

Commonwealth of Kentucky

Supports for Community Living Manual

April 2007 Edition

Cabinet for Health and Family Services
Department for Medicaid Services
Division of Long Term Care and Community Alternatives
Human Resources Building
275 East Main Street
Frankfort, KY 40621

TABLE OF CONTENTS

- A. Supports for Community Living Waiver Eligibility
- B. Enrollment of an Individual into the SCL Waiver Program
- C. SCL Waiver Provider Enrollment and Certification
- D. Covered Services
- E. Consumer Directed Option
- F. North Carolina Support Needs Assessment Profile (NC-Snap)
- G. North Carolina Support Needs Assessment Profile (NC-Snap) Instructor's Manual
- H. North Carolina Support Needs Assessment Profile (NC-Snap) Examiner's Guide

APPENDICES

- Appendix I Application for Supports for Community Living MR/DD Services (MAP-620)
- Appendix II Assessment/Reassessment Level of Care Determination Form (MAP-351)
- Appendix III Availability of Income for LTC, Waiver and Hospice (MAP552K)
- Appendix IV MAP 109, Plan of Care
- Appendix V LTC and HCB Certification Form (MAP-350)
- Appendix VI Request for Equipment Form (MAP-95)
- Appendix VII Incident Report Form
- Appendix VIII MAP-24C
- Appendix IX Cabinet for Health and Family Services, Department for Medicaid Services Initiation/Termination of Consumer Directed Options MAP 2000
- Appendix X Cabinet for Health and Family Services, Department for Medicaid Services Waiver Services MAP 10
- Appendix XI Kentucky Consumer Directed Option Employee/Provider Contract DAS/CDO004

A. Support For Community Living Waiver Eligibility

1. An individual shall be eligible for SCL services under one of the following three (3) eligibility groups:
 - a. Mandatory categorically needy,
 - b. Optional categorically needy including an individual under a special income level, or
 - c. The medically needy.

This shall include the aged, persons with disabilities, and persons eligible under KTAP and related categories.

2. Treatment of Income and Resources of Target Population

- a. Financial eligibility determinations for the special income provision shall be made in the same manner as determinations are made for ICF/MR/DD Institutional deeming rules shall be applied.
- b. SCL Waiver members shall be allowed to retain, from their own income, an amount equal to the Supplemental Social Security Income (SSI) basic benefit rate plus the SSI general disregard for basic maintenance needs. If the SSI benefit rate or standard deduction changes, the allowable maintenance shall change accordingly.
- c. Patient liability for the month of admission shall be zero except in the following situations:

Community deeming rules for Medicaid eligibility shall be used for the month of admission for all SCL Waiver members who are married or under the age of eighteen (18). The income and resources of the spouse or parent shall be considered to be available for the month of admission only. For each succeeding month of SCL Waiver participation, only the income and resources of the SCL member shall determine Medicaid eligibility.
- d. The SCL Waiver member and/or legal representative shall be advised to apply for services at the local Department for Community Based Services (DCBS) office. The SCL Waiver member and/or legal representative shall indicate that the application is for eligibility under the special income category of the SCL Waiver program.
- e. The SCL member and/or legal representative shall be advised to contact the local DCBS office in the following situations:

- (1) The member's Medicaid eligibility was based upon a recent ICF/MR/DD admission.
 - (2) The member's Medicaid eligibility was based on the "Spend-Down" category.
- f. The SCL members and/or legal representative shall notify the local DCBS worker of admission into the SCL waiver program to determine if further applications for Medicaid special income provision eligibility are required. If an SCL member is considered for eligibility based upon the special income criteria, the SCL provider shall follow normal SCL admission procedures.
3. Continuing Income Liability

Upon determination by the local DCBS office that a member has a continuing income liability, it shall be paid by the SCL member and/or legal representative to the SCL Residential provider. If there is not a Residential provider, it shall be paid by the SCL member and/or legal representative to the SCL Case Management provider. This amount shall be deducted monthly by the Department for Medicaid Services (DMS) from payments issued to the primary SCL provider. The SCL provider shall be notified of the amount of the continuing income liability on the form MAP- 552k (APPENDIX III). The SCL provider is responsible for collecting this money from the SCL Waiver member and/or legal representative. If the member chooses CDO then patient liability will be paid to the Support Broker.

B. Enrollment of an Individual into the SCL Waiver program

1. The individual shall meet the level of care for ICF/MR/DD services. This determination shall be made by the Quality Improvement Organization (QIO).
 - a. All initial and re-certification applications for SCL Waiver services shall first be determined to meet Medicaid criteria for the ICF/MR/DD level of care. This includes individuals currently in an ICF/MR/DD.
 - b. Level of care determinations shall be made at least every twelve (12) months. Individuals being re-certified for continued participation in the SCL waiver program will receive a level of care determination prior to the end of the certification period.
 - c. The Case Management provider will request a verbal level of care certification from the QIO three weeks (21 days) prior to the end of the current level of care certification; inform the QIO of the current dates at the time of the telephone call to ensure that the new certification period is consecutive; submit the MAP-351, assessment/reassessment and the MAP-109, Plan of Care to the QIO within twenty one days (21) days of

- receiving the verbal level of care certification. If all criteria are met, the QIO shall evaluate the assessment/reassessment material and authorize continued level of care for the member and prior authorize the services requested on the MAP-109.
- d. Coverage shall not be available for any SCL waiver services during any period of time that an individual is not covered by a valid level of care determination. Both level of care and service prior authorizations shall be current for services to be Medicaid eligible.
 - e. The level of care determination is based upon information on the MAP-351 assessment form submitted to the QIO. Additional information may be requested by the QIO, such as a history and physical examination, psychological, functional analysis, and other service documentation included in the individual's record. After completion and approval of the level of care, the QIO shall send a written verification of the level of care determination to the Case Management provider.
 - f. If the ICF/MR/DD level of care is denied, the QIO shall send written notification to the SCL provider, the individual or legal representative, and DMHMR.
2. After obtaining the level of care determination, the Case Management provider shall assemble the application or recertification packet and forward it to the QIO if the member has chosen traditional services only, or make the referral to the Support Broker if the member chooses Consumer directed or blended services.
 3. For traditional service delivery, upon receipt of the allocation letter from DMHMR, a Plan of Care shall be developed, utilizing the person centered planning process and guiding principles, by the individual and legal representative (if applicable), the Case Management provider designated by the individual or legal representative. The Plan of Care Shall:
 - a. Include the individual's chosen personal goals,
 - b. Be developed and implemented within thirty (30) days of service initiation,
 - c. Be effective for the current level of care certification period,
 - d. Be individualized for each SCL member,
 - e. Designate a Case Manager for the SCL member,
 - f. Specify supports needed, the names and numbers of selected providers and the frequency and duration of services,
 - g. Include all pages of the Plan of Care,
 - h. MAP 109 will be updated as needed,
 - i. Be renewed annually.

