DC Level of Need Assessment and Screening Tool Summary Report

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ HCBS/ICF/IDD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Assessment Summary:***

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|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Health and Medical (Home/Res) |  |  |  |  |  |  |  |  |  |
| Health and Medical (Day/Voc/School) |  |  |  |  |  |  |  |  |  |
| PICA (Home/Res) |  |  |  |  |  |  |  |  |  |
| PICA (Day/Voc/School) |  |  |  |  |  |  |  |  |  |
| Behavior (Home/Res) |  |  |  |  |  |  |  |  |  |
| Behavior (Day/Voc/School) |  |  |  |  |  |  |  |  |  |
| Psychiatric (Home/Res) |  |  |  |  |  |  |  |  |  |
| Psychiatric (Day/Voc/School) |  |  |  |  |  |  |  |  |  |
| Criminal/Sexual Issues (Home/Res) |  |  |  |  |  |  |  |  |  |
| Criminal/Sexual Issues (Day/Voc/School) |  |  |  |  |  |  |  |  |  |
| \*Seizure |  |  |  |  |  |  |  |  |  |
| Mobility |  |  |  |  |  |  |  |  |  |
| Safety |  |  |  |  |  |  |  |  |  |
| Comprehension and Understanding |  |  |  |  |  |  |  |  |  |
| Social Life |  |  |  |  |  |  |  |  |  |
| Communication |  |  |  |  |  |  |  |  |  |
| Personal Care |  |  |  |  |  |  |  |  |  |
| Daily Living |  |  |  |  |  |  |  |  |  |

The higher the result in each area, relative to the maximum, the more likely the person requires an increasing level of support. Those support needs should be considered in the development of the Individual Plan when planning for the achievement of desired personal outcomes.

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***Additional Domains:***

**Health and Medical**

Oxygen (q4) 🞏 Substance Abuse (current) (q16) 🞏 **Medications**

Tube Feeding (q9) 🞏 Substance Abuse (history of) (q16) 🞏 Heart Medications/Blood Thinners (q21) 🞏

Smoke (q17) 🞏 Weight Issues (over) (q16) 🞏 Frequent Changes in Medication (q21) 🞏

Weight Issues (under) (q16) 🞏 Long Term Use of Meds (q21) 🞏

Two or More Falls in past 3 months (q17)🞏 **Diagnosis**

Grand Mal or Convulsive Seizure (14) 🞏 **Medical Care** Down Syndrome (q15) 🞏

(if coded 3 or 4) Hands on, direct LPN/RN care (q12) 🞏 Other Chromosomal Disorder (q15) 🞏

Auto Immune Disease (q16) 🞏 Direct LPN/RN (frequency) (q13a) 🞏 Psychotic Disorder (q56) 🞏

Cancer (q16) 🞏 Direct LPN/RN (intensity) (q13b) 🞏 Mood or Personality Disorder (q57) 🞏

Chronic Constipation/Diarrhea (q16) 🞏 Medically Prescribed Special Diet (q17) 🞏 **Risks**

Dementia or Alzheimer’s Disease (q16) 🞏 Medical Devices (q17) 🞏 Refusal of Critical Services (q74) 🞏

Dental or Gum Disease (q16) 🞏 Medical Office Visits (q18) 🞏 Homeless or Risk of Homelessness (q75)🞏

Diabetes (oral meds required) (q16) 🞏 **Extra Support** **Incidents in Past 12 Months**

Diabetes (injected meds required) (q16) 🞏 Extra Behavior Support in Community(58🞏 Emergency Hospitalization (q77) 🞏

Dysphagia (swallowing disorder) (q16) 🞏 Extra Support When Traveling in Car(95)🞏 Unusual Incident or Behavior (q77) 🞏

Heart Condition (q16) 🞏 **Vehicle** Suicide Attempt or Gesture (q77) 🞏

High Blood Pressure (q16) 🞏 Vehicle Modifications Needed (q94) 🞏 **Other**

Kidney Disease (requiring dialysis) (q16) 🞏 Van with Lift (q93) 🞏 Person is non-English Speaking (q91) 🞏

**Caregiving** Overnight Support (q84) 🞏

Pregnancy (q16) 🞏 Primary Caregiver Score 🞏 Home Modifications (q73) 🞏

Pulmonary Condition (q16) 🞏 Secondary Caregiver Score 🞏

Severe Allergy or Allergic Reaction (q16)🞏 Primary Parental Responsibility (q104) 🞏

Sleep Apnea (q16) 🞏

Stroke or CVA (q16) 🞏

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Potential Risk: The following areas were identified in this assessment and screening as having the potential for risk and must be addressed in the person’s Individual Service Plan. This may include the identification of a needed assessment or evaluation, and associated step in the action plan to obtain that assessment or evaluation; reference that current supports, guidelines, or a protocol are in place to address the need; specific notation of the team’s review in the personal profile of the plan, or recommendations if any for additional supports, training, or sharing of information.

