ONA Coding Decision Tree

For use with ADLs/IADLs & Medication Management

Updated 1/17/2019

Did the activity occur in the last 30 days and is expected to continue every month over the next several months?

No, due to medical or safety risks

Not Attempted

Yes

Not Applicable

Does the individual require any support on at least 50% of the days that the activity takes place, and support is expected to continue every month over the next several months?

Yes, but refuses support

Person Refused

No

Independent

Does the individual require physical support on at least 50% of the days that the activity takes place? (Don’t include touch cues)

Yes

Yes, but refuses support

No

Supervision or Touching

Partial/Moderate: Less than 50%

Substantial/Maximal: More than 50%

Dependent: 100%

No

Setup or Clean-up

How much physical support is required during the activity, or is completed for the individual due to physical, cognitive or behavioral needs? (If a 2-person assist is needed, code as dependent).

No Attempted

Yes
ONA Coding Key

Independent
✓ Individual DOES NOT require assistance or preparation prior to engaging in the activity
✓ Individual DOES NOT require review or follow-up after the activity has been completed
✓ Individual completes the activity without assistance from a support person
✓ Individual requires no support on at least 50% of the days that the activity takes place
✓ Support needs are cyclical

Setup or Clean-up Assistance (Preparation or follow-up assistance)
✓ Individual REQUIREs assistance or preparation prior to engaging in the activity
✓ And/or Individual REQUIREs review or follow-up after the activity is complete
✓ Individual then completes the activity without assistance from a support person
✓ Includes cueing via telephone to set-up or clean-up
✓ Includes visual cues set up directly before the activity on a typical day

Supervision or Touching Assistance (Including cueing and/or visual prompts)
✓ Support person monitors intermittently or continuously during the activity
✓ Support person provides cues, verbal direction or visual prompts during the activity
✓ Support person provides NO physical assistance beyond simple touch cues
✓ Include visual cues used during the activity by a support person to assist the individual
✓ Include cueing via telephone during the activity

Partial/Moderate Assistance:
✓ Support person completes less than half of the activity
✓ The individual functionally contributes more than half of the physical effort to the activity

Substantial/Maximal Assistance:
✓ Support person completes more than half of the activity
✓ The individual functionally contributes less than half of the physical effort to the activity

Dependent
✓ Individual DOES NOT contribute functionally to any part of the activity
✓ The individual may contribute symbolically to the activity (does not effectively contribute to any part of the activity).
✓ Support person completes the activity for the individual
OR
✓ Two or more support persons are required to complete the task

Person refused:
✓ Individual refuses support to complete the task.
✓ The activity appears to have been completed unsuccessfully by the individual, but the individual refuses support in this area and the activity is NOT completed by another person.
✓ OR, the individual refuses to answer and there is no other source of information. If "Person refused' is coded, indicate in the notes box why the individual is refusing support and how the task will be addressed.

Not applicable:
✓ Individual does not engage in this activity.
✓ Support not required.
✓ The activity is NOT completed by another person for the individual.

Not attempted due to medical condition or safety concerns:
✓ Individual does not engage in this activity due to a medical, safety or behavioral reason.
✓ Support persons will use alternate supports to accomplish tasks such as; using an elevator instead of stairs or g-tube feeding instead of taking food by mouth.
✓ The activity is NOT completed by another person for the individual.