


<p>GOVERNMENT OF THE DISTRICT OF COLUMBIA</p>  <p>DEPARTMENT OF BEHAVIORAL HEALTH</p>	<p>Policy No. 300.1A</p>	<p>Date 2/13/2023</p>	<p>Page 1</p>
	<p>Supersedes <u>300.1, Level of Care Determinations for Adults in MHRS</u></p>		
<p>Subject: Level of Care Determinizations for Adults in MHRS</p>			

1. **Purpose.** To establish a policy and procedures for the Department of Behavioral Health (DBH) and DBH-certified Core Service Agencies (CSA), sub-providers and specialty providers to utilize the Daily Living Activities-20 (DLA-20) assessment to determine level of care and functional assessment for all adult consumers receiving services from DBH, a CSA, a sub-provider or a specialty provider. This version of the policy has replaced reference to the Level of Care Utilization System with the DLA-20 as DBH's current functional assessment tool.
2. **Applicability.** DBH and DBH-certified CSAs, sub-providers and specialty providers serving adults.
3. **Authority.** DBH Establishment Act of 2013, D.C. Code §§ 7-1141 *et seq.*; Title 22-A District of Columbia Municipal Regulations (DCMR) Chapter 34, Mental Health Rehabilitation Services Provider Certification Standards; Title 22-A DCMR Chapter 80, Certification Standards for Behavioral Health Stabilization Providers.
4. **Definitions.**
 - a. **Active Adult Consumer.** A person age eighteen (18) or older who is receiving mental health services and/or supports from a DBH certified CSA, specialty provider or sub-provider.
 - b. **Assertive Community Treatment (ACT).** An intensive, integrated, rehabilitative, treatment and community-based service provided by an interdisciplinary team to adults with serious and persistent mental illness.
 - c. **Certified DLA-20 Trainer.** A staff member from DBH, a CSA, a sub-provider or a specialty provider who has completed a train-the-trainer course about DLA-20 assessment implementation with MTM Services.
 - d. **Daily Living Activities 20 (DLA-20).** A tool designed to reliably assess twenty (20) areas of functioning for adults impacted by mental illness or disability.

- e. Level of Care (LOC). A determination of the intensity and type of mental health services required to meet the goals established in an active adult consumer's Plan of Care.
 - f. Mental Health Community Residence Facility (MHCRF). A DBH-licensed publicly or privately owned residence that houses individuals ages eighteen (18) or older with a principal diagnosis of mental illness that require twenty-four (24) hour on-site supervision, personal assistance, lodging, and meals and who are not in the custody of the D.C. Department of Corrections.
 - g. Child and Adolescent Functional Assessment Scale (CAFAS). A rating scale which assesses functional impairment in youth ages six (6) through twenty (20).
 - h. Preschool and Early Childhood Functional Assessment Scale (PECFAS). The version of the CAFAS which applies to children ages three (3) to five (5) years old, which assesses a child's day-to-day functioning across critical life domains. This assessment is conducted every ninety (90) days to monitor progress or improvement over time.
5. **Policy.** DBH, CSAs, sub-providers and specialty providers shall administer the DLA-20 assessment (*See Exhibit 1*) to all active adult consumers to ensure they receive services that are individualized, clinically appropriate, and provided in the least restrictive setting.
- a. The DLA-20 shall be DBH's approved functional assessment and LOC tool for adults.
 - b. DBH, CSAs, sub-providers and specialty providers shall utilize the DLA-20 assessment as part of their treatment planning process to determine the appropriate LOC for each active adult consumer. DBH, CSAs, sub-providers and specialty providers shall tailor treatment interventions to each active adult consumer based on the results of the DLA-20 assessment. DBH, CSAs, sub-providers and specialty providers shall conduct the DLA-20 assessment utilizing the DLA-20 Anchors (*See Exhibit 2*) and DLA-20 Scoring Rules (*See Exhibit 3*) as guidance to score the DLA-20.
 - c. DBH, CSAs, sub-providers and specialty providers may utilize the CAFAS instead of the DLA-20 to assess adults ages eighteen (18) through twenty (20) who meet criteria for Community Based Intervention Services. *See DBH Policy 300.2, Functional Assessments for Children and Youth.*
 - d. DBH, CSAs, sub-providers and specialty providers shall include DLA-20 assessments and results in active adult consumers' clinical record and incorporate DLA-20 assessment findings when developing a person-centered Plan of Care.

