Office of Medicaid, Contracts & SSA

MY PLAN | ASSESSMENT

User guide - My Plan | Assessment (Waiver Services)

2nd Edition Assessment – July 2019
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PERSON-CENTERED PLANNING

1. Hamilton County Developmental Disabilities Services’ (HCDDS) individual service plan, or My Plan, has four main components. Each component plays a specific role in the process, culminating in the completion of an individualized, person-centered My Plan that is unique to the person. Each component has been developed to meet rule requirements. When completed, the My Plan should tell the person’s unique story.

2. Four primary components of the My Plan.
   a. My Plan | Assessment (required)
   b. Discovery Tools (optional)
   c. My Plan | Outcomes (required)
   d. Worksheets (required when applicable)

3. Ohio Administrative Code (OAC) 5123:2-1-11 is the rule that defines the responsibilities of county board of developmental disabilities and Service and Support Administration. This rule is one of many rules that was referenced by HCDDS when developing and facilitating the person-centered My Plan process. This rule defines many components that make up person-centered planning, including the definition of person-centered planning itself. These components are what HCDDS’ My Plan is based on.

   a. “My Plan | Assessment” and “My Plan | Outcomes”: “The individualized process of gathering comprehensive information concerning the individual’s preferences, desired outcomes, needs, interests, abilities, health status, and other available supports”; “The written description of services, supports, and activities to be provided to an individual”.

   b. Person-centered planning: “An ongoing process directed by an individual and others chosen by the individual to identify the individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to the individual's support needs”.

MY PLAN | ASSESSMENT-INTENT

1. The My Plan | Assessment has been designed to capture vital information that a team needs in order to ensure that services and supports are being provided in a way that ensures health and welfare while also recognizing and identifying the person’s strengths, interests, abilities, preferences and resources.

2. The majority of areas addressed in the assessment will be considered routine and not require an outcome statement in the My Plan | My Outcomes section of the plan. However, there will be situations where the support is unique and important enough to/for someone that it should be addressed in an outcome. Each page of the assessment has the option to list an outcome number, connecting the information found on a particular page with an outcome found in the My Plan | My Outcomes.

3. Unlike previous assessments, the current document expands on the description of services and supports that an individual may require. This includes what the person’s strengths and preferences are in relation to the service and support areas that the assessment covers. Additionally, the required services and supports are now more detailed, describing specifically how a person that is assisting should assist. The assessment author should avoid using generic terms like, “monitoring”, “coaching”, “partial assistance”. Instead, the assessment should guide a direct support professional with understanding exactly what is expected by using detailed descriptors that are specific to the person they are supporting. For example, instead of using “partial assistance”, the SSA would describe what partial assistance looks like specific to the person.
ASSESSMENT LOCATION

1. The **My Plan | Assessment** (CSD154 for non-licensed settings and CSD152 for licensed settings) can be found on the agency intranet and agency website:
   - HCDDS Employees (Intranet): *Office of Medicaid, Contracts and SSA ➔ Office Forms ➔ My Plan*
   - Providers (Website): [http://hamiltondds.org/providers](http://hamiltondds.org/providers)

COMPLETION REQUIREMENTS

1. The **My Plan | Assessment** is completed by the SSA and must be typed. Hand-written assessments cannot be accepted.

2. Once completed, the SSA will electronically attach the final version of the **My Plan | Assessment** to the corresponding **My Plan | My Outcomes** document in Gatekeeper. The assessment is attached to the “Attachments” tab in the “Plan” section. To be consistent across all SSAs, the description name should be “Assessment”, space, and then the effective date.

3. The **My Plan | Assessment** is completed by the SSA in conjunction with the person’s team (providers, DSPs, family, friends, etc.).

4. The intent of the **My Plan | Assessment** is to identify the individual’s
   - preferences,
   - desired outcomes,
   - needs,
   - interests,
   - abilities,
   - health status,
   - available supports, and
   - areas for outcome achievement

5. The **My Plan | Assessment** can be done face-to-face, over the phone or by email (or a combination). Preferably, the assessment will be completed in person, with the person’s team. However, it would be expected that follow-up conversations/communication may occur outside of a formal discovery session.

6. The role of the SSA is to ensure that a thorough and accurate conversation has been held and documented. The use of optional Discovery Tools may be beneficial in completing this task.

7. SSAs should never hand a blank **My Plan Assessment** to a provider and ask them to fill it out. SSAs should always author the assessment and facilitate the discussion. However, it is acceptable for an interested provider/natural support to document facts, notes, information on a blank assessment (or last year’s assessment) in order to help facilitate a more productive discussion.

REVISION REQUIREMENTS

1. When a revision to the redetermination **My Plan | Assessment** is required, the SSA will retrieve the original document from Gatekeeper and make the appropriate changes.
2. The SSA will click the “Mid-Span Change” box found on page one of the assessment.

3. The SSA will indicate the date that the change will take effect in the “Effective Date” box found on page one of the assessment.

4. The SSA will enter a general description of the changes that go will go into effect on the indicated effective date in the “Details of Change” text box found on page one.

5. The SSA will revise the list of persons in the “Participants (for this current assessment)” found on page one, listing only those that participated in the current revision.

6. Once completed, the SSA will electronically attach the final version of the My Plan | Assessment to the corresponding My Plan | My Outcomes document in Gatekeeper (see page 5).

7. The secretarial team will scan the revised My Plan Assessment into KnowledgeLake and will send copies to providers indicated in the My Plan.

UNDERSTANDING MEDICATION ADMINISTRATION

The Right to Self-Administer Medications and Health Care Tasks
Prior to the restriction of a person’s right to self-administer medication, or perform health care tasks, an Ohio Department of Developmental Disabilities (DODD) approved Self-Administration Assessment must be completed. A person is presumed to be able to self-administer unless there is a substantive indication that the person wants/needs support. The individual’s team must have reason/information to believe there is a potential need for the service of medication administration/treatments/health-related activities prior to use of the assessment. The presence of any given medical/psychiatric diagnosis is not evidence of an inability to self-administer. There must be some indication, other than diagnoses, to warrant assessment of the needs for the support with administration of medication/treatments/health-related activities.

The purpose of the Self-Administration Assessment is to ensure that the individual is not able to SAFELY accomplish medication administration and/or complete health care tasks prior to implementation of supports that could violate the inherent right of a person to self-administer medications and treatments (Ohio Administrative Code 5123:2-6-02). Prior to restriction of a person’s right to self-administer medication, or perform health care tasks, the DODD approved Self-Administration Assessment must be completed. Additional information can be found in the Ohio Department of Developmental Disabilities’ Introduction and Instructions for Completion of Self-Administration Assessments document.

When to Complete a Self-Administration Assessment
A self-administration assessment is completed when a person/guardian/advocate is requesting support services for medication administration or when the SSA or other team member identifies the potential need for support.

