NC

SNAP

North Carolina

Support Needs Assessment Profile

Examiner's Guide

Eighth Edition:

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Preface

The NC SNAP is a needs assessment tool that, when administered properly, measures an individual's need for developmental disabilities (DD) supports and services. Development of the NC SNAP began in 1997, and after extensive field testing and revision the instrument was officially adopted by the state of North Carolina in 1999 as the preferred tool for determining an individual's intensity of need for DD services. The instrument has proven to be helpful in system-wide, state-level planning, budgeting, and resource allocation, and it is in use for those purposes in a variety of states.

This *NC SNAP Examiner's Guide* was written to provide certified NC SNAP examiners with important information on how to administer the NC SNAP. This guide includes background information on the NC SNAP, advice on preparing to administer the instrument, instructions on how to complete the NC SNAP assessment form, a brief description of the "look-behind" quality assurance effort, and answers to frequently asked questions.

Update: October 2017 *Summary Report and Supplemental Information* sheet updated.

Update: January 2017 Look-behind process no longer followed; instructions removed

Update: May 2016 added information, page 31: (removed 12/7/2018) Calculating the NC SNAP index score

Update: January 2014 Made various nomenclature changes (LME to LME/MCO or case manager to care coordinator)

March 2010 update: updated data fields to match the 2007 NC SNAP assessment form.

January 2007 update: clarified scoring for the *Behavioral Supports* section. Made various minor nomenclature changes (e.g., Area Program changed to LME).

December 2004 update: clarified scoring for the *Nursing*, *Mental Health Services*, *Behavioral Severity*, and *Direct Intervention* domain items.

Note: This guide is available to all certified NC SNAP examiners for use as a reference guide.

Acknowledgments

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Background of the NC SNAP

Development of the North Carolina Support Needs Assessment Profile(NC SNAP) began in 1997 in response to a call for a reliable needs assessment instrument initiated by the North Carolina Developmental Disabilities Policy Work Group. This system-wide need was identified during Policy Work Group discussions pertaining to accurate and reliable identification of people's needs for DD supports and services. The Policy Work Group established an Assessment Subcommittee whose task was to identify an assessment protocol that could be used system-wide to consistently and reliably assess a person's level of intensity of need for developmental disabilities (DD) supports and services. The Assessment Subcommittee, chaired by J. Michael Hennike, reviewed the available literature, existing assessment tools, and the current assessment practices of other states. After an exhaustive review effort, it was apparent that no existing needs assessment instrument adequately addressed the requirements established by the DD Policy Work Group. Consequently, the Assessment Subcommittee directed the Murdoch Center research group and the Murdoch Center Foundation to pursue the development, research, and field-testing of an assessment instrument that would be a valid, reliable, and easy-to-use measure of a person's level or intensity of need for DD supports and services. The NC SNAP is the result of three years and countless hours of effort by numerous persons both working in and being served by the North Carolina DD service system. An NC SNAP research paper is published in the Journal of Developmental and Physical Disabilities, Vol. 18, No. 2, June 2006.

Note: The NC SNAP is <u>not</u> a diagnostic tool, and it is not designed to replace diagnostic assessment instruments typically administered by professional support staff (i.e., cognitive and adaptive psychological evaluations, physical exams, speech and hearing evaluations, etc.).

Administration

Responsibilities

The IDD professional who is responsible for the individual's plan of care should complete the NC SNAP. This is usually the individual's Care Coordinator. In situations where a person receiving DD services does not have a Care Coordinator assigned, the LME/MCO is required to assign the responsibility for administration of the NC SNAP [i.e., this will typically be a knowledgeable Qualified Professional (QP) who is responsible for the plan of care, such as a care coordinator, group home manager or vocational program supervisor].

Preparation

While the NC SNAP can be completed in a very brief period of time, the examiner must be prepared with a thorough knowledge of the individual. Information from direct sources such as the individual, parents, family members, guardians, or service and support providers can be essential when completing the NC SNAP. It is acceptable to use multiple sources to gather necessary information; however, if a discrepancy is noted in the information provided by two different sources, the examiner should resolve the discrepancy through further discussion or by seeking additional information before completing the NC SNAP. Current evaluations such as psychosocial evaluations, nursing assessments, psychological evaluations, and previous person-centered plans can also be very helpful as a source of information when completing an NC SNAP assessment.

Individuals Required to Have an NC SNAP

Persons served by the state's Developmental Disabilities (DD) system are required to have an NC SNAP administered:

- Annually [in conjunction with the consumer's annual person centered plan (PCP)] and
- Whenever there is a significant change in the individual's need profile.

Individuals who have applied for services, but who are not currently receiving I/DD services are required to have an NC SNAP:

- Upon initial contact with the I/DD service system,
- When the individual enters the I/DD service system (an annual NC SNAP is required after the person enters the DD service system or is placed on the I/DD the registry of unmet needs), and
- Anytime there is a known change in the individual's need profile.

Children in early intervention programs who do not have a formal I/DD diagnosis are not required to have an NC SNAP administered.

The forms can be assessed on the DMH/DD/SAS website and should not be altered in anyway.

https://www.ncdhhs.gov/providers/provider-info/mental-health/nc-support-needs-assessment-profile

Completing the NC–SNAP

Detailed instructions for completing the NC SNAP assessment are presented in the following sections. Included are instructions for completing Section I, which includes background information on the individual and the examiner; Section II, the NC SNAP Profile, which consists of a graphic profile summary for the completed NC SNAP scores and all three of the NC SNAP's domain grids used to record the level of an individual's needs (i.e., Daily Living Supports, Health Care Supports, and Behavioral Supports); and Section III, the optional Support Summary, which can be used to assist in the development of a person-centered plan.

