

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



Effective Date: November 14, 2011	Number of Attachments: 6
Responsible Office: DDS Deputy Director, Developmental Disabilities Administration	
Supersedes Policy: N/A	
Title/Subject: DDA Level of Need Assessment and Screening Tool	
Cross-References: Individual Service Plan Policy and Procedure; HCBS Waiver Application Process; Level of Care Determination Policy	

All underlined words/definitions can be found in the **Definitions Appendix**.

1. PURPOSE

The purpose of this policy is to introduce the use of a comprehensive and uniform assessment tool designed to provide an assessment of a person's support needs for the person-centered planning process, to identify potential risks to be addressed by the person and his/her planning team, and to provide uniform information upon which the District will make Level of Care determination decisions for eligibility for participation in the ICF/IDD and ID/DD Home and Community-Based Services Waiver programs.

2. APPLICABILITY

This policy applies to all DDA employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of individuals with disabilities receiving services as part of the DDA Service Delivery System funded by DDA or the Department of Health Care Finance (DHCF).

3. AUTHORITY

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.*); and D.C. Law 2-137, the "Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*).

4. POLICY

It is the policy of DDS that every person served by DDS has a comprehensive assessment of support needs and risk screening completed upon admission to services and at least annually thereafter as part of the annual Individual Service Planning process, and for level of care determination decisions for participation in the ICF/ID and ID/DD Home and Community-Based Services Waiver programs. DDS has adopted the DC DDA Level of Need Assessment and Screening Tool ("DC DDA LON"), with permission from the State of Connecticut and the Centers of Medicare and Medicaid Services, to complete the assessment evaluation and risk screening process.

5. RESPONSIBILITY

The responsibility for this policy is vested in the Director, Department on Disability Services. Implementation for this policy is the responsibility of the Deputy Director, Developmental Disabilities Administration.

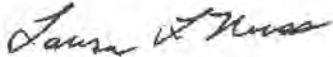
6. STANDARDS

The following are the standards by which DDS will evaluate compliance with this policy:

- A. The DDA Intake Service Coordinator will complete the DC DDA LON for all individuals who have been found eligible for services. The assessment will be completed based on: interviews with the individual, the authorized representative, family members, guardians, friends, school teachers, and/or other service providers; review of the medical, dental and psychological evaluations; and, review of other available history as found in educational records, other service records, social work assessments, and related medical records as may be available at the time of the intake process.
- B. The completed assessment and LON Report will be provided to the person and is maintained in the DDA electronic case record system.
- C. The completed LON assessment will be reviewed by the person's support team at the time of the Initial Individual Support Plan meetings and be updated as needed at that time.
- D. The LON assessment and Report must be provided by DDA as part of any referral of a person to an ICF/IDD program for the ICF/IDD provider's use in the admission decision.
- E. The LON assessment and Report must be submitted to DHCF as part of the Level of Care determination package for admission to an ICF/IDD program, and the LON Report must be submitted at part of each annual re-determination review.
- F. The LON Report must accompany any eligibility application completed by a DDA Service Coordinator on behalf of an individual for the DDA HCBS waiver program for use in the Level of Care determination.
- G. The LON assessment must be updated on at least an annual basis as part of the annual ISP review and Level of Care re-determination processes by the individual's support team for persons enrolled in the DD/IDD HCBS waiver program.
- H. The DDA Service Coordinator is responsible to ensure the LON assessment and Report are updated on at least an annual basis, or, whenever there is a significant change in a person's support needs as part of a case review and/or amendment to the ISP if needed.
- I. The person's entire team (e.g. the person, authorized representative, family members, friends, advocates, court-appointed attorney, guardian, Residential QMRP/Program Specialist, Day/Vocational Program Specialist, Nurse, and/or consulting clinicians) is expected to jointly review the LON assessment during the pre-ISP meeting, ISP meeting and/or case conference as applicable to ensure that all team members agree with the responses. Only the DDA Service Coordinator has the authority to commit the completed assessment to the record and subsequently generate the LON Report findings.
- J. Support team members may only access the on-line LON assessment data system by requesting an MCIS username and password through the DDS Information

Technology Unit. The Provider must identify the specific individuals served by DDA for whom each team member is an authorized participant.

