

Adding Context to the Needs Assessment and Person Centered Planning Process

Medical Support Needs

Are the medical needs extreme requiring (For example: hospitalizations, recruitment of highly specialized respite support, crisis plan, and/or the coordination of multiple medical providers)?

Is 1:1 significant support from medically well trained agency staff needed to address complex medical issues?

Is 2:1 support necessary to address medical needs? Other staffing patterns needed beyond 1:1 or 2:1?

Is transportation to medical/dental visits needed? If yes, is a reliable vehicle available? Is distance a barrier to medical care?

Is special assistance at medical visits needed?

Are special care procedures warranted? If yes, is staff trained adequately? Who will provide if staff turn over?

What is the level of assistance required for medication administration?

Is extra support needed for nursing, OT, PT, skin care?

Does the individual require support to understand medical recommendations?

What type of support is needed for the individual to follow through with medical recommendations?

Is there a cost associated with medical equipment and can this be afforded?

Have medical conditions/diagnoses been diagnosed as stable or is there an expectation of change?
Is there a potential for side effects from medications? If yes, please describe.
Are there tactile or other sensory needs related to medical care?
If assistance with transfers is needed, please describe the support needed (for example: how many people are needed, type of technology or equipment)?
How do actions or tendency concerns factor into medical treatment? (i.e. Will the person leave a colostomy bag or dialysis port alone?)
Do medical issues require round the clock care? If yes, who provides them (natural supports, staff, nursing staff etc.)?
If physical or chemical restraints are involved, are human rights requirements and DDSD policies being considered?
What methods will need to be utilized to access the medical or treatment procedures?
Does there need to be a desensitization plan in order to access medical treatment
Is a swallowing study needed?
Are there medical reasons that someone is engaging in actions that others find "different" from expected social norms?
Actions/Tendencies and/or Mental Health Support Needs
Does the person engage in actions which pose a risk to self and/or others?
If yes above, what is the purpose of the action?
Are actions or tendencies related to a lack of communication?
Are there patterns and/or triggers that demonstrate cause or purpose?
Are there mental health or other reasons that someone is engaging in actions that others find "different" from expected social norms?

Is there a frequent need for crisis supports? If yes, what does the support look like?
Does the individual engage in actions/tendencies that require increased training and supervision for staff? If yes, what training is needed and how often?
Are supports for interactions with criminal justice or public safety personnel needed? If yes, what does the support look like? Describe any additional training for agency staff and/or first responders.
Has the individual ever been arrested or charged with a crime? Are they on Act 248 and/or DDSD's Public Safety program? Please describe necessary supports to assure safety.
Does the person need specialized counseling?
Is the person at risk of homelessness due to actions or tendencies? If yes, please describe.
Is the person at risk of losing a community placement to a higher level of care or more restrictive setting?
Do actions or tendencies indicate a need for more than 1:1 staffing or specialized staffing schedules? Please describe
Does the person have a Behavioral Support Plan in place? If no, is one needed? If yes, are there special circumstances to consider or adjustments needed to increase effectiveness in reducing actions or tendencies?
Do the actions or tendencies occur across all settings or environments?
Do the actions or tendencies occur with all people?
Do environments or activities need to be modified or changed to mitigate triggers and risk?
Is a Functional Behavioral Analysis needed? If yes, has it been completed and is it still effective? If one has been completed, has the data been used effectively?
Do all support people know how to best respond to and interact with the person when actions and/or tendencies pose a health and/or safety risk to themselves or others?
Do the actions or tendencies indicate a need for a modification to the Settings Rules? If yes, is it documented appropriately? Are any restrictions required to be reviewed and approved by the Professional Review Committee and Human Rights Commission?

Have medical factors been considered as contributing to actions or tendencies?

Have appropriate clinical resources or supportive services been explored in the areas of psychotherapy, psychiatry, behavior consult, communication, offender treatment, etc.?

Is there a need to consult with the medical team about a medication review?

