

ASA Care Plan & Modifications

South Dakota Department of Social Services
Home and Community Based Services Waiver



Assisted Living Provider Education
Webinar February 15, 2017

ASA Care Plan

The ASA Care Plan summarizes the Consumer's identified needs and the strategy for addressing unmet needs.

ASA CARE PLAN EXPECTATIONS

If a Consumer needs special supports or modifications, it must be identified within the ASA Care Plan.

- **“ASA Care Plan”** is a written person-centered plan developed by the Adult Services and Aging (ASA) Specialist with a Consumer, as well as any people the Consumer chooses, and must be finalized and agreed to, with the informed consent of the Consumer in writing, and signed by all individuals and providers responsible for its implementation.
- The ASA Care Plan reflects the services and supports that are important for the individual to meet the needs identified through an assessment of need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

ASA CARE PLAN EXPECTATIONS

- If a Consumer needs special supports or modifications based upon an assessed health and safety need, it must be identified within the ASA Care Plan be individualized and addressed in the ASA Care Plan.
- The Provider must notify the ASA Specialist whenever a change in the Consumer occurs and/or a modification may be necessary.
- The Provider is expected to provide input and participate in the development of the initial and ongoing ASA Care Plan.

ASA CARE PLAN EXPECTATIONS

ASA Care Plans that include modifications to any of the federal home and community-based settings requirements must document the following in order to justify the modification:

- Identify a specific and individualized assessed need
- Document the positive interventions and supports used prior to any modifications or restrictive interventions
- Document less intrusive methods of meeting the need that have been tried but didn't work
- Include a clear description of the condition that is directly proportionate to the specific assessed need
- Include regular collection and review of data to measure the ongoing effectiveness of the modification

ASA CARE PLAN EXPECTATIONS

- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
- Include the informed consent of the Consumer
- Include an assurance that interventions and supports will cause no harm to the Consumer.

ASA CARE PLAN MODIFICATIONS FORM

Request for Modifications to ASA Care Plan

Consumer Name: [REDACTED]
Legal Guardian (if applicable): [REDACTED]
Provider Name: [REDACTED]
Name of person completing this form: [REDACTED]

Modification(s) requested in the following areas:

- | | |
|---|--|
| <input type="checkbox"/> Equal access throughout the Assisted Living Center | <input type="checkbox"/> Right to choose roommate |
| <input type="checkbox"/> Equal access to the community | <input type="checkbox"/> Right to privacy when completing activities of daily living |
| <input type="checkbox"/> Right to have visitors | <input type="checkbox"/> Ability to communicate with other individuals in private |
| <input type="checkbox"/> Access to the setting (Free to come and go) | <input type="checkbox"/> Freedom from coercion and restraint |
| <input type="checkbox"/> Access to a variety of foods throughout the day | <input type="checkbox"/> Access to appliances |
| <input type="checkbox"/> Ability to lock bedroom doors or apartment | <input type="checkbox"/> Access to personal resources |
| <input type="checkbox"/> Freedom to furnish and decorate bedroom or apartment | <input type="checkbox"/> Other [REDACTED] |

No modification(s) being requested

ASA CARE PLAN MODIFICATIONS FORM

- 1.) Describe the restrictive intervention being requested:
- 2.) Describe the specific and individualized assessed need related to the restrictive intervention being requested:
- 3.) Describe how the specific assessed need is consistent with the intervention:
- 4.) Describe the positive interventions and supports that have been attempted to avoid restrictive intervention (documentation of interventions/supports and outcomes must be available upon request):
- 5.) Describe less intrusive methods of meeting the need that have been tried but didn't work (documentation of methods and outcomes must be available upon request):
- 6.) Describe how you will monitor the modification to measure the ongoing effectiveness and how you will document the outcome:
- 7.) Describe established time limits for periodic reviews to determine if the modification is still necessary or can be terminated:
- 8.) Include an assurance that interventions and supports will cause no harm to the Consumer.

Provider Signature

Consumer Signature

ASA Specialist Signature

QUESTIONS

Contact:

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