

THE CNA

A Fine Balance Between Support
Needs and Child Developmental
Milestones

SO MANY FACTORS TO CONSIDER

- ▶ The CNA doesn't include specific age limits
- ▶ How do we determine what age to consider as a cutoff for items?
- ▶ Which items are the most difficult to consider?

POINTS TO CONSIDER

- ▶ Every child has unique support needs
- ▶ No child fits into a specific mold
- ▶ Let's discuss examples of specific items:

TOILETING

- ▶ At what age would you consider a child independent with toileting?
- ▶ At what age would a partial assist be applicable?
- ▶ Is it typical for a child to have nighttime enuresis after the age of three?
- ▶ Examples?

FOOD PREPARATION

- ▶ For children age 15 - 17, what do typical supports look like?
- ▶ The bold print says to consider simple meals without the use of a stove or sharp knives.
- ▶ Would we ever consider the stoves or knives?
- ▶ What about skill building?
- ▶ Each child is unique.

MEDICINE ADMINISTRATION

- ▶ At what age should children be taking medicine on their own?
- ▶ All daily medicine is considered in this section whether it relates to the child's specific disability or not.
- ▶ How do we determine whether the supports are typical for a specific child or not?
- ▶ Examples?

COMPLEX MEDICAL NEEDS

- ▶ Is the medical condition complex?
- ▶ What should we know to determine if a medical condition is complex?
- ▶ Are the supports complex?
- ▶ Examples of complex conditions requiring complex supports

NIGHTTIME SUPPORT NEEDS

- ▶ What are typical supports for a child of any given age?
- ▶ What about those nightmares?
- ▶ Is there an age cutoff for behavioral supports?
- ▶ Examples?

BEHAVIOR SECTION

- ▶ Are tantrums typical for all three year old children?
- ▶ When should a BSP be written for a young child?
- ▶ Young children need to be supervised in the community. How do we determine if supervision is for safety vs. behavioral needs?

“THE ESSENCE OF OUR EFFORT TO SEE THAT EVERY CHILD HAS A CHANCE MUST BE TO ASSURE EACH AN EQUAL OPPORTUNITY, NOT TO BECOME EQUAL, BUT TO BECOME DIFFERENT - TO REALIZE WHATEVER UNIQUE POTENTIAL OF BODY , MIND AND SPIRIT HE OR SHE POSSESSES.”

JOHN FISCHER



The Assessment Toolbox

Ideas for a Successful Picture of Support Needs

What do we bring with us
into the assessment?

Video: Get Service

Build Trust

- o Identify roles
- o Explain purpose of assessment
- o Be clear about expectations – non-consensus
- o Varying contributing factors – file review, observation, assessment

Provider Concerns

- o Will hours be cut?
- o Am I doing what I should be doing for this individual?
- o This is all so new to me!
- o How can we ease some of these concerns?

Get the right
Picture of
supports!



A Day in the life of Joe

- Joe is a 25 year old who lives at home with his parents.
- How can we learn about Joe's needs without asking the ANA questions word for word?
- Get a picture of what a typical day looks like for Joe.
- Let's answer some ANA support needs sections.

Hearing vs. Listening

- o What's in my toolbox? – File review and observation
- o Have we decided what the scores are before the assessment? Don't assume....
- o How can we be unbiased and neutral?
- o Really listen to description of support needs
- o What supports are needed?

Wrapping up the Assessment

- o You've done the file review, observation and assessment...What next?
- o Complete the assessment tool.
- o Choose the score that best reflects the individual's support need.
- o Write notes that describe what the individual contributes and what supports are needed.
- o Be ready to justify the scores.



