



Connecticut Level of Need Assessment and Screening Tool Manual



CTLON

Revised July 2014

Introduction...the history of the LON

The design, testing, and development of this assessment tool was supported by a CMS Systems Change Grant under the guidance of a volunteer Steering Committee representing various DDS stakeholders, and completed by a research team from the UCONN Health Center. This assessment provides the information needed to accomplish the following objectives:

- ❑ determine an individual's need for supports in an equitable and consistent manner for the purposes of allocating DDS resources
- ❑ identify potential risks that could affect the health and safety of the individual, and support the development of a comprehensive Individual Plan to address potential risks
- ❑ identify areas of support that may need to be addressed to assist the individual in actualizing personal preferences and goals

The Level of Need Assessment (LON) is to be completed before the initial plan and updated annually or more often as needed to reflect significant changes in the person's life or to identify and document concerns or issues that may pose a health and safety risk to the individual. **Before updating a LON, you must clone it. This will preserve the person's "history"**. It should also be completed when submitting a request for services if one has not been completed within the previous 12 months, as part of the initial transition planning for high school students at the age of 18, and for any adult receiving case management services by DDS at the time of the IP short .An updated LON for an individual is required when there are changes in any of the domains included in the assessment that would necessitate a change in the level or type of support/supervision required by the individual. These domains are: Health and Medical, PICA, Behavior, Psychiatric, Criminal/ Sexual Issues, Seizure, Mobility, Safety, Comprehension and Understanding, Social Life, Communication, Personal Care, and Daily Living. Reasons for updating the LON might include (but are not limited to), transition planning to a different work or residential environment, new medical diagnosis, change in level of support required for previously prescribed medical treatment, new Physical and/or Occupational Therapy evaluations, behavioral/psychiatric changes, or change in supervision protocols for dining, bathing, mobility, behavior. An updated LON is required whether the situation prompting the change in supports and services is short or long term. The LON should **NOT** be redone due to being unhappy with the score.

The LON does not take the place of other assessments (e.g. – Residential living skills, vocational, nursing, occupational therapy, physical therapy, dietary, communication, etc.) In fact, the summaries from these evaluations should be used when completing the LON.

It is important to utilize the comment boxes that are throughout the LON... they provide you with the chance to give an explanation that may not be captured in the answer.

Also of note, is that not all questions impact the algorithm

This manual has been produced to assist the case manager in completing the Level of Need (LON) assessment. It is suggested that case managers review the guide and use it as a reference when completing the assessment or assisting the individual and members of the team to understand the LON process.

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The CT Level of Need Assessment and Screening Tool has been in use since April 2006. The version of the Tool and Manual (1.1.1) currently in use has been updated using the findings from the first 6 years of use as part of the CMS Grant Project. Any questions regarding the assessment or this manual should be referred to your case management supervisor or the regional LON Liaisons. The LON liaisons are available to address any detailed questions. As of April 1, 2012, they are: Amy Chase (North) amy.chase@ct.gov, Tammy Garris (West) tammy.garris@ct.gov and Mary-Beth Santarsiero (South) marybeth.santarsiero@ct.gov.

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General instructions:

Introduction: Version 1.1.1 is the current version of the LON. Please remember to clone the LON before updating it, as this helps to retain the “history” of the individual.

When you are finished, please print a new Summary Report. The changes to the Assessment will also impact the individual’s Level of Need and Risk Screening Results. The Summary Report will be discussed in greater detail later in this manual.

1. Answer every question on each page completely, including the person’s identification information on the first page. Wherever there is a comment box, be sure to use it!
2. Mark only one box per item, unless specifically stated to do otherwise. If a person falls in between two categories, the case manager in consultation with team members must decide which category best describes what is **typically** for the person, or how much support he/she usually requires for that item. If the case manager is not sure which box to check, ask someone else who knows the person well or refer to his/her current written record. The case manager filling out the form may also need to use his/her best professional judgment to choose the box which most closely reflects the person’s abilities and support needs. Any additional clarifying comments or explanations may be included in the comments box at the end of each section or at the end of the form.

Example:

*Kayla often refuses to get dressed, and yells at staff members when they assist her with dressing in the morning. Usually the staff are able to distract Kayla by talking about the day’s activities. However, one person hands-on support is needed a few times a year to finish the task. In this case, the CTLOM would reflect what support is **typically** required (Verbal or gestural distraction or prompting), even though this is not always the case.*

3. Indicate how much support or assistance the person truly requires or needs, either for the management of a behavioral or health condition or to successfully complete a task or activity. This may or may not be the same as how much support or assistance the person is currently receiving.

José lives in a group home (CLA). José’s support needs do not require a staff person to be awake throughout the night, but he does require someone in his residence who can be sleeping in case he needs assistance in the night. However, the group home requires that a staff person be awake throughout the night. In this case, the CTLOM should reflect what support José truly requires (Needs a person in his residence who can be sleeping) versus what the group home provides for everyone.

4. The CTLOM is to reflect the client’s current support needs, that is, support **typically** needed in the past 3 to 6 months. Unless specifically asked to do otherwise, the team should only consider the person’s current support needs when completing the CTLOM. One exception to this would be for those youth transitioning from high school to day/vocational services within the next year. For these young people, consider their support needs after graduation for work or day activities when completing the form.

