

MACOMB COUNTY COMMUNITY MENTAL HEALTH - FOCUS
SUPPORTS NEEDS WORKSHEET

Name: _____ **Case #:** _____ **Case:** _____

Date of Birth _____ **Home Phone** _____ **Current Admission** _____

Address _____ **Primary Program:** _____
Case Holder: _____

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1. Supports Needs Worksheet: Assessment

Assessment Date

[Use Current Date](#)

Self-Care

0=Does Independently 1=Prompts to initiate 2=Prompts to complete each step
3=Some physical assistance 4=Complete physical assistance N/A(e.g. not age appropriate)

	0	1	2	3	4	N/A
Eating Safely uses utensils, cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing Buttons, zippers, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grooming/Hygiene Combs hair, shaves, teeth, menses care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing Safely sets water temp, washes hair, body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Narrative

(opportunities to learn skills, history of training, progress made, etc)

characters left: 1024

Criteria Met?

Substantial functional limitation = "2", "3" or "4" in two or more areas.

Yes No

Community Living Supports (CLS) may not supplant other waiver or state plan covered services (e.g....Home Help Program...). See Medicaid Manual for additional information.

Receptive and Expressive Language

0=Understood by strangers and support people 1=Understood by only support people
2=Cannot do N/A(e.g. not age appropriate)

	0	1	2	N/A
Expresses basic needs Toileting, hunger, pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answers simple questions How are you? Where is the bathroom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relates personal experiences What did you do today? Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understands basic questions What is your name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understands simple 1-2 step directions Stand up, put on your coat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Narrative

(name of native language, interpreter needed, use of gestures, assistive technology, etc)

characters left: 1024

Criteria Met?

Substantial functional limitation = "1" or "2" in two or more areas.

Yes No

Learning

Intelligence testing on file?

Yes No

Intelligence test scores should be evaluated with the assistance of a trained psychologist, who can interpret the range of scores both within and between tests to assist with a final decision.

Test 1

IQ Scores

IQ Testing Instrument

IQ Testing Date

 

Test 2

IQ Scores

IQ Testing Instrument

IQ Testing Date

 

Narrative

characters left: 1024



Criteria Met?

Substantial functional limitation = IQ 70 or below.

Yes No

Mobility

0=Can do

1=Cannot do

N/A(e.g. not age appropriate)

0 1 N/A

Ambulatory without assistive devices

In-home transfers

Bed to chair, chair to sofa, etc.

Narrative

(summarize mobility skills including supportive equipment such as crutches, wheelchair, lifts, ramps, etc)

characters left: 1024



Criteria Met?

Substantial functional limitation = "1" in at least one area.

Yes No

Self-Direction

0=Does Independently

1=Can do with assistance

2=Cannot do

N/A(e.g. not age appropriate)

0 1 2 N/A

Deciding what to eat

Makes basic food choices

Deciding what to wear

Weather appropriate

Awareness of self-care needs

Bathing, grooming

Applies individual routine or schedule

Able to plan time effectively

Understands financial affairs

Understands personal income, expenses, knows costs, etc.

Makes informed medical decisions

When to see a doctor, takes meds, understands side effects

Makes reasoned choices regarding future plans

living arrangements, work/school goals, etc.

Narrative

(involvement/identity of support people. Please note: only assess cognitive functioning, not physical ability)

characters left: 1024



Criteria Met?

Substantial functional limitation = "1" in two or more areas.

Yes No

Capacity For Independent Living

0=Does independently 1=Prompts to initiate 2=Prompts to complete each step
 3=Some physical assistance 4=Complete physical assistance N/A(e.g. not age appropriate)

	0	1	2	3	4	N/A
Housekeeping						
Laundry, vacuuming, light cleaning, dishes, trash removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food preparation						
Can prepare simple meal, e.g. sandwich cereal, uses microwave, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping						
Selects and pays for goods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home safety						
Careful about household dangers, could implement safety procedures in case of fire or tornado, calls 911	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community and safety laws						
Avoids dangerous situations, follows traffic safety, respects laws and rights of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traveling in Neighborhood						
Navigates within immediate neighborhood, crosses local streets, identifies landmarks, homes, stores, streets, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traveling in Community						
Drives/arranges public transportation to and from locations essential to basic needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate community behavior						
Public behavior is appropriate to social norms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitors and recognizes health and diet issues						
Keeps appropriate diet, knows symptoms of illness and first aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Narrative

characters left: 1024



Criteria Met?