Adult Needs Assessment/ Child Needs Assessment Field Notes

Demographics/1st tab

| | | | | | |
|--|--|----------|---|--------|--|
| Legal Name | | Birthday | | Age | |
| Prime # | | Height | | Weight | |
| Individual participated <input type="checkbox"/> Yes <input type="checkbox"/> No | | Sex | Guardian <input type="checkbox"/> self <input type="checkbox"/> name: | | |

| | | | |
|----------------------------------|--|--------------------------|--|
| Assessment Type | | Interview date | |
| SC or PA name and # | | CDDP/County or Brokerage | |
| Assessor Name, Affiliation and # | | | |

| Participant Name | Relationship | Phone # |
|------------------|--------------|---------|
| | | |
| | | |
| | | |
| | | |

| | | |
|---------------------------|--|--|
| Interview Start/Stop time | | |
|---------------------------|--|--|

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|--|
| Notes from file review to consider during face to face (i.e., sensitive topics, diagnoses, communication needs): |
| |

Please note: Consider the 2:1 rating for appropriate items when 2:1 supports are provided regularly for the task, but not necessarily always. For example, Joe uses a Hoyer lift for most transfers and needs 1:1 full support, however, he needs 2:1 support for all transfers in the bathroom because the Hoyer will not fit in the bathroom. If these 2:1 transfers are part of a typical day and are done routinely, mark the 2:1 rating, if a 2:1 transfer is occasional or not regularly done then mark the most appropriate option to reflect typical support need. (This 2:1 rule does not apply to the SNAP.)

ADLs/2nd tab

| Transportation – coordinate, arrange, plan (bus, walk, ride, etc.) | |
|---|---------------------------|
| <input type="checkbox"/> Independent | Notes (including source): |
| <input type="checkbox"/> Partial – some assist | |
| <input type="checkbox"/> Full – dependent on assistance | |

| Ambulation – Physical ability; home and community (weight bearing or propelling) | |
|---|---------------------------|
| <input type="checkbox"/> Independent | Notes (including source): |
| <input type="checkbox"/> Partial – some assist | |
| <input type="checkbox"/> Full – dependent on assistance; all aspects | |
| <input type="checkbox"/> 2 Person - dependent on assistance; some aspects | |

| Transferring/Positioning – to/from, in/out; positioning in chair/bed/etc | |
|--|---------------------------|
| <input type="checkbox"/> Independent | Notes (including source): |
| <input type="checkbox"/> Partial – some assist | |
| <input type="checkbox"/> Full – dependent on assistance; all aspects | |
| <input type="checkbox"/> 2 Person - dependent on assistance; some aspects of a routine transfer (every day or nearly every day). Not required to be 2:1 for all transfers. | |

| Eating and Drinking – physical ability; orally or tube; nutrition/hydration; <u>not diet</u> (aspiration risk-Dr. order) | |
|---|---------------------------|
| <input type="checkbox"/> Independent | Notes (including source): |
| <input type="checkbox"/> Partial – food cut up, come and go | |
| <input type="checkbox"/> Partial – intermittent – alter texture, come and go | |
| <input type="checkbox"/> Full – constant assist and monitor | |
| <input type="checkbox"/> Full – constant assist and monitor; plus aspiration | |

Meal Preparation – simple meals – sandwiches, frozen entrees, cereal and toast, and more complex meals; – scoop, pour, use appliances, organize steps

Independent

Partial – some meals

Partial – all meals

Full – dependent on full assist all aspects of meals

Notes (including source):

Toileting – use toilet/commode/bedpan/urinal; cleanse after elimination; adjust clothing

Independent or N/A

Partial - Cuing

Partial - Assist

Full – Dependent all parts (90% or more)

Notes (including source):

Bladder and Bowel – medical incontinence; catheter or ostomy care *daytime only

Independent or N/A

Partial – requires assistance

Full – Dependent on another to complete all parts

Notes (including source):

***Full support may not be entered for both Toileting and Bladder and Bowel (consider which support is most prevalent)**

Laundry and Housekeeping – current ability; not if does or not – physical, keep focus, remember steps

Independent

Partial- cuing – monitor, remind, minor cuing

Partial- physical – monitoring; some physical

Full – Dependent on another to complete all parts

Notes (including source):

