

MR SERVICES
AND
SUPPORTS
ASSESSMENT

INSTRUCTION
BOOKLET

Updated 07/28/2008

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Significant Changes Effective 07/01/2008

1. The assessment has been dramatically shortened by eliminating the “Potential and Waiver Dimensions”.
2. For each service select “Receives” if the client is now receives the service.” **Select “Need (90 Day)” for needs that will be met within 90 days after the planning meeting.** Change “Need (90 day)” to “Unmet Need” when the need is not met within 90 days.
3. There is only one required question on the assessment: Community Activities – Inclusion Hrs/Wk. Please select the number of hours that on the average a client is included in community activities by non-paid individuals. Staff may be present in the background but is not directly participating or guiding the client. This is being done by the community citizen as a natural support. Examples might be: Client attends church but staff remain outside and available but is not escorting during the service, or a client is making a purchase at a store and the staff remains at the front or off to the side and client makes the purchase on their own.
4. In the safety section, a list of safety and behavior plans is now available for selection as well as the identification of different funded add-ons.

MR Services and Supports Assessment

Purpose: This assessment collects information regarding the range and variety of services currently used or needed by the client. This information reports decisions from the two basic planning processes and tracks the delivery of the services and supports recommended from those plans.

Structure: This assessment contains a standard list of services and supports used throughout the assessment. Services and supports definitions are at the end of these instructions. These services and supports are used in six dimensions within this assessment. Dimension one is for Required Dates/Information. The standard services list is divided across five dimensions. Before starting to use the assessment, the user needs to understand what these general grouping of dimensions mean and when they should be updated.

General Rules:

- On all dimensions for all services and supports, please answer the "None, Receives, Need (90 day), Unmet Need" question first.
All questions automatically default to "None" meaning that no service or support is received or needed depending on the dimension.
- Select correct answers from all "Housing and Education" drop-down boxes.
- Select the correct answer for all drop-down boxes labeled "Reason for Unmet Need" for the items answered "Unmet needs."
- **Remember to always lock your assessment when finished, but do not enter an End Date for the assessment.**
- You do not have to enter End Dates to any MR Services and Supports Assessments because "Create a New Version" does that automatically.
- Always "Create a New Version" when updating the assessment.
- When entering dates for Date Need (90 day) Determined, Date Determined Unmet, and/or First Service Date, "Create a New Version" each time you update the dates.
- To end an Unmet Need, select "None"- if client is not receiving the service and/or no longer needs this service or "Receives" - if client is now receiving the service/support and enter the First Service date.
- Leave all dates in the assessment until the next annual plan.
- Following annual plan, version the assessment and remove all dates of First Service Date, Date Need (90 day) Determined, and Date Determined Unmet, and enter any new Needs or Unmet Needs.

Updating MR Services & Supports

Assessment:

1. Anchor client.
2. Click on Assessments.
3. Click on the ID# that corresponds to the most recent Service & Support Assessment. (This will be the Assessment that does not have an end date).
4. Once the Assessment opens, click on Create a New Version button.

Create New Version

5. At the next screen you will be prompted for the Start Date of the new Assessment. You only need to enter the Start Date and press OK. After pressing Ok the system assigns an end date to the old version and will refresh the screen with a new version of the assessment.

6. The system will generate a new Assessment General page. Enter the "Performed by" by clicking on the up arrow:

| Close | | Save | | Copy | | Score | | Create New Version | | Link to Process | | Show: General | |
|------------------------------------|--|----------|--|--------------------------|--|-------|--|--------------------|--|-----------------|--|---------------|--|
| Type: | MR Services and Support Assessment (Version 4) | Previous | Assessment: | | | | | | | | | | |
| Start Date: | 05/14/2004 | | End Date: | | | | | | | | | | |
| Performed By: | | | Date of first assessment: | 01/05/2004 | | | | | | | | | |
| Client Refuses to take Assessment: | <input type="checkbox"/> | | Date of first Assessment at this Organization: | 01/05/2004 | | | | | | | | | |
| Baseline: | <input type="checkbox"/> | | Locked: | <input type="checkbox"/> | | | | | | | | | |
| Description: | | | | | | | | | | | | | |

Click on the up arrow for Organization.

Click on the drop down arrow beside Provider and then choose State of Maine.

Type BDS in the Quick Find click GO.

Choose the Organization that you are assigned to using the scroll bar on the right, Click OK:

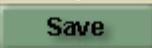
Type your last name in the Last Name Quick Find box, Click Go.

Click on your name, Click OK.

You will be brought back to the Assessment General page. Type in a Description for this Assessment (i.e. Clients updated Services & Supports). Click Save.

7. Click on the Show menu down arrow on the right hand side; click on Questionnaire.

8. You will now be brought to the first dimension of this Assessment, Required Dates/Information. To complete this dimension, enter applicable dates and/or exception reasons.

After you have entered all information Click Save . You are now ready to move to the next dimension.

There are comment text fields at the end of each group of items. These fields are to be used to explain any unusual concerns or conditions that exist for one or more of the items in that group of services. For example, the comment field for housing may contain an explanation for any unusual or necessary supports needed to maintain the current living arrangement.

Explanation of Date Fields:

Date Determined Unmet: If the answer to an item is “Unmet” then a date determined must be entered. The date to be entered is then to be either an annual plan date or a plan review date.

