

# Instructions for Family – Individual Supports Needs Assessment

(Supportive Home Care, Respite, and Sleep Cycle Supports)

## General

The purpose of this worksheet is to determine the number of units of paid family – individual supports *needed* by each applicant as related to their developmental disability. It should be used in conjunction with the HCBS MR/DD Waiver Handbook for definitions and service guidelines, Person Centered Support Plan, Resource Care Case Plan, IEP, Behavior Support Plan, and the BASIS assessment. This is not intended to be a guarantee of units requested.

**If the needs assessment is not filled out completely or accurately, it will be returned to the person completing for revisions.**

**In the case of signatures, the Responsible person would be the applicant or guardian and in the case of foster care, the foster parent.**

Needs Assessment Cover Sheet – self explanatory

## Supplement for Children in SRS Custody

This supplement should be used ONLY for children in SRS custody requesting family – individual supports through the HCBS MR/DD Waiver. Not to be used for voluntary placements or transitions from custody.

## Section 1 – Applicant Information

- Answer all questions using information gathered from interviews, PCSP, Resource Care Case Plan, IEP, Behavior Support Plan and BASIS assessment.
- Where a choice of answers is available, check one.
- PCSP must be complete and up to date.

## Section 2 – Daily Activities

The intent of this worksheet is to outline the supports an individual requires and how the support needs are currently being met and/or what supports are needed to meet basic health and safety needs. The worksheet is also designed to capture the need for paid supports.

When completing these forms, it is recommended the focus is on identifying what a typical day looks like for the individual, including their activities in and out of the home. Step 2 should be to identify who is currently providing the supports.

It is imperative to first establish what supports are needed, who currently provides the supports and what activities the person participates in before determining if paid supports are necessary.

**You should never identify the need for paid supports first and *then* determine what the paid supports are doing. If you do, you have missed the point to this exercise.**

**Fill out the Daily Activities Worksheet.** Determine the Level of Support needed for these activities and describe what must be done in the space provided on page 2 of the worksheet. Keep in mind as you are filling out this section, if an individual has times during the day that no supports are needed because they are independent or do not require supervision (not because someone is providing it) or they attend activities where no support is needed, then you can utilize column 11 to identify that no support is needed and input in the “describe other Activity” No support needed or NSN. For example, the individual has physical limitations and requires support in the morning to carry out ADLs, but does not want or need someone staying with them through the day. Another example would be if the individual eats the family meal and needs no additional supports then you could identify this time as other activity and for current provider input NSN.

Estimate the number of minutes per hour each activity or NSN takes. The total minutes must equal 60 for each hour. On this worksheet, determine what the average day looks like for the person. You may use from one to seven sheets, depending on which days are different. The “other activity” column may contain such things as sleep, school, day services, or any other thing the person does that does not fit in the other categories. The total of this column should equal 1,440 minutes or 24 hours.

The schedule is designed to determine different schedules depending on the needs of the individual. The schedule may be year-round, for example adult needs may be consistent throughout the year. For children, the schedule should be divided into school year and summer. If a parent and or sibling living in the home is currently a paid attendant you should identify them by inputting parent/attendant or sibling/attendant. For children that are home schooled or homebound, the schedule must identify an average of 7 hours per day for education or 35 hours per week.

Column 13 – Who is currently providing the support?

Report who currently provides the service. This could be a parent, school, day provider, sibling, ACIL, MH attendant and so forth. If the person is already receiving supportive home care with a HCBS in-home support worker, it could be an attendant or parent/attendant. When listed as parent/attendant, the CDDO recognizes that the parent is paid for some supports and not for others.

Column 14 – Request for paid supports.

Identify the request for paid supports. Put in here any times that you and the person's support network have determined the person needs paid supports. The CDDO will use state and local guidelines to determine the amount of service it will submit for prior authorization.

Estimate the number of minutes per hour each activity takes. The total minutes must equal 60 for each hour. Some times you may have 30 minutes of needed paid supports and 30 minutes of NSN. Record only the paid support in column 14 and explain on page 2 why the paid support is needed. In Section 5, Justification, you must justify why this support must be a paid support.

### **Descriptions of Daily Activities – Page 2 of Section 2**

The categories on page 1 of Section 2 are meant to be used as a tool to aid the case manager in identifying the activities and needs of the individual. The category you choose is not as important as the description you provide. The descriptors should identify clearly what the need is. For example: if the individual needs assistance with ADLs due to extreme behaviors, you may list the time under ADL or under Supervision. Use the activity description to explain why the time is needed to assist the individual with the activity. Be as detailed as possible in the description, as this is where the CDDO will focus their attention in determining how much paid support is needed. When requesting paid supports, include in Section 5, Justification, what the consequences will be if the individual does not receive the supports requested.

Examples, listed below, are for clarification and are not all inclusive. If part of what is being done is training the person to do the task, it is appropriate to identify it as a need.