- e. DBH, CSAs, sub-providers and specialty providers shall not use an active adult consumer's DLA-20 score to force treatment or services or to deter consumer choice.
 - f. The DBH Accountability Administration may use data gathered from the DLA-20 for system monitoring, quality improvement and performance evaluation.
6. **Procedures.** DBH, CSAs, sub-providers and specialty providers shall conduct a DLA-20 assessment in accordance with the following:
- a. DBH, CSAs, sub-providers and specialty providers shall conduct a DLA-20 assessment in the following circumstances:
 - i. At intake. DBH, CSAs, sub-providers and specialty providers shall conduct a DLA-20 assessments for all active adult consumers presenting for intake utilizing as much collateral information as possible from persons and entities with contact with the active adult consumer within the thirty (30) calendar days preceding the assessment.
 - ii. Continuing treatment. DBH, CSAs, sub-providers and specialty providers shall conduct a DLA-20 assessment for active adult consumers in continuing treatment at a minimum of every ninety (90) calendar days from the date of intake.
 - iii. Changes in MHCRF Levels of Care. The CSA, sub-provider or specialty provider shall complete a DLA-20 assessment whenever an active adult consumer is scheduled to change MHCRF levels of care. Following the move, the CSA, sub-provider or specialty provider shall conduct a DLA-20 assessment in conjunction with the active adult consumer's new plan of care and every ninety (90) calendar days thereafter.
 - iv. Consumers at Saint Elizabeth's Hospital (SEH). The CSA, sub-provider or specialty provider shall complete a DLA-20 assessment with input from SEH's treatment planning team as part of an active adult consumer's discharge planning to determine their acuity and level of care.
 - v. Consumers who are incarcerated. The CSA, sub-provider or specialty provider, in consultation with the mental health staff at Central Detention Facility, shall complete a DLA-20 assessment upon an active adult consumer's initial placement in detention and prior to release from detention.
 - vi. As clinically indicated, DBH, a CSA, sub-provider or specialty provider shall complete a DLA-20 assessment any time an active adult consumer experiences significant events that may affect their functioning (e.g., visit to crisis emergency provider or hospitalization).

- vii. DBH, a CSA, sub-provider or specialty provider shall complete a DLA-20 assessment for each active adult consumer prior to their discharge from treatment/services.

6b. Specialty Providers. For active adult consumers enrolled in a CSA and referred to a specialty provider, the specialty provider shall complete the DLA-20 assessment.

- i. ACT. The CSA shall conduct the DLA-20 assessment for referral to ACT. The ACT provider shall complete the DLA-20 assessment every ninety (90) calendar days thereafter, or sooner if clinically indicated.
- ii. Crisis Beds. If an active adult consumer is referred to a crisis bed and the crisis is not resolved within forty-eight (48) hours, the crisis bed provider shall request authorization from DBH for the active adult consumer's continued stay by providing a completed DLA-20 assessment, psychiatric evaluation and clinical presentation to Access Helpline.

6c. Prior Authorizations. CSAs, sub-providers and specialty providers must obtain DBH authorization prior to delivery of services listed below. All CSA's, sub-providers and specialty providers must utilize the DLA-20 as part of determining the level of care for any adult consumer recommended to receive the following services:

- a. ACT (DLA-20 score of 4.0 and below);
- b. Rehabilitation Day Services (DLA-20 score of 5.0 and below);
- c. Mental Health Community Residential Facility, (DLA-20 Score of 3.0 and below);
- d. Intensive Day Treatment (DLA-20 Score of 3.0 and below);
- e. Crisis Beds (DLA-20 Score of 4.0 and below); and
- f. Partial Hospitalization (DLA-20 Score of 4.0 and below).

6d. Training

- a. To utilize the DLA-20, each DBH, CSA, sub-provider and specialty provider staff member who will be conducting DLA-20 assessments must complete a DBH-approved training.
- b. CSAs, sub-providers and specialty providers must track each staff member's completion of the DLA-20 training through DBH's Learning Management System.

- c. To access the DLA-20 electronically, each CSA, sub-provider and specialty provider shall contact their electronic health record company and request access to the DLA-20 tool.