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5. For any activities the person does not do in their daily life, consider how much support the person would need if they were to successfully complete the activity. This may require the team completing the CTLOM to reflect on the person's total skill level, other activities the person currently does, or the statements of others who know the person well.

Nicole has lived with her parents all her life. Her mother continues to do the housework for the household as she has always done. In this case, Nicole does not do any household chores on a regular basis. However, when asked, her mother does say that Nicole has used the washing machine and occasionally helps her to do other household chores, although she needs to keep an eye on Nicole in case she gets distracted. In this case, the CTLOM should reflect how much support Nicole would need if she were to do her own household chores (Does household chores with prompting, monitoring, instruction, or encouragement), versus choosing the third category (Cannot complete household chores).

6. The word “**typically**” is used throughout the survey to indicate what happens most often, on average, or what is usual for the person. While there is variation in everyone's activities and daily lives, most of us can identify what usually happens or what we do most often. If asked to consider a certain time period (such as “in the past year”), the team may need to determine the average number of times the item occurred in this time period to find out how often it **typically** happens. The team should then mark the best choice, knowing that it may not be exactly right. Any qualifying remarks can be included in the comments box at the end of the section or form.

Kevin had two grand mal seizures in March, one aura in June, and another grand mal seizure in December. The question asks the team to determine how many grand mal or convulsive seizures Kevin had in the past year. To do so, the team would need to add up the total number of qualifying seizures in the past year (three) and divide by the number of months (12). In this case, Kevin's rate of grand mal seizures would average out to less than one seizure a month.

Even if there has been a recent increase or decrease in the number of occurrences, the same method is used to determine the average number of times any event occurred in the specified time period.

Kevin had two grand mal seizures each month in February, March, April and May, but had none in the previous eight months. The calculation of the average number of grand mal seizures per month over the past year would remain the same. In this case, when completing his CTLOM in May, Kevin had a total of eight grand mal seizures within the past 12 months, or less than one a month. However, you would use the comments box at the end of that section to report the new pattern that has now emerged, two per month.

7. Some items will specifically ask for a description of the circumstances surrounding the skill, behavior or health condition, or to fill in the blank. Please read all the items carefully, and if a description is asked for, provide a brief explanation of the circumstances in the comments box at the end of that section.
8. Some of the questions refer to “home or residence” and “day, school, or vocational program.” If a person is employed or earning income, his/her employment activities would fall under the day, school, or vocational category.

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9. Examples are often used to further describe an item. They are shown in parentheses (as in Question 15) or following the words such as, including, or for example (as in many of the Daily Living activities or Safety questions). These are used for explanatory reasons only, and should not be seen as an exhaustive list. For example, in question 16, Rheumatoid arthritis, multiple sclerosis, and lupus are listed as examples of auto immune disorders. These examples are not meant to exclude other auto immune disorders, such as Graves' disease or amyotrophic lateral sclerosis – Lou Gehrig's disease. Examples are also specifically given in the manual, following statements such as “examples include,” “such as,” or “for example.” Once again, these are given only as explanations, and should not be seen as an exhaustive list.
10. The questions are written to be as self-explanatory as possible, with definitions and qualifying statements built into the questions. In addition, a more detailed explanation is provided for some of the items below.

Health and Medical

Questions 1 - 10

Prescribed treatment or care includes a list of ten different medical procedures, treatments or conditions. Check “Yes” if the treatment or care is currently prescribed for and used by the person; “No” if it is not. Then fill in how often assistance is needed with the treatment (support frequency) and who most often provides this care (support provider) for each Yes response.

The CT LON should reflect what **typically** or usually is needed. For example, if a person regularly gets an injection once a day, but once every two or three months also requires a second injection later in the day, the answer should reflect what usually is required or what is needed most often (in this case, once a day). Any qualifying comments should be written in the comments box at the end of the section.

Support Frequency refers to how often care or assistance is **typically** needed for each procedure or treatment. The descriptions given after each procedure give guidelines as to what should be considered when determining support frequency. For treatments which are not used continuously (such as a needle injection or postural drainage), support frequency, or the care or assistance needed for this procedure, refers to how often the procedure is given. If a procedure is used continuously, such as an ostomy bag, support frequency refers to the amount of care associated with the procedure, **such as the care and monitoring of the bag, rather than the fact that the person always uses one.**

Support Provider refers to the category of person who **typically** or most often provides this treatment. Examples of unlicensed direct care staff (Code 6) include, but are not limited to: personal care assistants, Developmental Services workers, certified nursing assistants, group home workers, or community companion home providers. Code 7, family member or friend, may be thought of broadly to include any non-medically licensed person who is unpaid, such as a partner, neighbor, or church member. If the person providing the support is non-medically licensed, but paid for their support, then code them a 6.

If certain medical treatment or care has been delegated to a family member by a licensed medical professional and the family member usually provides the delegated treatment, code the support provider a 6 (family member or friend). **Then write in the Health and Medical comments box that this treatment is delegated to a family member by a medical professional. Question 11 also takes this into account.**

Matt has a tracheostomy and needs postural drainage by a physical therapist three times a week. He always breathes through his tracheostomy, and his mother cleans around the stoma once a day. In this case, support frequency for the tracheostomy would be once a day, and a 4 written in that line. Support provider would be “family member or friend,” and a 7 would be written in that line. For the postural drainage, support frequency would be a 3, or several times a week, while support provider would be a 4 for physical therapist, as the physical therapist usually provides this treatment.