4. The application or recertification packet shall be reviewed, and if approved by the QIO services, will be prior authorized. If the application is denied, written notification, including the appeals procedure shall be sent to the Case Management provider or Support Broker and the individual or legal representative. Upon receipt of a MAP-24C, the individual shall be placed in payment status. The date of placement indicated on the MAP-24C shall establish the effective date of initiation of payment for services.
5. The MAP-109, Plan of Care shall be submitted at least annually to the QIO. The entire Plan of Care shall be kept on file at the provider agency by the Case Manager. A minimum of twenty-five percent (25%) sample of Plan of Care shall be reviewed by the designated agency.
6. The entire Plan of Care shall be submitted to the QIO for any plan with a cost above the current average cost per person in the waiver. The justification for the need for the requested units of services, including copies of specific goals and objectives with personal outcomes for each service shall be included with the plan. If the service is new, the task objectives sheet should list the skills performance that will be recorded. For individuals who have been receiving the support, copies of staff notes documenting process toward the personal outcomes listed in the plan shall be submitted. The Plan of Care shall be sent to the QIO within fourteen (14) days of the effective date of the change. No approval of a Plan of Care shall be backdated. Justification for the requested units of service, including staff notes shall be submitted with the Plan of Care reflecting a cost above the current average cost per person in the waiver.
7. For individuals choosing consumer directed option or blended services, upon approval of the level of care and referral from the Case Manager, the Support Broker will assist the individual in development of the Plan of Care. The Plan of Care shall be developed utilizing the person centered planning process and guiding principles and specify the supports needed, names of selected providers and the frequency and duration of services. The MAP-109 shall be submitted to the QIO for prior authorization and approval of the individualized budget amount upon admission to the waiver and at least annually thereafter. The individualized budget will be authorized for a six (6) month period.

C. SCL Waiver Provider Enrollment and Certification

1. An entity wishing to enroll and participate as an SCL provider shall:
 - a. Request a participation packet from DMS or its designee,
 - b. Submit the completed packet to DMS or its designee, including a copy of the license if requesting participation as a group home as outlined in 902 KAR 20:078, and

- c. Notify DMS or its designee in writing regarding any change in program participation status (i.e. change of ownership, address changes, etc).
 2. Upon receipt of a completed and acceptable enrollment packet by DMS or its designee, the DMHMR shall:
 - a. Conduct a pre-service survey, and
 - b. Recommend certification when DMHMR determines compliance with all applicable conditions of participation in this manual.
 3. DMS shall:
 - a. Consider DMHMR's recommendation in the determination to grant certification,
 - b. Notify the provider in writing of their certification, and
 - c. Assign a Medicaid provider number with a prefix of thirty-three (33) to each certified SCL provider.
 4. DMHMR shall:
 - a. Conduct a survey to determine compliance with SCL program requirements prior to recommending certification;
 - b. Request a plan of correction if deficiencies are noted (deficiencies that are neither corrected nor have a plan of correction within thirty (30) days of written notice may result in a recommendation to de-certify),
 - c. Recommend a certification if all requirements are met,
 - d. Conduct a follow-up survey within forty-five (45) days of initiation of services, and at least annually thereafter, and
 - e. Recommend de-certification of a provider at anytime if conditions of participation is not met.
 5. If deficiencies are noted, the provider shall:
 - a. Develop an acceptable plan of correction in writing which:
 - (1) Specifically addresses methods to be utilized in making necessary corrections, and

(2) Specifies completion dates.

- b. Submit the written plan of correction to DMHMR within thirty (30) days of written notification of deficiencies.

6. DMS Shall:

- a. Issue an initial agreement for participation for six (6) months if all certification requirements are met, and
- b. Terminate a provider agreement for participation based on non-compliance with applicable requirements or a recommendation for de-certification from the surveying agency.

7. During a termination process whether voluntary or involuntary, the provider shall fully cooperate with DMHMR, DMS and DCBS by allowing open access to the agency's records, including any and all records related to SCL members served by the SCL provider, any and all records pertaining to the operation of the SCL provider, and access to any residential site occupied by an SCL member.

8. For Consumer Directed Option, service providers shall complete a Kentucky Consumer Directed Option Employee/Provider Contract.

D. Covered Services

1. Adult Day Training:

- a. Procedure code T2021 with modifier HB for adult onsite service,
- b. Procedure code H2021 for off site service, and
- c. One (1) unit of service equals fifteen (15) minutes.

2. Adult Foster Care:

- a. Procedure code S5140, and
- b. One (1) unit of service equals twenty-four (24) hours.

3. Assessment/Reassessment

- a. Procedure code T1028

4. Behavior Support:

- a. Procedure code H0002 for a Functional Analysis,

- b. Procedure code H0032 for Developing the plan,
 - c. Procedure code H0004 for monitoring the plan, and
 - d. One (1) unit of service equals fifteen (15) minutes.
5. Case Management:
 - a. Procedure code T2022, and
 - b. One (1) unit of service equals one (1) month.
6. Children's day habilitation:
 - a. Procedure code T2021 with modifier HA, and
 - b. One (1) unit of service equals fifteen (15) minutes.
7. Community Living Supports:
 - a. Procedure code 97535, and
 - b. One (1) unit of service equals fifteen (15) minutes.
8. Family Home:
 - a. Procedure code H0043, and
 - b. One (1) unit of service equals twenty-four (24) hours.
9. Group Home:
 - a. Procedure code S5126, and
 - b. One (1) unit of service equals twenty-four (24) hours.
10. Occupational Therapy:
 - a. Procedure code 97530, and
 - b. One (1) unit of service equals fifteen (15) minutes.
11. Physical Therapy:

- a. Procedure code 97110, and
 - b. One (1) unit of service equals fifteen (15) minutes.
12. Psychological Services:
 - a. Procedure code 90804, and
 - b. One (1) unit of service equals fifteen (15) minutes.
13. Respite:
 - a. Procedure code T1005,
 - b. Shall be billed as total number of units provided, and
 - c. One (1) unit of service equals fifteen (15) minutes.
14. Specialized Medical equipment and Supplies:
 - a. Procedure code E1399,
 - b. One (1) unit of service equals one (1) item, service or treatment.
 - c. The procedures regarding the Specialized Medical Equipment and Supplies are as follows:
 - (1) The Case Manager or Support Broker shall complete the MAP-95 packet and submit it to the Department of Medicaid Services Division of Long Term Care, This packet shall include:
 - (a) A completed MAP-95 (APPENDIX);
 - (b) A signed Physician order or Prescription;
 - (c) A detailed description of the product or service;
 - (d) Not be available through the department's durable medical equipment, vision, hearing or dental programs. A copy of the denial may be requested.
 - (e) Three (3) estimates for the product or service, except for dental.
 - (2) Verification of need of the equipment or service

identified in the Plan of Care;

- (3) Verification that the equipment or service is unavailable through the State Plan;
- (4) If unavailable through the State Plan, the request for Equipment or Vision will be reduced to the lowest of the three (3) submitted estimates. The request for Dental will be reduced by twenty percent (20%);
- (5) If available through the State Plan the MAP-95 will be rejected and the services or equipment will be purchased through the services offered in the State Plan;
- (6) If a completed request packet has been submitted and denied, the member has the right to appeal;
- (7) Upon approval, letters approving the item/service will be sent to the Case Manager; and
- (8) After the approved item has been purchased, the following shall be submitted for payment:
 - (1) A copy of the approval letters from DMS; and
 - (2) A copy of the MAP-95;
 - (3) A completed CMS 1500 using the procedure code E1399 for payment.
 - (4) The receipt for the item purchased.

15. Speech Therapy:

- a. Procedure Code 92507, and
- b. One (1) unit of service equals fifteen (15) minutes.

16. Staffed Residence:

- a. Procedure code T2016, and
- b. One (1) unit of service equals twenty-four (24) hours.

17. Supported Employment:

- a. Procedure code H0039, and
- b. One (1) unit of service equals fifteen (15) minutes.

E. Consumer Directed Option Services

1. Adult Day Training S5100 One (1) unit of service equals fifteen (15) minutes.
2. Community Living Supports S5108 One (1) unit of service equals fifteen (15) minutes.
3. Respite S5150 One (1) unit of service equals fifteen (15) minutes .
4. Supportive Employment H2023 One (1) unit of service equals fifteen (15) minutes.