7. Exhibits.

Exhibit 1 - Daily Living Activities: Adult Mental Health

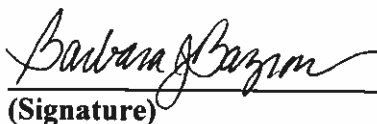
Exhibit 2 - Daily Living Activities Anchors

Exhibit 3 - DLA-20 Scoring Rules

Approved by:

Barbara J. Bazron, Ph.D.

Director, DBH


(Signature)

02/13/2023

(Date)

Consumer Name:
Consumer ID:

Daily Living Activities (©DLA-20): Adult Mental Health
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Instructions: Using the scale below, rate how often or how well the consumer independently performed or managed each of the 20 Activities of Daily Living (ADLs) in the community during the last 30 days. If the

consumer's level of functioning varied, **rate the lower score**. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., "no jobs available"). Strengths are scored ≥ 5 and indicate functioning "within normal limits" (WNL) for that activity. 20 scores are always applicable & valid for Average Composite DLA-20 to correlate with severity of illness index (SI).

1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)					
None of the time; extremely severe impairment of problems in functioning; pervasive level of continuous paid supports needed	A little of the time; severe impairment or problems in functioning; extensive level of continuous paid supports needed	Occasionally; serious to moderately severe impairment or problems in functioning; moderate level of continuous paid supports needed	Some of the time; moderate impairment or problems in functioning; low level of continuous paid supports needed	A good bit of the time; mild impairment, challenge or problems in functioning; moderate level of intermittent paid supports needed	Most of the time; strength w/very mild impairment or problems in functioning; low level of intermittent paid supports needed	All of the time; independently managed DLA in community ; no impairment or problem in functioning requiring paid supports					
ACTIVITIES	Examples of scoring strengths as WNL behaviors (Scores 5-7)				Dates:	Eva1	R2	R3	R4	R5	
1. Health Practices	Takes care of health issues, manages moods, infections; takes medication as prescribed; follows up on medical appointments.										
2. Housing Stability, Maintenance	Maintains stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance if living with others										
3. Communication	Listens to people, expresses opinions/feelings; makes wishes know effectively.										
4. Safety	Safely moves about community – adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.										
5. Managing Time	Follows regular schedule for bedtime, wake-up, meal times, rarely tardy or absent for work, day programs, appointments, scheduled activities.										
6. Managing Money	Manages money wisely (independent source of funds); controls spending habits.										
7. Nutrition	Eats at least 2 basically nutritious meals daily.										
8. Problem Solving	Resolves basic problems of daily living, asks questions for clarity and setting expectations.										
9. Family Relationships	Gets along with family, positive relationships as parent, sibling, child, significant other family member.										
10. Alcohol/Drug Use	Avoids abuse or abstains from alcohol/drugs, cigarettes; understands signs and symptoms of abuse or dependency; avoids misuse or combining alcohol, drugs, medication.										
11. Leisure	Relaxes with a variety of activities; attends/participates in sports or performing arts events; reads newspapers, magazines, books; recreational games with others; involved arts/crafts; goes to movies.										
12. Community Resources	Uses other community services, self-help groups, telephone, public transportation, religious organizations, shopping.										
13. Social Network	Gets along with friends, neighbors, coworkers, other peers.										
14. Sexuality	Appropriate behavior toward others; comfortable with gender, respects privacy and rights of others, practices safe sex or abstains.										
15. Productivity	Independently working, volunteering, homemaking, or learning skills for financial self-support.										
16. Coping Skills	Knows about nature of disability/illness, probable limitations, and symptoms of relapse; behaviors that cause relapse or make situation/condition worse; makes plans and uses options for coping, improving, preventing relapse, restoring feelings of self-worth, competence, being in control.										
17. Behavior Norms	Complies with community norms, probation/parole, court requirements, if applicable; controls dangerous, violent, aggressive, bizarre, or nuisance behaviors; respects rights of others.										
18. Personal Hygiene	Cares for personal cleanliness, such as bathing, brushing teeth.										
19. Grooming	Cares for hair, hands, general appearance; shaves.										
20. Dress	Dresses self; wears clean clothes that are appropriate for weather, job, and other activities; clothing is generally neat and intact.										
Scoring Instructions: Step 1. Add 20 scores from current Review column (R1-R5). Step 2. Divide sum by number of activities actually rated to obtain average DLA-20 composite score-keep 2 digits; No N/A, Valid N=20 ADLs! Step 3. To validate, use Modified Global Assessment of Functioning (mGAF) multiply the average DLA score by 10 (Standard Error range +/-3 points). Consult the mGAF https://www.dcf.state.fl.us/programs/samh/mentalhealth/mgaf.pdf for the DSM-5 count of serious disturbances. Step 4: Consult the crosswalk for the ICD-10 Severity of Illness Index (SI).					Sum N=20 (max. 140)						
					Avg. Composite DLA-20						
					Est. count DSM-5 # disturbances						
					Severity Index for ICD-10 Modifier						