First Service Date: This date reflects the first date that the service/support occurs.

Date Need (90 day) Determined: This date reflects the date the service/support was determined to be a need.

A "Need" is something identified by the consumer/guardian and the team that is required to maintain or improve a person's quality of life and should be met within a specific time frame. Examples are housing, employment, day services, medical and other professional services, respite, leisure, family support, transportation.

It is expected that, when the required resources are available to the team, most Needs shall be met within 90 days. It is also understood that for some Needs, such as housing and employment, a time frame of 90 days or less may be unrealistic even when all required resources are available to the team. Whenever the team identifies a time frame greater than 90 days, it must provide an explanation in the Action Plan for why the Need cannot be met within 90 days despite the availability of all necessary resources. Time frames may be adjusted only when necessary, due to the consumer's inability or unwillingness participate.

A Need will be identified and treated as an "Unmet Need" when it has not been met within the time frame set by the team or whenever the team has determined, at any point in the process, that a resource required to address the Need is not available. ***(**DO NOT ENTER AN UNMET NEED UNTIL SET TIME FRAME HAS EXPIRED OR PASSED**)***

REQUIRED DATES/INFORMATION

REQUIRED DATES/INFORMATION: This dimension captures Annual dates (i.e. Annual Plan Date, Annual Medical Exam Date, Annual Dental Date, Date of Last Eye Examination, Hearing Examination Date, and Re-Class Dates for Section 21 & Section 29 Waiver Services)

CASE MGNT/LEGAL NEEDS

CASE MANAGEMENT:

If the client is receiving any of the services/supports under Case Management, choose "Receives".

If the answer to the individual questions under Case Management is "Unmet", please provide the "Date Determined Unmet" and the appropriate answers in the drop down lists titled "Reason for Unmet Need" and "ISC Waitlist Priority list".

The drop down lists for "Reason for Unmet Need" and "ISC Waitlist Priority" consists of the following.

Reason for Unmet Need: (Drop down list)

- No Need
- Consumer Choice
- No ISC (community or private) available

ISC Waitlist Priority:

- No Health and Safety Jeopardy
- Potential Health and Safety Jeopardy
- Immediate Health and Safety Jeopardy

If the answer to the individual questions under Case Management is "Need (90 day)", please provide the "Date Need (90day) Determined"

LEGAL/REGULATORY:

If the client is receiving any of the services/supports under Legal/Regulatory, choose "Receives".

If the answer to the individual questions under Legal/Regulatory is "Unmet", please provide the "Date Determined Unmet" and the appropriate answers in the drop down lists titled "Reason for Unmet Need".

The drop down lists for "Reason for Unmet Need" consists of the following:

- No Need
- Need decision making support
- Need legal protection support
- Need court representation
- Need more accessible/available support
- Need legal Assistance/Direction

If the answer to the individual questions under Legal/Regulatory is "Need (90 day)", please provide the "Date Need (90day) Determined"

FINANCIAL:

If the client is receiving any of the services/supports under Financial, choose "Receives".

If the answer to the individual questions under Financial is "Unmet", please provide the "Date Determined Unmet" and the appropriate answers in the drop down lists titled "Reason for Unmet Need".

The drop down lists for "Reason for Unmet Need" consists of the following:

- No Need
- Need more support/time
- Need same support with additional skills
- Need more accessible/available support
- Need reduced support
- Need more planning
- Need to learn new skill
- Need for natural support
- Consumer choice

If the answer to the individual questions under Financial is "Need (90 day)", please provide the "Date Need (90day) Determined"

COMMUNITY/SAFETY/HOUSING NEEDS

ENVIRONMENTAL MODIFICATION/ADAPTIVE EQUIPMENT:

If the client is receiving any of the services/supports under Environmental Modification/Adaptive Equipment, choose "Receives".

If the answer to the individual questions under Environmental Modification/Adaptive Equipment is "Unmet", please provide the "Date Determined Unmet" and the appropriate answers in the drop down lists titled "Reason for Unmet Need".

The drop down lists for "Reason for Unmet Need" consists of the following:

- No Need
- Need Barrier Free
- Need Adaptive Equipment Training
- Funding Not Available
- Need Safety Equipment
- Need Environmental Protections

If the answer to the individual questions under Environmental Modification/Adaptive Equipment is "Need (90 day)", please provide the "Date Need (90day) Determined"

SAFETY:

If the client is receiving any of the services/supports under Safety, choose "Receives".

If the answer to the individual questions under Safety is "Unmet", please provide the "Date Determined Unmet" and the appropriate answers in the drop down lists titled "Reason for Unmet Need".

The drop down lists for "Reason for Unmet Need" consists of the following:

- No Need
- Need More Support/Time
- Need Same Support with Additional Skills
- Need More Accessible/Available Support
- Need Reduced Support
- Need More Planning
- Need to Learn New Skill
- Need for Natural Support
- Need for Unscheduled Transportation

- Consumer Choice.
- Need Personal Protection
- Need Available Intervention
- Need Behavior Management Plan

If the answer to the individual questions under Safety is “Need (90 day)”, please provide the “Date Need (90day) Determined”

COMMUNITY ACTIVITIES:

If the client is receiving any of the services/supports under Community Activities, choose “Receives”.