Question 11

Question 11 only applies if a family member is the primary provider for at least one of the treatments in questions 1 – 10. Check “Yes” if in the absence of this family member, the treatment or care is provided by medically licensed personnel (for example, an LPN, occupational therapist, physical therapist, etc.). Check “No” if in the absence of the family member primary provider, the treatment or care is provided by someone who is not medically

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licensed (for example, a CCH provider, a personal assistant, certified nursing assistant, friend, neighbor, other family member, etc.).

If a family member is not the primary provider for any of the treatments/care in questions 1 – 10, then “Not applicable” should be checked. If the person does not receive any of the treatments in questions 1 – 10, check “Not applicable” as well.

Question 12

Hands on or direct care from a nurse refers only to hands on or direct care the person requires or needs from a licensed nurse, such as an RN or LPN. Hands on or direct care refers to medically necessary care performed either at the person’s residence, school, day/vocational program or work, but not in a medical setting such as a doctor’s office, clinic, or hospital.

This includes situations where the direct care person must be an RN or LPN due to the person’s medical condition which requires that level of expertise to monitor a condition and make decisions regarding interventions. This does not include routine assessments, incident monitoring, medication administration (KARDEX) review, blood drawing, etc. If no hands on or direct care by a nurse is required by the person, then mark question 12 a “No,” and skip to question 14. Please note this question does not include a RN/LPN administering medications because an agency does not have staff who are medication administration certified.

Tammy lives in a CLA with five other residents. A nurse comes once a month to review her care and do a monthly assessment for her, as well as the other five residents in the CLA. As Tammy is not receiving any direct, hands on care from the nurse, “No” would be checked for question 12. The person should then skip to question 14, leaving question 13 blank.

Question 13a

To answer how often this hands on or direct nursing care is needed; consider the past 3 – 6 months only. Then mark the choice which best describes how often the person requires hands on care from a nurse over the past 3 – 6 months. Refer to number six in the general instructions for guidance on how to determine which choice to mark. If question 12 is marked “No,” then leave questions 13a and 13b blank.

Question 13b

Refer first to question 13a. If “At least once a day” is checked for question 13a, then check the box in question 13b which best reflects the **typical** number of hours of hands on nursing care needed by this person for the past 3 – 6 months.

If continuous, 24 hour direct nursing care is chosen, an explanation must be included in the health and medical comments box as to why it is needed.

If direct nursing care is not needed every day then check the first choice in 13b (“Direct nursing care is not needed every day”).

Question 14

Only grand mal or convulsive seizures in the past 12 months are to be considered in this question. If the person has had any other type of seizure activity, but no grand mal or convulsive seizures in the past year, check the first box: None in past year. The first box would also be checked for a person with a seizure disorder or epilepsy who has had no seizures at all

in the past year. If the person has never had any type of seizure, check the last box: N/A – Has never had a seizure. Please note that question 16 will record any diagnosis of epilepsy or seizure disorder.

Question 15

Developmental disability diagnoses include a wide range of health, chromosomal, intellectual, and physical conditions or impairments which begin before age 22 and are expected to continue indefinitely. For any developmental diagnosis not on the list, check the “Other” box and write in the developmental diagnosis in the space provided. This does not include psychiatric diagnoses – they are covered in questions 56, 57a and 57b.

Question 16

Only health or medical conditions diagnosed by a licensed medical professional may be included or checked in this section. Substance abuse would be the one exception, as this is often diagnosed by a non-medical professional, such as a licensed social worker or psychologist. Although any drug or medication can be misused, substance abuse refers to the misuse of legal or illegal drugs with a high potential for addiction, such as alcohol, sedatives, narcotics, stimulants, psychedelics, inhalants, and marijuana. Any diagnosed medical conditions not on this list are to be written in the spaces provided. The diagnoses written in parentheses are given as examples of conditions falling under the more general diagnosis, and are not meant to be an exhaustive list.

Question 17

Check only those conditions or issues which apply to the person. Leave blank any that do not apply. If none of the conditions apply, check the last item in question 17: None of these apply. A further description of some of the items follows:

Requires food or liquid to be in particular consistency or size includes food size or consistency requirements ordered by a medical professional or reported by the family member if the person is living at home.

Food consistency requirement change within past 3 months is only for very recent (within past 3 months) food consistency requirement changes.

Medically prescribed special diet must be prescribed by a doctor or APRN. It can include diabetic, caloric restriction, or any other medically prescribed special diet. This does not include consistency for food or liquids.

Unusual food preference or aversion- when an individual will only eat certain foods (Example – only eats green foods). This is not to be checked for the picky eater. Must have a description.

History or risk of dehydration may be the result of an underlying health condition or a physical or cognitive limitation that makes it difficult for the person to obtain fluids on their own.

History or risk of choking can be caused by a number of factors, including coughing during or after meals, excessive throat clearing during or after meals, or gagging on food or liquids.

Hands on assistance or close supervision required to use stairs within his/her residence – Check this item only if the person requires hands on assistance or close physical proximity supervision (arm’s length) to use stairs in his/her residence. Other mobility issues are addressed later in this form.

Tactile kinesthetic issues are sensory difficulties relating to the sense of touch and the feeling of movement, including hypersensitivity to touch or other sensory stimulation such as light or sound.

Medical devices – The medical devices listed are given as examples and are not an exhaustive list. C-PAP machine refers to a sleep apnea machine used while sleeping. Do not include glasses, contacts, medical alert bracelets or hearing aides.

Question 18

Medical office visits or off-site medical or mental health care only includes visits to a medical facility, office, or emergency room for medical or mental health care. It does not include in-home or in-residence visits, where the medical professional comes to the person's residence, home, day or vocational program to treat or see him/her. Consider only off-site or office visits to a licensed medical or mental health professional such as a doctor (including podiatrist); dentist; nurse; laboratory technician; emergency room; physical, respiratory, or speech therapist; psychiatrist; psychologist; behavioral therapist, or LCSW.

Question 19

Problems with off-site medical appointments include any issues with respect to the person receiving his/her off-site medical care or seeing his/her off-site doctor or medical professional. Off-site medical care includes care at a medical facility, office, or emergency room, but not in-home or in-residence medical visits. Examples of these issues include problems getting to the office (for example, difficulties with transportation or lack of site to site assistance), refusal of services, inability to locate a health care professional, or lack of support from the person responsible for the individual receiving his/her off-site medical care.

Question 20

Please read carefully. The “Yes” or “No” response only refers to whether a *discharge plan* is in place, not whether a person is hospitalized or not. Question 20 refers to short term or rehabilitative placement only (medical or psychiatric) If a person is in appropriate long-term placement in a skilled nursing facility or long term care facility, check “Person is not in a hospital/rehab facility” and leave anticipated date of discharge blank.

Question 21

Check only those medication issues or concerns which apply to the person within the past month (unless otherwise stated). Leave blank any that do not apply. If none of these conditions apply in the past month, or if the person does not take any prescribed medications, check the last item in question 21: None of these apply, or does not take any medications. The medications listed in parentheses are given as examples, and should not be considered an exhaustive list. A further description of some of the items follows:

Medication/s require careful monitoring for side effects – Careful monitoring includes the need for more than annual blood tests, or the need for regular clinical oversight in order to monitor for any side effects.

Frequent changes in medications generally refers to two or more changes in medication or dosage within the past 3 months.

Long-term use of a neuroleptic, psychotropic, mood, or behavioral medication – Long term generally refers to 1 year or more.

Personal Care and Daily Living Activities

The description of each personal care and daily living activity should be read carefully, and each of the three to four choices considered before checking the one box which best describes **how much support the person typically requires to do that activity**. Once again, the evaluator may need to consult with someone who knows the person well, review the person's records, or use his/her best professional judgment in order to check the **one box which best reflects the person's abilities for each question**. This may especially be true if there is a lack of opportunity for the person to demonstrate his/her abilities in a particular area. For young children, it is recognized that some of the personal care and many of the daily living activities may not be applicable – in this case, check the level of assistance currently needed to complete the activities.

Examples and further descriptions are given for each question and for each answer choice. Once again, these examples are not meant to be used as an exhaustive list, but as a way to give the evaluator a better idea of what activities are covered in each question and in each answer category. Any qualifying comments may be included in the daily living activities comment box.

Special instructions for those people who use tube feeding:

For a person who uses tube feeding and is on a nasogastric, J, or G tube, the last answer would most likely be checked for question 26 (eating). However, the person may or may not be able to chew or swallow, so the most appropriate box for that person should be checked for question 27 (chewing and swallowing). For question 36 (meal preparation), it is most likely that the third answer (requires assistance) would be checked.

Questions 22 - 30

Personal care activities include dressing and undressing, bathing or showering, grooming and personal care, using the toilet, eating, chewing and swallowing, mobility inside the home, transferring, and changing position in a bed or chair.

Sally is verbally prompted by her staff to brush her teeth after each meal and before bedtime. Once prompted, Sally will gather her toothbrush and toothpaste and brush her teeth. She would be scored as "needs prompting and encouragement, not independent"

Eating, chewing and swallowing:

If the team has any concerns in these areas that have not been assessed by a clinical professional, the team should seek a review or consultation by a doctor, or seek advice from a regional clinician such as an occupational therapist, speech therapist, dietician, or health services director.

Questions 31 - 38

Daily living activities include mobility in the community, taking medications, using the telephone, doing household chores, shopping and meal panning, meal preparation and cooking, and budgeting and money management. **Please check the one box which best describes how much support the person typically requires to do each activity**. Any comments may be included in daily living activities comments box.

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The evaluator should use his/her best professional judgment and consult with others who know the person well if any uncertainty or if there is a lack of opportunity for the person to demonstrate his/her abilities for a particular question. **As with the rest of the form, this section is assessing the person's abilities to do certain activities; not whether or not he/she does them in their daily life.** For example, if a person can vacuum and do laundry independently, but chooses not to, he/she would still have the first answer (Does household chores by self independently) checked, even if he/she is not currently doing them. Many of the daily living activities may not be applicable for young children, and a young child may need complete assistance to do them, such as budgeting money, taking medications, meal preparation, or shopping. In this case, the last answer (needs assistance) would be checked for each one.

Some daily living activities represent a grouping or set of similar activities, such as household chores which may include washing dishes, laundry, and housecleaning. In such cases, the person's overall ability to do all of the **typical** activities falling under the heading "household chores" should be taken into consideration. Explanations for selective questions are given below:

Question 31

Mobility in the community does not include transportation needs. Transportation is assessed later in the form. Instead, consider how the person ambulates or moves around when out in the community. If the person usually walks in the community on his/her own, but routinely uses a wheelchair when going to the mall or for longer shopping trips, check the second answer, Walks by self, but may require physical support of assistance from another person.

Question 33

Using the telephone can include either expressive or receptive communication. Thus, even if a person cannot speak, consider the person's ability to use the telephone for listening. For individuals who cannot hear, consider the person's ability to use TTY or relay services.

Question 35

Shopping and meal planning also does not include transportation needs. Instead, think of the person's ability to shop for groceries without considering any possible transportation assistance to get there.

Question 38

Transitioning from and between activities refers to the ease at which people can make such changes without discomfort or resistance due to the change, often associated with challenges related to diagnoses of autism or obsessive compulsive disorders.

Behavior

Behavioral health includes any behaviors or diagnosed emotional conditions requiring monitoring or ***a treatment plan which included data collection and review*** in the past year.

- Questions 39 – 49 refer to specific behaviors which occurred or were addressed by a treatment plan in the past year;
- Questions 50 – 51 refer to two specific behaviors or issues which occurred within the last year;
- Questions 52 – 55 ask about the history of certain behaviors or issues;
- Questions 56, 57a, and 57b ask about mental health or emotional conditions.
- Descriptions or examples of each behavior or condition are included in the tool.

General instructions for Behavior section:

Please check “Yes” for any behaviors or diagnosed emotional conditions requiring monitoring or a treatment plan in the past year; otherwise, check “No.” **For each behavior or condition checked “Yes,” consider the type and level of support typically needed to manage the behavior during waking hours.** Then fill in the code which best reflects the type and level of support **typically** required for each behavior. Only one code for type of support required and one code for level of support are to be given for each behavior or condition checked “Yes.” *Consider only waking hours, type and level of support;* all overnight support and assistance is assessed in a later section of the form. This section should also reflect only that support which is currently needed for behavioral issues; general monitoring or supervision is addressed later in the form.

Consider each behavior and support needs separately for 1) when the person is at his/her home or residence and 2) when the person is at his/her day, school, or vocational program (the latter includes any employment activities). If a person’s day program takes place at his/her place of residence, his/her day program would be included in the home or residence category.

Support Required/Type is the type of support **typically** provided during waking hours ***when this person exhibits this behavior***. If a treatment plan is actively in place to control a past behavior, the support required would be the waking hours support necessary to keep the behavior controlled. **If two different types of support are used, write in the code for the support most frequently provided, and write in any qualifying comments in the behaviors comments box.** A higher level of support may include other types of lower levels of support. For example, if Code 2, verbal or gestural distraction or prompting, is **typically** needed, it may be that monitoring may also be used part of the time. Code 1, monitoring, can also be used if the person’s behavior is being controlled by medication or a treatment plan. Hands-on support refers to physical contact needed for support or intervention; in Code 3, it may only be provided by one person. If more than one person is **typically** required to redirect or manage person, choose Code 4, and explain the situation in the behavior comments box.

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To be included, the support required must be specific to the person and their behavioral support needs. For example, monitoring can include monitoring by a person or using environmental means, such as door alarms. *However, to be included here, the monitoring must be used to address a specific behavior on the list exhibited by this person.* For example, if the door alarms are used to monitor the person's wandering behavior, they can be included as a support required for his/her wandering behavior (monitoring).

Support Level indicates the level or intensity of support **typically** or usually provided during waking hours only (NOT when engaging in that target behavior). In some cases, it may be easier to think of in terms of frequency of the behavior. Use your best professional judgment to indicate which code best reflects the level of support **typically** need for each behavior. Support for behavior which is episodic or happens occasionally would be Code 1. Any support which is continuous during waking hours, such as monitoring by use of an environmental device which is always on, or 1: 1 arm's length to prevent PICA behavior, would fall under Code 6. **Once again, if two different levels of support are used, code the most typical level of support needed, and write in any qualifying comments in the behavior box.**

Code 7 is to be used only if the person can never be left alone in a room and must always be in constant line of sight for behavioral support during waking hours. Constant line of sight indicates the person must always be within a support person's vision.

For Code 8 to be used, the person can never be left alone in a room, and must always need to be within arm's length during waking hours for behavioral support. Arm's length support indicates a support person is clearly assigned to that one person as his/her sole responsibility for the duration of his/her assignment. During this time period, the support person must always be within arm's length of that person to provide instant support if needed for the particular behavior. For Code 8 to be used, one staff member would be dedicated to supporting only one person at any one time (this does NOT include electronic monitoring).

John has a history of PICA behavior. He John has not had a PICA episode as a result of an effective treatment plan. This fact results in a Support Required code of 1, monitor only using a person and a treatment plan. Support Level for this item would be coded an 8, as his treatment plan specifies that he never be left alone and always be within arm's length, to assure that John does not engage in PICA.

Cheryl has a history of aggressive behavior. If Cheryl does escalate and becomes aggressive, it often requires one person to physically manage and re-direct her. In this case the Support Required is 3. Since her behavior support plan has been successfully introduced, Cheryl has become aggressive only three times in the past 12 months. As a result, her Support Level would be coded a 1, less than monthly.

Questions 39 - 49

Behaviors in past year include specific behaviors which occurred or were addressed requiring monitoring or a treatment plan which have happened in the past year. Behaviors exhibited over 12 months ago should only be considered in this first section if a treatment plan is still in actively in place to manage them. Sexual and criminal issues from more than one year ago are covered in questions 52 - 55. Descriptions or examples of each behavior are provided in the form.

