

DC Level of Need Assessment and Screening Tool Summary Report

Name: _____ Date of Birth: _____ HCBS/ICF/IDD: _____ Date of Assessment: _____

Assessment Summary:

	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)
- Tube Feeding (q9)
- Smoke (q17)

- Grand Mal or Convulsive Seizure (14)
(if coded 3 or 4)
- Auto Immune Disease (q16)
- Cancer (q16)
- Chronic Constipation/Diarrhea (q16)
- Dementia or Alzheimer's Disease (q16)
- Dental or Gum Disease (q16)
- Diabetes (oral meds required) (q16)
- Diabetes (injected meds required) (q16)
- Dysphagia (swallowing disorder) (q16)
- Heart Condition (q16)
- High Blood Pressure (q16)
- Kidney Disease (requiring dialysis) (q16)

- Pregnancy (q16)
- Pulmonary Condition (q16)
- Severe Allergy or Allergic Reaction (q16)
- Sleep Apnea (q16)
- Stroke or CVA (q16)

- Substance Abuse (current) (q16)
- Substance Abuse (history of) (q16)
- Weight Issues (over) (q16)
- Weight Issues (under) (q16)
- Two or More Falls in past 3 months (q17)

Medical Care

- Hands on, direct LPN/RN care (q12)
- Direct LPN/RN (frequency) (q13a)
- Direct LPN/RN (intensity) (q13b)
- Medically Prescribed Special Diet (q17)
- Medical Devices (q17)
- Medical Office Visits (q18)

Extra Support

- Extra Behavior Support in Community(58)
- Extra Support When Traveling in Car(95)

Vehicle

- Vehicle Modifications Needed (q94)
- Van with Lift (q93)

Caregiving

- Primary Caregiver Score
- Secondary Caregiver Score
- Primary Parental Responsibility (q104)

Medications

- Heart Medications/Blood Thinners (q21)
- Frequent Changes in Medication (q21)
- Long Term Use of Meds (q21)

Diagnosis

- Down Syndrome (q15)
- Other Chromosomal Disorder (q15)
- Psychotic Disorder (q56)
- Mood or Personality Disorder (q57)

Risks

- Refusal of Critical Services (q74)
- Homeless or Risk of Homelessness (q75)

Incidents in Past 12 Months

- Emergency Hospitalization (q77)
- Unusual Incident or Behavior (q77)
- Suicide Attempt or Gesture (q77)

Other

- Person is non-English Speaking (q91)
- Overnight Support (q84)
- Home Modifications (q73)

		Fact Sheets Educational Materials	Staffing/Sup ervision (supports)	Enhanced Staffing	Written Guidelines or Protocols	Self/Staff Training	Periodic Monitoring	Professional Assessment	Nursing Care Plan	Clinical Services	Natural Supports	Other
Behavior	<ul style="list-style-type: none"> • Severe physical assault or aggression • Bolting • Self-injurious behavior • *Eating or drinking <u>nonfood</u> item (Pica) • *Impulsive food or liquid ingestion • Wandering away • Sexually inappropriate behavior <u>in past year</u> • Criminal concerns <u>in past year</u> • Requires a greater level of support due to behavioral concerns when out in the community 											
Safety	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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:

Name:	Relationship:
	DDA Service Coordinator

* denotes MCIS update required