If the answer to the individual questions under Community Activities is “Unmet”, please provide the “Date Determined Unmet” and the appropriate answers in the drop down lists titled “Reason for Unmet Need”.

The drop down lists for “Reason for Unmet Need” consists of the following:

- No Need
- Need More Support/Time
- Need Same Support With Additional Skills
- Need More Accessible/Available Support
- No Provider Available
- Need Reduced Support
- Need More Planning
- Need to Learn New Skill
- Need for Natural Support
- Need for Unscheduled Transportation
- Funding Not Available
- Consumer Choice

If the answer to the individual questions under Community Activities is “Need (90 day)”, please provide the “Date Need (90day) Determined”

RESIDENTIAL:

If the client is receiving any of the services/supports under Residential, choose “Receives”.

If the answer to the individual questions under Residential is “Unmet”, please provide the “Date Determined Unmet” and the appropriate answers in the drop down lists titled “Reason for Unmet Need”, “Housing Type”, and “Housing Level of Support”.

The drop down lists for “Reason for Unmet Need”, “Housing Type”, and “Housing Level of Support” consist of the following:

Housing Type:

- Own Apartment/Home (No Support)
- Own Apartment/Home (Partial Support)
- Live with parents/relatives
- Boarding/Lodging House
- Assisted Living Program (Congregate)
- Unlicensed Residential Care (1-2 Beds) (Per Diem)
- Unlicensed Residential Care (1-2 Beds) (Family Center)
- Level I Residential Care Facilities (1-2 Beds) (Per Diem)
- Level I Residential Care Facilities (1-2 Beds) (Family Center)
- Level II Residential Care Facilities (3-6 Beds) (Per Diem)
- Level II Residential Care Facilities (3-6 Beds) (Family Center)
- Level III Residential Care Facilities (3-6 Beds, Level I plus) (Per Diem)

- Level III Residential Care Facilities (3-6 Beds, Level I plus) (Family Center)
- Level IV Residential Care Facilities (7 or more beds)
- ICF/MR Group
- ICF/MR Nursing
- General ICF Nursing
- Homeless/Shelter
- Hospital – Psychiatric
- Hospital – Medical
- Residential Treatment – Substance Abuse
- Residential Treatment – Mental Health
- Correctional Facility
- Correctional Halfway House
- Homeless Shelter
- DHHS Crisis Home
- Crisis Transition Home

Reason for Unmet Need:

- No Need
- Need More Support/Time
- Need Same Support with Additional Skills
- Need More Accessible/Available Support
- No Provider Available
- Need Reduced Support
- Need More Planning
- Need to Learn New Skill
- Need for Natural Support
- Funding Not Available
- Consumer Choice

Housing Level of Support:

- No Support
- Support of Housemates and/or Supervision
- Regularly Scheduled Part-Time Assistance and/or Supervision
- 24 Hr On Site Assistance and Training
- 24 Hr On Site Assistance with Intensive Medical and/or Behavioral Supports
- Occasional Family Respite
- Non-Scheduled or On-Call Assistance

If the answer to the individual questions under Housing is “Need (90 day)”, please provide the “Date Need (90day) Determined”

DAY SERVICE/WORK NEEDS

DAY/EVENING SERVICES:

If the client is receiving any of the services/supports under Day/Evening Services, choose “Receives”.

If the answer to the individual questions under Day/Evening Services is “Unmet”, please provide the “Date Determined Unmet” and the appropriate answers in the drop down lists titled “Reason for Unmet Need”.

The drop down lists for “Reason for Unmet Need” consists of the following:

- No Need
- Need for Reduced Support
- Need for Additional Support
- No Provider Available
- Retirement
- Need Barrier Free Environment
- Support/Service Not Available
- Funding Not Available

- Consumer Choice

If the answer to the individual questions under Day/Evening Services is “Need (90 day)”, please provide the “Date Need (90day) Determined”

EDUCATION:

If the client is receiving any of the services/supports under Education, choose “Receives”.

If the answer to the individual questions under Education is “Unmet”, please provide the “Date Determined Unmet” and the appropriate answers in the drop down lists titled “Reason for Unmet Need” and “Education Type”.

The drop down lists for “Education Type” consists of the following:

- No Educational Service Needed
- Public/Private School
- Adult Education
- Post Secondary
- Secondary Vocational School

The drop down lists for “Reason for Unmet Need” consists of the following:

- No Change
- Needs Public School Program
- Public School Unable or Unwilling to Meet Need
- Needs Skill Development/Personal Enrichment
- Aged Out of School
- Support/Service Not Available
- Funding Not Available
- Consumer Choice

If the answer to the individual questions under Education is “Need (90 day)”, please provide the “Date Need (90day) Determined”

TRANSPORTATION:

If the client is receiving any of the services/supports under Transportation, choose “Receives”.

If the answer to the individual questions under Transportation is “Unmet”, please provide the “Date Determined Unmet” and the appropriate answers in the drop down lists titled “Reason for Unmet Need”.

The drop down lists for “Reason for Unmet Need” consists of the following:

- No Need
- Need More Accessible/Available Support
- Funding Not Available
- Need for Unscheduled Transportation
- No Provider Available

If the answer to the individual questions under Transportation is “Need (90 day)”, please provide the “Date Need (90day) Determined”

WORK:

If the client is receiving any of the services/supports under Work, choose “Receives”.

