

## Adult Residential Licensing - Resident Assessment-Support Plan (RASP)

For compliance with 55 Pa.Code §§ 2600.225-227

### PART I: RESIDENT INFORMATION

Name:	<b>Formal Supports</b>			<b>Informal Supports (Family, Friends, etc.)</b>		
	Check here if NO informal supports exist: <input type="checkbox"/>					
	<b>Support</b>	<b>Name</b>	<b>Telephone Number</b>	<b>Name</b>	<b>Relationship</b>	<b>Telephone Number</b>
	Primary Physician	<input type="checkbox"/> None				
Date of Birth:	Dentist	<input type="checkbox"/> None				
	Case Manager	<input type="checkbox"/> None				
Date of Admission:	Other (specify):					
	Other (specify):					

**Comments or related information:**

### PART II: ASSESSMENT AND SUPPORT PLAN INFORMATION

Date of Admission:	<b>Reason for Assessment:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Significant change * <input type="checkbox"/> Department Request	<b>Reason for support plan:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Significant change * <input type="checkbox"/> Department Request	<b>Date Assessment Finalized:</b>  <b>Finalization Timeframes:</b> <i>Initial</i> - Within 15 days of admission <i>Annual</i> - Within 380 days (1 year plus 15-day grace period) after most recent assessment <i>Significant Change</i> - Within 5 calendar days of significant change <i>Department Request</i> - Within 24 hours of request
Date of Last Assessment:			<b>Date Support Plan Finalized:</b>  <b>Finalization Timeframes:</b> <i>Initial</i> - Within 30 days of admission <i>Annual</i> - Within 30 days of completion of the annual assessment <i>Significant Change</i> - Within 5 calendar days of the new assessment <i>Department Request</i> - Within 24 hours of new assessment
Date of Last Support Plan:			

**\*If the assessment and support plan were completed due to a significant change, please include a description of the change:**

## PART III: ASSESSMENT AND SUPPORT PLAN INFORMATION

The left side of the document is the assessment. The assessment is used to determine **what** the resident's needs are. The right side of the document is the support plan. Each resident's support plan is based on the results of the assessment. The support plan is used to record **how** the resident's needs will be met. Complete the assessment portion first, and then use the results to create a support plan. Attach additional pages as necessary.

### Section 1: Personal Care Needs, Supervision, Mobility, and Medications

<p><b>Assessment:</b> <b>Personal Care Needs</b></p> <p><b>Degree Codes</b>  <b>A</b> = Independent  <b>B</b> = Prompting/Cueing  <b>C</b> = Some Physical Assistance  <b>D</b> = Total Physical Assistance  <b>E</b> = Not Applicable</p>	<p style="text-align: center;"><b>Support Plan - Personal Care Needs</b></p> <p><b>Description of Service Need</b> - Specify exactly what service or services are needed to meet the need. <i>Example: Resident cannot lift eating utensils to mouth due to complications from Parkinson's Disease</i></p> <p><b>Plan to Meet Service Need</b> - Specify what will be done to make sure the service need is met. <i>Example: Staff will feed the resident during mealtimes</i></p> <p><b>Frequency</b> - Specify how often the plan will be enacted using one of the choices. <i>Example: <input type="checkbox"/> Other: at all mealtimes</i></p> <p><b>Responsible Party</b> - Specify who will perform the plan using one of the choices. <i>Example: <input type="checkbox"/> DCS</i></p> <p><b>Responsible Party Codes:</b>  <b>DCS</b> = Direct-Care Staff on Duty      <b>F</b> = Family Member      <b>CM</b> = Case Manager  <b>NA</b> = Not Applicable (Degree Code A Only)    <b>O</b>=Other (Specify):</p>
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Personal Care Need and Degree	Description of Service Need	Plan to Meet Service Need	Frequency	Responsible Party
<p><b>Eating</b> Assistance with eating, such as feeding the resident or encouraging the resident to eat <b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily      (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<p><b>Drinking</b> Assistance with fluid intake, such as raising a glass to the resident's mouth <b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily      (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<p><b>Transferring in/out of bed/chair</b> Assisting the resident to rise from or sit/lie on a bed or chair <b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily      (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<p><b>Toileting</b> Assistance with hygienic practices surrounding toilet use <b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily      (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM

Personal Care Need and Degree	Description of Service Need	Plan to Meet Service Need	Frequency	Responsible Party
<b>Bladder Management</b> Assistance with urinary incontinence-related problems <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Bowel Management</b> Assistance with fecal incontinence-related problems <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Ambulating</b> Assistance moving from one place to another <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Personal hygiene</b> Assistance with overall personal hygiene, such as hair and nail care <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Managing health care</b> Assistance with overall health care coordination, such as tracking different doctors' appointments and medications <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Securing health care</b> Assistance with locating a health care provider for a specific need <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Turning and positioning in bed/chair</b> Assistance with moving a resident while in a bed or chair <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Doing laundry</b> Self-explanatory <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Shopping</b> Self-explanatory <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM

Personal Care Need and Degree	Description of Service Need	Plan to Meet Service Need	Frequency	Responsible Party
<b>Securing and using transportation</b> Assistance with locating a transportation source and with use of the source <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Managing finances</b> Self-explanatory <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Using the telephone</b> Assistance locating or dialing telephone numbers <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Making and keeping appointments</b> Assistance with scheduling appointments, tracking appointments, and arranging for transportation to appointments <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Caring for personal possessions</b> Self-explanatory <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Writing correspondence</b> Assistance with writing personal and business-related letters and e-mails <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Engaging in social and leisure activities</b> Assistance with identifying and participating in available activities <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Using a prosthetic device</b> Assistance attaching, removing, or cleaning a prosthetic device <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Obtaining clean, season clothing</b> Self-explanatory <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM

Assessment – Supervision	Support Plan - Supervision		
<input type="checkbox"/> <b>None</b> Resident requires no supervision either in the home or when in the community			<input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:
<input type="checkbox"/> <b>Minimal</b> Resident requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places			
<input type="checkbox"/> <b>Moderate</b> Resident requires some supervision in the home and needs attendance when outside the home, and/or tends to wander			
<input type="checkbox"/> <b>Extensive</b> Resident requires regular supervision in the home and cannot leave home unattended; unaware of unsafe areas			
<input type="checkbox"/> <b>Total</b> Resident requires 24-hour direct supervision			
Assessment – Mobility	Support Plan - Mobility		
<input type="checkbox"/> <b>Independent (Mobile)</b> Resident has <b>no</b> mobility needs and can evacuate independently in an emergency			<input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:
<input type="checkbox"/> <b>Minimal (Mobile)</b> Resident requires <b>limited</b> physical or oral assistance to evacuate in an emergency			
<input type="checkbox"/> <b>Moderate (Immobile)</b> Resident requires <b>moderate</b> physical or oral assistance to evacuate in an emergency			
<input type="checkbox"/> <b>Total (Immobile)</b> Resident requires <b>total</b> physical or oral assistance to evacuate in an emergency from one or more staff persons			
Assessment - Medications	Support Plan - Medications		
<input type="checkbox"/> Resident can self-administer without assistance  <b>OR</b>  Resident can self-administer with (check all that apply)... <input type="checkbox"/> ...assistance in remembering schedule <input type="checkbox"/> ...assistance in offering medications at prescribed times <input type="checkbox"/> ...assistance in opening container or locked storage area  <b>OR</b>  <input type="checkbox"/> Resident cannot self-administer medications			<input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:

## Section 2: Medical, Dental, Dietary and Sensory Needs

### Assessment - Medical Needs

#### Medical Diagnoses - Physical

Using the Documentation of Medical Evaluation Form from the most recent medical evaluation, list all of the resident's physical diagnoses.  
*Example: Hypertension*

### Support Plan - Medical Needs

**Plan to Meet Medical Need** - Specify what will be done to make sure the need is met. *Example: Staff will measure resident's blood pressure*

**Frequency** - Specify how often the plan will be enacted using one of the choices. *Example:*  Daily

**Responsible Party** - Specify who will perform the plan using one of the choices. *Example:*  DCS

**Responsible Party Codes:**

**DCS** = Direct-Care Staff on Duty

**F** = Family Member

**CM** = Case Manager

**NA** = Not Applicable (Degree Code A Only)

**O**=Other (Specify):

Medical Diagnosis - Physical	Plan to Meet Medical Need	Frequency	Responsible Party
<input type="checkbox"/> None		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM

<b>Assessment - Dental</b> <b>Diagnoses or Needs</b> List all of the resident's dental, dietary, and sensory needs <i>Examples:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Impacted tooth</li> <li><input type="checkbox"/> Mechanical soft foods</li> <li><input type="checkbox"/> Cataracts</li> </ul>	<b>Support Plan - Dental, Dietary, and Support Needs</b> <b>Plan to Meet Medical Need</b> Specify what will be done to make sure the resident's dental, dietary, and sensory needs are addressed. <i>Examples: Resident will see dentist, resident will have special diet, resident will see ophthalmologist</i> <b>Frequency</b> - Specify how often the plan will be enacted using one of the choices. <i>Example:</i> <input type="checkbox"/> Monthly <b>Responsible Party</b> - Specify who will perform the plan using one of the choices. <i>Example:</i> <input type="checkbox"/> CM <b>Responsible Party Codes:</b> <b>DCS</b> = Direct-Care Staff on Duty <b>F</b> = Family Member <b>CM</b> = Case Manager <b>NA</b> = Not Applicable (Degree Code A Only) <b>O</b> =Other (Specify):		
<b>Dental Need</b> <input type="checkbox"/> None	<b>Plan to Meet Dental Need</b>	<b>Frequency</b> <input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily     (Specify): <input type="checkbox"/> Weekly	<b>Responsible Party</b> <input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Dietary Need</b> <input type="checkbox"/> None	<b>Plan to Meet Dietary Need</b>	<b>Frequency</b> <input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily     (Specify): <input type="checkbox"/> Weekly	<b>Responsible Party</b> <input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Sensory Need</b> <input type="checkbox"/> None <b>Vision</b> <input type="checkbox"/> No <input type="checkbox"/> Yes:	<b>Plan to Meet Sensory Need</b>	<b>Frequency</b> <input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily     (Specify): <input type="checkbox"/> Weekly	<b>Responsible Party</b> <input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Hearing</b> <input type="checkbox"/> No <input type="checkbox"/> Yes:		<b>Frequency</b> <input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily     (Specify): <input type="checkbox"/> Weekly	<b>Responsible Party</b> <input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Communication</b> <input type="checkbox"/> No <input type="checkbox"/> Yes:		<b>Frequency</b> <input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily     (Specify): <input type="checkbox"/> Weekly	<b>Responsible Party</b> <input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Olfactory (smell)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes:		<b>Frequency</b> <input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily     (Specify): <input type="checkbox"/> Weekly	<b>Responsible Party</b> <input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM

<b>Tactile (touch)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes:		<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM	<input type="checkbox"/> NA <input type="checkbox"/> O:
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**Section 3: Mental Health, Behavioral Health, and Cognitive Functioning Needs**

<b>Assessment - Mental Health Needs</b>	<b>Support Plan - Mental Health Needs</b>		
<b>Medical Diagnoses - Psychological</b> Using the Documentation of Medical Evaluation Form from the most recent medical evaluation, list all of the resident's diagnoses. <i>Examples: Schizophrenia</i>	<b>Plan to Meet Mental Health Need -</b> Specify what will be done to make sure the need is met. <i>Examples: Resident will see therapist.</i>  <b>Frequency</b> - Specify how often the plan will be enacted using one of the choices. <i>Example:</i> <input type="checkbox"/> Weekly  <b>Responsible Party</b> - Specify who will perform the plan using one of the choices. <i>Example:</i> <input type="checkbox"/> CM  <b>Responsible Party Codes:</b> <b>DCS</b> = Direct-Care Staff on Duty <b>F</b> = Family Member <b>CM</b> = Case Manager  <b>NA</b> = Not Applicable (Degree Code A Only) <b>O</b> =Other (Specify):		
<b>Medical Diagnoses - Psychological</b> <input type="checkbox"/> None	<b>Plan to Meet Psychological Need</b>	<b>Frequency</b>	<b>Responsible Party</b>
		<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify): <input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:
		<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify): <input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:
		<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify): <input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:
		<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify): <input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:
		<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify): <input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:
		<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify): <input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:
		<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify): <input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM <input type="checkbox"/> NA <input type="checkbox"/> O:



		<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> DCS <input type="checkbox"/> F <input type="checkbox"/> CM	<input type="checkbox"/> NA <input type="checkbox"/> O:
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<p align="center"><b>Assessment - Behavioral or Cognitive Need</b></p> <p><b>Degree Codes</b>          A = No problem          B = Minimal problem          C = Moderate Problem          D = Severe Problem          E = Not Applicable</p>	<p align="center"><b>Support Plan - Behavioral or Cognitive Care Needs</b></p> <p><b>Description of Service Need</b> - Specify exactly what service or services are needed to meet the need. <i>Example: Resident is upset by loud noises due to PTSD</i></p> <p><b>Plan to Meet Service Need</b> - Specify what will be done to make sure the service need is met. <i>Example: Staff will sit with resident when loud noises occur</i></p> <p><b>Frequency</b> - Specify how often the plan will be enacted using one of the choices. <i>Example:</i> <input type="checkbox"/> Other: As needed</p> <p><b>Responsible Party</b> - Specify who will perform the plan using one of the choices. <i>Example:</i> <input type="checkbox"/> DCS</p> <p><b>Responsible Party Codes:</b>  <b>DCS</b> = Direct-Care Staff on Duty      <b>F</b> = Family Member      <b>CM</b> = Case Manager  <b>NA</b> = Not Applicable (Degree Code A Only)      <b>O</b> = Other (Specify):</p>
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Behavioral or Cognitive Need and Degree	Description of Service Need	Plan to Meet Service Need	Frequency	Responsible Party
<p><b>Orientation to time, place, and person</b>            Resident does not know when, where, or who he is</p> <p><b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<p><b>Irritability</b>            Resident is easily upset</p> <p><b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<p><b>Judgment</b>            Resident's decisions are harmful to self or others</p> <p><b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<p><b>Agitation</b>            Resident is easily upset or unsettled</p> <p><b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<p><b>Aggression</b>            Resident is violent, verbally or physically</p> <p><b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<p><b>Hallucinations</b>            Resident hears or sees things that are not there</p> <p><b>Degree (Check One):</b>  <input type="checkbox"/> A   <input type="checkbox"/> B   <input type="checkbox"/> C   <input type="checkbox"/> D   <input type="checkbox"/> E</p>	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM

Behavioral or Cognitive Need and Degree	Description of Service Need	Plan to Meet Service Need	Frequency	Responsible Party
<b>Communication of Needs</b> Resident cannot express needs or desires  <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Understanding Instructions</b> Resident cannot understand instructions or directions  <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Short-Term Memory</b> Resident is unable to retain small amounts of information in mind in an active, readily-available state for a limited period of time  <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Long-Term Memory</b> Resident is unable to store information in mind for a long period of time to be recalled at a later date  <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
<b>Ability to Use and Avoid Poisonous Materials</b> Resident is unable to safely use and avoid poisonous materials  <b>Degree (Check One):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> Not Applicable (Code A Only)	<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM

### Section 4: Social and Recreational Needs

Support Plan - Social and Recreational Needs			
<b>Assessment:</b> <b>Social and Recreational Needs</b> List all of the resident's social and recreational needs in each section.	<b>Plan to Meet Service Need</b> - Specify what will be done to make sure the residents' social/recreational needs are addressed. <i>Example: Resident will be offered mystery novels to read</i>		
	<b>Frequency</b> - Specify how often the plan will be enacted using one of the choices. <i>Example:</i> <input type="checkbox"/> Other: As needed		
	<b>Responsible Party</b> - Specify who will perform the plan using one of the choices. <i>Example:</i> <input type="checkbox"/> DCS		
	<b>Responsible Party Codes:</b> DCS = Direct-Care Staff on Duty                      F = Family Member                      CM = Case Manager NA = Not Applicable (Degree Code A Only)                      O=Other (Specify):		
Social and Recreational Need	Plan to Meet Social and Recreational Need	Frequency	Responsible Party
<b>The resident's hobbies/interests include:</b>		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM

Social and Recreational Need	Plan to Meet Social and Recreational Need	Frequency	Responsible Party
The resident enjoys the following solitary activities:		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
The resident enjoys the following group activities:		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
The resident's religious affiliation, if any, is:		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM
The resident does not participate in solitary or group activities because:		<input type="checkbox"/> N/A <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly <input type="checkbox"/> Other <input type="checkbox"/> Daily    (Specify): <input type="checkbox"/> Weekly	<input type="checkbox"/> DCS <input type="checkbox"/> NA <input type="checkbox"/> F <input type="checkbox"/> O: <input type="checkbox"/> CM

### PART IV: SUMMARY AND DETERMINATION

**Summary of Resident's Overall Wellness (include significant changes identified through the assessment process, comments for improving quality of care, or other relevant information not captured above):**

**Determination - By signing below, I certify that...**

- I am the home's administrator, a staff person authorized to complete these documents, or a human services agency representative
- The information on this assessment is accurate and was developed based on records and/or interviews
- The above-named resident's needs may be met in this personal care home by following the support plan

<b>Assessor's Printed Name:</b>	<b>Assessor's Title/Agency</b>
<b>Assessor's Signature:</b>	<b>Date Signed:</b>

**PART V: PARTICIPATION**

By signing below, the signature verifies that s/he participated in the assessment and/or support plan process

Name	Relationship to Resident	Signature	Date Signed	Copy of Document Requested?	Copy Provided?
		<hr/> <b>OR</b> <input type="checkbox"/> Unable to participate <input type="checkbox"/> Declined to participate <input type="checkbox"/> Refused to sign <input type="checkbox"/> Unable to sign		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		<hr/> <b>OR (check one)</b> <input type="checkbox"/> Refused to sign <input type="checkbox"/> Unable to sign		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		<hr/> <b>OR (check one)</b> <input type="checkbox"/> Refused to sign <input type="checkbox"/> Unable to sign		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		<hr/> <b>OR (check one)</b> <input type="checkbox"/> Refused to sign <input type="checkbox"/> Unable to sign		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Adult Residential Licensing – Resident Assessment-Support Plan (RASP)**  
**For compliance with 55 Pa.Code §§ 2600.225-227**

**Instructions for Use**

The Preadmission Screening process provides only a “sketch” of a resident’s needs, enough to make a decision about admission but not enough to develop a plan of care. Timely and accurate assessment of a resident’s needs is essential to ensure that the admitting home is aware of all of a resident’s medical, personal care, behavioral health, and psychosocial needs. The regulations allow 15 days for the assessment process to allow sufficient time for homes to become acquainted with the resident’s overall status and develop an accurate assessment.

Once the assessment is completed, the assessment results are used to create a support plan, which is simply the home’s plan to meet the needs identified through the assessment. The regulations allow 30 days for the completion of the support plan to ensure that there is sufficient time to create a high-quality and effective plan.

The assessment and support plan are inseparably linked; one will never be created without the other. As such, they are both contained on this single document, the Resident Assessment-Support Plan, or RASP. The left side of the document is the assessment; the right side of the document is the support plan. The RASP has been designed to easily match the resident's needs with the plan to meet those needs; simply move the assessed need on the left to the plan to meet the need on the right.

Each part of the RASP is separated into different parts, sections and elements. Completion of every single element is strongly recommended, but not required for complete compliance. The following guide describes what elements must be completed to achieve compliance:

<b>Part</b>	<b>Section</b>	<b>Element</b>	<b>Completion Requirement</b>
I	N/A	Name	<b>Mandatory</b>
I	N/A	Date of Birth	<b>Mandatory</b>
I	N/A	Date of Admission	<b>Mandatory</b>
I	Formal Supports		<b>Mandatory</b> (All information for each existing support, OR "none" if the support does not exist)
I	Informal Supports		<b>Mandatory</b> (All information for each existing support, OR "none" if the support does not exist)
I	Comments or Related Information		Optional
II	ASSESSMENT AND SUPPORT PLAN INFORMATION		<b>Mandatory</b>
III	1	Personal Care Need and Degree	<b>Mandatory</b>
III	1	Need, Plan, Frequency, Responsible Party	If “A” is circled= Not required If anything other than “A” is circled = <b>Mandatory</b>