Family Delegation
An assessment does not need to be completed when a family is delegating to an independent HPC, unless the team believes the individual’s preferences and rights may be being violated. Family must reside with the individual that is receiving family delegation. Additionally, family can never delegate to an agency provider. Children under the age of 18 do not have an inherent right to self-administer. The guardian/team may decide to sue the assessment as a guide for planning and education. The guardian/team may allow self-administration.
Available Assessments
There are seven (7) self-administration assessments approved by DODD. Hamilton County Developmental Disabilities Services has embedded one of the seven DODD assessments into the My Plan | Assessment (page 5). All other assessments are stored on HCDDS’ intranet site and should be completed as applicable and attached to My Plan | Assessment once completed.
Completing the Assessment

DEMOGRAPHICS (PAGE 1)

“Name”
The name of the individual served is listed. The individual’s full legal name should be used. Nicknames can be listed in parenthesis. The name that is entered will automatically populate on page six (6) and seven (7).

“Span”
The span range should be listed when the assessment is completed at the annual redetermination. This date range should not be changed when a mid-span change occurs. The only time this date range should change is when the waiver span has changed.

“Participants (for the current assessment)”
The names of each team member that participated in person, by phone or email with the completion of the assessment should be listed. Only team members that participated in the current version of the assessment should be listed. When a mid-span change occurs, only team members that were part of that mid-span change will be listed (all others will be removed).

“Mid-Span Change” checkbox
This checkbox should be marked when a mid-span change is been made to the previous assessment. This alerts the team that the assessment should be reviewed for changes and the appropriate steps taken (documentation changes, staff training, etc.). When multiple mid-span changes occur, the “effective date” will clarify which version of the document is the most recent.

“Effective Date”
The date that a mid-span change takes effect is listed in this box. This date box is left blank for annual redetermination assessments.

“Details of Change”
This text box is used to summarize the change(s) that was made to the previous assessment. For example, “the HPC provider was switched from HPC Unlimited, LLC. To Super Supports, Inc.” or “Level of supervision has been revised for home; see page 9”. All previous “details of change” notes should remain in this box during a single span year in order of the effective date (current changes at the top).
THINGS I WANT YOU TO KNOW ABOUT ME (PAGE 2)

The intent of this page is to provide the team the opportunity to identify individualized, person-centered details that are important for the team to know. Specifically, it identifies unique preferences, helping the reader understand what is important to the person when receiving services/supports; what should and shouldn’t we do? This page will help team members, specifically DSPs, provide services and supports that promote satisfaction by the person based on the person’s own definition of what that looks like.

The last text box, “When helping me plan for my future, the things that are most important to and for me are:” is intended to prompt discussion around what is most important to and for the person, guiding the team to meaningful outcome development.

MEDICAL CARE (PAGE 3)

Professionals
The SSA will identify and document the medical professionals seen by the person on a routine basis, including the practice name and frequency of visits. All professionals listed on this page will be included on the “Relationships” page of the My Plan | My Outcomes section of the My Plan.

Pharmacy
The SSA will identify and document the individual’s preferred pharmacy, its location, and phone number. The SSA will identify whether the individual’s medications are delivered to the home or picked up. If the “My Rx Are Picked Up By” box is checked, the SSA will identify who is responsible. If an agency is the responsible party, the agency’s name will be listed. When an independent provider or natural support is responsible, an individual name will be listed.
I require support with coordinating my medical care
The SSA will assess whether the person is independent or requires support with the coordination of their medical care. The coordination of medical care includes making appointments, following up on appointment outcomes, sharing medical information, keeping documentation and transporting to appointments if necessary. If support is required, the “Yes” box will be checked. A responsible party must be listed, including provider type, frequency and funding, when the “Yes” box is checked.

**Detailed Support I Require With Coordinating My Medical Care**
This section is intended to detail the specifics of the person’s medical care coordination. The following questions should be answered in this section:

1. How are appointments scheduled?
2. How is information shared with physicians/team members?
3. How does follow-up occur for any recommendations that are made?
4. If applicable, include the details and management of any as-needed treatments (EpiPen, Diastat, VNS, Glucagon, etc.).

**My Physician-Ordered Diet Includes**
This section is intended to identify physician-ordered diets that the team should be aware of, and DSPs trained on. Information related to a specific diet should be kept in the home for reference. Physician-ordered diets not included as a checkbox option should be described in the “What You Should Know About My Diet” section. If a thickened liquid diet is ordered, the specific consistency should be indicated (as ordered by the physician): nectar, honey or pudding.

**NOTE:** HCDDS is not responsible for providing training to HPC staff on physician-ordered diets. However, the SSA can assist with the coordination of reference/training material.
What You Should Know About My Diet

This section is intended to detail physician-ordered diets chosen in the previous section. It should also be used to describe other physician-ordered diets not available as an option in the previous section. Physician-ordered diets will be described in detail. Physician-ordered diet reference material, and the location where the material is kept in the home, will be identified in the assessment. Recommended diets (not physician-ordered) that the person is choosing to follow should be indicated as such (i.e. “I am on a low-fat, low-carb diet so that I can try and get back to my high-school weight. This is not a physician-ordered diet”).

What You Should Know About Medical Equipment/Needed Equipment

This section is intended to detail physician-ordered medical equipment that the person uses. This section will provide sufficient information to the reader to ensure that s/he understands when and where equipment should be used, how equipment should be used, the support needed to ensure safe use of the equipment, and how the equipment is to be maintained.

When a team assesses that new equipment is needed, current equipment needs repaired, or current equipment needs replaced, it will be indicated in this section. Health and welfare concerns that are identified as important for the person may need to be addressed as an outcome and resolved through outcome action steps.

I Have A Diagnosis That Is Expected To Lead To Hospitalizations

When appropriate, hospitalizations can be reported as an Unusual Incident (UI) and not a Major Unusual Incident (MUI). If a person has a diagnosis that my lead to expected hospitalizations, it should be listed in this section. When this is done, an MUI report is not necessary and a UI report is considered sufficient. In addition to listing a diagnosis, specific details as to why the diagnosis may result in a hospitalization must be included (see example above).
Intent
This page is the first of four pages found within the assessment that focus on medication administration, treatments and health-related activities. This page is a planning section, to be completed for all individuals. This section will help identify the following:

- If the person takes routine medications and/or requires treatment or other health related tasks,
- If a self-administration assessment is needed (and if so, which ones)
- Who will complete the assessment

