NORTH CAROLINA

Support Needs Assessment Profile

NC-SNAP

Instructor's Manual

Acknowledgments

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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 *NC-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 <u>needs</u>, 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	Equi	M H	Severity	Interve
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
4	4	4		4	4			4	4	4
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

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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-SNAP* 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-SNAP*. 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-SNAP* 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-SNAP* 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 <u>not</u> 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.*

NC-SNAP Examiner Training

SAMPLE CASE HISTORY #1

Name:	Alex Smith	Unique ID:	SMIA022952
Birthdate:	2-29-52	Soc. Sec. No.:	987-65-4321
Address:	123 Uphill Drive Anytown, USA 27600	Area Program: County:	Crossroads Wake
Phone:	(919) 555-1212		

Date of Single Portal Review: 7-14-99

Alex is a male Caucasian diagnosed with Down Syndrome, moderate mental retardation, moderate bilateral hearing loss, and epilepsy. He has had no seizures for the past 3 years and he takes depakote for seizure control. He is monitored quarterly by his physician. Nursing services are required for routine health care only. Alex wears hearing aids which he can care for independently and visits his audiologist for semi-annual checks.

Alex lives in a supervised apartment with assistance from staff during waking hours (6:30 AM to 10 PM). He requires no supervision at night. Alex requires no assistance in some self-help and daily-living areas (dressing, grooming, and dining). He needs verbal prompting to wash and fold his clothes, bathe thoroughly, and complete general household cleaning duties (e.g., mop, vacuum, clean windows). He requires complete assistance in preparing meals, shopping, shaving, nail care, and financial management (i.e., paying bills).

For the past 15 years, Alex has been employed 7 hours per day in a state-funded sheltered workshop. At the workshop, he assembles small items, earning about $20 per week. Alex can plan some simple activities such as watching TV, sitting on the porch greeting passersby or creating abstract paintings in watercolor. However, Alex requires assistance planning some daily activities such as shopping for clothes, purchasing toiletries or art supplies, medical appointments, or any leisure or recreational activities away from the

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	[illegible]	Struct	MD	[illegible]	[illegible]	[illegible]	M.H.	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
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)

NC-SNAP Examiner Training

SAMPLE CASE HISTORY #2

Name: Megan Jones
Birthdate: 10-16-80
Address: Route 75, Box 101
Sometown, USA
Phone: (828) 555-1212
Date of Single Portal Review: 9-1-99

Unique ID: JONM101680
Soc. Sec. No.: 012-34-5678
Area Program: Foothills
County: Burke

Megan is a female African-American. Her history indicates normal development as an infant until she contracted an encephalitis infection. As a result, she experienced severe developmental consequences including poor motor development and speech delay. Megan can ambulate only short distances with a very awkward gait. She typically uses a walker if ambulating more than a few feet. Megan is seen semi-annually by a physical therapist to assess her range of motion and to maintain her walker. She communicates by making noises to indicate displeasure and smiles to indicate pleasure. She has generalized tonic-clonic seizures that are treated with the use of dilantin, phenobarbital and tegretol. She has averaged about three seizures per month for the past year. As a result, she is seen monthly by her primary physician and approximately twice a year by a neurologist.

Megan is diagnosed as having profound mental retardation. In 1990 her parents were no longer able to care for her at home. After review by the Single Portal Coordinator, it was determined that Megan would best be served in a state-run ICF-MR group home which is designed to assist persons with severe behavioral needs. Megan requires hands-on assistance in most daily living activities. While she can not complete complex skills, she can perform some self-help and daily-living tasks with verbal prompting. Megan requires 24-hour supervision, with monitoring by staff at night every 30-to-60 minutes.

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	[illegible]	Struct	MD	RN	[illegible]	[illegible]	M.H.	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) = **12**
(Sum of the highest levels in each domain)

D. Raw Scores (range = 11 to 46) = **32**
(Sum of all levels in all domains)

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
		County:	Granville
Phone:	(999) 555-1212		

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		
Supery	Assist	Acc	Struct	MD	RN	Affred	Equip	M.H.	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
4	4	4		4	4			4	4	4
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) = **11**
(Sum of the highest levels in each domain)

F. Raw Scores (range = 11 to 46) = **30**
(Sum of all levels in all domains)

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 <u>and</u> 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	MRC Outreach
Murdoch = MC	North Central = NC
Caswell = CA	Eastern = EA
O'Berry = OB	South Central = SC
Western Carolina Center = WC	Western = WE
Black Mountain = BM	Mountain = MT

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

Chapter 4:

Data Entry (Statewide Database)

I. Program Installation

- *Note: Users who had installed the first (unnumbered) version of the NC-SNAP database program and are preparing to install Version 1.1 should first "Uninstall" the original program. To do this, go to "Control Panel," double-click on "Add/Remove Programs," select "NCSNAP," and follow instruction to remove the entire program.*

The *NC-SNAP* Database CD contains an installation program for the statewide database. The installation process consists of four steps, which must be performed in the sequence described below. The first two steps install two Microsoft Windows® components; the third step loads the *NC-SNAP* program; the fourth step closes the installation program.

- *Note: The database program is written in Microsoft Access®, and requires Microsoft Windows 95® or 98®. Prior to loading the Installation CD, determine which version of Microsoft Windows® your computer system runs. If you are unsure, find out by going to "Control Panel" and double click on "System."*

- *Note: Before beginning installation, close all running programs on your computer.*

- *At the close of this chapter, there is additional technical information about installation and licensing issues.*

- A: Insert the CD in the CD drive and wait. The installation program should self-start. If it does not (be sure to give it enough time, some systems are slower than others), double click on "My Computer" on the Desktop; then double click on the CD drive and the program will start.

- B: ***Step 1:*** **Windows *95*® *users*** ***ONLY*** (Windows 98® users skip to Section E): Press the button for Step 1. This installs an updated version of Microsoft DCOM95.

- C: Restart your computer. Usually you will be instructed to restart your computer, and this should occur automatically after a prompt. If it does not (i.e., you are returned to the Installation Menu without a prompt to restart the computer), press "Start," "Shut Down," select "Restart the computer?," and "Yes." **Do not proceed without restarting your computer.**

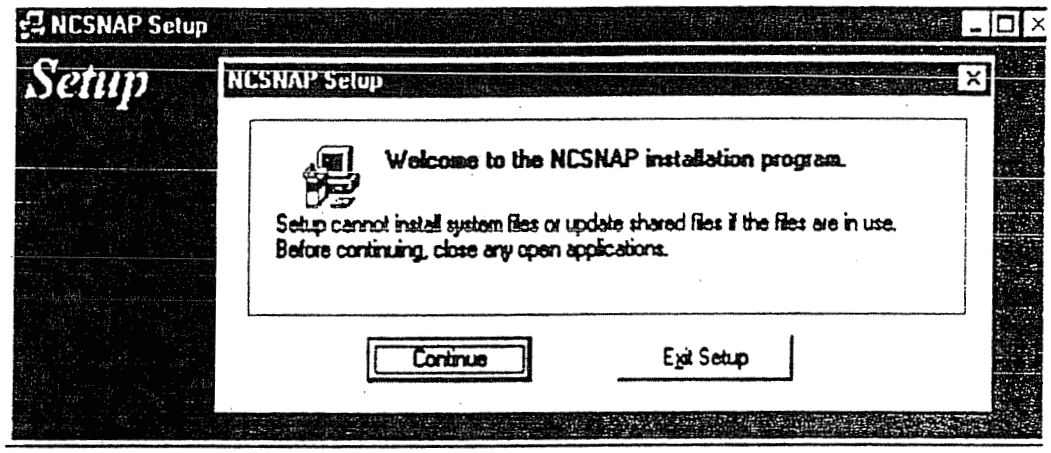
- D: After your computer restarts, double click on "My Computer" and then double click on the CD drive. This will return you to the Installation Menu.

- E: ***Step 2:*** **All Users:** Press the button for Step 2. This installs an updated version of Microsoft MDAC.

