



MR Needs (Action Code 340)

Last Name/	<input type="text"/>	Client ID	<input type="text"/>
Suffix	<input type="text"/>		
First Name	<input type="text"/>	Local Case Number	<input type="text"/>
Middle Name	<input type="text"/>	Component/Location	<input type="text"/>
Staffing Date	<input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY	Reason for Action	<input type="checkbox"/> A = Annual Staff <input type="checkbox"/> U = Update to Staff

Action Add: Change: Delete:

Client's needs in **Structured Programs, Specialized Therapies, and Health Care Services** are:
M = Met, U = Unmet, P = Partially Met, N = Not Priority

Structured Programs

- A. Physical Habilitation
- B. Sensory Stimulation
- C. Attention Span
- D. Mobility Skills
- E. Self-Help Skills
- F. Communication Skills
- G. Academic Skills
- H. Prevocational/Vocational
- I. Independent Living Skills
- J. Self-Med and Health Care
- K. Leisure Skills
- L. Sex Education
- M. Behavior Therapy
- N. Socialization
- O. Other: _____

Specialized Therapies

- A. Physical Therapy
- B. Occupational Therapy
- C. Oral Feeding Therapy
- D. Speech Therapy
- E. Counseling
- F. Recreation Therapy
- G. Art/Dance/Music
- H. Other: _____

ICF Level of Care
(0, 1, 8)

Need for Advocate
(0, 1, 2, 3, 4)

Health Care Services

- A. Physician
- B. Specialized Consulting
 - 1. Psychiatric Consulting
 - 2. Neurological Consulting
 - 3. Orthopedic Consulting
 - 4. Other: _____
- C. Dental Services
- D. Nursing Services
- E. Audiology
- F. Visual Screening
- G. Diet/Weight Maintenance
- H. Adaptive Equipment & Prosthetics
 - 1. Hearing Aid
 - 2. Dental
 - 3. Corrective Lenses
 - 4. Wheelchair
 - 5. Walker/Cane
 - 6. Orthopedic Shoes
 - 7. Orthopedic Appliances
 - 8. Special Positioning Equip.
 - 9. Adaptive Eating Devices
 - 10. Augmented Comm. Device
 - 11. Other: _____

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<p style="text-align: center;"><u>Health Care Availability</u></p> <p style="text-align: center;">Enter One: <input type="checkbox"/></p> <p>1 = None Needed 2 = Med. Administration Only 3 = Regular RN/LVN Supervision 4 = RN/LVN Supervision Daily 5 = RN/LVN Supervision 24 hrs. 6 = Physician's Supervision Daily</p>		<p style="text-align: center;"><u>Recommended Movement</u></p> <p>1 = None 2 = Move to Another Home on Same Campus 3 = Move to Another State Facility 5 = Move from Campus to Community 7 = Move to Out-of-State Facility</p> <p>Recommended Movement <input type="checkbox"/> (1, 2, 3, 5, 7 from above)</p> <p style="text-align: center;"> LSA is optional. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1st 2nd 3rd If 3 or 5 recommended, enter preferred LSA in rank order. <i>1st LSA Preference field can be entered as 99.</i> </p>	
<p style="text-align: center;"><u>Client's Preference (Environmental)</u></p> <p style="text-align: center;">Enter One: <input type="checkbox"/></p> <p>1 = Current Environment Preferred 2 = Alternate Environment Preferred 3 = No Preference Stated</p>		<p style="text-align: center;"><u>Parent/Guardian/Primary Correspondent Preference (Environmental)</u></p> <p style="text-align: center;">Enter One: <input type="checkbox"/></p> <p>1 = Current Environment Preferred 2 = Alternate Environment Preferred 3 = No Preference Stated 4 = Not Applicable</p>	
<p style="text-align: center;"><u>Competency Status</u></p> <p><u>Y = Yes</u> <u>N = No</u> <u>X = N/A</u></p> <p>A. Financial <input type="checkbox"/> B. Medical <input type="checkbox"/> C. Programmatic <input type="checkbox"/></p>	<p style="text-align: center;"><u>Family Contact</u></p> <p style="text-align: center;">Enter One: <input type="checkbox"/></p> <p>1 = Less than Yearly 2 = 1-4 Times/Year 3 = 5 or More/Year 4 = Not Applicable/ No Family Exists</p>		<p style="text-align: center;"><u>Legal Status</u></p> <p style="text-align: center;"><i>Enter on Action Code 410.</i></p> <p style="text-align: center;">Enter One: <input type="checkbox"/></p> <p>1 = Minor 2 = Minor w/Conservator – CPS Only 3 = Adult w/Guardian of Estate & Person 4 = Adult w/Guardian of Estate 5 = Adult w/Guardian of Person 6 = Adult w/Limited Guardian 7 = Adult w/Temporary Guardian 8 = Adult, No Guardian 9 = Adult w/Conservator</p>
Completed By: _____ Date: _____			

