



# Age Appropriate Guidelines for the Use of ULTC 100.2 Assessment on Children

These guidelines provide instructions for using the Uniform Long Term Care (ULTC) – 100.2 assessment to assess the needs of children for the following Home and Community-Based Services (HCBS) Waivers: Children’s Extensive Support (CES), Children’s HCBS (CHCBS), Children’s Habilitation Residential Program (CHRP), Children with Life Limiting Illness (CLLI) and Children with Autism (CWA). This document is a reference document and provides guidance in the consideration of individual needs. Each individual and their circumstances must be considered when completing the assessment. Please review the Ages and Stages Guide that is included with this guide.

## What is child development?

**Child development** refers to the various stages of physical, biological, social, intellectual and psychological changes that occur from birth through the end of adolescence.

**Growing process** refers to the process of becoming physically larger in size and more mature through natural development.

The following are child development categories:

- **Gross Motor Skill:** The ability to coordinate and control large muscles of the body. Some examples of gross motor control are sitting upright, balancing, walking, lifting, kicking and throwing a ball.
- **Fine Motor Skill:** The ability to coordinate small muscles for precise small movements involving the hands, wrists, feet, toes, lips and tongue. Some examples of fine motor control are handwriting, drawing, grasping objects, dressing, cutting and controlling a computer mouse.
- **Speech and Language:** The ability to both understand and use language to communicate thoughts and feelings through speaking, body language and gestures.
- **Cognitive:** The ability to learn, understand, remember, reason, and solve problems.
- **Social and Emotional:** The ability to interact with others, have relationships with family, friends, and teachers, exercise self-control, cooperate and respond to the feelings of others.

## What are developmental milestones?

**Developmental milestones** refer to abilities achieved by most children by a certain age.

Milestones are used to gauge how a child is developing. Each milestone is associated with a specific age, however, the age when a developing child actually reaches each milestone may vary.

## What is the Uniform Long Term Care (ULTC) 100.2 Assessment?

The ULTC 100.2 is an assessment to determine the functional needs of a client by evaluating the client's ability to independently complete Activities of Daily Living (ADLs). ADLs are activities performed in the course of a typical day in a person's life such as: bathing, dressing, toileting, mobility, transferring, and eating. ADLs also include behavior and memory supervision activities needed for daily life. The ULTC 100.2 is a foundational component of the service planning process that helps:

- determine the appropriate services
- determine the care that is necessary to meet clients' needs, and
- assist in the selection of long-term care supports and services that meet clients' needs.

The assessment measures what the child is able to do, not what he/she prefers to do. In other words, assess the child's ability to do particular activities, even if he/she doesn't usually do the activity. Lack of capacity is distinguished from lack of motivation, opportunity or choice.

Consider age-appropriate behavior when assessing the child's ability to complete any ADL. If the child is not able to complete the ADL due to his or her age, then the child will not score in the ADL. However, if a child needs assistance in completing an ADL that is above and beyond the assistance a typically developing peer would require, then a score above 0 may be warranted.

## Scoring

The ULTC 100.2 asks you to give the child a score between 0 and 3 based on the child's abilities in eight ADL areas. Scoring is completed as follows:

### **0 = Independent:**

The child requires no greater assistance to successfully complete this task than would a child of similar age and stage that does not have a disability or impairment. The child has age-appropriate independence and reliability in the use of adaptive equipment necessary to complete this task, if needed.

### **1 = Minimal Assistance:**

The child is able to perform all essential components of the activity with some impairment, with or without assistive device within a reasonable amount of time.

A score of 1 indicates the child is able to perform most of the essential components of the activity within a reasonable amount of time and may require:

- Minimal assistance to successfully complete the task compared to a child of similar age and stage.
- Minimal assistance with adaptation and assistive device(s)/medical equipment(s).
- Minimal interventions such as occasional standby assistance, oversight and/or cueing.

### **2 = Moderate Assistance:**

The child is unable to perform most of the essential components of the activity even with assistive device, requires a great deal of supervision or exceeds a reasonable amount of time to perform the activity with or without assistive device.

A score of 2 indicates that the child is unable to perform essential components of the activity due to requiring:

- Hands-on assistance.
- Hands-on assistance to use assistive device(s)/medical equipment(s).
- Interventions such as regular line of sight.
- Significant prompting or step by step cueing to begin a task and to complete it successfully.

