

Assessment Summary Module Training Manual

COLORADO LONG TERM SERVICES AND SUPPORTS
(LTSS) ASSESSMENT TOOL



COLORADO

Department of Health Care
Policy & Financing

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Assessment Summary Module - Training

Purpose

The purpose of the Assessment Summary module of the Assessment tool is to document support needs that may not have been adequately captured by items contained within the assessment and identify the assessor's recommended supervision and support needs for the participant across a variety of settings.

Overview of Contents

The module is divided into three sections. Below is a brief explanation of each section.

- 1. Summary of Impairments and Concerns** – Assessors should document additional information that is important for support planning and resource allocation that may not have been adequately captured throughout the assessment process. This may include the assessor's impressions of support needs and participant abilities.
- 2. Living Safely in the Community** – Provides assessors with an opportunity to make recommendations about the level of supervision and support needed across home and community settings.
- 3. Referrals & Goals** – Assessors should document any additional referrals and goals based on the summarized information and supervision and support needs.

General Instructions for Completing the Module

The Supervision and Support section should be completed by the assessor *after* finishing the previous sections of the assessment with the participant. The participant does not need to be present for this section, as it will primarily capture the assessor's additional thoughts and judgment about supervision needs. **However, if the participant potentially meets the criteria for medical fragility by requiring supervision at night to prevent a crisis due to a medical condition (Item 2.6), staff should complete the Hospital Level of Care Supplement with the participant.**

Section Instructions

Section 1: Summary of Impairments and Concerns

The purpose of this section is to capture additional information that was discussed or observed during the assessment process but was not adequately documented **AND** may increase the need for supervision or support.

Assessment Item	Guidance
Section 1: Summary of Impairments and Concerns	
a. Sensory and Communication	Describe any additional concerns that were not adequately captured during the assessment that should be incorporated into the support plan.
b. Memory and Cognition	
c. Community and Social	

Assessment Item	Guidance
Section 1: Summary of Impairments and Concerns	
d. Functioning (ADLs/IADLs)	For children who have exceptional ADL support needs due to a disability, (beyond typical supports needed for other children) assessors should indicate the exceptional support needed in the applicable text box for this item.
e. Psychosocial	
f. Safety	
g. Health	
h. Other	

Section 2: Living Safely in the Community

Section 2 requires the assessor to use his/her judgment to estimate the supervision and support needs by setting. Assessors should use a variety of information, including assessment information, discussion with participant, proxies, support persons, medical records and others to make this determination. **Code based on a typical weekday.**

For each setting, assessors should consider the typical amount of supervision required during the past 30 days. Check all types of supervision needed for each setting. If supervision needs vary, check all types used and input the corresponding number of daily hours that level of supervision is needed. If there is likely to be a temporary need for supervision that is likely to be resolved, describe the items following the tables for each setting.

If supervision supports vary from day to day, the assessor will take an average of the five days and score the average amount of hours needed for each setting. When hours are averaged, the assessor will indicate the calculation used in the text box provided to describe the supervision needed for each setting.

Enter in approximate hours for each level of supervision needed on a typical weekday. Support needed across all settings cannot exceed 24 hours within one weekday.

Each setting also contains two follow-up items. If the participant does not require supervision for the setting, the assessor should skip to the next setting. If the participant requires supervision, assessors should indicate the hours in the specified settings.

It is important to note that these items reflect the assessor's judgment. Supervision may fluctuate greatly on any given day. The assessor should use his/her best judgment to indicate the typical amount of hours of supervision needed at each setting. There's no obligation to provide supervision hours exactly as outlined below, given activities vary from day to day.

Each item requires separate judgments for the following settings and circumstances:

- **At residence, awake time** - The usual awake hours for the participant. This may be during the day or night if the participant has an altered sleep schedule. Assessors will need to document the number of hours and type of supervision the participant requires at the

residence. For this setting, assessors will also need to document the number of hours spent awake each day.

- **At residence, asleep time** - The usual sleeping hours for the participant. This may be during the day or night if the participant has an altered sleep schedule. For the residential setting, assessors will need to document the number of hours spent asleep each day and the type of supervision the participant requires at the residence.
- **Employment site** - If applicable, the typical number of hours and type of supervision the participant requires at an employment site. Include time spent during transportation. *This item is skipped for participants under the age of 16.*
- **Day Program** - If applicable, the typical number of hours and type of supervision the participant requires at a day program. Include time spent during transportation. Do not include school programs; supports and supervision needs will be captured through the development of an Individualized Education Program (IEP).
- **Other Community Settings** - If applicable, the typical number of hours and type of supervision the participant requires in other community settings (e.g., church, mall, grocery store, movies, etc.). Include time spent during transportation.