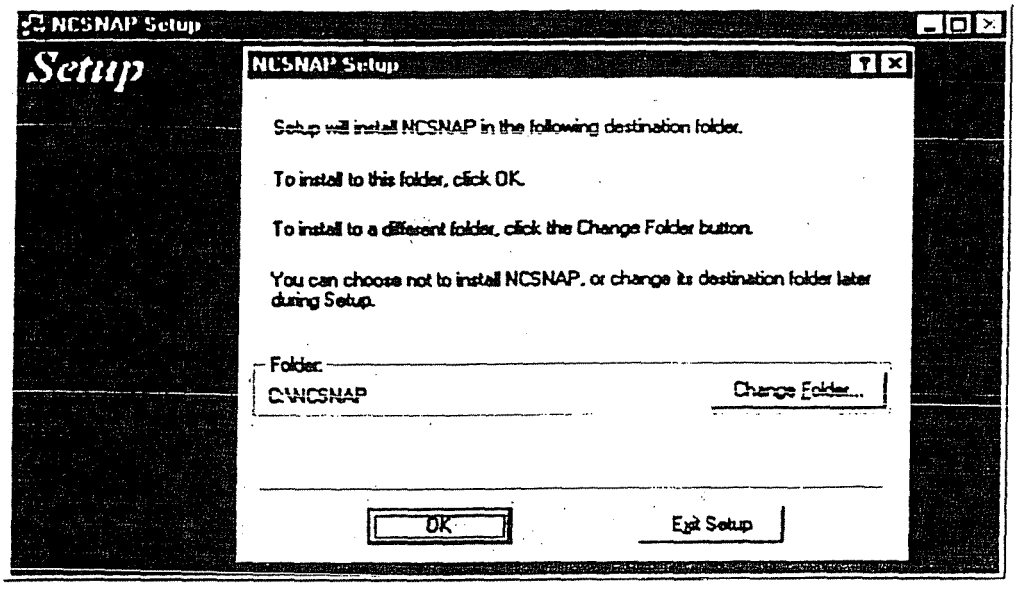
- F: Restart your computer. Usually you will be instructed to restart your computer, and this should occur automatically after a prompt. If it does not (i.e., you are returned to the Installation Menu without a

prompt to restart the computer), press "Start," "Shut Down," select "Restart the computer?," and "Yes." **Do not proceed without restarting your computer.**

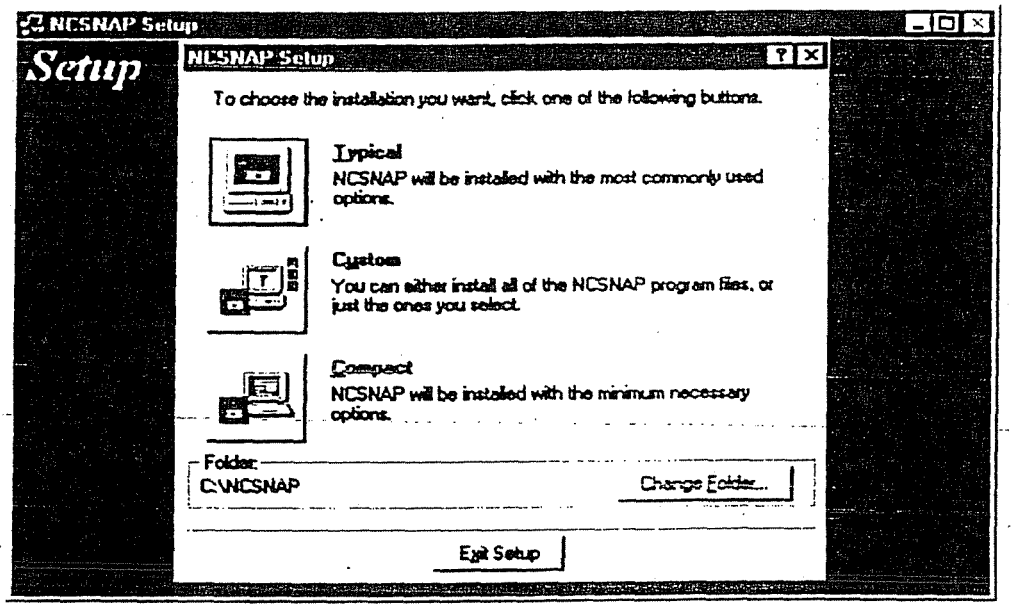
- G: **Step** ***3:*** **All Users:** Press the button for Step 3. This installs the *NC-SNAP* software program. You should see the following screen:



➢ Click "Continue." Then click "OK" on the next screen to use the default location. [This path can be changed but we recommend that you do not do this unless absolutely necessary.]



➢ On the next screen, click the "Typical" button to install all components.



[Note to Computer Support: If you want to exclude a certain component (e.g., an ISAM), you can click the "custom" button and uncheck the component you do not want to install. However, you must install the program (NCSNAP) and the ODBC Support for SQL Server for the program to work.]

- The Setup program will copy files to your computer and set up necessary system files for the program. When it finishes you should see the message:

  "NCSNAP Setup was completed successfully."

- Click "OK." The installation of the NCSNAP program is complete.

- Depending on your operating system, you may see a message confirming an addition to the system registry. Answer "Yes" and then "OK" when you see the message that the information has been added to the registry.

- **H:** ***Step 4:*** After the program is loaded and you return to the installation menu, press Step 4 "Close/Exit."

- **I:** Restart your computer. Usually you will be instructed to restart your computer, and this should occur automatically after a prompt. If it does not (i.e., you are returned to the Installation Menu without a prompt to restart the computer), press "Start," "Shut Down," select "Restart the computer?," and "Yes." **Do not proceed without restarting your computer.**

--You Are Now Ready to Use the Program!--

II. Instructions for Database Coversheet

Once you have completed a *NC-SNAP* assessment you will need to complete the Database Coversheet. This should only take you a few minutes. However, ***you must record all of this information so that the data entry person can enter the NC-SNAP profile into the computer.*** There is only one entry on this form that is optional: *Consumer Case #* (this does not apply to everybody). **All other information must be completed.**

Note that for the question "Are there significant natural supports in place?," 'significant' refers to natural supports that if no longer available would still **have** to be provided. E.g., if an individual lives at home with his or her parents, and the parents became incapacitated, would new supports be a necessity? If yes, circle "yes" on the coversheet. A reduced copy of a completed coversheet is included in this chapter. Note that this coversheet may be updated from time to time.

North Carolina
Support Needs Assessment Profile
(NC-SNAP)

Database Coversheet

When administering the *NC-SNAP*, complete **all** sections of this form. **Please print neatly!** When finished, staple this form to the *NC-SNAP* and then turn it in to your designated data-entry person.

Individual's Name: Miller, Tom Social Security No.: 234-56-7890
Individual's Unique ID No.: MILT030663 Individual's Case #: 467890
Examiner's Name: Aleck Myers *NC-SNAP* Certification No.: 99YK9910
Area Program: VGFW Is Area Program a provider of services? Yes (No)
County: Granville Are there significant natural supports in place? Yes (No)

Individual's Type of Residential Placement: (Check only one)

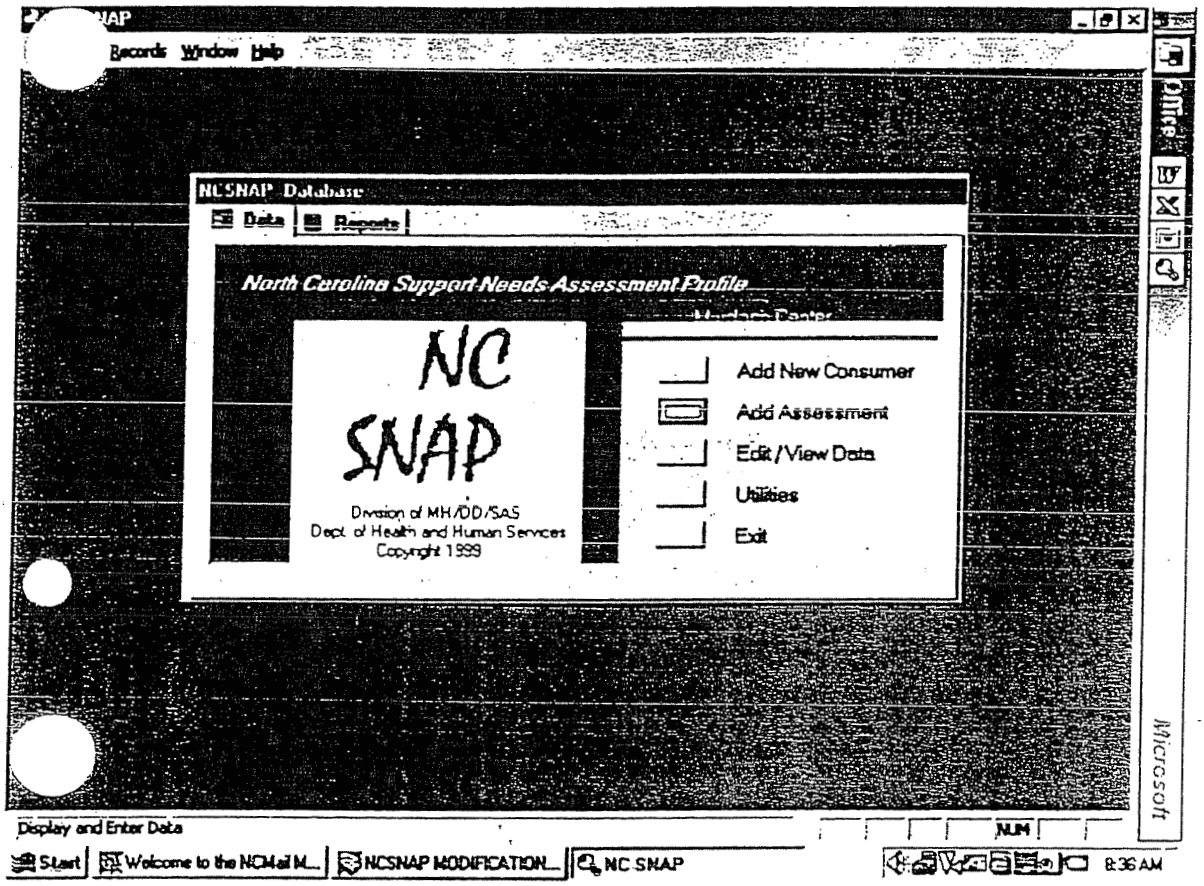
___ Independent Living
XX Family Home
___ Foster Home
___ Nursing/Rest Home
___ Skilled Nursing Home
Supervised Living:
___ EduCare
___ RhA
___ Other (Specify:_____)
Alternative Family Living:
___ Medicaid
___ Other
___ Other Resid. Placement
(Specify: _____)

