

NAQ

Needs Assessment Questionnaire

Manual

**Developed for the Division of Services for People with Disabilities
Utah Department of Human Services**

By The University of Utah Kem C. Gardner Policy Institute

Needs Assessment Questionnaire (NAQ) Manual

Introduction

The needs assessment tool is designed to capture a thorough picture of a client's current needs and calculate a *numeric* score that reflects those needs. The score allows for prioritization of individuals according to criteria established by Utah statute. These criteria include:

- Urgency of need
- Severity of need
- Caregiver ability / resources
- Length of time waiting for DSPD services.

An annual survey sent out to clients is designed to align with the Needs Assessment Questionnaire and provide updated information if circumstances have changed after the initial needs assessment. Individuals may request a re-assessment at any time if their needs have changed.

General Instructions

- Before meeting with the applicant to fill out the NAQ, use medical documentation about diagnoses and functional limitations to pre-fill questions if possible and then confirm these responses during the assessment.
- Answer each question on every page completely. If the applicant has no needs in that category there is a place to note this, either by checking "no" or "independent."
- Decide which category best describes what is typical for the client over the past 6 months:
 - There is variation in everyone's life, mark the option that best approximates *what is typical or average* during the past 6 months. These variations include different schedules on weekdays versus weekends.
 - The tool is designed to capture *current need*; do not score for future needs. The annual survey is intended to routinely capture changes in circumstances; alternatively, applicants can request their form be updated at any time when a change in circumstances occurs.
 - If more than one level of support apply (e.g. verbal prompting and partial hands-on assistance), mark the higher level of support (in this example that would be partial hands-on assistance).
- When using this tool to assess children: Respond to the items as stated, without regard to the fact that all young children need greater hands-on support to complete Personal Care and Daily Living activities and more supervision for Safety. The intent of the tool is to capture the amount of support a person requires, and the ability of the family to provide that support.
 - The tool is designed to assess the level of supports required and the ability to meet that need (whether the need is unmet). In general, if supports are available, but not accessed that does not constitute an unmet need. But there may be exceptions – for example, school age children have the opportunity to attend school (which some parents may opt not to utilize), but in the event that parents would like to

utilize that support, but are unable to due to the health of the child, this may be considered an unmet need.

- For any activities the person does not do in their daily life, consider how much support the *person would need if they were to successfully complete the activity*. This may require completing the NAQ to reflect the person’s total skill level, other activities the person currently does, or the statements of others who know the person well.
 - *For example: Nicole has lived with her parents all her life. Her mother continues to do the housework for the household as she has always done. In this case, Nicole does not do any household chores on a regular basis. However, when asked, her mother does say that Nicole has used the washing machine and occasionally helps her to do other household chores, although she needs to keep an eye on Nicole in case she gets distracted. In this case, the NAQ should reflect how much support Nicole would need if she were to do her own household chores (Does household chores with monitoring or partial assistance) versus choosing the third category (Requires total hands on assistance).*
- Defining Partial vs. Total hands-on assistance
 - Partial means the client can complete *some parts* of the activity, but still needs direct physical support (e.g. individual can put on shoes, but cannot tie them; can get into bath on own, but cannot wash hair thoroughly). Total means the client cannot complete any part of the activity themselves.
- Defining unmet need:
 - An unmet need places a person at risk of illness, injury or harm. Consider that harm does not have to be limited to physical harm. Harm may include a significant detrimental impact to a person’s quality of life, civil rights, financial stability, etc.
 - Unmet needs are defined as ones that cannot be met by the current environment or through available supports. Available supports include:
 - Primary caregivers, including occasional backup caregivers or natural supports.
 - Environmental supports, including adaptive equipment or technology.
 - Private insurance or state plan (Medicaid) services
 - Community resources including schools or day programs.
 - Choosing not to access available resources does not constitute an unmet need.
- Recording an explanation of unmet need:
 - Assessor must record an explanation for the unmet need in the Notes field at the bottom of each section in which “unmet need” is indicated. Explanation should include factors such as personal, family, or environmental circumstances. Examples would be if supports previously provided to the applicant are no longer available, or applicant’s needs have changed, etc.). ***Unmet need will not be scored unless written explanation is recorded.***
 - *For example: Consider the difference between Matt & William’s medication assistance needs. Matt lives with his single mom and has no other siblings at home. His mom works mornings during the week. Matt needs help preparing and taking his medications. On the weekends his mom can do this, but during the week she cannot. This is an unmet need during the week. In contrast, Will lives with his retired parents. He needs help taking his medication each day and his parents are able to assist him with this since they are retired and at home. Will has a need, but it is being met by his parents.*
 - Note to assessor: Do not ask applicant or their representative “is this an unmet need?” but rather use probing questions to determine whether the need is met or unmet. For example, “Is Matt able to take