Questions 50-51

These questions refer to sexually inappropriate behavior or criminal concerns happening in the past year.

Questions 52 - 55

History of sexual or physical assault or criminal behaviors (more than one year ago) refers to specific, serious behaviors which occurred more than one year ago. To be included in this section, the person must have shown this behavior more than one year ago. When determining type and level of support, consider waking hours only. Descriptions or examples of each behavior are provided in the form.

Question 52 refers only to aggressive sexual behaviors, and does not include non-aggressive sexually inappropriate behavior. Sexual aggression only includes those sexual behaviors which are acted out against or upon someone else as an act of sexual aggression or sexual assault. In addition, it must have happened **more than one year ago**, or else it would be included in the above current behavior section.

Question 55 must only be marked “Yes” if the person is on the Connecticut Sex Offender Registry.

Questions 56 – 57 a, b

Diagnosed psychotic disorder (question 56) or mood disorder (question 57a) condition only include those psychiatric or mood disorders which have been formally diagnosed by a doctor, psychiatrist, or psychologist. **The condition can be diagnosed at any time in a person’s life to be included, as long as a treatment plan is still actively in place to manage the condition.** For those conditions checked yes, fill in the specific diagnosis found and the support **typically** required due to the mental illness or emotional condition. Next, fill in current status of the condition to indicate whether the condition is well controlled or stable; intermittent or episodic; or uncontrolled or currently in crisis. When determining type of support, consider waking hours only. Use the same process to determine Support Required and Current Status as was done in the Behavior Section. Question 57b is available to include a third Psychiatric or Mental Health diagnosis if applicable.

Question 58

Question 58 refers only to a greater level of support needed due to behavioral concerns when out in the community. **However, this does not include when at his/her day or vocational program or at his/her employment.** For example, because of the number of staff available and type of individuals who share a home with the person, in line of sight may be appropriate when in the home. In the community, however, the person may need to be within arm’s length to prevent bolting.

Safety

Read each question and all examples given before checking either yes or no for each one. Examples are often given to better explain the question, but do not represent all the conditions or situations covered by any one statement. For any answers in this section which are not clear, the evaluator should use his/her professional judgment to mark the response which best describes what is **typical** for the person, and include any qualifying information in the safety comments box. In this section it may also be necessary to consider the person's overall skills and ability if the opportunity to assess how the person may react has not occurred to make a decision. Selective questions are further described below:

Question 59

This question refers to the most basic self-preservation skill and understanding. A "No" response to this question means that the person, because of either physical and/or cognitive limitations, would not or could not physically leave the home if threatened by a fire. If the opportunity to test this has not occurred, consider whether the person could be taught the escape route or to respond to the existence of a fire. For individuals who require verbal prompting to leave the home during a fire drill, consider whether they would in fact leave without the prompt if a real fire were to occur. Again, this question seeks to identify those individuals who truly could not react to fire or would not get anyone to help if hurt. This does not seek to answer whether the person would get help if someone else may need medical intervention.

Question 61

It does not matter how or by what means the person gets emergency help, as long as he/she can do so.

Question 65

If the person is not able to make any choices at home (safe or otherwise), mark the question "No"

Question 66

If the person is not able to make any choices when not at home (safe or otherwise), mark the question "No".

Question 68

Body of water includes any body of water outside the home or residence, such as a swimming pool, pond, lake, river, or ocean.

Question 69

If the person is continually purchasing over the phone or internet multiple items he/she does not need, this also indicates the person cannot avoid being taken advantage of financially (example – not giving out his/her money to strangers, or not giving out personal, financial or social security information to strangers)

Question 74

At risk because of refusal of critical services includes refusal by the person him/herself or refusal by his/her parent or other support person, if this refusal puts the person at risk of harm or injury. For example, a parent refusing to take their adult child to the doctors, even when the person is sick. The person him/herself could also refuse assistance from a support person which then puts his/herself at risk. For example, the person refusing assistance from a support person to work together to make sure that his/her prescriptions are filled in a timely manner, to pay his/her bills on time, or to maintain a safe home environment.

Question 77

For question 77, check each box for any incidences that the person experienced in the past 12 months. If the person has experienced none of these incidences, check the last box only: None of the above. **If “other” is checked, please explain in detail in the comment box.**

Waking Hours Level of Support

Support includes any type of assistance, monitoring, or supervision. This can include medical care, supervision, or any other type of assistance required by the person. This does not include non-required support or support given for any other reason. For example, a CLA may be continuously staffed, providing “continuous” support for all the residents there. However, there may be residents who do not need continuous support or monitoring, and who could be safely supported with periodic monitoring or checking in once a day. For a person like this, the CTLON should reflect what the person truly needs (once a day support), not what is provided at his/her residence (continuous support).

For waking hours of support, consider the support needs of the person for support, monitoring or assistance during waking hours only (overnight support is assessed later in the form). ***For this section, only consider what support the person truly needs, not what is currently provided to them.*** As with the Health and the Behavior sections, waking hours level of support is assessed separately for support needed when at his/her day, school, employment, or vocation program versus when at his/her home or residence. **For individuals without services, indicate the predicted level of support; and for school aged children, only use the options under Support Required the Entire Time as the child is always supervised at the school setting.**

Question 78

Cross reference this response with the behavior and health sections.