Section I: Background Information

Section I of the NC SNAP is for recording general background information on the individual being assessed; the date of the assessment; and the name, phone number, and examiner number of the NC SNAP examiner conducting the assessment. All of the information listed is required so please do not leave any entry blank. The information required for each field in the Background Information section is defined below.

a) **Individual's Name:** Record the individual's first name, middle initial, and last name. Do not record nicknames or use incomplete names.

b) **Unique ID No**.: This field is a unique identifier that is created by using the individual's name and date of birth as it appears on the individual's Medicaid Card or another official document. The unique ID is created by listing the first three letters of the person's last name, then the person's first initial, and then the person's six digit birth date (2 digits for month, 2 digits for day, and 2 digits for year). For example, Tom Miller born March 6, 1963 would have a Unique ID of MILT030663. If more than one person has an identical Unique ID, a letter can be placed at the end of the ID number (e.g., MILT030663A for Tom's twin sister Teri). The unique ID is the primary tracking number for NC SNAP data and it is important to create this number accurately.

c) **Case No.**: Enter the person's case number or record number assigned by the LME/MCO or the ICF/IDD facility.

d) **Birthdate**: Record the person's date of birth entered as month/day/year.

e) **Age**: Enter the person's chronological age in years (how old the person is).

f) **Address**: Enter the individual's current address of residence. Include the residence number, street name, city, and zip code.

g) **Phone**: Record the individual's area code and phone number (this entry is optional).

h) **Medicaid County**: Enter the individual's Medicaid county, or county with legal or fiscal responsibility for the individual. This field may or may not correspond with the county of residence.

i) **LME/MCO**: Record the name of the Local Management Entity/Managed Care Organization (LME/MCO) responsible for the individual.

j) **Current IDD System Supports**: Check the type of support the individual is receiving at the time the NC SNAP is completed. The four support types are explained below.

    In Service: Indicates the person is receiving services and is not waiting for any additional IDD services.

    In Service-More Services Requested: Indicates that the individual is receiving IDD services; however, he or she is waiting for additional services.

    Service Determination Pending: Indicates the person is applying for IDD services for the first time (i.e., intake assessment only).

    Needed Services Not Available (no services): Indicates the person

is waiting for IDD services, but currently receives no IDD services.

Note: The NC SNAP database also includes DD support codes that must be updated if a person terminates services (e.g., Deceased, Refused Services, Moved Out of State, Moved to Another LME-MCO, Unable to Locate, No Longer Receiving Services, Changed Providers and SIS Assessment). For purposes of updating the NC SNAP database, the NC SNAP Supplemental Information Sheet can be used to convey a change in service status to the LME-MCO's NC SNAP contact.

k) **Examiner**: This entry should always reflect the name of the examiner completing the NC SNAP.

l) **Phone number**: This entry should reflect the phone number of the examiner completing the NC SNAP.

m) **Certification number:** This entry should always reflect the NC SNAP certification number of the examiner completing the NC SNAP.

n) **Relationship to Individual**: This entry should reflect the job title of the examiner completing the NC SNAP (e.g., care coordinator , case support coordinator, QP , etc.).

o) **Date of Assessment**: Record the date that the NC SNAP assessment was completed.

Note: Under no circumstances should you use someone else's certification number, or let someone use your certification number, either on the NC SNAP assessment form or to enter assessment profiles into the NC SNAP database.

Additionally, a Supplemental Information sheet is required and should always accompany the NC SNAP (see page 30).

Section II: NC SNAP Profile

Section II of the NC SNAP is labeled *NC SNAP Profile* and encompasses part of page one and all of pages two and three of the NC SNAP assessment form. The NC SNAP Profile section includes a graphic profile summary for the completed NC SNAP scores and all three of the NC SNAP domain grids used to record the level of an individual's needs (i.e., Daily Living Supports, Health Care Supports, and Behavioral Supports). The NC SNAP Profile section located on page one cannot be completed until all three of the domain grids found on pages 2 and 3 are completed. Thus, instructions for completing the Domain Grids are provided first.

The Domain Grids

The NC SNAP consists of three domain grids: Daily Living Supports, Health Care Supports, and Behavioral Supports. Each domain grid is further divided into either three or four domains for a total of eleven items. For each domain grid, support types are listed in bold print along the top of the grid and the level of intensity of need is listed along the side of the grid. Intensity of need is ordered from Level 1 (minimum) to Level 5 (maximum). The boxes in the interior of the domain grids list descriptions of the supports at each level of intensity; however, not all supports are represented at all 5 levels. When a support does not exist at a given level, the corresponding box is shaded light blue.

The NC SNAP is completed by reading the descriptions of the level of supports in each column starting from the top and it is important to note that throughout the NC SNAP, Levels 1 through 4 represent steps along a continuum, such that Level 2 is applicable once the Level 1 description is exceeded, etc. Level 5, however, represents needs that are **substantially** more intense than Level 4 and refers to unusually **extreme** needs that require extraordinary supports. As such, Level 5 will be uncommon and should only be scored if the individual meets the specific definition provided at Level 5.

When completing the domain grids, it is important to focus on what the person **needs**, not on what services the person is currently receiving or on what services he or she may need in addition to current supports. The fact that a person may currently be receiving more or less services than he or she truly needs is irrelevant when completing the NC SNAP assessment. Need levels should also be evaluated without comparison to other persons' needs or supports.

Detailed instructions for completing and scoring an individual's need level for all three domain grids are given in the following sections.

Daily Living Supports

The Daily Living Supports grid includes four domain items:

Supervision

Assistance Needed

Age-Related

Degree of Structure Provided by Others

This domain is scored based on the individual's need for direct supports in these four primary areas. The instructions for completing the Daily Living Supports domain items are given in the following paragraphs.

Supervision

Supervision describes the number of hours daily that a support person must be available to assist the individual with activities of daily living or to ensure the individual's safety. The critical distinction between Levels 1, 2, and 3 is the number of 8-hour periods that are required for supervision on a typical 24-hour day. The following criteria can be used to help determine an individual's Supervision need level on the NC SNAP.

Level 1: Score Level 1 if the individual requires, on average, less than 8-hours of supervision daily. At Level 1, a person can safely stay alone (unsupervised) for roughly 16-hours or more most days. This can be any time segment during the day (e.g., 4:00 p.m. to 8:00 a.m. or 8:00 p.m. to 12:00 noon).

Level 2: Score Level 2 if the individual requires, on average, 9-16 hours of supervision daily. This level is intended to represent persons who require supervision during the day, but who can stay alone overnight; however, Level 2 can also represent persons who can stay alone for any extended period (at least 8 hours) most days. Individuals who can only stay unsupervised for a couple of hours a day should not be scored at Level 2.

Level 3: Score Level 3 if the individual requires, most typically, 24-hours of supervision daily, but he or she has no compelling reason that someone must remain awake at all times. At Level 3, an individual may be able to stay unsupervised for short periods of time, but, on average, he or she needs a support person available more than 16-hours a day.

Level 4: Score Level 4 if the individual has specific needs that require that a person be awake and available to attend to those needs 24 hours a day. Many facilities provide 24-hour awake supervision; however, the individual may not need this level of supervision. Rate the person's true need. To determine if a person requires awake staff overnight, you can ask the question: if the individual were living at home, would the individual's parent have a need to hire someone to come in during nighttime hours to provide adequate supervision? Some examples of situations that may require supervision overnight include frequent nighttime wandering, engaging in behavior that could be dangerous, or certain health needs.

Level 5: Score Level 5 if the individual's condition is of such severity that a **specially trained** staff person must provide **continuous, nonstop monitoring 24-hours a day**. Nonstop monitoring implies the need for a similarly trained relief staff to assume monitoring so that the primary support person can go on break for even a short time. If 24-hour electronic medical monitoring is needed, staff must be available to **respond immediately** and have **special training** to meet the individual's needs.

Assistance Needed

This domain describes the type of assistance needed to accomplish all self-help and daily-living skills. **Self-help** refers to skills such as hand washing, eating, bathing, toileting, dressing, brushing teeth, etc. **Daily living** refers to all cooking and cleaning skills, such as putting away activities, making the bed, washing dishes, running a vacuum, washing windows, dusting, making a sandwich, using microwave, washing clothes, baking a cake, etc.

For the purpose of scoring the NC SNAP, definitions of each type of assistance are described:

- **Minimal assistance** refers to the use of **verbal prompts or gestures** given at a critical point in the behavior sequence, such as a reminder to brush teeth during daily grooming.

- **Partial assistance** refers to the use of **hands-on guidance** for part of the task, such as helping a person turn on a water faucet while washing hands, or completion of some part of the task for the individual, such as washing the person's legs during a shower because he or she cannot complete this part of the task.

- **Complete assistance** requires that a caregiver complete all parts of a task. Although a caregiver may get some assistance from the individual, such as the individual raising his or her arms during bathing, the caregiver must complete the task.

- **Extreme need** (Level 5) is distinguished by the absence of **any** form of participation by the individual in **any** task.

Assistance needed also distinguishes between four types of skills: self-help, daily living, decision-making, and complex skills. For the purpose of scoring the NC SNAP, definitions of each type of skill are described:

- **Self-help** refers to skills such as hand washing, eating, bathing, toileting, dressing, etc.

- **Daily living** refers to skills that include cooking, cleaning, laundry, etc.

- **Decision-making** refers to skills that include planning activities, selecting purchases, simple budgeting, etc.

- **Complex skills** include financial planning, health planning, vacation planning, etc.

The following criteria can be used to help determine the individual's level of Assistance Needed.

Level 1: Score Level 1 if the person can do all or **most** self-help and daily living skills independently. Also score Level 1 if the person is mostly independent, but requires verbal prompts or gestures at a critical point in a behavior sequence to accomplish some self-help or daily living skills (e.g., a reminder to turn on the microwave after placing food inside). Persons scored at Level 1 may need complete assistance to engage in complex skills such as financial planning.

Level 2: Score Level 2 if the person can do **some** self-help and daily living skills independently, but requires verbal prompts or gestures for **many** skills. Persons scored at Level 2 may also need complete assistance for some basic self-help and daily living skills, as well as for all complex skills. For example, a person who can eat and toilet independently, but requires verbal prompts and gestures for many skills such as dressing and cleaning up the bedroom, and requires a caregiver to provide hands-on help for some self-help or daily living skills such as shaving or cooking, would be scored at Level 2.

Level 3: Score Level 3 if the person can do portions of self-help and daily living skills independently or with reminders, but needs hands on assistance to complete **most** self-help and daily living skills. Persons scored at Level 3 cannot typically complete complex skills such as managing a budget.

Level 4: Score Level 4 if the person needs hands-on assistance to complete **all** tasks associated with self help and daily living, or all tasks must be completed for the person, with some minimal participation from the individual. At Level 4, the individual can provide some assistance, such as raising hands to have a shirt put on, taking spoon to mouth after having help to scoop food, etc., but he or she cannot complete significant tasks independently (i.e., individuals who can feed themselves most meals using a utensil and drink from a cup independently were not intended to be scored at Level 4).

Level 5: Score Level 5 if everything (dressing, eating, toileting, etc.) must be done for the individual with **no** participation from the individual in any way.

Age–Related

Score this domain item according to the individual's **chronological** age (how old he or she is).

Degree of Structure Provided by Others

This domain item refers to the skills needed to plan and carry out daily activities. Some examiners find it helpful to view this support area in the context of a "day off." On a day when the normal routine is not followed, what level of structure must be provided for the person? The key distinction between levels is the individual's need to have activities **planned**, or **planned and initiated**. The level of assistance needed to carry out the plan is not considered when scoring this domain item. Criteria for scoring the three different levels is provided below.

Level 1: Score Level 1 if assistance in planning activities is only required **for special activities** such as a vacation or visits to the doctor. Typically, on a day off from work or school, an individual scored at Level 1 can arise independently and follow his or her own schedule for the day. This may include all activities the person prefers to do such as watching television, cleaning his or her room, going on outings, etc.

Level 2: Score Level 2 if most or all activities must be planned for the person. That is, on the individual's day off from work or school, someone else has to help him or her decide what to do and when to do it. At Level 2, once activities are planned, the individual can initiate most of the activities without being prompted.

