The Daily Living Activities (DLA) Functional Assessment is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability. The assessment tool quickly identifies where outcomes are needed so clinicians can address those functional deficits on individualized service plans.

The DLA is intended to be used by all disabilities and ages. Developmental Disabilities and Alcohol/Drug Abuse forms are personalized for daily functional strengths and problems associated with those diagnoses. An Adult form exists for SMI and SPMI consumers over the age of 18 and a Youth form for consumers between the ages of 6 and 18.

A sample of five domains (of the Twenty DLA Indicators) and the scoring criteria are listed in Appendix A below.

**RELIABILITY AND VALIDITY:** The DLA is a reliable and valid measure for the purposes of level of care consideration, treatment planning around outcomes, and to correlate and predict DSMIV, Axis V. Two studies with 971 consumers over repeated measures will be reviewed with the results reflecting a satisfactory treatment plan time-saver for case coordinators. The tool is published in the *Research on Social Work Practice* (Abstract and other reference articles are in Appendix B). Please note, however, that since 2005, the DLA has been copyrighted to protect reliability and validity, not for additional monetary remuneration beyond training fees.

**WHO COMPLETES THE DLA FUNCTIONAL ASSESSMENT:** The consumer’s primary clinician or case manager typically has the most information about daily functioning at home or in the community and are best prepared to complete the form. The tool has been shown to take approximately 6 to 10 minutes to complete at the conclusion of an assessment. The information has proven value for treatment planning and estimating Axis V (Global Assessment of Functioning or GAF) of DSMIV and contributes valuable information in psychiatric approval for Medicaid reimbursement and healthcare reporting standards.
TRAINING ON THE DLA

The DLA is a copyrighted measure available for free after appropriate training from MTM Services. Programs who register for training are awarded the rights to manually or electronically use the tool as long as the DLA is not altered, shortened and it is used for validated purposes. The tool is not to be implemented without training through MTM Services.

A DESCRIPTION OF TRAINING SEMINAR: Participants will initially learn why functional assessments are in the forefront of audits and accountability. They will participate in established pretests in order to experience the definition of reliability and validity. They will be introduced to criteria for scoring the functional assessment tool (copyrighted DLA) via the presentation of a current consumer’s functional assessment. Subsequently, small groups congregate under the supervision of the author to assess various members’ consumers using the DLA. Small groups confront intricate questions, misconceptions and learn to focus on functioning for designing measurable goals and treatment plans. In concluding the session, participants reconvene to examine DLAs and their correlation with level of care assignments, DSMIV, Axis V (GAF), scoring GAF with and without objective criteria and using functional assessments in treatment plans, progress notes, and tracking outcomes. Materials for training trainers and clinicians are included.

WHO SHOULD ATTEND THE TRAINING: Psychiatrists, Clinicians, Case Managers, Quality Assurance Officers, human resource trainers working with the aforementioned employees.

Educational Objectives:

1. To Inform programs serving severely mentally ill, substance abuse and developmental disabilities about the APA, Medicaid, OIG Healthcare Report Card basis for requiring functional assessments (separate from symptoms) and research-based criteria necessary for shifting from a subjective to a quantitative Global Assessment of Functioning (GAF).

2. To Validate the GAF: Score, Use, Interpret GAF for customers - Customers who pay and audit us; Customers (staff) who have varying needs when serving consumers; Customers (managers) who manage service and pay employees; and most important with the most emphasis: consumers’ reported satisfaction with treatment, outcomes.

3. To Ensure GAF utilization is consistently scored, reliable with national norms for public healthcare report cards.
Appendix A: Five Sample Domains (of the Twenty DLA Indicators) and the Anchors Supporting the Scoring

<table>
<thead>
<tr>
<th>Activities</th>
<th>Scoring strengths as WNL behaviors (Scores 5-7)</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Practices</td>
<td>Takes care of health issues (includes diabetes, weight, physical ailments), manages moods, infections; takes medication as prescribed; follows up on medical appointments.</td>
<td>Eval R2 R3 R4 R5</td>
</tr>
<tr>
<td>2. Housing Stability: Maintenance</td>
<td>Maintains a stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance if living with others.</td>
<td></td>
</tr>
<tr>
<td>3. Communication</td>
<td>Listens to people, expresses opinions/feelings; makes wishes know effectively.</td>
<td></td>
</tr>
<tr>
<td>4. Safety</td>
<td>Safely moves about community – adequate vision, hearing, makes safe decisions. SAFely uses small appliances, oven/burners, matches, knives, razors, other tools.</td>
<td></td>
</tr>
<tr>
<td>5. Managing Time</td>
<td>Follows regular schedule for bedtime, wake-up, meal times, rarely tardy or absent for work, day programs, appointments, scheduled activities.</td>
<td></td>
</tr>
</tbody>
</table>

Scoring instructions: Ratings for all 20 DLA’s are added then divided in half to estimate mGAF or if only DLA’s are missing, add scores, in Step 1. Add scores from applicable columns. Step 2. Divide sum by number of activities actually rated. This is the average DLA score. Step 3. To estimate GAF or mGAF, multiply the average DLA by 10. Compare to DSMIV Axis V GAF description on back and compare to calculated DLA’s past. Step 4. Change Outcome Score: subtract GAF/mGAF, column R1 from most recent rating R2 to R5.

SAMPLE Page 1 of 3 of 20 DLA’s copyrighted by W. Prestesne, contact for training through National Council of BRAIN Contact MEDS@ilc.com, 75051297.
Appendix B: References


Reliability and Validity of the Daily Living Activities Scale: A Functional Assessment Measure for Severe Mental Disorders

Roger L. Scott (Georgia Mountains Community Services, Gainesville, Georgia)

Willa S. Presmanes (DeKalb Community Service Board, Decatur, Georgia)

Objective: Two studies evaluated the validity and reliability of the Daily Living Activities Scale (DLA), a 20-item functional assessment measure for adults with severe mental disorders. Method: The first study evaluated the internal consistency and interrater reliability of the DLA scoring for 85 clients with severe mental disorders currently receiving services from one of five different treatment programs. In the second study, symptomatology and functional assessment data were collected for 886 clients at time of admission to three different levels of care in community treatment and support services and at the time of 6-month progress reviews. Results: Internal consistency and interrater reliability were adequate. Criterion-related validity was evidenced by the ability of DLA scores to differentiate consumers in different levels of care and by diagnostic categories. Conclusions: Study findings provide evidence of the usefulness of the DLA to support the functional assessment data needs of service providers.

Additional References:

- PERMES Training Materials (Performance Evaluation), State of Ga., DHR, 2002 - 2005
- Reliability, Validity of the Daily Living Activities Scale (to correlate and improve Axis V reliability), 2001
- JCAHO Valid Outcome Indicator, 1998 (Chicago)
- CARF suggested outcome indicator, 2005
- Role Functioning Scale (GA-RFS, 1985 – 2004 multiple publications)