

March 2009

MONTANA RESOURCE ALLOCATION PROTOCOL (MONA):

Adult Assessment Tool - Version 12.3a

State of Montana
Developmental Disabilities Program



Davis Deshaies LLC

General Information

Focus Person:

Name: _____
 First Name M. I. Last Name Region

Social Security Number _____ - _____ - _____

Medicaid Number _____

AWACS Number _____

Address: _____
 Person's Complete Home Address, Including Apartment #

_____ _____ _____
 City or Town State Zip Code

_____ _____
 County of Residence Home Telephone Number

Complete if the person's home address is different from his or her mailing address:

Person's Complete Mailing Address, Including Apartment #

_____ _____ _____
 City or Town State Zip Code

_____ _____
 County of Residence Home Telephone Number

Person(s) providing information for this assessment, in addition to the focus person: (ENTER THIS INFORMATION IN THE webMONA REGISTRY SECTION)

_____ _____
 Name Agency, Service Provider, or Relationship (if applicable)

_____ _____
 Name Agency, Service Provider, or Relationship (if applicable)

Section A: General and Individual Descriptive Information

1. DATE OF BIRTH

____ - ____ - ____
Month Day Year

2. GENDER (Check One.)

Male Female

3. LEGAL STATUS

I am responsible for my own decisions.

I have a partial or full guardian.

Guardian's name. _____

Contact Information: _____

I have court ordered services.

I do not have a guardian.

FINANCIAL PAYEE RELATIONSHIP

I currently am my own financial payee.

I currently have a Paid Financial payee

I currently have a Non-paid Financial payee

I do not have a Financial Payee.

4. WHERE YOU LIVE TODAY (Check only one.)

My own home alone

My own home with non-relatives

At home with my relatives

Supported living

Community Home

Children's Group Home

Foster home

Other _____

5. DO YOU PLAN ON MOVING IN THE NEXT 12 MONTHS? CHECK IF URGENT

- My current home is fine and no changes are anticipated.
- My current home is fine as long as current levels of supports are maintained.
- I want to stay in my home, but I cannot without some additional help.
- I want to move to a supportive living home.
- I want to move to a community home.
- I want to move to a home of my own.
- I want to move to a foster home.

6 DO YOU SEE ANY OF THE FOLLOWING CHANGES OCCURRING IN YOUR LIFE IN THE NEXT 12 MONTHS:

- No change is anticipated. (NOTE: if selected, check box titled "Check here if no change is anticipated" on webMONA - Anticipated Life Changes section of General Information Tabs)
- Entering/Changing school
- Leaving school
- Finding or beginning a job
- Receiving less help from your current caregiver
- Receiving more help from your current caregiver
- Health/Medical that impacts current caregiver
- Current services are being decreased or discontinued
- I will be voluntarily declining services
- I have been referred and I am on a waiting list

Assessment Questions

Section B: Living Arrangement

Please describe your current or desired living arrangement? (NOTE: this question is used to calculate the residential supports component of the MONA, and does not consider the impact of planned changes identified in subsequent questions. TO CALCULATE THE MONA ALLOCATION FOR PEOPLE INTENDING TO CHANGE / RECEIVE NEW SERVICES, PLEASE ENTER THE DESIRED RESIDENTIAL SUPPORT LEVEL.)

- Live with my family.
- Live in my own home (with or without non-relatives) or supported independent housing.
- Live in a home that is licensed (Community Home).
- Live in a Foster Home

Geographic Living Location

Please enter the current or desired city in which you wish to reside.

City		Zip Code
Current OR Desired City		

Step #1: Challenging Behaviors

- 1 = Level 1: There are no behavioral issues requiring paid assistance.
 2 = Level 2: One staff is able to interact with three or more other people and still provide you with adequate attention and support.
 3 = Level 3: One staff is able to interact with one or two other people and still provide you with adequate attention and support.
 4 = Level 4: One staff can only interact with you in order to provide you with adequate attention and support.
 5 = Level 5: More than one staff must support you all the time.
 0 = Don't know.

	Situations Needing Support	Level of paid support you need during the next 12 months	Level of unpaid support that is received
1	I can manage my relationship with other people with this level of support.	1 2 3 4 5 0	1 2 3 4 5 0
2	I can keep myself safe from self-harm with this level of support.	1 2 3 4 5 0	1 2 3 4 5 0
3	I can keep property and possessions free of damage with this level of support.	1 2 3 4 5 0	1 2 3 4 5 0
4	I can participate in social situations and community events with this level of support.	1 2 3 4 5 0	1 2 3 4 5 0

Step #2: Living in the Community:

- 1 = Level 1: You do not need any personal support.
 2 = Level 2: You need personal support and it is limited to occasional reminders or verbal prompts and/or physical assistance.
 3 = Level 3: You need personal support and require daily reminders, verbal and / or physical prompts.
 4 = Level 4: You need personal support from someone and require supervision including total assistance in order to complete. This is constant/total support regardless of frequency.
 0 = Don't know.
 9 = Not applicable