Planning Options
There are 5 options to choose from. The team will choose the option(s) that describe the individual’s situation regarding medication administration. This page should be completed for everyone, including those that do not take medications. Details related to each option is found on page 12 of this guide.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
<th>Action To Take</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The individual takes routine medications but does not require support from a provider funded by Hamilton County Developmental Disabilities Services. This applies to people who are independent with their administering their medications.</td>
<td>None of the self-administration assessments need completed.</td>
</tr>
<tr>
<td>2</td>
<td>The individual does not take routine medications and the team feels that s/he would not require support from a provider that is funded by Hamilton County Developmental Disabilities Services if they started taking medications in the future.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROVIDER NOTE: If this option is chosen, it is the responsibility of the DD provider to contact the SSA when needs change or concerns arise.</td>
<td>None of the self-administration assessments need completed.</td>
</tr>
<tr>
<td>3</td>
<td>The individual does not take routine medications but the team feels that s/he would require support from a provider that is funded by Hamilton County Developmental Disabilities Services if they started taking routine medications in the future. The type of support that would be expected to be provided by the provider must be detailed in the available text box.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROVIDER NOTE: If the individual starts taking a routine medication, it is the responsibility of the DD provider to contact the SSA when needs change or concerns arise. During the time between the start of a medication and the completion of an assessment, the provider is expected to support the person in such manner to ensure that medication administration is safely accomplished.</td>
<td>None of the self-administration assessments need completed. The team will identify what type of support is expected to be provided by a provider if the person starts a routine medication. DD providers will contact the SSA if a routine medication is started. Self-administration assessments will be completed, as needed, at that time.</td>
</tr>
<tr>
<td>4</td>
<td>The individual takes routine medications and/or has health related activities in which s/he requires support from someone AND the support person(s) or agency is not funded by Hamilton County Developmental Disabilities Services (i.e. natural supports, mental health, etc.).</td>
<td>None of the self-administration assessments need completed.</td>
</tr>
<tr>
<td>5</td>
<td>The individual takes routine medications and/or has health related activities in which s/he requires support from a provider that is funded by Hamilton County Developmental Disabilities Services. When this option is chosen, the SSA will choose which assessment(s) must be conducted to confirm that support is required. See “Assessment Types” – page 13</td>
<td>7 assessments are available. The Oral and Topical Medication assessment is found on page 5 of the My Plan</td>
</tr>
</tbody>
</table>
Assessment Types

There are seven assessments available. Each assessment is designed for a specific type of self-administration. Assessments must be completed by a person who knows the individual well, and, when possible, with a second observer present. Two of the available assessments can only be completed by a licensed nurse.

The Oral & Topical Medications assessment is embedded within the My Plan|Assessment on page 5. This is the only assessment that the SSA completes.

The six other assessments are located on the Hamilton County Developmental Disabilities Services’ Intranet Site (HCDDS employees only), on the Provider Resource Page of the Hamilton County Developmental Disabilities Services website, and on the Ohio Department of Developmental Disabilities Website. These assessments must be completed by the provider, provided to the SSA, and attached to the My Plan|Assessment.

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Completed By</th>
<th>Process</th>
<th>Review Deadline</th>
</tr>
</thead>
</table>
| Oral & Topical Medications             | SSA (with input from those who know the person best) | Complete assessment on page 5. Record the results on page 6. If the assessment on page 5 does not apply to all settings, use form CSD149 for the other setting and attach the form to the My Plan | Must be reviewed annually  
Must be redone every 3 years or if there is a change |
| Medications, Nutrition, Fluids per G/J tube | Provider - Licensed Nurse ONLY | The SSA will obtain a copy from the provider and attach it to the My Plan | Must be reviewed annually  
Must be redone every 3 years or if there is a change |
| Insulin/Metabolic Glycemic Disorder medications | Provider - Licensed Nurse ONLY | The SSA will obtain a copy from the provider and attach it to the My Plan | Must be reviewed annually  
Must be redone every 3 years or if there is a change |
| Using a Glucometer                      | Provider                                     | The SSA will obtain a copy from the provider and attach it to the My Plan | Must be reviewed annually  
Must be redone every 3 years or if there is a change |
| Oxygen Administration                   | Provider                                     | The SSA will obtain a copy from the provider and attach it to the My Plan | Must be reviewed annually  
Must be redone every 3 years or if there is a change |
| Inhaled Medications                     | Provider                                     | The SSA will obtain a copy from the provider and attach it to the My Plan | Must be reviewed annually  
Must be redone every 3 years or if there is a change |
| Performance of Health-Related Activities | Provider                                     | The SSA will obtain a copy from the provider and attach it to the My Plan | Must be reviewed annually  
Must be redone every 3 years or if there is a change |
### Assessment Comparison

<table>
<thead>
<tr>
<th>Oral and Topical Medication</th>
<th>Glucometer, Oxygen, Inhaled Medications &amp; Other Health Related Tasks</th>
<th>G/J Tube, Insulin</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assessment completed by the SSA</td>
<td>• Assessment completed by provider</td>
<td>• Requires provider to employ/contract with a delegating nurse that is available by phone 24/7</td>
</tr>
<tr>
<td>• Requires Medication Administration Certification 1</td>
<td>• Activities that you can be trained on</td>
<td>• Assessment completed by a nurse</td>
</tr>
<tr>
<td>• No nursing oversight required</td>
<td>• No nursing oversight</td>
<td>• Requires nurse training</td>
</tr>
<tr>
<td>• M.A.R. required</td>
<td>• Documentation of the task required</td>
<td>• Requires nurse oversight</td>
</tr>
</tbody>
</table>

1. Assessment completed by provider
2. Requires Certification 1 and then 2 or 3, depending on the task being delegated
3. Requires nursing oversight
4. Requires Certification 2 or 3, depending on the task being delegated
5. M.A.R. required (or some form of documentation)

### SELF-ADMINISTRATION ASSESSMENT-ORAL & TOPICAL MEDICATIONS (PAGE 5)

#### Settings

Complete the assessment in each setting where the individual will receive oral/topical medications. A person-centered approach dictates the assessment be conducted in a manner that takes into consideration the location and circumstances under which the medication will be needed. The assessment is done in each applicable location to determine:

- What, if any, supports the individual may need within the context of their personal environments
- Knowledge, and skills that may/may not transfer across different settings

If appropriate, a single form may be used for multiple settings. The approach to the assessment should be trauma-informed. Every effort should be made to assure the individual feels comfortable, calm, unhurried, and unthreatened by the assessment process. The assessment should never be applied like a quiz or a test.

1. The “N/A” box is checked when it has been determined that the person does not require a paid DD support for medication administration. Pages 5 and 6 will automatically be skipped if this box is chosen.
2. Since a person’s ability to self-administer oral and topical medications may depend on the setting, and the medications taken at a specific setting, more than one assessment may be required. The SSA will indicate if the assessment applies to “all settings”, only “at home”, only at the person’s “ADA/Work”, or other.

3. It is expected that an additional assessment(s) should be included with the My Plan | Assessment when something other than “all settings” is indicated.

Name/Title
The SSA will list themselves and the name of a second observer, including titles.

Date
The Self-Administration Assessment must be completed at a minimum of every 3 years, with a review completed annually. The SSA will list the date that the assessment was completed. This date should not change if an assessment is only being reviewed but not completed.

- A review of the assessment is required annually. The SSA’s signature on the plan signature page indicates that the Self-Administration Assessment was completed.
- The completion of the assessment is required every 3 years or when something changes. The date next to the name and title of the person performing the assessment indicates the date that the assessment was completed.

Assessment Questions 1-8
1. The SSA will assess the individual’s knowledge and skills in each environment where a routine medication(s) is taken. Persons conducting this assessment will need to have ALL necessary information regarding current medications including medication name(s), dose(s), route(s), time(s), purpose for medication(s) and basic side effects.

2. The SSA will complete this assessment in its entirety regardless of the answers. The SSA will complete questions 1-8 by discussing with the individual (if they are able to communicate information to you), and/or their parent, guardian, provider or other representative who knows the individual best.

3. The result of the assessment (answering questions 1-8) will be recorded on page 6 of the assessment.

SELF-ADMINISTRATION ASSESSMENT-ORAL & TOPICAL MEDICATIONS RESULTS (PAGE 6)

Results
The SSA will choose one of the three result options based on the 8 questions that were answered on page 5.

Note: Refer to the chart found on page 15 of this guide.
## Self-Administration Assessment | Oral & Topical Results

<table>
<thead>
<tr>
<th>If…</th>
<th>Choose Result</th>
<th>This Means…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions 1-8 are answered “YES”</td>
<td>Option #1</td>
<td>The person can self-administer their medications: The person requires <strong>NO assistance</strong> with taking their medications. They are completely independent.</td>
</tr>
<tr>
<td>Questions 1-6 are answered “YES” Questions 7 and/or 8 are answered “NO”</td>
<td>Option #2</td>
<td>The person can self-administer their medications but requires some assistance to do so: The SSA will choose the options available to best describe the type or types of assistance required.</td>
</tr>
<tr>
<td>Any of questions 1-6 are answered “NO”</td>
<td>Options #3</td>
<td>The person cannot self-administer their medications: The person requires a properly licensed or certified/authorized person to administer medication. The SSA will indicate if there are any steps of the process that the person can do or if the licensed or certified/authorized person will complete all steps.</td>
</tr>
</tbody>
</table>

### Other Consideration

After identifying the results of the assessment, the SSA will determine if there are other considerations that should be addressed:

1. **Unsafe Behaviors:** The team will determine if there are demonstrated and documented unsafe behaviors that would forfeit the individual’s right to safely self-administer medications. If yes, rule requires that behavior support strategies be included in the plan. These strategies must include restrictive measures and must be addressed as a rights restriction. The SSA will write a brief summary of the situation in the available text box. **NOTE:** If this box is checked, and a behavior support strategy that includes restrictive measures is part of the My Plan, the person cannot self-administer medications even if they have been assessed capable to do so.

2. **Exceptions to Assessment Results:** The team will determine if the individual is able to self-administer specific medications or doses or routes (certain drugs or administration times or topical vs. oral). If so, detailed information will be provided in the available text box. All other medications will be administered as indicated by the provided result (option 1, 2 or 3).

3. **G/J Tube and/or Modified diet:** If the individual has a gastrostomy tube (G tube) or jejunostomy tube (J tube) and/or has a doctor ordered special diet, the SSA will indicate that medications **given orally** are safe to be given in this manner.
(PAM) PROVIDER ADMINISTERS MEDICATIONS (PAGE 7)

Purpose
The Purpose of the PAM page is to identify if the individual is receiving medication administration from their residential and/or ADA provider(s). The PAM is used by the HCDDS Quality Improvement Nurses to identify providers that require medication administration reviews.

Residential
1. If “N/A” is chosen, there is nothing additional to do in the Residential section. Move to the Adult Day Array section.
2. If medications are administered by an independent provider, and the family delegates medications: The SSA will ensure that form CSD150 is completed and attached to the My Plan | Assessment.
3. If “N/A” is not chosen, enter the name(s) of residential provider(s) and confirm that they are administering medications (choose “Yes” or “No” from the drop-down menu).
4. If the individual resides in a group home, choose “Yes” from the drop-down menu and indicate the number of beds located at the residence (number of beds = capacity of the home). If the individual does not live in a group home, choose “No” from the drop-down menu.
5. If the Individual receives Adult Shared Living (ASL), choose “Yes” from the drop-down menu and identify if s/he is related to the shared living provider. NOTE: “Related to” means the caregiver is, by blood, marriage, or adoption, the individual’s parent or stepparent, sibling or stepsibling, grandparent, aunt, uncle, nephew, niece, cousin, child, or stepchild.

Adult Day Array
1. If “N/A” is chosen, there is nothing additional to do. Continue to page 8.
2. If “N/A” is not chosen, enter the name(s) of ADA provider(s) and confirm that they are administering medications (choose “Yes” or “No” from the drop-down menu).

EMPLOYMENT (PAGE 8)

Path to Employment
With the active participation of the individual and members of the team, the SSA is required to assess the individual’s place on the path to community employment for everyone that has graduated from high school. This section is designed to assess and explore person-centered Employment First Outcomes, identify supports and accommodations needed for employment and explore ideas and possibilities for employment, while addressing ways to promote community integration. Complete this section when individuals have already graduated from high school. The goal will be to support individuals’ decisions regarding their path to community employment and to identify supports and accommodations needed to obtain the desired outcome.

NOTE: Community employment means “competitive employment that takes place in an integrated setting”.

The team should choose the option that best describes the individual’s place on the path. The SSA should provide additional clarifying information within the My Plan document if necessary.
NOTE: Identifying the place on the path to employment for those that have not graduated is optional.

**Warning:** Authorizing a work-related waiver service, like vocational habilitation, when the individual indicates that they do not have a desire to work should be done with caution. Before authorizing, the SSA should speak to a supervisor.

**Employment Services**

The SSA will complete this section when the individual is receiving employment services. Employment services include:

1. Individual Employment Support
2. Group Employment support
3. Career Planning
4. Vocational Habilitation
5. Any other service, regardless of funding, that is comparable to 1-4 (including services provided by Opportunities for Ohioans with Disabilities).

Questions 1-5 will be completed in conjunction with the review of the progress report(s) that is provided by the provider of the employment service(s). The team will identify barriers, if any, that must be overcome for successful community employment. After identifying barriers, the team will describe how the identified barriers will be overcome. Action steps to overcome barriers will be identified in the My Plan | Outcomes section of the plan.

If the individual is not receiving employment services, the SSA will check “NO” and move to the next section (skipping questions 2-5).

**Additional Information (14 Years-old or older)**

Complete this section for everyone that is age 14 and older. This section is designed to prompt discussion and exploration in the area community employment.

NOTE: An Employment First outcome is **not** required for students until they are of working age.

**Benefit Analysis**

The fear of losing benefits if community employment is gained is a concern for many. Having a benefit analysis done is a great way to help individuals and families understand how community employment will affect the benefits they receive before they commit to an employment opportunity or the exploration of an employment opportunity. If requested, the SSA will coordinate this analysis at no cost to the person. In many cases, the analysis can be done by a HCDDS benefit specialist. If requested, the SSA will detail the concerns expressed by the individual/family.
HEALTH, SAFETY AND WELFARE- LEVEL OF SUPERVISION (LOS) - PURPOSE

Purpose
The intent of this section is to clearly communicate, in writing, what level of supervision is necessary and expected to be provided in order to ensure the individual’s health and welfare while at home, in the community, at an ADA location, with non-medical transportation, and other environments. For each area, the SSA will choose the option that best describes the level of supervision required and then provide a detailed description of that supervision. The SSA will also describe any exceptions to the identified level of supervision and/or significant risks that must be highlighted for the team.

Definitions

- **“Always Safe”** means that the person would be considered reasonably safe up to and beyond a 24 hour period without having someone with them; the individual is subject to the same risk as the average person. When this option is chosen, the SSA should clarify if there is a need for the provider or others to “check-in” on the person at a specified interval (i.e. every 72 hours if not answering the phone). Always safe would typically be used for someone getting drop-in support.

- **“Close Constant Visual”** means that the paid support should maintain a close distance to the person in order to maintain visual contact with the person (within an arm’s length unless noted otherwise). This level of support is typically used for someone with a risk of falls or other dangers that require a quick response from the paid support.

- **“Constant Visual”** means that the paid support should maintain visual contact with the person. However, there isn’t a specific distance required. The team should clarify if this level of support is required during specific times of the day/night (i.e. during waking hours only).

- **“Constant Auditory”** means that the paid support should maintain a distance where they are able to hear the individual. The individual and paid support does not necessarily need to be in the same room.

- **“Intermittent”** means that the paid support is available. However, they do not need to be able to constantly see or hear the person. Visual checks are required when intermittent supervision is indicated and should be detailed in the available text box.

- **“Significant Risk”** means that there is a high likelihood of the individual to be at risk for reasons specific to him/her or others if left alone. This includes risks that are associated with behavior support strategies.

- **“Community”** means any time the individual steps outside the door of their home or ADA program.
LEVEL OF SUPERVISION (PAGES 9-11)

Home
If the individual doesn’t receive paid supports in the home, the SSA will check the “N/A-No Paid Supports” box and move to the “Community” section.

With the active participation of the individual and members of the team, the SSA will assess the level of supervision required to ensure the individual’s health and welfare while at home. The SSA will choose one or more of the available options and then provide a detailed description of that supervision. It is imperative that the necessary details are available when more than one option is chosen; the reader must be clear on what is expected by the team.

Warning: When choosing “close constant visual” or “constant visual”, the team is stating that the direct support staff cannot take their eyes off of the person for ANY reason, for ANY period of time. This is an expectation that is unrealistic in most scenarios and not appropriate for most people that we serve.

Overnight staffing options include HPC awake (staff cannot sleep), On-Site/On-Call (staff are permitted to sleep until needed), nursing, daily rate, and remote supports. If checks are required throughout the night, the details of this requirement will be outlined in detail, including why the routine checks are required.

Three text boxes are available to address the supervision requirement specific to time when the individual and paid support must use the restroom at home. It is expected that supervision requirements might be different during these times. This area allows the team to clarify the expectation and identify possible exceptions, if appropriate, to the typical supervision level.

The SSA will assess and identify if it is safe for the individual to bathe. If the person is safe to bathe, the team will identify how long (in minutes) the person can safely be left alone in the bath or shower and how much supervision is required. It’s important that the team balances the right to privacy with the responsibility to ensure health and welfare of the individual.

Community
If the individual doesn’t receive paid supports in the community, the SSA will check the “N/A-No Paid Supports” box and move to the “Adult Day Array” section on page 10.

With the active participation of the individual and members of the team, the SSA will assess the level of supervision required to ensure the individual’s health and welfare while in the community. The SSA will choose one or more of the available options and then provide a detailed description of that supervision. It is imperative that the necessary details are available when more than one option is chosen; the reader must be clear on what is expected by the team.

Two text boxes are available to address the supervision requirement specific to time when the individual and paid support must use the restroom while in the community. It is expected that supervision
requirements might be different during these times. This area allows the team to clarify the expectation and identify possible exceptions, if appropriate, to the typical supervision level.

**Adult Day Array (ADA)**

If the individual doesn’t receive paid supports at an ADA program, the SSA will check the “N/A-No Paid Supports" box and move to the “Non-Medical Transportation” section.

With the active participation of the individual and members of the team, the SSA will assess the level of supervision required to ensure the individual’s health and welfare while at the ADA program. The SSA will choose one option for each of the available four areas; when the individual is involved in routine ADA services, during breaks, during lunch and when using the restroom.

The team will determine the number of minutes that can pass between checks when “intermittent” is chosen. The SSA will provide a detailed description of the LOS that was chosen for the four identified areas. Exceptions to the chosen LOS levels should also be clearly communicated.

**Non-Medical Transportation**

If the individual doesn’t receive paid supports for non-medical transportation, the SSA will check the “N/A-No Paid Supports” box and move to the “Other” section on page 11.

With the active participation of the individual and members of the team, the SSA will assess the level of supervision required to ensure the individual’s health and welfare while using non-medical transportation. The team should consider the supports that are needed from the NMT provider and others, including when the individual exits the transportation service. The SSA will either indicate that the NMT provider must ensure that a responsible party is present to provide the required level of supervision after being dropped off or that the individual is always safe without supervision.

Reminder: Access and Metro are considered public transportation and are not certified waiver providers. Because of this, they do not have the same level of responsibility as a DODD certified provider. It is important to consider what is expected to happen if the individual is dropped off early, arrives late, etc.

**Other (camp, family visits, etc.)**

This section is available so that the team can address environments not already covered (visits with family, camp, etc.).

If the individual doesn’t receive paid supports in an environment not already addressed, the SSA will check the “N/A” box and move to the “Trends and Patterns | MUI and UUs” section.

With the active participation of the individual and members of the team, the SSA will assess the level of supervision required to ensure the individual’s health and
welfare in situations not already addressed. The SSA will provide a detailed description of the environment and required supervision.

TRENDS AND PATTERNS | MUIS AND UIS (PAGE 11)

Purpose
This section is provided so that the team can identify and address trends and patterns related unusual incidents (UI) and major unusual incidents (MUI). OAC 5123:2-1-11 requires the SSA to revise the service plan at least every twelve months and more frequently when a MUI or UI trend or pattern is recognized.

Trend/Pattern
An MUI trend or pattern is when there is five (5) or more of any type of MUI in a six (6) month period OR ten (10) or more of any type of MUI in a twelve (12) month period.

An MUI and/or UI trend or pattern is when three (3) or more of the same or similar incidents occur in a single week OR five (5) or more of the same or similar incidents during the period of a month.

With the active participation of the individual and members of the team, the SSA will determine if there is a trend or pattern during the previous twelve (12) months. The SSA will choose the “N/A” box and move to the “Identification” section if a trend or pattern is not identified. If a trend(s) or pattern(s) is identified, the SSA will indicate whether it is related to MUIs, UUs, or both. The SSA will then describe the trend(s) or pattern(s) and indicate how the trend(s) or pattern(s) will be or has been addressed. If there is an historical trend (older than twelve months) that is of significance, it will be included in the description.

IDENTIFICATION (PAGE 11)
The SSA will indicate whether the individual has or needs identification (ID). Ohio ID cards are valid for four years and there is no minimum age for obtaining one. Applicants must provide proof of full legal name, date of birth, social security number (if assigned), legal presence, and Ohio residency. Additional information can be found at https://www.bmv.ohio.gov/dl-id-card.aspx.

If the person already has an ID card, the date the card expires will be listed. If a new card is required, the details of who will help and how they will help will be detailed in the available text box. A list of BMV offices in Hamilton County can found at https://www.bmv.ohio.gov/31.aspx.

BACK-UP PLAN (PAGE 11)
With the active participation of the individual and members of the team, the SSA will identify the person(s) responsible for making arrangement if the primary staff is not able to provide support. The SSA will list a specific person’s name when the responsible part is an independent provider or natural supports. The SSA will list the agency name when the responsible party is an agency.
ALONE TIME (PAGE 12)

The SSA will check the “N/A (Natural Supports ONLY – no paid HPC)” box when the individual doesn’t receive paid supports. This section of the assessment is optional when this is the case.

Determining Alone Time

“Alone time” means that time that the individual can be by themselves, without paid support staff “on the clock” and responsible for their care. It is not considered “alone time” if someone is out of sight from paid support, while in the same location. For example, Joe is not using his alone time if he is by himself in his bedroom but paid staff are in the living room.

With the active participation of the individual and members of the team, the SSA will consider the individual’s abilities in the areas of fire safety, getting help, self-administration of medications, stranger awareness, and other significant risks at home and in the community. This information will be used to quantify the amount of time a person can be safely alone without support (“alone time”). This section should clearly identify the individual’s abilities and areas where support is required. Based on the information learned, the team will identify the number of hours per day the individual would be expected to be safe at home and in the community. Details that support the indicated number of hours must be outlined in the available text boxes.

**Warning:** This section does not dictate the staffing schedule. HPC hours may overlap times when the individual is considered safe to be alone. However, HPC hours (and other supports) should never be less than the time a person is considered safe.

The “N/A- I have no alone time” box will be checked if the person has been assessed to not be safe for any amount of time without support.

**Warning:** The SSA must contact the Hamilton County Developmental Disabilities Services Behavior Support team if the individual disagrees with the team’s determination that s/he cannot have alone time. This may be considered a rights violation.

Increasing Greater Independence

This section provides the team an excellent opportunity to identify areas where the person wants to achieve greater independence and an increased amount of alone time. Information learned in this section can be used to develop outcome statements and action steps. This section is also an excellent opportunity for the team to consider the use of Assistive Technology (see page 24).

**Assistive Technology/Remote Supports**

Assistive technology/remote supports is a creative solution to help with a person’s health and safety and while supporting a person’s desire for more independence at home, in the community, or at work. Assistive technology/remote supports enable people to use smart or electronic devices to increase their independence and reduce reliance on paid caregivers to help with a person’s needs. It includes things that can help a person cook safely, call for help if someone falls or hurts themselves while at home alone, and remind a person to take medications. The service also pays for consultation to make sure people are matched with the right technology to meet their needs, the appropriate equipment, and equipment training for the person as well as for their paid or unpaid caregiver. Assistive Technology is always combined with Remote Support but can also be used as a standalone service.
Routinely Scheduled Alone Time

Once a specific number of hours per day has been established, the team can discuss the option of scheduling alone time. Some people prefer not to schedule it in advance while others like to know in advance. If the individual chooses to have routinely scheduled alone time, the SSA will provide the details in the provided text box.

Significant Risk Beyond Alone Time

This section is intended to provide the team with a clear protocol to follow in situations where the identified alone time period has been exceeded. The team should identify the point where action should be taken and what specific steps should be followed.

ON BEHALF OF (PAGE 13)

Homemaker/personal care services may extend to those times when the individual is not physically present and the provider is performing homemaker activities on behalf of the individual. The SSA will indicated if the individual requests that certain support tasks be completed on their behalf, including the number of hours (per week, month, etc.). The team will identify specific tasks approved for on behalf of homemaker/personal care services.

REMOTE SUPPORTS (PAGE 13)

If the individual doesn’t receive remote supports, the SSA will check the “N/A- I do not receive remote supports” box and move to page 14.

"Remote support" means the provision of supports by staff of an agency provider at a remote location who are engaged with an individual through equipment with the capability for live two-way communication. Equipment used to meet this requirement shall include one or more of the following components:

1. Motion sensing system;
2. Radio frequency identification;
3. Live video feed;
4. Live audio feed;
5. Web-based monitoring system; or
6. Another device that facilitates live two-way communication.

With the active participation of the individual and members of the team, the SSA will identify the name and contact information of the back-up support and whether they are paid or unpaid. The team will identify the timeframe that the back-up support will arrive if notified by the remote support staff of a non-emergency need for assistance. The SSA will identify how remote staff should respond when they receive an alert, the protocol if equipment is turned off when it’s scheduled to be on, and the protocol for the beginning and end of remote support shifts.
Consent
When remote support involves the use of audio and/or video equipment that permits remote support staff to view activities and/or listen to conversations in the residence, the individual who receives the service and each person who lives with the individual shall consent in writing after being fully informed of what remote support entails. If the individual or a person who lives with the individual has a guardian, the guardian shall consent in writing. The individual’s service and support administrator shall keep a copy of each signed consent form with the individual service plan. The SSA will indicate if the individual has a housemate not using remote supports. When this is the case, the SSA will contact the SSA of the housemate and facilitate the required consent.

FUNDS MANAGEMENT – UNLICENSED SETTINGS VERSION (PAGE 14)

My Payee
The SSA will identify the level of support the individual receives in the area of funds management. More than one option can be chosen. The SSA will complete form CSDHW004-A when the Freestore Foodbank is the individual’s payee.

My Benefits
Although encouraged, this section is not required if a family member or guardian is responsible for the individual’s funds and communicates that they do not wish to provide detailed information. However, the SSA must make a general comment to communicate that the family member/guardian is solely responsible (no provider involvement). This statement can be made in the text box titled “The Assistance I Require with Managing My Personal Funds (details)”, found in the Personal Funds section of the assessment.

The SSA will provide the benefit amount(s) received by the person. “Other” boxes are provided for benefits other than SSI and SSDI.

My Ohio Direction Card
With the active participation of the individual and members of the team, the SSA will indicate if the person receives food assistance through the S.N.A.P. program (Ohio Direction Card), if they require assistance with using the program, and who provides the assistance. The SSA will then describe in detail how the individual participates (strengths, preference, etc.) and the assistance they require. The description should be person-centered, positive, and promote participation.
**Gift Cards**

With the active participation of the individual and members of the team, the SSA will indicate will determine if the individual is able to manage the use of gift cards without assistance, whether there is a dollar limit when assistance would be required or if they would always require assistance.

**Personal Funds**

With the active participation of the individual and members of the team, the SSA will describe in detail how the individual participates in managing their money (strengths, preference, etc.), how they receive personal funds to spend (home, ADA and in the community), and the assistance they require with managing their personal funds. Descriptions should be person-centered, positive, and promote participation. The SSA should clearly illustrate the protocol and the level of control the individual has with their personal funds in various settings. For example, if the individual needs funds at their ADA program, how does the money get there? Who holds on to it? Where does extra money go?

**Miscellaneous**

With the active participation of the individual and members of the team, the SSA will complete the five areas in this section, providing additional comments as necessary.

1. Shared living means individual-specific personal care and support necessary to meet the day-to-day needs of an adult enrolled in the individual options waiver, by an adult caregiver who resides in the same home as the individual receiving the services. Shared living is provided in conjunction with residing in the home and is part of the rhythm of life that naturally occurs when people live together in the same home. The SSA will determine what agreed upon amount the individual will contribute towards housing, utilities food and other household expenses.

2. A guardian of the estate handles the finances of a ward. This can include using the ward’s money to pay bills, buy items for the ward, or place money into trusts. The SSA will confirm and list the court appointed guardian when applicable.

3. With the active participation of the individual and members of the team (as appropriate), the SSA will identify and indicate the person that will be responsible for the individual’s estate in the event of their death.