his medications by himself? What happens when his parent is not home?" Has there been a change in household?

Section Specific Instructions

Section U: Urgent Need (U1-U7)

Check yes for any critical service situation, otherwise, check no.

Notes
U2 Client is the focus of a court order or imminent court order. The client is subject to ongoing or pending legal action that requires <i>immediate</i> delivery of services.

Section A: Diagnoses (A1-A33)

Intellectual/Developmental Disability Diagnoses (A1 – A8)

Obtain diagnosis from [medical form] used for eligibility. Medical diagnosis must be from a licensed clinician qualified to make a diagnosis for this condition [according to DSPD policy].

Psychiatric or Mental Health Diagnosis (A9-A11)

Check “yes” for any psychiatric or mental health diagnosis in the past 12 months; Diagnosis can be made at any time in the applicant’s life, but an active treatment plan must still be in place to manage the condition in order to check “yes” here.

Diagnosed Health Conditions Requiring Monitoring (A12 – A33)

Check yes for any diagnosed condition that requires monitoring by a licensed professional and an active treatment plan in the past 12 months;

If an individual reports a serious health concern that has NOT been followed up by a medical professional, assessor should mark “yes” and include explanation in notes section as to WHY the individual is not receiving treatment. Explanation may include applicant’s intention to seek diagnosis or treatment, applicant does not have health insurance, etc.

If the caregiver suspects a condition, but it has not been diagnosed, mark the appropriate box, but note in the notes box that it is not formally diagnosed.

Section B: Personal Care Supports (B1-B10)

Assessor may need to consult with someone who knows the person well, review the person's records, or use his/her best professional judgment in order to select the response that most accurately reflects the person's typical abilities and need for supports. *In considering these questions remember to evaluate their ability to complete the task itself, not whether they actually do it. For example: If the individual needs reminders to bathe regularly, but can shower or bathe on their own, they would still be considered independent because they don't need reminders or verbal prompting to complete the actual task of showering or bathing. They may need reminders TO shower, but do not need verbal prompting to complete the task itself. Please focus on rating need for assistance with the activity itself.*

Support required:

Check one box which best describes how much support the person typically requires to do each daily living activity.

- *Independent*
- *Monitoring*
- *Partial hands-on assistance*
- *Total hands-on assistance*

Unmet need

- Indicate if there is an unmet need placing a person at risk of illness, injury or harm.

Section B Personal Care Supports Clarification

B1 For individuals with chewing and swallowing difficulties assessing unmet need can be difficult. Even with an attentive caregiver, a person may still have problems with chewing, swallowing, and choking. Here unmet need should capture whether a level of oversight is needed that is not currently provided.

For applicants using G-tube, mark "partial" for level of assistance even if person can chew and swallow on their own.

B2 Does not include meal preparation (see C5 for that) or chewing/swallowing (see B1). Supports here include actions needed to assist getting food to their body, for example, spoon feeding or maintenance of feeding tubes.