If the answer to the individual questions under Work is “Unmet”, please provide the “Date Determined Unmet” and the appropriate answers in the drop down lists titled “Reason for Unmet Need”.

The drop down lists for “Reason for Unmet Need” consists of the following:

- No Need
- Job Ready
- Need for Reduced Support
- Need for Additional Support
- Job Coaching Unavailable
- Need for Job Change
- Lost Job
- Need Special Accommodations
- Need Additional Training
- Seeking More Hours of Work
- Long Term Support
- Other (specify below)
- Wants to Work – No Assessment/Training
- Support/Service Not Available
- Funding Not Available
- Consumer Choice

If the answer to the individual questions under Work is “Need (90 day)”, please provide the “Date Need (90day) Determined”

PERSONAL/EVALUATION SUPPORTS NEEDS

PERSONAL SUPPORTS:

If the client is receiving any of the services/supports under Personal Supports, choose “Receives”.

If the answer to the individual questions under Personal Supports is “Unmet”, please provide the “Date Determined Unmet” and the appropriate answers in the drop down lists titled “Reason for Unmet Need”.

The drop down lists for “Reason for Unmet Need” consists of the following:

- No Need
- Need More Support/Time
- Need Same Support With Additional Skills
- Need More Accessible/Available Support
- Provider Not Available
- Need Reduced Support
- Need More Planning
- Need to Learn New Skill
- Need for Natural Support
- Need for Unscheduled Transportation
- Consumer Choice

If the answer to the individual questions under Personal Supports is “Need (90 day)”, please provide the “Date Need (90day) Determined”

EVALUATION AND TREATMENT SERVICES:

If the client is receiving any of the services/supports under Evaluation and Treatment Services, choose “Receives”.

If the answer to the individual questions under Evaluation and Treatment Services is “Unmet”, please provide the “Date Determined Unmet” and the appropriate answers in the drop down lists titled “Reason for Unmet Need”.

The drop down lists for “Reason for Unmet Need” consists of the following:

- No Change
- Needs Assessment/Evaluation
- Needs More Sessions/Time
- Needs Same Services/Support with More Skilled Provider
- Needs More Accessible/Available Support
- Needs Reduced Services/Support
- Needs Specialist
- Funding Not Available
- Need for Unscheduled Transportation
- Consumer Choice

If the answer to the individual questions under Evaluation and Treatment Services is “Need (90 day)”, please provide the “Date Need (90day) Determined”

COMMUNICATION NEEDS

COMMUNICATION:

If the client is receiving any of the services/supports under Communication, choose “Receives”.

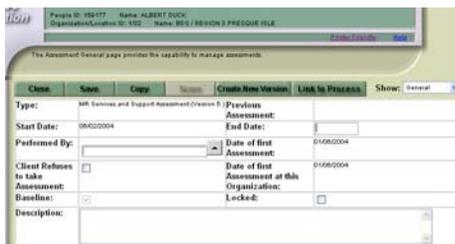
If the answer to the individual questions under Communication is “Unmet”, please provide the “Date Determined Unmet” and the appropriate answers in the drop down lists titled “Reason for Unmet Need”.

The drop down lists for “Reason for Unmet Need” consists of the following:

- No Need
- Need More Support/Time
- Need Same Support with Additional Skills
- Need More Accessible/Available Support
- No Provider Available
- Need Reduced Support
- Need More Planning
- Need to Learn New Skill
- Need for Natural Support
- Need for Unscheduled Transportation
- Funding Not Available

If the answer to the individual questions under Communication is “Need (90 day)”, please provide the “Date Need (90day) Determined”

10. Once you have completed all six dimensions, click on the Close button. This will bring you back to the Assessment General page where you will need to Lock and Save this assessment. To do this you will click on the checkbox beside “Locked” and then click the Save button.



DEFINITIONS

| REQUIRED DATES/INFORMATION | |
|--|---|
| Annual Plan Date | Date of the Annual plan. |
| Annual Medical Exam Date | This is the date of the most recent medical examination and is not to exceed 12 months. Use exception box for over 12 months. |
| Annual Dental Date | This is the date of the last dental examination and is not to exceed 12 months. Use exception box for over 12 months. |
| Edentulous: | Edentulous means having no teeth – oral examinations are still required but annual dental examination is not required. |
| Date of Last Eye Examination | This is the date of the last eye examination and is not to exceed 24 months. Use exception box for over 24 months. |
| Hearing Examination Date | Date of most recent hearing exam. |
| Section 21 HCBS Waiver Next Re-Class Date | Please provide the date of the next reclass for Section 21 services. This is found at the bottom of the DS Comprehensive Waiver Assessment – BMS 99 Dimension. |
| Section 29 Support Waiver Next Re-Class Date | Please provide the date of the next reclass for Section 29 services. This is found at the bottom of the DS Support Waiver Assessment – BMS 99 Dimension. |
| CASE MANAGEMENT | |
| Individual Support Coordinator – State: | DHHS appointed staff person responsible for coordinating a person’s planning process and services. |
| Current State Case Status | Please provide the current State Case Management Status Type. <ul style="list-style-type: none"> Active: Client has an Individual Support Coordinator – State assigned to them. Inactive: A client formally served by State Individual Support Coordinator and is not receiving case management from any other source and would return to the Department to request additional case management support. Closed: Client does not receive/want any case management services from Department. Intake: Client is currently involved in the Department’s Intake Eligibility process for Mental Retardation services. |
| Community Case Management (Adult) | Community agency staff person responsible for coordinating a person’s planning process and services through a DHHS approved community agency provider. |
| Current Community Case Status | Please provide the current Community Case Management Status Type. <ul style="list-style-type: none"> Active: Client has a Community Case Manager assigned to them. Inactive: Client is not assigned to a Community Case Manager and not actively receiving case management from any other source but would return to community provider for case management services. Closed: Client does not receive Community Case Management. Intake: Client is currently involved in the Community Case Management Agencies Intake process. |
| Community Case Management (Children) | Community agency staff person responsible for coordinating a child’s Individual Support Plan and services through a DHHS approved community agency provider. If “Yes”, please provide the Name of the Provider |
| DHHS Child Protective | A new referral under the age of 18 may have a child protective worker involved in the referral. Check “Yes” if there is DHHS Child Protective Worker assigned. |