- K. The LON assessment must be maintained in the assessment section of the person's Provider record.
- L. The LON Report must be maintained in the ISP section of the person's Provider record.



Laura L. Nuss, Director

11/14/2011

Approval Date

Attachments:

1. Level of Need Assessment and Risk Screening Tool Procedure
2. DC DDA LON Assessment and Risk Screening Tool version 1.1
3. LON Summary Report example
4. DC DDA LON Guide version 1.1
5. DC DDA LON Website Instructions
6. Request for MCIS access Form

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



Title/Subject: Level of Need Assessment and Screening Tool Procedure

Policy (cross-referenced to): Level of Need Assessment and Screening Tool Policy

All underlined words/definitions can be found in the Definitions Appendix.

1. PURPOSE

The purpose of this procedure is to establish the standards and guidelines by which the Department on Disability Services (DDS), Developmental Disabilities Administration (DDA), will complete the Level of Need Assessment and Screening Tool on at minimum an annual basis as part of the person-centered planning process.

2. APPLICABILITY

This policy applies to all DDA employees, subcontractors, providers/vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of individuals with disabilities receiving services as part of the DDA Service Delivery System funded by DDA or the Department of Health Care Finance (DHCF).

3. PROCEDURES

The following are the standards by which DDS will implement this policy:

A. Initial Level of Need Assessment and Screening Tool (LON)

1. At the time the ISP meeting is scheduled, the DDA Service Coordinator initiates the creation of an LON in the LON web application. Once created, all team members registered with MR/DDA Consumer Information System (MCIS) are notified that the LON is ready for completion.
2. The residential and day/vocational service providers, if applicable, are expected to complete the sections of the LON tool for the individual based on the support needs of the person in those respective settings.
 - a. The DDA Service Coordinator will complete the LON tool through interviews with the individual's natural supports for those who live on their own or in a natural home.
 - b. The health, behavioral and psychiatric sections of the tool can be completed by the individual clinician, or, the residential or day/vocational service provider or DDA Service Coordinator based on review of written assessments, treatment plans, medical records, and Health Management Care Plans completed by a nurse, physician, PT, OT, SPL, Dietician, Nutritionist, and/or Behavioral Psychologist.
 - c. After each team member completes a section of the LON, the tool should be saved and printed by the team member. The tool can be modified by a subsequent team member which will override previous entries until finalized by the DDA Service Coordinator.
3. The DDA Service Coordinator must review the results of the LON tool with all team members during the pre-ISP meeting/case conference to verify that all questions have

been completed and that there is agreement with the LON tool responses by all members of the team.

4. Once all team members agree on the responses, the DDA Service Coordinator “commits” the LON tool in the web application.
5. Once committed, the LON reports are available to all team members by selecting the “report” button and the “risk analysis” button in the web application.
6. The LON produces a two reports that illustrates:
 - a.) a chart of the individual’s support needs in functional areas as they relate to others supported by the DC DDA service system;
 - b.) a list of significant diagnosis and support needs for the ISP team’s attention; and,
 - c.) a list of potential risks the individual may face that the team must address in the ISP meeting by indicating on the LON risk analysis report how the risk is being addressed.
7. The LON reports must be filed with the ISP in the service provider record and in MCIS.
8. The LON Assessment Tool must be filed in the Assessment section of the service provider record and in MCIS.

B. Update of the LON

1. Any team member may request an update of the LON whenever an individual experiences a significant change in his/her support needs.
2. The team member will request an ISP meeting/case conference via the DDA Service Coordinator, who will then initiate the creation of an updated LON assessment. All team members registered in MCIS will be notified that the LON is ready for completion.
3. All procedures as described in A. above will be followed to update the tool. The last results of the LON on record will be copied and opened for updating by team members during this period.
4. Once reviewed by the ISP team, the DDA Service Coordinator will commit the tool in the web application. The Report results will then be available for the ISP team to utilize in the person-centered planning process.
5. The LON must be updated at least annually at the time of the annual ISP.

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.

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

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 											

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

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

	0	1	2	3	4	5	6	7	8
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