

Summary of Draft Updates to Colorado's LTSS Assessment & Support Plan



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March 4, 2020

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Introduction

The Colorado Department of Health Care Policy and Financing (the Department) and its stakeholders have engaged in the development of a comprehensive person-centered assessment and support planning (A/SP) for long term services and supports (LTSS). This new process has been piloted from March 2019 through February 2020, and will culminate in a final Time Study pilot, operating from April-May 2020. The Time Study pilot will provide the Department with information about time expectations for the new process and impact on case management rates.

The stakeholder engagement process throughout the development of the new A/SP process has included more than 150 hours of in-person discussions:


- 28 meetings to develop the assessment process
- 13 meetings to develop the support planning process
- 10 meetings thus far on the pilot process

Conversations during the March 4 and 5, 2020 stakeholder meetings will be limited to the changes proposed to the A/SP process to respect the decisions that were previously made. Full versions of the draft modules and Support Plan can be found at coassessment.blogspot.com.

This document summarizes the draft changes to the A/SP process that have been proposed by participants, case managers, stakeholders, and the Department throughout the pilot process as well as by the level of care (LOC) and reliability analyses. Changes noted in this document reflect those that impact an item's intent that have not been previously discussed with stakeholders.

After reviewing the updates, the next steps will be to finalize the draft updates and share them with the automation vendor for incorporation into the pilot system prior to the Time Study pilot. All changes to be incorporated into the Time Study pilot must be submitted to the IT vendor by March 6, 2020.

Overview of Coding within this Document

The A/SP is comprised of mandatory and voluntary items. Mandatory items, used for establishing LOC, waiver targeting criteria, potentially resource allocation (future effort), and essential for support planning, are denoted with the symbol .

Items that have components (e.g., language, response options) that have changed but are not fully added or removed have the changed portions highlighted in **green** within this document.

Instructions for case managers are included as **red text**. Skip patterns are included as **green text**. Items specific to participants under the age of 18 are included in **orange text**.

Module Updates

Caregiver

Change 1, Section: Caregiver Information- Overview of Assistance

The Department was required to test several caregiving items under the TEFT effort, including items to capture whether assistance is available in the home and the frequency of paid and unpaid assistance. Because the caregiver table later in this module (and described under the next change in the Caregiver Section) already captures this information, the following items were removed:

1. *Does the participant have assistance in their home?*
 No Yes
 2. *Code the level of assistance in the participant's home (both paid and unpaid) during the past month.*
 - 05. No assistance received
 - 04. Occasional/short term assistance
 - 03. Regular night time
 - 02. Regular daytime
 - 01. Around the clock
- A. Unpaid: _____ B. Paid: _____

Change 2, Section: Caregiver Information- Caregiver Tables

- A triage item was added to determine whether the participant has paid or unpaid supports that should be documented as part of the assessment process.
 3. **Does the participant have paid or unpaid caregiver supports?** (This includes IHSS, CDASS, and Family Caregiver programs. This excludes other services provided by a Medicaid agency authorized via the Support Plan.)
 - Yes
 - No (End of module)
- The previous version of the module broke out the caregiver types into three tables: Unpaid, Paid by Medicaid, and Paid by another Source. The three tables collected very similar information, however the paid tables also capture payment source and the unpaid table collected information about the relationship to the participant. Having three tables also meant that if a caregiver provided unpaid and paid support they would need to be entered into one of the Paid and also the Unpaid tables.

To streamline the process and improve the clarity, the three tables were condensed into one. Within the one table the following adjustments were also made:

- Items were added to identify the type of paid and unpaid help the caregiver provides and a text field that captured this same information was removed because it was redundant to have both checkboxes and a text field.
- An answer choice of “Unpaid” was added to the Payment Source section.
- A Back-up Planning section was added to allow participants to provide this information during the caregiving discussion rather than revisiting the discussion during the Support Plan meeting.

4. Identify Caregiver Supports- For each complete the information set below. Use age appropriate guidelines to identify support provided that is beyond what is expected of a caregiver of a child of a similar age without disability related issues.

Caregiver Information	Distance from Participant	Caregiver Help- Paid (Check all that apply)	Caregiver Help- Unpaid (Check all that apply)	Frequency: How Often is Assistance Provided	Will Support Continue in the Future?	Back-up Planning
Name: _____ Preferred Phone #: _____ Preferred Email: _____ Caregiver Is: <input type="radio"/> Regular support <input type="radio"/> Back-up support	<input type="radio"/> Lives with <input type="radio"/> Within 5-10 minutes <input type="radio"/> 15-20 minutes <input type="radio"/> Longer than 20 minutes	<input type="checkbox"/> Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding) <input type="checkbox"/> Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling) <input type="checkbox"/> IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances) <input type="checkbox"/> Medication administration (for example, oral, inhaled, or injectable medications). <input type="checkbox"/> Medical procedures/ treatments (for example, changing wound dressing, or home exercise program). <input type="checkbox"/> Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies).	<input type="checkbox"/> Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding) <input type="checkbox"/> Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling) <input type="checkbox"/> IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances) <input type="checkbox"/> Medication administration (for example, oral, inhaled, or injectable medications). <input type="checkbox"/> Medical procedures/ treatments (for example, changing wound dressing, or home exercise program). <input type="checkbox"/> Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies).	<input type="radio"/> As needed <input type="radio"/> Less than once a month <input type="radio"/> About once a month <input type="radio"/> About once a week <input type="radio"/> 3-4 times a week <input type="radio"/> Once a day <input type="radio"/> 2 or more times per day, less than continuously <input type="radio"/> Continuously (ongoing basis or 24hrs/day)	<input type="radio"/> Yes, Can continue providing <input type="radio"/> Yes, Can increase amount of assistance <input type="radio"/> Yes, Need to decrease amount of assistance <input type="radio"/> No, Cannot continue providing <input type="radio"/> Do not know Does a transition plan need to be developed for the caregiver? <input type="radio"/> Yes <input type="radio"/> No	Support source is responsible for arranging back-up <input checked="" type="radio"/> Yes <input type="radio"/> No What should I do if the support does not show up? Text field Who else help, how they can help, and any other supports are not available (optional is support responsible for arranging back-up) Text field
Payment Source <input checked="" type="checkbox"/> Unpaid <input type="checkbox"/> Self-paid <input type="checkbox"/> Paid by other family member/ friend <input type="checkbox"/> Medicare <input type="checkbox"/> Private LTC Insurance <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> VA <input type="checkbox"/> DVR <input type="checkbox"/> Other: _____	Relationship to Participant <input type="radio"/> Spouse <input type="radio"/> Parent <input type="radio"/> Adult Child <input type="radio"/> Other family member: _____ family <input type="radio"/> Friend <input type="radio"/> Neighbor <input type="radio"/> Other, specify: _____	<input type="checkbox"/> Supervision (for example, due to safety concerns). <input type="checkbox"/> Advocacy or facilitation of person's participation in appropriate medical care (for example, transportation to or from appointments). <input type="checkbox"/> Other advocacy not related to medical care <input type="checkbox"/> Assistance with daily (or routine) problem solving <input type="checkbox"/> Non-medical transportation <input type="checkbox"/> Social opportunities <input type="checkbox"/> Other, describe: _____	<input type="checkbox"/> Supervision (for example, due to safety concerns). <input type="checkbox"/> Advocacy or facilitation of person's participation in appropriate medical care (for example, transportation to or from appointments). <input type="checkbox"/> Other advocacy not related to medical care <input type="checkbox"/> Assistance with daily (or routine) problem solving <input type="checkbox"/> Non-medical transportation <input type="checkbox"/> Social opportunities <input type="checkbox"/> Other, describe: _____	Would the Participant Prefer a Different Caregiver? <input type="radio"/> Yes, describe: _____ <input type="radio"/> No	Does the Caregiver Need Support Services/Training? <input type="radio"/> Yes, describe: _____ <input type="radio"/> No	Text field

Employment, Volunteer, and Training (EVT)

Change 1, Section 2: Employment- Information about Current Job


To support Colorado as an Employment First state, the Department proposes to document summary information about the participant’s current job, if applicable. The following table has been added to the EVT module:

Name of Employer	Start Date	End Date (If known)	Employment Status	Type of Employment	Employment Category	Wage Rate	Approx. Wage Per Hour	Average Hours Per Week	Employment Support
<i>Text</i>	<i>Calendar</i>	<i>Calendar</i>	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Seasonal	<input type="radio"/> Competitive integrated employment <input type="radio"/> Work crew/enclave <input type="radio"/> Pre vocational <input type="radio"/> Self-employed	<input type="radio"/> Assembly, Manufacturing, or Packing <input type="radio"/> Building/Grounds Cleaning or maintenance <input type="radio"/> Food Prep/Food Service <input type="radio"/> Office Work, Communications, Administrative <input type="radio"/> Retail <input type="radio"/> Technology, Social Media or Development <input type="radio"/> Other: _____	<input type="radio"/> Hourly: earns minimum wage or more <input type="radio"/> Hourly: paid less than minimum wage <input type="radio"/> Paid per piece or deliverable <input type="radio"/> Salaried	<i>Text</i>	<input type="radio"/> 32 or more hours per week <input type="radio"/> 20-31 hours per week <input type="radio"/> Less than 20 <input type="radio"/> Intermittent (e.g. seasonal or as needed)	Is the participant receiving supported employment services? <input type="radio"/> No <input type="radio"/> Yes, identify source of supported employment: <input type="checkbox"/> DVR in the past year <input type="checkbox"/> HCBS Waiver If “Yes”, date approved: _____

Functioning Module (Ages 4 and Older)

Overall Change 1- Usual and Most Dependent

As part of the FASI effort under TEFT, each ADL and IADL item in the Functioning module required responses to both Usual (support needed in the last 3 days) and Most Dependent (support needed in the last 30 days) performance. Case managers and participants reported that the distinction between Usual and Most Dependent did not typically yield new information and analyses showed that removing Most Dependent had minimal impact on meeting Level of Care (LOC) thresholds. Because of this, the measure Most Dependent was eliminated for all items; the exception to this is menses care, which will be measured using the last 30 days rather than 3. Additionally, to clarify the intent of Usual performance, the prompt was changed to “Last 3 Days”. Below is an example of the update from the item Walk 150 feet.

1B. Walk 150 feet: *Once standing, the ability to walk at least 150 feet in a corridor or similar space. For example, an aisle in a grocery store.* 

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper <i>(Skip to Item 1D- Walk 150 Outside of Home)</i>
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age <i>(Skip to Item 1D- Walk 150 Outside of Home)</i>
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity

<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

However, case managers and stakeholders identified that variability in support needs over the past 30 days is important to capture for some participants. Because of this, the following items (example from Transferring) have been added after each ADL to identify whether support variability exists and the circumstances around the variability.

2D. Has the level of support the participant needs for transferring varied over the last 30 days?

- No (Skip to Item 2H- Transfer Equipment)
- Yes, identify the highest level of support needed in the past 30 days:

Last 30 Days	Performance Level
<input type="radio"/>	Independent – Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence - The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance – Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance – Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance – Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance – Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent – Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted - Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable - Participant does not usually do this activity

2E. How frequently has this enhanced support for transferring been needed in the past 30 days?

- 2 or more times per day
- Daily
- 4-6 times per week
- 1-3 times per week
- 3-4 times per month
- 1-2 times per month
- Other: _____

2F. Approximately how long does each instance of enhanced support last?

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- Greater than 60 minutes

2G. Describe the circumstances that result in this additional support need.

Overall Change 2- Preferences and Guidance to Workers

In the previous version of the Functioning module, the voluntary items Preferences and Guidance for Workers that follow each ADL and IADL were separated. After receiving feedback that many of the check-box constructs across the items overlap (e.g., “Gait belt” under Preferences and “Caregivers use a gait belt” under Guidance for Workers) the items were merged and aligned. An example of this change from the Mobility section is provided below. These changes were made to all similar items throughout the module.

1T. Preferences and Guidance for Workers – Identify the participant’s preferences and what he/she wants workers to know when supporting him/her to get around his/her home. Consider age appropriate factors.

- | | |
|--|---|
| <input type="checkbox"/> Access to backup equipment or same day repair | <input type="checkbox"/> Misplaces/forgets assistive device |
| <input type="checkbox"/> Activity limited; afraid of falling | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Assist participant over thresholds | <input type="checkbox"/> Poor navigation |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Propels own wheelchair |
| <input type="checkbox"/> Can walk, but prefers wheelchair | <input type="checkbox"/> Pushed in wheelchair |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Provide contact guard when walking |
| <input type="checkbox"/> Caregivers use a gait belt | <input type="checkbox"/> Provide physical support with stairs |
| <input type="checkbox"/> Contact guard when walking | <input type="checkbox"/> Remind to use assistive device |
| <input type="checkbox"/> Cooperates with caregiver | <input type="checkbox"/> Recharge batteries daily |
| <input type="checkbox"/> Crutch | <input type="checkbox"/> Sees well enough to navigate independently |
| <input type="checkbox"/> Disease/symptoms interfere with performing task | <input type="checkbox"/> Unable to walk/bear weight |
| <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Use gait belt |
| <input type="checkbox"/> Has a steady gait | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Keep walkways clear | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Leans to one side | <input type="checkbox"/> Walker with seat |
| <input type="checkbox"/> Leave assistive device within reach | <input type="checkbox"/> Will not use assistive device |
| <input type="checkbox"/> Manage his/her own ability needs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> None |

Changes to Mobility Section

The following updates were made within the Mobility Section.

- Based on the review of LOC and reliability analyses, the following items were removed:
 - **Walk 50 feet with two turns:** Once standing, the ability to walk at least 50 feet and make two turns.
 - LOC analyses showed that this item does not contribute additional information for establishing LOC beyond the other walking items within the module.
 - **4 steps:** The ability to go up and down four steps with or without a rail.
 - Reliability analyses and subsequent focus on this item revealed that this item is challenging for participants to conceptualize and does not contribute additional information beyond the other step related items in the module.
 - **Walks for 15 minutes:** Without stopping or resting (e.g., department store, supermarket)
 - The FASI guidance for this item has assessors code the support needed only if the participant is able to walk for 15 minutes; if the participant cannot walk for 15

minutes they are scored as “Dependent”. Because of this the item does not contribute sufficient additional information to justify remaining in the module.

- **Walks across a street:** Crosses street before light turns red
- **Wheels across a street:** Crosses street before light turns red
 - Both walking and wheeling across the street include physical and cognitive elements that are potentially confounded within the item (e.g., physical ability to walk/wheel across the street and cognitive ability to know when it is time to do so). Other items in the Functioning, Safety and Self-preservation, and Memory & Cognition modules address these areas.
- Items **Walk 150 feet** and **Walk 10 feet** were reordered so that if a participant can walk 150 feet independently they are not required to respond to the walk 10 feet item.
- Additional context was added to the Walk 150 feet item so that it now reads:
 - **Walk 150 feet:** *Once standing, the ability to walk at least 150 feet in a corridor or similar space. For example, an aisle in a grocery store*
- Reliability analyses revealed that there were significant issues with the language of the item “Code the participant's level of independence for walking OUTSIDE OF THE HOME based on the furthest distance that the participant could walk "Independent" above. If no distance was selected as "Independent", code for walking 10 feet outside the home.” To address this issue, the item was broken into two separate items:
 - Code the participant's level of independence for walking 150 feet OUTSIDE OF THE HOME.
 - Asked of participants who can walk 150 feet independently.
 - Code the participant's level of independence for walking 10 feet OUTSIDE OF THE HOME.
 - Asked of participants who cannot walk 150 feet independently
- The use of a rail was eliminated from the item to **12 steps:** The ability to go up and down 12 steps with **or without** a rail. allow for clarity on the construct the item is measuring.