Bathing – bathe and wash hair – Consider entire item (physical & cognitive sequencing)

Do not include support for transfers, monitoring for medical reasons (i.e. seizures), or behavior supports

Independent

Partial – some assist

Full – dependent on assistance; all aspects

2 Person - dependent on assistance; **some** aspects

Notes (including source):

Hygiene – facial care, oral care, shaving, menses

Independent

Partial – some assist includes cuing

Full – Dependent on another to complete

Notes (including source):

Dressing and Hair Care – dress, undress, comb hair

Independent/reminding

Partial – some assist includes monitor/cuing

Full – total assist

Notes (including source):

Money management – budget, pay monthly expenses, necessary purchases, personal spending money

Shopping – make list, cart/basket, make choices from available options, load/unload

Independent – both no assist

Partial – some assist, some parts, either task

Full – assist to manage funds **and** complete most to all parts of shopping on person’s behalf

*Presence of Rep Payee does not always equate to Full.

Notes (including source):

Medical/3rd Tab

Communication – Expressive and Receptive – express needs; understand direction; assistive technology

Independent – no assist ever

Partial – intermittent assist (day/week/month)

Full – continual/ongoing throughout day; both

Notes (including source):

Telephone and Communication Systems – use phone/communication device; contact caregivers; use 911; contact and communicate for emergency and non-emergency (need for assistance)

Independent – no assist ever

Partial – intermittent assist (day/week/month)

Full – continual/ongoing throughout day; both

Notes (including source):

Safety – recognize, understand, and protect from potential hazards in home and/or community

Independent – no assist ever

Partial – intermittent assist (day/week/month)

Full – continual/ongoing throughout day

Requires someone to be physically present to recognize and protect from hazards 5am-10pm.

Notes (including source):

Fire Evacuation – evacuate the home in an emergency

Independent – no assist

Partial – verbal assistance

Full – physical assistance

Notes (including source):

| Medication Management Supports – Oral (Prescription and OTC); right dose, time, medication | |
|---|---------------------------|
| <input type="checkbox"/> Independent – less than daily oversight | Notes (including source): |
| <input type="checkbox"/> Full 1-4 – some or all <u>daily</u> assistance to administer & monitor for 1-4 meds. | |
| <input type="checkbox"/> Full 5-6 – some or all <u>daily</u> assistance to administer & monitor for 5-6 meds. | |
| <input type="checkbox"/> Full 7+ – some or all <u>daily</u> assistance to administer & monitor for 7+ meds. | |

| Medication Management Supports – Inhalants, Topicals, Suppositories | |
|--|---------------------------|
| <input type="checkbox"/> Independent – no assist | Notes (including source): |
| <input type="checkbox"/> Partial – some aspects administered or monitored | |
| <input type="checkbox"/> Full – all aspects administered by another person | |

| Medication Management Supports – Injections (including through g-tube) | |
|---|---------------------------|
| <input type="checkbox"/> Independent – no assist ever | Notes (including source): |
| <input type="checkbox"/> Partial – some aspects administered or monitored | |
| <input type="checkbox"/> Full – all aspects administered by another person | |

| Health Management Supports - General – maintain general health, address ongoing medical support needs, awareness and communication, coordinate appointments, prescriptions and treatments, ID and treat minor illness/ailments, interventions not covered in other items; not supports covered elsewhere | |
|---|---------------------------|
| <input type="checkbox"/> Independent – no assist/IDs , communicates, accesses and follows through | Notes (including source): |
| <input type="checkbox"/> Individual Directed Care | |
| <input type="checkbox"/> Partial – monitor daily, treatment not daily | |
| <input type="checkbox"/> Full – daily monitor and assist with treatment or intervention; not complex | |