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Field Name	Type	Contents
LAST NAME	R	Person's last name.
SUFFIX	O	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	R	Person's first name.
MIDDLE NAME	O	Person's middle name.
CLIENT ID	O	Person's statewide identification number.
LOCAL CASE NUMBER	R	Person's local case number.
COMPONENT	R	Component code.
LOCATION	R	Location code.
STAFFING DATE	R	Date of the annual staffing or interim staffing when a change was determined for the client's care. MM/DD/YYYY format Examples of changes for a client's care: client's recommended move has changed, client has moved between homes on campus, or client's physical condition has changed since the time of the annual staffing. <u>Important:</u> Information from this form must be entered within 72 hours of the staffing if it involves a referral for community placement or transfer or for the discontinuation of the referral. When the MR Needs form is completed, the Client Physical Characteristics form must be completed also.
REASON FOR ACTION	R	Reason data is submitted. A =Annual Staff, U =Update to Staff <u>Note:</u> An Update to Staff is an additional record for the client in CARE. Indicate U in the REASON FOR ACTION field and check Add in the ACTION ADD field.
ACTION ADD	O/R	You must check this box if data is to be added to CARE.
ACTION CHANGE	O/R	You must check this box if data is a change to data already in CARE.
ACTION DELETE	O/R	You must check this box if data is to be deleted from CARE.
<u>Structured Programs</u>		Client's needs in the categories below are: M = Met, U = Unmet, P = Partially Met, N = Not Priority
A. PHYSICAL HABILITATION	O	Indicates the status of the person's need for physical habilitation.
B. SENSORY STIMULATION	O	Indicates the status of the person's need for sensory stimulation.
C. ATTENTION SPAN	O	Indicates the status of the person's need for an attention span program.
D. MOBILITY SKILLS	O	Indicates the status of the person's need for a mobility skills program.
E. SELF-HELP SKILLS	O	Indicates the status of the person's need for a self-help skills program.
F. COMMUNICATION SKILLS	O	Indicates the status of the person's need for a communication skills program.
G. ACADEMIC SKILLS	O	Indicates the status of the person's need for an academic skills program.
H. PREVOCATIONAL/VOCATIONAL	O	Indicates the status of the person's need for a prevocational/vocational program.
I. INDEPENDENT LIVING SKILLS	O	Indicates the status of the person's need for an independent living skills program.
J. SELF-MED AND HEALTH CARE	O	Indicates the status of the person's need for a self-med and health care program.

Field Name	Type	Contents
Structured Programs , continued		
K. LEISURE SKILLS	O	Indicates the status of the person's need for a leisure skills program.
L. SEX EDUCATION	O	Indicates the status of the person's need for sex education.
M. BEHAVIOR THERAPY	O	Indicates the status of the person's need for behavior therapy.
N. SOCIALIZATION	O	Indicates the status of the person's need for socialization.
O. OTHER	O	Indicates the status of the person's need for other Structured Programs.

Specialized Therapies

Client's needs in the categories below are: **M** = Met, **U** = Unmet, **P** = Partially Met, **N** = Not Priority

A. PHYSICAL THERAPY	O	Indicates the status of the person's need for physical therapy.
B. OCCUPATIONAL THERAPY	O	Indicates the status of the person's need for occupational therapy.
C. ORAL FEEDING THERAPY	O	Indicates the status of the person's need for oral feeding therapy.
D. SPEECH THERAPY	O	Indicates the status of the person's need for speech therapy.
E. COUNSELING	O	Indicates the status of the person's need for counseling.
F. RECREATION THERAPY	O	Indicates the status of the person's need for recreation therapy.
G. ART/DANCE/MUSIC	O	Indicates the status of the person's need for art/dance/music.
H. OTHER	O	Indicates the status of the person's need for other Specialized Therapy.