Level 3: Score Level 3 if the person's daily activities must be both **planned and initiated** by another person. For example, someone else has to plan **all** of the day's schedule **and prompt** the individual to perform each scheduled activity.

Health Care Supports

The Health Care Supports section includes four domain items:

>   Physician Services

>   Nursing Services

>   Allied Health Professionals

>   Equipment Maintenance.

The focus of this domain grid is on an individual's need for supports provided by licensed health care providers and on his or her need for outside supports to maintain prescribed equipment. The instructions for all four of the Health Care Supports domain items are given in the following paragraphs.

Physician Services

This domain item is intended to capture how many times the individual needs to see a physician in the coming year. Routine doctor visits for checkups and sick visits are scored at Level 1, while the number of physician visits needed to address chronic or ongoing health care issues is summed and scored at Level 2 or 4 depending on frequency (i.e., up to quarterly or more than quarterly). Criteria for scoring the different levels of this domain are provided below.

Note: Needs for dental and chiropractic services are not included on the NC SNAP and should not be scored under physician services. Psychotropic medication monitoring by a psychiatrist requires the services of a physician and should be scored here; however, other mental health services such as counseling or mental health therapies that could be provided by a psychologist, LCSW, therapist, etc. should be scored under Mental Health Services.

Level 1: Score Level 1 if the person only requires routine physician services, which is defined as an annual physical or check-up and routine doctor visits as needed for colds, flu, earaches, etc. (i.e., annual check up and sick visits as required).

Level 2: Score Level 2 if the individual has one or more chronic or ongoing health care concerns (e.g., seizure disorder, diabetes, hypertension, etc.) that require monitoring up to four times a year. If the services of more than one physician is needed to address multiple chronic or ongoing conditions, the number of total doctor visits required should be summed to determine the appropriate need level. Do not include an annual physical, sick visits or temporary medical concerns when calculating need above Level 1.

Level 4: Score Level 4 if the individual has one or more chronic health care concerns that require monitoring by a physician at least five times a year (more than quarterly). If the services of more than one physician are needed to address multiple chronic or ongoing conditions, the number of total doctor visits required should be totaled to determine need level. Do not include visits for an annual physical, sick visits or temporary medical concerns when calculating need above Level 1.

Level 5: Score Level 5 only when the individual is extremely medically fragile and needs **ongoing** and **immediate** access to a physician (i.e., an in-house physician is required). For example, the individual has a pulmonary condition and frequently stops breathing suddenly which requires immediate emergency care by a physician. Another example may include the patient who requires ongoing (i.e., not occasional) hospitalization for a chronic health care condition. Frequent visits to a physician or to an emergency room do not qualify as Level 5. A frequent and **immediate** need for physician services with **ongoing** monitoring, such as in a hospital setting, constitutes Level 5 on this item.

To predict need for the current year, it is often helpful to consider the individual's physician needs to address chronic health care concerns over the past year and use this figure as the basis to determine current need. For example, if an individual has a seizure disorder that requires ongoing semiannual physician monitoring (two visits), ambulation issues that require semiannual monitoring by an orthopedist (two visits), and health issues that require semiannual monitoring by a neurologist (two visits), the individual has a cumulative need for six physician visits annually to address chronic needs that are in addition to routine care, and he or she would be scored at Level 4. If the person's chronic conditions have improved or worsened over the past year, using the number of physician visits required in the previous year to determine the current need is not recommended. In these cases score the level that best fits the individual's **current** need.

Nursing Services

This domain item refers to the individual's need for specialized procedures that require the expertise of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) due to the complexity or critical nature of the procedure. The level of need for Nursing Services should be scored based on the frequency of need indicated on the NC SNAP form (i.e., monthly need is scored at Level 2, a weekly need is scored at Level 3, daily need is scored at Level 4, and several times daily/continuous need is scored at Level 5).

In residential setting, such as ICF/IDD facility, where a nurse may be readily available, consider only activities that truly warrant the services of a nurse, not those services that may be provided by a nurse just because a nurse is readily available in the residential setting. A good way to determine if a nursing need should be scored on the NC SNAP is to ask yourself if the procedure could be done in a private home by a family member with no special training. If the answer is yes, the service probably should not be scored as a nursing

need on the NC SNAP. While most medications administered by injection should be scored as a nursing need, typically, routine administration of medications (e.g., oral preparations; inhalants; topicals; drops to ears, eyes, and nose; etc.) are not considered nursing needs on the NC SNAP. There are exceptions, however, and if a medication has potential toxic side effects requiring a nurse to monitor the individual closely, or the medication changes frequently, a nurse may be required for the service to safely occur.

Allied Health Professionals

Allied Health Professionals refers to those services provided by a Speech Therapist, Physical Therapist, Occupational Therapist, Dietician, Audiologist, and/or other licensed health service providers other than mental health service providers. Typically, a need for these services is based on a consult with the appropriate licensed allied health professional.

As with physician services, this domain item is a reflection of aggregate need and should reflect the frequency of services needed from all Allied Health Professionals (i.e., if the individual needs the services of more than one allied health professional, all required services should be summed to determine need level).

Level 1: Score Level 1 if, on average, the individual needs the services of an allied health professional less often than once per week, or not at all.

Level 2: Score Level 2 if, on average, the individual needs the services of an allied health professional one or more times per week.

Equipment Maintenance

This domain item refers to the outside supports required to maintain or repair adaptive equipment, such as wheelchairs, communication devices, feeding tubes, etc. that are prescribed by a health service provider. To score Level 1, a support person is needed less than monthly or not at all to repair or service prescribed equipment. To score Level 2, a support person is needed monthly at a minimum to repair or service prescribed equipment. The actual frequency of use or purchase of the equipment, regardless of cost, is not relevant in scoring this item. Maintenance of equipment that can be completed by the individual or a direct care provider already providing supervision is not scored here.

Behavioral Supports

The Behavioral Supports section includes three domain items:

> Mental Health Services
>
> Behavioral Severity
>
> Direct Intervention.