B7 This question is designed to assess an individual's inability to awake on their own – a clinically defined inability to wake up, such as might result from a brain injury. This person needs more than an alarm to awaken them. It is not a place to reflect sleeping issues such as insomnia or needs for assistance at night (such as turning/positioning in bed).

B9 Individuals who do not need any help getting from bed to a chair or other transfers would be considered independent. This question is not exclusive to those who use wheelchairs; it includes all physical transfer issues.

B10 For clients using a wheelchair, walker or cane:

- Independent means the person is able to move about independently using the wheelchair, walker or cane;
- Monitoring means the person needs occasional reminders or observation when in the chair, using the walker, or using the cane;
- Partial hands-on assistance means the person requires some assistance propelling or using the wheelchair, walker or cane;
- Total hands-on assistance means the person must be pushed everywhere.

Does not include concerns about fall risk related to seizures.

Section C: Daily Living Supports (C1-C7)

The assessor should consult with the individual and family members (or others who know the client well) about the individual's ability to complete each activity. This section assesses the person's *ability* to do each activity, not whether he/she actually engages in these activities.

Support required:

Check one box which best describes how much support the person typically requires to do each daily living activity.

- *Independent*
- *Monitoring*
- *Partial hands-on assistance*
- *Total hands-on assistance*

Unmet need

Indicate if there is an unmet need placing a person at risk of illness, injury or harm.

Section C Daily Living Supports Clarification

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- C1 Mobility in the community includes need for physical assistance and/or cognitive judgement to maintain safety in navigating in the community.
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- C2 Includes both prescription and over the counter medication, if those over the counter medications are necessary to keep the individual safe from illness, injury or harm; again, this is for use that is *typical* of the past 6 months. If the individual uses environmental supports such as a pill minder, they are still considered independent unless they need help managing the pill minder. Includes filling pillbox, if used. Includes monitoring glucose level if needed.
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- C3 Many clients may not be allowed to or may choose not to assist with household chores. In such cases, please estimate their ability to do chores if they were to do so.
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- C4 This question is *NOT* designed to consider transportation needs (see C1). It *IS* designed to assess the ability to conduct the shopping activity itself including gathering items into a cart and understanding the financial transaction (how to use cash or other payment methods).
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- C5 This question is designed to assess whether the individual's basic nutritional needs are being met. Managing special dietary needs mean extra considerations that must be made in meal planning, preparation, and cooking for particular dietary needs – for example management of diabetes requires insulin management (covered under a separate question) but also requires measurement and calculation of carbohydrates in meal planning and preparation. Such efforts and needed supports would be reflected here. Another example would be a ketogenic diet.
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- C6 Includes expressive & receptive communication. Even if a client is non-verbal they may use the telephone to listen. For clients who are deaf, consider ability to use TTY or relay service. Use of the phone can be broadly defined as any use of a phone or similar technology assistive device to communicate with another person, including but not limited to dialing/calling, texting, emailing via smart phone, utilizing hands-free communication to complete similar tasks, etc. The question is designed to evaluate whether the individual can use a phone or similar technology to communicate with another person.
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Section D: Safety Supports (D1-D6)

Mark each for each item on a scale of definitely not to definitely yes. For items marked “definitely no” then indicate if there is an unmet need placing a person at risk of illness, injury or harm. If the opportunity has not arisen to observe how the individual reacts in the given circumstance, consider the person’s overall skills and ability should such a situation arise.

Section D Safety Supports Clarification	
D2	How the person gets emergency help is not critical; just consider whether he/she can get help if needed.
D5	If the person regularly purchases items by phone or internet that he/she does not need, this would be an indication they are vulnerable to being taken advantage of financially.
D6	May include issues with sexual promiscuity if the individual often seeks partners for sexual encounters and the individual is not able to judge the safety of the situation.

