APPLICATION FOR SPECIAL COMPENSATION FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (SCAADL)

(Read DoDI 1341.12, and the attached Instructions before completing this form.)

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 439; DoDD 5154.02; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To allow a Service member to request SCAADL. To allow a DoD or VA licensed physician to certify or recertify that the applicant has a permanent catastrophic illness or injury that was incurred or aggravated in the line of duty and needs assistance from another person to perform personal functions required in everyday living or requires constant supervision or protection and in the absence of the provision of such care would require hospitalization, nursing home, or other residential institutional care. To allow the Services to provide detailed monthly listings of individuals with such determinations to the Defense Finance and Accounting Service of the effective start and stop date of payments for SCAADL. To allow Service Designated Representative and DoD or VA licensed physician to determine the eligibility of the Service member to receive SCAADL.

ROUTINE USE(S): The DoD "Blanket Routine Uses" found at http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx apply to this collection.

DISCLOSURE: Voluntary. However, failure to provide requested information may result in a denial or delay in processing your request for special compensation for assistance with activities of daily living.

RELEASE AUTHORIZATION

I authorize the release of my personal and medical information for the purpose of applying for the SCAADL benefit. I understand that I have the right to revoke this authorization at any time. My revocation must be in writing and it indicates my request to stop processing my SCAADL application.
(Note: If signing on behalf of the Service member, provide legal documentation.)

a. Print Service Member Name *(Last, First, MI)*	b. Relationship to Service Member *(if applicable)*	c. Signature of Service Member or Designated Representative	d. Date *(MM/DD/YYYY)*

SCAADL PROGRAM INTENT

To provide compensation to an eligible member of the Active or Reserve Component of the Military Services who has a permanent catastrophic illness or injury that was incurred or aggravated in the line of duty, and, without assistance, would require hospitalization, nursing home care, or other residential institutional care.

ELIGIBILITY REQUIREMENTS TO APPLY FOR SCAADL BENEFIT

For a Service member to be initially eligible to apply for the SCAADL benefit, DoD policy requires that the Service member meet the following two conditions:

(1) has a permanent[1] catastrophic[2] illness or injury that was incurred or aggravated in the line of duty

(2) has been certified by a DoD or VA licensed physician to be in need of assistance from another person to perform personal functions required in everyday living or would require constant supervision to avoid harm to self or others

1 ***Permanent:*** *Lasting or remaining without essential change; not expected to change in status, condition, or place.*

2 ***Catastrophic:*** *A permanent, severely disabling illness or injury incurred or aggravated in the line of duty that compromises the ability to carry out activities of daily living (ADLs) to such a degree that a Service member requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others.*

PRESCRIBING DOCUMENTS

DoDI 1341.12, "Special Compensation for Assistance with Activities of Daily Living Program"

1. TYPE OF REQUEST: **Initial Application** ☐ **Recertification** ☐ **Appellate Review** ☐

PART I - INITIAL ELIGIBILITY CRITERIA

2. SERVICE MEMBER NAME *(Last, First, MI)*	3. CURRENT PAY GRADE *(e.g., O1 - O9; E1 - E9)*	4. SSN *(Last 4 digits only)*	5. Date of Birth *(MM/DD/YYYY)*

6. DoD OR VA LICENSED PHYSICIAN APPROVED BY TRICARE - Initial Eligibility Decision *(Use an "X" to indicate your answer to 6a. - 6g.)* By signing this form at 6j., I confirm that I (1) understand the intent of SCAADL and (2) have read the DoDI 1341.12.	YES	NO
a. Service member has permanent catastrophic illness or injury that was incurred or aggravated in the line of duty ***(per DoDI 1341.12).***	☐	☐
b. Service member needs assistance from another person to perform the personal functions required in everyday living or requires constant supervision.	☐	☐
c. Service member, in the absence of assistance from another person, would require hospitalization, nursing home care, or other residential institutional care.	☐	☐
d. Service member is an outpatient and has identified a designated primary caregiver.	☐	☐
e. Service member is an outpatient and not receiving federally funded in-home custodial care services (other than respite care), including TRICARE, to assist with activities of daily living or supervision to avoid harm to self or others.	☐	☐
f. Service member is not receiving hospice care to assist with activities of daily living.	☐	☐
g. Service member meets SCAADL eligibility requirements.	☐	☐

h. PRINT NAME *(Last, First, MI)* and TITLE	j. SIGNATURE	k. DATE SIGNED *(MM/DD/YYYY)*
i. CONTACT INFORMATION *(Email and telephone)*		

IF THE SERVICE MEMBER IS NOT ELIGIBLE FOR SCAADL BASED ON THE REQUIREMENTS IN SECTION 6, PROCEED TO SECTIONS 17.

