

**THE FUNCTIONAL SKILLS SCREENING INVENTORY  
FSSI**

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**THE FUNCTIONAL SKILLS SCREENING INVENTORY**

- House Bill 3251 was entered into the current legislative session on March 19, 2013 by Representative Zerwas of Fort Bend County.
- This bill would require HHSC and DADS to have an “automated functional assessment” instrument to be used by certain DADS programs (i.e. waiver programs) for persons with IDD in the care of DADS services.
- This assessment would be used for all persons receiving funds for placement and programming through DADS.
- The bill allows for “nationally standardized assessment instruments” to be used or DADS may develop its own assessment instrument.



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- This proposed legislation would require every person who receives Medicaid residential services in Texas to have an “automated functional assessment” that leads to program services, funding allocations, and long term monitoring.
- The back story for this goes back to the Penhurst case in Alabama that established the “right to treatment” for any person who is in a residential placement. This became Public Law 94-103 passed by Congress in 1974.
- If a person with developmental disabilities is placed in a residential service, they must receive program content.



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- This led to vocational assessments, functional behavioral assessments, use of adaptive behavior scales, and/or activities of daily living programs.
  - However, the Department of Justice is not pleased with the content and effort shown in Texas regarding the “right to treatment.”
- What is to be done to provide treatment to a person who has never received training, does not actively participate in daily living activities, or is not in a place where training is available?
- The use of Day Hab has not met standards of care for persons with IDD and therefore, HHSC and DADS are under pressure to show the federal agencies that Medicaid patients are receiving appropriate training in living skills, work skills, and employment options.

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- The problem with most assessment instruments is that the scores tell the provider what the person CANNOT do, instead of finding out what the person can do or needs to do.
- Back in 1984 a group of professionals decided to address this issue of the “right to treatment” for young adults with IDD.
- This group took a different approach. They wanted to shift away from the usual assessments and create a working assessment that helped providers know what to do.

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- The Functional Skills Screening Inventory (FSSI) was created to:
- Shift away from a deficit model (what a person cannot do) to an abilities model that addressed the supports, accommodations, or adaptations that would be needed to provide the age appropriate treatment in natural settings where the person lived.
- The FSSI addresses 2 variables:
  - 1. what supports are needed for the person to live in the community?
  - 2. what supports are needed for the person to OCCUPY their time in a productive manner (note the shift away from the use of “employment.”)




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- The 343 items on the FSSI came from 78 programs in the field in 5 states.
- Providers were asked to define the successful functional skills a persons with disabilities needs when they leave your program. There were very few responses.
- So, the question was changed. What functional skills do you want a person to have when they enter your program?
  - A little over 700 items were returned as functional skills they wanted their prospective residents to have.
  - The authors clustered the total items and reduced them to 343 items.
  - These were assigned to 7 domains of functional skills plus a category labeled Problem Behaviors that would keep a person from being functional.

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- The items on the FSSI are ranked as those that are
  - 1) basic that everyone needs,
  - 2) those that the person will perform with supervision, hand-over-hand guidance, or partially in a stepwise assistance, and
  - 3) those items that a person does independently without supervision or prompting.
- This allows the person to move along a continuum of having functional skills. The functional skills may be learned with direct supervision and then move along to becoming more independent in performing the critical skills.

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- To rate an individual on the FSSI, it is highly recommended that a person work with the individual for at least 2 weeks to observe the individual's ability to participate in items from the FSSI.
- One of the unique features of the FSSI is that the results compare the person to self over time. The individuals who were targeted to receive the FSSI do not have a normative group that contains the same complex disabilities that the individual has.
  - This is called an "ipsilateral assessment" that the individual serves as both subject and control.
  - By comparing the person to self, it is possible to monitor the individual for progress over time.

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- Thus the FSSI is not a normative scale. The FSSI was designed this way on purpose.
- Statistically, for a person to be compared to a normative group (by age, academics, development, intelligence, adaptive behavior, socioeconomic factors, or other measures) the normative group must include individuals representative of the same disabilities of the person being assessed.
- The individuals the FSSI helps have complex problems, chronic issues, and multiple disabilities. That is why an abilities model was chosen. It is also why the FSSI compares the person to self over time.




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- The FSSI measures 2 variables: 
- 1. What supports, accommodations, or modifications does a person need in order to complete a functional skills on the FSSI?
  - This means that the 343 items represent basic functional skills a person needs to live in the community in a variety of placements.
- 2. What supports, accommodations, or modifications does a person need in order to occupy their time in a productive manner?
  - This means “what needs to be done for the person to spend their time in a productive manner”.
  - Note that this is not limited to “employment” most of the individuals the FSSI addresses are not going to be in competitive employment without major modifications of the job skills required.

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- The 343 items on the FSSI are scored using a Likert-type scale from 0 to 4.
- There are allowances for shades of performance that are give in quarter points on each item.
  - Thus it is possible for a person to be scored:
    - 1.00, 1.25, 1.50, 1.75. to 2.00 and repeated quarter points.
- This allows for the person to be assessed on very small steps along a continuum of demonstrated abilities to perform a task.
  - If a person cannot or will not attempt to do a functional skill, it is all right to score them “0” and make a note such as “not appropriate” or “check this out.”
  - If a person performs the task independently without being prompted or in any way signaled, then that person is scored “4” and the item is not targeted for intervention.




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- Is it appropriate to “teach the test?” Of course. The FSSI may be used as a guide to developing the IP/IPP or in implementing tasks in the daily setting so that the person is working along a series of tasks that lead to greater independence.
- It is not necessary to address all 343 items at one time.
- A wise provider chooses the items, along with the individual and the staff that they are interested in implementing.
- What age groups are included in the FSSI?
  - The FSSI may be used with individuals as early as 7 years of age,
  - but the real application of the FSSI starts at the teen age years and may be used up to age 80 years.
  - This allows for the FSSI to follow a person across many placements and provides a common core of tasks to be addressed.
  - Thus a person may have a FSSI done at 14 years of age in order to start the Transition Process in school and home.




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- Certainly by the time a person is 16 years of age, the FSSI may be used to develop a Transition Plan for application in the community setting.
  - For those who are over age 22 years when school services have stopped, the FSSI is a very critical support for the individual with disabilities.
- For young adults, the FSSI is especially helpful in identifying tasks that the person may learn and may benefit from knowing.
- The FSSI items basically start with chores that may be done at the living site, then concepts of occupation of time are introduced that may be generalized to community settings.
- If the FSSI profile is followed, the individual with disabilities has a rich source of opportunities for training, greater independence, and more activity in their daily living.




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