Has past and/or current trauma been identified? If yes, have they received effective therapeutic support? Is there a need for ongoing trauma-informed support and what does that support look like?

Does the person have mental health diagnoses and/or actions or tendencies (e.g. OCD, anxiety, aggression) that require specific support needs? If yes, what type of support is needed?

Home Supports

Does the individual exhibit actions or tendencies or priorities that need to be considered when planning for home support (e.g. individual preference, motivation, perseverance, process time)?

Is there a need for adaptive household equipment or appliances?

What barriers within the home decrease chances for success?

What is the person's level of motivation to complete tasks?

Are increased supports such as transfers when bathing and/or toileting needed?

Are increased supports around emotional and/or actions or tendencies needed when bathing and/or toileting?

Are there skills around dietary considerations and/or restrictions needing to be taught to the person and/or staff?

Are there safety needs around eating? (speed of eating, food type or consistency, choking, etc.)

Are there safety needs around household activities? (falls etc.)

Is there a need for supportive technology in the home? If yes, is there a need for support to use the technology? (Safety Connections monitoring system, apps, etc.)

Are there social networks that could help teach skills (delete) (i.e. cooking classes)? What level of support is required for the person to participate. What support is needed to transfer the skills across environments? (break into 2 questions)

Are overnight supports needed in any of the home living categories? (such as fire/evacuation)

Does the person have the necessary emotional regulation to perform household tasks?

Are there any safety concerns in performing household activities? If yes, what level of support is needed to address safety concerns?

Can the person be home alone for any period of time?

If yes, what supports are needed for the person to be home alone safely?

Is the person able to access all parts of their home in ways they want and need? If not, what is needed in order for them to have access.

What is needed in order for the person to have the privacy they need and want?

Are there any entitlements, per HCBS Settings Rules, that need to be reviewed or considered for safety reasons? (locks on individual's bedroom door, access to food, visitors)

Community Supports

Is there a risk to self or others when in the community?

Are there adaptive needs and/or supports used in the home that should also be used in the community (e.g. communication need, mobility need, medical need, self-care need)? If yes, please describe.

How much time can be tolerated in the community?

Is assistance with personal care required in the community and if so, can this be safely navigated while maintaining privacy?

Does accessibility levels in the community adequately meet the person's needs?

Is there a risk of exploitation or abuse while in the community?

Is 2:1 staffing in the community needed?

Is distance and transportation a barrier to accessing the community? Does public transportation meet this person's needs?

Does the person require specialized vehicles or adaptations?

Is specialized training needed for staff who are transporting?

Have the person's places of interest been explored?

What does the person/team feel are the best ways to find commonalities between the person and his/her/their community?

Does the person have the necessary social skills to navigate community interactions?

Can the person be alone in the community for any period of time?

If yes, what supports are needed for the person to be alone in the community safely?

Learning Supports

What skills have been taught to help with these tasks?

Are there additional skills they would like to learn?

How is learning ability determined?

Employment Supports

Has the person been successful at a job for a substantial period of time?

Are there natural supports at the job site that can be used?

What level of support does person need to be successful on job? I.e. prompting, cueing, hand-over-hand etc.
Are visual cues such as task boards needed to remain on task?
Are there actions or tendencies that necessitate 2:1 staff at work?
Does person need support for full shift, partial shift, or just check-ins?
Does the person have a personal perspective on working? Does he/she/they <i>want</i> to work?
What interest areas does the person have that can inform job location efforts?
What are the limitations around working? Schedules, number of hours, etc.
Has the job site been looked at for accessibility barriers?
What strategies are needed to mitigate actions or tendencies while at work?
Are there triggers in the workplace (noises, level of activity, unfamiliar people, clean/dirty, social or non-social, overly warm or overly cold, inside or outside, standing or sitting, high pressure or low pressure, natural supports or none etc.)?
Are support staff properly trained; whether agency, contracted or natural staff?
Can the person independently navigate transportation to and from work? What supports are needed around transportation?
What are the needed levels of personal care while at work?
Can the person be safe on the job? If not, what are the needed supports to remain safe?
Are appropriate supports in place to help the person find a job based on their personal preferences and desires?
Health and Safety Supports
Is there an ability to properly store and manage medication?
Does the medication enhance, or impede effective services?