Section E: Behavioral Supports (E1-E15)

Descriptions or examples of each behavior or condition are included in the tool. Check “yes” for any behaviors exhibited in the past 12 months; otherwise, check no. If “yes” is checked, then fill in the codes for the type and frequency of support typically needed during waking hours for each behavior; if two different types of support are used, select the support most frequently provided. For each item, indicate if there is an unmet need placing a person at risk of illness, injury or harm.

Support Frequency

- *Episodic*: Episodic, occasional, or seasonal only
- *Weekly*: Weekly
- *Daily*: Once
- *More than once a day*:

Unmet need

- Indicate if there is an unmet need placing a person at risk of illness, injury or harm.

Section E Behavioral Supports Clarification	
E1	Wandering could be either intentional or unintentional as both require supports to keep the individual safe from harm. Using locks or other environmental adaptations to prevent wandering would be considered monitoring.
E2	Bolting differs from wandering in that it is more extreme – mostly in terms of speed. Wandering away is typically slower, intentional or unintentional, while bolting involves running faster and is generally intentional. The individual bolts away quickly from the caregiver, unexpectedly.
E3	Disordered eating are eating concerns severe enough to put the individual at risk of illness, injury, or harm. This question is not designed to capture behavioral eating issues that are more minor, such as general overeating. If a physician has prescribed a modified diet to address overeating, that need would not be addressed on this question either, but rather, on question C5.
E5	If an individual exhibits multiple types of self-injurious behaviors, assessors should mark the total frequency of all types combined. This item does not apply to <i>unintentional</i> self-injury.
E6	This could mean long term self-neglect, resistance to touch, or even not allowing you to hold their hand while crossing the street. The defining characteristic is whether this resistance to support is extreme enough that it is putting them at risk of illness, injury, or harm.
E7	Includes both aggressive property destruction as well as unintentional property destruction caused by compulsive behavior (e.g. pick the linoleum off the floor because it is poking up, or watch numerous items get sucked down the toilet). These different types of property destruction would likely be reflected differently in the type of support required, but both are captured by this question. Also includes theft.

E9	This includes verbal threats to harm others – even threats to kill other members of the household or family.
E10	Severe and mild physical assaults are listed separately in the assessment. Mild assault includes assault that does not cause an injury, such as shoving or grabbing where there is no bruising or injury.
E11	This question gauges physical assault severe enough to cause injury to others. For example, biting that leaves a mark, punching or attacking causes bruising or more severe injuries, these are considered severe physical assault.
E12	Sexually inappropriate behavior. Behavior that is deemed sexually inappropriate must rise to the level of illegal activities, such as disrobing or masturbating in a public place like a park or a school. It may include behaviors that are perceived as sexually inappropriate even if the individual did not intend them as such.
E13	Sexually aggressive behavior is directed at other persons and poses a serious risk of harm to the individual or other person, such as soliciting sex from a prostitute, or forcefully making sexual advances toward an unwilling or vulnerable recipient. The behavior is distinguished from E12 sexually inappropriate behavior in that it is directed toward another person.
E14	This person must have attempted to set fires deliberately and purposefully.
E15	Serious suicide attempt or threat should be evaluated relative to the Level of Suicide Risk: <ul style="list-style-type: none"> • None – no suicidal ideation • Mild – some ideation, no plan • Moderate – ideation, vague plan, low on lethality, wouldn't do it • Severe – ideation, plan specific and lethal, wouldn't do it • Extreme – ideation, plan specific and lethal, would do it. <p><i>Only select "yes" if a person made a moderate, severe, or extreme attempt or threat.</i></p> <p>Threats to harm others would be covered under E9.</p>

Section F: Prescribed Medical Treatments & Medications (F1-F15)

Check yes for any prescribed medical treatments, procedures or; otherwise, check no. Support frequency refers to the amount of care associated with the treatment that is needed from a caregiver. Do not include time required for medical office visits or off-site medical treatments, as this support is accounted for in another location. For each item, indicate if there is an unmet need placing a person at risk of illness, injury or harm.

Support frequency:

Unmet need

The amount of care typically associated with treatment.