Question 79

If no support is required during day, school, vocational, or employment, check the box for “No support required. If periodic, or not continuous, support is required for these activities, check the one box under Periodic Support Required which best describes the person’s support required in this category. If continuous support is needed for these activities, check the one answer under Support Required for the Entire Time which best reflects the person’s support needs.

For people without employment, day, or vocational services, indicate what support the person would need in order to participate in these activities, or the predicted level of support for these activities.

For individuals who receive the day service in the home setting, question 77 must still be completed.

Question 81

For question 81, **check the one answer that best describes how often the person needs support, monitoring, or assistance during waking hours while at his/her home or residence.**

Once again, the frequency of support or assistance **typically needed** by the person, not just currently given, should be recorded. If the frequency needed falls between two levels, choose the level that is most **typical** of the assistance needed by the person. Different types of support can be added here, *unless the assistance is given at the same time*. For example, consider a person living in an apartment who needs someone to physically check in on him/her once a day, and twice a week needs someone to refill his/her pill box. As the person checking in on him/her will also refill the pillbox, the frequency of support would be once a day, as it is *given at the same time*.

Question 82

For question 82, **check the one answer that best describes the level of support the person needs during waking hours while at his/her home or residence.** Periodic in-person support refers to someone physically going to see or assist the person, and may include additional on-call support. Greater levels of support can be provided in either a large or small group setting, or as one to one. One to one support only, either at arm's length or in constant line of sight should only be checked if the person can never be left alone in a room, not even for a brief time.

Question 83

Consider first if the person could be safely left alone in his/her residence or home with no other adults at home. If the person cannot be safely left alone at home with no other adults in the residence, indicate "0" hours. If the person can be left alone in his/her residence with no other adults at home, indicate the total number of hours at one time it would be safe to do so.

Please make sure that the answers for questions 81 and 83 do not contradict each other.

Overnight Support, Monitoring or Assistance

Question 84

Assistance for support includes any type of assistance, monitoring, or supervision. Consider the support needs of the person for support, monitoring or assistance during sleeping or overnight hours only. ***As with waking hours of support, when answering question 84 consider what overnight support the person truly needs – this may or may not be the same as what is currently provided to him/her.*** Overnight support does not require that someone physically do something in support of the person; it also includes the basic level of supervision or presence of another person that may be needed during the overnight hours.

Consider issues such as: Is the overnight awake staff person there for this person or for one of his/her housemates? Does this person need just on-call overnight support, or a person in the residence who can be sleeping? Check only one answer to represent the amount of support **typically** needed during overnight hours. For the last answer to be checked, the person must require not only for a person to be awake throughout the night, but also for him/her to be either in constant line of sight or at arm's length of a support person through the overnight hours.

Comprehension and Understanding

The descriptions given in parentheses for questions 86 – 88 are given as examples to help guide the evaluator in choosing the correct answer. These examples are not the only way to assess a person's comprehension and understanding, and may or may not be applicable to the person. The case manager or evaluator should use his/her best professional judgment to choose the most applicable response for the person. Any additional comprehension comments may be included in the comprehension and communication comments box.

Question 86

Simple instructions or questions ask the person only about one activity at one time, and usually consist of only one subject and one verb without any additional phrasing.

Question 87

Complex instructions or questions usually consist of two or more parts to the sentence. Complex questions may ask the person about two different activities in the same sentence. Complex questions may also include qualifying phrases (for example, When you go to the store today, remember to pick up the milk and bread that you need).

Communication

Please check the one description which best describes the person's ability to communicate, both expressively (sending words or messages) and receptively (receiving words and messages). Descriptions are provided for each answer choice to help guide the evaluator in choosing the response which best describes the person's ability to communicate. Any additional communication comments may be included in the comprehension and communication comments box. This question does not evaluate the person's comprehension abilities, which is covered in questions 86 – 88.

Question 89

This question is not meant to evaluate whether the person communicates in a verbal language other than English – that is assessed in question 91.

- Choice number one is if the person uses verbal language with little or no difficulty, both expressing (sending) and receiving language.
- Choice number two- includes at least some verbal communication.
- Choice number three includes a variety of ways to communicate nonverbally, including sign language, written words, communication boards, pictures, or electronic systems.
- Choice number four includes those people with severe communication difficulties who do not use alternative communication devices. A person with these communication abilities uses little or no expressive communication, but may use some non-verbal communication skills such as pointing, eye gazing, or facial expressions.
- The fifth and last answer choice is for those people who are unable to communicate.

Question 90

This question focuses on the person's ability to engage in **typically** understood rules of conversation.

Question 91

This question assesses the person's ability to speak English. If the person is nonverbal or uses a sign language, choose the third answer choice (Not applicable – person uses alternative communication system or cannot communicate).

Transportation

Questions 92 - 96 consider how the person gets to places out of walking distance, some issues which may complicate the person's transportation, and the person's ability to arrange or schedule his/her own transportation. Any additional issues concerning transportation which affect a person's level of funding may be included in the transportation and social/community activities box at the end of the next section. Please note that questions 94 and 95 require further explanation if "Yes" is chosen.

Question 92

First read all the answer choices, then check all the ways the person usually gets to places out of walking distance.

Question 95

Asks if the person always requires someone else in addition to the driver to be in the vehicle with him/her for behavior or health reasons. That is, someone other than the driver would need to ride with the person whenever the person is in a vehicle. If “Yes” is checked, please provide an explanation in the comments box at the end of the form.