| LEGAL/REGULATORY | |
|--|--|
| Guardian - Public: | State of Maine has been appointed the public guardian. |
| Guardian - Private | Individual has been appointed a private guardian. |
| Conservator - Public: | State of Maine appointed by probate court to manage the financial affairs of a protected person, based upon a finding of inability of the protected person to effectively manage his property and affairs. |
| Conservator – Private: | Private Individual or Organization appointed by probate court to manage the financial affairs of a protected person, based upon a finding of inability of the protected person to effectively manage his property and affairs. |
| Correspondent - CAB: | Consumer Advisory Board appointment of a person to serve as correspondent. An individual designated as next friend of a person in the following order of appointment starting with the person’s private guardian; then the person’s parents or parent; then the closest relative; and then an individual designated by the Consumer Advisory Board. |
| Correspondent – Other: | Guardian, family member, or friend who acts as correspondent. |
| Legal Services: | Includes the use of an outside legal representative such as an attorney, legal service agency, etc. for legal services other than public guardianship. |
| FINANCIAL | |
| DHHS Representative Payee: | State of Maine designated by Social Security to receive and disburse SSA or SSI funds on behalf of the individual. Also included are other sources of personal income that designates State of Maine as representative payee. |
| Agency Representative Payee: | Community agency designated by Social Security to receive and disburse SSA or SSI funds on behalf of the individual. Also included are other sources of personal income that designates the agency as representative payee. |
| Other Representative Payee: | A person designated to receive and disburse personal income funds from Social Security or other benefit services. |
| Money Management Assistance: | Covers all other methods of helping or supporting the person with money management excluding representative payee. |
| Mortuary Trust (Over Age 50): | A Mortuary Trust Agreement is an irrevocable written agreement between an individual or their guardian, the (Donor), and a Funeral Home which becomes the TRUSTEE for that trust, which authorizes the funeral home to establish an interest bearing account to cover the costs of funeral services upon the death of the individual named as recipient of the trust. All funds received by the Funeral Home and all interest that accumulates in the account can only be withdrawn upon the death of the individual named by the trust. Mortuary trusts are to be considered for persons over age 50, or for persons with potentially life threatening disorders. Persons under age 50 may have a mortuary trust but the absence of one will not be considered an unmet need until the person has past the age of 50. |
| ENVIRONMENTAL MODIFICATION/ADAPTIVE EQUIPMENT | |
| Environmental Access Modification: | Includes all types of environmental modifications from ramps to bathroom renovations. |
| Other Non-Access Modifications: | Any other non-access modifications. Example of Other Modifications include safety glass replacement, special protective covers on outlets, locked cabinets, special floor coverings, etc. |
| Adaptive Equipment: | Covers the need for adaptive equipment of all types unless already covered under vision, hearing, and communication. |
| SAFETY | |
| Severely Intrusive Behavior Plan | Severely intrusive plans describe interventions that involve some degree of coercion (Restraint, etc.). They must be planned behavioral interventions except during an emergency. The date of the most recent |

