

St. Clair County Community Mental Health Authority

Adult Residential Licensing – Resident Assessment for Reimbursement

PART I: RESIDENT INFORMATION

Individual:	Formal Supports		
Case #:	Support	Name	Telephone Number
	Primary Physician	<input type="checkbox"/> None	
Date of Birth:	Dentist	<input type="checkbox"/> None	
	Case Manager	<input type="checkbox"/> None	
Date of placement:	Other (specify):		
Home:	Other (specify):		

PART II ASSESSMENT AND SUPPORT PLAN INFORMATION

Date of Assessment	Reason for Assessment:	Date Assessment Finalized:
	<input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Significant Change * <input type="checkbox"/> Department Request	Finalization Timeframes: Initial – Within 5 days of admission Annual – Within 380 days (1 year plus 15-day grace period) after most recent assessment Significant Change – Within 5 calendar days of significant change Department Request – Within 24 hours or request

PART III: ASSESSMENT AND SUPPORT PLAN INFORMATION

The left side of the document is the assessment. The assessment is used to determine **what** the resident's needs are. The right side of the document is the support plan. Each resident's support plan is based on the results of the assessment. The support plan is used to record **how** the resident's needs will be met. Complete the assessment portion first, and then use the results to create a support plan. Attach additional pages as necessary.

Section I: PERSONAL CARE NEEDS, SUPERVISION, MOBILITY AND MEDICATIONS

Assessment: Personal Care Needs Degree Codes: 0 = Independent 1 = Prompting/Cueing 2 = Some Physical Assistance 3 = Total Physical Assistance	Support Plan – Personal Care Needs Description of Service Need – Specify exactly what service or services are needed to meet the need. Example: Resident cannot lift eating utensils to mouth due to complications from Parkinson's Disease. Plan To meet Service Need – Specify what will be done to make sure the service need is met. Example: Staff will feed the resident during mealtimes. Frequency: Specify how often the plan will be enacted using one of the choices; Example: <input checked="" type="checkbox"/> Other: at all mealtimes Responsible Party - Specify who will perform the plan using one of the choices Example: <input checked="" type="checkbox"/> DCS Responsible Party Codes: <div style="display: flex; justify-content: space-between;"> DCS = Direct-Care Staff on Duty NA = Not Application (Degree Code A Only) </div>
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CATEGORY A: Personal Care Need and Degree

Personal Care Need and Degree	Explanation
Eating Assistance with eating, such as feeding the resident or encouraging the resident to eat. Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	*only note in explanation if 2+ staff are needed and why*
Drinking Assistance with fluid intake, such as raising a glass to the resident's mouth Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

Transferring in/out of bed/chair Assisting the resident to rise from or sit/lie on a bed or chair Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Toileting Assistance with hygienic practices surround toilet use Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Showering/Bathing Assisting the resident with hygienic practices related to showering/bathing Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Dressing Assisting the resident with putting on or taking off clothes. Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Bladder Management Assistance with urinary incontinence-related problems Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Bowel Management Assistance with fecal incontinence-related problems Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Ambulating Assistance moving from one place to another Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Personal Hygiene Assistance with overall personal hygiene, such as hair and nail care Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Turning and positioning in bed/chair Assistance with moving a resident while in a bed or chair Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Managing health care Assistance with overall health care coordination, such as tracking different doctors' appointments and medications Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Securing health care Assistance with locating a health care provider for a specific need Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Doing laundry Self-explanatory Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Shopping Self-explanatory Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Obtaining clean, season clothing Self-explanatory Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Securing and using transportation Assistance with locating a transportation source and use of the source Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

Managing finances Self-explanatory Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Using the telephone Assistance locating or dialing telephone numbers Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Making and keeping appointments Assistance with scheduling/tracking appointments; arranging transportation Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Caring for personal possessions Self-explanatory Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Writing correspondence Assistance with writing personal and business-related letters and e-mails Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

Engaging in social and leisure activities Assistance with identifying and participating in available activities Degree (Check One) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
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CATEGORY C: Monitoring and Protection for Health and Safety of Recipient