Group Home:
___ DDA
___ ICF (Specify:
___ State
___ RHA
___ VOCA
___ EduCare
___ Other
(Specify: _____)
___ MRBD
___ Other (Specify: _____)
Mental Retardation Center:
___ Black Mountain Center
___ Caswell Center
___ Murdoch Center
___ O'Berry Center
___ Western Carolina Center

Current DD System Support: (Check only one)

___ This is first contact
XX Waiting list (no services)
___ Waiting list (insufficient supports)
___ Just entering system (supports started)
___ Services est. & ongoing: (mark all that apply):
___ CAP ___ TBI
___ TANF ___ CBI
___ State ___ Other
___ Medicaid

III. Instructions for Data Entry



The following section describes the step-by-step instructions for entering completed *NC-SNAP*'s using the *NC-SNAP Statewide Database Program* software. Notice that the main menu has a folder tab at the top, **"Data."** This is where new or re-administration *NC-SNAP*'s will be entered, where you can edit or update information and you can find utilities for setting up your computer system and entering certified examiner information. The second folder tab, **"Reports,"** is where you can obtain reports on data that you have entered using the *NC-SNAP* software. **"Reports"** is also the tab you use to transmit your entered data to the statewide server.

There are nine functions that are described in this chapter:

A. **Initial Set-up**

B. **Entering Newly Certified Examiners**

C. **Entering a New *NC-SNAP* Consumer**

D. **Entering an Additional Administration of the *NC-SNAP* for an Existing Consumer**

E. **Editing/Viewing Data**

F. **Generating Reports**

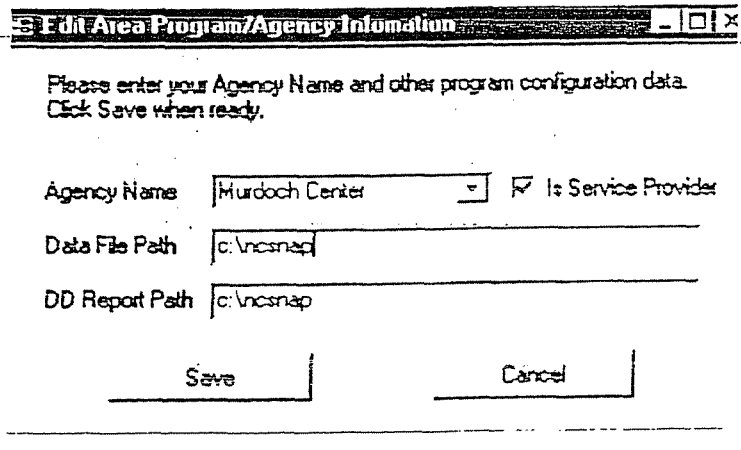
G. **Instructor Class Preparation Report**

H. **Sending Data to the Data Managers**

I. **Other**

A. Initial Set-up

The first time you enter the NCSNAP program, you will need to enter the following information. **Note: You will only do this the first time.**

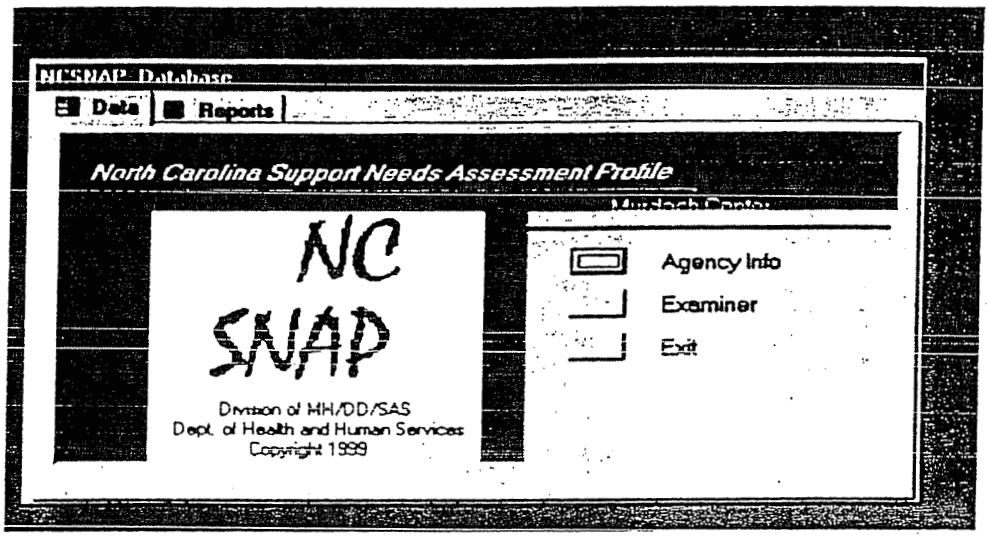


- Enter your Agency Name (you can select from the menu by moving the cursor to the arrow symbol [▼] and pressing the left mouse button).
- Indicate whether your agency is a service provider, i.e., does the area program provide direct services in addition to case management? To indicate "Yes," place the cursor over the blank square and click the left mouse button.
- Enter the file path where you want the *NC-SNAP* software and *NC-SNAP* database. *A default path has been provided and we recommend that you use the default path provided.* **This path can be changed but we recommend that you do not do this unless absolutely necessary.**

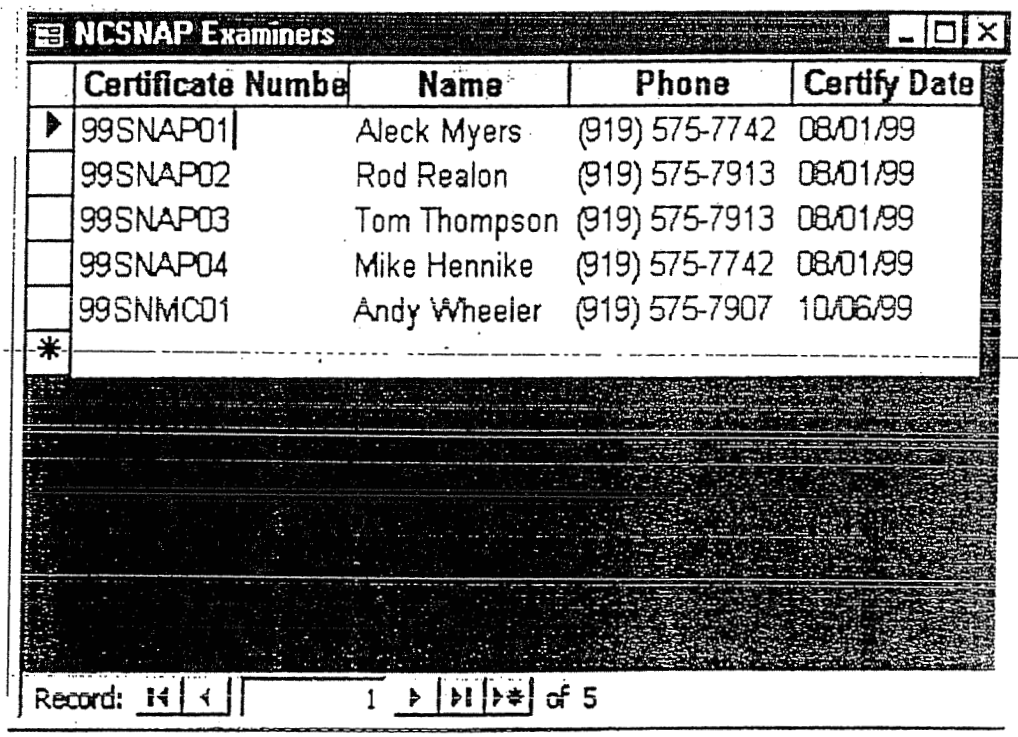
Once you have entered this information, place the cursor over the [Save] button and press the left mouse key.

B. Entering Newly Certified Examiners

The names and certification numbers of certified examiners need to be entered into the database before a *NC-SNAP* profile can be entered. You can do this by going to the Main Menu (Data folder) and pressing the [*Utilities*] button. Press the [Examiner] button when you see the following screen:



- Enter in the Examiner's Certification Number, Name, Phone Number, and Date of Certification for each certified examiner, as is shown in the next screen.