ICF LEVEL OF CARE R One-digit code indicating the person's current ICF-MR level of care.
0=Denial of LOC
1=Mild to Profoundly Retarded
8=Primary Diagnosis is a Related Condition

NEED FOR ADVOCATE O One-digit code indicating the person's need for an advocate and the priority group for the receipt of advocacy services.
0=No need for an advocate at this time
1=Individuals without a parent/guardian/correspondent to advocate for them
2=Individuals with a parent/guardian/correspondent who do not routinely and/or regularly visit or attend meetings to advocate for them
3=Individuals with a parent/guardian/correspondent who request an advocate
4=Need for advocate filled

Health Care Services

Client's needs in the categories below are: **M** = Met, **U** = Unmet, **P** = Partially Met, **N** = Not Priority

A. PHYSICIAN	O	Indicates the status of the person's need for a physician.
B. SPECIALIZED CONSULTING		
1. PSYCHIATRIC CONSULTING	O	Indicates the status of the person's need for psychiatric consulting.
2. NEUROLOGICAL CONSULTING	O	Indicates the status of the person's need for neurological consulting.
3. ORTHOPEDIC CONSULTING	O	Indicates the status of the person's need for orthopedic consulting.
4. OTHER	O	Indicates the status of the person's need for other specialized consulting.
C. DENTAL SERVICES	O	Indicates the status of the person's need for dental services.
D. NURSING SERVICES	O	Indicates the status of the person's need for nursing services.
E. AUDIOLOGY	O	Indicates the status of the person's need for audiology services.
F. VISUAL SCREENING	O	Indicates the status of the person's need for visual screening.
G. DIET/WEIGHT MAINTENANCE	O	Indicates the status of the person's need for diet/weight maintenance.

Field Name**Type Contents****Health Care Services**, continuedClient's needs in the categories below are: **M** = Met, **U** = Unmet,
P = Partially Met, **N** = Not Priority**H. ADAPTIVE EQUIPMENT & PROSTHETICS**

1. HEARING AID	O	Indicates the status of the person's need for a hearing aid.
2. DENTAL	O	Indicates the status of the person's need for dental services.
3. CORRECTIVE LENSES	O	Indicates the status of the person's need for corrective lenses.
4. WHEELCHAIR	O	Indicates the status of the person's need for a wheelchair.
5. WALKER/CANE	O	Indicates the status of the person's need for a walker/cane.
6. ORTHOPEDIC SHOES	O	Indicates the status of the person's need for orthopedic shoes.
7. ORTHOPEDIC APPLIANCES	O	Indicates the status of the person's need for orthopedic appliances.
8. SPECIAL POSITIONING EQUIP.	O	Indicates the status of the person's need for special positioning equipment.
9. ADAPTIVE EATING DEVICES	O	Indicates the status of the person's need for adaptive eating devices.
10. AUGMENTED COMM. DEVICE	O	Indicates the status of the person's need for an augmented communication device.
11. OTHER	O	Indicates the status of the person's need for other prosthetics.

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Field Name	Type	Contents
HEALTH CARE AVAILABILITY	R	One-digit code to identify the person's needs for health care availability. Decode: Health Care Availability
RECOMMENDED MOVEMENT		<i>Important: If change in placement status, notify Admissions Coordinator immediately and deliver form to Records Administration within one working day of meeting.</i>
RECOMMENDED MOVEMENT	R	One-digit code indicating a recommended move, if any, for the person. Decode: Recommended Movement
IF 3 OR 5 RECOMMENDED, ENTER PREFERRED LSA IN RANK ORDER	O	Two-digit code indicating first, second, and third local service area preferences if the recommended movement is for the person to move to another location (recommended movement 3 or 5). <i>Note: 1st LSA Preference field can be entered as 99.</i>
CLIENT'S PREFERENCE (ENVIRONMENTAL)	R	One-digit code indicating the person's preference, if any, regarding placement in the current or alternate environment. Decode: Client's Environmental Preference
PARENT/GUARDIAN/PRIMARY CORRESPONDENT PREFERENCE (ENVIRONMENTAL)	R	One-digit code indicating the parent's/guardian's/primary correspondent's preference, if any, regarding placement in the current or alternate environment. Decode: Parent's/Guardian's Environmental Preference
COMPETENCY STATUS		
A. FINANCIAL	R	Indicates person's competency for making financial decisions. Y=Yes, N=No, X=N/A
B. MEDICAL	R	Indicates person's competency for making medical decisions. Y=Yes, N=No, X=N/A
C. PROGRAMMATIC	R	Indicates person's competency for making programmatic decisions. Y=Yes, N=No, X=N/A
FAMILY CONTACT	R	One-digit code indicating the degree of contact which the family maintains with the person and/or staff. Decode: Family Contact
LEGAL STATUS	O	One-digit code indicating the person's current legal status. Decode: Legal Status
COMPLETED BY	R	Signature of person completing form.
DATE	R	Date form is completed.