



FAQ

Oregon Needs

Assessment

(ONA)

UPDATED NOVEMBER 2019

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Contents

General Procedural Questions	3
Notes boxes Questions	9
LOC/RIT/E&E Questions	10
General Coding Guidance for ADL/IADLs and Medication Management.....	11
Section 1 – Assessment and Demographic Information.....	15
Section II – Communication	15
Item 2: Communication Devices & Preferences/Language Expression & Comprehension.....	16
Section III – ADL and IADLs	18
Item 3: Dressing	18
Item 4: Transferring and Positioning	19
Item 5: Mobility.....	19
Item 6: Eating and Tube Feeding	20
Item 7: Elimination.....	20
Item 8: Showering and Bathing.....	21
Item 9: Oral Hygiene	22
Item 10: General Hygiene	22
Item 11: ADL Equipment.....	22
Item 12: Housework.....	23
Item 13: Meal Preparation.....	23
Item 14: Laundry.....	24
Item 15: Transportation.....	25
Item 16: Money Management:.....	25
Item 17: Light Shopping	26
Section IV – Behaviors.....	27
General Behavior Section Questions	27
Item 18: Injurious to Self.....	28
Item 19: Aggressive or Combative	28
Item 20: Injurious to Animals.....	28
Item 21: Aggressive Toward Others, Verbal	28
Item 22: Socially Unacceptable Behavior.....	29
Item 23: Sexual Aggression/Assault.....	29
Item 24: Property Destruction	29

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Item 25: Leaving Supervised Areas	30
Item 26: Pica and/or Placing Non-Edible Objects in Mouth	30
Item 27: Difficulties Regulating Emotions.....	30
Item 28: Refusing ADL/IADL and/or Medical Care.....	31
Item 29: Rapid Ingestion of Food or Liquids	31
Item 30: Withdrawal	31
Item 31: Intrusiveness.....	32
Item 32: Susceptibility to Victimization	32
Item 33: Legal Involvement	32
Item 34: Other Behavior Issues.....	33
Item 35: Blank Field	33
Item 36: Intervention Frequency	33
Item 37: Other Behavior Items	34
Item 38: Substance Abuse Issues.....	35
Item 39: Positive Behavior Support Plan	35
Section V: Safety	36
Item 40: Safety Awareness and Support.....	36
Item 41: Environmental Safety	37
Item 42: Assessor’s Judgment about the Potential for Abuse, Neglect and Exploitation	37
Section VI: Medical	38
Item 43: General Medical Supports	38
Item 44: Conditions and Diagnoses	39
Item 45: Seizures and Diabetes.....	39
Item 46: Treatments and Therapies.....	40
Item 47: Medication.....	43
Section VII – Comprehensive Review.....	44

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

General Procedural Questions

Q: Can assessors correct a mistake on an assessment after it's been submitted? A: Yes. Make a copy of the ONA and select "Correction". If it's beyond 60 days from date of submission, send a request to the QAT for a correction.

Q: Is there a minimum number of ONAs that the certified assessors should complete to stay certified? A: There is no minimum amount. Assessors and back-ups should remain up-to-date with quarterly trainings, call-ins and put their knowledge into practice on a regular basis to remain certified.

Q: Can the ONA be uploaded into Therap? A: It can be saved as a PDF and uploaded into Therap.

Q: Will the ONA be printed in other languages? A: Yes, the plan is for a paper copy of the ONA to be available in Spanish, Vietnamese then Russian. The timeline is unclear at this time.

Q: Should the ONA be created and filled out during the file review? A: It depends on your personal preference. Some prefer to write notes right onto the ONA tool to prevent hand writing then transcribing later. Some prefer to use the field guide to hand write notes from the file review, observation and interview.

Q: If eXPRS times out or goes down, will I lose all the work I've done on the ONA? A: eXPRS will time out in fifteen minutes if the tool hasn't been worked on. The immediate page you were on will not save. You can click to another item then go back to the page in order to save it and start the 15-minute time frame again. You can also click save at the bottom of each page as you work.

Q: Will the provider be able to view the ONA in eXPRS? A: No. ONA Assessors, SCs, PAs and specific CME staff will have permissions to view the ONA in eXPRS. We are looking to add view permissions for group home and FC home providers.

Q: Will the ONAs being completed now be used to help set the algorithm? A: Yes

Q: Does the assessor need to print the ONA? A: No

Q: How will the SC/PA know when the ONA is completed? A: Each CME will work out their own process.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: How does the SC/PA present the results of the ONA, and in what form? A: SCs and PAs will have their own permissions in eXPRS to access and print the ONA and ONA summary report.

Q: Will the onsite teams (QA and licensing) expect to see the entire ONA in the paper files or will they accept the report/comprehensive review page, or will they view the ONAs in eXPRS?

A: They can view the ONA in eXPRS. No need to print the entire ONA for the case file.

Q: Does any part of the ONA have to be printed and put in the case file? A: No. The ONA in eXPRS is an extension of the case file so you don't have to print anything.

Q: should a copy of the ONA be given to the provider? A: Yes, per OAR. See document titled - "Ona What – Print – When" on the ONA Assessor Resource webpage at:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/ONA.aspx>

Q: What happens if something comes up (perhaps the individual got ill) and the assessment did not occur within the 30-day window it began? A: The assessor will need to look at the case file again and make sure all steps meet the 30-day timeline requirement.

Q: When someone is unhappy with the results of their assessment, who will conduct the re-assessment? A: The assessor will conduct the assessment with the support of the ODDS assessment team. There may be some circumstances when it would make more sense for an ODDS assessor to conduct the ONA.

Q: Do people new to services need an ONA? A: Yes, see the "Which Assessment Tool When" chart located on the ONA Case Manager Resource page at:

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/Compass-Project-Case-Manager-Resources.aspx>

Q: Do people who receive case management services only need an ONA? A: There are multiple ways to fund CM... Waiver, admin, GF. For individuals whose monthly waiver service keeps them eligible for Medicaid, their CM is a waiver service. All waiver services are predicated on an FNA (per the waiver). If the person is GF or accessing family support and/ or SPPC only, the ONA isn't required.

Q: At what point do you need a release of information form to speak to others about the individual? A: When the individual becomes eligible for services, the CMEs get a release of info. This covers necessary actions by assessors to gather information.

Q: When will we no longer need to complete the assessment within 60 days prior to the ISP?

A: This went into effect July 1, 2018.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: Can texting be used to obtain follow-up information? A: Yes, if there is no identifying information than could violate HIPAA laws.

Q: What do we do when an individual refuses a face-to-face observation? A: A face-to-face observation is not optional. The assessor can arrange to observe the individual at his/her work location or any setting that is preferred by the individual. Failure to participate in the assessment activities may result in a termination of funded services. Appropriate notice must be given.

Q: Is there a requirement for the length of time the person must know the individual in order to give input about the individual's support needs? A: No

Q: The assessor's previous position was as a behavior specialist and a vocational provider. Will the assessor have to wait six months before conducting an ONA if behavior consultation services or DD54 services were recently provided to the individual? Or, does this rule just apply to case managers? A: This rule applies to SCs and PAs only.

Q: If the assessor had a case load how long does the assessor need to wait until he/she can assess someone from his/her former case load? A: Six months

Q: Who tracks when the ONA needs to be done for annual reviews, specific child ages and five years (for adults)? A: Each CME will develop their own method of tracking.

Q: What if the individual, or family does not respond within the timelines, or the assessment does not get completed...would the CME send a NOPA if the ISP is not completed on time due to the ONA not being completed? A: The ISP doesn't need to be delayed because of the ONA. The ISP can use information from the most recent assessment to help inform services. There is still a requirement for the person to have an annual Functional Needs Assessment (FNA) and an annual LOC, and if the person doesn't get those completed before the previous FNA and LOC expire then a NOPA would be appropriate.

