.</i>			
c) Turn and position in bed, roll over? <i>For example, consider the individual's ability to comfortably position him/herself, and/or adjust positions as needed.</i>			
d) Demonstrate fine motor control or eye-hand coordination? <i>For example, consider the individual's ability to complete tasks that require manual dexterity and eye-hand coordination (e.g., buttoning, tying shoes, using a writing device, locking/unlocking doors, assembling a puzzle, turning knobs, pushing buttons, or flipping light switches).</i>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

**6. BEHAVIOR**

How often does this person:

*Please put appropriate number in the column with the current assessment date.*

(Key: 1=Rarely, 2=Sometimes, 3=Often, 4=Regularly)

	Date:	Date:	Date:
<p>a) Engage in behavior that results in harm or injury to oneself?  <i>For example, consider the frequency with which the individual intentionally engages in activities that cause bodily harm to him/herself (e.g., hair pulling, skin picking, head banging, etc.).</i></p>			
<p>b) Demonstrate aggressive or threatening behavior toward others?  <i>For example, consider the frequency with which the individual engages in actions with the intent to cause harm and/or fear in others. This can be physical or verbal in nature. This includes behavior as communication, but does not include hitting due to spasticity.</i></p>			
<p>c) Engage in property destruction?  <i>For example, consider the frequency with which the individual engages in intentional activities that cause damage and/or destruction to public or private property. This can also be due to neglect of property.</i></p>			
<p>d) Respond to others in a socially inappropriate manner?  <i>For example, consider the frequency with which the individual's interactions with others are considered odd, embarrassing, awkward, or otherwise offensive by the standards of social appropriateness as defined by the current social and cultural norms (e.g., slamming doors, throwing objects, cursing, yelling).</i></p>			
<p>e) Engage in inappropriate sexual behavior in public?  <i>For example, consider the frequency with which the individual engages in behavior that includes stimulating or exposing sex organs or other regions of the body that are globally considered to be private. This may occur independently or with a partner in an area that does not have a reasonable expectation of privacy.</i></p>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

**7. COMMUNITY LIVING SKILLS**

With what type of assistance is this person currently able to:

*Please put appropriate number in the column with the current assessment date.*

(Key: 1=No Assistance, 2=Prompting/Structuring, 3=Supervision, 4=Some Direct Assistance, 5=Total Assistance)

	Date:	Date:	Date:
a) Prepare simple foods? <i>For example, consider the individual's ability to prepare meals that do not require mixing or cooking (e.g., sandwiches, cereals, etc.).</i>			
b) Perform housecleaning and laundry tasks? <i>For example, consider the individual's ability to complete housekeeping tasks such as sweeping, vacuuming, dusting, operating washer/dryer, sorting/folding laundry, etc.</i>			
c) Identify and calculate the value of coins and bills up to two dollars? <i>For example, consider the individual's ability to identify a variety of actual U.S. coins/bills and indicate the value of a variety of combinations totally up to, but no more than two dollars.</i>			
d) Use telephone to call home, family, or EMS? <i>For example, consider the individual's ability to use the telephone to make important calls such as to his/her home, family, or EMS without assistance (for assessment purposes provide the individual with a telephone and ask how to call home, family, or EMS).</i>			
e) Recognize and appropriately respond to dangerous situations that might put health or safety at risk or lead to exploitation? <i>For example, consider the individual's ability to demonstrate practical knowledge of the appropriate response to safety signs (e.g., a stop sign means to stop and wait until it is your turn to cross the street; a skull &amp; crossbones means poison and not to ingest, etc.), as well as the appropriate response to "strangers," and the need to lock the door to one's home.</i>			
f) Remain safely in the community without wandering off or becoming lost? <i>For example, consider the individual's ability to remain in his/her community setting without direct supervision. Indicate if the individual leaves/bolts/runs away/wanders from his/her residence/street/neighborhood and is unable to return home.</i>			
g) Make minor purchases? <i>For example, consider the individual's ability to use a vending machine, purchase snacks or other small items from a convenience or drug store.</i>			

Notes/Comments:

Individual's Name: \_\_\_\_\_

**8. SELF DIRECTION SKILLS**

Does this person:

*Please put appropriate number in the column with the current assessment date.*

(Key: 1=Yes; 2=No)

	Date:	Date:	Date:
<p>a) Make and implement daily personal decisions regarding daily schedule or time management, including when to get up, what to do (e.g., work, leisure, home chores, etc.) and when to go to bed?</p> <p><i>For example, consider the individual's ability to manage his/her time by determining when to perform routine activities of daily living, set his/her own schedule. This question assesses the individuals' ability to prioritize and make decisions regarding level of importance and need.</i></p>			
<p>b) Make and implement major life decisions such as choice of, type, and location of living arrangements, marriage, voting, and career choice?</p> <p><i>For example, consider the individual's ability to choose and follow up with decisions about where to live, whether to vote, where to work, whether to engage in an intimate relationship/marry.</i></p>			
<p>c) Demonstrate adequate social skills to establish and maintain interpersonal relationships with family, friends, classmates, co-workers as applicable?</p> <p><i>For example, consider the individual's ability to demonstrate social skills such as maintaining eye contact, appropriate social distance, appropriate voice modulation, appropriate touching depending on the type of relationship, etc.</i></p>			
<p>d) Demonstrate the ability to cope with fears, anxieties or frustrations; emotionally stable?</p> <p><i>For example, consider the individual's ability to cope with daily stressors and frustrations. The individual's overall level of emotional well-being is addressed here. It may help to assess the individual's ability to name and describe emotions to the best of his/her ability (e.g., if the individual does not communicate with words, pictures of faces could be matched with the evaluator's words for emotions in order to assess the ability to define different emotions).</i></p>			
<p>e) Demonstrate the ability to manage personal finances, including making decisions regarding allocation of financial resources and keeping track of financial obligations?</p> <p><i>For example, consider the individual's ability to manage his/her own checking/savings account, pay regular bills, appropriate needed funds, live within his/her budget, etc. If the person has a legally appointed conservator, the answer would be no. Having a representative payee does not necessarily result in a "met" unless the individual is truly unable to manage his/her personal finances.</i></p>			
<p>f) Demonstrate awareness of a variety of community activities such as religious services, continuing education, sports, volunteer organizations, movies, shopping visiting friends, etc., and select and participate in his/her choice of activities?</p> <p><i>For example, consider the individual's awareness of community activities such as those listed and ability to choose to participate in different venues with family and friends. This question indirectly addresses self-advocacy and the capacity for self-determination.</i></p>			

<p>g) Demonstrate knowledge of and competence for several traits of a good employee/student (as appropriate for age) such as being prompt, attending regularly, accepting supervision/guidance, and getting along with co-workers/fellow students?</p> <p><i>For example, consider the individual's ability to demonstrate or articulate important traits of either a good employee or student (depending on age) such as being on time, regular attendance/participation, accepting supervision/guidance, getting along with co-workers/fellow students, etc. Discussing the individual's history in a school or work setting may assist.</i></p>			
<p>h) Demonstrate the ability to state a vocational preference and describe with reasonable accuracy the education and skills required?</p> <p><i>For example, consider the individual's ability to express an employment or career goal (regardless of others' impressions of its being "realistic") and describe the necessary steps in order to attain this goal.</i></p>			
<p>i) Demonstrate the ability to protect self from exploitation</p> <p><i>For example, consider the individual's ability to avoid opening the door to his/her home to strangers, avoid giving money to strangers, avoid accepting invitations from strangers, and practicing safe internet behaviors while on a computer.</i></p>			

Notes/Comments: