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TrainingUnit.ServicesSupports@state.or.us
Assessing the Four Components of Cognition

Cognition Definition in Rule
OAR 411-015-0005(15)
"Cognition" means the individual’s **mental functional ability** to ensure their health, safety and basic needs are met. It includes the individual’s understanding of the need to perform and manage ADLs and IADLS. It does not refer to choices an individual may make that others may deem to be unsafe. Nor does it refer to an individual’s knowledge and skills, rather their cognitive ability to use and process information.

Remember!
- This is a functional ability assessment. You are assessing the individual’s cognitive ability to meet health and safety needs.
- You are only assessing what is in the components of the assessment, not everything that happens in the brain.

Cognition Time Frame
OAR 411-015-0006 (3)(c) The assessment time frame in OAR 411-015-0008 shall be expanded when assessing cognition. A documented history demonstrating the need for assistance that occurred more than 30 days prior to the assessment date shall be considered if the need would likely re-occur without existing supports.
**Independent**

OAR 411-015-0005 (26)

"Independent" means an individual does not meet the definition of "assist" or "full assist" when assessing an activity of daily living as described in OAR 411-015-0006 or when assessing an instrumental activity of daily living as described in OAR 411-015-0007.

- The individual does not meet the criteria of another assist level.
- The individual may have changes or a decline in cognition but can still functionally meet their health and safety needs.

**Assist Types**

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<tr>
<th>Icon</th>
<th>Description</th>
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<tr>
<td><img src="Image" alt="Hands-On" /></td>
<td>Hands-On: the care provider physically performs part or all of an activity because an individual is unable to do so.</td>
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<tr>
<td><img src="Image" alt="Support" /></td>
<td>Support: the care provider must enhance the environment to enable an individual to be as independent as possible. (Does not apply to a full assist).</td>
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<tr>
<td><img src="Image" alt="Redirect" /></td>
<td>Redirection means to divert an individual to another more appropriate activity based on a cognitive need.</td>
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<tr>
<td><img src="Image" alt="Cueing" /></td>
<td>Cueing: the care provider must give verbal or visual clues during an activity to help an individual complete the activity without hands-on assistance or guiding someone with touch.</td>
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<tr>
<td><img src="Image" alt="Monitor" /></td>
<td>Monitoring: the care provider must observe an individual to determine if intervention is needed. The care provider must have an intervention to use. (Does not apply to a full assist).</td>
</tr>
<tr>
<td><img src="Image" alt="Reassurance" /></td>
<td>Reassurance: the care provider must provide an individual encouragement and support to complete a task based on a cognitive (not emotional) need.</td>
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Hands-On: Carol no longer remembers how to walk and will fall if she attempts to do so. Carol tries to stand and walk throughout the day. She has a pressure alarm which alerts the provider she is attempting to stand. The provider will hold Carol up until she can safely sit.

Support: Tom goes into the kitchen when he is hungry. On several occasions Tom has turned the burner on and then walked away. On another occasion Tom attempted to cut lunch meat still wrapped in plastic causing him to badly cut himself. Tom's son now keeps locks on the oven when it is not in use and knives are stored in a locked cabinet. A pre-made snack is visible to Tom when he opens the refrigerator.

Redirection: Prior to moving into a memory care facility, Gladys walked away from her home and became lost on multiple occasions. Gladys continues to believe she has goats to feed and attempts to follow out the guests of other residents when they leave. The care provider directs Gladys to another activity such as feeding the fish, or helping sort laundry, while the guests leave the facility.

Cueing: The care provider cues Jerry by giving him step by step instruction throughout undressing and dressing. “Take off your shoes. Take off your socks. Pull the snaps on your shirt”. Without this assistance Jerry will not initiate or proceed with finishing dressing or undressing.

Monitoring: Care staff report Bill continues to have misconceptions others have stolen his walker. They report this occurs a few times a week. A care provider must monitor Bill anytime he is in public areas of the building to intervene when Bill attempts to take another person’s walker from them.

Reassurance: Lucy becomes frightened when getting into the shower and will attempt to hit the care provider. The provider must take their time, play Lucy’s favorite music, and calmly remind her she is safe. She then has Lucy feel the water with her hand and then her feet until she is ready to proceed.
Self-Preservation in Rule and Assist Levels

Self-Preservation

OAR 411-015-0006 Activities of Daily Living (ADL)(3)(f) (A)

Self-Preservation means an individual’s actions or behaviors reflecting the individual's understanding of their health and safety needs and how to meet those needs. Self-preservation refers to an individual's cognitive ability to recognize and take action in a changing environment or a potentially harmful situation. (i) Self-Preservation includes but is not limited to an individual: (I) Being oriented to their community and surroundings such that they can find their way to their home or care setting. (II) Understanding how to safely use appliances. (III) Understanding how to take their medications. (IV) Understanding how to protect themselves from abuse, neglect, or exploitation. (V) Understanding how to meet their basic health and safety needs. (ii) Self-preservation does not include the individual engaging in acts that may be risky or life threatening when the individual understands the potential consequences of their actions.