The items in this domain are intended to reflect the supports necessary to specifically address maladaptive behaviors. The instructions for completing the Behavioral Supports domain items are given in the following paragraphs.

Mental Health Services

This domain item assesses the individual's support needs for licensed and unlicensed mental health services, with the level of need increasing with the severity and complexity of the behaviors, the professional expertise required to address the behaviors, and the need for temporary or ongoing intervention.

For ongoing behavioral interventions, the need level increases from Level 3 to Level 5 based on the severity and complexity of the behavior, the complexity of the behavioral plan warranted by the behavior, the expertise required to develop the behavior plan, and the direct involvement required by a

mental health professional. The various levels of need for Mental Heath Services are described below.

Level 1: Score Level 1 if the person does not have a need for any mental health service, or the individual has a need for counseling for a **temporary** ("acute") condition. This can include grief counseling, weight loss counseling, counseling for a temporary condition of depression, etc.

Level 2: Score Level 2 if the person has a need for an **ongoing** mental health intervention provided by any health care provider. This can include a need for any type of ongoing counseling or mental health therapy or a need for consultation with a mental health professional to develop written behavior intervention guidelines.

Level 3: Score Level 3 if the severity of the behavior warrants a **formal written behavior intervention plan** developed and monitored by a **licensed** psychologist. At this level the prescribed intervention may include restrictive components, and it is typical for the behavior plan to require regular monitoring (e.g., daily or weekly) and ongoing data collection. Level 3 supports are usually sufficient to meet the needs of persons requiring a formal behavioral intervention plan.

Level 4: Score Level 4 if the individual has complex or extreme behaviors that are difficult to assess or effectively treat, resulting in a need for a **licensed** psychologist with **expertise** in treating severe behavior problems to develop a comprehensive behavioral plan based on analysis and frequent in-person monitoring of the problem behaviors (e.g., daily, or several times weekly). This level of need requires that the licensed mental health provider **supply direct oversight** of the behavioral intervention (i.e., the psychologist is directly responsible for oversight of the daily implementation of the plan and is readily available to modify the behavioral intervention plan as necessary). Typically, this level of mental health services is only scored when a complicated or extreme

behavior warrants a professional who has expertise in treating the individual's particular target behaviors.

Level 5: Score Level 5 only if the individual has unusually extreme behaviors that warrant a need for a **team** of **licensed or certified** mental health providers with **expertise** in treating severe behavior problems **who supply direct oversight** of the behavioral plan which will require frequent assessment and refinement to be effective. To score Level 5, a mental health professional must be **on call 24 hours** a day and have ongoing contact with staff responsible for implementation of the behavioral plan.

Behavioral Severity

This domain describes the individual's level of maladaptive behavior, such as, but not limited to, disruption, aggression, and self-injury that occurs at a frequency that is considered problematic. The levels of Behavioral Severity are described below.

Level 1: Score Level 1 if the person has **no** significant maladaptive behaviors.

Level 2: Score Level 2 if the person exhibits behaviors that are disruptive to the extent that they cause inter-personal conflict or interfere with adaptive functioning (e.g., temper tantrums, elopement, property destruction, etc.).

Level 3: Score Level 3 if the person exhibits behaviors that are injurious to self and/or to others or behaviors that are extremely threatening. Behaviors can include hitting, kicking, biting, etc. Typically, behaviors rated at this level require some type of mental health support and prescribed intervention to safely and adequately address the target behaviors.

Level 4: Score Level 4 if the person exhibits life-threatening behaviors that pose an **immediate** threat of critical injury to self or others. Life-threatening behaviors may include severe self-injurious behaviors (e.g., severe head banging), extreme aggression, suicidal behavior, hazardous fire-setting, etc. Behaviors, such as smoking or skin picking, that could indirectly be life-threatening should not be scored at this level. Typically, behaviors rated at this level require extensive mental health supports and a prescribed intervention to safely and adequately address the target behaviors.

Level 5: Applies only to individuals who require a special controlled environment necessitated by the extreme severity of the behavior. To score Level 5, the person's maladaptive behavior must be so extreme that the environment must be continually and constantly controlled resulting in a constant restriction in the person's ability to move about. Typically, behaviors rated at this level must be deemed life-threatening or extremely dangerous and require extensive mental health supports and a prescribed intervention to safely and adequately address the behaviors.

Direct Intervention

This item describes the intensity of the prescribed behavioral intervention that is necessary to address inappropriate behaviors, and it is intended to reflect the staff support required to implement the prescribed intervention.

Level 1: Score Level 1 if the person requires no direct intervention for maladaptive behaviors.

Level 2: Score Level 2 if the behavior requires routine interventions, such as redirection or interruption of the behavior. Note that Level 2 interventions can include the need for part-time individualized staff.

Level 3: Score Level 3 if the prescribed behavior intervention requires the application of protective interventions, such as a helmet, gloves, pads, etc., used to protect the individual from self-injury or injury to others. This can also include personal restrictions, such as denial of access to personal objects to ensure protection from self-injury or injury to others. Such interventions are typically considered restrictive and usually require guardian consent, an evaluation of less restrictive interventions, and a formal intervention plan. Interventions at this level are written specifically to address the individual's target behaviors and are usually applied non-contingently (i.e., they are implemented as protections to **prevent** injury from occurring).

Level 4: Score Level 4 if the prescribed behavior intervention includes the use of a restrictive component (not just interruption and redirection) following an inappropriate behavior (i.e., contingent upon the behavior) that has been specifically prescribed in a formal intervention plan. Such interventions might include the application of helmets, gloves, pads, restraints, etc., applied or implemented immediately following a behavior for a duration explicitly stated in a formal intervention plan. Note that interventions at this level are intended to correct behavior problems rather than protect the individual from injury, and they are typically more staff intensive to implement than interventions scored at Level 3. Contingent interventions require staff to constantly monitor for the target behavior(s) and be readily available to implement the prescribed intervention.

