

North Carolina Support Needs Assessment Profile (NC-SNAP)

INSTRUCTIONS: Complete the background information below. Then, using the Domain grids on Pages 2 and 3, start at the top of each column and read down until you locate the level that best describes the individual's current needs. When you find that level, make an "X" in the box. Then proceed to the next column. Repeat the process for each grid. After completing all three grids, proceed to Section II, the "NC-SNAP Profile" below.

Note: Focus only on this particular person's needs. Do not make comparisons to other individuals. Also, do not base your answers solely on what services the individual is or is not receiving; focus on what supports the individual truly needs. For example, the individual may reside in a setting that provides 24-hour staff coverage; consider whether this level of support is actually needed for the individual or if less supervision would be appropriate.

I. Background Information

Individual's Name: _____

Unique ID No.: _____ Case No.: _____

Birthdate: _____ Age: _____

Address: _____

Phone: (____) _____ LME/MCO: _____

Medicaid/Responsible County: _____

Current DD System Supports: (Check only one)

In Service

In Service - More Services Requested (insufficient services)

Service Determination Pending (intake assessment only)

Needed Services Not Available (waiting for services)

Examiner: _____ Phone: (____) _____

NC-SNAP Certification No.: _____

Relationship to individual: _____

Agency Name: _____

Date of Assessment: _____

II. NC-SNAP Profile

After completing all three grids:

- find the level marked for each column on Pages 2 and 3 and circle that level in the corresponding column of the chart below
- draw a line connecting the circles in each domain on the chart below
- record the **highest** (largest) score for **each** domain in the appropriate box below
- write the **highest** of these three scores in the "Overall Level of Eligible Support" box
- then, proceed to Page 4, the NC-SNAP Support Summary

Daily Living Domain				Health Care Domain				Behavioral Domain		
Superv	Assist	Age	Struct	MD	RN	Allied	Equip	M.H.	Severity	Interven
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

Daily Living Supports =

Health Care Supports =

Behavioral Supports =

Overall Level of Eligible Support =

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Daily Living Supports

Level	Supervision	Assistance Needed	Age-Related	Degree of Structure Provided by Others
1	Less than 8 hours per day on average	No assistance needed for most self-help and daily living skills (i.e., independent); however, some verbal prompts or gestures may be needed for some skills, and complete assistance may be needed for complex skills such financial planning and health planning.	Adult (16.01 years and above)	None or Minimal Few special activities need to be planned for the person
2	9-16 hours daily on average (e.g., can be left unattended at night)	May be independent in some skills, but verbal prompts or gestures are needed to accomplish many self-help and daily living skills, and may require hands-on or complete assistance for some basic skills and all complex skills.	Child/Teen (6.01 to 16 years)	Moderate to Extreme Some or all daily activities need to be planned for the person
3	24 hours (does not require awake person overnight)	Hands-on assistance needed to accomplish most self-help and daily living skills, and typically, will require complete assistance for some basic skills and all complex skills.	Young Child (2.01 to 6 years)	Intensive All activities must be planned, and the person must be prompted to engage in all activities
4	24 hours with awake person overnight	Individual can assist in some tasks (e.g., lift arms to put on shirt), but hands-on to complete assistance is needed to accomplish all tasks associated with self-help, daily living, decision making, and complex skills (e.g., cannot feed self)	Infant (Birth to 2 years)	
5	Extreme Need: 24-hour continuous, non-stop monitoring by awake person specifically trained to meet individual's particular needs	Extreme Need: All tasks must be done for the individual, with no participation from the individual whatsoever in any task		

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Health Care Supports

Level	Physician Services	Nursing Services	Allied Health Professionals	Equipment Maintenance
1	For routine health care only	For routine health care only	Less often than once per week	Less often than once per month
2	Up to quarterly consultation or treatment for chronic health care needs	1 – 3 times per month	One or more times per week	One or more times per month
3		Weekly		
4	More than quarterly (i.e., five or more times a year) for consultation or treatment of chronic health care needs	Daily		
5	Extreme Need: Chronic medical condition requires immediate availability of a physician and frequent monitoring	Extreme Need: Several times daily -or- Continuous availability		

Behavioral Supports

Mental Health Services	Behavioral Severity	Direct Intervention
None or Periodic Need (e.g., periodic counseling, motivation or self-help program)	None	<ul style="list-style-type: none"> • None
Consultation to develop/monitor <ul style="list-style-type: none"> • individualized behavioral guidelines or reinforcement procedures and/or • ongoing counseling with a mental health professional 	Not injurious to self and/or others -but- Mildly disruptive	<ul style="list-style-type: none"> • Intervention necessary using routine techniques (e.g., interruption of behavior and redirection) • May require additional supervision and monitoring
Licensed or certified mental health professional needed to develop and monitor a formal behavior intervention program	Injurious to self and/or others -or- Severely disruptive	<ul style="list-style-type: none"> • Application of protective interventions which may be restraining (e.g., helmets, gloves, or other devices designed to prevent injury)
Licensed or certified MH professional with expertise in the treatment of extreme behavior problems needed to develop and provide direct oversight of a comprehensive intervention plan based on analysis and frequent assessment	Life threatening (behaviors pose an immediate threat to life)	<ul style="list-style-type: none"> • Application of contingent interventions (applied as a consequence following a behavior) which may be restraining -or- • Individualized preventive intervention techniques
Extreme Need: Treatment by specialized professional team with advanced experience with extreme behavior problems: <ul style="list-style-type: none"> • daily contact • 24-hour on-call • complex intervention plan with continuous assessment and refinement 	Extreme Need: Severity of behavior requires controlled environment that prohibits unauthorized leaving	Extreme Need: <ul style="list-style-type: none"> • Intervention procedures require continuous (24-hour) one-to-one or greater staffing

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III. NC-SNAP Support Summary

Use this grid to summarize the results of this NC-SNAP. List the support needs that were identified, as well as any supports or services that are currently in place to meet these needs. Indicate “Yes” if there is an unmet need. Also note individual or family preferences for particular supports. [See example below.] This information should be helpful to the planning team as it prepares to develop the person’s support plan.

EXAMPLE

Daily Living Domain: Supervision: 24-hour awake staff	Parents	Aide, 2 hr/wk		Assistive Living Apartment with 24-hour aide
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Needs	Current Natural Supports	Other Current Supports	Need Is Unmet	Preferences or Requested Supports
<u>Daily Living Domain:</u>				
Supervision:				
Assistance:				
Age-Related:				
Structure:				
<u>Health Care Domain:</u>				
Physician (MD):				
Nursing:				
Allied Prof.:				
Equipment:				
<u>Behavioral Domain:</u>				
Mental Health:				
Severity:				
Intervention:				
<u>Other:</u> (e.g., vocation, communication)				