| | |
|--|--|
| | approval must be entered in the "Date Committee Approved". |
| 3-Person Committee Approval | A 3-person committee is responsible for reviewing and approving all severely intrusive programs on a case-by-case basis, at least quarterly. The committee may elect to conduct reviews more frequently. Check yes if approved and be sure the date of approval is entered above in the "Date Committee Approved" box. |
| Individual Support Team Plan | Review of the crisis incident and any documentation provided, such as hospital assessments, restraint information, resource development information. The planning team will then develop a crisis intervention plan, and will identify IST members and their roles. This plan should be preventative in nature and should include guidance about future response to potential crisis situations. |
| Behavior Management Plan (Non-Intrusive) | This is a formal separate plan or an element of the person centered plan designed to manage and intervene in situations where emotional and psychiatric behavior is jeopardizing the health, safety and placement of the person. It included Crisis Prevention Plans, Individual Support Teams, and PCP with a crisis intervention component. |
| Emergency Safety Plan: | This is not a formal separate plan but includes special considerations or elements of the person centered plan that are designed to enhance the safety of the person. Examples include: type of supervision while bathing, pica behavior management, eating considerations in terms of texture, choking potential, etc. |
| Behavioral Add-on Community Support | When additional support is needed due to client behavior concerns, a time-limited adjustment to the established published rate for Community Support is available. Check "Yes" if the provider receives additional funding as a "Behavioral Add-on". |
| Behavioral Add-on Home Support | When additional support is needed due to client behavior concerns, a time-limited adjustment to the established published rate for Home Support is available. Check "Yes" if the provider receives additional funding as a "Behavioral Add-on". |
| Medical Add-on Community Support | When additional support is needed due to <u>client medical conditions</u> , a time-limited adjustment to the established published rate for Community Support is available. Check "Yes" if the provider receives additional funding as a "Medical Add-on". |
| Medical Add-on Home Support | When additional support is needed due to <u>client medical conditions</u> , a time-limited adjustment to the established published rate for Home Support is available. Check "Yes" if the provider receives additional funding as a "Medical Add-on". |
| Family Support Level II Intensive | Family-Centered Support Level II is an intensive model when the provider requires the assistance of other trained and approved staff to assist in habilitation and support offered to the member. If the Family Support Intensive Level II Add-on support is received, check "Yes" |
| COMMUNITY ACTIVITIES | |
| Recreation outside of home/day program: | Covers all types of active recreation and/or leisure time activity. |
| Community Inclusion Activities without staff support | These are activities and life experiences the client engages in as part of the larger community with that larger part of the providing necessary support and accommodation without paid staff. Inclusion is counted when the 24/7 staff may stay a discrete distance while the client interacts or participates with community members in community settings. Example |

| | |
|-----------------------|---|
| | Client may attend a function and staff observes from a distance but does not participate in or guide the client through the event, but may be available if behavioral help is needed. Gradually shifting support to community member is the goal while reducing staff direction and support. |
| Inclusion hrs/week | Please provide the average number of hours per week that the client participates in Community Inclusion Activities without staff support if applicable. Best estimate of the planning team is acceptable. |
| Religious/Spiritual: | Because of the variety of possible options for involvement in religious and spiritual activities, respond with the your best understanding of whether the person is receiving or participating the activities that he or she may desire. |
| RESIDENTIAL | |
| Current Housing Type: | <ul style="list-style-type: none"> • Own Apartment/Home (No Support): Consumer lives in his or her own home/apartment and no direct support is needed in the home/apartment. • Own Apartment/Home (Partial Support): • Live with parents/relatives: Individuals who are living with and are partially supported by parents or other relatives. • Boarding/Lodging House: Rooming and lodging house where consumer is independent and where cooking may be shared or permitted. • Assisted Living Program (Congregate): A program of assisted living services provided to consumers in private apartments in buildings that include a common dining area, either directly by the provider or indirectly through contracts with persons, entities or agencies. The types of assisted living programs governed by these regulations include: Type I: an assisted living program that provides medication administration directly or indirectly through contracts with persons, entities, or agencies. Type II: An assisted living program that provides medication administration and nursing services directly or indirectly through contracts with persons, entities, or agencies as follows: Services of a Registered Professional Nurse and/or Registered Professional Nurse coordination and oversight of consumer services provided by unlicensed health care assistive personnel. • Unlicensed Residential Care Facilities (1-2 Beds) (Per Diem): A facility with a capacity of 1-2 beds that is unlicensed and owned/operated by the provider. Home is agency run with shift staff. • Unlicensed Residential Care (1-2 Beds) (Family Center): A facility with a capacity of 1-2 beds that is unlicensed and owned/operated by the provider. Client lives with a family and may or may not have additional staff. Home operates through contract with Oversight Agency. • Unlicensed Residential Care (1-2 Beds) (Shared Living): Client resides with family that is contracted and monitored by a shared living agency. • Licensed Level I Residential Care Facilities (1-2 Beds) (Per Diem): A facility with a licensed capacity of one (1) to two (2) residents. Home is agency run with shift staff. • Licensed Level I Residential Care Facilities (1-2 Beds) (Family Center): A facility with a licensed capacity of one (1) to two (2) residents. Client lives with a family and may or may not have additional staff. Home operates through contract with Oversight Agency. • Licensed Level I Residential Care Facilities (1-2 Beds) (Shared Living): Client resides with family that is contracted and monitored by a |