Note: Levels 3 and 4 are not intended to reflect the occasional use of standard emergency "Interventions" procedures for behaviors that are not addressed in a formal behavior plan.

Level 5: Score Level 5 only if, due to the extreme nature of the behavioral difficulty, the person requires at least one-to-one supervision 24-hours a day in order to implement the prescribed intervention procedure.

The NC SNAP Profile

After scoring all items in the domain grids on pages two and three of the assessment form, complete the NC SNAP Profile on page one. The examiner should circle the corresponding domain item on the NC SNAP Profile grid where an *X* had been placed in the domain grids on pages two and three. Thus, to fill out the chart, find the level (from 1 to 5) that you scored for each item, beginning with the Daily Living Domain, and then circle the corresponding number on the profile chart on page 1. Continue this process for all of the domain items. It is important to transfer scores to the profile chart carefully to avoid errors that could affect the final score. After transferring the scores, connect the circles within each domain with a line as illustrated on the following page.

After completing the profile grid, record the highest score for each domain in the appropriate box found directly under the profile chart. *Highest* refers to numerical values; therefore, 5 is the highest possible score, 1 is the lowest.

NC SNAP Profile

Daily Living				Health Care				Behavior Domain		
Superv	Assist	Age	Struct	M D	R N	Allied	Equi	M H	Severity	Interve
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3		3			3	3	3
4	4	4		4	4			4	4	4
5	5			5	5			5	5	5

Example:

> **Daily Living Supports =   3**

> **Health Care Supports =   2**

> **Behavioral Supports =   4**

Finally, in the box labeled *Overall Level of Eligible Support*, enter the highest of the three scores from the boxes above.

Example:

> # Overall Level of Eligible Support =   4

This is the individual's final NC SNAP score.

Section III:

NC SNAP Support Summary (Optional)

Section III is labeled *NC SNAP Support Summary* and is located on page four of the NC SNAP assessment form. The Support Summary is provided as an **optional** tool designed to assist in the development of a person centered plan and includes a table for listing current needs, current natural supports, other current supports, unmet needs, and preferences.

The examiner should begin by recording the individual's current needs in column 1 (Needs). The needs previously identified by completing the NC SNAP domain grids should be used. The examiner should then proceed to identify and record Current Natural Supports and Current Services in columns 2 and 3. The examiner should indicate if the Need is Unmet in column 4. Finally, the preferred manner of meeting the need should be identified in column 5. An example for completing the Support Summary is provided at the top of Section III on the NC SNAP form.

Summary Report and Supplemental Information

The completed NC SNAP assessments should be accompanied by a *Summary Report and Supplemental Information* sheet and forwarded to the LME/MCO's NC SNAP data manager for entry into the NC SNAP database. All information requested on the *NC SNAP Summary Report and Supplemental Information* sheet must be recorded so that the data manager can enter the NC SNAP Profile. A sample of the *Summary Report and Supplemental Information* sheet *is provided and a copy* will be provided by your instructor. The latest version of the *Summary Report and Supplemental Information* sheet is available on the DMH web site at: **www.ncdhhs.gov;** type NC SNAP in the search section, click on NC SNAP Assessment Profile, then click on the appropriate form. On the website the *Summary Report and Supplemental Information* is opened as read only and printed. The individual's residential placement should be marked according

to the **need** of the individual. This may not necessarily be the individual's current residential placement. For example an individual is able to live alone, he/she needs independent living with a roommate to share expenses, but the individual's residential placement is currently in a DD Adult group home until appropriate placement is located. The NC SNAP examiner would check the box for independent living (lives alone or with roommate) as the current residential need of the individual.

The Summary Report and Supplemental Information sheet is also used when an individual is no longer required to receive the NC SNAP assessment due to the following: when an individual has received a Supports Intensity Scale (SIS) assessment, is deceased, is no longer receiving services, moves out of state and/or refuses service. The assigned Qualified Professional (QP) should complete the first section **only** of the *Summary Report and Supplemental Information* sheet. Under Change in DD Support Status, check the appropriate box, such as SIS assessment, and note the date the SIS was completed. The QP will send the form to the appropriate LME-MCO to be entered into the NC SNAP database. Once this information is entered into the database, the individual is no longer counted in the numbers for NC SNAP compliance data, but the individual's past SNAPs will still be available. If this step is not followed, the individual will continue to be counted as out of compliance in the data for contract compliance.

The Summary Report and Supplemental Information

This form should accompany all NC-SNAP assessments. Please complete **all** applicable sections of this form. A copy of this form, along with a copy of the *NC-SNAP,* should be forwarded to the responsible LME-MCO for keying into the *NC-SNAP* database. After data entry, the forms should be filed and maintained per documentation requirements.

Date of *NC-SNAP* Assessment:			Individual's Name:	
Type of Assessment (c*heck only one*)			Individual's Unique ID No.	
☐ Initial Assessment	☐ Special Update		Individual's Case No.	
☐ Annual Update			Medicaid ID No.	
☐ State funded Services	☐ Money Follows Person		☐ Other	
☐ Change in DD Support Status (*if applicable,* c**heck only one***)				
	☐ Deceased	☐ Refused Services	☐ Unable to Locate	☐ Moved to Another LME-MCO
	☐ Moved Out-of-State	☐ No Longer Receiving Services (other)		
	☐ Changed Provider (name):		☐ SIS Assessment (date completed)	

Current *NC-SNAP* Scores

Daily Living: __	**Health Care:** __	**Behavioral Supports:** __	**Overall Level:** __

Examiner/Agency Information

Examiner's Name:		Agency Name:	
NC-SNAP Certification No.		Agency Address:	
Examiner's Email:		Agency Phone:	