Crosswalk from Average Composite DLA-20 to ICD-10 4th digit SI & DSM-5 # serious disturbances:
 DLA-20 > 6.00 = Adequate Independence, no significant or slight impairment in functioning
 ICD 10 4th digit modifier – 0 Severity - No difficulty means the person has no problem.

DLA-20: 5.10- 6.0 = Mild impairments, minimal interruptions in recovery
 ICD 10 4th digit modifier = 1 Severity - Mild difficulty means problem is present less than 25 percent of the time with intensity a person can tolerate and happened rarely over the last 30 days.
 DSM-5 # symptoms: few and mild (mGAF tallies)
 WHODAS 2.0 Self-report average score <=2
 LOCUS (generally crosswalks) Level 1

DLA-20: 4.10- 5.0 = Moderate impairment in functioning
 ICD 10 4th digit modifier = 2 Severity - Moderate difficulty means problem is present less than 50 percent of the time with moderate intensity that is interfering in the persons' day-to-day life and happened occasionally over the last 30 days.
 DSM-5 counts of serious symptoms: 1-3 serious symptoms/disturbances
 WHODAS 2.0 Self-report average score 3
 LOCUS (generally crosswalks) Level 2 or ASAM Level 1

DLA-20: 3.10- 4.0 = Serious impairments in functioning
 ICD 10 4th digit modifier = 3 Severity - Serious difficulty means problem is present more than 50 percent of the time with severe intensity that is partially disrupting the persons' day-to-day life and happened frequently over the last 30 days.
 DSM-5 counts of serious symptoms: 4-6 serious symptoms/disturbances
 WHODAS 2.0 Self-report average score 4
 LOCUS (generally crosswalks) Level 3, ASAM 2

DLA-20: 2.10- 3.0 = Severe impairments in functioning
 ICD 10 4th digit modifier =3 Severity - Severe difficulty means problem is present more than 75 percent of the time with severe intensity disrupting the persons' day-to-day life and happened frequently over the last 30 days.
 DSM-5 counts of serious symptoms: 7-10 serious disturbances
 WHODAS 2.0 Self-report score >4 is severe distress, high risk
 LOCUS (generally crosswalks) Level 4

DLA-20: <= 2.0 Extremely severe impairments in functioning
 ICD10 4th digit modifier = 4 Severity - Extremely severe indicates complete difficulty, a problem that is present more than 95 percent of the time with intensity that is totally disrupting the persons' day-to-day life and happened every day over the last 30 days.
 Modified Global Assessment of Functioning (mGAF) identifies intensely high-risk symptoms = 11+
 (<https://www.dcf.state.fl.us/programs/samh/mentalhealth/mgaf.pdf>)

DLA-20 Scoring Rules

- Assess level of functioning or impairment compared to the entire population.
- Evaluation is based on the past 30 days.
- If functioning varied in the last 30 days, rate the lowest score on the more frequent pattern of behavioral responses to symptoms.
- Once you pick a number, look at the rating below to make sure a lower rating is not more accurate. Continue this until the most accurate rating is found.
- If you cannot decide between two scores, always choose the lower score.
- Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Assess needs.
- Do not consider environmental limitations (e.g. "no jobs available").
- Must address at least 15 items

The score is not necessarily correlated with the client's self-reported functioning as research shows —trust your own assessment of current behaviors, known and reported, and the anchors defining strengths & weaknesses compared to general population (not client population).

