

Notes from Stakeholder Meeting:

Pat-asked about listing of agencies involved, discussed having a list in the Support Plan.

Flow of eligibility screening:

- Mobility and transfer
- Behavior
- Bathing Dressing
- Cognition
- Other ADLs

Cognition: in CARE items there may be some need for variation to make it culturally appropriate.

Example was “sock” because some cultures don’t wear socks.

Some discussion about “changeability” of cognition, depression, etc. Basically the group is asking about permanent vs. temporary conditions.

Pat – where does the item(s) on fall occur and belong?

Scale back the medical information collection....eliminate to vital information and put into terms that are more common for use by non-medical professionals and individuals.

Higher Level Themes

- Assessment is an ongoing process
- Eligibility should be verified quickly but assessment that informs supports needs to happens and be updated over the course of time and as you get to know the person better.

SIS Discussion – Next Steps

Want the more comprehensive assessment to be done because it will show range of need, including areas not covered by resources triggered by SIS OR not covered by SIS.

SIS is only done once in most cases, so having the SIS inform the comprehensive assessment could be done.

Use of the comprehensive assessment could be used to verify continued currency of information that was collected through the SIS.

Notes from SIS → verify in SP assessment → if not enough information could also follow up →

Don’t eliminate any of the SP items, but use SIS to inform the SP assessment.

If support level changes, then SP assessment could flag for a new SIS.