Changes to Transferring Section

- LOC analyses showed that the following items do not contribute additional information for establishing LOC and are proposed for removal:
 - **Sit to lying-** The ability to move from sitting on side of bed to lying flat on the bed
 - **Lying to sitting on side of bed-** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support
 - **Chair/Bed-to-Chair Transfer** - The ability to safely transfer to and from a bed to a Transfer

The transferring items that remain in the Functioning module are:

- **Roll left and right-** The ability to roll from lying on back to left and right side, and return to lying on back on the bed
- **Sit to stand-** The ability to safely come to a standing position from sitting in a chair or on the side of the bed
- **Car transfer-** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt

Changes to Dressing Section


- LOC analyses showed that the following item does not contribute additional information for establishing LOC. Additionally, the ability to make appropriate daily decisions is a construct captured within the Memory & Cognition module.
 - **Item to be removed from Dressing:** Ability to select an outfit that is appropriate and safe for weather
 - **Comparable construct in Memory & Cognition:** Ability to make appropriate decisions regarding daily tasks, such as picking out an outfit, deciding when and what to eat, or selecting what to do throughout the day

Changes to Toileting Section

- LOC analyses showed that the following items, included because they are potential constructs within the 100.2, do not contribute additional information for establishing LOC beyond and are proposed for removal:
 - **How often does the participant need assistance to keep him/herself clean after toileting?**
 - **How often does the participant need assistance to keep toilet environment clean?**

Changes to Eating Section

- Case managers identified that there was a lack of information around support needed to cut foods and concerns about choking/aspirating. The following items are proposed to capture this information:


6B. Cutting food-The ability to use suitable utensils to cut food once meal is presented on a table/tray. 

<i>Last 3 Days</i>	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper.
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age.
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity.
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently.
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity.
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

6C. Does the participant need a modified diet because of a concern about choking or aspirating? 

- No
- Yes, type of modified diet:


- Soft/pureed food
- Thickened liquids/foods
- Moistening dry foods
- Cut food into small pieces
- Other: _____

6D. Does the participant exhibit conditions/diagnoses, behaviors, or symptoms that may cause choking or aspirating? 


- No
- Yes, conditions/diagnoses, behaviors, or symptoms that may cause choking or aspirating:
 - Coughing during meals
 - Holding food in mouth/cheeks
 - Difficulty or pain swallowing
 - Other: _____

Changes to Housework Section

- Participants and case managers identified that laundry is often a major area of support and an important distinction is whether the laundry facility is located within the residence. The following items are proposed to capture this information:

2C. Laundry- *The ability to wash, dry, and fold laundry, including getting to and from the laundry area and carrying a laundry basket.* Items skipped if participant is less than age 8 


Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

2D. Is the washer and dryer the participant uses for laundry located within his/her residence? Items skipped if participant is less than age 8 

- No
- Yes

Changes to Phone Use Section


- Case managers and stakeholders identified that texting is an important point of communication for many individuals, however it was not previously capture in the assessment. The following item is proposed to capture this information:

3C. Texting- The ability to unlock a cell phone and open, read, create, and respond to a text message 

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern
<input type="radio"/>	Not applicable- Participant does not usually do this activity

Changes to Transportation Section

- The following item is proposed to capture additional information about utilizing transportation:

7A. Transportation: The ability to schedule and access transportation to get around in the community. This includes using a personal vehicle and/or community transportation options including taxis, buses, and paratransit. 

Last 3 Days	Performance Level
<input type="radio"/>	Independent - Participant completes the activity by him/herself with no assistance from helper
<input type="radio"/>	Age appropriate dependence- The participant requires a level of support consistent with his/her age
<input type="radio"/>	Setup or clean-up assistance - Helper sets up or cleans up; participant completes activity. Helper assists only prior to or following the activity
<input type="radio"/>	Supervision or touching assistance - Helper provides verbal cues or touching/steadying assistance as participant completes activity. Assistance may be provided throughout the activity or intermittently
<input type="radio"/>	Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
<input type="radio"/>	Substantial/maximal assistance - Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
<input type="radio"/>	Dependent - Helper does all of the effort. Participant does none of the effort to complete the task OR the assistance of 2 or more helpers is required for the participant to complete the activity
<input type="radio"/>	Activity not Attempted- Participant refused
<input type="radio"/>	Activity not attempted due to short-term medical condition or safety concern

<input type="radio"/>	Not applicable - Participant does not usually do this activity
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Health

Change 1, Section 3: General Health

- The following item was incorporated into Section 4, Item 1 “In the past year participant has been seen by his/her primary care provider”:

Has the participant had a physical examination by a qualified medical professional performed in the past year?

No

Yes

Number of times: _____

Reason(s):

Physical examination

Other: _____

Change 2, Section 4: Risk Screen

- To distinguish between falls experienced by children and adults, the following item was added:

Had two or more falls or any fall with injury.

No

Yes, age appropriate falls

Yes, falls related to a disability support need

Unknown

- The following items were moved from the Safety and Self Preservation module and are now included in the fall conversation in the Health module.
 - Are you afraid of falling when at home?**
 - Has somebody worked with you to reduce your risk or fear of falling?**

Change 3, Section 5: Medications

- The previous version had the items “Participant currently takes prescription medications” and “Regularly takes over the counter medications, vitamins, or supplements.” The items were combined to “**Participant currently takes prescription medications and/or over the counter medications**” to streamline the process and response options were added to the medication table to distinguish between prescription and over the counter medications.

1. Participant currently takes prescription medications and/or over the counter medications. 

No

Yes

Participant refused to provide information

Name of Medication	Medication Type	Dose	Unit	Route	Frequency	Started in last 90 day	Taken for psychotropic reason	Taking as Prescribed	Understand why participant/child taking med.	Prescribing Physician	Planned Stop Date, If applicable
_____	<input type="radio"/> RX <input type="radio"/> OTC	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="radio"/> RX <input type="radio"/> OTC	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="radio"/> RX <input type="radio"/> OTC	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="radio"/> RX <input type="radio"/> OTC	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- **Medication Management** for oral medications, Inhalant/mist medications, and injectable medications were updated to mirror the changes in the Functioning Module.

Change 4, Section 10: Assessment of Feet

- At the recommendation of case managers, the skip on this voluntary section for participants under age 18 was removed and is available to be reviewed with all participants.

Housing and Environment

Change 1, Section 2: Home Environment

- The following items were moved to Section 1 of the Safety & Self Preservation module:

A. Emergency Preparedness:	No	Yes	N/A
1. Can get out of the home easily in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Emergency exit plan is in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Emergency kit available (flashlight, candle, water, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Emergency phone numbers easily available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Disaster response plan is in place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- The following items were removed because they are captured by items in the Safety & Self Preservation module, which are displayed after the table:

C. Environmental Quality Interview:	No	Yes	N/A
1. Do you feel comfortable living in your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is your home quiet enough at night that you are not awakened by noise? If no, describe the noise and how often this occurs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your home have enough room for personal items that are important for you to have near you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do others in your home leave your personal things alone or get your permission before using?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Items from the Safety & Self Preservation Module

- Do you feel that you have enough privacy in your home?

- Do you feel that someone around you has been using your money in a way that you did not give them permission to?
- Are you ever worried for the security of your belongings?

Change 2, Section 3: Housing Affordability

- “Medications” was removed from the table in the item “Indicate if the participant had to go without any of the following because of lack of money in the past year” because it is already captured in the Health module via the item:
 - Has issues with getting prescription and/or over the counter medication filled or refilled regularly.

Change 3, Section 4: Housing Supplement

- With the exception of the item below, items captured as part of the current *Community Transition Assessment* were removed from the assessment to reduce redundancy.

1. Are there other needs required for successful transition to a new residence?

No

Yes **[Check all that apply]**

Household Setup Needs

- Furniture
- Appliances – large (e.g., refrigerator/stove)
- Appliances – small (e.g. microwave enabling participant to make simple meals)
- Linens
- Houseware items
- Toiletries
- Clothing
- Basic household set-up items
- Electric Service set up and deposit
- Telephone service set up and deposit
- Gas service set up and deposit
- Water service set-up and deposit

- Security deposit required for lease on residence
- P.O. Box
- Moving expenses
- Packing/unpacking assistance
- Pre-move cleaning of home
- Yard clean-up
- Pest eradication
- Initial food supplies
- Other _____

Other Transition Needs



- Prepared meals
- Skills training to become more independent
- Working with a peer to learn how to successfully transition
- Other: _____

For each of the needs identified above, provide a description of the need to be met for successful transition and identify whether the need is ongoing or only needed during the transition period.

Participant Engagement

Change 1, Section 2: Receiving and Understanding Information

- Stakeholders and case managers identified that is important to understand participant’s literacy for understanding both written information and numbers. The following items are proposed to capture this information:

1. **Is the participant able to read printed or written information (if participant is blind or visually impaired, includes Braille)?** 
 - Yes
 - No
 - Unknown
2. **Is the participant able to count numbers from 0 to 20 and backwards from 18 to 6?** 
 - Yes
 - No
 - Unknown



Psychosocial

Change 1, Section 2: Depression Screen

- Case managers identified the need for a Depression Screen that is tailored for individuals with IDD and their caregivers. Two versions of the Glasgow IDD Assessment, one directed at the participant and the other directed to the proxy, were added to this voluntary section. Additionally, the following triage item was added to determine which version of the Depression Screen is most appropriate to complete:
 1. **Does the participant have an intellectual and/or developmental disability.**
 - No
 - Yes and participant is able to meaningfully communicate thoughts, feelings, and needs, including with a support [\(Skip to Item 13- Have you felt sad?\)](#)
 - Yes and participant is unable to communicate emotions, thoughts, and feelings in any meaningful way [\(Skip to item 33- Has the participant appeared depressed?\)](#)