F. North Carolina Support Needs Assessment Profile (NC-SNAP)

1. An initial NC-SNAP assessment shall be administered by DMHMR upon allocation of SCL funding.
2. DMHMR is responsible for the cost of all initial NC-SNAP assessments.
3. When an SCL provider requests a reassessment due to a change in the SCL member's need, the provider is responsible for the cost of the NC-SNAP reassessment. If an SCL provider feels a reassessment is necessary, the provider shall submit a written request to:

SCL Waiver Manager
Division of Mental Retardation
100 Fair Oaks Lane, 4W-C
Frankfort, Kentucky 40621

4. The request for a reassessment shall include the SCL member's name and address of the SCL waiver provider making the request. Payment of \$100.00 must accompany a copy of the request for the reassessment and sent to the SCL Waiver Manager at DMHMR. The check or money order shall be made payable to the Kentucky State Treasurer.

G. North Carolina Support Needs Assessment Profile (NC-SNAP) Instructor's Manual

1. The NC-SNAP Instructor's Manual is used to teach the NC-SNAP Assessors.

H. North Carolina Support Needs Assessment Profile (NC-SNAP) Examiner's Guide

1. The NC-SNAP Examiner's Guide is used by the NC-SNAP examiner when conducting assessments.

NC SNAP



NORTH CAROLINA

Support Needs Assessment Profile

EXAMINER'S
GUIDE

Murdoch Center Foundation
P.O. Box 92
Butner, North Carolina 27509
(919) 575-7907

Do not copy

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Background

The North Carolina Support Needs Assessment Profile (NC-SNAP) was developed in order to respond to a systemic need identified by the North Carolina Developmental Disabilities Policy Work Group in 1997. This system-wide need became apparent through Policy Work Group discussions pertaining to funding/cost, and consistent and accurate identification of people's needs for supports and services. The Policy Work Group established an Assessment Subcommittee whose task was to identify an assessment protocol that could be used system-wide to consistently and reliably assess a person's level of intensity of need for developmental disabilities (DD) supports and services. The Assessment Subcommittee (chaired by J. Michael Henitke) reviewed the available literature, the existing assessment tools, and the current assessment practices of other states. In doing so, it became apparent that no existing instrument would adequately address the requirements established by the DD Policy Work Group. Therefore, the Assessment Subcommittee directed the Murdoch Center Research Group and the Murdoch Center Foundation to pursue the development, research, and field-testing of an assessment instrument that would be a valid, reliable, and easy-to-use measure of a person's level or intensity of need for DD supports and services. The NC-SNAP is the result of 3 years and countless hours of work by many people in the service system.

Purpose

This Examiner's Guide is provided as an aid for examiners certified to administer the NC-SNAP. The NC-SNAP, when completed, will indicate the intensity or level of need in three important domains and provide an overall level of need for supports. The three domains are (1) Daily Living Supports, (2) Health Care Supports, and (3) Behavioral Supports. The levels range from 1 (low need) to 5 (extreme need) for each domain and for the overall score.

When administered properly, the NC-SNAP will provide a reliable, valid, and consistent method for determining needs for a person with developmental disabilities. It should function as a starting point for the development of a person-centered support plan. It will also provide a statewide database to assist in system planning, monitoring, and accountability. It should be noted, however, that the NC-SNAP is not a diagnostic tool, and it is not intended to replace any formal professional or diagnostic assessment instrument.

Certification of competency to use the NC-SNAP is a requirement.

General Layout

The NC-SNAP is divided into four pages. The first page is divided into three parts. Part I obtains general background information on the individual and examiner; Part II contains general instructions about scoring the NC-SNAP; and Part III provides a graphic profile summary for the completed NC-SNAP. The second page contains items for the Daily Living Supports Domain. Page three contains items for the Health Care Supports and Behavioral Supports Domains. Page four provides a grid for listing current needs, supports, and preferences, which may be useful in the development of a person-centered plan.

Preparation

The NC-SNAP must be completed by a certified examiner [generally a case manager or Qualified Developmental Disability Professional (QDDP)]. While the NC-SNAP can be completed in a very brief period of time, the examiner must be prepared with a thorough knowledge of the individual. Examiners who do not know the individual well should gather records and/or information from the individual or from someone who knows the individual well.

- *It is often useful to have the individual's records available while completing the NC-SNAP. Current evaluations such as psychosocial evaluations, nursing assessments, psychological evaluations, etc. and previous person-centered plans can be very helpful.*
- *Information from direct sources such as the individual, parents, guardians, or service or support providers can be helpful when completing the NC-SNAP.*
- *It is acceptable to use multiple sources to gather necessary information. If a discrepancy is noted in information provided by two different sources, the examiner should resolve the discrepancy through further discussion or by seeking additional information.*

Completing the NC - SNAP

Step I: Background Information

This section contains basic identification information regarding the person to be assessed, the examiner (person filling out the NC-SNAP), and the date of the assessment. There is also a data entry coversheet that should be filled out. This coversheet provides pertinent information for the statewide database. After completing these, the examiner proceeds to the Domain Checklists that begin on Page 2.

Step II: The Domain Checklists

There are three Domain Checklists: Daily Living Supports, Health Care Supports, and Behavioral Supports. Each domain lists support types in bold print along the top and level of intensity in bold print along the side. Level of intensity is ordered from "1" (minimum) to "5" (maximum). The boxes in the remainder of the grids that describe the supports at various levels of intensity. Not all supports are divided into 5 levels. Wherever there is no description of a support at a given level, the corresponding box is shaded light blue.

The NC-SNAP is completed by reading the descriptions of the levels of supports in each column from top down until the examiner identifies that description which best describes the individual's need for that support. The corresponding box is marked with an "X" and the examiner proceeds to the column for the next support until all three domains are completed.

In completing the Domain grids, it is important to focus on what the person needs, not on what the person has now, or on what he or she may need in addition to current supports. This should be done without comparison to other people's needs or supports. The fact that a person may be receiving more or less than he/she truly needs is irrelevant at this point.

The following section elaborates on the scoring criteria for the various supports in each domain.

Scoring Criteria

Daily Living Supports

Supervision:

Describes the number of hours daily that a support person must be available to assist the individual in daily living supports (e.g., self-care, activities of daily living) or to ensure safety. The critical distinction between levels 1, 2, and 3 is the number of 8-hour time periods that are required for supervision. More than 8 hours up to 16 hours describes level 2, while more than 16 hours describes levels 3, 4, or 5. Extreme need (Level 5) describes a person who requires specialized 24-hour supervision with continuous monitoring.

Note: Continuous monitoring means that the person supervising the individual must constantly monitor the individual.

Note: Level 5 here and throughout the NC-SNAP refers to unusually extreme need. As such, Level 5 scores should be uncommon. Whereas Levels 1 through 4 represent steps along a continuum (such that Level 2 is applicable once the Level 1 description is exceeded, etc.), Level 5 represents needs that are substantially more intense than Level 4.

Assistance Needed:

Three types of assistance are described:

Minimal assistance refers to the use of verbal prompts or gestures given at a critical point in the behavior sequence such as a reminder to brush teeth.

Partial assistance refers to the use of hands-on guidance for part of the task (for instance, helping a person turn on a water faucet), or completion of some part of the task (for instance, washing the person's legs because she/he cannot do it during a shower).

Complete assistance requires that a caregiver complete all parts of task, although a caregiver may get some partial assistance from the individual, such as the individual raising his or her arms during bathing.

Extreme need (Level 5) is distinguished by the absence of any form of participation by the individual in any task.

This section also distinguishes four types of skills: self-help (e.g., handwashing, eating), daily living (e.g., cooking, cleaning), decision making (e.g., planning activities, making purchases), and complex skills (e.g., financial planning, health planning). Note that the descriptions of both the type of assistance required and the type of skills completed change across levels.