PART II - ASSESMENT AND EVALUATION

(To be completed by Health Care Professional)

7. PHYSICAL MEDICAL FACILITY ADDRESS WHERE SERVICE MEMBER IS RECEIVING TREATMENT *(Medical Facility Name, City, State, and Zip)*	8. PHYSICAL ADDRESS WHERE SERVICE MEMBER IS RESIDING DURING REHABILITATION *(City, State, and ZIP Code)*

9. SOURCES USED TO COMPLETE SECTIONS 10 AND 11 OF THIS APPLICATION *(Select all that apply)*

DIRECT OBSERVATION ☐ CHART REVIEW ☐ DESIGNATED PRIMARY CAREGIVER ☐

10. ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADL) REQUIREMENTS RESULTING FROM PERMANENT CATASTROPHIC ILLNESS OR INJURY

(Use Scoring Guide in Section 10 of the attached instructions located on page 6 of 8.)

(1) AREA	(2) SCORE *(Enter 0 - 4)*	(3) DID HEALTH CARE PROFESSIONAL OBSERVE? *(Use an "X" to indicate your answer)* YES	NO	(4) REASONS FOR SCORE *(Reason provided should be reflective of the scoring criteria listed in sections 10.(2)a. - 10.(2)g.)*
a. EATING *(Ability to feed self meals and snacks. This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.)*		☐	☐	
b. GROOMING *(Ability to tend safely to personal hygiene needs; e.g.,washing face and hands, hair care, shaving, teeth or denture care, fingernail care.)*		☐	☐	
c. BATHING *(Ability to wash entire body safely.)*		☐	☐	
d. DRESSING *(Ability to dress upper and lower body with or without dressing aids.)*		☐	☐	
e. TOILETING *(Ability to get to and from the toilet safely and to maintain perineal hygiene. If managing an ostomy, includes cleaning around stoma but not managing equipment.)*		☐	☐	
f. NEEDS ASSISTANCE WITH PROSTHETIC OR OTHER DEVICE *(Need of adjustment of any special prosthetic or orthopedic appliance which by reason of the particular disability cannot be done without aid; this will not include adjustments of appliances that non-disabled persons would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.)*		☐	☐	
g. DIFFICULTY WITH MOBILITY *(Ability to transfer safely from bed to chair, ability to turn and position self in bed, ability to walk safely on a variety of surfaces)*		☐	☐	
h. TOTAL SCORE FOR ADL REQUIREMENTS				

11. SUPERVISION OR PROTECTION REQUIREMENTS *(Use Scoring Guide in Section 11 of the attached instructions located on page 7 of 8.)*

(1) AREA	(2) SCORE *(Enter 0 - 4)*	(3) DID HEALTH CARE PROFESSIONAL OBSERVE? *(Use an "X" to indicate your answer)*		(4) REASONS FOR SCORE *(Reason provided should be reflective of the scoring criteria listed in sections 11.(2)a. - 11.(2)g.)*
		YES	NO	
a. REQUIRES SUPERVISION OR ASSISTANCE AS A RESULT OF SEIZURES *(Cannot be controlled with medication or require a complex medication regimen to control.)*		☐	☐	
b. DIFFICULTY WITH PLANNING AND ORGANIZING *(Requires supervision or assistance due to inability to plan or organize.)*		☐	☐	
c. SAFETY RISKS *(Requires supervision or assistance due to a risk to self or others and/or personal safety risks such as falls, wandering, inability to cross street safely, unsafe use of electrical/gas appliances, stove top or oven.)*		☐	☐	
d. DIFFICULTY WITH SLEEP REGULATION *(Requires supervision due to sleep dysregulation.)*		☐	☐	
e. REQUIRES ASSISTANCE OR SUPERVISION AS A RESULT OF DELUSIONS OR HALLUCINATIONS *(Requires supervision or assistance due to behavioral risks associated with delusions (irrational beliefs) and/or hallucinations (serious disturbances in perception).)*		☐	☐	
f. DIFFICULTY WITH RECENT MEMORY *(Requires supervision or assistance due to difficulty remembering recent events or learning new information.)*		☐	☐	
g. SELF REGULATION *(Requires supervision or assistance due to any of the following behaviors: aggressive or combative to self or others, verbally disruptive to include yelling, threatening, excessive profanity, impaired decision making, inability to appropriately stop activities, disruptive, infantile or socially inappropriate behavior.)*		☐	☐	
h. TOTAL SCORE FOR SUPERVISION OR PROTECTION REQUIREMENTS				