Safety & Self Preservation

Change 1, Section 2: Personal Safety

- To capture sufficient information to inform support planning, case managers have requested that the following items be added:
 1. **In the past five years has adult protective services (APS) and/or child protective services (CPS) been contacted on behalf of the participant?** 
 - No
 - Yes, current involvement
 - APS
 - CPS
 - Yes, past involvement. Year(s) of involvement: _____
 - APS
 - CPS
 - Unknown/Choose not to respond
 2. **Is the participant currently on probation and/or parole?** 
 - No
 - Yes, describe reason: _____
 - Unknown/Choose not to respond


Change 2, Section 4: Living Safely in the Community

- The previous version of the this section captured the hours of support needed across each setting (awake, asleep, employment, day program, other community activity) for each type of supervision listed. Case managers reported that this resulted in significant frustration because it 1) required the participant to attempt to typify a day when in fact support needs can vary significantly throughout a week and 2) was very challenging to calculate down to the hour level.

The proposed response to this feedback is to eliminate the capturing of hours and provide an overview of the frequency the identified type of support is needed using the following response options:

- All of the time activity occurs
- Most of the time activity occurs
- Intermittently throughout the day
- Weekly
- Less than weekly up to monthly

An example of the table used for capturing this information for awake time in residence is below.

1A. At residence, awake time. 

<i>Supervision Type Needed</i>	<i>Frequency</i>
<input type="checkbox"/> Stand by remote/phone support	<ul style="list-style-type: none"> ➤ All of the time activity occurs ➤ Most of the time activity occurs ➤ Intermittently throughout the day ➤ Weekly ➤ Less than weekly up to monthly
<input type="checkbox"/> Remote video/auditory/other supervision/monitoring	<ul style="list-style-type: none"> ➤ All of the time activity occurs ➤ Most of the time activity occurs ➤ Intermittently throughout the day ➤ Weekly ➤ Less than weekly up to monthly
<input type="checkbox"/> Onsite supervision (supervising support can be asleep)	<ul style="list-style-type: none"> ➤ All of the time activity occurs ➤ Most of the time activity occurs ➤ Intermittently throughout the day ➤ Weekly ➤ Less than weekly up to monthly
<input type="checkbox"/> Awake onsite supervision	<ul style="list-style-type: none"> ➤ All of the time activity occurs ➤ Most of the time activity occurs ➤ Intermittently throughout the day ➤ Weekly ➤ Less than weekly up to monthly
<input type="checkbox"/> Direct sight and hearing supervision (excludes remote monitoring)	<ul style="list-style-type: none"> ➤ All of the time activity occurs ➤ Most of the time activity occurs ➤ Intermittently throughout the day ➤ Weekly ➤ Less than weekly up to monthly
<input type="checkbox"/> Undivided attention of one person	<ul style="list-style-type: none"> ➤ All of the time activity occurs ➤ Most of the time activity occurs ➤ Intermittently throughout the day ➤ Weekly ➤ Less than weekly up to monthly
<input type="checkbox"/> Undivided attention of one person with one or more persons able to provide assistance at a moment's notice	<ul style="list-style-type: none"> ➤ All of the time activity occurs ➤ Most of the time activity occurs ➤ Intermittently throughout the day ➤ Weekly ➤ Less than weekly up to monthly

Sensory and Communication

Change 1, Section 3: Functional Communication

- For the items “**Understanding verbal content (excluding language barriers),**” “**Participant’s ability to express ideas and/or wants with individuals he/she is familiar with,**” and “**Participant’s ability to**

express ideas and/or wants with individuals he/she is not familiar with”, the following response option was added

- “Age appropriate difficulty with expressing needs and/or ideas” so that age appropriate difficulty is adequately captured.

Change 2, Section 3: Functional Communication

- Because the Health module already captures information on speech and language therapy, the following items were removed:

Participant currently receives speech and language therapy:

- Yes, describe: _____ [Skip to Item 12- Augmentative Communication Device]
- No
- Unknown

Participant needs or would like to receive speech and language therapy services:

- Yes
- No, describe: _____

Change 3, Section (Formerly) 6: Supports Needed

- This section was removed because the information is otherwise captured in the assessment and Support Plan. Items in this section that were removed are:

1. Are there any health or safety issues related to sensory and communication issues that need to be considered in providing support to the participant? For example, does he/she need signaling devices (e.g., bell, tap light)?

- No
- Yes, describe: _____

2. Does the participant need help in an emergency because of a vision, hearing, or communication need?

- No
- Yes, describe: _____

Support Plan Updates

Section 1- Participant’s Identifying Information

Change 1- Decision Supports

- The items that address whether the participant has legally authorized decision makers and, if so, whom were moved from the section *Advanced Directives* to this first section to ensure all information is current prior to proceeding with the Support Plan.