Persons who can independently complete some tasks within a skill area (e.g., drink from cup, remove coat, etc.) should be scored at Level 3. A person who needs help with all tasks should be scored at Level 4.

Age - Related:

Score this column according to the individual's chronological age.

Degree of Structure Provided by Others:

This refers to that set of skills needed to plan and carry out daily activities. At Level 1, assistance is required only for special activities (e.g., vacation). At Level 3, the person's daily activities must be both planned and initiated by another person.

Some examiners find it helpful to view this support area in the context of a "day off." On a typical day off, does the individual arise independently and follow his or her own schedule for the day? (Level 1) Or does someone else have to help him or her decide what to do and when to do it? (Level 2) Or does someone else have to plan the day's schedule and prompt the individual to perform each scheduled activity? (Level 3)

Health Care Supports

Physician Services:

Levels 2-5 describe people with chronic health care needs beyond routine physical checks and monitoring (e.g., seizure disorder, diabetes, hypertension). If representative of current needs, consider the individual's health for the past year and average his or her physician visits on a quarterly basis.

Note: Level 5 applies only to individuals with extreme needs requiring that a physician be available immediately (i.e., close proximity to the person; this does not refer to on-call or emergency-room physicians) and for frequent monitoring.

Nursing Services:

Refers to activities of an RN or LPN. *Reminder:* Consider only those activities that a nurse must do. Sometimes nurses are readily available due to the type of residential setting. When determining whether the individual has nursing needs, reflect on whether the nurse would have to be present for the service to occur. If the service can be provided by someone else if the nurse isn't available the need is not a *nursing* service.

Allied Health Professionals:

Refers to services needed from a Speech Therapist, Physical Therapist, Occupational Therapist, and/or another licensed health service provider other than a mental health service provider. Score Level 1 if the individual needs to see the professional less often than once per week (or not at all).

Equipment Supports:

Refers to adaptive equipment prescribed by health services providers (e.g., wheelchairs, communication devices). To score Level 2, the person's equipment should require frequent repair, service, or replacement (once a month or more often). The actual purchase of the equipment (regardless of cost) is not relevant in scoring this item. Level 1 should also be scored if there are no equipment support needs.

Behavioral Supports

Mental Health Services:

Level 1 services, if any, are those provided by any mental health service provider which are directed toward a temporary or acute condition (e.g., grief counseling following the loss of a loved one). Level 2 consultation can be provided by any mental health services provider and results in ongoing intervention. Levels 3 - 5 require a formal behavior intervention plan developed by a psychologist. The complexity of the plan and the experience of the psychologist developing it increase from Level 3 to Level 5.

Behavioral Severity:

Describes the threat of injury to self and/or others, which does or may occur. Level 5 applies only to those for whom a special environment is necessitated by the severity of behavior. Note that "life threatening" refers to behavior that poses an immediate threat of death or severe injury (e.g., severe head banging, extreme aggression, suicidal behavior, etc.).

Direct Intervention:

Describes the extent of staff support required specifically for behavioral intervention. It also describes the intensity of such intervention. The use of restraint [immobilization of body part(s)] is categorized either on a continuous basis (Level 3) or contingent upon (i.e., following) a target behavior (Level 4). The use of preventive intervention techniques is also described at two levels: standard procedures (Level 3) and specialized procedures (Level 4). Any intervention that requires at minimum 24-hour one-to-one staffing is defined at Level 5.

Step III: NC-SNAP Profile

After scoring each item in each domain, complete the NC-SNAP Profile on page 1. The grid in this section corresponds to the three domain grids completed in Step II. Where an "X" had been placed in the domain grid, a circle is now placed in the profile grid. Thus, to fill out the chart, find the level (from 1 to 5) which you scored for each item, beginning with the Daily Living Domain. Circle the corresponding number on the chart on page 1. Continue this process for the Health Care and Behavioral Domains.

Note: It is important to do this process carefully to avoid errors that could affect the final score!

Then, for each domain, connect the circles with a line, as illustrated below.

Daily Living Domain			Health Care Domain				Behavior Domain			
Superv	Assist	Age	Street	MD	RN	Allie	Empl	MH	Severity	Interac
1	2	1	2	1	2	2	1	1	1	2
2	3	2	3	2	3	3	2	2	3	3
3	4	3	4	3	4	4	3	3	4	4
4	5	4	5	4	5	5	4	4	5	5
5										

Next, follow the instructions to record the highest score for each domain in the appropriate box under the chart. ["Highest" refers to numerical values; therefore, 5 is the highest possible score, 1 is the lowest.]

Example:

Daily Living Supports = 3
Health Care Supports = 2
Behavioral Supports = 4

Then, in the box labeled "Overall Level of Eligible Support," enter the highest of the three scores from the boxes above.

This is the consumer's final NC-SNAP score.

Example:

Overall Level of Eligible Support = 4

Finally, complete the Cumulative Score Section.

A. The Domain Cumulative Score is determined by adding the highest score in each of the three domains (i.e., the scores in the three boxes below the profile grid). This is the sum of the domain high scores.

B. The Cumulative Raw Score is determined by adding all 11 scores; that is, the score for each item in each domain. This is the sum of scores.

Example:

Cumulative Score (add all scores)

A. Domain Scores (range = 3 to 15) = 9
(Sum of the highest levels in each domain)

B. Raw Scores (range = 11 to 46) = 27
(Sum of all levels in all domains)

Step IV : NC-SNAP Support Grid (optional)

Notes

The NC-SNAP Support Grid is an optional tool that may assist in the planning for providing needed services and supports. It is completed for each item in each domain. The first column identifies the need established in completing the support grid. Current Natural Supports and Current Services are next identified (Columns 2 and 3). From this description, the planner next establishes if there is an existing unmet need (Column 4). Finally, the preferred manner of meeting the need is identified in Column 5. An example is provided on the NC-SNAP form.

Conclusion

The NC-SNAP will be administered for each consumer in, or on the waiting list for, the state's Developmental Disabilities Service System:

- *When an individual enters the DD Service System*
- *Annually*
- *Whenever there is a significant change in the individual's need profile*

Congratulations! You have now completed this Examiner's Guide. Keep this guide for future reference. Thanks for taking the time to learn about the NC-SNAP. When it comes to assessing supports and needs for persons with developmental disabilities, remember: **The first step is a "SNAP"!**

North Carolina Support Needs Assessment Profile (NC-SNAP)

INSTRUCTIONS: Complete the background information below. Then, using the Domain grids on Pages 2 and 3, start at the top of each column and read down until you locate the level that best describes the individual's current needs. When you find that level, make an "X" in the box. Then proceed to the next column. Repeat the process for each grid. After completing all three grids, proceed to Section II, the "NC-SNAP Profile" below.

Note: Focus only on this particular person's needs. Do not make comparisons to other individuals. Also, do not base your answers solely on what services the individual is or is not receiving; focus on what supports the individual truly needs. For example, the individual may reside in a setting that provides 24-hour staff coverage; consider whether this level of support is actually needed for the individual or if less supervision would be appropriate.

I. Background Information

Individual's Name: _____
 Social Security No.: _____
 Unique ID No.: _____ Case No.: _____
 Birthdate: _____ Age: _____
 Address: _____
 Phone: (____) _____
 County: _____ Area Program: _____
 Are There Significant Natural Supports In Place? Yes No
 Current DD System Supports: (Check only one)
 _____ First Contact _____ Waiting List (no services)
 _____ In Service _____ Waiting List (insufficient services)
 Examiner: _____ Phone: (____) _____
 NC-SNAP Certification No.: _____
 (relationship to individual: _____)
 Date of Assessment: _____

II. NC-SNAP Profile

After completing all three grids:

- find the level marked for each column on Pages 2 and 3 and circle that level in the corresponding column of the chart below.
- draw a line connecting the circles in each domain on the chart below.
- record the **highest** score for each domain in the appropriate box below.
- write the **highest** of these three scores in the "Overall Level of Eligible Support" box.
- then, proceed to Page 4, the NC-SNAP Support Summary.