Living in the Community		Level of paid support you need during the next 12 months	Level of unpaid support that is received
1	I can find a place to live and manage all leases or rent arrangements with this level of support. (Level 9 if living at home or in licensed facility. Only check if you are going to be looking for a place to live within the next 12 months.)	1 2 3 4 0 9	1 2 3 4 0 9
2	I can find a job and manage my career with this level of support. (Level 9 if not interested in paid employment.)	1 2 3 4 0 9	1 2 3 4 0 9
3	I can pay my rent and utilities on time with this level of support. (Level 9 if the person lives with his/her parents or in a licensed setting and does not intend to move.)	1 2 3 4 0 9	1 2 3 4 0 9
4	I can shop for food, clothes, and other personal items with this level of support. (Level 9 if the person lives with his/her parents or in a licensed setting.)	1 2 3 4 0 9	1 2 3 4 0 9
5	I can arrange and attend social outings and community gatherings on a regular basis with this level of support. (Level 9 if the person does not intend on participating in community events or social outings.) Community Membership #1.	1 2 3 4 0 9	1 2 3 4 0 9
6	I can use the community transportation system (if available) with this level of support. (Level 9 to reflect the lack of community or public transportation)	1 2 3 4 0 9	1 2 3 4 0 9
7	I can attend and participate in community clubs, organizations and activities with this level of support. (Level 9 if there is no desire or unable to participate.) Community Membership #2.	1 2 3 4 0 9	1 2 3 4 0 9
8	I can keep myself safe in my neighborhood and I can avoid being exploited, taken advantage of, and dangerous situations and people with this level of support. (Level 9 not an option.)	1 2 3 4 0 9	1 2 3 4 0 9
9	I can routinely work or participate in activities on a daily basis with this level of support. (Level 9 if the person is retired or has a medical or physical condition that prevents work or day supports.) Community Membership #3.	1 2 3 4 0 9	1 2 3 4 0 9
10	I know how to get assistance with this level of support. (Level 9 if the person has no desire or intent on moving to or spending time in a setting that would require this skill.)	1 2 3 4 0 9	1 2 3 4 0 9
11	I can manage changes and alter my daily schedule with this level of support. (Level 9 if the person's daily schedule is managed by his or her parents or in a licensed setting.)	1 2 3 4 0 9	1 2 3 4 0 9
12	I can manage my financial affairs with this level of support. (Level 9 if the person's financial affairs are covered by the lease or lives at home with his or her parents or in a licensed setting.)	1 2 3 4 0 9	1 2 3 4 0 9
13	I can advocate for myself with this level of support. (Level 9 if in a situation that does not pertain.)	1 2 3 4 0 9	1 2 3 4 0 9
14	I can manage my personal and legal affairs with this level of support. (Level 9 if the question does not pertain or the person lives with his/her parents or in a licensed setting)	1 2 3 4 0 9	1 2 3 4 0 9

Step #3: Current Abilities

- 1 = Level 1: You do not need any personal support.
 2 = Level 2: You need personal support and it is limited to occasional reminders or verbal prompts and/or physical assistance.
 3 = Level 3: You need personal support and require daily reminders, verbal and / or physical prompts.
 4 = Level 4: You need personal support from someone and require supervision including total assistance in order to complete. This is constant/total support regardless of frequency.
 5 = Level 5: You need personal support from someone who has specialized training; verification from a physician or therapist may be required.
 0 = Don't know.
 9 = Not applicable

	Kind of Activity	Level of paid support you need during the next 12 months	Level of unpaid support you received
1	I can eat and drink with this level of support. (Levels 0 and 9 do not apply to this question.)	1 2 3 4 5	1 2 3 4 5
2	I can dress myself with this level of support. (Levels 0 and 9 do not apply to this question.)	1 2 3 4 5	1 2 3 4 5
3	I can bathe myself and manage my personal hygiene with this level of support. (Levels 0 and 9 do not apply to this question.)	1 2 3 4 5	1 2 3 4 5
4	I can prepare my own meals with this level of support. (Levels 0 and 9 do not apply to this question.)	1 2 3 4 5	1 2 3 4 5
5	I can get in and out of bed, chairs, or other resting situations with this level of support. (Levels 0 and 9 do not apply to this question.)	1 2 3 4 5	1 2 3 4 5
6	I can move around the house from room to room with this level of support. (Level 9 does not apply to this question.)	1 2 3 4 5 0	1 2 3 4 5 0
7	I can get out of buildings in emergencies such as fire with this level of support. (Level 9 does not apply to this question.)	1 2 3 4 5 0	1 2 3 4 5 0
8	I can manage my own social and personal relationships with this level of support.	1 2 3 4 5 0 9	1 2 3 4 5 0 9
9	I can do my own household chores such as housecleaning, laundry, and washing dishes with this level of support. (Level 5 does not apply.)	1 2 3 4 0 9	1 2 3 4 0 9
10	I can manage my own means of transportation with this level of support.	1 2 3 4 5 0 9	1 2 3 4 5 0 9

Step #4: Health and Health Care

- 1 = Level 1: You do not need any personal support.
 2 = Level 2: You need personal support and it is limited to occasional reminders or verbal prompts and/or physical assistance.
 3 = Level 3: You need personal support and require daily reminders, verbal and/or physical prompts.
 4 = Level 4: You need personal support from someone and require supervision including total assistance in order to complete. This is constant/total support regardless of frequency.
 5 = Level 5: You need personal support from someone with specialized training; verification from a physician or therapist may be required.
 0 = Don't know.
 9 = Not applicable.