4. The SSA will determine if the individual has a will, trust or letter of intent.

5. The SSA will determine if the individual would like to receive additional information on future planning. The SSA has access to information that can be shared (agency intranet, “Reference Material”, “Aging Resources”).

**FUNDS MANAGEMENT – LICENSED SETTINGS VERSION (PAGE 14)**

**My Payee**

The SSA will identify the level of support the individual receives in the area of funds management. More than one option can be chosen. The SSA will complete form CSDHW004-A when the Freestore Foodbank is the individual’s payee.
**My Benefits**

Although encouraged, this section is not required if a family member or guardian is responsible for the individual’s funds and communicates that they do not wish to provide detailed information. However, the SSA must make a general comment to communicate that the family member/guardian is solely responsible (no provider involvement). This statement can be made in the text box titled “The Assistance I Require with Managing My Personal Funds (details)”, found in the Personal Funds section of the assessment.

The SSA will provide the benefit amount(s) received by the person. One “Other” box is provided for benefits other than SSI and SSDI. The SSA will also indicate if the person receives food assistance through the S.N.A.P. program (Ohio Direction Card/Food Stamps)

**Room & Board**

The SSA will use the drop-down menu to identify the correct residential facility and associated room and board costs.

**Gift Cards**

With the active participation of the individual and members of the team, the SSA will indicate will determine if the individual is able to manage the use of gift cards without assistance, whether there is a dollar limit when assistance would be required or if they would always require assistance.

**Personal Funds**

With the active participation of the individual and members of the team, the SSA will describe in detail how the individual participates in managing their money (strengths, preference, etc.), how they receive personal funds to spend (home, ADA and in the community), and the assistance they require with managing their personal funds. Descriptions should be person-centered, positive, and promote participation. The SSA should clearly illustrate the protocol and the level of control the individual has with their personal funds in various settings. For example, if the individual needs funds at their ADA program, how does the money get there? Who holds on to it? Where does extra money go?

**Miscellaneous**

With the active participation of the individual and members of the team, the SSA will complete the five areas in this section, providing additional comments as necessary.
1. Individuals who have been assessed to need assistance with management of personal possessions must have a record of their clothing and personal items created within fourteen calendar days of admission. This record must be updated at least annually thereafter.

2. A guardian of the estate handles the finances of a ward. This can include using the ward’s money to pay bills, buy items for the ward, or place money into trusts. The SSA will confirm and list the court appointed guardian when applicable.

3. With the active participation of the individual and members of the team (as appropriate), the SSA will identify and indicate the person that will be responsible for the individual’s estate in the event of their death.

4. The SSA will determine if the individual has a will, trust or letter of intent.

5. The SSA will determine if the individual would like to receive additional information on future planning. The SSA has access to information that can be shared (agency intranet, “Reference Material”, “Aging Resources”).

NON-MEDICAL IDENTIFIED RISKS & SUPPORTS-RISK OF HARM (PAGE 15-16)

If the individual doesn’t have identified risks, the SSA will check the “N/A – No Identified Risks” box. When this is the case, there is nothing further for the SSA to complete on this page.

When this is not the case, the SSA will answer the three following questions and indicate whether the individual has a behavior rate add-on:

1. **Level of Behavior Support Involvement** - The SSA will choose from the list of options:

2. **My Behavior Support Specialist is (if applicable)** – The SSA will list the name of the Behavior Support Specialist assigned to the team.

3. **Identified Potential Risk of Harm** – The SSA will determine the potential risks that have been identified. The SSA will choose from the list of ten (10) options. This list is has been provided by DODD. However, if none of the options appear to be appropriate, there is an “other” option that can be chosen. When this option is chosen, the SSA should describe the potential risk in the available text box.
The SSA should stop after answering these 3 questions. The remaining sections on page 15 and 16 will be completed in conjunction with the Behavior Support Specialist. The SSA will email the Behavior Support Specialist and indicate the need for assistance authoring this section of the My Plan | Assessment. The SSA will include a copy of the My Plan | Assessment. The SSA must give the Behavior Support Specialist up to a week to complete their part of the assessment.

If the individual received behavior support services in the past but a Behavior Support Specialist is no longer working with the team, and the person continues to require behavior support strategies in the My Plan:

The SSA will contact the specific Behavior Support Specialist that worked with the team in the past to discuss, including outcomes that have been identified during the assessment process. If the previous Behavior Support Specialist is no longer available, contact Kimi Reményi directly.

SERVICES AND SUPPORTS (PAGE 17-23)

The Services and Supports pages address the level of independence and needed support in areas related to personal care, activities of daily living and overall life satisfaction. With the active participation of the individual and members of the team, the SSA will facilitate a conversation with the intent to identify gifts, talents, preferences, strengths, how the person participates in routine activities, and areas where support is required (homemaker/personal care and/or natural supports).

Each page of Services and Supports is divided into two sections. The top section focuses on participation, strengths and preferences. The bottom section focuses on the assistance that is required.

There are seven (7) primary Services and Supports areas that the team will discuss:

1. **Home Living**: This area addresses the person’s ability to actively participate in activities of daily living, and their preferences when requiring assistance.

2. **Physical/Emotional Well-Being**: This area addresses the person’s strengths and needs in relation to their physical health and well-being. The team should highlight strengths and identify any areas of interest where improved health can be achieved.

3. **Material Well-Being**: This area addresses the person’s satisfaction with what they physically have and what their preferences are regarding their housing, material goods and finances. In many cases, assessed needs in this area will relate to Employment First goals and may be included as part of an Outcome.

4. **My Rights & Self-Determination**: This area addresses the person’s ability to advocate for themselves, exercise their rights and participate in decisions that affect their quality of life.

5. **Relationships**: This area addresses the relationships between the person and their family, friends and intimate relationships (and ways to develop opportunities for new relationships).

6. **Personal Development**: This area addresses learning and personal development; “what would make me a better, more fulfilled person?” In many cases assessed needs in this area will relate
to Employment First, increasing independence and overall life satisfaction. Information learned is likely to be included as part of an Outcome.

7. **My Community**: This area addresses getting to and from places in the community, finding neighborhood activities, organizing a vacation or trip, and getting connected to meaningful places in the community (clubs, church, etc.). In many cases, assessed needs in this area will relate to Community Integration and/or Employment First goals and may be included as part of an Outcome.

**How I Participate/My Strengths/My Preferences**

The top section of each page allows the team to identify how the individual participates and what their strengths and preferences are in regards to a specific area. This top section should focus on what the person can do and what their strengths and preferences are. The use of “N/A” should be avoided. It’s good to remember that even when someone requires a high level of support, or even total support, there is a high probably that they prefer that the support be provided in a certain way. These preferences can be very individualized and critical to the person’s level of satisfaction. When discussing the level of participation, strengths and preferences of the person, what the person requires assistance with inevitably come up. The SSA should avoid listing what the person requires assistance with in this section. This information should be provided in the section found at the bottom of the page.
The Assistance and Type of Assistance I Require

The bottom section of each page allows the team to identify what support the person requires in the specific areas addressed in the top section. The team will evaluate what the person can do and what their preference are and then identify specific tasks that the person requires support with and specifically how the person prefers the tasks be completed. The SSA should avoid generalized terms, such as “assistance with...” without providing details. Frequencies should be realistic and based on needs. The use of “as needed” should be avoided in most situations. This could be used by direct support professionals.