DAILY LIVING ACTIVITIES (DLA-20™) ANCHORS	1- Extremely severe functional impairment, needs pervasive supports	2- Severe functional impairment, needs extensive supports	3- Serious impairment with serious symptoms; intense supports	4- Moderate impairment; frequent routine, frequent support for DLA	5- WNL/Strength Mild functional impairment, intermittent support	6- WNL-Strength Intermittent mild impairment, needs low level supports	7- WNL-Strength optimal independence with No support
Health Practices: 1-Rate independent self-care for physical (PH) and mental health (MH), including managing moods, medications, illness management	Evidence of danger to self/other due to MH: No self-care, evidence of breaks in reality, requires pervasive interventions (e.g.: multiple or lengthy stays in crisis, jail)	Marked limitations in self-care & may have physical complications, extensive help for very severe mental impairments, concern for danger to self/other	Limited self-care & compliance, serious impairments in moods, symptoms, mental status, may be physical issues prompting continuous help for health care.	Marginal self-care and compliance with health issues or prescriptions, managing moods is moderate problem; requires scheduled low level mental health assistance	Moderately self-sufficient, manages moods but relies on intermittent, some routine assistance or home visits by helping persons, in private or self-help residences.	Independent self-care, compliant with treatment, meds - minimal support, some assistance ok from family, friends, other helping persons.	Optimally independent in taking care of physical & mental status; makes good health care decisions, no assistance needed in self care.
Housing Maintenance: 2-Rate current self-sufficiency for living independent, maintaining/getting along in residence, management of household.	Health endangering threat, needs or relies on pervasive supervision in protective environment, dependent – does not manage household, not self-sufficient.	Marked limitations in keeping or maintaining stable housing, e.g., sometimes on street, needs or uses constant assistance, likely in 24/7 supported or protective residences.	Dysfunctional in community housing, unstable, Limited self-sufficiency; e.g., relies on respite, assistance, private or self-help home, may occasionally help in household maintenance.	Stable community housing but housing may be inadequate or s/he may be only marginally self-sufficient, e.g., relies on regular assistance to maintain stable household.	Moderately self-sufficient in independent, private place with routine, low level assistance (e.g. home visits by helping persons), mostly maintains household by self.	Adequate independence: self-sufficient with minimal assistance in community based, independent housing (e.g. intermittent support from family, friends, others).	Optimal independence: Self-sufficient in community based, independent living with no significant assistance or public support in housing.
Communication: 3-Rate currently effective verbal and nonverbal communication	Not effective: high risk threats or non-communicative, pervasive dependence	Communication is dysfunctional, blunted or antagonistic with others, dependent on assistance.	Limited verbal or nonverbal effectiveness in communicating with others & may rely on assistance.	Not clear about problems, marginal effectiveness in communicating with others, uses regular assistance.	Moderately effective in communicating with others, using routine assistance	Adequately effective in communicating with others, minimal need for assistance	Optimal effectiveness verbally, nonverbally with others, no assistance needed.
Safety: 4-Rate current maintenance of personal safety (e.g., not suicidal, homicidal etc.)	Unsafe, Eminent danger to self or other, needs or requires pervasive level of continuous supervision.	Marked limitations in safety around home, community; needs/has extensive level of continuous supervision.	Makes unsafe decisions; "at risk" e.g., abusive or abused, cognitive limitations, needs supervision.	Marginally safe, aware and self-protective, benefits from regular assistance or monitoring.	Moderately safe, good decisions, benefits from routine care-givers (e.g. home visits by helping persons).	Safe decisions; Adequate self-protection with minimal assistance, family, neighbors, friends, others	Optimally safe; alert, takes care of self with no significant assistance from others.
5-Managing Time: Rate management of sleep, time, self-direction (e.g., a 7 –optimal sleep 7-9 hrs. average/night)	High risk- aberrant routines or MIA (missing), No management of time; pervasive direction of others.	Marked limitations in routine time management, needs or receives extensive direction by others	Limited, e.g., poor routine management of medications, sleep, mealtimes; might need/use constant direction	Marginally effective, disruptions in routines; uses regular direction, e.g., prompts	Moderately effective time management, benefits from routine direction of others.	Adequate time management, minimal prompts or reliance on direction of others.	Optimal routines for health and wellness; self-directive in managing sleep, meds, mealtimes