1. ADL Support would include bathing, brushing teeth, hair care, skin care, shaving, dressing and toileting. Since there may be different levels of support for each, pick an average and then the number of minutes per day to perform these tasks. Since all the tasks may not be done daily, this also needs to be taken into account. Your description of the activity should further explain level of support that is needed. For example, if the individual can brush their teeth with verbal prompts, but requires more hands on assistance with toileting your description should be "needs" verbal prompting to brush teeth and hands on assistance for toileting. If you decide it would be too difficult to define mobility needs separately you may include mobility in this category for time allowance purposes, but identify this is part of your description and also in your justification. If there are behavioral issues that make the ADLs take longer than it appears they should, considering the level of support, put the full time in here and thoroughly explain on page 2 as to why it takes so long to complete.
2. Mobility Support includes transfers, mobility, and use of wheel chair. As noted in ADL Support you have the flexibility, if it makes more sense to list this need

- separately. You also have the option to determine in any category where time for this is needed. An example where mobility support will stand alone might be training an individual to use their wheelchair.
3. Medical supports include any tasks that are based on the person's chronic medical conditions. Examples of this are medication administration, suctioning, diabetes care, colonoscopy, GI tubes, catheter care, and repositioning.
  4. Adaptive Equipment – Any work with the individual and the adaptive equipment needed. The training and assistance of the individual in the use of the adaptive equipment would be an example of when a support could be paid. Once the person has mastered the adaptive equipment, there would be no need for additional paid supports in this category.
  5. Special Meal Prep Accommodation includes only those items that are not done for the entire family. If the person eats with the family, meal prep time should not be included. This would only include time to prepare a special diet meal, help with eating, a feeding tube, and so forth. Request for supports should be specific to specialized supports and age appropriate. For example, a five year old typically needs verbal prompting to act appropriately and finish their meal. However, if the person is five years old and hand over hand assistance is needed that would not be typical and may need to be identified in your description and/or justification for paid supports.
  6. Household services that include cleaning and laundry would only be counted if those were over and above the normal laundry and cleaning a person requires. For instance, if the bedding must be done nightly because of accidents, that would be counted. If it is part of the family laundry schedule then it would not. This could also be counted if the caregiver is training the person on how to perform the task to help the person gain independence.
  7. Exercise/Therapy – Any exercise or therapy that has been prescribed by a doctor or professional.
  8. Community Inclusion means any activities the care provider does with the individual that take place in the community. This could include various community activities and shopping (if not part of the shopping for the family). If the community inclusion/activity does not require supports for the individual to participate then you would list that activity as other activity and input NSN in Column 13, "Current Provider".
  9. Transport – Any transportation that must be done to allow for community inclusion, school, day program, and so forth because the individual can not perform independently or without assistance. If an individual is transported by bus to a day activity and does not require a support, NSN would go into the chart. If the activity requires a support, the description should explain why.

10. Supervision needs - When a care giver is needed to protect the individual and keep the person safe. These can include crossing the street, stranger danger, and others. It is suggested you include what may have happened in the past that would justify. Descriptions should include what has happened historically that justify this need for supervision.
11. Other: Use this category for any activities that do not fit in with the other categories. These could include school, day program, after school programs, and so forth. If paid supports are requested for “other” hours, a detailed description will be needed.

### **Section 3 – Household Member Activities**

Describe the daily activities/responsibilities of the household members including work schedule, school schedule for other children, church, outside and household activities that would cause the primary caregiver or other natural supports to be unavailable.

### **Section 4 – Calculations**

From Section 2, Column 14, take the weekly minutes requested and insert them into the correct category under requested hours – yearly, school year or summer. This will total the minutes per week and calculate the units and hours requested. This is no indication of the hours that will be committed.

Please do not fill out the section CDDO Use Only. In that section the CDDO will determine the number of minutes it can agree to commit to the individual and the rationale behind that decision.

### **Section 5 - Justification for Requested Family – Individual Paid Support Hours**

1. Use this for every request.
2. If this is a request for additional hours please include what has changed in the person’s life that requires an increase and what will happen if the increase is not granted.
3. Both the responsible person and the case manager must sign this page. Please note that the requested hours may not always be the CDDO approved hours. If sending this electronically, please mail the signed sheet to the CDDO.

### **Definitions**

1. Child Placing Agency: Organization licensed by KDHE to provide foster care and residential supports. The child placing agency directs services for persons in foster care.

2. Child Welfare Community Based Services (CWCBS): SRS-contracted community services for children and families. Services include Family Preservation, Foster Care Reintegration Services, and Adoption Services.
3. Crisis: As defined in the current CDDO contract.
4. Enhancement: An increase in a current service.
5. Foster Care: Homes licensed by KDHE to provide supports to individuals from birth to age 22 who are either in SRS custody or voluntary placement.
6. Home Bound: Educational services provided by the local school district in the person's home.
7. Home Schooled: Education provided by parent or guardian.
8. Natural Supports: Supports provided by relatives or friends that live in or outside the home, without payment.
9. Unskilled Support: Support for basic activities of daily living, which required no specialized training.
10. Primary Care Giver: The person who provides most of the care.
11. Self-Direction: Services directed by individual, guardian, or person chosen by individual or guardian.
12. Service Conversion: Converting other MR/DD HCBS Waiver services to Family – Individual Supports.
13. Skilled Support: Support that requires a caregiver to be trained in special health care procedures or to provide necessary behavior intervention. (This would not include basic training such as CPR/First Aid. It would include skills specific to that individual.)
12. Unskilled Support: Support for basic activities of daily living, which required no specialized training.
14. Voluntary Placement: Parents/guardians place child into a resource home licensed by KDHE while retaining custody.

### **Acronyms**

1. ACIL – Attendant Care for Independent Living
2. CDDO – Community Developmental Disabilities Organization

3. DD – Developmental Disability
4. HCBS – Home and Community Based Services
5. IEP – Individual Education Plan
6. KDHE – Kansas Department of Health and Environment
7. MH – Mental Health
8. MR – Mental Retardation
9. MR/DD – Mental Retardation and Developmental Disabilities
10. NSN – No Support Needed
11. PCSP – Person Centered Support Plan
12. SRS – Kansas Social and Rehabilitation Services
13. SSDI – Social Security Disability Insurance
14. SSI – Supplemental Security Income
15. TA – Technical Assistance
16. TCM – MR/DD targeted case manager

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