Substantial functional limitation = "2", "3" or "4" in at least 5 areas.

Yes No

Community Living Supports (CLS) may not supplant other waiver or state plan covered services (e.g....Home Help Program...). See Medicaid Manual for additional information.

0=Does independently 1=Prompts to initiate 2=Prompts to complete each step
 3=Some physical assistance 4=Complete physical assistance N/A(e.g. not age appropriate)

	0	1	2	3	4	N/A
Medication Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Narrative

characters left: 1024



Economic Self-Sufficiency

0=Competitive employment
2=None

1=Supportive employment / Sheltered workshop
N/A(e.g. not age appropriate)

0 1 2 N/A

Employment within past 2 years

Narrative

(history of seeking employment, reasons for not seeking employment, detailed employment history, full time/part time status, etc)

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0=Does Independently
3=Complete Assistance

1=Prompts to complete
N/A(e.g. not age appropriate)

2=Some Assistance

0 1 2 3 N/A

Handling money/purchasing

Paying bills

Narrative

(describe nature of assistance, if any)

characters left: 1024



Criteria Met?

Substantial functional limitation = 1 or higher in at least one area
OR
if consumer currently has SSI or SSDI benefits in place.

Yes No

Information Sources (Check all that apply)

- Self-Report Family Landlord
- Roommate Observation Other:

Conclusions/Formulations About Support Service Needs/Desires Identified

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✓ Spell Check

Save and Continue to Send Copy to	SAVE	CANCEL
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Name:

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Home Phone

Current Admission

Address

Primary Program:

Case Holder:

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2. Supports Needs Worksheet: Send Copy to

Instructions:
Once this document has been signed, it will be copied and sent to all parties listed below. For all documents that are to be sent outside of your agency, please be sure you have a valid Authorization for Release of Information before adding this copy request.

- To notify staff of document completion, click on **Send to Staff**.
- To send a copy of this document to a location outside of your agency, click on **Send External Copy**.
- To share a copy of this document with another County / Affiliate click on **Send Copy to County / Affiliate**.

4 Document Copies	
Send Copy To / Review By	Status
<input type="text"/> lookup clear	
<input type="text"/> lookup clear	
<p>Location: lookup clear</p> <p>Contact Name: <input type="text"/></p> <p>Purpose: <input type="text"/> <input type="text"/> ?</p>	
<p>Location: lookup clear</p> <p>Contact Name: <input type="text"/></p> <p>Purpose: <input type="text"/> <input type="text"/> ?</p>	

[Send to Staff](#)

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Record Added

Record Changed

[Save and Continue to Signatures](#) [Save](#) [CANCEL](#)

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3. Supports Needs Worksheet: Signatures

Service Activity Logs

Staff:	Date: <input type="text"/>	Contact Type: <input type="text"/>
Consumer:	Begin: <input type="text"/> <input type="text"/>	Attendance: <input type="text"/>
<input type="text"/>	End: <input type="text"/> <input type="text"/>	Place of Service: <input type="text"/>
<input type="text"/>	<input type="checkbox"/> SAL Spans Midnight	Staff Type: <input type="text"/>
<input type="text"/>	<input type="checkbox"/> IDDT	
<input type="text"/>	Authorization: <input type="text"/>	CPT Code: <input type="text"/> <input type="text"/>
<input type="text"/>	Please use the LOOKUP button to find an authorization and CPT code for the service provided	
Was physician on site? (Medicare)	Physician on Site: <input type="text"/>	<input type="text"/>
<input type="radio"/> Yes <input type="radio"/> No		

Electronic Signatures

Instructions

When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By

Enter your password to sign

Record Added

Record Changed