Minimal Assist

The individual needs assistance at least one day each month to ensure they are able to meet their basic health and safety needs because they are unable to act on the need for self-preservation or they are unable to understand the need for self-preservation. The need may be event specific.

Substantial Assist

The individual requires assistance because they are unable to act on the need for self-preservation nor understand the need for self-preservation at least daily.

Full Assist

The individual requires assistance to ensure that they meet their basic health and safety needs throughout each day. The individual is not able to be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.
**Significant Health Outcome**

OAR 411-015-0000 (36)

“Significant Health Outcome” means that the individual would require immediate assistance from a physician, nurse practitioner or physician assistant to safely address the outcome. This means incidents such as a broken bone or a wound that requires stitches rather than bruising or scrapes.

Notes on Self Preservation:

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Decision Making in Rule and Assist Levels

OAR 411-015-0006 Activities of Daily Living (ADL) (3)(f) (B)

Decision-making means an individual’s ability to make everyday decisions about ADLs, IADLs, and the tasks that comprise those activities. An individual needs assistance if that individual demonstrates they are unable to make decisions, needs help understanding how to accomplish the tasks necessary to complete a decision, or does not understand the risks or consequences of their decisions.

**Minimal Assist**
The individual requires assistance at least one day each month with decision-making. The need may be event specific.

**Substantial Assist**
The individual requires assistance in decision-making and completion of ADL and IADL tasks at least daily.

**Full Assist**
The individual requires assistance throughout each day to make decisions, understand the tasks necessary to complete ADLs and IADLs critical to one’s health and safety. The individual may not be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of support or monitoring.

**Notes on Decision Making:**

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Ability to Make Self Understood 411-015-0006

Activities of Daily Living (ADL)(3)(f) (C)

Ability to make self-understood means an individual’s cognitive ability to communicate or express needs, opinions, or urgent problems, whether in speech, writing, sign language, body language, symbols, pictures, or a combination of these including use of assistive technology. An individual with a cognitive impairment in this component demonstrates an inability to express themselves clearly to the point their needs cannot be met independently.

**Minimal Assist**
The individual requires assistance at least one day each month in finding the right words or in finishing their thoughts to ensure their health and safety needs. The need may be event specific.

**Substantial Assist**
The individual requires assistance to communicate their health and safety needs at least daily.

**Full Assist**
The individual requires assistance throughout each day to communicate and is rarely or never understood and cannot be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. Full assist includes hands on assistance in addition to the assist definition included in paragraph (C). This does not include assistance types of support or monitoring.

Notes on Ability to Make Self Understood:

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Assessing the Four Components of Cognition
Challenging Behaviors in Rule and Assist Levels

Challenging Behaviors

411-015-0006 Activities of Daily Living (ADL)(3)(f) (D)

Challenging Behaviors means an individual exhibits behaviors that negatively impact their own, or others’, health or safety. An individual who requires assistance with challenging behaviors does not understand the impact or outcome of their decisions or actions. (i) Challenging behaviors include, but are not limited to, those behaviors that are verbally or physically aggressive and socially inappropriate or disruptive. (ii) Challenging behaviors does not include the individual exhibiting behaviors when the individual understands the potential risks and consequences of their actions.

Minimal Assist

The individual requires assistance at least one day each month dealing with a behavior that may negatively impact their own or others’ health or safety. The individual sometimes displays challenging behaviors but can be distracted and is able to self-regulate behaviors with reassurance or cueing. Minimal assist includes reassurance assistance.

Substantial Assist

The individual requires assistance in managing or mitigating their behaviors at least daily. The individual displays challenging behaviors and assistance is needed because the individual is unable to self-regulate the behaviors and does not understand the consequences of their behaviors.

Full Assist

The individual displays challenging behaviors that require additional support to prevent significant harm to themselves or others. The individual needs constant assistance to the level that the individual may not be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include assistance types of monitoring.
Notes on Challenging Behaviors:

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You are about to participate in “The Cognition Lab”. Names, characters, businesses, places, and incidents are fictional. Any resemblance to actual persons, living or dead, or actual events is purely coincidental.

“Dottie”

SITUATION:

Dorothy (goes by Dottie) is an 87 year old woman who reluctantly requested an assessment after her doctor and family became insistent that she move into an assisted-living facility. Dottie has lived alone since her husband passed away five years ago and she wants to keep it that way!

SELF PRESERVATION:

Dottie’s family is noticing she is forgetting names and repeating things more often. Dottie recently admitted to the doctor she herself was concerned after forgetting to take her medication twice in the past month. He encouraged her to consider moving into an assisted living facility. Dottie would like to stay in her home, but her family is concerned for her safety. “We’re afraid she will burn the place down one of these days. What if she forgets to turn the stove off or something?”.

Dottie had two minor car accidents in the last 6 months. It was determined she was at fault in both accidents. “They [her children] were so persistent.” she says. “So I gave in. Now they want me to leave my house? What’s next?”.