### **3 = Total Assistance:**

The child is totally unable to perform the essential components of the activity and needs extensive assistance.

A score of 3 indicates that the child is unable to perform the essential components of the activity due to requiring (but not limited to):

- Assistance with complex assistive device(s)/medical equipment(s).
- Extensive for hands-on assistance.
- A trained attendant to perform ADLs or prevent complications.

## Justification of Scoring (Due To's)

All scores must be justified through one or more of the following conditions. Select all applicable "due to's" to support the ADL score.

- Physical Impairment
  - Example: client requires assistance due to paralysis
- Supervision
  - Example: client requires assistance due to lack of awareness
- Mental Health
  - Example: client requires assistance due to hallucinations

## Comment Box (Narratives)

Narratives are required in the "Comment box" to support each score and to help others who read the assessment understand a client's overall need. Descriptions should be person-centered, meaningful and should justify level of assistance required based on "due to's." Comment descriptions should include:

- How/Source: How the information obtained: Individual/caregiver, Case Manager Observation, or other?
- What: What type of assistance is required to complete the task and how does the child manage to complete the task?
- Who: Who is providing assistance?
- When: How often is the child able or not able to complete the task each day?
- Why: Why is the child able or not able to complete the activity (task)?
- In May 2015, the Department published information on the best practices for what to include in narrative statements in the assessment in the Department's training website as well as in a Dear Administrator Letter. For additional information or examples of narrative statements, please find these resources on our website:
  - [Writing Narrative Statements in the Assessment](#)
  - [Dear Administrator Letter – May 11, 2015](#)

## Activities of Daily Living (ADL)

### I. BATHING

**Definition:** The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.

For older children, this includes the ability to get in and out of the tub and/or shower, the ability to turn the faucets on and off, regulate water temperature and to wash and dry.

A child should be able to physically and/or cognitively perform all essential components of the task safely and without assistance at 10 years of age or older.

Consider what the parent or other caregiver is doing that is above and beyond the requirements of another child the same age without a disability or impairment.

### **Considerations for a child from birth to 59 months:**

- A child younger than 12 months is dependent on a caregiver for bathing.
- A child 12-24 months can typically sit-up in the bath and begin to participate, however, the child still requires assistance and supervision.
- A child 24-59 months typically participates in bathing, however, still requires assistance and supervision.

### **Considerations for a child from 5 to 18 years:**

- A child 5-18 years old typically has the ability to bathe and does not require assistance, supervision, and/or help transferring in and out of the tub.

A child may score if the child has a unique medical reason or cognitive impairment that impacts bathing, needs adaptive equipment or skilled/medical care during bathing. Please remember that all children under 4 years of age need some assistance in bathing.

## **II. DRESSING**

**Definition:** The ability to dress and undress as appropriate.

This includes the ability to put on and remove basic garments such as underwear, shirts, sweaters, pants, socks, hats, and jackets. It also includes fine motor coordination for buttons, snaps, zippers, and the ability to choose appropriate clothing for the weather. For older children, this activity includes the ability to put on prostheses, braces, anti-embolism hose or other assistive devices.

A child should be able to physically and/or cognitively perform all essential components of the task safely and without assistance at 5 years of age or older.

Consider what the parent or other caregiver is doing that is above and beyond the requirements of another child the same age without a disability or impairment.

### **Considerations for a Child from Birth to 59 Months:**

- A child younger than 12 months is dependent on a caregiver for dressing.

- A child 12-24 months can typically pull off hat, socks, and mittens.
- A child 24-35 months can typically begin to help dress self.
- A child 36-47 months can typically put on shoes (but cannot tie laces) and dress self with some help (buttons, snaps, zippers).
- A child 48-59 months can typically dress self without much help.

### **Considerations for a Child from 5 to 18 Years:**

- A child age 5-18 years old typically participates in dressing and may require supervision or reminders with selecting appropriate clothing.

A child may score if the child has physical characteristics that makes dressing difficult such as contractures, extreme hypotonia/hypertonia, or paralysis. Consider safety and the need to assist with dressing due to seizure activity, lack of balance or cognitive impairment when scoring a child. Difficulties with a zipper or buttons at the back of a garment is not unusual and does not mean there is a functional deficit.