<b>Part</b>	<b>Section</b>	<b>Element</b>	<b>Completion Requirement</b>
III	1	Assessment - Supervision	<b>Mandatory</b>
III	1	Supervision Description, Plan, Responsible Party	If "None" is checked = Not required If anything other than "None" is checked = <b>Mandatory</b>
III	1	Assessment - Mobility	<b>Mandatory</b>
III	1	Mobility Description, Plan, Responsible Party	If "Independent" is checked = Not required If anything other than "Independent" is checked = <b>Mandatory</b>
III	1	Assessment - Mediations	<b>Mandatory</b>
III	1	Medications Description, Plan, Responsible Party	If "Resident can self-administer without assistance" is checked = Not required If anything other than "Resident can self-administer without assistance" is checked = <b>Mandatory</b>
III	2	Medical Diagnoses, Plan, Frequency, Responsible Party	<b>Mandatory</b> (All information for each existing diagnosis, OR "none" if the resident does not have medical diagnoses)
III	2	Dental Needs, Plan, Frequency, Responsible Party	<b>Mandatory</b> OR "none" only if the resident does not have dental needs
III	2	Dietary Needs, Plan, Frequency, Responsible Party	<b>Mandatory</b> OR "none" only if the resident does not have dietary needs
III	2	Sensory Needs, Plan, Frequency, Responsible Party	<b>Mandatory</b> (All information for each sensory need, OR "No" for each sense for which the resident has no needs)
III	3	Psychological Diagnoses, Plan, Frequency, Responsible Party	<b>Mandatory</b> (All information for each existing diagnosis, OR "none" if the resident does not have psychological diagnoses)
III	3	Behavioral or Cognitive Need and Degree	<b>Mandatory</b>
III	3	Need, Plan, Frequency, Responsible Party	If "A" is circled= Not required If anything other than "A" is circled = <b>Mandatory</b>
III	4	Social and Recreational Needs	<b>Mandatory</b>
IV		SUMMARY AND DETERMINATION	<b>Mandatory</b>
V		PARTICIPATION	<b>Mandatory</b>

**Accidental Omissions** – Occasionally, homes will accidentally omit an element from a mandatory section. For example, an otherwise-complete plan may be missing the “person responsible” for a single personal care need. In these cases, the Department will consider the circumstances surrounding the omission and may take steps to verify that a person is actually responsible and aware of their responsibilities. If omission is determined to be truly accidental, technical assistance will be provided and no violation will be recorded. However, repeated accidental omissions on a single RASP or one accidental omission on a series of RASPs may result in a violation of § 2600.227(d).

**Use of Own Forms** – § 2600.225(b) and § 2600.227(b) allow homes to use their own assessment and support plan forms if they “include the same information” as the Department’s forms. A home may use its own forms if the information labeled “mandatory” above is contained in the forms. The home’s form(s) do not need to look like the RASP, but the home must be able to demonstrate to the Department during inspections how its forms “crosswalk” with the RASP, that is, where inspectors can find the RASP information on the home’s forms.

**Responsible Party** – Be advised that the home is ultimately responsible for meeting residents’ needs, even if the “Responsible Person” is a family member or case manager. If a person who is not an employee of the home is not meeting his obligations, the home must address this and amend the RASP as appropriate.

**Significant Change** – A “significant change” includes the following situations:

The resident has been diagnosed with having a previously-undiagnosed disease or disorder that changes the resident’s care needs.

**Example:** A resident develops diabetes that require new medications.

An existing disease or disorder changes such that the resident's medical care needs are affected.

**Example:** A resident's arthritis worsens such that she develop mobility needs.

The resident suffers an injury that changes his care needs.

**Example:** A resident breaks a hip after an injurious fall and requires physical therapy.

A health situation occurs that will have any impact on the resident’s current care needs

**Example:** A resident elects to have her shoulder replaced.

A resident’s behaviors or cognitive functioning status change such that the resident’s care needs are affected.

**Example:** A resident begins to exhibit wandering behavior

**The following are examples of when a new RASP is not required, but the existing RASP should be amended:**

The resident has a change in medication dosage for an existing condition.

The resident’s social and recreational needs change unrelated to a change in physical, psychological, or cognitive functioning.

The responsible party or frequency of need changes.