Southwest
Developmental
Services, Inc.

"Helping Kansans with developmental disabilities
access quality community services"

Functional Assessment Process

Effective September 10, 2020

Purpose: SDSI is responsible for ensuring that all individuals who need a current functional assessment have it completed annually, or as needed. It is critical that individual support needs are accurately reported and captured in the assessment.

Procedure: SDSI will generate a list of needed assessments 2 months prior to the KAMIS functional re-assessment due date. SDSI's internal process will be to complete each assessment 30-60 days prior to that re-assessment due date. There will be times that other assessments are needed and the TCM will be notified of these.

SDSI will initiate contact with the TCM to facilitate scheduling of the re-assessment. The expectation is that the TCM will coordinate the logistics of the meeting in a timely manner (unless otherwise coordinated by the CDDO). The scheduling process is as follows:

1. The TCM/provider is responsible to ensure the necessary documentation is made available to SDSI to complete the assessment. The SDSI Functional Assessment Document Checklist and supporting documentation is required to be submitted at a minimum of 2 business days prior to the scheduled meeting. Documentation provided after completion of the assessment will not be accepted, as the assessment is real time.
   a. Documentation submitted must be accurate and current.
   b. It is required for the TCM/provider to prep and organize their documentation to efficiently complete the assessment.
2. The TCM/provider is responsible for ensuring the individual in service is available for the meeting.
3. The TCM is responsible to invite the guardian (if applicable) to participate in the meeting. Their participation is encouraged, but not required.

During meetings held remotely SDSI will provide signature pages to TCM/provider. These signature pages need to be returned within 3 business days unless other arrangements are made with the CDDO.

Completed assessment results, Notice of Action, and Options Counseling will be forwarded to the TCM. The TCM is responsible for sharing those results with the provider (if applicable).

Assessment results are not subject to appeal, unless an individual loses functional eligibility.

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Functional Assessment Document Checklist

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(Please checkoff what you will be providing and return with documentation)

	Primary Disability Diagnosis	Documentation supporting individual's Intellectual or Developmental Disability diagnosis. Must be signed by a licensed health care provider.
	Medical & Psychiatric Diagnoses	Documentation must be signed by a licensed health care provider. This documentation must be provided to SDSI every year at the time of the assessment.
	Seizure Diagnosis and tracking	Must be epileptic in nature. Written tracking can be submitted in any form as long as dates are included. History of seizure disorder cannot be marked if the person is not currently taking medication to treat a seizure disorder and has not experienced a seizure in 5 years. Documentation from the physician is required stating type of seizure.
	Prescribed Medication	Submit a current list of all daily medications including injections and/or prescribed topical creams.
	Special Diet	Submit a copy of the prescribed specialized diet signed by a dietician, nutritionist, or physician and dated within the last two years. This must be a diet the person is adhering to and requires individual staff support.
	Individualized Education Plan (IEP) *if applicable*	Submit a copy if the IEP is currently in use. Must include BIP if in place at school.
	Person Centered Support Plan (PCSP)	*Submit upon request*
	Behavior Intervention Plan (BIP)/Behavior Support Plan (BSP) *If applicable*	Submit a copy. In order to capture a BIP on the functional assessment, it must be written and include the 4 required conditions. It may be part of another plan – PCSP or Individual Education Plan (IEP) – but it must contain all 4 conditions. 1. Clear definition of the behavior(s). This statement should be very detailed and specific to the person and what behavior(s) is being exhibited. *Simply stating a category from the functional assessment does not meet this condition.* 2. Clear definition of staff support strategies. This statement should be a comprehensive list of interventions and include, but not be limited to, strategies to prevent the behavior, warning signs, specific supports to be provided when the behavior occurs, and responses to the behavior. 3. Collection of information as to the frequency and severity of behaviors. Behavior tracking methodology is outlined. Must be written and reported daily. 4. Supports are specific to the person. All elements of the plan are detailed and specific to the individual and beyond standard teaching and guidance that is part of quality service provision. *Simply stating prompting or redirection is not specific or beyond typical expectations of program staff.*
	Behavior Tracking *Required*	Submit behavior tracking from all providers. Last 12 months of tracking needs to be provided to SDSI. Tracking must include person's name, date and provider. If missing dates are due to extended circumstances please include dates and reasons for missing tracking. Extenuating circumstances include: Hospitalizations, extended vacations from day/residential providers, camps or time away from paid providers – not to include weekend visits with family or friends.
	Incident Report	Submit an incident report demonstrating a physical intervention during the last year (if it has occurred).