	Kind of Activity	Level of support you need during the next 12 months	Level of unpaid support received
1	I can take my own medications with this level of support. (Level 9 only applies if there are no medicines.)	1 2 3 4 5 0 9	1 2 3 4 5 0 9
2	I can manage my medical treatments with this level of support; must have a medical diagnosis. (Level 9 only applies if there are no treatments.)	1 2 3 4 5 0 9	1 2 3 4 5 0 9
3	I can position my body to avoid injury or bed sores with this level of support. (Level 0 and Level 9 do not apply.)	1 2 3 4 5 0 9	1 2 3 4 5 0 9
4	I can manage my own medical situation or condition with this level of support; must have a medical diagnosis. (Level 9 only applies if there is no documented medical condition.)	1 2 3 4 5 0 9	1 2 3 4 5 0 9
5	I can plan my own meals to support my health condition with this level of support. Therapeutic diets must be ordered by a physician. (Level 9 only applies if there is no order for a therapeutic diet.)	1 2 3 4 5 0 9	1 2 3 4 5 0 9
6	I can use specialized medical equipment (e.g. ventilators, G-tubes, J-tubes). (Level 9 only applies if there is no specialized medical equipment.)	1 2 3 4 5 0 9	1 2 3 4 5 0 9
7	I can arrange my own therapies with this level of support. (Level 9 only applies if there are no therapies.)	1 2 3 4 5 0 9	1 2 3 4 5 0 9
8	I can monitor my own health care with this level of support. (Level 9 only applies if there is no documented health condition.)	1 2 3 4 5 0 9	1 2 3 4 5 0 9
9	I can initiate and/or maintain my own physical activities with this level of support.	1 2 3 4 5 0 9	1 2 3 4 5 0 9
10	I can manage my mental health with this level of support; must have a mental health diagnosis.	1 2 3 4 5 0 9	1 2 3 4 5 0 9
11	I need specialized equipment including durable medical equipment, consumable supplies, and/or need home modifications. Answer 'yes' if replacing existing equipment, receiving new equipment, or using consumables. List: _____ _____	Yes _____ No _____ Info Needed _____	

Step #5: Employment

CURRENT EMPLOYMENT INFORMATION	
5a. Do you currently have a job? (If no, skip to # 5c.)	Yes ___ No ___
5b. Where do you work?	WORKSHOP ___ ENCLAVE / CREW LABOR ___ COMBINATION WORKSHOP, ENCLAVE / CREW LABOR, ISE ___ INDIVIDUAL SUPPORTED EMPLOYMENT ___ COMPETITIVE EMPLOYMENT ___

CURRENTLY INTERESTED IN CHANGING JOBS OR NOT EMPLOYED	
5c. If not currently employed, are you interested in getting a job? Or If you are currently employed are you interested in changing your job?	Yes ___ No ___
5d. If yes, you are interested in getting or changing your job, what type of employment interests you?	WORKSHOP ___ ENCLAVE / CREW LABOR ___ COMBINATION WORKSHOP, ENCLAVE / CREW LABOR, ISE ___ INDIVIDUAL SUPPORTED EMPLOYMENT ___ COMPETITIVE EMPLOYMENT ___
5e Will additional resources be required?	Yes ___ No ___

Step #6: Agreement/Disagreement

(Check all that apply.)

I have reviewed all the responses and **I agree** with the information marked.

I have reviewed all the responses **and I do not believe my situation is completely reflected.** I have the following concerns:

I have reviewed all the responses and **I request another MONA be completed.** My request is based on the following:

Step #7: Signature Sheet

Focus Person:

Signature

(Your signature does not waive your right to appeal; it only denotes your participation in providing information.)

Print Name of Focus Person

Date

**Signature of Witness, if
focus person makes mark**

Print Name of Witness

Date

**Signature of Witness, if
focus person makes mark**

Print Name of Witness

Date

By signing my name as a witness, I attest that I saw the person make his or her mark and the name printed to the right of the mark is indeed the person who made his or her mark.

Guardian, Parent, or Legal Representative, if needed (person with legal authority to apply for governmental benefits):

Signature

(Your signature does not waive your right to appeal; it only denotes your participation in providing information.)

Print Name

Date: ____ / ____ / ____

MONA Rater:

Signature

Print Name

Date: ____ / ____ / ____

Step #8: Mail Document

Please mail the completed document, including the signature sheet, to the DDP regional office responsible for reviewing the focus person's budget package.