

HCBS/TBI Waiver LTC Threshold Score Worksheet
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Consumer _____ Medicaid ID or SSN _____

Case Manager _____ Date _____

ACTIVITIES OF DAILY LIVING	SCORE FROM TBI SCALE	TBI THRESHOLD
Bathing		<i>Individuals must meet the following minimum criteria:</i> score a 24 or above on the TBI Addendum, Parts 2 and 3; OR score a 26 or above on the TBI-UAI Threshold; OR score a combined total of 25 on the TBI Assessment Addendum (Parts 2 and 3) and the TBI-UAI Threshold. AND have a YES response to all questions in Part 1 of the TBI Assessment Addendum.
Dressing		
Toileting		
Transferring		
Mobility		
Eating		
ADL Total:		
INSTRUMENTAL ACTIVITIES OF DAILY LIVING		
Meal Preparation		
Shopping		
Money Management		
Transportation		
Telephone Use		
Laundry/housekeeping		
Medication Management		
IADL Total:		
TOTAL SCORE:		

TBI-UAI Score _____ + TBI Addendum Score _____ = _____

Use this form to record score from TBI-UAI and the TBI Addendum.