Support	Daily Living Domain					Health Care Domain					Behavioral Domain				
	Assess	1	2	3	4	5	ML	KN	Alleg	Equip	MLL	Sensitivity	Interact		
1															
2															
3															
4															
5															

Daily Living Supports = _____

Health Care Supports = _____

Behavioral Supports = _____

Overall Level of Eligible Support = _____

Do not copy

North Carolina Support Needs Assessment Profile (NC-SNAP)

Daily Living Supports

Level	Supervision	Assistance Needed	Age-Related	Degree of Structure Provided by Others
1	Less than 8 hours per day on average	<ul style="list-style-type: none"> No assistance needed in most self-help and daily living areas Minimal assistance needed in some self-help and daily living areas Minimal to complete assistance needed to complete complex skills such as financial planning and health planning 	Adult (16.01 years and above)	<p>None or Minimal</p> <ul style="list-style-type: none"> Few special activities need to be planned for the person
2	9-16 hours daily on average	<ul style="list-style-type: none"> No assistance in some self-help, daily living areas Minimal assistance for many skills Complete assistance needed in some basic skills and all complex skills 	Child/Teen (6.01 to 16 years)	<p>Moderate to Extreme</p> <ul style="list-style-type: none"> Some or all daily activities need to be planned for the person
3	24 hours (does not require awake person overnight)	<ul style="list-style-type: none"> Partial (hands on assistance) to complete assistance needed in most areas of self-help, daily living, and decision making Cannot complete complex skills 	Young Child (2.01 to 6 years)	<p>Intensive</p> <ul style="list-style-type: none"> All activities must be planned and initiated for the person
4	24 hours with awake person overnight	<ul style="list-style-type: none"> Partial to complete assistance is needed in all areas of self-help, daily living, decision making, and complex skills 	Infant (Birth to 2 years)	
5	Extreme Need: 24 hours, awake person trained to meet individual's particular needs; continuous monitoring	<ul style="list-style-type: none"> Extreme Need: All tasks must be done for the individual, with no participation from the individual 		

North Carolina Support Needs Assessment Profile (NC-SNAP)

Health Care Supports

Level	Physician Services	Nursing Services	Allied Health Professionals	Equipment Supports
1	For routine health care only	For routine health care only	Less often than once per week	Less often than once per month
2	Up to quarterly consultation or treatment for chronic health care need	1 - 3 times per month	One or more times per week	One or more times per month
3		Weekly		
4	More than quarterly for consultation or treatment	Daily		
5	Extreme Need: Chronic medical condition requires immediate availability and frequent monitoring	Extreme Need: Several times daily or continuous availability		

Behavioral Supports

Mental Health Services	Behavioral Severity	Direct Intervention
None or Periodic e.g., counseling, motivation or self-help programs	None	None
Consultation e.g., to develop and/or monitor individualized guidelines or reinforcement procedures plus counseling if needed	Not injurious to self and/or others -but- Mildly disruptive	Intervention necessary using routine techniques (e.g., interruption of behavior and redirection) May require individualized staffing on a part-time basis
Consultation by licensed or certified mental health professional to develop and/or monitor a formal behavior intervention program	Injurious to self and/or others -or- Severely disruptive	Application of protective interventions which may be restraining
Treatment by licensed or certified MH professional with expertise in the treatment of extreme behavior problems comprehensive intervention plan based on analysis, frequent assessment, and structuring of interactions direct oversight of plan by licensed professional	Life threatening	Application of contingent interventions which may be restraining -or- Individualized preventive intervention techniques
Extreme Need: Treatment by specialized professional team (with advanced experience with extreme behavior problems) daily contact 24 hour on call complex intervention plan providing continuous assessment and refinement	Extreme Need: Severity of behavior requires controlled environment which prohibits unauthorized leaving	Extreme Need: Intervention procedures require continuous 24-hour staffing

North Carolina Support Needs Assessment Profile (NC-SNAP)

III. NC-SNAP Support Summary

Use this grid to summarize the results of this NC-SNAP. List the support needs that were identified, as well as any supports or services that are currently in place to meet these needs. Indicate "Yes" if there is an unmet need. Also note individual or family preferences for particular supports. [See example below.] This information should be helpful to the planning team as it prepares to develop the person's support plan.

EXAMPLE

Daily Living Domain: Supervision:	24-hour awake staff	Parents	Aide, 2 hr/wk	Assistive Living Apartment with 24-hour aide
Needs	Current Natural Supports	Other Current Supports	Need Is Unmet	Preferences or Requested Supports
<u>Daily Living Domain:</u>				
Supervision:				
Assistance:				
Age-Related:				
Structure:				
<u>Health Care Domain:</u>				
Physician (MD):				
Nursing:				
Allied Prof.:				
Equipment:				
<u>Behavioral Domain:</u>				
Mental Health:				
Severely:				
Employment:				
Other (e.g., vocation, communication):				

NORTH CAROLINA
Support Needs Assessment Profile



NC-SNAP

Instructor's
Manual

"Do not copy"

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-Table of Contents

Acknowledgments

Chapter 1:	Examiner's Guide	1 - 1
Chapter 2:	Guidelines for <i>NC-SNAP</i> Instructors	2 - 1
Chapter 3:	Certification	3 - 1
Chapter 4:	Data Entry (Statewide Database)	4 - 1
Chapter 5:	Other Systems and Responsibilities	5 - 1
Chapter 6:	"Look Behind" Quality Assurance	6 - 1
Chapter 7:	Reliability and Validity of the <i>NC-SNAP</i>	7 - 1
Chapter 8:	Answers to Frequently-Asked Questions	8 - 1

Chapter 1:

Examiner's Guide

Background

The North Carolina Support Needs Assessment Profile (*NC-SNAP*) was developed in order to respond to a systemic need identified by the North Carolina Developmental Disabilities Policy Work Group in 1997. This system-wide need became apparent through Policy Work Group discussions pertaining to funding/cost, and consistent and accurate identification of people's needs for supports and services. The Policy Work Group established an Assessment Subcommittee whose task was to identify an assessment protocol that could be used system-wide to consistently and reliably assess a person's level of intensity of need for developmental disabilities (DD) supports and services. The Assessment Subcommittee (chaired by J. Michael Hennike) reviewed the available literature, the existing assessment tools, and the current assessment practices of other states. In doing so, it became apparent that no existing instrument would adequately address the requirements established by the DD Policy Work Group. Therefore, the Assessment Subcommittee directed the Murdoch Center Research Group and the Murdoch Center Foundation to pursue the development, research, and field-testing of an assessment instrument that would be a valid, reliable, and easy-to-use measure of a person's level or intensity of need for DD supports and services. The *NC-SNAP* is the result of 3 years and countless hours of work by many people in the service system.

The authors are grateful for the cooperation of 2,927 persons in the service system and their guardians and families. We are appreciative of the support from 200 case managers and numerous providers throughout the state who assisted with the research and field test.

Purpose

This Examiner's Guide is provided as an aid for examiners certified to administer the *NC-SNAP*. The *NC-SNAP*, when completed, will indicate the intensity or level of need in three important domains and provide an overall level of need for supports. The three domains are (1) Daily Living Supports, (2) Health Care Supports, and (3) Behavioral Supports. The levels range from 1 (low need) to 5 (extreme need) in each domain and for the overall score.