## **III. TOILETING**

**Definition:** The ability to use the toilet, commode, bedpan, or urinal.

This includes independent transferring on and off the toilet, cleansing appropriately, and adjusting clothes. In older children, this activity could include managing their ostomy or catheter.

A child should be able to physically and cognitively perform all essential components of the task safely and without assistance at 5 years of age or older.

Consider what the parent or other caregiver is doing that is above and beyond the requirements of another child the same age without a disability or impairment.

### **Considerations for a Child from Birth to 59 Months:**

- A child younger than 12 months is dependent on a caregiver for toileting.
- A child 12-42 months typically requires the use of diapers, though begins to gain some control of bowels/bladder.
- A child 43-59 months is typically toilet trained; however occasional night time bedwetting or accidents may occur.

### **Considerations for a Child from 5 to 18 Years:**

- A child age 5-18 years old may need to have intermittent supervision, cueing, or minor physical assistance and/or; have occasional night time bedwetting or accidents during waking hours.

- A child age 7-18 years old should have the ability to toilet without assistance.

A child may score if he/she has cognitive impairment or skilled/medical care needs that affect toileting, such as ostomy, suppositories, or frequent infections. Children younger than 4 years old may still require diapers or need to have intermittent supervision, cueing, or minor physical assistance, or they may have occasional night time bedwetting or accidents during waking hours. Children should have an awareness of being wet or soiled and show interest in toilet training and/or appliances such as ostomies or urinary catheters.

#### **IV. MOBILITY**

**Definition:** The ability to move between locations in the child's environment inside and outside the home.

This includes the ability to safely maneuver (ambulate) without assistance, go up/down the stairs, kneel without support, and assume a standing position.

A child should be able to physically and/or cognitively perform all essential components of the task safely and without assistance at 3 years of age or older.

Consider what the parent or other caregiver is doing that is above and beyond the requirements of another child the same age without a disability or impairment.

##### **Considerations for a Child from Birth to 59 Months:**

- A child younger than 6 months is dependent on a caregiver for mobility.
- A child 6-12 months can typically maintain a sitting position and move by rolling or crawling.
- A child 12-18 months can typically pull self to standing position, sit or stand alone, and move by crawling and/or walking with or without the use of furniture for balance.
- A child 18-59 months can typically stand and walk without assistance.

##### **Considerations for a Child from 5 to 18 Years:**

- A child age 5-18 years old should be totally mobile and have the ability to move between locations without assistance.

A child may score if the child is unable to maintain seated balance, unable to bear weight on one or both legs, has a high risk of falling and/or uses mobility devices. Consideration is given to safety and the need to assist with mobility due to visual concerns, seizure activity, frequent falls, and/or lack of balance.

## **V. TRANSFERS**

**Definition:** The physical ability to move between surfaces.

This includes the physical ability to get in/out of bed or usual sleeping place; to transfer from a bed/chair to a wheelchair, walker or standing position; to transfer on/off the toilet; and the ability to use assisted devices for transfers.

A child should be able to physically and/or cognitively perform all essential components of the task safely and without assistance at 3 years of age or older.

Consider what the parent or other caregiver is doing that is above and beyond the requirements of another child without a disability or impairment at the same age.

### **Considerations for a Child from Birth to 59 Months:**

- A child younger than 12 months is dependent on a caregiver for transfers.
- A child 12-36 months may require physical assistance with transfers.
- A child 36-59 months should require minimal assistance with transfers.

### **Considerations for a Child from 5 to 18 Years:**

- A child age 5-6 years old may still require minimal assistance with transfers.
- A child age 7-18 years old should be independent and be able to transfer without physical assistance.

A child may score if the child has limited ability to independently move between two nearby surfaces and/or use assisted devices to transfer. Consideration is given to safety and the need to assist with transfer due to visual concerns, seizure activity, and awareness to surrounding and/or lack of balance. Transfers typically do not apply to children from birth to 2 years old.

## **VI. EATING**

**Definition:** The ability to eat and drink using routine or adaptive utensils.

This includes the ability to cut, regulate the amount of intake, chew, swallow foods, and use utensils. Note other forms of feeding such as a tube or intravenous on the assessment.