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| Area of Support | Potential Risk as a Result of: | Strategies to Address Identified Risk: | | | | | | | | | | |
| Fact Sheets Educational Materials | Staffing/Supervision (supports adequate) | Enhanced Staffing | Written Guidelines or Protocols | Self/Staff Training | Periodic Monitoring | Professional Assessments | Nursing Care Plan | Clinical Services | Natural Supports | Other |
| Health and Medical | * Catheter * Needle injection * Inhalation therapy or nebulizer * Oxygen * Respiratory suctioning * Wound Care * Ostomy * Tracheostomy * Tube feeding * Artificial ventilator  Chronic constipation/diarrhea  * \*Dysphagia (swallowing disorder) * Pressure ulcer * Severe allergy or allergic reaction * Substance abuse – current * \*Requires food or liquid to be in particular consistency or size * History or risk of dehydration * Two or more falls within past 3 months * Medication/s require careful monitoring for side effects * Heart medications or blood thinners * Prescribed addictive medication * Long-term use of a psychotropic drug * Other medication risk |  |  |  |  |  |  |  |  |  |  |  |

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| Area of Support | Potential Risk as a Result of: | Strategies to Address Identified Risk: | | | | | | | | | | |
| Fact Sheets Educational Materials | Staffing/Supervision (supports adequate) | Enhanced Staffing | Written Guidelines or Protocols | Self/Staff Training | Periodic Monitoring | Professional Assessments | Nursing Care Plan | Clinical Services | Natural Supports | Other |
| Personal Care | \*Requires hands on assistance for bathing or showering.\*Eats with reminders, prompting, or encouragement. May need assistance with cutting up food or prompting for pace.Requires hands on assistance with putting food on utensil or requires hand over hand dining assistance.  * \*Chews or swallows with monitoring, supervision, prompting or encouragement. * Does not walk. Uses wheelchair or scooter independently. * \*Does not walk. Uses wheelchair with assistance from another person. * \*Changes position in bed/chair with some prompting or encouragement. * \*Requires hands on assistance to change position in bed. |  |  |  |  |  |  |  |  |  |  |  |

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| Fact Sheets Educational Materials | Staffing/Supervision (supports adequate) | Enhanced Staffing | Written Guidelines or Protocols | Self/Staff Training | Periodic Monitoring | Professional Assessments | Nursing Care Plan | Clinical Services | Natural Supports | Other |
| Behavior | * Severe physical assault or aggression * Bolting  Self-injurious behavior  * \*Eating or drinking nonfood item (Pica) * \*Impulsive food or liquid ingestion * Wandering away * Sexually inappropriate behavior in past year * Criminal concerns in past year * Requires a greater level of support due to behavioral concerns when out in the community |  |  |  |  |  |  |  |  |  |  |  |
| Safety | Unable to avoid being taken advantage of financially, sexually and electronically  * Danger of accessing a body of water without supervision * Auditory or visual disabilities that require adaptive or assistive devices for safety * Homeless or at risk of homelessness * Refuses critical services * Staff support is frequently absent or tardy or staff is unfamiliar with support needs * Home is not accessible to meet needs * Bedrails * Other safety needs that could cause risk |  |  |  |  |  |  |  |  |  |  |  |
| Incidents | Severe injury  * Emergency hospitalization * Missing persons report * Victim of assault * Victim of rape * Substantiated abuse or neglect report * Police arrest * Emergency restraint * Injury due to restraint * Unusual incident or behavior * Suicide attempt or gesture |  |  |  |  |  |  |  |  |  |  |  |
| Other | * Vehicle modifications |  |  |  |  |  |  |  |  |  |  |  |

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| Composite Score (Home/Res) |  |  |  |  |  |  |  |  |  |
| Composite Score (Day/Voc/School) |  |  |  |  |  |  |  |  |  |

Current Individual Budgets: Day: $\_\_\_\_\_\_\_\_\_\_\_ Residential: $\_\_\_\_\_\_\_\_\_\_\_ Combined: $\_\_\_\_\_\_\_\_\_\_\_

New Resource Allocation: Day: $\_\_\_\_\_\_\_\_\_\_\_ Residential: $\_\_\_\_\_\_\_\_\_\_\_ Combined: $\_\_\_\_\_\_\_\_\_\_\_

Additional Domains: $\_\_\_\_\_\_\_\_\_\_\_

***Persons Who Contributed to the Assessment:***

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| Name: | Relationship: |
|  | DDA Service Coordinator |
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\* denotes MCIS update required 2/27/2015