When administered properly, the *NC-SNAP* will provide a reliable, valid, and consistent method for determining needs for a person with developmental disabilities. It should function as a starting point for the development of a person-centered support plan. It will also provide a statewide database to assist in system planning, monitoring, and accountability. It should be noted, however, that the *NC-SNAP* is not a diagnostic tool, and it is not intended to replace any formal professional or diagnostic assessment instrument.

Certification of competency to use the *NC-SNAP* is a requirement.

General Layout

The *NC-SNAP* is divided into four pages. The first page is divided into three parts. Part I obtains general background information on the individual and examiner; Part II contains general instructions about scoring the *NC-SNAP*; and Part III provides a graphic profile summary for the completed *NC-SNAP*. The second page contains items for the Daily Living Supports Domain. Page three contains items for the Health Care Supports and Behavioral Supports Domains. Page four provides a grid for listing current needs, supports, and preferences, which may be useful in the development of a person-centered plan.

Preparation

The *NC-SNAP* must be completed by a certified examiner [generally a case manager or Qualified Developmental Disabilities Professional (QDDP)]. While the *NC-SNAP* can be completed in a very brief period of time; the examiner must be prepared with a thorough knowledge of the individual. Examiners who do not know the individual well should gather records and/or information from the individual or from someone who knows the individual well.

~~It is often useful to have the individual's records available while completing the *NC-SNAP*. Current evaluations such as psychosocial evaluations, nursing assessments, psychological evaluations, etc. and previous person-centered plans can be very helpful.~~

- Information from direct sources such as the individual, parents, guardians, or service or support providers can be helpful when completing the *NC-SNAP*.

- *It is acceptable to use multiple sources to gather necessary information. If a discrepancy is noted in information provided by two different sources, the examiner should resolve the discrepancy through further discussion or by seeking additional information.*

Completing the NC - SNAP

Step I: Background Information

This section contains basic identification information regarding the person to be assessed, the examiner (person filling out the *NC-SNAP*), and the date of the assessment. There is also a data entry coversheet that should be filled out. This coversheet provides pertinent information for the statewide database. After completing these, the examiner proceeds to the Domain Checklists that begin on Page 2.

Step II: The Domain Checklists

There are three Domain Checklists: Daily Living Supports, Health Care Supports, and Behavioral Supports. Each domain lists support types in bold print along the top and level of intensity in bold print along the side. Level of intensity is ordered from "1" (minimum) to "5" (maximum). The boxes in the remainder of the grids list descriptions of the supports at various levels of intensity. Not all supports are divided into 5 levels. Wherever there is no description of a support at a given level, the corresponding box is shaded light blue.

The *AC-SNAP* is completed by reading the descriptions of the level of supports in each column from top down until the examiner identifies that description which best describes the individual's need for that support. The corresponding box is marked with an "X" and the examiner proceeds to the column for the next support until all three domains are completed.

In completing the Domain grids, it is important to focus on what the person needs, not on what the person has now or on what he or she may need in addition to current supports. This should be done without comparison to other people's needs or supports. The fact that a person may be receiving more or less than he/she truly needs is irrelevant at this point.

The following section elaborates on the scoring criteria for the various supports in each domain.

Scoring Criteria

Daily Living Supports

Supervision:

Describes the number of hours daily that a support person must be available to assist the individual in daily living supports (e.g., self-care, activities of daily living) or to ensure safety. The critical distinction between levels 1, 2, and 3 is the number of 8-hour time periods that are required for supervision. More than 8 hours up to 16 hours describes level 2, while more than 16 hours describes levels 3, 4, or 5. Extreme need (Level 5) describes a person who requires specialized 24-hour supervision with continuous monitoring.

- *Note: Continuous monitoring means that the person supervising the individual must constantly monitor the individual.*
- *Note: Level 5 here and throughout the NC-SNAP refers to unusually extreme need. As such, Level 5 scores should be uncommon. Whereas Levels 1 through 4 represent steps along a continuum (such that Level 2 is applicable once the Level 1 description is exceeded, etc.). Level 5 represents needs that are substantially more intense than Level 4.*

Assistance Needed:

Three types of assistance are described:

Minimal assistance refers to the use of verbal prompts or gestures given at a critical point in the behavior sequence such as a reminder to brush teeth.

Partial assistance refers to the use of hands-on guidance for part of the task (for instance, helping a person turn on a water faucet), or completion of some part of the task (for instance, washing the person's legs because she/he cannot do it during a shower).

Complete assistance requires that a caregiver complete all parts of task, although a caregiver may get some partial assistance from the individual, such as the individual raising his or her arms during bathing.

Extreme need (Level 5) is distinguished by the absence of any form of participation by the individual in any task.

This section also distinguishes four types of skills: self-help (e.g., handwashing, eating), daily living (e.g., cooking, cleaning), decision making (e.g., planning activities, making purchases), and complex skills (e.g., financial planning, health planning). Note that the descriptions of both the type of assistance required and the type of skills completed change across levels.

Persons who can independently complete some tasks within a skill area (e.g., drink from cup, removing coat, etc.) should be scored at Level 3. ~~A person who needs help with all tasks~~ should be scored at Level 4.

Age - Related:

Score this column according to the individual's chronological age.

Degree of Structure Provided by Others:

This refers to that set of skills needed to plan and carry out daily activities. At Level 1, assistance is required only for special activities (e.g., vacation). At Level 3, the person's daily activities must be both planned and initiated by another person.

Some examiners find it helpful to view this support area in the context of a "day off." On a typical day off, does the individual arise independently and follow his or her own schedule for the day?(Level 1) Or does someone else have to help him/her decide what to do and when to do it?(Level 2) Or does someone else have to plan the day's schedule and prompt the individual to perform each scheduled activity?(Level 3)

Health Care Supports

Physician Services:

Levels 2-5 describe people with chronic health care needs beyond routine physical checks and monitoring (e.g., seizure disorder, diabetes, hypertension). ~~If representative of current~~ needs, consider the individual's health for the past year and average his or her physician visits on a quarterly basis.

Note: Level 5 applies only to individuals with extreme needs requiring that a physician be available immediately (i.e., close proximity to the person; this does not refer to on-call or emergency-room physicians) and for frequent monitoring.

Nursing Services:

Refers to activities of an RN or LPN. *Reminder:* Consider only those activities that a nurse must do. Sometimes nurses are readily available due to the type of residential setting. When determining whether the individual has nursing needs, reflect on whether the nurse would have to be present for the service to occur. If the service can be provided by someone else if the nurse isn't available the need is not a *nursing* service.

Allied Health Professionals:

Refers to services needed from a Speech Therapist, Physical Therapist, Occupational Therapist, and/or another licensed health service provider other than a mental health service provider. Score Level 1 if the individual needs to see the professional less often than once per week (or not at all).

Equipment Supports:

Refers to adaptive equipment prescribed by health services providers (e.g., wheelchairs, communication devices). To score Level 2, the person's equipment should require frequent repair, service, or replacement (once a month or more often). The actual purchase of the equipment (regardless of cost) is not relevant in scoring this item. Level 1 should also be scored if there are no equipment support needs.

Behavioral Supports

Mental Health Services:

Level 1 services, if any, are those provided by any mental health service provider which are directed toward a temporary or acute

condition (e.g., grief counseling following the loss of a loved one) Level 2 consultation can be provided by any mental health service provider and results in ongoing intervention. Levels 3 - 5 require a formal behavior intervention plan developed by a psychologist. The complexity of the plan and the experience of the psychologist developing it increase from Level 3 to Level 5.