Each setting (e.g., home awake, employment) contains a table to document the type of supervision required within the setting. Multiple levels of supervision can be documented for each setting. The grand total from all tables cannot exceed 24 hours. An example of a table is displayed below:

Example:

<i>Supervision Type Needed</i>	<i># of daily hours</i>
<input type="checkbox"/> No supervision (<i>Skip to item xx</i>)	
<input type="checkbox"/> Remote supervision/monitoring	
<input type="checkbox"/> Onsite supervision (can be asleep)	
<input type="checkbox"/> Awake onsite supervision	
<input type="checkbox"/> Direct sight and hearing supervision (excludes remote monitoring)	
<input type="checkbox"/> Undivided attention of one person	
<input type="checkbox"/> Undivided attention of one person with one or more persons able to provide assistance at a moment's notice	

Supervision types are defined according to the following:

- **No supervision** - Record the amount of time the participant is independent and does not need supervision in this setting.
- **Remote supervision/monitoring** - The participant requires remote monitoring via security camera, microphone, web camera or other mechanism. This can be monitoring from a separate physical site (e.g., support person's office) or remote monitoring only from support persons on site who are not in direct contact with the participant.
- **Onsite supervision** - Intermittent or continuous onsite supervision of a participant. Support person may be asleep or awake, but must be physically onsite. Support persons do not have to be within hearing or visual range.

- **Awake onsite supervision** - Intermittent or continuous onsite supervision of a participant. Support person must be awake and physically onsite. Support persons must be continually within hearing or visual range.
- **Direct sight and hearing supervision (excludes remote monitoring)** - Continuous onsite supervision of the participant during which support persons must be within hearing and visual distance of the participant. This includes only onsite support persons, not remote monitoring.
- **Undivided attention of one person** - Participant requires the undivided attention of one support person. The support person must not be performing other tasks or supervising other individuals during this time.
- **Undivided attention of one person with one or more persons able to provide assistance at a moment's notice** - Participant requires the undivided attention of one support person with another support person in the immediate area who is able to provide additional physical assistance at a moment's notice. The support person providing undivided attention must not be performing other tasks or supervising other individuals during this time.

Assessment Item	Guidance
Section 2: Living Safely in the Community	
Describe the supervision needed	<p>Use this text field to provide a detailed description of the supervision the participant requires. If more than one level of supervision was selected, describe the time of day and reasons for variation in supervision.</p> <p>If more supervision is needed during certain periods of the week (e.g., weekends), document the rationale for the increased need and type of supervision needed here.</p>
Is the level of supervision needed likely to change prior to the next scheduled assessment? <input type="radio"/> Yes, describe: _____ <input type="radio"/> No <input type="radio"/> Unknown	<p>Use this item to capture whether the level of supervision is potentially intermittent and/or may change prior to the next scheduled assessment. This could be due to cyclical behaviors or events. For example, a participant in school may have a summer vacation prior to the next assessment period and need additional support.</p> <p>If "Yes", describe the potential changes in supervision that may be needed prior to the next scheduled assessment.</p>
Notes: _____	<p>The notes box provides space for the assessor to write any specific notes which they feel is important to capture.</p>

Establishing Medical Fragility

Item 2.6 identifies whether the participant requires supervision during asleep hours to prevent a crisis due to a medical condition. A medical crisis is defined as an event or condition that presents a threat to the participant’s health and safety. The focus of this item is on medical conditions and medical fragility **not** on behavioral issues that may present a crisis.

If supervision is required to prevent a medical crisis, the participant may potentially meet Hospital Level of Care (LOC) due to medical fragility. Hospital LOC can potentially allow the participant to access enhanced services.

If the response to item 2.6 is “Yes”, complete the Medical Fragility Supplement with the participant **prior to the completion of the assessment**. Consult medical records, physician and other health care provider notes, representatives, providers, and other sources to inform the completion of the Supplement.

Section 3: Referrals & Goals

Items 1-3 in this section are mandatory to complete. If there is nothing important to the participant in Item 1 or no implications for the Support Plan in item 3, enter “N/A”.

Assessment Item	Guidance
Section 3: Referrals & Goals	
1. What is important to the participant?	This item includes any goals or outcomes related to supervision and supports. If the participant expresses desired outcomes during the discussion of previous sections in this module, the assessor can bring these back up and talk about their importance.
2. Referrals Needed: <input type="checkbox"/> Advocacy Services <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Adult/Child Protective Services <input type="checkbox"/> Behavioral therapies <input type="checkbox"/> County emergency response team <input type="checkbox"/> Crisis Services <input type="checkbox"/> Support to develop emergency, disaster (e.g., FEMA), and/or community plan (e.g., Smart911) <input type="checkbox"/> Mental Health services <input type="checkbox"/> Primary Health Care Provider <input type="checkbox"/> Victims’ Advocates <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	Check all that apply.
3. Assessed Needs and Support Plan Implications	The assessor should indicate all potential supports needed for supervision and support. These areas of

Assessment Item	Guidance
	need should be reviewed and discussed during the Support Plan meeting.
<p>4. Recommended changes, clarifications or other issues: Describe any changes to the items (included changes to training) in this section that the case manager believes will make the items clearer and/or collect more useful information.</p>	<p>Describe any recommendations for improving the assessment module or training, including adding/removing items or items that require further clarification.</p>

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