| Complex Health Management Supports – See manual for comprehensive instructions | |
|--|---------------------------|
| <input type="checkbox"/> Not Applicable | Notes (including source): |
| <input type="checkbox"/> Independent – self provides required complex interventions | |
| <input type="checkbox"/> Individual Directed Care | |
| <input type="checkbox"/> Partial Assist – weekly – Monitor daily/weekly, support at least weekly, not daily | |
| <input type="checkbox"/> Partial Assist – 1-3/day – Monitor daily/throughout day, adjust and provide support 1-3/day | |
| <input type="checkbox"/> Full Assist - >3/day - Monitor daily/throughout day, adjust and provide support >3/day | |
| <input type="checkbox"/> Full Assist and Monitoring – EF – constant monitoring (eyes on); assist/intervene throughout day and night; Think about end of life | |
| <input type="checkbox"/> 2 Person Assist – Mark in addition to another item if 2 person assist is required for treatment | |

| | | | | |
|--|---|---|--|--|
| Equipment <input type="checkbox"/> Not Applicable (No equip) <input type="checkbox"/> Cane <input type="checkbox"/> Leg Braces <input type="checkbox"/> Walker <input type="checkbox"/> Ankle/foot orthotics <input type="checkbox"/> Arm Splints <input type="checkbox"/> Adaptive eating equipment | <input type="checkbox"/> Hospital bed <input type="checkbox"/> Grab bars by bed <input type="checkbox"/> Hanging bar above bed <input type="checkbox"/> Shower chair <input type="checkbox"/> Grab bars in bathroom <input type="checkbox"/> Shower Gurney | <input type="checkbox"/> Non-electronic communication board <input type="checkbox"/> Electronic communication board <input type="checkbox"/> Hoyer lift <input type="checkbox"/> Transfer equip <input type="checkbox"/> Body jacket <input type="checkbox"/> Manual wheel chair <input type="checkbox"/> Electric wheel chair <input type="checkbox"/> Prone stander <input type="checkbox"/> Sidelyer | <input type="checkbox"/> Tube feeding equipment <input type="checkbox"/> Nebulizers <input type="checkbox"/> C-Pap <input type="checkbox"/> Oxygen <input type="checkbox"/> Ventilator <input type="checkbox"/> Pulse Oxymeter <input type="checkbox"/> Heart Monitor <input type="checkbox"/> Suctioning Equipment | <input type="checkbox"/> Vegal stimulator <input type="checkbox"/> Diabetic insulin pump <input type="checkbox"/> Baclofen Pump <input type="checkbox"/> Prosthetics <input type="checkbox"/> Other: |
| Notes: | | | | |

Nursing Assessment Indicators/4th Tab

Nursing Assessment Indicators and Contract RN process – Individual, family and/or provider discuss with PA or SC

Nighttime needs/5th Tab

| | |
|--|---|
| Nighttime– need (not want or convenience) at night for any reason (medical, behavioral, ADL) – Nighttime hours are 10:00PM – 5:00AM – In person supports (not over the phone) | |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Ongoing Nightly – requires an awake caregiver throughout the night; not EF |
| <input type="checkbox"/> Independent – gets up but gets back to bed | |
| <input type="checkbox"/> Monthly Assist; includes frequent monitoring | <input type="checkbox"/> Exclusive Focus (EF) – Caregiver is awake and in the same room, focus on the individual |
| <input type="checkbox"/> Weekly Assist; includes monitoring during the night (includes nightly monitoring) | <input type="checkbox"/> 2:1 – EF is required throughout the night and 2 person assist typically required some or all throughout the night. |
| <input type="checkbox"/> Intermittent Nightly Assist – Assist every night 1 or more times | Notes (including source): |

Social and Behavior Supports/6th Tab

| | |
|---|---------------------------|
| Community Integration Support – initiate, coordinate, and complete (or develop the skills to complete) the steps of various community based tasks and activities (bank, post office, library, movie theatre, social services); use typical social standards (following rules, waiting, language, tone, gestures, physical boundaries). | |
| <input type="checkbox"/> Independent – never needs support | Notes (including source): |
| <input type="checkbox"/> Infrequent Support – less than monthly support | |
| <input type="checkbox"/> Coordination/Occasional Support – support prior to activities, not (or rarely) during activities | |
| <input type="checkbox"/> Intermittent Support – support needed during some but not all community activities | |
| <input type="checkbox"/> Full Support – support needed during all to almost all community activities | |
| <input type="checkbox"/> Constant Coordination and Support – someone must complete all steps of all activities on person’s behalf | |