When completed correctly, the two sections should tell a story, providing the reader with a comprehensive picture of the person’s situation in that specific area.
Pop-Up Notes

Page 3: Medical Care – Support Required with Coordinating Medical Care box

Warning: JavaScript Window - Coordinating Medical Care

This section should address how appointments are scheduled, how information is shared with physicians/team members, and how follow-up will occur for recommendations that are made.

Page 3: Medical Care - Diagnosis Expected to Lead to Hospitalization box

Warning: JavaScript Window - Diagnosis Leading To Expected Hospitalization

In addition to a diagnosis, specific details as to why the diagnosis may result in a hospitalization must be included. For example, “I have a diagnosis of epilepsy. Despite the fact that I am on medications, I may still have to be hospitalized to help manage my seizures. Specific instructions can be found in my Medication Administration Record (MAR) book that is kept on the kitchen counter.”

Page 4: Planning for Medication Administration

Warning: JavaScript Window - Planning For Medication Administration

Prior to the restriction of a person’s right to self-administer medication, or perform health care tasks, the DODD approved Self-Administration Assessment must be completed. The self-administration assessment is completed when a person/guardian/advocate is requesting support services for medication administration/treatments/health-related activities or when the SSA or another team member identifies the potential need for support. A person is presumed to be able to self-administer unless there is a substantive indication that the person wants/needs support. The individual’s team must have reason/information to believe there is a potential need for the service of medication administration/treatments/health-related activities prior to use of the assessment. The presence of any given medical/psychiatric diagnosis is not evidence of an inability to self-administer. There must be some indication, other than diagnoses, to warrant assessment of the need for support with administration of medication/treatments/health-related activities. When family is delegating to an independent HPC provider the assessment does not need to be completed, unless the team believes the individual’s preferences and rights may be being violated. Family must reside with the individual that is receiving family delegation. Additionally, family can never delegate to an agency provider. Children under the age of 18 do not have an inherent right to self-administer. The guardian/team may decide to use the assessment as a guide for planning and education. The guardian/team may allow self-administration. Assessments not included in the MY PLAN|ASSESSMENT should be attached.
Page 9: Level of Supervision - Close Constant and Constant Visual

**WARNING:** JavaScript Window - “Close Constant Visual” and “Constant Visual”

**REMINDER:** When choosing “close constant visual” or “constant visual”, you are stating that the direct support staff cannot take their eyes off of the person for ANY reason, at ANY time. This is an expectation that is unrealistic in most scenarios and not appropriate for most people that we serve.

Page 10: Level of Supervision on NMT

**WARNING:** JavaScript Window - ACCESS and Metro

Access and Metro are considered public transportation and not certified waiver providers. Because of this, they do not have the same level of responsibility as a DODD certified provider. It is important to consider what is expected to happen if the individual is dropped off early, arrives late, etc.

Page 11: Trends and Patterns / MUIs

**WARNING:** JavaScript Window - Trends and Patterns

**MUI TREND/PATTERN:** 5 or more of any type of MUI in a 6 month period OR 10 or more of any type of MUI in a 12 month period. **MUI AND/OR UI TREND/PATTERN:** 3 or more of the same or similar incidents in a week OR 5 or more of the same or similar incidents in a month.

Page 11: Back-Up Plan

**WARNING:** JavaScript Window - Back-Up Plan Coordinators

List a specific person’s name(s) when the responsible party is an independent provider or natural support. List the agency name when the responsible party is an agency.

Page 12: Alone Time Considerations (top 2 rows of page)

**WARNING:** JavaScript Window - Alone Time Considerations

The team should consider fire safety, the ability to get help, dependence on others for medication administration and stranger awareness when determining the amount of time a person can be safely alone without support (“alone time”). This section should be used to address what the person is capable of and dependent on others for. This area can also identify areas where the person wants to achieve greater independence which can lead to an increased amount of alone time (Outcomes).

**NOTE:** When "N/A (Natural Supports ONLY - no paid HPC)" is checked, the SSA is not required to complete this page.
**Page 12: Alone Time - Hours Safely Without Support (middle row)**

Warning: JavaScript Window - Alone Time Considerations

This area is intended to identify the number of total hours in a day that the team has assessed the person to be safe without support (“alone time”). Use the information learned in earlier sections to assist the team make this determination. Describe the details of “alone time” in the text box provided. NOTE: This section does not dictate the staffing schedule. Only the HPC Worksheet outlines the schedule. HPC hours may overlap times that a person is considered safe. However, HPC hours (and other supports) should never be less than the time a person is considered safe.

**Page 14: Funds Management – Freestore Reminder**

Warning: JavaScript Window - Attachment A (CSDHW004) When Applicable

When the Freestore is the payee for the person, form “CSDHW004-A” must be completed and included with the My Plan.

**Pages 18 through 24: Services and Supports (Participate/Strengths/Preferences boxes at top & Authorization boxes below)**

Warning: JavaScript Window - SERVICES AND SUPPORTS

Each box at the top of this page should be completed, whether the person is completely independent, requires some support, or requires total support. The use of “N/A” should be avoided. The top sections should provide the reader with an overall understanding of how the person participates (or not), their strengths, and what their preferences are for receiving support. This section may also help the team identify areas where the person wants to achieve greater independence and growth (Outcomes). The bottom of the page is where the team should identify and list the services that will be required/provided by others. The services that are listed should be based on the discussion that was held when completing the top sections of the page. Service descriptions must be detailed. When thoroughly completed, the top and bottom sections should provide the reader with a story that emphasizes the individual’s strengths/preferences and the specific supports that are required. Generic descriptors (e.g., “partial assistance”) should be avoided.
Services and Supports- Suggested Discussion Topics

Home Living – page 17
- Using the restroom
- Laundry
- Preparing food
- Eating food
- Housekeeping and cleaning
- Dressing
- Bathing, personal hygiene, grooming
- Grocery shopping
- Household items shopping
- Clothing shopping
- Other

Physical/Emotional Well-Being – page 18
- State Plan services
- OT/PT Assessment
- Home modifications/Equipment
- Medication Administration
- Mental health services
- Physical health
- Nutrition and healthy diets
- Physical activity
- Prevention – physical health
- Other

Material Well-Being – page 19
- Medicaid authorized representation
- Payee services/Managing money
- Reporting income
- Filing taxes
- Housing
- Furnishings
- Community Resources

My Rights & Self-Determination – page 20
- Advocating for self
- Making choices and decisions
- Reading mail/Access to mail
- Participating in meetings
- Guardianship

Relationships – page 21
- Making friends
- Opportunities with friends
- Visiting friends and family
- Intimate relationships
- Other

Personal Development – page 22
- Taking classes/trainings
- Problem solving skills
- Use of technology
- Personal safety
- Independence
- Satisfaction and fulfillment
- Spirituality
- Other

My Community – page 23
- Transportation
- Meaningful activities
- Travel, vacations, day trips
- Respite
- Clubs, church, volunteering
- Other