

HEALTH ASSESSMENT TOOL

Revised 3/11/02

**Complete a HAT on admission to services, annually for the ISP review and in the event of a change in clinical status*

- 1) Person's Name: _____ 2) Soc. Sec. #: _____
- 3) Date of Birth: _____ 4) Address: _____
- 5) Date of entrance into waiver: _____ 6) Current ISP date: _____
- 7) Name & Title of Reviewer: _____
- 8) Residential Provider Agency: _____ Day Program Agency: _____
- 9) Level of Service (home based, assisted living, supported living): _____
- 10) Date of Review: _____
- 11) Names of Sources used to complete HAT: Guardian _____
Family _____ Direct Care Staff _____
Healthcare Coordinator (RN, LPN) _____ Other _____

SECTION I – SELF-HELP SKILLS & ADL'S (Activities of Daily Living)

A. Meal Consumption

0. **The person feeds themselves independently.** The person served may require simple adaptive equipment (i.e., hand splint, special utensils, etc.) or may require the cutting of their food into smaller pieces. However the person is able to eat without assistance.
1. **The person requires some physical assistance, cueing, modeling, or verbal prompts to eat.** The person served has difficulty staying on task and/or needs direct physical assistance due to motor limitation. With assistance, the person is able to safely complete each meal.
2. **The person requires constant verbal prompting, cueing, modeling, or physical help to complete a meal.** The person served has difficulty staying on task or has motor limitations that require constant physical and/or verbal assistance. With constant physical or verbal assistance, the person is able to safely complete all meals.
3. **The person requires constant physical and mealttime supports to safely consume a meal.** The person served is unable to obtain adequate calories and fluids without assistance. They may have difficulty breathing/swallowing while eating or conditions that impair ability to eat safely. Interventions are required (specific positioning, eating devices, presentation techniques, and modification of food/fluid consistency) for safe meal consumption.
4. **The person receives any nutrition/hydration through an enteral tube (gastrostomy, jejunostomy).** The person is unable to swallow safely or is unable to receive adequate nutrition or hydration orally. Nutrition or hydration is given or supplemented through a tube.

Score for this Standard: _____

B. Mobility

0. **The person walks independently.** The person served may use a walker or other means of support to walk but does not demonstrate problems of Personal Safety or unsteadiness of gait.
1. **The person walks with minimal supervision.** The person served requires some type of support (walker, crutches or cane) with the support of another person in close proximity. The primary issue is Personal Safety while walking.
2. **The person utilizes a wheelchair as their primary means of mobility.** The person served may not have the ability to use his/her lower body or may have limitations. They are able to use upper body strength for repositioning and able to maintain torso alignment. The person may not recognize the need to reposition themselves on a regular basis.
3. **The person requires assistance to change positions or shift their weight in the wheelchair.** The person served has limited use of their extremities. The person may need some assistance to propel their wheelchair. The person may require lateral stabilizers, belts, trays, or harness in wheelchair to maintain upright position.
4. **The person's disability prevents them from sitting in an upright position.** The person served requires staff assistance to change their position, shift their weight in wheelchair or bed and/or to propel the wheelchair. The person is non ambulatory.

Score for this Standard: _____