12. TOTAL SCORES
(Note: To be eligible for SCAADL, in addition to the combined total score, a Service member must meet all eligibility requirements listed in DoDI 1341.12)

COMBINED TOTAL SCORE
(As noted in Section 12.c.)

Tier 1 (Low Dependence): 1 - 12	**Tier 2 (Moderate Dependence): 13 - 20**	**Tier 3 (High Dependence): 21 or greater**
(at least 10 hours/week of caregiver assistance)	*(at least 25 hours/week of caregiver assistance)*	*(at least 40 hours/week of caregiver assistance)*

a. ADL SCORE *(from Block 10.(2)h.)*	b. SUPERVISION OR PROTECTION SCORE *(from Block 11.(2)h.)*	c. COMBINED TOTAL SCORES *(Add the score from 12.a. to score from 12.b. to produce the score for 12.c.)*	d. TIER LEVEL

13. APPLICABLE ICD 10 CODES FOR SCORING SECTIONS 10 AND 11 *(Include only the ICD 10 codes that are applicable to SCAADL eligibility, including the diagnosis for each illness or injury. All ICD codes prior to the release of the ICD 10 codes are obsolete.)*

a. Primary ICD 10 Code 1:	**Description:**
b. Primary ICD 10 Code 2:	**Description:**
c. Primary ICD 10 Code 3:	**Description:**
d. Additional ICD Code(s):	**Description(s):**

14. HEALTH CARE PROFESSIONAL *(Individual who completed sections 7. - 13.)*
By signing this form, I certify that I completed the assessment of the Service member's requirements for assistance with ADL and for supervision or protection.

a. PRINTED NAME *(Last, First, MI)*	**b. TITLE**	
c. TELEPHONE *(Include area code)*	**e. SIGNATURE**	**f. DATE SIGNED** *(MM/DD/YYYY)*
d. EMAIL ADDRESS		

15. DoD OR VA LICENSED PHYSICIAN – Certification
By signing this form, I certify the assessment of the health care professional in Sections 10. through 13. and associated dependence level. I also certify that: (1) the Service member would require hospitalization, nursing home care, or residential institutional care in the absence of assistance with any activities of daily living (ADLs) and/or supervisory/protection needs, and that (2) I understand the intent of SCAADL, and that (3) I have read the DoDI 1341.12.

a. PRINTED NAME *(Last, First, MI)*	**b. TITLE**	
c. TELEPHONE *(Include area code)*	**e. SIGNATURE**	**f. DATE SIGNED** *(MM/DD/YYYY)*
d. EMAIL ADDRESS		

16. SERVICE DESIGNATED REPRESENTATIVE DECISION *(Use an "X" to indicate your answers to 16.a. – 16.d.)*	**YES**	**NO**
a. Service member's permanent catastrophic injury(ies) or illness(es) were incurred or aggravated in the line of duty.	☐	☐
b. Service member has a designated primary caregiver who is not a military member on active orders and who is at least 18 years of age. *(Exception: Service member's spouse may be under 18 years of age.)*	☐	☐
c. Service member's caregiver is not receiving the Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers stipend.	☐	☐
d. Service member is eligible for SCAADL	☐	☐

Please add comments to clarify any items marked "NO" in 16a-d.

e. PRINTED NAME *(Last, First, MI)*	**f. RANK AND/OR TITLE**	
g. TELEPHONE *(Include area code)*	**i. SIGNATURE**	**j. DATE SIGNED** *(MM/DD/YYYY)*
h. EMAIL ADDRESS		

