

Support Needs Worksheet Guide

Vision Planning

Who: The Supports Coordinator/Case Manager in conversation with the individual with service needs and the individual's parent/guardian/caregiver (if applicable).

What: This section is designed to start the conversation about what the person wishes to learn or accomplish with the addition of Community Living Supports/Skill Building Services. Keep in mind that this needs to be related to the overall plan of service. If the content of this conversation is not related to the plan of service, differences need to be reconciled.

Community Living Support Needs

The person-centered planning process required by the Michigan Mental Health Code requires the assessment of needs and an individual plan of services based on identified needs. The Supports Coordinator/Case Manager's assessment must consider the individual areas covered by CLS as described in the Medicaid Provider Manual. The Supports Coordinator/Case Manager must also consider all other supports available to the individual in his or her life. Through a net needs process, the supports coordinator/case manager determines if any needs are unmet and develops recommendations for any medically necessary mental health or substance abuse services that would cover these needs.

At least one measurable objective should be identified in the Individual Plan of Service (IPOS). It is not required that all categories scored on the CLS worksheet have an objective identified in the IPOS, although clear medical necessity should be clearly outlined for all identified categories of CLS need stated on the worksheet.

CLS Needs Scoring Key

The Supports Coordinator/Case Manager is to rate both the intensity and frequency of any paid assistance the person would need in a given area. If the person is independent in a given area, it should be rated as "0" for both intensity and frequency. If the person has any (even significant) needs in an area, and these needs are provided for in other ways without additional paid CLS support, the Supports Coordinator/Case Manager should circle the areas from which support is coming but rate the category as "0".

Identification of other supports—the net needs process: circle all that apply

- Michigan Department of Health and Human Services (MDHHS): Home help or other
- Natural Supports: family, friends, neighbors, church or any unpaid persons who help and support in this area.
- School: area covered by school instruction
- Private Funds: individual has an ability to pay for this service with his/her current income or from other sources, such as a trust fund; or there is the ability and willingness of a natural support to pay for this service.
- Other: Any other support not mentioned above.

Community Living Support Categories

Meal Preparation:

- Support with planning menus (teaching diets, balanced meals, etc.)
- Preparing food
- Cleaning following meals

Laundry:

- Sorting clothing
- Use of detergent, softer, bleach
- Washing/Drying clothing (include mechanical operation of machines)
- Folding and taking care of clothing

Routine, seasonal, and heavy household care and maintenance

- Routine household care
- Maintenance (smoke detectors, emergency repair plan, vacuum cleaner bags, shoveling, ice management, seasonal household needs, etc.)

Activities of daily living (hygiene/grooming, bathing, toileting, eating, dressing)

- Instruct to learn personal appearance/hygiene skills
- Instruct to learn oral hygiene
- Personal hygiene (bathing, grooming, feminine hygiene)
- Instruct to learn appropriate dressing skills
- Seasonal and social acceptability regarding personal appearance

Shopping for food and other necessities of daily living or other goods

- Support with shopping for food, supplies and other necessities
- Sale ads, coupons, price comparisons, shopping within budget, coordinating list for items needed

Money Management:

- Budgeting Instruction (including personal allowance)
- Bill paying support
- Savings or Debt Management
- Fiscal responsibility training related to purchases (cell phones, cars, electronics, vendors)
- Does not include the individual's Rep Payee financial supports.
- Purchasing or acquiring goods which is not identified in the area of shopping or non-medical care.

Non-Medical care; not requiring nurse or physician intervention (including medication management)

- Instruct dietary plans, preparation of special diets
- Professional plans (OT, PT, BSP, etc.) with recommendations for goals
- Teaching the recognition of psychiatric signs and symptoms
- Identifying medication side effects, ordering, storage and administering medications
- Reminding, observing and/or monitoring of medication administration for the individual's assessed needs.
- Instruction and/or support is needed for following and improving health related practices, including but not limited to following a diet plan (such as for diabetes),

exercise or range of motion plan, or participating in psycho-education about a disorder of anxiety or mood.

Transportation (transportation for medical appointments are excluded).

- Develop skills in accessing and using transportation.
- Transportation may be a factor in assessing other needs but shall not be the sole factor.

Attendance and participation at behavioral health and medical appointments

- Educate about the use of the health care system
- Office appointments, E.R., med centers, health department, Planned Parenthood, etc.
- Communication with doctors, understanding doctors' orders and treatment plans, explaining symptoms or experiences with medical professionals, medical advocacy for self, reducing anxiety and increasing safe feelings associated with medical professionals.

Socialization and relationship building for the purpose of community participation

- Instruct in social skills with community members or peers
- Modeling social interactions, social stories, greetings for the community or peers
- Model social interaction, boundaries and behavior for community norms
- Crisis planning (behavior plans, environmental and community safety)
- Assistance with acquiring the skills necessary to volunteer in the community.

Leisure/recreation choice and participation in regular activities for the purpose of community participation

- Participation in community activities and recreation (must be assessed in the individual's IPOS, similar service cannot be provided by a natural/community support, must be limited to attaining sufficient functioning as demonstrated by the individual's scope of CLS service e.g. attending classes, concert and events in a park, voting)

Preserving health/safety of the individual (High medical needs/behavioral support needs)

- Assistance with appointments
- Counseling homework
- Prompts for positive behavior as it relates to community integration (no formal behavior support plan)
- Self-tracking of health/safety goals
- Define supervision, side by side support to actively engage to coping skills, elopement, appropriate boundaries, stealing.