Individual's Type of Residential Placement *(check only one)*

☐	Independent Living (lives by self or with roommate)	☐	7 - 15 Bed ICF/ID Group Home
☐	Family Home (lives with family member or guardian)	☐	> 15 Bed ICF/ID Group Home
☐	Foster Home	**Adult Care/Nursing/Rest Homes (homes for aged/disabled)**	
☐	1 Bed Alternative Family Living (AFL)	☐	1 - 6 Bed Adult Care/Nursing/Rest Home
☐	2 - 6 Bed Alternative Family Living (AFL)	☐	7- 15 Bed Adult Care/Nursing/Rest Home
Supervised Living DD Adult Group Home (state funded)		☐	> 15 Bed Adult Care/Nursing/Rest Home
☐	1 - 3 Bed Supervised Living DD Adult	**Large Congregate Care (> 15 Bed)**	
☐	4 - 6 Bed Supervised Living DD Adult	☐	State Developmental Center
		☐	Psychiatric Hospital
Supervised Living DD Minor Group Home (state funded)		☐	Neuro Med Treatment Center
☐	1 - 3 Bed Supervised Living DD Minor	**Other Residential Not Listed Above (Specify Below)**	
☐	4 - 6 Bed Supervised Living DD Minor	☐	1 - 6 Bed Other Residential
		☐	7-15 Bed Other Residential
ICF/ID Group Home (Medicaid funded)		☐	> 15 Bed Other Residential
☐	1 - 6 Bed ICF/ID Group Home	Specify Other Residential	

Oct 2016

Frequently Asked Questions

NC SNAP: General Questions

This section provides answers to general questions and questions regarding the policies and procedures applicable to the NC SNAP.

How was the NC-SNAP developed? The NC-SNAP was developed through a 2½-year research project with the aim of developing an easy-to-use, reliable, and valid measure of individual need. This was accomplished through an extensive comparative field test.

How was the NC-SNAP validated? The NC-SNAP was validated by determining its predictive qualities in an extensive field test, in which the NC-SNAP was administered to hundreds of persons in a variety of settings who were receiving good to ideal services with support arrays that ranged from low (Level 1) to high (Level 5). The NC-SNAP predicted the level of need for the participant population at rates that are considered good for instruments assessing acuity of need.

How reliable is the NC-SNAP? During field-testing, inter-rater agreement of the NC-SNAP was about 70%, which compared favorably with other standardized assessment instruments at that time.

Will NC SNAP results be used to determine what services are delivered to a client? No, the NC SNAP **does not** specify services. It identifies needs which can be met through a variety of services. Therefore, services should not be added nor taken away solely based on an NC SNAP score.

Once an Innovations Waiver member had completed a SIS, the NC-SNAP is no longer required. Is this correct? If so, what are my next steps to ensure that the person is not counted as past due in the database? Yes, it is correct that the individual is no longer required to have a SNAP once they have completed a SIS. The responsible staff will complete the Summary Report and Supplemental Information sheet and submit it to the LME-MCO for processing. Once the report is processed, SIS Assessment-select in the SNAP database the individual will not show up as past due and there is no need to complete any other information for that individual. Information on past SNAPs will still be available but the individual will not be counted in the numbers for NC SNAP. If this is not

Once the SIS Assessment is recorded in the NC SNAP database for an Individual, will it need to be updated yearly for the individual to remain up to date and not be counted in the Past Due data for the NC SNAP? Once SIS assessment is selected for the individual in the **Change in DD Support Status section** of database the individual will not be counted in the numbers for NC SNAP and there is no need to complete any other information for that individual. This will only need to be done once for an individual, it is not updated yearly.

Do children in early intervention programs who do not have a formal diagnosis of a developmental disability need an NC SNAP? If the child is determined by the LME/MCO to be IDD eligible, then he/she should receive the NC SNAP. The SNAP is administered to children age 3 and above.

How will the NC-SNAP be used? The NC-SNAP will be used as a measure of intensity of need for persons served or waiting to be served by the North Carolina developmental disabilities service system. Additionally, the NC-SNAP can be used as an initial step in the development of a person-centered support plan.

Do people living in DDA homes need an NC-SNAP? Yes. All persons diagnosed with a developmental disability who are currently served under the North Carolina DD service system should have an NC-SNAP administered annually. Individuals waiting for DD services should have an NC-SNAP administered upon initial contact with the service delivery system and when the individual enters the DD service system.

Do children in early intervention programs who do not have a formal diagnosis of a developmental disability need an NC-SNAP? In the **absence** of a formal diagnosis of a developmental disability, children should receive an NC-SNAP **only** if there has been an application made on their behalf for CAP funding, they are receiving CAP funding, or they are receiving residential supports specifically designed for persons with developmental disabilities.

Will a registration fee be charged for examiner's training? No. There is not a fee for the required NC-SNAP training.

How long does my NC SNAP certification remain active? NC SNAP certification will automatically be inactivated after 21 months of inactivity (the examiner does not submit a completed assessment to the LME-MCO that is keyed in to the database for 21 months). Once an NC SNAP certification is inactive, re-certification is required.

Will examiners be issued a certification number after successfully completing NC SNAP training? Yes. Examiners should be given their certification number at the completion of examiner's training.

What happens if someone is not able to complete the training? To be certified as a NC SNAP examiner, an individual must successfully pass an examiner's training class. If someone does not successfully meet this certification criteria, he or she should repeat the training. If a person fails after a second training session, he or she will be ineligible to conduct NC SNAP administrations.

If I am a certified examiner, may I show my assistant how to administer the NC SNAP and let her use my examiner number? No. Only certified examiners may administer the NC SNAP. It is fraudulent for an examiner to put their certification number on a NC SNAP assessment if they have not administered themselves. If an examiner follows this practice the assessments will be invalid.

Will I need to be re-certified as an examiner if I move to another part of the state? No. Examiners may continue to use their original NC-SNAP examiner number anywhere in North Carolina. Although there have been discussions about requiring periodic re-certification, currently there are no requirements in place that require re-certification of examiners.

How can I become an NC-SNAP instructor? Currently, instructor training is not available.

Should I use a pencil or pen (blue or black ink) when I fill out the NC-SNAP? We recommend using a pen. Black ink is sometimes preferred or even required.

