

Supported Living Services Standardized Assessment Questionnaire

Per WIC § 4689(p)(1), this questionnaire is designed to ensure that individuals in or entering supported living arrangements receive the appropriate amount and type of supports to meet the person’s choice and needs as determined by the IPP team.

The IPP team is to complete the questionnaire at the time of development, review, or modification of an individual’s IPP. The questionnaire, in conjunction with the service provider’s comprehensive assessment, will assist the team in determining if the services recommended or provided are necessary, that generic resources are utilized to the fullest extent possible, and the most cost effective methods of service provision are utilized. If this process results in a reduction of services, the regional center is to inform the individual of the reason for the reduction and provide the individual a written notice of fair hearing rights pursuant to WIC § 4701.

Name: _____

UCI: _____

Service Coordinator: _____

Date: _____

| Support Questions | Answers | Comments |
|---|-----------|----------|
| 1. Are medical considerations/supports necessary and sufficient? | Yes No | |
| 2. Are considerations/supports for medications or treatments necessary and sufficient? | Yes No | |
| 3. Are behavioral considerations/supports necessary and sufficient? | Yes No | |
| 4. Does the individual require the personal care, transfers, toileting, and/or feeding as detailed in the support plan? | Yes No | |
| 5. Are safety and emergency procedures necessary and sufficient? | Yes No | |
| 6. Have all the possible support alternatives been considered (e.g. med. planners, telephone check-in systems, self-checklist programs, etc.)? | Yes No | |
| 7. Are IHSS hours maximized? | Yes No | |
| 8. Are generic services/supports maximized? | Yes No | |
| 9. Are natural supports maximized and are there sufficient opportunities to maintain and expand them (e.g. Circle of Support, friends, family, etc.)? | Yes No | |

| Support Questions | Answers | Comments |
|---|-----------|----------|
| 10. Is technology maximized (e.g. Lifeline, electric door openers, speaker phones, etc.)? | Yes No | |
| 11. Are financial resources adequate to meet the individual's needs (e.g. rent, utilities, food, etc.)? | Yes No | |
| 12. Are considerations/supports for financial management necessary and sufficient? | Yes No | |
| 13. Has shared housing been considered? If "no", why not? | Yes No | |
| 14. If individual lives with others, are supports shared? If "no", why not? | Yes No | |
| 15. Does the individual assist or supervise in household duties to the fullest extent possible? | Yes No | |
| 16. Does the individual assist or supervise in meal planning, preparation and cleanup to the fullest extent possible? | Yes No | |
| 17. Does the individual have opportunities to increase skills and abilities? | Yes No | |
| 18. Can the individual use public transportation independently? If "yes", do they? If "no", why not? | Yes No | |
| 19. Does the individual spend any time without support staff? If "no", why not? | Yes No | |
| 20. Prior to receiving SLS, did the individual spend time alone in his/her home or community? | Yes No | |
| 21. Have there been any attempts to fade SLS support in the last year? | Yes No | |
| 22. Is there a systematic plan in place to fade SLS support? | Yes No | |
| 23. Does the individual have overnight support? If "yes", is there an expectation for overnight support to fade? If support is not expected to fade, why not? | Yes No | |

Summary of Recommendations: