

## **State of New Jersey - Department of Children and Families**

### **Children's System of Care**

#### **Revised Child Adaptive Behavior Summary**

##### **Individual Support Services**

Individual Support Services assist youth who exhibit behavior challenges when performing Activities of Daily Living (ADLs). Basic ADLs consist of self-care tasks and Instrumental ADLs enable an individual to live independently in the community. An Individual Support Technician must arrange to meet with the parent/legal guardian/custodian and jointly complete the Child Adaptive Behavior Summary (CABS).

\* Please note, this revised and abridged CABS will be used for all youth under age 21 requesting Individual Support Services.

The CABS is intended to gather information about the youth's typical functioning within the last 3 months. It should reflect, to the extent possible, how the youth acts and reacts in common daily routines at home, in school, and in the community and provide a broad picture of the impact of the youth's disability on daily life for both the youth and the caregiver.

Please check the box on the CABS that best describes the frequency that the youth does the listed actions or behaviors. Check a box for every listed action or behavior. If you are unable to comment because you have not observed the behavior or believe that it does not apply to the youth, please indicate "not applicable" as appropriate. Write any comments, if needed, at the end of each section, unless indicated otherwise. Comments may include additional information about actions or behaviors such as intensity, triggers, and whether the youth's current functioning is improving or worsening compared to past abilities. The information (score) obtained from the CABS is necessary in the development of the Individual Support Plan.

The completed CABS and Individual Support plan shall be submitted prior to providing the service. All service requests must be reviewed and prior authorized. PerformCare will review the treatment plan and clinical criteria, and generate an authorization for eligible youth. PerformCare will send notification to both the parent/legal guardian/custodian and the provider agency of the services authorized.

## SECTION I - ACTIVITIES OF DAILY LIVING – BASIC ADLs

Activities of Daily Living are defined as needed skills related to daily self-care activities within an individual's place of residence, in outdoor environments, or both. Basic ADLs (BADLs) consist of self-care tasks which are necessary for fundamental functioning. Remember to rate the youth's average functioning **at home** within the last **3 months**. You may indicate in the comment section any additional information such as intensity, triggers, and whether the youth's current functioning has improved or gotten worse compared to past abilities.

<b>EATING</b>	<b>1</b> Mostly Independent	<b>2</b> Needs Verbal Prompts Less Than Half of the Time	<b>3</b> Needs Verbal Prompts More Than Half of the Time	<b>4</b> Needs Physical Assistance Less Than Half of the Time	<b>5</b> Needs Physical Assistance More Than Half of the Time	<b>Not Applicable (N/A)</b>
1. Demonstrates ability to feed self with utensils (use of spoon, fork, knife).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drinks from a cup or glass (can be using a Sippy cup or with a straw).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/Additional Information: (Must briefly explain any N/A responses)						

<b>TOILETING</b>	<b>1</b> Mostly Independent	<b>2</b> Needs Verbal Prompts Less Than Half of the Time	<b>3</b> Needs Verbal Prompts More Than Half of the Time	<b>4</b> Needs Physical Assistance Less Than Half of the Time	<b>5</b> Needs Physical Assistance More Than Half of the Time	<b>Not Applicable (N/A)</b>
1. Toilets Self (wipes self with toilet paper and washes hands after toileting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identifies when to use toilet; Avoids bladder accidents Day Time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identifies when to use toilet; Avoids bowel accidents Day time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. (Females) appropriately takes care of menstrual needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/Additional Information: (Must briefly explain any N/A responses)						

<b>HYGIENE</b>	<b>1</b> Mostly Independent	<b>2</b> Needs Verbal Prompts Less Than Half of the Time	<b>3</b> Needs Verbal Prompts More Than Half of the Time	<b>4</b> Needs Physical Assistance Less Than Half of the Time	<b>5</b> Needs Physical Assistance More Than Half of the Time	<b>Not Applicable (N/A)</b>
1. Turns on/regulates water temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Washes and dries hands and face.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bathes self in bathtub/shower (uses soap/body wash).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dries entire body after bathing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Shampoos hair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Combs/brushes hair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Brushes own teeth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Clips/Trims/Files own fingernails/toenails.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Shaves self as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/Additional Information: (Must briefly explain any N/A responses)						
<b>DRESSING</b>	<b>1</b> Mostly Independent	<b>2</b> Needs Verbal Prompts Less Than Half of the Time	<b>3</b> Needs Verbal Prompts More Than Half of the Time	<b>4</b> Needs Physical Assistance Less Than Half of the Time	<b>5</b> Needs Physical Assistance More Than Half of the Time	<b>Not Applicable (N/A)</b>
1. Undresses self – (appropriately)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dresses self completely - (snaps, buttons, zippers, buckles, hooks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ties laces or fastens Velcro on own shoes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Changes clothing regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Selects seasonal clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/Additional Information: (Must briefly explain any N/A responses)						

## SECTION II – OTHER SKILLS AND BEHAVIORS

Remember to rate the youth's average functioning **at home** within the last **3 months**. You may indicate in the comment section any additional information such as intensity, triggers, and whether the youth's current functioning has improved or gotten worse compared to past abilities.

SKILLS	1 Most/all of the time (90% or more of the time)	2 Frequently (More than 75% of the time)	3 Sometimes (about 50% of the time)	4 Infrequently (less than 25% of the time)	5 Almost Never (less than 10% of the time)
1. Follows simple directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Follows complex or multistep directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Masters simple tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Seeks assistance from others when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Additional Information:

(Must briefly explain any N/A responses)

## SECTION III – INSTRUMENTAL ADLs

Instrumental Activities of Daily Living (IADLs) are not necessary for fundamental functioning, but they enable an individual to live independently in a community. These are for young adults, **age 16 and over**. Remember to rate the youth's average functioning **at home** within the last **3 months**. You may indicate in the comment section any additional information such as intensity, triggers, and whether the youth's current functioning has improved or gotten worse compared to past abilities.

SKILLS	1 Most/all of the time (90% or more of the time)	2 Frequently (More than 75% of the time)	3 Sometimes (about 50% of the time)	4 Infrequently (less than 25% of the time)	5 Almost Never (less than 10% of the time)
1. Cleans own room and living space; housekeeping (vacuum/sweep, dust/wipe surfaces).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Washes dishes or operates dishwasher appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Answers and is able to use a telephone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Takes trash out and places in appropriate container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communicates primary home address.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tells time on digital clock or watch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Makes appointments as needed (medical, dental, personal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Prepares simple meals (sandwiches, use of microwave, oven, stove-top).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Uses washing machine and dryer appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Changes bed linens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Additional Information:

(Must briefly explain any N/A responses)

<b>SAFETY &amp; COMMUNITY AWARENESS</b>	<b>1</b> Most/all of the time (90% or more of the time)	<b>2</b> Frequently (More than 75% of the time)	<b>3</b> Sometimes (about 50% of the time)	<b>4</b> Infrequently (less than 25% of the time)	<b>5</b> Almost Never (less than 10% of the time)
1. Demonstrates awareness of ordinary household dangers such as stairs, cleaning liquids, heaters, stoves and fireplaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates awareness of community dangers like road traffic, over-friendliness to strangers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates the ability to make purchases. (Shopping for groceries or clothing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates the ability to use public transportation (if available).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates the ability to self-administer any prescribed medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates the ability to manage money (paying bills, budgeting, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates the ability to identify an emergency & get help for self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Travels in community independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Additional Information:

(Must briefly explain any N/A responses)