NCSNAP Examiners

Certificate Numbe	Name	Phone	Certify Date
99SNAP01	Aleck Myers	(919) 575-7742	08/01/99
99SNAP02	Rod Realon	(919) 575-7913	08/01/99
99SNAP03	Tom Thompson	(919) 575-7913	08/01/99
99SNAP04	Mike Hennike	(919) 575-7742	08/01/99
99SNMC01	Andy Wheeler	(919) 575-7907	10/06/99

Record: 1 of 5

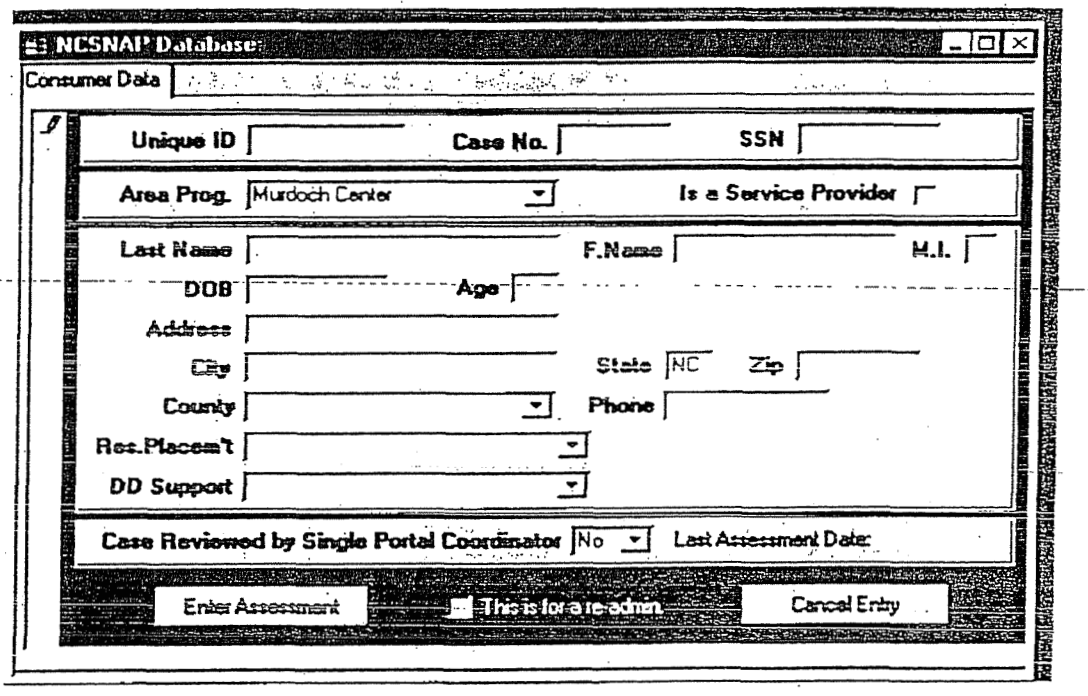
Once you have completed entering examiner information, put your cursor over the [X] button (this is in the upper right hand section of your window) and press your left mouse key to exit this screen.

Note: An examiner must be entered in this section first before you can enter in a NC-SNAP completed by that examiner.

Note: Each Area Program must enter this information for their certified examiners. After classes are completed, Instructors should ensure that MRC Outreach enters this information into its database, and then forward on to each Area Program a list containing this information for their certified examiners.

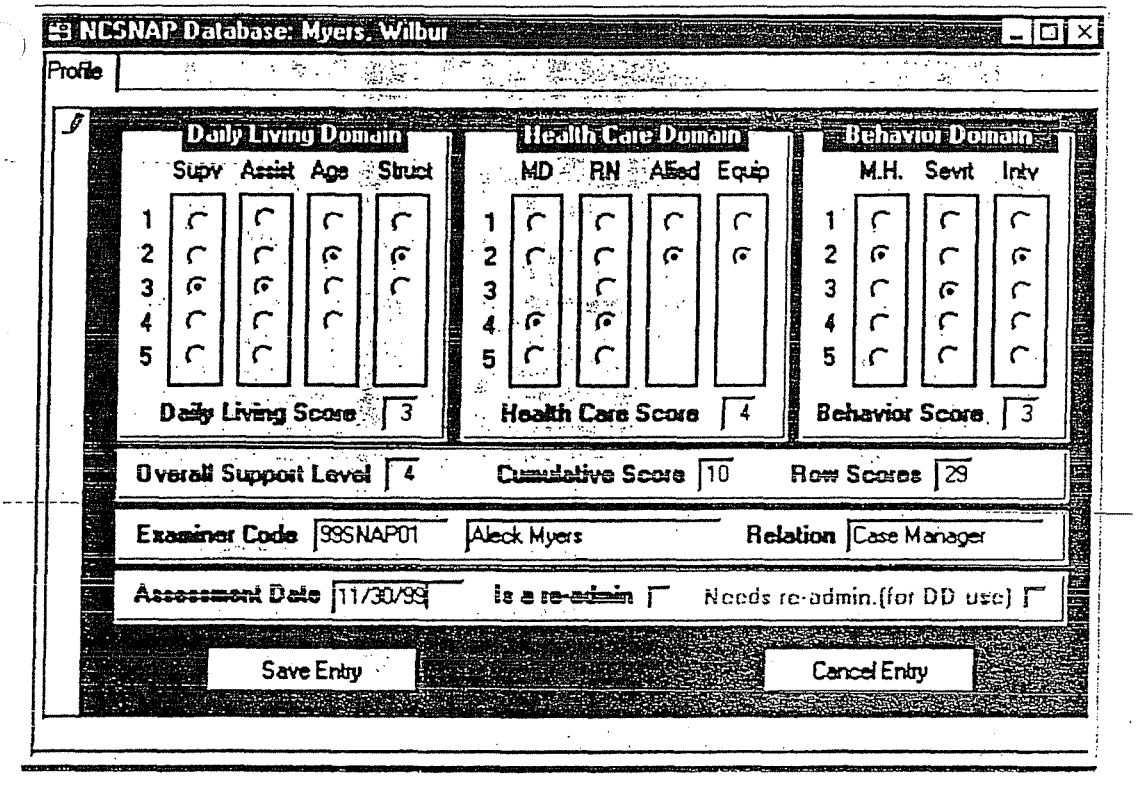
C. Entering a New *NC-SNAP* Consumer

To enter an individual's *NC-SNAP* data for the first time, press the *Add New Consumer* button at the Main Menu.



Using the *NC-SNAP* Database Coversheet and page one of the *NC-SNAP*, complete the Consumer Data form on the computer screen. You must enter all of the information before you are allowed to proceed to the assessment data [the only exceptions are "Case No." and "M.I." (middle initial) which are optional but should be entered if available]. Use the drop down menus by pressing the down arrow ▼ to complete the Area Program, County, Residential Placement, and DD Support information.

Once you enter the information, place the cursor over the Enter Assessment button and press the left mouse button. You should now see the Profile page:



- To enter the assessment profile data place the cursor over the button in each column that corresponds with the scores marked on the *NC-SNAP* page one Profile and press the left mouse key.
- You must enter the Examiner Code, Relation, and Date of Assessment. Indicate if the *NC-SNAP* you are entering is a re-administration (i.e., scheduled as part of the Look-Behind Quality Assurance procedure--See Chapter 6). Once you have done this, put the cursor over the Save Entry button on the bottom of the form and press the left mouse button.
- If at any time you make an error or simply want to get out of this screen without saving your work, put the cursor over the Cancel button and press the left mouse key.

D. Entering an Additional Administration of the *NC-SNAP* for an Existing Consumer

To enter new *NC-SNAP* data for an individual who already has data in the database, press the Add Assessment button at the Main Menu.

Add Assessment button

- This enables you to enter new *NC-SNAP* data (a subsequent assessment) without having to re-enter all of the consumer information.

- First, select the appropriate record from the list of existing entries. Note that this list can be sorted by selecting the desired column and then pressing up-or-down-arrow button on the toolbar to the right. This makes finding the record much easier.
- After selecting the appropriate record, press the "Enter Assessment" button.
- Finally, enter the NC-SNAP profile information.
- Note that you will have to enter the examiner's number.
- After entering the profile information, go to "Edit/View Data" (see below) to ensure that the Consumer Data is still accurate (revise as needed if changes have occurred since the last entry).

E. Editing/Viewing Data

To view existing consumer information and profiles, or to edit information, press the Edit/View Data button at the Main Menu.

In this section you will be able to view and/or edit consumer information or *NC-SNAP* profile data.

- To do this, press the Edit/View Data button.
- You will see a list of consumers to choose from.
- Select the person whose information you wish to view or edit. Note that this list can be sorted by selecting the desired column and then pressing up-or-down-arrow button on the toolbar to the right. This makes finding the record much easier.

- Press the Consumer Data button.
- You can make changes by simply entering in the corrections.