17. SERVICE MEMBER OR DESIGNATED REPRESENTATIVE ACKNOWLEDGEMENT AND SIGNATURE

a. I acknowledge both my Physician's certification of my SCAADL eligibility *(Section 6. and/or Section 15.)* **AND my Service Designated Representative's decision of my SCAADL eligibility** *(Section 16.)*

I **do** intend to appeal this decision. ☐

I **do not** intend to appeal this decision. ☐

I understand I cannot receive special compensation for assistance with activities of daily living if:
(a) I receive outpatient or other federally funded in-home custodial care services (other than respite care) and/or
(b) I receive VA Aid and Attendance compensation OR
(c) my caregiver is also receiving the VA Program of Comprehensive Assistance for Family Caregivers stipend.

b. PRINTED NAME *(Last, First, MI)*	**d. SIGNATURE** *(If signing on behalf of the Service member, provide legal proof of designated representative's authorization.)*	**e. DATE SIGNED** *(MM/DD/YYYY)*
c. CONTACT INFORMATION *(Email and telephone)*		

INSTRUCTIONS FOR COMPLETING DD FORM 2948

(This application should be completed within 30 days from the date entered in Section 6.k. on this form by all responsible parties.)

DD FORM 2948 DEFINITIONS

Catastrophic: A permanent, severely disabling injury, disorder, or illness incurred or aggravated in the line of duty that compromises the ability to carry out activities of daily living (ADLs) to such a degree that a Service member requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others.

Designated Representative: A person designated to make SCAADL decisions for the Service member. This could be a person designated by the Service member, a court-appointed guardian, or a personal representative in accordance with DoD 6025.18-R.

DoD Licensed Physician: A physician with medical expertise in the determination of medical disability by nature of their medical specialty training, or completion of training specifically with the intent and requirements of SCAADL evaluation and certification.

- **A TRICARE-certified (authorized) provider** is a facility, doctor or other healthcare professional that meets the licensing and certification requirements of TRICARE regulations and practices for that area of healthcare.

  TRICARE-certified (authorized) healthcare providers may or may not agree to "accept assignment" — that is, accept the TRICARE maximum allowable charge as payment in full for services. If they don't agree, then they are considered certified (authorized), non-participating providers. They may elect to accept assignment on a claim-by-claim basis. These are also known as TRICARE-certified (authorized), non-network providers. In other words, just because a provider is TRICARE-certified (authorized) does not mean that the provider is contracted with TRICARE.
- **A TRICARE-contracted provider** is a TRICARE-certified (authorized) provider who has a contract agreement with a TRICARE Prime Contractor. This provider agrees to accept the TRICARE maximum allowable charge as payment in full and submit claim forms for beneficiaries. A TRICARE-contracted provider is a certified (authorized), participating provider or a network provider.

Health Care Professional: Military Active and Reserve Component and civilian (GS and those working under contractual or similar arrangement) personnel who have received advanced education or training beyond the technical level in a recognized health care discipline and who are licensed, certified, or registered by a State, Government agency, or professional organization to provide specific health services in that field. This includes those involved in the provision of diagnostic, therapeutic, or preventive care, ancillary services, and administration.

Permanent: Lasting or remaining without essential change; not expected to change in status, condition, or place.

Service Designated Representative: An individual authorized to certify a Service member's SCAADL eligibility on the DD Form 2948 on behalf of the respective Military Service.

SCAADL APPROVAL PROCESS

1. The **DoD or VA Licensed Physician** makes the initial eligibility decision. (Section 6)
2. The **Health Care Professional** assesses/evaluates the Service member for ADLs and Protection/Supervision requirements.(Sections 7 – 14)
3. The **DoD or VA Licensed Physician** certifies the assessment of the Health Care Professional. (Section 15)
4. The **Service Designated Representative** evaluates the Service member's non-medical eligibility criteria. (Section 16)

(Note: The DoD or VA Licensed Physician who completes Section 6 can complete Sections 7-14 but should not then complete Section 15; another DoD or VA Licensed Physician needs to then complete Section 15. However, if a Health Care Professional completes Sections 7-14, the DoD or VA Licensed Physician who completes Section 6 can also complete Section 15.)

RELEASE AUTHORIZATION

Prior to the Service member's assessment for SCAADL eligibility, the Service member, or his/her legally designated representative, must acknowledge consent to release the Service member's personal and medical information that is relevant to undergo the SCAADL eligibility assessment.