Social Interaction: *regarding social interactions that occur in the community* - to understand the nuances of verbal and non-verbal communication (but not messages); apply common social norms - tone, initiate and participate, appropriate topics, personal information, listen, personal space, use of physical contact, eye contact, turn take, facial expressions and body language

- Independent – never needs support
- Preparation - support **prior to** activities, not (or rarely) during social interactions
- Intermittent Support – support person must be present during **less than half of** social interactions
- Full Support –support person must be present during **more than half, but not all** social interactions
- Constant Coordination and Support – support person must be present during **all** social interactions

Notes (including source):

List behaviors, result (harm, legal issues, etc) and current interventions identified during documentation review and interview:

For **each behavior** consider: Does the behavior result in significant risk or harm to self or others? Are there supports in place that mitigate the risk?

(On the next page, identify where the supports for behavior might best fit. There is one item for supports that can be sufficiently identified w/o a BSP and the last 4 items that identify supports that would best be outlined in a BSP. Although one person might have different behaviors addressed in the no-formal plan item and the BSP items, the same behavior cannot be address in the no-formal plan item and the 4 BSP items.)

No Plan = anxiety, yelling, crying, throwing things, etc. **Plan** = serious harm to self or others, get arrested.

**Behavior Supports Home and Community
No –Formal Plan**

| |
|--|
| Behavior(s): |
| <input type="checkbox"/> N/A – no monitoring or support for behavior |
| <input type="checkbox"/> Redirecting – needed when behavior or triggers occur |
| <input type="checkbox"/> Hearing or visual distance – caregiver must always be able to hear or see the person at home and in the community |
| <input type="checkbox"/> Hearing and visual distance – caregiver must always be able to hear and see the person at home and in the community |

Formal Plan - Type of plan

Please note: If N/A is marked, do not complete the remaining questions.

| |
|---|
| Behavior(s): |
| <input type="checkbox"/> N/A – No BSP needed |
| <input type="checkbox"/> BSP – No Physical Intervention |
| <input type="checkbox"/> BSP – With Physical Intervention |
| <input type="checkbox"/> Mental Health Plan with emergency response |

Supervision – Home and Community

| |
|---|
| Behavior(s): |
| <input type="checkbox"/> N/A – no monitoring or support for behavior |
| <input type="checkbox"/> Redirecting – needed when behavior or triggers occur |
| <input type="checkbox"/> Hearing or visual distance – caregiver must always be able to hear or see the person at home |
| <input type="checkbox"/> Hearing and visual distance – caregiver must always be able to hear and see the person at home |

BSP – Exclusive Focus hours – only if risk of injury and behavior is imminent

| | |
|--|---|
| Behaviors/Notes (history of injury, frequency and duration of episodes): | |
| <input type="checkbox"/> N/A – No 1:1 EF | <input type="checkbox"/> 1:1 up to 8 hours |
| <input type="checkbox"/> 1:1 up to 2 hours | <input type="checkbox"/> 1:1 up to 10 hours |
| <input type="checkbox"/> 1:1 up to 4 hours | <input type="checkbox"/> 1:1 up to 12 hours |
| <input type="checkbox"/> 1:1 up to 6 hours | <input type="checkbox"/> 2:1 at all |

BSP - Community Supervision

| |
|--|
| Behavior(s): |
| <input type="checkbox"/> N/A – BSP Level Supervision in Community not required |
| <input type="checkbox"/> Hearing or visual distance |
| <input type="checkbox"/> Hearing and visual distance |
| <input type="checkbox"/> 1:1 Exclusive Focus in Community |
| <input type="checkbox"/> 2:1 Exclusive Focus in Community |