Social Life, Recreation, and Community Activities

It is important that the items in this section are answered without thinking about the transportation or mobility assistance which may or may not be needed to do the activity.

Support for transportation and mobility is assessed in previous sections, and should not be considered when answering this section. This section focuses instead on any other personal assistance which supports the person in participating in his/her friendships, recreation, and social activities. As with other questions in this form, the evaluator or case manager must use his/her best professional judgment when answering these questions. Any additional comments may be included in the transportation and social/community activities comments box.

Questions 97 - 102

Any person's ability to make friends and supportive relationships may be influenced by their abilities in other areas, such as his/her ability to communicate, any serious health conditions, or any behavioral concerns. Who a person considers his/her friend or supportive relationship will vary from person to person, and may include members of his/her family, non-related friends, co-workers, support staff, or others.

Likewise, each person's leisure activities or hobbies done at his/her residence will vary depending on the person's interests as well as other issues such as his/her ability to communicate, any serious health conditions, or any behavioral concerns. Leisure activities is also broadly defined, and may include personal hobbies or other interests such as TV, music, reading, puzzles, or other activities.

Question 99

As with questions 97 and 98, any transportation or support need for transportation only should not be considered when answering this question. Community activities are also broadly defined, and may include movies, church, bowling, Special Olympics, dances, or other activities done in the community. However, community activities do not include taking rides without an intended destination in the community.

Person's Own Parental Responsibilities

This section concerns any children or parental responsibilities the person has themselves. If the person has no children, mark question 103 “No,” leave question 104 blank, and skip to question 106.

Primary Caregiver Support

Primary caregivers provide unpaid, direct care for the person and are usually responsible for the person's care. Other unpaid support the person may have is considered in question 111, and should not be included in questions 106 – 110. Any additional comments may be included in the unpaid caregiving comments box.

Question 106

To be considered as his/her own primary caregiver, a person must live independently in the community, with no or only minimal monitoring, and must not have a primary caregiver other than themselves. A person who lives in a residential setting, or who has extensive paid support, would not be considered his/her own primary caregiver. If the person is his/her own primary caregiver, mark question 106 “Yes,” leave questions 107 - 110 blank, and skip to question 111, Other Unpaid Supports.

*** A CCH provider is considered to be “unpaid”, as they receive a stipend, which is not considered taxable, nor is it considered to be income.***

Questions 107 - 110

Primary caregivers provide unpaid, direct care for the person and are usually responsible for the person's care. A primary caregiver is **typically** a parent, close relative, or CCH provider with whom the person lives, or spouse/partner only if that person provides regular unpaid direct care. Otherwise spouse might be an appropriate category in question 111. Primary caregivers do not include CLA/group home or other support people who are paid.

People are considered to not have a primary caregiver if he/she does not receive unpaid, direct care from a family member or CCH provider responsible for his/her care. If the person lives in his/her own home without family members and does not receive daily regular support from family members, please document that support in question 111 as Other Unpaid Supports. This section is intended to capture the circumstances of primary caregivers who are relied upon for very regular/daily support. If the person does not have a primary caregiver, answer question 107 “No,” leave questions 108 – 110 blank, and skip to question 111, Other Unpaid Supports.

In addition to a primary caregiver, a person may also have secondary, unpaid, caregiver. This is the case when both parents provide unpaid care to their child with intellectual challenges, or when a CCH primary provider's spouse or partner also provides unpaid support. For the purposes of this form, one parent is then designated the primary caregiver, and the other the secondary caregiver. To be considered as a secondary caregiver, the caregiver must also provide unpaid, direct care for the person and be responsible for the person's care. For the purposes of this form, only one person may be considered as a secondary caregiver, and a person may not have a secondary caregiver if he/she does not have a primary caregiver.

Question 110

Check the box in the first column if any of the following apply to the primary unpaid caregiver. Information may be obtained from the caregiver, other team or support staff members, or the person's record. Check any in the second column that apply to the secondary unpaid caregiver (such as when two caregiving parents). If no secondary caregiver, leave the second column blank. Do not include any paid caregiving support. Check all that apply.

Other Unpaid Support

Other unpaid support and assistance may also be provided to the person by his/her family or wider network of friends and relationships. Examples of unpaid support or assistance provided by the person's wider network of relationships include a neighbor providing a ride, a co-worker providing guidance at work, or a roommate making sure the person's bills get paid on time.

Question 111

This question asks the team to check all people in the person's life that provide him/her with regular unpaid support or assistance **at least one a month**. If a category for a support person is missing, write it in the blank space provided. Any additional comments may be included in the unpaid caregiving comments box.

Any Other Concerns

Question 112

Include here any other concerns or considerations not captured elsewhere on this tool which may impact this person's need for support.

Current Budget and Pending Service Requests

Questions 113a – b

If the person does not currently have an allocation, mark question 113a "No," leave question 113b blank, and go to question 114. **Typically** individuals will have separate day and residential allocations at this time. The Individual Budget entry will not permit direct data entry, but will add the residential and day budgets together automatically.

Question 114

If the person has an active request for services pending for the PRAT review, **or**, will be submitting a request with the completion of this assessment, check "YES".

Information About Person(s) Filling Out This Form

Once the form is complete, clearly print for all members of the team who assisted in filling out the form:

- The full name of each team member, beginning with the case manager,
- His/her relationship to the person,
- His/her work or daytime telephone numbers, and
- The date the form was completed.

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