1. TYPE OF REQUEST:

Initial Application – This is a new application. Complete all sections of the form.

Recertification – This is a periodic recertification of eligibility for SCAADL compensation, which must occur every 180 days or 6 months, or if the Service member becomes an inpatient for 16 or more cumulative days within a 30-day period. Complete all sections of the form.

Appellate Review – The Service member was initially denied SCAADL eligibility by either a DoD or VA Licensed Physician or the Service member's Designated Representative, and is requesting another review and final determination on SCAADL eligibility. Complete all sections of the form.

PART I - INITIAL ELIGIBILITY CRITERIA TO APPLY FOR SCAADL

To be completed by a DoD or VA Licensed Physician (Section 6)

2. SERVICE MEMBER NAME. As stated.

3. CURRENT PAY GRADE. Use letter and number to convey current, not anticipated or projected, pay grade information *(i.e., O1 - O9; E1 - E9; W1 - W5)*.

4. SSN. Please provide only the last four digits.

5. DATE OF BIRTH. Enter date as a 2-digit month followed by 2-digit day and 4-digit year (e.g., 01/01/2018).

6. DOD OR VA LICENSED PHYSICIAN APPROVED BY TRICARE – Initial Eligibility Decision.

a. Select either Yes or No with an "X."
b. Select either Yes or No with an "X."
c. Select either Yes or No with an "X."
d. Select either Yes or No with an "X."
e. Select either Yes or No with an "X."
f. Select either Yes or No with an "X."
g. Select either Yes or No with an "X."
h. PRINTED NAME AND TITLE. As stated.
i. CONTACT INFORMATION. As stated.
j. SIGNATURE. As stated.
k. DATE SIGNED. Enter date as a 2-digit month followed by 2-digit day and 4-digit year (e.g., 01/01/2018).

IF THE SERVICE MEMBER IS NOT ELIGIBLE FOR SCAADL BASED ON THE REQUIREMENTS IN SECTION 6, PROCEED TO SECTION 17.

PART II - ASSESSMENT AND EVALUATION

(To be completed by a Health Care Professional (Sections 7 - 14); DoD or VA Licensed Physician (Section 15); Service Designated Representative (Section 16); and Service member or Designated Representative (Section 17))

7. SERVICE MEMBER MEDICAL FACILITY. This is the location where the Service member receives primary medical treatment. Include medical facility name, city, state, and ZIP code.

8. PHYSICAL ADDRESS WHERE SERVICE MEMBER IS RESIDING DURING REHABILITATION. This is the location where the Service member physically resides during receipt of the SCAADL. Include city, state, and ZIP Code.

9. SOURCES USED TO COMPLETE SECTIONS 10 AND 11 OF THIS APPLICATION. Select all that apply.

Direct Observation – DoD or VA Health Care Professional directly observes the Service member's Activities of Daily Living (ADLs) requirements (Section 10) and Supervision or Protection requirements (Section 11).

Chart Review – DoD or VA Health Care Professional uses Service member's medical charts to determine the Service member's Activities of Daily Living (ADLs) requirements (Section 10) and Supervision or Protection requirements (Section 11).

Designated Primary Caregiver – DoD or VA Health Care Professional uses Service member's Primary Caregiver's input to determine the Service member's Activities of Daily Living (ADLs) requirements (Section 10) and Supervision or Protection requirements (Section 11).

10. ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADL) REQUIREMENTS RESULTING FROM PERMANENT CATASTROPHIC INJURY OR ILLNESS – SCORING GUIDE.

(1) Area - This section evaluates a Service member's requirement for assistance with ADLs in seven areas: eating, grooming, bathing, dressing, toileting, needs assistance with prosthetic or other device, and difficulty with mobility.

a. Eating. Ability to feed self meals and snacks. Note: This refers only to the process of eating, chewing and swallowing, not preparing the food to be eaten.

