

# 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: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Unique ID No.: \_\_\_\_\_ Case No.: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 County: \_\_\_\_\_ Area Program: \_\_\_\_\_  
 Are There Significant Natural Supports In Place? Yes No  
 Current DD System Supports: (Check only one)  
 First Contact       Waiting List (no services)  
 In Service       Waiting List (insufficient services)  
 Examiner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 NC-SNAP Certification No.: \_\_\_\_\_  
 (relationship to individual: \_\_\_\_\_)  
 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** 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	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	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	<ul style="list-style-type: none"> <li>• <b>No assistance</b> needed in <b>most</b> self-help and daily living areas</li> <li>• <b>Minimal assistance</b> needed in <b>some</b> self-help and daily living areas</li> <li>• <b>Minimal to complete assistance</b> needed to complete complex skills such as financial planning and health planning</li> </ul>	Adult (16.01 years and above)	<b>None or Minimal</b> <ul style="list-style-type: none"> <li>• Few special activities need to be planned for the person</li> </ul>
2	9-16 hours daily on average	<ul style="list-style-type: none"> <li>• <b>No assistance</b> in <b>some</b> self-help, daily living areas</li> <li>• <b>Minimal assistance</b> for many skills</li> <li>• <b>Complete assistance</b> needed in <b>some</b> basic skills and all <b>complex</b> skills</li> </ul>	Child/Teen (6.01 to 16 years)	<b>Moderate to Extreme</b> <ul style="list-style-type: none"> <li>• Some or all daily activities need to be planned for the person</li> </ul>
3	24 hours (does not require awake person overnight)	<ul style="list-style-type: none"> <li>• <b>Partial</b> (hands on assistance) <b>to complete assistance</b> needed in <b>most</b> areas of self-help, daily living, and decision making</li> <li>• Cannot <b>complete</b> complex skills</li> </ul>	Young Child (2.01 to 6 years)	<b>Intensive</b> <ul style="list-style-type: none"> <li>• All activities must be planned and initiated for the person</li> </ul>
4	24 hours with awake person overnight	<ul style="list-style-type: none"> <li>• <b>Partial to complete assistance</b> is needed in <b>all</b> areas of self-help, daily living, decision making, and complex skills</li> </ul>	Infant (Birth to 2 years)	
5	<b>Extreme Need:</b> 24 hours, awake person trained to meet individual's particular needs; continuous monitoring	<ul style="list-style-type: none"> <li>• <b>Extreme Need:</b> All tasks must be done for the individual, with no participation from the individual</li> </ul>		

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## Health Care Supports

Level	Physician Services	Nursing Services	Allied Health Professionals	Equipment Supports
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 need	1 – 3 times per month	One or more times per week	One or more times per month
3		Weekly		
4	More than quarterly for consultation or treatment	Daily		
5	<b>Extreme Need:</b> Chronic medical condition requires immediate availability and frequent monitoring	<b>Extreme Need:</b> Several times daily or continuous availability		

## Behavioral Supports

Mental Health Services	Behavioral Severity	Direct Intervention
<b>None or Periodic</b> e.g., counseling, motivation or self-help programs	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Consultation</b> e.g., to develop and/or monitor individualized guidelines or reinforcement procedures plus counseling if needed	<ul style="list-style-type: none"> <li>Not injurious to self and/or others</li> <li><b>-but-</b></li> <li>Mildly disruptive</li> </ul>	<ul style="list-style-type: none"> <li>Intervention necessary using routine techniques (e.g., interruption of behavior and redirection)</li> <li>May require individualized staffing on a part-time basis</li> </ul>
<b>Consultation by licensed or certified mental health professional</b> <ul style="list-style-type: none"> <li>to develop and/or monitor a formal behavior intervention program</li> </ul>	<ul style="list-style-type: none"> <li>Injurious to self and/or others</li> <li><b>-or-</b></li> <li>Severely disruptive</li> </ul>	<ul style="list-style-type: none"> <li>Application of protective interventions which may be restraining</li> </ul>
<b>Treatment by licensed or certified MH professional with expertise in the treatment of extreme behavior problems</b> <ul style="list-style-type: none"> <li>comprehensive intervention plan-based on analysis, frequent assessment, and structuring of interactions</li> <li>direct oversight of plan by licensed professional</li> </ul>	<ul style="list-style-type: none"> <li>Life threatening</li> </ul>	<ul style="list-style-type: none"> <li>Application of contingent interventions which may be restraining <b>-or-</b></li> <li>Individualized preventive intervention techniques</li> </ul>
<b>Extreme Need: Treatment by specialized professional team</b> (with advanced experience with extreme behavior problems) <ul style="list-style-type: none"> <li>daily contact</li> <li>24 hour on call</li> <li>complex intervention plan providing continuous assessment and refinement</li> </ul>	<ul style="list-style-type: none"> <li><b>Extreme Need:</b> Severity of behavior <u>requires</u> controlled environment which prohibits unauthorized leaving</li> </ul>	<ul style="list-style-type: none"> <li><b>Extreme Need:</b> Intervention procedures <u>require continuous</u> 24-hour 1:1 or greater staffing</li> </ul>

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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
<b><u>Daily Living Domain:</u></b>				
Supervision:				
Assistance:				
Age-Related:				
Structure:				
<b><u>Health Care Domain:</u></b>				
Physician (MD):				
Nursing:				
Allied Prof.:				
Equipment:				
<b><u>Behavioral Domain:</u></b>				
Mental Health:				
Severity:				
Intervention:				
<b><u>Other:</u></b> (e.g., vocation, communication)				

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