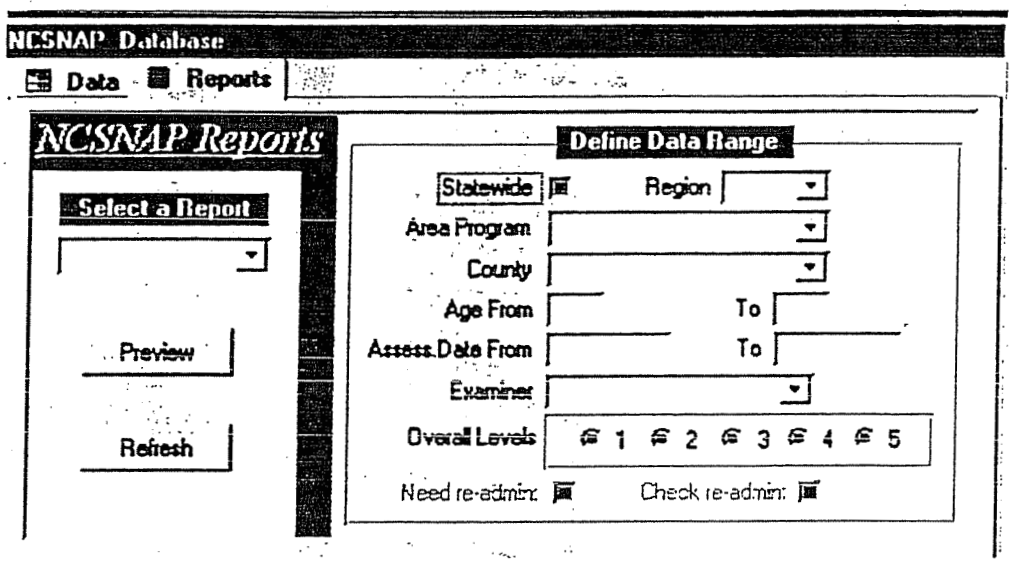
To view the *NC-SNAP* profile for this person, press the Assessments button. You should now see a list of all *NC-SNAP* profiles saved for this person.

- Select the assessment date your wish to view or edit.
- Press the Assessment Profile button.
- You can make changes by simply entering in the corrections.
- Press the Consumer List or Consumer Data button.
- Next press the Main Menu button to return to the Main Menu.

Note: ***These procedures can only be applied to revisions to current (untransmitted) information. After submission to the database server, NC-SNAP data can only be changed by the NC-SNAP researchers (contact Aleck Myers).***

F. Generating Reports

To retrieve information on individuals from your agency entered into your local database, go back to the Main Menu and select the folder tab marked "*Reports.*" You can retrieve a report on all of your data by going to the section *Select a Report*.



Reports included are:

1. Consumer List: a complete listing of all persons entered
2. Age Group: a complete listing of all consumers by age groups (0 - 1, 2 – 6, 7 – 15, 16 - ___) and their corresponding scores
3. County: a complete listing of consumers and their overall scores by county
4. Overall Levels: a complete listing of all consumers and their overall scores
5. Re-Admin: a listing of cases selected for *NC-SNAP* re-administration.
6. Class Sheet: a pre-class list that can be printed to facilitate assignment of certification numbers. (See Section G)
7. DD Report: this is where an area program submits the data they have entered to the DD Section. Data must be submitted monthly. (See Section H)

If you would like to specify certain criteria prior to generating your report, you may do so by entering the criteria in the Define Data Range section. You can complete only one section or you may complete any combination of sections to limit your report. Below is a description of each section:

1. Assess. Date: you can enter a start date and end date to limit the number of records.
2. Age: you can specify a particular age range (0-1, 2-6, 7-15, 16-__).
3. County: allows you to limit your report to a certain county of responsibility
4. Examiner: allows you to limit your report to a specific examiner
5. Overall Levels: allows you to limit your report to a specific level(s).

➢ Note: To clear criteria from the screen, press the Refresh button.

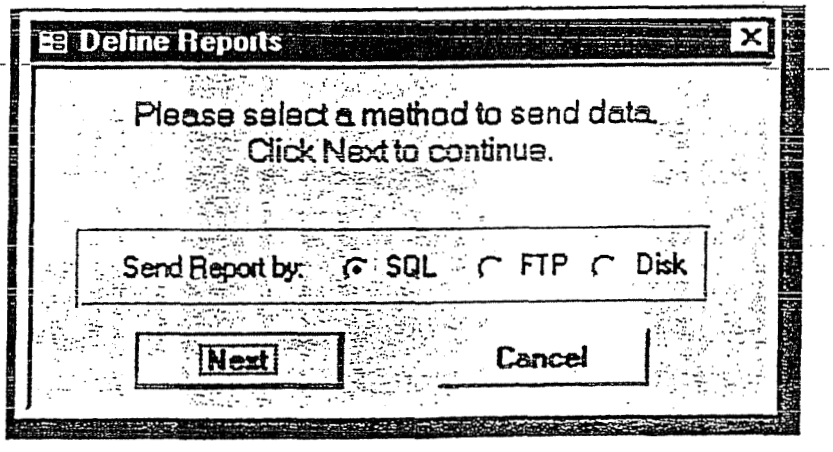
G. Instructor Class Preparation Report

To print a pre-class listing of unused certification numbers on a class sign-up sheet, select the "Instructor Class Preparation Report Form" from the Main Menu. After students sign up on this form, and successfully pass the course, you may verbally tell them their certification number and then enter their name and number into the database (see Section II above). [NOTE: The *NC-SNAP* authors will mail instructors the Examiners' Certification Cards within 2 weeks of data transmission.]

H. Sending Data to the Data Managers

- *Note: Transmit data only once each day. Repeat same-day transmissions are hard on the server. If for some reason a transmission attempt fails, you can continue to try to send data the same day.*
- *Note: If you attempt to send data via SQL or FTP but are unable to for some reason, continue trying that day. However, if you are still unable to accomplish this by the end of the day, save the data to a diskette that can be mailed in. [Once the attempt is made, your local computer will treat the data as sent and will not transmit the data the next day. This should rarely be a problem, but the data diskette will need to be mailed to Raleigh (see address below) for the server to acquire the data.]*

After finishing the data entry, return to the main menu. Select the "Report" tab. Under "Select a Report," select "DD Report." Then select one of the three options in the "Define Reports" window.



- *Note:* ***Always select "SQL"*** *(unless the option is unavailable).* This option allows data to be transmitted directly to the statewide server.

- If "SQL" is not an option (i.e., your internet connection does not permit it), select ***"FTP."*** This option will allow you to send a data file to Raleigh, where it will be stored until a staff member downloads it into the statewide server.

- Use the ***"Disk"*** option ***only*** when neither the "SQL" nor the "FTP" options are operational (e.g., you have no internet access). This option will download your data file to a floppy disk, which you must mail to Raleigh at the end of each calendar month (we recommend that you keep a backup diskette). The staff member in Raleigh will then download the data file into the server. If you must use this option, mail the diskette to :

  Vannia Cotti, DD Section
  3006 Mail Service Center
  Raleigh, NC 27699-3006

- The SQL and FTP options both specify a URL. The URL is the address where the data reports are sent. Do **not** change it unless you receive a notice from the central office in Raleigh.

- For all these options, the "login ID" is **ncsnapuser** (all lowercase). For the "password" use **ncsnap2000** (all lowercase).

- Whichever method of data transfer is used, a confirmation window will pop up to notify you that your records were successfully transferred.

I. Other

1. **Individual's Unique ID No.:** If unknown, this may be created by listing the first three letters of the person's last name, then the person's first initial, and then a six-digit number representing the person's birth date (2 digits for month, 2 digits for day, 2 digits for year). E.g., Tom Miller, born March 6, 1963 = MILT030663. If more than one person has an identical ID, the program will prompt the addition of a letter at the end of the ID (e.g., MILT030663A for Tom's twin sister Teri).

2. If you run into problems, contact one of these persons:

   Aleck Myers (919) 575-7742 aleck.myers@ncmail.net

   Rod Realon (919) 575-7913 rod.realon@ncmail.net

3. For program technical support, contact:

   Han Di (919) 733-4460 han.di@ncmail.net

4. **About Installation:**

   System Requirements:

   Microsoft Windows 95® or 98®. Pentium 200 MH or better CPU with 32 MB of memory recommended. An internet connection is needed for the program to send data to the central database directly. If you do not have an internet connection, you will need to store your data on a 3.5" diskette and mail it in monthly.

   Microsoft Access97® is not required to run the NCSNAP program. The Setup program installs an Access97® Runtime version program for NCSNAP to operate. However, you can run NCSNAP directly on Access97® without using the Runtime version.

Troubleshooting:

Although the program and installation procedures have been tested repeatedly on different computers, errors may still occur. The most likely cause of errors in installation is that the .DLL or .OCX files in your Windows system are not compatible with the ones used or copied to your computer by the Setup program. If an error should occur during installation, please write down the entire error message and ask your system administrator for help. A very helpful source of information is the Microsoft Support Knowledge Base on the Microsoft webpage at the following location: http://support.microsoft.com/support/kb.

File Locations:

NCSNAP contains three Access97® database files:

- NCSNAP.MDE – This is the main program file.
- NCSNAP_DATA.MDB – This is the main user's data file including consumer, examiner, and assessment data.
- NCSNAP_REF.MDB – This file contains all reference data such as area program codes, county codes, and so on.