4 – Service member is unable to feed self and must be fed by Caregiver all meals and snacks or the Service member needs assistance to receive all nutrients through a nasogastric tube or gastrostomy.
3 – Service member is able to get food to mouth but needs assistance with using knife, fork or spoon; or needs assistance to receive supplemental nutrition through a nasogastric tube or gastrostomy.
2 – Service member is able to feed self independently but requires intermittent assistance or supervision.
1 – Service member requires no more than cueing, coaxing, verbal prompting or light touch to feed self.
0 – Service member completes task/activity without help.

b. Grooming. Ability to tend safely to personal hygiene needs (e.g., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

4 – Service member depends entirely on Caregiver for grooming needs.
3 – Service member is able to do part of some grooming activities but needs assistance throughout.
2 – Service member needs to have grooming utensils placed within reach before able to complete grooming activities.
1 – Service member requires no more than cueing, coaxing, verbal prompting or light touch to complete grooming activities.
0 – Service member completes task/activity without help.

c. Bathing. Ability to wash entire body safely.

4 – Service member is unable to participate effectively in bathing and is bathed totally by Caregiver.
3 – Service member is able to participate in bathing self in bed, at the sink, in bedside chair, or on commode with the assistance or supervision of Caregiver throughout the bath.
2 – Service member is able to participate in bathing self in shower or tub but requires presence of Caregiver throughout the bath for assistance or supervision.
1 – Service member is able to bathe in shower or tub with intermittent assistance such as intermittent supervision or encouragement or reminders or assistance with getting into or out of the shower or tub or for washing difficult to reach areas.
0 – Service member completes task/activity without help.

d. Dressing. Ability to dress upper and lower body with or without dressing aids.

4 – Service member depends entirely on Caregiver to dress upper and lower body.
3 – Service member needs assistance to put on upper body clothing or to put on undergarments, slacks, socks or nylons, and shoes.
2 – Service member is able to dress upper body or lower body if clothing and shoes are laid out or handed to the Service member.
1 – Service member requires no more help than cueing, coaxing, verbal prompting or light touch to dress.
0 – Service member completes task/activity without help.

e. Toileting. Ability to get to and from the toilet safely and to maintain perineal hygiene, if managing an ostomy, includes cleaning area around stoma but not managing equipment.

4 – Service member is totally dependent in toileting.
3 – Service member is unable to get to and from the toilet but is able to use a bedside commode, bed pan/urinal independently.
2 – Service member requires assistance from a Caregiver to maintain toileting hygiene and/or adjust clothing.
1 – Service member is able to get to and from the toilet and manage toileting hygiene with cueing, coaxing, verbal prompting or light touch.
0 – Service member completes task/activity without help.

f. Needs Assistance with Prosthetic/Other Device. Requires adjustment of any special prosthetic or orthopedic appliance which by reason of the particular disability cannot be done without aid. This will not include the adjustment of appliances that non-disabled persons would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.

4 – Service member is unable to put on or adjust a prosthetic device without Caregiver assistance.
3 – Service member is able to assist in putting on or adjusting prosthetic device but still requires Caregiver assistance to complete the task.
2 – Service member is able to manage putting on or adjusting prosthetic device if Caregiver sets up equipment.
1 – Service member manages putting on or adjusting prosthetic device with Caregiver providing cueing, coaxing, verbal prompting or light touch.
0 – Service member completes task/activity without help.

g. Difficulty with Mobility. Ability to transfer safely from bed to chair, ability to turn and position self in bed, ability to walk safely on a variety of surfaces.

4 – Service member is unable to transfer and to turn and position self or unable to ambulate and be up in a chair.
3 – Service member is unable to transfer and is unable to bear weight or pivot when transferred by the Caregiver. Is able to turn and position self in bed.
2 – Service member is unable to walk (with or without assistive devices) or negotiate stairs without the assistance or supervision of a Caregiver.
1 – Service member is able to transfer and walk on even and uneven surfaces with minimal assistance from the Caregiver.
0 – Service member completes task/activity without help.

h. Total Score for ADL Requirements. This section sums up the scores from Sections 10.(2)a. - 10.(2)g.

(2) Score – For Sections 10.(2)a. - 10.(2)g., each score must be linked to a task actually performed by a caregiver for a Service member. Use of adaptive equipment or risks of danger are insufficient grounds for a score. A caregiver must actually assist with the task or be present with the Service member to prevent harm to self or others.

(3) Did Health Care Professional Observe – Select either Yes or No with an "X."

(4) Reasons for Score – Include explanation of the assessment score in addition to what is defined under Sections 10.(1)a. – 10.(1)g. Reason provided should be reflective of the scoring criteria listed in Sections 10.(2)a. – 10.(2)g.