Behavioral Severity:

Describes the threat of injury to self and/or others, which does or may occur. Level 5 applies only to those for whom a special environment is necessitated by the severity of behavior. Note that "life threatening" refers to behavior that poses an immediate threat of death or severe injury (e.g., severe head banging, extreme aggression, suicidal behavior, etc.).

Direct Intervention:

Describes the extent of staff support required specifically for behavioral intervention. It also describes the intensity of such intervention. The use of restraint [immobilization of body part(s)] is categorized either on a continuous basis (Level 3) or contingent upon (i.e., following) a target behavior (Level 4). The use of preventive intervention techniques is also described at two levels: standard procedures (Level 3) and specialized procedures (Level 4). Any intervention that requires at minimum 24-hour one-to-one staffing is defined at Level 5.

Step III: NC-SNAP Profile

After scoring each item in each domain, complete the NC-SNAP Profile on page one. The grid in this section corresponds to the three domain grids completed in Step II. Where an "X" had been placed in the domain grid, a circle is now placed in the profile grid. Thus, to fill out the chart, find the level (from 1 to 5) which you scored for each item, beginning with the Daily Living Domain. Circle the corresponding number on the chart on page 1. Continue this process for the Health Care and Behavioral Domains.

- *Note: It is important to do this process carefully to avoid errors that could affect the final score!*

Then, for each domain, connect the circles with a line, as illustrated below.

Daily Living Domain				Health Care Domain				Behavior Domain		
Superv	Assist	Age	Struct	M/D	R/N	Allied	Equip	M/H	Severity	Interv
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	4	4	4	4	3	3	3
4	4	4	4	5	5	5	5	4	4	4
5	5	5	5	5	5	5	5	5	5	5

Next, follow the instructions to record the highest score for each domain in the appropriate box under the chart. ['Highest' refers to numerical values; therefore, 5 is the highest possible score, 1 is the lowest.]

Example:

Daily Living Supports = 3

Health Care Supports = 2

Behavioral Supports = 4

Then, in the box labeled "Overall Level of Eligible Support," enter the highest of the three scores from the boxes above. *This is the individual's final NC-SNAP score.*

Example:

Overall Level of Eligible Support = 4

Finally, complete the Cumulative Score Section.

- A. The Domain Cumulative Score is determined by adding the highest score in each of the three domains (i.e., the scores in the three boxes below the profile grid). This is the sum of the domain high scores.
- B. The Cumulative Raw Score is determined by adding all 11 scores; that is, the score for each item in each domain. This is the sum of scores.

Example:

Cumulative Score (add all scores)

A. Domain Scores (range = 3 to 15) = 9
(Sum of the highest levels in each domain)

B. Raw Scores (range = 11 to 46) = 27
(Sum of all levels in all domains)

Step IV (optional): *NC-SNAP* Support Grid

The *NC-SNAP* Support Grid is an optional tool that may assist in the planning for providing needed services and supports. It is completed for each item in each domain. The first column identifies the need established in completing the support grid. Current Natural Supports and Current Services are next identified (Columns 2 and 3). From this description, the planner next establishes if there is an existing unmet need (Column 4). Finally, the preferred manner of meeting the need is identified in Column 5. An example is provided on the *NC-SNAP* form.

Conclusion

The *NC-SNAP* will be administered for each person in, or on the waiting list for, the state's Developmental Disabilities Service System:

- When an individual enters the DD Service System
- Annually
- Whenever there is a significant change in the individual's need profile

Congratulations! You have now completed this Examiner's Guide. Keep this guide for future reference. Thanks for taking the time to learn about the *NC-SNAP*. When it comes to assessing supports and needs for persons with developmental disabilities, remember: **The first step is a "SNAP"!**

Chapter 2:

Guidelines for *NC-SNAP* Instructors

Introduction – Teaching others to administer the *NC-SNAP* is not a difficult task. It does, however, require preparation and attention to detail. Once you have been certified as an instructor by attending training offered by the *NC-SNAP* authors, you may teach others. The following outline will assist you in completing this task.

Setting – Training should occur in a well-lit, classroom-style setting where participants have access to a desktop for writing and reviewing records.

Class Size – A maximum of 20 students, with 2 certified instructors.

Materials – A copy of the *NC-SNAP*, the *NC-SNAP* Examiner's Guide, "Sample Case History #1," and "Sample Case History #2" should be available for each participant. Instructors should have a ready supply of "Sample Case History #3" in case of need. The instructor will also need a good quality television and VCR to show the *NC-SNAP* videotape.

Time – Allow 2 hours for training. In many cases the actual time will be less. You must allow adequate time for checking the accuracy of each participant's work and completing the certification process.

Preparation – Instructors should prepare by reviewing the *NC-SNAP* and this Instructor's Manual.

Points to Emphasize:

- The *NC-SNAP* is a brief assessment tool used to determine individual needs in three domains: Daily Living Supports, Health Care Supports, and Behavioral Supports. Items in each domain are scored on a five-level scale. The examiner then completes a brief scoring profile. An optional support summary is available for use in assisting in the development of a plan for support.
 - The *NC-SNAP* is not designed to replace standardized assessment instruments typically administered by professional support staff (such as cognitive and adaptive psychological evaluations, physical exams, speech and hearing evaluations, etc.)
 - The *NC-SNAP* can be helpful in determining an individual plan of supports and services. Aggregate data can also be used by area and state authorities for monitoring and planning.
 - Data from the *NC-SNAP* can be entered into a statewide database. Thus a state or region can have a current comprehensive database for citizens with developmental disabilities.
-
- The *NC-SNAP* is to be completed annually, and whenever there is a significant change in an individual's need profile, for each person who is served, or on a waiting list to be served, by the Developmental Disabilities Service System.

Training Instructions:

Students in the class must successfully complete two *NC-SMAP* assessments using standardized case histories known as "Sample Case History #1" and "Sample Case History #2." The first case will be completed during the video presentation. Allow time for students to read "Sample Case History #1" before starting the video. When the video program instructs you to pause, the students should be given time to complete the indicated portion of the instrument. As they do this, the instructor should walk around the classroom, answering questions as students fill out the *NC-SMAP*. Students should be encouraged to avoid "working ahead" of the videotape as this inevitably results in errors.

At the completion of the video, the first *NC-SMAP* assessment should be completed. Instructors should verify that all students obtained the correct "Overall Level of Eligible Support" score. Then, the instructors should review the three (Daily Living, Health Care, and Behavioral Supports) Domain Scores. It is not necessary to review the grid responses item by item; one of the strengths of the *NC-SMAP* is that occasional scoring variations can occur without affecting the overall result. It is important that students arrive at the correct Domain Scores. When a student's Domain Score is not correct, review the item(s) which caused the discrepancy and correct them (suggestion: it is often helpful to ask other students who got the correct Domain Score to explain why they marked the correct score).

Next, the instructors should present the second case history to the students. The students should then complete the second

NC-SNAP assessment using the information provided. The instructors should allow students to complete this NC-SNAP assessment independently; questions may be answered, but care should be taken to avoid helping the students fill out the form.

If the student completes this second NC-SNAP correctly (i.e., attains correct scores for the "Overall Level of Eligible Support" and the three Domain Scores), the instructor may proceed with certification (See Chapter 3). If not, the student should be offered corrective feedback and then given a third standardized case history ("Sample Case History #3") as a retest. To be certified, the trainee must complete one of these last two NC-SNAP assessments correctly. If the student does not meet this criterion, he/she should be scheduled to attend another training class."