These files can be located on a local hard drive (e.g., C:) or on a network drive and shared. However, it is best to load the NCSNAP.MDE file on a local drive to reduce network traffic and improve performance. If more than one user and computer needs to access the program, the last two files can be copied to a network location and shared. The location of the data file can be set on the "Utilities/Agency Info" screen within the program. You can use long file names for the data file path.

NCSNAP also needs a file location for creating report files to be sent to the central office in Raleigh. This location is set on the "Utilities/Agency Info" screen as "DD Report Path." It can be the same as the data file path or be at a different location. However, due to the limitation on internet FTP connection and the program component used in NCSNAP, the file path cannot contain spaces between words. For example, "My Documents" will not be acceptable but "MyNCSNAPReports" will be.

Networking Issues:

The NCSNAP program can be installed on a local area network to be shared among multiple users.

1. Install all three components (DCOM95 – for Windows 95® only, MDAC, and NCSNAP) on users' computers. NCSNAP should be installed on the C:\ drive.
2. Copy NCSNAP_DATA.MDB and NCSNAP_REF.MDB from one computer to a network location to be shared. Give all users necessary rights to this area.
3. On each user's computer, run NCSNAP. Select Utilities/Agency Info. Enter the network location where the shared NCSNAP data files are located in the Data Path box. Restart the program.

Licensing Issues:

DCOM95: This component is required by Microsoft MDAC which is required by NCSNAP. DCOM95 extends the support for Distributed Component Object Model (DCOM) for Microsoft Windows 95®. Its licensing agreement can be found on the Microsft web site at:

http://www.microsoft.com/com/dcom/dcom95/eula.asp.

MDAC: Microsoft Data Access Components (MDAC) is required by NCSNAP to transmit data to the database server. Its licensing agreement can be found on the following site:

http://www.microsoft.com/data/eulamdac21.htm.

The NCSNAP program is created with Microsoft Access97®. It can be run either with Access97® or Access97® Runtime. Microsoft Access97® Runtime is a limited version of Access97® which can be redistributed with an Access97® database application software product, such as NCSNAP. The NCSNAP Setup program installs Access97® Runtime on the computer. For further details about the End User Licensing, please see the following page on the Microsoft web site:

http://msdn.microsoft.com/xml/IE4/License.asp.

For a list of files that can be redistributed with a Runtime Application, go to the Microsoft Support Knowlegebase site on:

http://support.microsoft.com/support/search/c.asp

and search for Article "Q163535".

Chapter 5

Other Systems and Responsibilities

I. The *NC-SNAP* will be administered for each individual 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

II. Administration of the *NC-SNAP*: The job classification primarily responsible for the administration of the *NC-SNAP* is the Case Manager. These individuals are typically familiar with persons served by the area programs' DD service system, while also serving as an advocate for the individual. There are situations, however, where the person does not have an assigned case manager. In these cases it is most likely that a knowledgeable QMRP/QDDP will need to administer the instrument. In any event, staff in the following categories must be trained and certified as examiners for the *NC-SNAP*:

- Case Manager (DD, Thomas S., "Responsible Therapist," etc.)
- Case Manager Supervisor
- DD Coordinator
- Regional DD Coordinator
- Single Portal Coordinator
- ICF/MR QMRP/QDDP (required when there is no independent case manager)

III. Training Responsibilities:

A. Training the Trainers: The *NC-SNAP* Researchers from Murdoch Center will train MRC Outreach and Staff Development staff to teach and certify examiners, and use the statewide database program. They will also provide the following:

- Training videotapes
- Examiner's Guides
- Instructor's Manuals, including instructions for the class and for data entry procedures
- Database Software for statewide data collection
- Sampling of training classes
- Sampling of area programs', MRC Staff Development programs', MRC Outreach programs' database/record systems
- Database maintenance
- Regular reports and custom reports upon request
- Troubleshooting and quality assurance

B. The DD Section will be responsible for:

- Storage and dissemination of *NC-SNAP* forms, Data Entry Worksheets, and Examiner Guides to MRCs and area programs.
- Database program support
- Quality assurance
- Oversight of compliance, protocols, procedures

C. The MRC Staff Development Departments will train all QMRPs at the MRC. They will also maintain the MRC certification databases.

D. The MRC Outreach Departments will train all Case Managers, DD Coordinators, Single Portal Coordinators, Regional Coordinators, and QDDPs in their region. [Note: The Area Program will be responsible for identifying those individuals requiring training, and getting them registered and to the training classes.] They will also maintain the Community certification database. Additionally, they will train at least one person from each area program to use the statewide database program.

E. The Area Program Director will identify those who require training, register them for classes, and ensure they attend. (This includes one person for database program training.)

F. Initial Timelines: Immediately following certification, Examiners should begin using the *NC-SNAP*. Priorities for assessment:

- Persons entering the DD service system (ongoing, effective immediately)
- DD Waiting List (should be completed by 5/31/00 for those currently receiving no services)
- All others currently receiving services (prior to annual planning meeting)

III. Materials Needed for Class:

Examiners' Class:

- A sufficient supply of NC-SNAP forms
- A sufficient supply of Data Entry Coversheets
- A sufficient supply of each Sample Case History (#1, #2, and #3)
- One *Examiner's Guide* for each student
- At least one *Instructor's Manual*
- The training video
- A good quality television and VCR
- *Optional:* Pre-printed "Class Preparation Form Report"

Data Entry Class:

- A suitable computer (laptop may be easiest)
- For a group, a data projector may be helpful
- The *NC-SNAP Statewide Database Program* CD
- Instructions for the database program (Chapter 4)

IV. Other: For questions, comments, suggestions, or problems, please contact one of the following *NC-SNAP* Researchers:

Aleck Myers	919-575-7742 aleck.myers@ncmail.net
Rod Realon	919-575-7913 rod.realon@ncmail.net
Tom Thompson	919-575-7913 tom.thompson@ncmail.net

V. Instructions for Database Coversheet: Once you have completed a *NC-SNAP* assessment you will need to complete the Database Coversheet. This should only take you a few minutes. However, ***you must record all of this information so that the data entry person can enter the NC-SNAP profile into the computer.*** There is only one entry on this form that is optional: *Consumer Case #* (this does not apply to everybody). **All other information must be completed.**

Note that for the question "Are there significant natural supports in place?," 'significant' refers to natural supports that if no longer available would still **have** to be provided. E.g., if an individual lives at home with his or her parents, and the parents became incapacitated, would new supports be a necessity? If yes, circle "yes" on the coversheet. A reduced copy of a completed coversheet is included in this chapter. Note that this coversheet may be updated from time to time.

Individual's Unique ID No.: If unknown, this may be created by listing the first three letters of the person's last name, then the person's first initial, and then a six-digit number representing the person's birth date (2 digits for month, 2 digits for day, 2 digits for year). E.g., Tom Miller, born March 6, 1963 = MILT030663. If more than one person has an identical ID, the program will prompt the addition of a letter at the end of the ID (e.g, MILT030663A for Tom's twin sister Teri).

North Carolina
Support Needs Assessment Profile
(NC-SNAP)

Database Coversheet

When administering the *NC-SNAP*, complete **all** sections of this form. **Please print neatly!** When finished, staple this form to the *NC-SNAP* and then turn it in to your designated data-entry person.

Individual's Name: Miller, Tom Social Security No.: 234-56-7890
Individual's Unique ID No.: MILT030663 Individual's Case #: 467890
Examiner's Name: Aleck Myers *NC-SNAP* Certification No.: 99YK9910
Area Program: VGFW Is Area Program a provider of services? Yes (No)
County: Granville Are there significant natural supports in place? Yes (No)

Individual's Type of Residential Placement: (Check only one)

___ Independent Living
XX Family Home
___ Foster Home
___ Nursing/Rest Home
___ Skilled Nursing Home
Supervised Living:
___ EduCare
___ RhA
___ Other (Specify:_____)
Alternative Family Living:
___ Medicaid
___ Other
___ Other Resid. Placement
(Specify: _____)

Group Home:
___ DDA
___ ICF (Specify:
___ State
___ RHA
___ VOCA
___ EduCare
___ Other
(Specify: _____)
___ MRBD
___ Other (Specify: _____)
Mental Retardation Center:
___ Black Mountain Center
___ Caswell Center
___ Murdoch Center
___ O'Berry Center
___ Western Carolina Center

Current DD System Support: (Check only one)

___ This is first contact
XX Waiting list (no services)
___ Waiting list (insufficient supports)
___ Just entering system (supports started)
___ Services est. & ongoing: (mark all that apply):
___ CAP ___ TBI
___ TANF ___ CBI
___ State ___ Other
___ Medicaid

Chapter 6

"Look Behind" Quality Assurance

Occasionally, Certified Examiners will be asked to re-administer an *NC-SNAP* for an individual who was recently assessed by another examiner. This is part of the quality assurance process in place to monitor the *NC-SNAP*. Although some of the same records and sources will be used in both administrations, the re-administration should be approached openly without regard to previous scores.