11. SUPERVISION OR PROTECTION REQUIREMENTS – SCORING GUIDE.

(1) Area – This section evaluates a Service member's requirement for supervision or protection.

a. Requires Supervision or Assistance as a Result of Seizures. Service member requires supervision or assistance due to seizures which cannot be controlled with medication or require a complex medication regimen to control.

4 – Service member's seizure condition requires that a Caregiver be available to administer emergency medications at onset or immediately following a seizure.
3 – Service member has a highly complex seizure medication regimen requiring multiple medications, varying dosages, special instructions and actions and requires Caregiver to administer to assure proper management.
2 – Service member requires Caregiver direction to follow regimen in taking multiple medications for seizure, (varying time intervals, some with specific times for administration such as every 6 hours).
1 – Service member is able to follow seizure medication regimen after medications are organized by Caregiver and/or may need occasional reminders.
0 – Service member completes task/activity without help.

b. Difficulty with Planning and Organizing. Service member requires supervision or assistance due to inability to plan and organize.

4 – Service member is unable to initiate and complete tasks and requires Caregiver to motivate and break down each task into smaller steps and requires Caregiver assistance throughout.
3 – Service member requires the assistance of a Caregiver to plan the day, schedule all appointments and assure that appointments are kept and review tasks that must be completed.
2 – Service member is able to initiate and complete tasks with occasional direction from the Caregiver.
1 – Service member requires minimal cueing, coaxing, verbal prompting or light touch to complete tasks or make and keep appointments.
0 – Service member completes task/activity without help.

c. Safety Risks. Service member requires supervision or assistance due to a risk to self or others and/or personal safety risks such as falls, wandering, inability to cross street safely, unsafe use of electrical/gas appliances, stove top or oven.

4 – Service member is at risk of harming self or others without constant Caregiver supervision.
3 – Service member is unable to leave the home or is unable to use electrical/gas or cooking appliances without direct Caregiver supervision.
2 – Service member is able to leave the home and will be safe when remaining in a defined area or Service member is able to safely use electrical/gas or cooking appliances with occasional direction from the Caregiver.
1 – Service member is able to leave the home safely and is able to safely use electrical and cooking appliances with Caregiver cueing, coaxing, verbal prompting or light touch.
0 – Service member completes task/activity without help.

d. Difficulty with Sleep Regulation. Service member requires supervision or assistance due to sleep dysregulation.

4 – Service member is awake all night, requires overnight safety precautions such as locked doors to prevent wandering and overnight supervision by Caregiver.
3 – Service member frequently awakens in middle of night with frightening nightmares and requires the assistance of Caregiver to be able to calm down.
2 – Service member is likely to sleep all day and have poor sleep hygiene without Caregiver direction.
1 – Service member stays up late into the night, physical presence of Caregiver in the home is essential but Service member is able to get sleep. Occasional direction from the Caregiver is required to regulate Service member's sleep.
0 – Service member completes task/activity without help.

e. Requires Assistance or Supervision as a Result of Delusions or Hallucinations. Service member requires supervision or assistance due to behavioral risks associated with delusions (irrational beliefs) and/or hallucinations (serious disturbances in perception).

4 – Service member expresses delusional thoughts or has hallucinations daily and requires full-time Caregiver supervision.
3 – Service member expresses delusional thoughts or has hallucinations several times a week which require Caregiver supervision.
2 – Service member expresses delusional thoughts or has hallucinations several times a month which require Caregiver supervision.
1 – Service member expresses delusional thoughts or has hallucinations once a month or less which require Caregiver supervision.
0 – Service member completes task/activity without help.

f. Difficulty with Recent Memory. Service member requires supervision or assistance due to difficulty remembering recent events or learning new information.

4 – Service member's memory problems are severe with inability to recall events of past 24 hours so that supervision by Caregiver is required.
3 – Service member's memory problems impact ability to work, help at home, drive or care for children placing responsibility for these activities on the Caregiver.
2 – Service member requires cueing, coaxing, verbal prompting or light touch by Caregiver to recall recent information.
1 – Service member occasionally needs assistance and utilizes electronic devices such as PDA or cell phone to assist with memory, Caregiver may need to prompt Service member to use the device.
0 – Service member completes task/activity without help.

g. Self-Regulation. Service member requires supervision or assistance due to any of the following behaviors: aggressive or combative to self or others, verbally disruptive including yelling, threatening, excessive profanity, impaired decision making, inability to appropriately stop activities, disruptive, infantile or socially inappropriate behavior.