- *Independent*
- *Minimal support*
- *Hands-on episodic*
- *Hands-on weekly*
- *Hans-on daily*
- *Hands-on multiple times a day*

Indicate if there is an unmet need placing a person at risk of illness, injury or harm.

Section F Prescribed Medical Treatment Clarification

F10 Only grand mal or convulsive seizures in the past 12 months are to be considered in this question. If the person had any other type of seizure activity, but no grand mal or convulsive, check the "No" box. Also check "No" if there have been no seizures in the last year or if there have never had any seizures.

F14 Other prescribed medical treatments may be added (use additional spaces if necessary).

Use "other" to describe if cleaning and care of G, NG tube is required.

F15 Frequent medical visits that require support of a caregiver to attend. If yes, check level of frequency.

Section G: Caregiver & Home Environment (G1-G16)

This section is designed to capture an individual's home supports and environment, specifically the capability and limitations of the caregivers and household setting. For each question check yes or no. Then evaluate the extent to which it impacts the individual's care.

Do not consider backup caregivers (e.g., other household members such as siblings, extended family, or friends who occasionally provide respite or assistance). Individuals are likely have one or two primary caregivers; check yes if this applies to a primary caregiver and then assess impact on care. In the case where there are two primary caregivers the impact may be less severe than if it is a single caregiver family.

For example: Consider two different scenarios. Family A is a single mother and disabled child .The mother works and it heavily impacts the health, safety, and care of her child. Family B is a two parent family, the father works, but the mother does not – the fact that the father works likely has little impact on care because the mother is home to provide that care. For both families you would check “yes”, but the impact of score would differ significantly.

Section J Caregiver and Home Environment Clarification

G3	Single caregiver family is when there is only one individual who provides care. Includes families with only one parent/guardian as well as families where one caregiver is unavailable for an inordinate amount of time (e.g. spouse is a trucker and only home two days a week). Does not refer to marital status.
G5	Access means available to the individual in the space of a few hours. Family members who live out of state, for example, would <i>not</i> qualify as backup caregivers.
G7	Assessor may observe intellectual capacity of caregiver without having to ask question directly. Make notation if source of information is observation only.
G8	Incapacitated to the extent that it puts the individual in their care at risk for illness, injury or harm. Includes drug/alcohol diagnoses as chronic disease. Examples: schizophrenic brother caregiver, alcoholic parent, or parent in wheelchair with physical disability, or a parent with back issues who struggles to provide physical supports. Could also include aging parent caregivers with physical deterioration that impacts the ability to provide care.
G9	This question is designed to capture whether the primary caregiver is caring for other individuals with special needs due to diminished physical or mental capacity such as an aging parent, ill spouse, or other children with disabilities. It is not designed to capture regular caregiving for children without special needs. For caregivers who have the added burden of caring for multiple small children, see question G10.
G11	An environment with domestic violence is defined as one with physical violence in the home as documented by police reports.
G12	This needs to be documented by arrest/court records.
G13	This question is designed to assess major loss of family income. For example, an unexpected job loss.
G15	A temporary care-giving arrangement is one in which the person is placed in a different living environment as a result of an emergency situation. This arrangement is expected to be in place until long-term arrangements can be made. Example situations include the following: living with a non-relative, step-parent, friend, neighbor, prior foster parent, etc.
G16	Other: Describe in Notes section. May apply to an individual without a caregiver.
G19	Hours of support typically needed. This question is unscored, but is gathered to provide as one check against the overall wait list score in the future.

G20 Overnight support requires that someone physically do something in support of the person during overnight hours. It goes beyond mere presence in the home overnight. Overnight attention may involve activities such as assistance getting to the restroom, giving medications, turning over in bed, etc. For overnight support it is critical to document that the supports are truly necessary for the health and safety of the individual and whether available support is adequate to meet those health and safety needs.

Items in the appendix are optional and unscored.