I. Re-Administration Responsibilities

A. *NC-SNAP* Researchers will identify individuals from the database for re-administration.

B. The community area program will re-administer the *NC-SNAP* for:

1. Five percent of the MRC residents

2. Five percent of the community-based individuals whose previous *NC-SNAP* was administered by a certified examiner who is involved in the provision of services.

C. MRC Outreach staff will administer the *NC-SNAP* for five percent of persons in community-based supports, with an emphasis placed on those who were previously assessed by a case manager from an area program that is a service provider.

D. The *NC-SNAP* Researchers will re-administer approximately one percent of all *NC-SNAP* assessments statewide.

II. Re-administration procedures: The responsible party (i.e., area program or MRC Outreach program) will be contacted by the *NC-SNAP* authors.

A. Monthly, the MRC Outreach Director will be provided a list of individuals for whom the *NC-SNAP* should be re-administered. The Outreach Director will delegate these to certified outreach examiners. Once assigned, the responsible person should contact the community area program case manager (who completed the first *NC-SNAP*) to determine who would be the best person to contact for an independent re-administration. Preferred contacts are (in order of preference):

1. Individual, parent, guardian
2. Non-employee of agency (area program or MRC) that conducted the previous *NC-SNAP* (for example, contract professional, day program employee, etc.)
3. Other employee (of agency that conducted the previous *NC-SNAP*)

B. Monthly, the Area Program DD Coordinator will be provided a list of people for whom the *NC-SNAP* should be re-administered. The DD Coordinator will then contact the QMRP or provider (QDDP) who administered the first *NC-SNAP* to determine who would be the best person to contact for an independent re-administration. Preferred contacts are the same as noted above.

C. **Guidelines for readministering an *NC-SNAP* by phone**: The following steps are provided as general instructions on how to conduct a phone interview to complete an *NC-SNAP* readministration. The examiner should feel free to use his or her "own style" of conversation.

1. When calling the contact person you plan to interview, begin by introducing yourself as a certified *NC-SNAP* examiner, and be prepared to offer your certification number and explain the purpose of the *NC-SNAP*. Explain your role in the process and where you work. Refer to the examiner who recently administered the *NC-SNAP* (you've probably recently talked to this examiner in order to get the contact person's name and number; hopefully that examiner also called the contact person to tell them you would call).

2. If the contact person expresses reluctance to participate, don't press the issue. Thank them for their time and re-contact the original examiner to identify another contact.

3. In obtaining information needed to complete the *NC-SNAP* it is usually best to begin by asking general questions, saving specific questions for later if some areas aren't answered. **Do not** read the items from the *NC-SNAP* and ask the contact person to make a choice. Instead, ask for general information such as:

"Tell me about how _____ cares for him/herself."
"Does _____ require someone to help care for him/her?"
"What kind of health services does _____ need?"
"Does _____ have any behavior concerns?"

After obtaining general information, ask more specific questions about unanswered items, such as:

"Does _____ require nighttime supervision?"
"Can _____ stay by him/herself?"
"If so, when and for how long?"
"How many times in the past year did _____ need to visit a physician?"
"How often does someone need to repair or maintain _____'s wheelchair?"

Continue to ask increasingly specific questions until you have all of the information needed to complete the *NC-SNAP*. If you cannot obtain sufficient information to score a particular item, ask the contact person how you may acquire the information. If necessary, re-contact the original examiner to seek further assistance.

Don't forget to thank the contact person!

Chapter 7

Reliability and Validity of the *NC-SNAP*

During its development, the *NC-SNAP* was field-tested on two separate occasions. In 1997, an earlier version of the *NC-SNAP* was compared to two other assessment instruments to determine which of the three most accurately assessed level of intensity of need for North Carolina's citizens with developmental disabilities. In 1998, after being selected as North Carolina's most probable choice, the *NC-SNAP* underwent revision to maximize its effectiveness. Following this revision, the *NC-SNAP* was examined in a final field test in 1999 to ensure that its reliability and validity were sufficient to be confidently used as a statewide assessment tool.

This chapter presents a brief overview of the design and pertinent data gathered from these field tests. A more extensive report is in preparation for publication. Additionally, extensive data will be collected as the *NC-SNAP* is implemented statewide. As updated reports become available, this chapter may be expanded.

1997 Field Test

Design

In order to test if an assessment instrument could predict the level of intensity of support need, the authors selected participants who currently received good or ideal supports. We categorized the level of support intensity those participants received. Assessment instruments, if accurate, should predict

the level of supports being received by the participants. Therefore, the process had three steps:

1. Find individuals with developmental disabilities who were well served

2. Determine the participating individual's current support array level

3. Administer the three assessment instruments

1. Find individuals who were well served

Five area programs agreed to participate. In all, 2,332 persons receiving services and supports were identified. In order to determine whether each individual was well served, a five-point survey was administered to the individual (or guardian), his or her case manager, and his or her service provider. An individual was identified for participation when all three sources agreed he or she was receiving either good (better than adequate) or ideal services. Of the 2,332 people, 559 or 24 percent were identified as participants.

2. Determine the participating person's current support array level

Next, case managers were asked to identify the support array received by each person for whom they had responsibility. To do this, both residential and other types of supports were described. Using this information, each participant was independently assigned to one of five support array levels.

Three independent raters achieved an agreement level of 98% with regard to the assigned levels.

3. Administer the three assessment instruments

Training sessions were conducted in each area program and at three mental retardation centers. During these sessions, case managers (or Qualified Mental Retardation Professionals) were trained to complete the instruments for participants on their caseload. As an additional control procedure, an author or a research assistant interviewed a second person familiar with the participant to complete an inter-rater reliability assessment.

Results

A. Research Question 1: How well does the *NC-SNAP* predict current "good" or "ideal" support arrays?

1. Percent Exact Match (between assessment result and assigned support array):
   ***NC-SNAP*: 30.4**

2. Percent Match Within One Level
   ***NC-SNAP*: 68.7**

B. Research Question 2: What is the inter-rater reliability of the *NC-SNAP*?

1. Percent Exact Match Inter-rater Agreement
   ***NC-SNAP*: 70.7**

2. Percent Inter-rater Agreement Within One Level
   NC-*SNAP*: 98.3

C. Other factors

1. Mean duration of the *NC-SNAP*: 15 minutes (range: 2 – 45)

2. *NC-SNAP* performed best with individuals with high needs.

3. *NC-SNAP* tended to overestimate need.

1999 Field Test

Design

Following the first field test, the *NC-SNAP* was judged to be approximately equal, across all variables, in effectiveness to the next best alternative instrument. At that time, the authors of the *NC-SNAP* were asked by North Carolina's Developmental Disability Policy Advisory Work Group to conduct a comprehensive analysis of the instrument, using the field test data, with the goal of maximizing the validity and reliability of the *NC-SNAP* through careful revision. In brief, the *NC-SNAP* was modified by identifying items associated with errors in predictive validity, and then eliminating or modifying those items to enhance accuracy.

Following this analysis, the re-tooled *NC-SNAP* was field tested in one area program, using a stratified sample (N = 100). The design of this second field test was almost identical to the 1997 field test, with the exception that an additional analysis was conducted to identify errors in support array level determination. Results were analyzed based on both the original assigned support array and on a "corrected" support

array. That is, the support array was corrected if additional information was obtained indicating that the original support array had been determined using incomplete or erroneous information, or if a change in the individual's status had occurred since the support array was originally determined.

Results

1. Research Question 1: How well does the *NC-SNAP* predict current "good" or "ideal" support arrays?

    a. Percent Exact Match for original (no corrections) support array: 70.0

    b. Percent Exact Match when support array corrected for known errors: 92.5

2. Research Question 2: How well does the *NC-SNAP* predict current "good" or "ideal" support arrays at each Need Level (1 to 5)?

Percent Accuracy by Level		
Level	**Original (Uncorrected) Support Array**	**Corrected for Known Support Array Errors**
1	46.2	76.9
2	33.3	91.7
3	76.2	90.5
4	85.7	95.2
5	92.3	100

3. Research Question 3: How well does the *NC-SNAP* predict current "good" or "ideal" support arrays for infants and children?

Percent Accuracy for Children	
Age Range	**Corrected for Known Support Array Errors**
Ages 0 – 2 years	100
Ages 2.01 – 6 years	100
Ages 6.01 – 16 years	100
Children Overall	100 (Corrected) 76.5 (Uncorrected)

Chapter 8

Answers to Frequently-Asked Questions

General Information about the *NC-SNAP*

➢ ***How was the NC-SNAP developed?***

The NC-SNAP was developed through a 2-½ year research project with the aim of developing an easy-to-use, reliable and valid assessment tool. This was accomplished through an extensive comparative field test.

➢ ***How was the NC-SNAP validated?***

The NC-SNAP was validated by determining its predictive qualities in an extensive field test. The NC-SNAP was administered to hundreds of persons who were receiving good to ideal services with support arrays that ranged from low (Level 1) to high (Level 5). The NC-SNAP predicted the level of need or support array a high percentage of the time.

