Colorado Foundation
For Medical Care

LTC-102

CLIENT INFORMATION
must be completed for all clients

Name _____
Last First

Social Security # _____

State I.D. # _____

Level of Functioning:

☐ Mild ☐ Severe ☐ Class II or IV NF
☐ Moderate ☐ Profound ☐ HCB-DD Waiver
☐ CES ☐ SLS

_____ _____
Signature of RR/PC Representative Date

INSTRUCTIONS:

1. This form must accompany page one of the ULTC-100 on every DD/MR client being admitted to a Class II or IV facility, or the HCB-DD, SLS Waiver.
2. A representative of the Residential Referral Placement Committee (RR/PC) of the Community Board must sign this portion of the form.
3. Complete only the portion of the form designated for the type of care needed by the client.
4. Answer all questions in that portion of the form and provide brief examples of behaviors where requested.
5. Forward the LTC-102 to Colorado Foundation for Medical Care.

MINIMUM/MODERATE

	Y	N	Please give examples of behavior which justify "no" response
1. Does the client bathe and dress without human assistance on a daily basis?	☐	☐	_____
2. Does the client appropriately communicate needs and wants to others?	☐	☐	_____
3. Does the client interact appropriately with others (including emotional interaction)?	☐	☐	_____
4. Does the client discriminate and comprehend the directions necessary to function in the community (e.g., walk, don't walk, men, women, stop, go)?	☐	☐	_____
5. Does the client take care of routine health care needs without human assistance (e.g., taking prescribed medications, identifying when to seek medical attention)?	☐	☐	_____
6. Does the client use available means of transportation to get around the community without human assistance?	☐	☐	_____
7. Does the client locate and utilize community resources without human assistance (e.g., grocery store, laundromat)?	☐	☐	_____
8. Does the client perform domestic skills without human assistance (e.g., cooking, cleaning, care of clothing)?	☐	☐	_____
9. Does the client perform domestic skills without human assistance (e.g., cooking, cleaning, care of clothing)?	☐	☐	_____
10. Does the client have other deficits which indicate the need for a Class ll facility?	☐	☐	_____

Signature of Person Completing Form

_____ Title _____ Date _____

SPECIALIZED/INTENSIVE

A. Behavioral Development Program

	Y	N	Please give examples of behaviors which justify a "yes" response
1. Does the client require 24-hour supervision?	☐	☐	
2. Does the client display severe maladaptive and/or antisocial behavior?	☐	☐	
3. a. Based on a multi-disciplinary assessment, does the client, given this level of service, have potential for moving to a less restrictive environment?	☐	☐	
b. How long is it anticipated that this level of service will be required?	☐	☐	

B. Social Emotional Development Program

	Y	N	Please give examples of behaviors which justify a "yes" response
1. Does the client require 24-hour supervision?	☐	☐	
2. What is the client's psychiatric condition as diagnosed by a psychiatrist or licensed psychologist?	☐	☐	
3. Does the client have severe behavior problems or thought disorders attributable to an emotional problem or mental disorder?	☐	☐	
4. a. Based on a multi-disciplinary assessment, does the client, given this level of service, have potential for moving to a less restrictive environment?	☐	☐	
b. How long is it anticipated that this level of service will be required?	☐	☐	

C. Intensive Developmental Program

	Y	N	Please give examples of behaviors which justify a "yes" response
1. Does the client require 24-hour supervision?	☐	☐	
2. Does the client require direct human assistance in a t least two of the following skills? ☐ eating ☐ dressing ☐ hygiene	☐	☐	
3. a. Based on a multi-disciplinary assessment, does the client, given this level of service, have potential for moving to a less restrictive environment?	☐	☐	
b. How long is it anticipated that this level of service will be required?	☐	☐	

Signature of Person Completing Form

_____Title _____ Date _____

INTENSIVE MEDICAL/PSYCHOSOCIAL

	Y	N	**Please give examples of behaviors which justify a "yes" response**
1. Is the client being referred to a Class IV facility as a result of a court-ordered commitment?	☐	☐	Name of Court:
2. Does the client require RN monitoring and supervision on a 24-hour basis?	☐	☐	
3. Does the client require direct human assistance in at least two of the following skills? ☐ eating ☐ dressing ☐ hygiene ☐ toileting ☐ communication	☐	☐	
4. Does the client display severe maladaptive and/or antisocial behaviors?	☐	☐	
5. Does the client have a severe behavior problem or thought disorder attributable to an emotional problem or mental disorder?	☐	☐	
6. Have all local and statewide avenues for alternative placement been investigated and exhausted?	☐	☐	List alternatives:

Signature of Person Completing Form

_____Title _____ Date _____