DLA20™ requires training from MTMServices.org through NCBH.com



Authors: R.Scott, PhD and W.Presmanes, MEd.,M.A

DAILY LIVING ACTIVITIES (DLA-20rm) ANCHORS	1- Extremely severe functional impairment, needs pervasive supports	2- Severe functional impairment, needs extensive supports	3- Serious impairment with serious symptoms; intense supports	4- Moderate impairment; routine, frequent support for DLA	5- WNL/Strength Mild functional impairment, intermittent support	6- WNL-Strength Intermittent mild impairment, needs low level supports	7- WNL-Strength optimal independence with No support
6-Managing Money: Rate independent management of personal finances	No income & no involvement in managing personal or public assisted finances; total dependence on public or institutional help.	Marked limitations in management of personal finances; often involves rep payees or total supervision, very limited \$, minimal participation in spending or managing money.	Requires help to seek/manage public financial assistance (may have rep. payee for rent); Dependent or minimal participation in managing personal finances	Marginally independent in managing personal income, benefits or public assisted finances; often uses help, moderately participates in paying day to day rent & expenses.	Moderately independent in managing personal finance (minimum public assistance), min. intermittent assistance from others, significant participation in managing money.	Adequately independent in managing personal finance with minimal checks and balances or assistance of others	Optimal independence in managing independent and personal finances
7-Nutrition: Rate current report of consuming basic diet supporting prescription medications; WNL = independently shops, plans, cooks for nutritional needs	High risk dietary concerns; Does not manage nutritional needs; no participation in meal planning, shopping, and preparation.	Very severe dietary limitations, substantial dependence on continuous assistance, often involves constant supervision; no nutritional meal plans, preparation.	Serious limitations, needs or depends on continuous assistance from others; may eat what is available, limited participation in meal plans, shopping, preparation.	Marginal independence managing nutritional needs 2x/day; often uses assistance, some participation in meal planning, shopping, and preparation.	Moderately independent in meeting nutritional needs 2x/day, benefits from intermittent assistance, but participates in meal planning, shopping & preparation.	Adequately independent in managing nutritional needs with minimal assistance from others in meal planning, shopping, and preparation.	Optimal independence in managing nutritional needs, with no significant assistance from others needed for meal planning, shopping, and preparation.
Problem Solving: 8-Rate independent management of problems of daily living	No problem solving, pervasive needs, clearly approaching health endangering threat, no participation in problem solving; others handle daily living problems	Very severe limitations in problem solving, often involving constant supervision, minimal participation in problem solving.	Serious limitations in meeting day to day needs, problem solving; often needs or relies on assistance, limited participation in treatment related problem solving.	Marginally self-sufficient in day to day problem solving; often needs or uses regular assistance, participates in treatment-related problem solving.	Moderately self-sufficient in problem solving with routine assistance from others, compliant in treatment-related decision making.	Adequately self-sufficient in day to day problem solving with minimal assistance from others.	Optimal and independent problem solving with no significant assistance from others.
Family Relationships: 9-Rate family interactions, (separate from friends) and quality of family relationship	Dysfunctional relationships or deviant behaviors often leading to physical aggression or severe abuse, withdrawn, often rejected by others.	Very dysfunctional relationships within family (e.g. routine duress, unwanted dependency or destructive verbal or physical communication)	Dysfunctional family relationships, often no positive communication or participation with family or significant others	Marginally functional family relationships (i.e. relationships are often stressed or infrequent, superficial, unreliable).	Moderately effective continuing and close relationship with at least one family member or significant other	Adequate personal relationship with one or more family members or significant other	Positive relationship with family/ significant others; assertively contributes to these relationships