▪ *Note 1: The three sample case histories are included at the end of this chapter. Each contains all the information needed to complete the NC-SNAP. Students should be cautioned that these are abbreviated summaries. Advise them not to speculate about needs or infer needs that are not specified.*

▪ *Note 2: Distribute the first case at the start of class. Distribute the second case after the video is concluded.*

▪ *Note 3: A completed NC-SNAP Profile is also included for each sample case. Remember: When reviewing the students' completed NC-SNAPs, it is not necessary to proceed item-to-item. Instead, verify that all students obtain the correct "Overall Level of Eligible Support" score, and*

then review the three (Daily Living, Health Care, and Behavioral Supports) Domain scores. The individual column scores are presented here as an aid for instructors.

- Note 4: Caution: This information must be kept from distribution to preserve integrity of the NC-SNAP.
- Note 5: Suggestion: Students should be discouraged from discussing or sharing answers before the instructors review the results.
- Note 6: Students who arrive late for class generally should be rescheduled for another class if they arrive following the first pause in the videotape, unless an instructor is available to work directly with the students to catch them up.

home. Alex understands that it is unsafe to allow strangers into the home and he knows how to notify 911 in an emergency, using a programmed telephone.

Alex occasionally has difficulty getting along with co-workers. Apparently, because of his impaired hearing, co-workers will taunt him from time-to-time. When this happens, Alex will become upset, yelling at his co-workers and threatening them (but never actually physically striking anyone). Following behavioral consultation from a regional resource, his vocational instructors began following interruption/redirection guidelines developed for Alex. Also in place is a simple reinforcement procedure to enhance appropriate social interactions.

Sample Case History # 1: Alex

Instructor's Scoring Profile

Daily Living Domain				Health Care Domain				Behavior Domain		
Superv	Assist	Part	Struct	MD	Med	Med	Equip	MH	Severity	Interven
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5

Daily Living Supports = 2

Health Care Supports = 2

Behavioral Supports = 2

Overall Level of Eligible Support = 2

Cumulative Score (add all scores)

- A. Domain Scores (range = 3 to 15) = 6
 (Sum of the highest levels in each domain)
- B. Raw Scores (range = 11 to 46) = 18
 (Sum of all levels in all domains)

Megan must be prompted to engage in all daily activities by group home staff. She is unable to plan these activities for herself. During weekdays, she attends an Adult Day Activity Support where she participates in leisure and recreational activities.

Megan exhibits severe arm biting behavior that typically involves breaking the skin. The behavior occurs about 5 times per month and typically is treated with topical antibacterial ointment and bandages under a nurse's supervision. At any given time, Megan typically has several abraded areas on her arms; these are slow to heal. As a result, her arms are checked and treated daily by a nurse. A behavior intervention plan is in place for this behavior. It was written and is monitored and assessed regularly by a psychologist who specializes in the treatment of severe self-injury. The psychologist has direct oversight of this plan and its implementation. Megan receives frequent positive reinforcement for adaptive behaviors. When she bites her arm, she is treated medically if needed and then placed in contingent restraint devices until she is calm, up to one hour per application.

Sample Case History # 2: Megan

Instructor's Scoring Profile

Daily Living Domain				Health Care Domain				Behavior Domain		
Superv	Assist	Struct	Struct	MD	RN	PhD	PhD	MH	Severity	Interven
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5

Daily Living Supports = 4

Health Care Supports = 4

Behavioral Supports = 4

Overall Level of Eligible Support = 4

Cumulative Score (add all scores)

C. Domain Scores (range = 3 to 15) = (Sum of the highest levels in each domain)	12
D. Raw Scores (range = 11 to 46) = (Sum of all levels in all domains)	32

NC-SNAP Examiner Training

SAMPLE CASE HISTORY #3

Name:	Tom Miller	Unique ID:	MILT030663
Birthdate:	3-6-63	Soc. Sec. No.:	234-56-7890
Address:	44 Swiss Street Alpine, USA 27509	Area Program:	Pathways
Phone:	(999) 555-1212	County:	Granville
Date of Single Portal Review:	6-30-99		

Tom lives in the Infirmary of Western Casberry Center, a state Mental Retardation Center. Tom has many physical disabilities including diagnoses of major motor seizures, severe spastic quadriplegia, microcephaly, Type I diabetes, contractures, and scoliosis. Due to respiratory difficulties, Tom breathes with the aid of a ventilator; this requires continuous medical monitoring. Tom's motor movements consist only of side-to-side head rolling that occurs without apparent relationship to environmental events. He is totally dependent on staff for complete assistance in all aspects of daily living. He receives nutrition by gastrostomy tube. His medical condition requires the use of extensive equipment for the purposes of monitoring his status and responding to medical emergencies. This equipment is essential, remains in Tom's presence at all times, and is serviced frequently (at times daily) to ensure continuous operation. ~~Due to Tom's extensive medical needs, staff receives training to~~ provide his individualized care; part of this care involves continuous 24-hour monitoring of his health status.

Over the past three months, Tom has had four episodes of seizures requiring injection of medication to stop the seizures. Due to his "brittle" diabetes, Tom's glucose level is monitored regularly and adjusted as necessary through nutrition or insulin injections. For these reasons, a nurse must be continuously available for medical treatment, and a physician must be immediately available for emergency situations and frequent monitoring. Tom is seen semiannually by a physical therapist to assess his need for supportive devices including splints to prevent contractures. Maintenance of his specialized wheelchair is ongoing. In order to accommodate his special needs, the wheelchair is inspected weekly and frequent adjustments are made. When his health permits, Tom is taken to sensory stimulation activities on his living unit. Tom has been diagnosed as having profound mental retardation. He exhibits no significant adaptive or maladaptive behavior. All grooming and hygiene activities are completed by staff.

Sample Case History # 3: Tom

Instructor's Scoring Profile

Daily Living Domain				Health Care Domain				Behavior Domain		
Superv	Assist	Struct	MD	RN	Equip	MH	Security	Interven		
1	1	1	1	1	1	1	1	1		
2	2	2	2	2	2	2	2	2		
3	3	3	3	3	3	3	3	3		
4	4	4	4	4	4	4	4	4		
5	5	5	5	5	5	5	5	5		

Daily Living Supports = 5

Health Care Supports = 5

Behavioral Supports = 1

Overall Level of Eligible Support = 5

Cumulative Score (add all scores)

- | | |
|--|----|
| E. Domain Scores (range = 3 to 15) =
(Sum of the highest levels in each domain) | 11 |
| F. Raw Scores (range = 11 to 46) =
(Sum of all levels in all domains) | 30 |

Chapter 3

Certification

- Only Certified Examiners may administer the *NC-SNAP*.
- Only Certified Instructors may teach others to become certified examiners.
- Only *NC-SNAP* Authors may certify Instructors.
- Each Certified Examiner will be given a certification number at the time he or she successfully completes the class. The certification number itself will consist of the year, the regional code, and a number. Numbers should be given out sequentially. If desired, instructors may tell newly certified examiners their numbers so that they may immediately begin administering the *NC-SNAP*.
- Each Certified Instructor will also receive a certification number. These will be given out by the *NC-SNAP* Authors.
- Names and certification numbers of examiners and instructors should be entered into the database programs immediately following certification. The *NC-SNAP* Researchers will process this information promptly to ensure Certification Cards are mailed out in a timely manner. *Note:* This examiner information must be entered into the instructors' database at the MRC and into the Area Program's database. The database programs must contain this information before *NC-SNAP* data can be entered.

- Once awarded a certification number, a Certified Examiner may administer the *NC-SNAP* anywhere in the state.

- Certification Codes:

MRC Staff Development

Murdoch = MC

Caswell = CA

O'Berry = OB

Western Carolina Center = WC

Black Mountain = BM

MRC Outreach

North Central = NC

Eastern = EA

South Central = SC

Western = WE

Mountain = MT

- Re-certification is felt to be unnecessary at this time.