Where do we get blank forms? NC SNAP Assessment forms are available in PDF format and can be obtained by clicking this link the web page. These forms should not be altered in anyway.

https://www.ncdhhs.gov/providers/provider-info/mental-health/nc-support-needs-assessment-profile

Should the NC SNAP be re-administered each time the individual obtains a

When should the NC SNAP be re-administered? The NC SNAP should be re-administered at least annually in conjunction with the person-centered plan, or whenever there is a significant change in the individual's need profile (e.g., the individual suffers a debilitating stroke).

Who is qualified to become a NC SNAP examiner? To become a certified examiner the candidate must met the qualification of a QP (education and experience) and successfully complete NC-SNAP examiner training. <u>Experience may be pre or post degree.</u>

> **QP qualification:** Masters degree and 1 year of experience with population served
> 4-year degree in human service field and 2 years' experience with population served.
> 4-year degree in non-human service field and 4 years' experience with population served.

If an individual has no assigned case manager/support broker, who will be responsible for administering the NC-SNAP? The program DD authority should be responsible for the identification of appropriate persons to assume this responsibility.

Will examiners be issued a certification number after successfully completing NC-SNAP training? Yes. Examiners should be given their certification number at the completion of examiner's training.

What if someone fails the training? To be certified as an NC-SNAP examiner, an individual must successfully pass an examiner's training class. If someone does not successfully meet this certification criterion, he or she should repeat the training. If a person fails after a second training session, he or she will be ineligible to conduct NC-SNAP administrations.

If I am a certified examiner, may I show my assistant how to administer the NC-SNAP and let her use my examiner number? No. Only certified examiners may administer the NC-SNAP, and only certified NC-SNAP instructors may train and certify examiners.

Questions: Completing the NC-SNAP

Sometimes a person lives in a county other than their Medicaid Responsible County(MRC). Which county should be listed on the *Summary Report & Supplemental Information* sheet (and entered into the database)? Enter the name of the Medicaid responsible county (i.e., the county with legal or financial responsibility for the individual).

How do you define *significant natural supports*? *Significant natural supports* refer to natural, non-paid supports that if no longer available would still **have** to be provided to assure the health and safety of the person on an extended or ongoing basis. For example, if an individual lives at home with his or her parents, and the parents were to become incapacitated, would new supports be a necessity? If yes, circle *Yes* on the coversheet for the SNAP.

How should an examiner score an item when there is conflicting information? Ultimately, the examiner should score the item based on his or her own knowledge of the individual and his or her own better judgment after reviewing all available information. If two sources disagree, the examiner should seek additional information (e.g., from other persons, evaluations, or direct observations) to make an accurate informed decision.

Instructions for the NC-SNAP specify that the examiner should assess the individual's needs as opposed to the supports currently delivered. However, the *Physician's Services* column under *Health Care Supports* suggests that the examiner should average the number of physician visits during the previous year. Is this a contradiction? Not really, although we can see why this might seem unclear. When gauging the intensity of need associated with an individual's chronic health care need, it is helpful to assess the frequency of required physician intervention. If, however, the examiner feels that the previous year's average does not accurately reflect the individual's most current needs (e.g., due to a recent significant change in medical status), the score that best represents the most current needs should be marked.

Does *Equipment Supports* refer to the purchase of equipment? No. Score this item based on the amount of support that is required to maintain or service an individual's equipment. The purchase of the equipment should not be considered. For instance, some communication devices are very costly to purchase, but they may not require frequent repair or service. If the individual's prescribed equipment does not require frequent (i.e., less often than once per month) repair or service, score Level 1.

How is the NC-SNAP used as part of a personal plan for support? Page four of the NC-SNAP provides a worksheet that can be used to assist with the developing a personal support plan.

Why doesn't the NC-SNAP include a category specifically for vocation or communication supports? The NC-SNAP is designed to functionally assess an individual's level of intensity of need for supports and services. Some areas such as vocation and communication, while extremely important aspects of an individual's life, do not easily fit into need levels. During field-testing of the NC-SNAP, the authors found that including some of these categories actually hurt the predictive validity of the instrument.

How would I score psychiatric supports on the NC-SNAP? Medication monitoring provided by a psychiatrist is scored under *Physician Services* (e.g., psychotropic medication monitoring). However, if a service being supplied by a psychiatrist is some other services that could be provided by a psychologist or other mental health professional, such as counseling the service should be scored under *Mental Health Services (*i.e., score the domain that reflects the individual's true need).

If an individual receives 24-hour awake supervision because the residential program's policy requires it, should the individual be scored as requiring 24-hour awake supervision if their true need is only 24-hours without awake staff overnight? No, if the individual would be adequately supported without awake staff overnight, score the individual accordingly.

If an individual's only participation in self-care is to lift his arms to assist someone put on his shirt and walk to the bathroom with assistance, would this individual's *Assistance Needed* score be Level 4 (Partial to Complete Assistance) or Level 5 (Extreme Need)? Because the individual can participate, although in a very limited way, in self-care, the individual would **not** be scored at Level 5. Level 5 in *Assistance Needed* is reserved for those individuals who are completely and totally dependent on others for all of their care. The appropriate *Assistance Needed* score for this individual would be Level 4.

Level 5 under *Supervision* in the Daily Living Supports section of the NC-SNAP refers to *continuous monitoring*. What constitutes continuous monitoring? Continuous monitoring means without interruption and refers to nonstop monitoring either by direct observation or direct electronic monitoring (e.g., a medical alarm that is constantly on and equipped to sound an alarm as required). A good rule of thumb is to ask if the monitoring staff can briefly leave the room to get a cup of coffee. If so, continuous monitoring does not apply and Level 5 should not be scored. If the staff member must be replaced by another staff member before leaving the room, continuous monitoring does apply and Level 5 should be scored.

Conclusion/Contacts

Examiners should keep this guide for future reference and as an aid when completing NC SNAP assessments. Additionally, on-going support on the NC SNAP is available by contacting the NC SNAP support staff listed below at <u>DMHNCSNAP@dhhs.nc.gov</u>.

And remember, when it comes to assessing supports and needs for persons with developmental disabilities: **The first step is a *SNAP*!**

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NOTES

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