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| | <p>shared living agency.</p> <ul style="list-style-type: none"> • Licensed Level II Residential Care Facilities (3-6 Beds) (Per Diem): A facility with a licensed capacity of three (3) to six (6) residents. • Licensed Level III Residential Care Facilities (3-6 Beds, Level I plus) (Per Diem): A facility with a licensed capacity of three (3) to (6) residents and which employs three (3) or more persons who are not owners and are not related to the owner. • Licensed Level IV Residential Care Facilities (7 or more beds): A facility with a licensed capacity of more than six (6) residents. • ICF/MR Group: Intermediate Care Facility for People with Mental Retardation – Group Level. • ICF/MR Nursing: Intermediate Care Facility for People with Mental Retardation – Nursing Level. • General ICF Nursing: This is a standard nursing formerly referred to as geriatric nursing, intermediate care or skilled nursing. • Homeless/Shelter: A licensed facility that is used as a temporary residence for individuals who are homeless. • Hospital – Psychiatric: A hospital that either specializes in psychiatric care or has a licensed psychiatric inpatient unit. • Hospital – Medical: A standard hospital where acute medical care is provided. • Residential Treatment – Substance Abuse: • Residential Treatment – Mental Health: Large state or private institutions that primarily serve individual who have mental health problems and as well as mental retardation. • Correctional Facility: Includes all types of prisons, jails, or lockups. • Correctional Halfway House: Covers group home type facilities designed to transition the consumer from prison to the community. • Homeless/Shelter: A licensed facility that is used as a temporary residence for individuals who are homeless. • DHHS Crisis Home: One of the homes staffed and operated by the DHHS DS Crisis Teams • Crisis Transition Home: Home that is funded by DHHS to assist the DHHS Crisis Team in transitional placement following a crisis situation that involved the loss of residence. |
| Is the Current Housing Type Temporary? | Check “Yes” if this is a temporary stay while a permanent residence is being developed or determined. |
| Is this a Shared Living Home? | The client is considered to be in shared living when residing with family that is contracted and monitored by a shared living agency. Independent homes not connected to a larger agency do not qualify as a shared living) Check “Yes” when this arrangement occurs. |
| Current Housing Level of Support Received: | Indicates the amount of staff or family support needed to maintain the person in his/her living arrangement. |
| Planned Respite: | Indicate if the person has an agreed upon schedule of respite service outside his regular living environment. Do not consider vacations, camp week, weekend visits with family, etc. Respite is defined as time away from the person’s regular living for the purpose of giving direct service (family or agency staff) the chance relax and rest. Respite may or may not be the choice of the person but the provider is expecting relief on a regular basis. |
| DAY/EVENING SERVICES | |
| Community Support: | Those services or training for persons with mental retardation that focus primarily upon behavior management and physical and social development to promote self maintenance, physical fitness, self awareness, self motivation, and to address sensory, motor, and psychological needs of persons with |

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| | mental retardation or autism. Community support services are generally provided by community-based agencies offering a range of residential and day programs, and professional services to persons with mental retardation and other disabilities. |
| Type of Community Support: | Check all that apply. <ul style="list-style-type: none"> o Community Based: Program offered without a fixed site of operation. (Program without walls) o Center Based: Program offered at a fixed site of operation. (Program with walls) o Outreach: Program services delivered at the client’s residence. (Nursing home) |
| Volunteer Activity | Activities that assist other community organizations or groups of individuals are the focus of this item. This includes work that is done through a volunteer service program or with a not-for-profit agency. This work occurs on a regular basis and does not include single occurrence volunteer activities, such as cleaning up after a special event, annual holiday event, etc. |
| Personal Enrichment Services: | These are community activities that enhance a person’s skills and general skill through sources other than school-based or day habilitation services. Examples may include: YMCA/YWCA programs, private art lessons, physical fitness programs, weight management programs, etc. |
| EDUCATION | |
| Education | Formal education programs provided by School Districts and private school programs. |
| Anticipated Graduation Date | Clients in the 18 to 21 age range may still be attending special education. The date to be entered here is the month, first day of the month and the year when graduation is expected. For example – 06/01/20?? |
| Education Type Receiving: | Regular public and private schools for consumers who are still school aged and also includes adult consumers who need skill development and personal enrichment that can be gained through adult education programs run by public school districts. |
| Education Type Needed | Select the type needed. |
| Transition Plan | This is a formal plan designed to move young person from children and school-aged services to adult living and the accompanying adult services. |
| TRANSPORTATION | |
| Transportation - Routine | Regular transportation to day program, evening programs or employment location. |
| Transportation – Non-Scheduled | Irregular transportation for personal needs. Transportation is considered available if the person lives in facility or home with a vehicle even if the vehicle is not always available to this person. Score this as an unmet need if the person is consistently refused transportation from the residence because staff is unable to transport due to staffing pattern, or staff is required to use their vehicles and refuse to do so. Examples would include inability to attend church because only 1 staff on duty at the residence and cannot leave to take the person to church, or the staff does not wish to transport in his/her personal vehicle. |
| WORK | |
| Community Employment: | Those supports are involved in obtaining and maintaining employment in a community business or industry with competitive wages typical for the community. This would include supported employment, enclaves, and work crews that properly include non-disabled co-workers, or are not physically isolated within a community business. |
| Sheltered Employment: | Work that is done in non-inclusive settings where people receive sub-minimum wages. |
| RETIREMENT | |
| Retirement | Retirement is when the client chooses no longer to work or attend formal day services (with or without walls). There may be a considerable number of community activities in the client’s life but these occur at various times and are not based on a daily schedule of programming or employment. |