DAILY LIVING ACTIVITIES (DLA-20™) ANCHORS	1- Extremely severe functional impairment, needs pervasive supports	2- Severe functional impairment, needs extensive supports	3- Serious impairment with serious symptoms; intense supports	4- Moderate impairment; routine, frequent support for DLA	5- WNL/Strength Mild functional impairment, intermittent support	6- WNL-Strength Intermittent mild impairment, needs low level supports	7- WNL-Strength optimal independence with No support
Alcohol/Drug Use: 10-Rate self-control with addictive drugs including cigarettes; or maintenance of alcohol/drug abstinence	Current abuse or dependence leading to imminent health and safety threats - pervasive substance abuse, no self-control	Current abuse or dependence, may deny substance abuse problem, does not participate in treatment; extremely limited self-control	Current abuse or dependence, acknowledges serious substance abuse problem but shows limited self-control, struggles with treatment plan	Current moderate problem with use, compliant with treatment, moderate success over alcohol, cigarettes, drugs.	No current use but recent history of abuse/dependence, adequately aware of risks and seeking help, information, support, treatment to continuously sustain success.	Safe use, not smoking or abstinent with self help groups. May have had history of substance abuse-related issue,	No history of substance abuse-related problems and Optimal self-control with substances;
11-Leisure: Rate independent participation in leisure activities.	Dependent - No independent participation in leisure activities.	Dependent - min. participation in leisure of any kind without help.	Limited interests or independent participation in leisure activities.	Marginally independent leisure activity participation.	Moderately independent leisure activity participation.	Adequately independent in at least one leisure activity.	Optimal interests, independence with 2 or more leisure activities.
Community Resources: 12-Rate current independent use of health & social services; shopping, transportation.	No independent use of community resources; chronic reliance on helpers to gain access <u>OR</u> adamantly refuses necessary help.	Inappropriate dependence <u>OR</u> unable to be independent with community resources, very reliant on helpers.	Does not seek appropriate supports w/o help; Limited independence with community resources, reliant on help to gain access.	Marginally independent, occasional reliance to gain access to recreational, educational, vocational resource	Moderately independent in use of community resources, intermittent reliance gaining access	Adequate independent use of community resources, minimal need for help in gaining access.	Optimal independent use of community resources, no significant need for help in gaining access.
Social Network: 13-Rate quality of interactions with immediate social network (e.g. close friends not family)	Extremely dysfunctional relationships (i.e. imminent physical aggression involves police or severely withdrawn)	Marked limitations in social network relationships (e.g. excessive dependency or destructive behaviors)	Limited interpersonally, often no significant friendships, socially isolated or avoids and withdraws	Marginal functioning with others (i.e. friendships are often minimal, unreliable, strained)	Moderately effective continuing and close relationship with at least one friend	Adequate interpersonal relationships with one or more friends	Positive relationship with one or more friends; optimally independent with assertively contributions
Sexuality/Sexual health: 14-Rate mental & physical sexual health, sexually safe & appropriate behaviors	Severely dysfunctional, pervasive high risk, danger to self or others prompts continuous protective supervision	Marked limitations in sexual health & self-care, likely prompts extensive level of protective interventions due to high risk to self or others	Behaviors indicate limited sexual health self-care; risk concerns may prompt extra care, interventions, even supervision if risks appear imminent.	Marginally sufficient in self-care of sexual health; minimal understanding of personal or others sexual behavior, issues, inhibitions	Moderately sufficient in sexual health and self-care with routinely helpful education, guidance of others as age appropriate.	Adequate self-care around sexual self & health, self-respect, asking only expected and minimal guidance from others.	Optimal sexual self-care, self respect and respect for partner, no guidance from others needed.