Are necessary clinical supports identified and funded?

Is technology needed to help mitigate safety risks (on-call, cell phone, in-home monitoring etc.)?

Does the person access crisis supports? If yes, how often/frequently? What is the duration?

What does the crisis support look like?

Are family, friends, co-workers etc. naturally providing health and safety supports? If yes, what are some examples where natural supports are needed to stay safe and healthy? What does this look like across different environments?

Are there typical things the person would like to participate in that other people consider risky for them? Has a negotiated risk assessment been considered?

Is a support plan focusing on safety needs in place?

What environments and/or activities might not allow someone to be calm and/or safe?

Can the person safely stay home alone? If yes, how long? If yes, both inside and outside? Do they understand and use emergency plans?

Social Supports

Can the person be supported in small group settings when appropriate?

Is the person receptive to meeting new people to build friendships outside of family and/or paid supports? Are they interested in sustaining friendships over time?

Is the person adaptable and/or flexible enough to participate in social activities that are not preferred?

How does the person respond when there are guests in the home?

How much choice is the person given around social relationships?

What supports are needed to maintain healthy relationships and/or boundaries with family members?

What supports are needed to maintain healthy relationships and/or boundaries with friends?

Advocacy Supports

Does the person have a Representative-payee (rep-payee)? If yes, who is it?

Does the individual make most of their own choices or does someone else do it for them?

Has the person ever been exploited by family or friends? By strangers?

Does the person have a clear understanding of the voting process?

Is the person able to recognize abuse or exploitation for themselves or others? How might they communicate the abuse or exploitation of themselves or others? Would there be any signs or behaviors to look for?

Does the person have a Guardian? If yes, who?

Residential Considerations

What type of residential/living setting is wanted by the individual?

Are the residential/living preferences and/or options available?

Does the person want to live with others? If not, are there natural supports in place?

Does the person have compatibility preferences in terms of social situations? Does the person have compatibility preferences in terms of living situations?

Are there medical/behavioral/mental health considerations identified that should be considered for residential supports?

In the next 12 months is it likely that a residential/living change and/or new support model will be needed?

Is there an interim plan if the residential/living supports change unexpectedly? (Death, long term illness, short term serious illness). Has this plan been shared with others, including with all the people named in the plan?

Future Planning Needs

Short Term:

Is there a plan in place in the event that the natural support and/or guardian is unable to provide support? Is there an emergency/crisis plan in place? Is there a transition plan? Are any of these plans in writing, who has them, and is there a contact identified? If so, who is the contact person?

Would the individual recognize an emergency situation? If yes, would they know how to call or get help in an emergency if their natural support and/or guardian was unresponsive? If not, do they have people who check in with them regularly?

Is there a tool like MAPS or person centered planning documents that address any short-term transition plans?

Long Term:

Is there a transition plan in place in the event that the person outlives their natural support and/or guardian?

Have the following things been taken into consideration: supported decision making, banking/payee, advanced directive, health care agent, power of attorney,


Do natural supports and team supports know who would need to do what and what steps need to happen if the natural support/guardian is no longer able to care for the individual?

Is there a tool like MAPS or person centered planning documents that address any long-term transition plans?

Are there legal considerations or things that need to be addressed immediately (guardianship, public safety)?

Recommendation:

Group would like to recommend that DDSD and providers and individuals/families draft a document to help individuals/families/service providers know how to plan for future needs, especially around aging caregivers and/or unexpected deaths of caregivers. (Probate court and OPG would be helpful to include)

Does This Question identify an Area that May Impact Budget/Support Level/Need for Exception (not already identified in the SIS A)?	Misc. Notes
	

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