➢ ***How reliable is the NC-SNAP?***

Inter-rater reliability of the NC-SNAP was very good and compared favorably with standardized assessment instruments.

➢ ***How will the NC-SNAP be used?***

The NC-SNAP will be used as the standard assessment tool for persons with developmental disabilities in North Carolina

as part of the process to identify needs for support and as an initial step in the development of a support plan.

- ***Will NC-SNAP results be used to determine what services are delivered to a client?***

No. The NC-SNAP **does not** specify services. It identifies needs, which can be met through a variety of services. Therefore, services will be neither added nor taken away solely on the basis of a NC-SNAP score.

- ***Should the NC-SNAP be readministered each time the individual obtains a new or different service?***

No. Again, the NC-SNAP **does not** specify services. It identifies needs, which can be met through a variety of services.

- ***When should the NC-SNAP be readministered?***

The NC-SNAP should be readministered at least annually or whenever there is a significant change in the individual's need profile (e.g., the individual suffers a debilitating stroke).

- ***Will funding be tied to the NC-SNAP? If so, will funding be tied to individual budgets or will an Area Program be given funding to develop aggregate budgets?***

The NC-SNAP is not tied to funding on either an individual or aggregate basis. The issue of whether to do so and how to do so is, however, under consideration.

- ***Must a case manager be a QDDP to become an examiner?***

Not necessarily, although this will usually be the case. There is no strict educational requirement to complete the NC-SNAP.

- ***Do people living in DDA homes need a NC-SNAP?***

Yes. All persons with a diagnosis of developmental disabilities who are currently served under the North Carolina DD Service System (or on the waiting list for services) should have a NC-SNAP completed for them.

- ***What about children in early intervention programs who do not have a formal diagnosis of developmental disability?***

In the **absence** of a formal diagnosis of developmental disability, children will receive a NC-SNAP **only** if there has been an application made on their behalf for CAP funding, they are receiving CAP funding, or they are receiving residential supports specifically designed for persons with developmental disabilities.

- ***If an individual has no assigned case manager, who will be responsible for administering the NC-SNAP?***

The Area Program Director, or designee, is responsible for the identification of appropriate persons to assume this responsibility.

- ***Will everyone on the DD Waiting List have a NC-SNAP administered?***

Yes. Those currently receiving no services will have a NC-SNAP completed by May 31, 2000. Those currently receiving services (i.e., but awaiting additional services) should have a NC-SNAP administered prior to their annual planning meeting (i.e., IEP, PCC, IPP, etc.)

- ***If an individual is not receiving supports or services and has no case manager, who should serve as the examiner?***

Unless the individual is on the DD Waiting List, the NC-SNAP will not be administered to individuals not receiving supports or services from the North Carolina Service System.

- ***Will examiners be issued a certificate card and certification number after successfully completing the training?***

Yes. They should receive their certification number at the completion of the training. After the training, a laminated certification card will be sent to them. It looks pretty cool!

- ***What if someone fails the training?***

In order to be certified, students must meet the certification criteria. If someone can not successfully meet these criteria, he or she should repeat the training.

- ***Will I need to be recertified as an examiner if I move to another part of the state?***

No. You may continue to use your original NC-SNAP Examiner number anywhere in North Carolina. Also, there is no plan to require recertification of examiners.

- ***I'm a certified examiner. May I show my assistant how to administer the NC-SNAP and let her use my number?***

No. Only certified instructors may train and certify examiners.

- ***How can I become an instructor?***

At this time, only Outreach and Staff Development staff from the Mental Retardation Centers can be trained to become instructors. They must be certified by the NC-SNAP researchers.

- ***Will the NC-SNAP replace any other forms?***

Hopefully, yes. It is anticipated that the LOE and MR2 will be replaced. However, these forms should continue to be used until notification is received from the DD Section.

- ***Can I make copies of the NC-SNAP?***

No. The NC-SNAP and all related materials (i.e., database software, instructional video, Instructor's Manual, Examiner's Guide) are copyrighted. However, these materials are available free of charge when used by the state of North Carolina in accordance to policy. Please contact one of the NC-SNAP authors if you need further clarification.

- ***Where will the NC-SNAP be stored?***

Store the completed NC-SNAP in the individual's permanent record, in a centralized records location, or wherever official eligibility records are maintained.

- ***Should I use a pencil or pen (blue or black ink) when I fill out the NC-SNAP?***

We recommend using a pen. Black ink is sometimes preferred or even required.

- ***Where do we get blank forms when our supply runs low?***

Each of the MRCs have an established procedure to distribute NC-SNAP forms and related materials. Contact your regional MRC for further information. When the regional MRC's supplies run low, they should notify the DD Section in Raleigh.

- ***Will a registration fee be charged for the Examiner's Training?***

No. The Mental Retardation Centers' Outreach Departments do not charge registration for required training.

Specifics about the *NC-SNAP*

- ***Section I of the NC-SNAP asks whether the case has been reviewed by the Single Portal Coordinator. How do I know if this has occurred?***

The short answer is that if you don't know, answer "No." However, if any member of the InterAgency Council has reviewed the case, answer "yes" and write in their name.

- ***Sometimes a person lives in one county but is from another county. Which county should be listed on the Data Cover Sheet (and entered into the database)?***

Enter the name of the "responsible" county (i.e., the county with formal responsibility for the individual).

- ***How are the "cumulative scores" used?***

The cumulative domain scores and the cumulative raw scores are calculated for research purposes only at this time.

- ***In the "Allied Health Professional" column of the "Health Care Supports" domain, the options are 'less than weekly' or 'weekly or more.' Does less than weekly mean the individual sees the professional less often (e.g., once a month)?***

Yes. For some reason, this has been confusing to some examiners. When we reprint the NC-SNAP we will change the wording to 'less than once per week' and 'once a week or more often.'

- ***How should an examiner score an item when there is conflicting information?***

Ultimately, the examiner should score the item based on his or her own judgment after reviewing all available information. If two sources disagree, the examiner should seek additional information (e.g., from other persons or evaluations, direct observation) to make an accurate decision.

- ***Instructions for the NC-SNAP state that the examiner should assess the individual's 'need' as opposed to the services currently delivered. However, the "physician's services" column under "Health Care Supports" suggests that the examiner should average the number of physician visits during the previous year. Is this a contradiction?***

Not really, although we can see why this might seem unclear. When gauging the intensity of need associated with an individual's chronic health care need it is helpful to assess the frequency of required physician intervention. If, however, the examiner feels that the previous year's average does not accurately reflect the individual's most current needs (e.g., due to a very recent significant change in medical status), the score that best represents these most current needs should be marked.

- ***Does "Equipment Supports" refer to the purchase of equipment?***

No. Score this item based on the amount of support that is required to maintain or service an individual's equipment. The purchase of the equipment should not be considered. For

instance, some communication devices are very costly to purchase. If the individual does not require frequent (i.e., less often than once per month) support to maintain the equipment, score Level 1.

- ***What is the "Pre-printed Class Preparation Form Report?"***

This is a form that can be printed prior to an Examiner's Training Class. It can be found in the *NC-SNAP* Database Program, in the "Reports" folder. This can be very useful in organizing the class roster and assigning examiner numbers.

- ***How is the NC-SNAP to be used as part of a personal plan for support?***

Page 4 of the NC-SNAP can be used as a worksheet for the development of a personal support plan.

- ***Why doesn't the NC-SNAP include a category specifically for vocation (or communication)?***

Remember that the *NC-SNAP* is designed to functionally assess an individual's level of intensity of need. Some areas such as vocation and communication, while extremely important aspects of an individual's life, do not easily fit into need levels. During our field testing of the *NC-SNAP* we found that including a category for vocational support needs actually hurt the predictive validity of the instrument. We speculate that this is because of the wide range of supports needed at all levels.

Questions about the statewide database

- ***What computer specifications are needed to use the database program?***

The program is written in *Microsoft Access*. Installation is done via a CD. Therefore, the computer must have a CD-Drive and *Microsoft Windows 95* or *98*. However, the computer does not require *Access* itself. Finally, there are three ways to download data to the statewide server. The preferred method is through SQL download, directly to the server via the internet. Another option is through an FTP file transfer. The final option, for those who do not have internet access, is to store the data on a diskette, and mail it to Raleigh.

- ***Is the database program compatible with the Single Portal (Waiting List) program?***

The NC-SNAP database program was written for ease of use and is 'compatible' with both the Single Portal program and the Centralized Data Warehouse. However, this does not mean that they are the same. It is hoped that these will eventually be merged to eliminate or reduce the necessary data entry redundancy.

- ***Is there a plan in place to modify the Data Entry Coversheet?***

Yes. We anticipate adding more information in the near future. Also, a redesign of the form is planned to facilitate data entry.

- ***What is the purpose of marking the ongoing services (at the bottom of the Data Entry Coversheet)?***

This is a very simple attempt to identify current funding sources in place for the individual.