1. Participant has someone who assists with or is legally authorized to make decisions (e.g., POA, DPOA, legal guardian, etc.):

- No [Skip to Section 2- Support Plan Administrative Information] Yes

2. Name of individual(s) or agency(ies) assisting or authorized in making decisions:

3. Decision making capacity:

- | | |
|--|--|
| <input type="checkbox"/> Guardian (Non Parental) | <input type="checkbox"/> Power of Attorney (POA) |
| <input type="checkbox"/> Guardian (Parental) | <input type="checkbox"/> Surrogate Decision-maker for health care decisions (DPOA) |
| <input type="checkbox"/> Parent- Non-guardian | <input type="checkbox"/> Partner of parent |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Stepparent |
| <input type="checkbox"/> Representative Payee | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Legally Authorized Representative | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Responsible Party | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Conservator | |

Other: _____

If “Guardian (Non Parental)” or “Guardian (Parental)” were not selected, skip to Section 2- Support Plan Administrative Information

4. Type of Legal Guardianship

- Limited guardianship. Describe: _____
- Full guardianship

Section 2- Support Plan Administrative Information

Change 1- Location of Support Plan Meeting

- Based on suggestions from case managers, common locations for Support Plan meetings were added to the response list. These responses include Alternative Care Facility/Assisted living facility, and Day Program.
- Other Community Setting answer option was removed because it was redundant with the “Other” answer choice.

1. Location of Support Plan meeting: 

- | | |
|---|---|
| <input type="radio"/> Alternative Care Facility (ACF)/
Assisted Living | <input type="radio"/> Case management agency office |
| <input type="radio"/> Day Program | <input type="radio"/> Hospital |
| <input type="radio"/> Participant’s home | <input type="radio"/> Nursing Facility |
| <input type="radio"/> Other family member’s home | <input type="radio"/> ICF/IID |
| | <input type="radio"/> Other: _____ |

Change 2- Support Plan Meeting Date

- The wording of the item “Date Support Plan was Initiated” was modified to “Date of Support Plan Meeting” to provide clarity on the intent of the item.

Change 3- Individuals Participating in Support Plan Meeting

- To verify the participant’s participation in the Support Plan meeting, the mandatory attestation “Participant is present at the Support Plan meeting” was added.

Section 4- Progress Towards Goals from Previous Support Plan

Change 1- Verification that Progress Towards Goals was Updated

- The following item was added to ensure that the progress towards goals table is updated at each continued stay review (CSR) and revision to the Support Plan.

1. I updated the progress towards my goal(s) in the table below. 

- Yes No

Change 2- Updates to the Progress Towards Goal Table

- In the column “Timeframe for Achieving Goal” the option “S” was added to identify short term goals that are likely to be accomplished in within the support planning year
- To accommodate revisions to the Support Plan where progress has yet to be made, the response **Revision to Support Plan, no progress at this time** was added to the column “Score of Progress Towards Goal”

Goal	How Progress Towards Goal Will be Measured	Timeframe for Achieving Goal (S)= Short term, Accomplish Within Support Plan Year (O)= Long Term, Ongoing Goal (F)= Future Goal	Progress Made Towards Goal- Use measures identified in previous plan !	Score of Progress Towards Goal !	Systemic Barriers
<i>Autofill from previous Support Plan</i>	<i>Autofill from previous Support Plan</i>	<i>Autofill from previous Support Plan</i>	<i>Text</i>	<input type="radio"/> Goal achieved, can remove <input type="radio"/> Goal being achieved but should remain active <input type="radio"/> Goal is on target to be accomplished <input type="radio"/> Goal relevant, barriers to overcome:___ <input type="radio"/> Goal no longer relevant, can remove. Explain: _____ <input type="radio"/> Revision to Support Plan, no progress as this time	<i>Text</i>

Section 5- Personal Goals

Change 1- Updates to the Goal Table

- Case managers and participants identified that ranking and rating goals was often a redundant exercise and recommended removing the ranking of the goals. This change has been incorporated into the table.
- Case managers reported that some participants are not able to contribute to the Support Plan meeting and when a proxy is developing the goals there should be a way to show the participant is unable to provide a rating of each goal. The response **Unable to Respond** was added to the column “Participant Rating of How Meaningful Goal Is”
- In the column “Timeframe for Achieving Goal” the option “S” was added to identify short term goals that are likely to be accomplished in within the support planning year

Goal	Participant Rating of How Meaningful Goal Is	Legally Recognized Representative Rating of How Meaningful Goal Is	How Progress Towards Goal Will be Measured	Timeframe for Achieving Goal (S)= Short term, Accomplish Within Support Plan Year (O)= Long Term, Ongoing Goal (F)= Future Goal !
<i>Text</i>			<i>Text</i>	<i>Dropdown</i>

	<input type="radio"/> Extremely Meaningful <input type="radio"/> Very Meaningful <input type="radio"/> Meaningful <input type="radio"/> Somewhat Meaningful <input type="radio"/> Not Meaningful <input checked="" type="radio"/> Unable to respond	<input type="radio"/> Extremely Meaningful <input type="radio"/> Very Meaningful <input type="radio"/> Meaningful <input type="radio"/> Somewhat Meaningful <input type="radio"/> Not Meaningful		
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Section 6- Activities to Fulfill Goals

Change 1- Clarifying Skills Building

- To clarify that the intent of the Skills Building checkbox is to identify opportunities for participants to receive rehabilitative training to improve their independence in completing a task, the “Skills Building” column was updated to **“Increasing Independence Through Skills Building”**. This change was also made in the activities table within Section 7- Health and Safety.
- The columns “Support Sources” and “Challenges” were moved to their own section, Section 13- Support Sources to Fulfill Activities, so case managers do not have to navigate back to this table after identifying supports and services.

