Exhibit A

Division of Developmental Disabilities Services
Community Services

Fall Risk Screening Tool

Name: _____ **Site:** _____
Date of Birth: _____ **MCI:** _____
Prepared by: _____ **Date of Screening:** _____

Directions: This assessment is to be completed on all service recipients upon admission and annually in conjunction with the PCP and any significant changes in health status. Check applicable items that best apply and indicate points to the right. Add points and note total score below.	**Points**
Mental Status: □ **(0 pt)** Oriented/alert at all times/ or comatose □ **(1 pt)** Lethargic/forgetful/inconsistent orientation or response to stimuli □ **(2 pts)** Confused-non-agitated/ highly distractible/ depressed/ uncooperative/ impaired judgment □ **(3 pts)** Confused/agitated/aggressive/non-purposeful behavior/impulsive	
Physical Status: □ **(0 pt)** Normal/well/healthy/no remarkable medical and physical problems □ **(1 pt)** Dyspnea/respiratory conditions □ **(2 pts)** Dyncope/orthostatic hypotension/joint difficulties (arthritis, contractures) □ **(3 pts)** Seizure disorder/ cachexia/wasting/LE amputation/vestibular imbalance	
Elimination: □ **(0 pts)** Independent and continent □ **(1 pt)** Catheter and/or ostomy/ dependent (uses protective undergarments) □ **(2 pts)** Elimination with assistance/occasional incontinence □ **(3 pts)** Independent and incontinent (urgency/frequency)	
Sensory: □ **(0 pt)** No hearing or vision problems □ **(1 pt)** Hearing loss/impairment only □ **(2 pts)** Vision loss/impairment only □ **(3 pts)** Has both hearing and vision loss/impairments	
Neuromotor: □ **(0 pt)** Normal muscle tone/ no weakness/ no paralysis/ no spasticity □ **(1 pt)** Upper extremities only (weakness/paralysis/spasticity/athetosis) □ **(2 pts)** Lower extremities only (weakness/paralysis/spasticity/athetosis) □ **(3 pts)** Both upper and lower extremities (weakness/paralysis/spasticity/athetosis)	
Gait: □ **(0 pt)** Independent ambulator/ non-ambulatory/ immobile □ **(1 pt)** Non-ambulatory/has bed mobility/has wheelchair mobility □ **(2 pts)** Independent ambulator with assistive device (i.e. walker/cane) □ **(3 pts)** Ambulatory with physical assistance and assistive device/unsteady gait	
History of Falling Within Past 3 Months: □ **(0 pt)** None □ **(1 pt)** Near falls or fear of falling □ **(2 pts)** 1-2 falls □ **(3 pts)** Multiple falls (more than 2)	
Medication Classifications: __ Antihistamine __Antihypertensives __Antiseizure/Antiepileptic __ Benzodiazepines __Cathartics __Diuretics __Hypoglycemic agents __Psychotropics __Sedatives/Hypnotics __Narcotics __Other **On the above medication classifications, indicate how many medications in each group the service recipient is currently taking, or took prior to admission. Add each medication in each classification to get the total points:** □ **(0 pts)** No medications □ **(1 pt)** 1 medication □ **(2 pts)** 2 medications □ **(3 pts)** 3 or more	
0- 9 points: Low risk 10- 17 Moderate risk 18 or more: High risk	**Total Score:**
Persons scoring 10 or more or are receiving anticoagulant therapy (including Aspirin) will have an individualized fall prevention plan with safety supports developed to address the risk(s) and reduce the possibility of a fall. The plan will be reflected in the PCP and on the Significant Medical Conditions document.	

8/2022

Exhibit B

Division of Developmental Disabilities Services
Community Services
Fall Risk Screening Tool Guidelines

FALL RISK SCREENING FORM	KEY POINTS
1. Note the service recipient's general information.	1. Service recipient's name, date of birth, MCI number, and site.
2. Person completing the form should sign it and noting the date of completion.	2. Sign under the section of "prepared by" and "date of screening" for completion date
3. Score the service recipient's mental status or level of cognition (using 0-3 points).	3. Observed if service recipient is confused (unable to make purposeful decision, has disorganized thinking and memory impairment); disoriented (lack of awareness of or is mistaken about time, place or person); agitated (shows fearful affect, makes frequent movements, is anxious).
4. Score the service recipient's physical status using 0-3 points.	4. Note for service recipient's respiratory status (such as dyspnea), musculoskeletal status (such as lower extremity amputation) and neurologic status (such as seizure disorder).
5. Score the service recipient's elimination status using 0-3 points.	5. Note for alternation in urination (such as frequency, urgency, incontinence).
6. Score the service recipient's sensory status using 0-3 points.	6. Note for service recipient's vision and hearing impairments (considering utilization of eye glasses and hearing aides).
7. Score the service recipient's neuromotor status using 0-3 points	7. Note for service recipient's muscle tone. Identifying if the individual has weakness, paralysis or even has movement disorders.
8. Score the service recipient's ambulation and functional mobility status using 0-3 points.	8. Note if service recipient is bed bound, wheelchair bound, or can walk functionally with or without assistive device or physical assistance.
9. Score the service recipient's history of falling within the last 3 months using 0-3 points depending on fall frequency.	9. Refer to Fall Management Guidelines for the definition of a fall. Refer to service recipient's electronic record for the number of falls for the past 3 months.
10. Score the service recipient's total number of prescribed medications.	10. Note for different types/categories of prescribed medications, with particular attention to medications that affect blood pressure, cardiac function, and cognition, or that cause dizziness or lightheadedness. Also, note if there are changes in medication and/or dosage in the past 5 days.
11. Total the score from each category and identify the fall risk status of the service recipient.	11. Use the fall risk categories: Low risk; Moderate risk or High risk. If the service recipient has a score of 10 or more or is receiving anticoagulant therapy, an individualized fall prevention plan with safety supports shall be developed and be a part of the PCP and Significant Medical Conditions document.