Skill Building

Through the Person Centered Planning process the Supports Coordinator/Case Manager will determine medical necessity for Skill Building. Supported Employment should be explored prior to requesting/authorizing Skill Building Assistance. Through the net needs process the Supports Coordinator/Case Manager determines if any needs are unmet, and recommends Skill Building services based on the following medical necessity criteria of Skill Building. At least one measurable objective focused on work preparatory skills or productivity should be identified in the Individual Plan of Service (IPOS). It is not required that all categories scored on the Skill Building worksheet have an objective identified in the IPOS, although clear medical necessity

should be clearly outlined for all identified categories of Skill Building need stated on the worksheet.

Individuals who are 62 years of age or older should begin planning with their support team for a transition to retirement. Skill Building services generally would end by age 65, as individuals are no longer working towards competitive employment.

Individuals who are school age and eligible for school should not be authorized for Skill Building Services (goals should be addressed in IEP). If there is a gap in service, an exception may be considered.

Skill Building Categories

Work preparatory services aimed at preparing for paid or unpaid employment but not job task oriented. If unpaid work, such as volunteering, is the focus of the Skill Building service the purpose of the volunteer activities should be to attain skills to prepare the individual for paid work. Includes teaching concepts such as task completion, problem solving, and safety (excluding supported employment). The supports coordinator should write current/proposed PCP objectives related to preparing the person for work. This excludes specific work tasks, as indicated, but would relate to skills that one would need in the workforce, such as concentrating on and completing tasks, staying safe, learning to identify when one needs assistance and how to get it; behaving appropriately as it would relate to a work place. If the individual is a HSW recipient, the individual may be eligible for out of home non-vocational services and a vocational goal is not required.

Scoring Key:

Circle the best estimate, based on the currently assessed skills and needs, as to when the person is expected to be “ready” for paid or unpaid work in an integrated community setting.

- One year or less
- 2-3 years
- 4-5 years
- 5 + years
- Work unlikely or not desired

If work is unlikely or not desired, scoring a 0, there may not be medical necessity for Skill Building Services. Consider assessing for Medical Necessity of Community Living Support Services.

The following needs could be met through Skill Building if work preparatory services are assessed as a need. If the individual is a HSW recipient, the individual may be eligible for out of home non-vocational services and a vocational goal is not required.

Habilitation goals (increase attention span and motor skills), not teaching specific job skills. The supports coordinator should write the current/proposed PCP objectives related to increasing the person’s skills in other important areas apart from specific job skills, such as improving skills in life areas not mentioned previously.

Scoring Key

- None. The person should receive a score of “0” if there are no needs in this area or if all needs are covered in other ways so that additional skill building in this area would not be necessary.
- Least Intensive. The person should receive a score of “5” if there may be some formally identified needs for skill enhancement in this area, and meeting these needs would likely take 1.25 hours per day or less.
- Moderately Intensive. The person should receive a score of “10” if there are formally identified needs for skill enhancement in this area, and meeting these needs would likely take 1.26 – 2.5 hours per day.
- Most Intensive. The person should receive a score of “15” if there are formally identified needs for skill enhancement in this area, and meeting these needs would likely to take more than 2.5 hours per day to meet.

Services as designated through OT, PT, speech or behavioral supports/ABA that assists the individual on a regularly scheduled basis (for example, several hours a day, one or more days a week).

- PT = Physical Therapy program overseen by a PT/PTA, such as for improved mobility or range of motion.
- OT = Occupational Therapy program overseen by an OT/COTA, including adaptive skills, improved mobility, and sensory integration.
- Speech = Speech or swallow/eating/oral motor program overseen by a Speech Therapist.
- Behavioral Supports = Program that looks at supporting appropriate behaviors and perhaps decelerating challenging behaviors through staff support and antecedent/environmental changes; positive consequences.
- ABA = Applied Behavior Analysis looks to build skill acquisition and, as needed, reduce challenging behavior through the process of systematically applying established interventions based on the principles of behavior. Data collection and frequent treatment monitoring is required. Family and caregiver participation and training is highly encouraged. It is implemented by a Registered Behavior Technician (RBT) and overseen by a Board Certified Behavior Analyst (BCBA) to fidelity standards.
- Use of Equipment = program related to functional use of adaptive equipment, such as wheelchair, transfer bars, mat tables for positioning or range of motion, transfer aids, toileting chairs/aids, and so on.

Scoring Key:

- No care needs (0) - The person should receive a score of “0” if there are no needs in this area or if all needs are covered in other ways so that additional skill building in this area would not be necessary.
- Least intensive care needs (1)= The person should receive a score of “1” if there may be some formally identified needs for skill enhancement related to this are, but meeting these needs would take less than 15 minutes per day of paid support.
- Moderate care needs=The person should receive a score of a “2” if there are formally identified needs for skill enhancement in this area, and meeting these needs would require paid support between 15-30 minutes per day.
- Most intensive care needs= The person should receive a score of “3” if there are formally identified needs for skill enhancement in this area, and meeting these needs would require paid supports for more than 30 minutes per day.