Goal Ranked # 1 by Participant:						
Activities to fulfill goal	Start Date	End Date	Preference/ Guidance	Increasing Independence Through Skills Building	Participant Direction	Identify Services and Supports to Fulfill the Activity
<i>Text field</i>	<i>Date field</i>	<i>Date field</i>	<i>Text field</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Text field</i>


Section 10- Choosing Medicaid Home and Community Based Services

Change 1- Determining Whether Participant Would Like to Discuss Alternative Waiver Options

- To allow participants to determine whether they would like to discuss the pros and cons of all waivers that they are eligible for the following item was added:

- I would like to have a discussion about the pros and cons of the waivers that I am eligible for.** 
 - Yes
 - No

Change 2- DD Waiver Status Review

- To ensure case managers are reviewing the status of the participant on the DD Waiver waitlist, the following item was added.
- The DD Waiver Waiting List Review- My case manager reviewed my waiting list status for the DD Waiver** 
 - Yes
 - Current preference:
 - As soon as available
 - Safety net

- See-date: _____
- As a result of this review was the preference changed?
 - Yes, identify change: _____
 - No
- No (Must review waiting list status prior to proceeding with Support Plan)
- Not applicable, do not wish to be placed on the DD waiting list or already enrolled in DD waiver

Section 11- Identifying My Supports

Change 1- Caregiver Tables

- Both the caregiver table that autopopulates from the Caregiver modules (Item 1) and the caregiver table to identify caregivers not documented during the assessment (Item 2) were updated to reflect the changes made in the Caregiver module.

Section 12- Authorizing My Services

Change 1- Improving Section Clarify

- Items in this section were previously included within Section 11- Identifying My Supports. To more clearly separate the identification of supports and service authorizations, authorizations were broken into their own section, Section 12.

Section 13- Support Sources to Fulfill Activities

Change 1- Improving Support Plan Flow

- The columns “Support Sources” and “Challenges” were moved from the activities tables in Sections 6 and 7 to their own section, Section 13- Support Sources to Fulfill Activities, so case managers do not have to navigate backwards in the Support Plan after identifying supports and services.

Goal 1: Autofill from Section 6 Item 2		
Activities to fulfill goal	Support Sources	Challenges
<i>Populate from Section 6 Item 2</i>	<i>Text field</i>	<input type="checkbox"/> Unmet Need <input type="checkbox"/> Systemic Challenges: <i>Text Field</i> <input type="checkbox"/> Other Challenges: <i>Text Field</i>

Section 14- Planning for Temporary Increase in Services

Change 1- Simplifying Service Authorization Tables

- The table for State Plan service authorization (Item 5) was added and both the waiver and State Plan tables were condensed to only include necessary information for temporary authorizations. This includes eliminating the fields for Start/End dates, Assessed Need, Guidance to Workers, Skills Building, and Provider Agency.
- The column “# of Units to be Added on a Temporary Basis” was added to both the waiver (Item 4) and State Plan (Item 5) tables to allow case managers to easily identify changes to the services identified in Section 12- Authorizing My Services during a period that requires a temporary Increase.

Funding Stream HCBS Waiver	Service	# of Units Authoriz ed	# of Units to be Added on a Temporary Basis	Unit Rate	Total Cost of Service
<i>Populate from Waiver selected in Section 10</i>	<i>Dropdown tailored to funding stream selected</i>	<i>Pull from Item 12.1a</i>	<i>Number field</i>	<i>Fixed field based on service option selected in Column 2</i>	<i>Auto- calculated</i>
<i>Populate from Waiver selected in Section 10</i>					<i>Auto- calculated</i>

Section 17- Disaster Relocation Planning

Change 1- Identifying if Disaster Relocation Plan Has Already Been Developed

- The following updates were made to Item 2 to clarify if a disaster plan has been developed and where it is located.
- 1. My provider has or will develop a Safety Plan for me and/or my information has been entered into or will be entered into an online system for safety and disaster response used by first responders in my area, such as Smart911:
 - Have not developed a Disaster Relocation Plan
 - Developed and maintained by provider, briefly describe the provider plan: _____
 - Has been entered into a response system, date of last update: _____
 - Will be entered into response system, date information will be entered: _____

Section 18- Minimizing My Risks

Change 1- Streamlining the Section

- Cased managers and participants identified that the following items are redundant and should be removed from the section:
 - **Assessed needs not attached to a support source, Medicaid service, or unmet need**
 - **Summary of health and/or safety risks related to medical/health conditions**
 - **Summary of health and/or safety risks related to behaviors**
 - **Summary of health and/or safety risks related to environment or other issues**