A child should typically be able to physically and cognitively perform all essential components of the task safely and without assistance if 5 years of age or older.

Consider what the parent or caregiver is doing that is above and beyond the requirements of another child without a disability or impairment at the same age.

### **Considerations for a Child from Birth to 59 Months:**

- A child younger than 12 months is dependent on a caregiver for feeding.
- A child 12-24 months can typically eat finger foods and begin to use a utensils and cup.
- A child 24-47 months can typically feed self.
- A child 48-59 months can typically use spoon, fork, and dinner knife independently.

### **Considerations for a Child from 5 to 18 Years:**

- A child age 5-6 years old should physically participate in eating, and may need some supervision and/or assistance.
- A child age 7-18 years old should have the ability to eat without assistance.

A child may score if the child requires more than one hour per feeding, tube feedings (or TPN), or requires more than three hours per day for feeding or eating.

Consideration is given to safety and the need to assist with eating due to choking, dietary restrictions, allergies and eating disorders. Children younger than 5 years of age may require verbal prompting and assistance with cutting food.

## **VII. SUPERVISION: (Behavioral)**

**Definition:** The ability to engage in safe actions and interactions and refrain from unsafe actions and interactions.

### **Considerations for a Child from Birth to 59 Months:**

- A child younger than 48 months requires supervision and surveillance.
- A child 18-24 months often gets physically aggressive when frustrated.
- A child 24-59 months should begin to understand and refrain from unsafe actions and interactions.

### **Considerations for a Child from 5 to 18 Years:**

- A child 5-18 years old should begin to understand and refrain from unsafe actions and interactions with occasional reminders.

A child may score if the ultimate responsibility for the safety, care, wellbeing, and behavior of dependent children remains with the parent or caregiver. Consideration should be given if the child is not able to manage appropriate behaviors and requires constant supervision/prompting.

Examples of behaviors that may justify scoring a functional deficiency for children over 24 months include:

- Verbal or physical abuse to self and/or others.
- Socially inappropriate or sexually aggressive behaviors.
- Wandering with little safety awareness.
- Removing or destroying property.

### **VIII. SUPERVISION: (Memory/Cognition)**

**Definition:** The ability to acquire and use information, communicate, reason, complete tasks, and problem-solve needs in order to care for oneself safely.

#### **Considerations for a Child from Birth to 59 Months:**

- A child 12-18 months typically says 8-20 words, identifies objects in a book, and follows simple one step directions.
- A child 18-24 months typically uses two to three word sentences, refers to self by name, and points to parts of face when asked.
- A child 25-36 months typically enjoys simple make-believe games and enjoys simple stories or songs.
- A child 35-59 months typically begins counting; identifying colors and letters; and can follow simple rules of a game.

#### **Considerations for a Child from 5 to 18 years:**

- A child 5-9 years old may require occasional supervision necessary to acquire and use information, reason, problem-solve, complete tasks, or communicate needs in order to care for oneself safely.
- A child 5-18 years old has the ability to recognize and adjust to daily routines, interact with peers and others appropriately, understand directions, understand basic home safety and stranger awareness.

A child may score if the child requires consistent reminding, planning or adjusting for both new and familiar routines; if the child needs preparation and assistance when transitioning between activities; or if the child has impaired ability to assure his or her safety in a strange environment (for example, the child cannot give name or address or would not be aware of dangerous situations).

Examples of behaviors that may justify scoring a functional deficiency for children over 59 months include:

- Failure to recognize and adjust to daily routines.
- Inappropriate interactions with peers and other.
- Lack of basic home safety understanding and stranger awareness.

## **Activities of Daily Living Scores**

To be eligible for waiver services a child must have deficits in a minimum of two out of six ADLs (2+ score) or a moderate score (2+ score) in Behaviors or Memory/Cognition under Supervision category.

## **Assessment Demographic**

Check the appropriate box that best identifies the client situation. If one of the categories does not apply, select 'Other' and enter a description for the different categories in Assessment Demographics.

## **Summary**

Summarize the assessment findings and enter any additional comments that provide more information about the client's situation such as background information, current status, hospital visits, surgeries, seizure activities/frequency or police interactions. Comments can address issues not already identified by the assessment or expand on information presented in the assessment document. Please do not copy and paste entire assessment in this space.