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| Type of Retirement | <ul style="list-style-type: none"> o Stays at Home means the client rarely goes out due health and age problem. o Active Inclusion Program means the client enjoys a large part of the day in community activities and does not attend a center-based community support program on a regular basis. |
| PERSONAL SUPPORTS | |
| Family/Contact/ Visitation: | Individual's closeness to family either through telephone calls or family visits. |
| Homemakers: | In home assistance with housekeeping and homemaking. |
| Parent support/Skills training: | Specialized training for this person to learn or improve parenting skills. |
| Funeral Planning (Over Age 50): | Advanced funeral arrangements including location of burial plot, choice of burial or cremation, funeral home, etc. This excludes mortuary trust, which is under the Financial Section above. |
| Self-Advocacy Training/Support: | Learning how to speak for oneself or the need for a self-advocacy group for personal support. |
| Sexuality Education: | Understanding human sexuality. |
| Other Personal Services: | Covers any other type of personal support not listed above. |
| EVALUATION AND TREATMENT SERVICES | |
| Audiological Assessment: | Assessments provided by Audiologist to determine a person's level of hearing impairment. |
| Dental: | Includes all routine dental work except dental IV sedation. |
| Dental IV Sedation: | Includes all the people who need full anesthesia for any dental work no matter how routine. |
| General/Family Practitioner | Does the client have or need a general or primary medical care provider? A Physician Assistant or Nurse Practitioner is acceptable. Also if the client is established with a practice where he/she is recognized as client would qualify as meeting this support. |
| Annual Medical Exam: | This is the annual medical examination for the person. |
| Medical Specialist 1 : | Covers all specialty medical services except general/family practitioners. Enter the primary type of medical specialist the person may need beyond a general or family practitioner. To list additional specialists, use the "Describe Services" text box below. |
| Medical Specialist 2: | Medical Specialist 2 is the same as 1 but it is for a different medical specialty when the client needs more than one specialist. Covers all specialty medical services except general/family practitioners. Enter the primary type of medical specialist the person may need beyond a general or family practitioner. To list additional specialists, use the "Describe Services" text box below. |
| Psychiatrist | Does the client need the services of a psychiatrist on a regular basis? |
| Psycho-active Med Review: | Cover people who need on-going continuous review and prescription of psycho-active medications. This is the physician's review and not the individual support coordinator's medication review. ISC review is completed under "People, Critical Information". |
| Psychiatric Evaluation: | This is a formal evaluation for psychiatric and behavior disorder completed by a psychiatrist. This is not to be used for medication review. |
| Psychological Evaluation: | This is an assessment of a person's intellectual capacity, adaptive behavior and/or behavior planning need. |
| Counseling/Therapy: | Includes all general forms of counseling or psychotherapy rendered by a psychologist, licensed social worker, or counselor, includes individual, group or family therapy/counseling. |
| Behavioral Consultation | Behavioral consultation is a service provided by a licensed clinician to develop, monitor and assess behavior management programs. This is a consultation service. |
| Mental Health | Answer for received or needed specialized behavioral |

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| Services: Other | health service other than those already listed above. |
| Routine Crisis Team Contact: | Includes the routine, on-going supports, observations, and recommendations of the BDS mental retardation crisis team for selected individuals with a crisis prevention plan, individual support team or post-crisis review plan. |
| Home Health: | Includes people who need home health nurses and aides to provide medical services in the person's home. |
| Occupational Therapy – Community Support | Occupational Therapy or programming provided within the Community Support program. |
| Occupational Therapy – Home Health: | Occupational Therapy provided by Home Health agency. |
| Occupational Therapy – Outpatient: | Occupational Therapy provided on an outpatient basis by registered Occupational Therapist. |
| Occupational Therapy – Residential: | Occupational Therapy or programming provided within the persons residential setting. |
| Physical Therapy – Community support: | Physical Therapy or programming provided within the Community Support program. |
| Physical Therapy – Home Health: | Physical Therapy provided by Home Health agency. |
| Physical Therapy – Outpatient: | Physical Therapy provided on an outpatient basis by registered Physical Therapist. |
| Physical Therapy – Residential: | Physical Therapy or programming provided within the persons residential setting. |
| General Physical Development | General physical development relates to overall muscular and skeletal health. Is the client engaged in large muscle exercise or training to maintain overall physical health? |
| Therapeutic Swim: | Therapeutic swim is a prescribed swimming exercise program used to improve muscle and skeletal health, and does not include recreational swimming or need for swimming lessons. |
| Vision: | Includes all services of ophthalmologist or optometrist along with treatment and prescription of corrective lenses. |
| Family Planning: | All services involving the person's reproductive functioning; understanding of childbirth, prevention of pregnancy and understanding of sexually transmitted disease. |
| COMMUNICATION | |
| Primary Language | Primary language used by client. |
| English as a second language: | A person who has a different primary language, other than English or American Sign Language and requires English for day-to-day communication. |
| Speech Language Evaluation | This is a formal evaluation for speech and communication disorder completed by a licensed or certified speech and language therapist |
| Speech Therapy – Community Support | Includes all services of licensed speech pathologist – evaluation and treatment received through a Day Habilitation program. |
| Speech Therapy – Home Health: | Includes all services of licensed speech pathologist – evaluation and treatment received from Home Health agency. |
| Speech Therapy – Outpatient: | Includes all services of licensed speech pathologist – evaluation and treatment received from Outpatient services. |
| Speech Therapy – Residential | Includes all services of licensed speech pathologist – evaluation and treatment received within the residential setting. |
| Sign Language Training: | Training in the acquisition and use of American Sign Language (ASL). |
| Gestural Language Training: | Training in the acquisition and use of specific gestures for the purpose of communication. |
| Picture Books: | Picture books and communication boards used for |

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| | communication. |
| Facilitated Communication: | A specialized communication technique that requires a facilitator to assist in translated the persons communications. |
| Electronic Devices: | Devices used for communication. (i.e. computers, TTY, tape recorders, electric switches, etc.) |
| Hearing Aids: | Devices used to enable a person to hear and includes hearing aids, body aids, cochlear implants, etc. |