4 – Service member displays one or more of the behaviors (described above) on a daily basis and thus requires Caregiver supervision.
3 – Service member displays one or more of the behaviors (described above) several times a week requiring Caregiver supervision.
2 – Service member displays one or more of the behaviors (described above) several times a month requiring Caregiver supervision.
1 – Service member displays one or more of the behaviors (described above) once a month or less requiring Caregiver supervision.
0 – Service member completes task/activity without help.

h. Total Score for Supervision or Protection Requirements. This section sums up the scores from Sections 11.(2)a.-11.(2)g.

(2) Score. For Sections 11.(2)a.-11.(2)g., each score must be linked to a task actually performed by a caregiver for a Service member. Use of adaptive equipment or risks of danger are insufficient grounds for a score. A Caregiver must actually assist with the task or be present with the Service member to prevent harm to self or others.

(3) Did Health Care Professional Observe – Select either Yes or No with an "X."

(4) Reasons for Score – Include explanation of the assessment score in addition to what is defined under Sections 11.(1)a. – 11.(1)g. Reason provided should be reflective of the scoring criteria listed in Sections 11.(2)a. – 11.(2)g.

12. TOTAL SCORES

a. ADL. This is the total score from Section 10.(2)h.

b. Supervision or Protection. This is the total score from Section 11.(2)h.

c. Combined Total Scores. This is the sum of the total score from Section 10.(2)h. and the total score from Section 11.(2)h., entered in Section 12.c.

d. Dependence Level. Based on the combined total scores in Section 12.c., a Service member receives a dependence level (e.g., Tier 1, Tier 2, or Tier 3), as described in the Scoring Guide on page 3 of 8 of this form.

13. APPLICABLE ICD 10 CODES FOR SCORING SECTIONS 10 AND 11 (Include only the ICD 10 codes that are applicable to SCAADL eligibility, including the diagnosis for each injury and illness).

14. HEALTH CARE PROFESSIONAL (Individual who completed Sections 7. - 13.)

a. SIGNATURE.

b. DATE SIGNED. Enter date as a 2-digit month followed by 2-digit day and 4-digit year (01/01/2018)**.**

c. PRINTED NAME. As stated.

d. TITLE. As stated.

e. TELEPHONE. As stated.

f. EMAIL ADDRESS. As stated.

15. DoD OR VA LICENSED PHYSICIAN. Certification of Health Care Professional's assessment and SCAADL eligibility criteria listed in DoDI 1341.12.

a. SIGNATURE.

b. DATE SIGNED. Enter date as a 2-digit month followed by 2-digit day and 4-digit year (01/01/2018)**.**

c. PRINTED NAME. As stated.

d. TITLE. As stated.

e. TELEPHONE. As stated.

f. EMAIL ADDRESS. As stated.

16. SERVICE DESIGNATED REPRESENTATIVE. Certifying 16.a. - 16.d.

a. Use an "X" in the corresponding box to indicate Yes or No.

b. Use an "X" in the corresponding box to indicate Yes or No.

c. Use an "X" in the corresponding box to indicate Yes or No.

d. Select either “Service member is approved for SCAADL” or “Service member is not approved for SCAADL.” Add comments to clarify the recommendation in 16.d.

e. SIGNATURE. As stated.

f. DATE SIGNED. Enter date as a 2-digit month followed by 2-digit day and 4-digit year (e.g., 01/01/2018).

g. PRINTED NAME. As stated.

h. RANK AND/OR TITLE. As stated.

i. TELEPHONE. As stated.

j. EMAIL ADDRESS. As stated.

17. SERVICE MEMBER OR DESIGNATED REPRESENTATIVE ACKNOWLEDGEMENT AND SIGNATURE.

a. Select appropriate acknowledgment box.

b. SIGNATURE. As stated.

c. DATE SIGNED. Enter date as a 2-digit month followed by 2-digit day and 4-digit year (e.g., 01/01/2018).

d. PRINTED NAME. As stated.

e. CONTACT INFORMATION. As stated.