Assessment - Supervision	Support Plan – Supervision *if 2+ staff are needed explain why*	
<input type="checkbox"/> 0 None Resident requires no supervision either in the home or when in the community	Description of Supervision Needs	Plan to Meet Supervision Needs
<input type="checkbox"/> 1 Minimal Resident requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places		
<input type="checkbox"/> 2 Moderate Resident requires some supervision in the home and needs attendance when outside the home, and/or tends to wander		
<input type="checkbox"/> 3 Extensive Resident requires regular supervision in the home and cannot leave home unattended unless approved by clinical staff or is unaware of unsafe areas; or is elopement risk; or crisis bed; or NGRI; or moderate-profound I/DD; or severe psychosis/mania		
<input type="checkbox"/> 4 Total Resident required 24 hour direction supervision		
Assessment – Mobility	Support Plan – Mobility *if 2+ staff are needed explain why*	
<input type="checkbox"/> 0 Independent (Mobile) Resident has no mobility needs and can evacuate independently in an emergency	Description of Mobility Needs	Plan to Meet Mobility Needs
<input type="checkbox"/> 1 Minimal (Mobile) Resident requires limited physical or oral assistance to evacuate in an emergency		
<input type="checkbox"/> 2 Moderate (Immobile) Resident requires moderate physical or oral assistance to evacuate in an emergency		

<input type="checkbox"/> 3 Total (Immobile) Resident requires total physical or oral assistance to evacuate in an emergency from one or more staff persons		
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Assessment – Medications	Support Plan Medications *if 2+ staff are needed explain why*	
<input type="checkbox"/> 0 Resident can self-administer without assistance Or Resident can self-administer with (check all that apply)... <input type="checkbox"/> 1 ...assistance in remembering schedule <input type="checkbox"/> 1 ...assistance in offering medication at prescribed times <input type="checkbox"/> 1 ...assistance in opening container or locked storage area Or <input type="checkbox"/> 2 ...Resident cannot self-administer medications	Description of Medication Needs	Plan to Meet Medication Needs

SECTION II – BEHAVIOR OR COGNITIVE CARE NEEDS

Assessment – Behavioral or Cognitive Need Degree Codes 0 = No problem 1 = Minimal problem 2 = Moderate Problem 3 = Severe Problem	Support Plan – Behavioral or Cognitive Care Needs Description of Service Need –Specify exactly what service or services are needed to meet the need. <i>Example: Resident is upset by loud noises due to PTSD.</i> Plan to Meet Service Need – Specify what will be done to make sure the service need is met. <i>Example: Staff will sit with resident when loud noises occur</i> Frequency – Specify how often the plan will be enacted using one of the choices. <i>Example:</i> <input checked="" type="checkbox"/> Other: As needed Responsible party – Specify who will perform the plan using one of the choices. <i>Example:</i> <input checked="" type="checkbox"/> DCS Responsible Party Codes: DCS = Direct-Care Staff on Duty NA = Not	
Behavioral or Cognitive Need and Degree	Number of Staff Needed	Description of Service Need
Orientation to time, place, and person Resident does not know when, where, or who he is Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)
Judgment Resident’s decisions are harmful to self or others Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)
Agitation Resident is easily upset or unsettled Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)
Aggression Resident has aggression, verbally or physically Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)
Hallucinations’ Resident hears or sees things that are not there Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)

Behavioral or Cognitive Need and Degree (Continued)	Number of Staff Needed	Description of Service Need
Communication of Needs Resident cannot express needs or desires Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)
Understanding Instructions Resident cannot understand instructions or directions Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)
Short-Term Memory Resident is unable to retain small amounts of information in mind in an active, readily-available state for a limited period of time Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)
Long-Term Memory Resident is unable to store information in mind for a long period of time to be recalled at a later date Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)
Ability to safely use and/or Avoid Poisonous Materials Resident is unable to safely use and/or avoid poisonous materials Degree (Check One): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Not applicable (Code 0 only)	<input type="checkbox"/> Not applicable (Code 0 only)
My signature below indicates that I am in agreement with this assessment		
Group Home supervisor (AFC Provider) Signature:	Date:	
Case Holder Signature:	Date:	

Once form is completed and signed above, Case Holder forwards to Finance Department /Tammy Sparks for review/approval and initial/date.

Finance Department: _____
Tammy Sparks Initials Date

Following Finance Department approved (i.e. initial/ date) document is to be forwarded to the Record Room for scanning.