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15-Productivity: Rate functioning primarily in most appropriate expected role (i.e. wage earner, homemaker, employee, student)	Productivity severely limited; often unable to work or adapt to homemaking or school; virtually no attempt to be productive.	Occasional attempts at productivity unsuccessful; no routine or structure at home or in day activities.	Limited productivity; often with currently restricted capabilities for school, independent employment, home making	Marginal productivity with mental distress (e.g. reduced ability to work in sheltered or independent settings)	Moderately functional working in independent job, at home or in school; fluctuates with limited skills, experience.	Adequate functioning, working in independent jobs, home or school; often not applying all available abilities.	Optimally performs related functions, homemaking, or school tasks with ease and efficiency.
16-Coping skills: Rate knowledge and effective use of coping mechanisms.	Pervasive stresses, no mindful use of coping skills approach health endangering threat, needs/requires pervasive supervision	Negative use of coping skills often leading to relapses, crises, involving constant interventions, in or out of protective environment.	Ineffective use of few coping skills prompting regular interventions (e.g. extra contacts, frequent use of over-the-counter medications)	Marginally effective knowledge and use of coping mechanisms; seeks assistance to create or initiate coping mechanisms.	Moderately effective range of coping mechanisms, WNL routine reminders, assistance to initiate coping mechanisms	Effective use of coping mechanisms with only expected, minimal assistance, knows self, acts to reduce stressors and use options to restore confidence.	Optimally effective use of coping mechanisms under various stresses with no significant assistance from others.
17-Behavioral Norms: Rate extended community, social relationships, interaction within community, e.g., court involvement rated <=4	Totally isolated from or evidences severely deviant behaviors (i.e. behavior is overtly disruptive or threatening, may involve criminal justice sanctions)	Often isolated or demonstrates deviant behaviors, e.g., rejected or belligerent to helpers, neighbors; may have serious restrictions by courts/parole.	Limited successful and appropriate interactions, survival level interactions or seriously impaired behaviors, e.g., arrested, restricted by courts/parole	Marginally effective interactions; may be compliant with courts/parole; may receive multiple public system supports in accord with multiple needs	Moderately effective and independent in community interactions; may receive some public support in accord with needs	Adequate positive interactions in resident neighborhood, in one community organization or recreational activity	Independently and Positively interacts in community, church or clubs, recreational activities, hobbies or personal interests, often with other participants
18-Personal Hygiene: Rate independent management of personal hygiene, dental and oral care	No self care - no personal hygiene; evidence indicates health endangering threat, pervasive needs.	High risk or Severe problems with teeth, or in self-care, personal hygiene; health endangered.	Limited self-care of teeth, poor personal, oral hygiene, needs or dependent on assistance.	Marginally self-sufficient in maintaining adequate hygiene, dental-oral health; moderate support	Moderately self-sufficient in maintaining adequate hygiene with routine assistance.	Adequate self-care in maintaining good hygiene; minimal prompts or infrequent assistance	Optimal hygiene functioning; self-sufficient around cleanliness; no issues.
19-Grooming: Rate independent care, groomed hair, hands, general appearance	No personal grooming indicative of high risk, pervasive needs	Marked limitations evident with poorly cleaned hair, hands, self-grooming, serious needs	Limited self-care in grooming, general observations indicate serious impairments.	Marginally self-sufficient in maintaining adequate grooming -regular assistance.	Moderately self-sufficient in grooming with prompts or support - routine assistance.	Adequate self-sufficiency in grooming, minimal assistance needed.	Optimal self-sufficiency in grooming with no issues and no routine assistance.
20-Dress: Rate clean, weather appropriate w/o personal bias	Unclean, undressed - high risk needs due to no self-care	Severe impairment, wearing unclean & inappropriate dress for weather, tasks.	Insufficient clean dress or dress is in poor repair, ill fitting in all weather	Marginally self-sufficient in maintaining clean, appropriate dress,	With periodic support or help, wears clean, appropriate dress,	Adequate self-sufficiency in maintaining clean, appropriate dress,	Optimal self-sufficiency in maintaining clean, appropriate dress;

DLA20™ requires training from MTMServices.org through NCBH.com



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DLA-20© Scoring Rules

- Assess needs, level of functioning, and impairments compared to the GENERAL POPULATION using anchors.
- Each Item on the DLA-20 is rated on a 7 point scale:
 - 1= extremely severe, totally dependent with pervasive need
 - 2= severe problem, concern for safety, danger to self/others
 - 3= serious problem, sometimes independent with extensive help
 - 4= moderate impairments, always needs supports
 - 5= mild impairments with independent strengths, often requires some help and routine support
 - 6= adequate independence with few supports
 - 7= optimal independence
- Scoring is based on an evaluation of the past 30 days. If functioning varied in the last 30 days, rate the lowest score on the more frequent pattern of behavioral responses to symptoms.
- Once you pick a score, look at the anchor score one lower to make sure a lower score is not more accurate. Continue this process until the most accurate score is found.
- If you cannot decide between two scores, always choose the lower score based on current data.
- Consider impairments in functioning due to physical limitations as well as those due to mental impairments that affect functioning (e.g. diabetes, TBI)
- Do not consider environmental/ community limitations (e.g. “no job/ no appropriate school or home placement available”)
- The score is not always correlated with the clients self-reported functioning- trust your own assessment using information provided by the client/ family, collateral information, and your observations. Use the anchors defining strengths & needs compared to the general population.
- The provider is asked to collaborate and review the score on each domain during the clinical interview and indicate the raw score for each item. The average score is the total sum of the ratings on the 20 items divided by the number of items rated. All domains are relevant.
- Must score at least 15 items*

*NOTE: If more than 25% (N=5) of the total items on the measure are missing the tool is not valid. Therefore, the provider and individual receiving care (or informant) should be encouraged to complete all 20 items on the measure.