

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

Instructions for completing DD FORM 2948 SCAADL Eligibility

1. SERVICE MEMBER NAME

Enter Service member's last, first, and middle name/initial

2. DOD ID NUMBER / SSAN

Enter Service member's last four of the Social Security Number

3. DATE OF BIRTH

Enter Service member's date of birth (year/month/day)

4. SOURCES USED TO COMPLETE THIS TOOL

Direct Observation – The person completing items 7 (Assistance With Activities of Daily Living) and 8 (Supervision / Protection) has observed the Service member's ability to perform tasks / activities.

Chart Review – The information to complete items 7 and 8 was taken from the Service member's treatment record.

Report of Primary Family Caregiver – The information to complete items 7 and 8 was obtained from the Service member's Primary Family Caregiver.

NOTE: Information to complete items 7 and 8 may be required from one or more of these sources.

5. FACILITY / LOCATION

Enter the treatment facility name / location providing the Service member's outpatient care

6. SERVICE MEMBER ADDRESS

Enter the address where the Service member resides (city, state, ZIP Code)

7. and 8. ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADL) AND SUPERVISION / PROTECTION SCORING

Total Assistance – requires total assistance – the Service member contributes less than 25% of the effort or the activity is not performed (Service member unable or does very little (<25% of the task))

Maximal Assistance – requires substantial assistance – the Service member provides 25 – 49% of the effort to complete the task (does less than half the task themselves, but does contribute)

Moderate Assistance – requires moderate help, but still performs 50 – 74% of the task themselves (hands on help but Service member does more than half the task themselves)

Minimal Assistance – requires incidental help **only** to complete the task – does 75% themselves (help at the level of touching only)

Complete Independence -- requires no help to complete the task - Service member performs the task within a reasonable amount of time, and does so safely without the need for modification, assistive devices or aids.

Score – enter numerical rating corresponding to the Service member's requirement for assistance

Did Clinician Observe – indicate if clinician observed task / activity

Reason for Score – enter brief entry, if necessary, for “not observed” areas, to explain rating (i.e., information obtained from primary caregiver/treatment record)

NOTE: Normally, the ADL or the Supervision / Protection scoring portion will be completed for determining the Service member’s dependence level. However, there could be situations where it is necessary to complete the ADL and Supervision / Protection scoring portions for a Service member, based on their medical condition(s).

7a. **TOTAL SCORE**

Enter the total ADL score (1 – 28)

8a. **TOTAL SCORE**

Enter the total Supervision / Protection score (1 – 28)

9. **TOTAL SCORES**

9a. Enter the total ADL score (0 if not used)

9b. Enter the total Supervision / Protection score (0 if not used)

9c. Enter the combined total of 9a and 9b

9d. Enter the dependence level (High, Moderate, or Low)

Note: If the ADL and Supervision / Protection scoring portions are used, the total of these two portions will determine the Service member’s dependence level. Also, the combined total could exceed “28” for scoring purposes, but will still be indicated as “High” dependence.

10. **APPLICABLE ICD-09/10 CODES**

Enter the IDC-09 /10 code(s) applicable to the Service member’s catastrophic condition.

11a. **PERSON COMPLETING FORM** (Signature)

Enter the Signature of the physician completing the DD 2948 to determine the Service Member’s dependency level.

11b. **DATE**

11c. **PRINTED NAME OF PHYSICIAN** (Last, First Middle Initial)

Enter name of physician completing the DD 2948 to determine the Service member’s dependency level.

11d. **TITLE**

Enter the title of the physician completing the DD 2948

11e. **TELEPHONE** (Include Area Code)

Enter the commercial phone number of the physician completing the DD 2948

11f. **EMAIL ADDRESS**

Enter the physician’s Email address completing the DD 2948

12. **SERVICE MEMBER ACKNOWLEDGEMENT**

Service member’s / guardian’s acknowledgement of the assessment of the dependency level indicated in item 9 (Total Scores)

12a. **PERSON COMPLETING FORM**

Service member's / guardian's name and signature

12b. **DATE**

Enter the date of the Service member's / guardian's acknowledgement of the assessment of dependency

12c. **TELEPHONE NUMBER**

Enter the Service member's / guardian's commercial telephone number

12d. **EMAIL ADDRESS**

Enter the Service member's / guardian's Email address