Dottie says she would be willing to get “one of those buttons you wear on your neck” if that would satisfy her children and make them “get off my back about
moving”. But her son says “It’s not that we’re afraid she’ll fall. She manages to get up, get dressed, make a bite to eat with no problem. And since her sister had a bad fall she refuses to bathe if one of us isn’t here. It’s her memory we worry about”.

Consider these questions:

1. Does Dottie’s actions and behaviors reflect she does or does not understand her health and safety needs?

2. Does Dottie’s actions and behaviors reflect she understands how to meet her health and safety needs?

3. Does Dottie have the cognitive ability to recognize and take action in a changing environment or a potentially harmful situation?

4. Does Dottie’s needs meet the definition of minimal assist in the component of Self-Preservation (see page 6)?

DECISION MAKING:

In the morning Dottie gets up and washes her face, cleans her teeth, and makes coffee and toast. She then takes her pills with a banana. She repeats her story twice about turning her driver’s license in. “No one was hurt” she yells when she tells the story this time. “I messed up, but accidents happen! Ask my kids how many tickets they have? But I don’t want anyone hurt so I gave in”.

Dottie’s daughter reports she is now helping Dottie pay her bills because last month she forgot to put stamps on the bill’s envelopes and multiple times in previous months Dottie has filled out the checks for her bills incorrectly causing her checking account to overdraw.

Dottie also struggles with getting disoriented in the grocery store and basic money transactions. Her daughter now goes to the store with her and helps her “Mom open your purse. This card is the one for groceries. Do you want cash for your hair appointment? Put the cash in the side pocket”.


Consider these questions:
1. Does Dottie demonstrate she is unable to make decisions?

2. Does Dottie need help understanding how to accomplish the tasks necessary to complete a decision?

3. Does Dottie understand the risks or consequences of her decisions?

4. What assist level, if any, does Dottie meet in the component of Decision Making (see page 7)?

**Ability to Make Self Understood:**

Although Dottie is very clear about her opinions, it is not uncommon for her to lose track of what she is saying during a conversation. At times, she uses her hands to gesture to an item, and sometimes describes an item instead of using its name.

Dottie says she likes to ask her children to help her when talking with doctors, pharmacists, or calling Medicare. Dottie’s daughter said they have started to help Dottie with these things after learning she was not filling prescriptions or getting lab work done because she was struggling explaining to the pharmacy and lab what she needed. These are the only times identified Dottie needs help communicating her needs.

Consider these questions:
1. Does Dottie have the cognitive ability to communicate?

2. Can Dottie communicate clearly to the point her needs can be met independently?

3. What assist level, if any, does Dottie meet in the component of Ability to Make Self Understood (see page 8)?
**Challenging Behaviors:**

Dottie’s children report she is incredibly stubborn and can become very argumentative if something is not her idea. They feel this has become worse with her memory loss. They say she usually gets over what she is mad about pretty quickly.

Dottie also tells you she is tired of her children telling her what to do. She raises her voice when telling you about her son attempting to get her driver’s license revoked. She asks you “How would you like someone to try to take away your license?”

**Consider these questions:**

1. Does Dottie exhibit behaviors that negatively impact her, or others’, health or safety?

2. Does Dottie understand the impact or outcome of her decisions or actions in regard to the challenging behaviors she exhibits?

3. Does Dottie understand the potential risks and consequences of her actions regarding the challenging behaviors she exhibits?
Building Strong Comments

- Check to ensure the need level is substantiated
- Remove personal judgements
- Consumer friendly language

- What the care provider is doing to meet the need
- Frequency of need
- History / A picture without support

- Why the individual is not able to meet the need (think process not diagnosis)
- The health or safety need the individual cannot meet
- Change

- Example
- Example

Building Strong Comments

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Tobias needs help with self-preservation. He has dementia and will do dangerous things such as wandering from his home if he is left alone.

Tobias often attempts to walk outside looking for his dog who passed away over six months ago. Tobias’ care provider or spouse must frequently check on Tobias when she is doing other tasks. She says at least twice a day she must stop him and say something like “Tobias you’ve got to come see this!” to encourage him to follow her elsewhere. Prior to having a care provider, Tobias wandered outside and was found several blocks from home confused and lost. Tobias has no understanding of his need for medication and will not take medication without someone bringing it to him and asking him to take his medication. Without someone doing this he will not take his medication.
Jan has challenging behaviors. Jan is generally calm and pleasant in the morning. During the evening Jan starts doing crazy things like trying to move furniture or calling 911 for attention.

Jan’s daughter reports Jan becomes confused in the evening and will attempt to do things such as move furniture despite having several hernias. She reports Jan will have paranoia with her confusion in the evening and will call 911. She states this happens any evening a care provider is not there to calmly tell her she is safe and then redirect Jan by offering her a favorite snack, helping her call a loved one, or turning on Jan’s favorite TV Show. She says this happens several times a night.