Q: If an individual has guardians who live out of state or far away, are they able to participate in the ONA process via conference call? Of course, we know they must be invited to attend, but wanted to clarify if they are able to participate in any way other than face-to-face. A: They are more than welcome to attend via phone, Skype, etc. When you code their participation, refer to manual pages 14-15 as they list those who participated via phone etc. as "Participated in the assessment".

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: If an individual is coded as “Independent” for some items, can services still be funded for the specific item? A: When the ONA has the funding mechanism built in, it will put people in service groups that will be used to determine the appropriate hours or rates for their services. The Assessment still does not determine the services a person has. The ISP determines the services based on the individual’s wants and needs. A person who only needs occasional supports for an activity and is therefore rated “independent” can still receive funded supports for that item. For individuals receiving Community Living Supports, the prohibitions for the use of Department funds described in OAR 411-450-0050(8) still apply.

Q: Do we need to keep a copy of the field guide in the individual’s case file for record? A: No. But it’s good practice to keep any written materials in your own files to support your decisions.

Q: A person moving from out of state is going directly into group home placement, would an ONA and ANA/SIS take place to access that service? A: The ONA will not give you a funding stream so if they are going into a group home, they will also need an ANA for a temporary tier, The conversion tier from the ANA will not expire. It can be used until the ONA is put in place. See PT-19-014for details.

Q: Is the assessor supposed to submit a CM billable? A: It must be submitted – whether the assessor or someone else does that.

Q: Is the assessment billable on the date you do the ONA? A: The date it is submitted is the billable date. Refer to PT 18 – 028 for the ONA worker guide located at: - <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/Compass-Project-Case-Manager-Resources.aspx>

Q: Participation – If the individual is at the meeting but not participating – do we need to schedule a second face to face? A: No – The face to face meeting with the individual and the assessment interview can take place at the same time.

Q: If you do multiple assessments in one year for the same individual – will each one show or does the new replace the old ones? A: You will be able to see each one listed with the assessment ID, and ID-1. -2, etc.

Q: Will I still be able to provide information to the assessor for people who were on my caseload? A: Yes

Q: I’ve submitted some ONAs and am wondering if anyone is looking at them and will give us some feedback? A: QATs are starting to look at those and we will address some things that we notice miscoded and give feedback to people. If you question anything you are assessing, it’s best to ask your QAT prior to clicking on submit. The assessment team will be looking at them to check for consistency. Notes are important to describe reasons for coding.

Q: Conflict of interest – I happen to be distantly related to an individual, by marriage – does the State see that as a conflict of interest? A: This should be determined at the local level by contacting the brokerages board or CDDPs HR person and they will make the determination.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: Some case management only folks have VOC only – DD54). Do they need an ONA? A: Yes, they need an ONA this year; employment services are waiver services and waiver services must be supported by an ONA.

Q: When we do the observation, how much time to do we need to spend with the individual? Is there a required length of time? A: There is no specific guideline for the length of the observation or interaction, it can be a few minutes or an hour-long visit/ It really depends on the individual's preference.

Q: If the person is not currently in a funded service, what service setting should I select? A: if the person is currently not in a funded service the assessor should choose the service setting that the person will enter within 30 days if known and if unknown/more than 30 days until entry select "other".

Q: We have a situation of a child who is not on Medicaid yet (they've applied) but is in crisis and is on a list for Children's res, or SACU. Should we do the ONA now? What about the 30-day timeframe? A: The ONA is good for 12 months from the date it is completed both for LOC and FNA. It can be completed now and remain valid up to 12 months.

Q: Are we required to complete an ONA within 30 days with a new eligible enrollment to services? A: Services must be available to a person within 90 days of the person asking for them (if they are eligible including Medicaid financial eligibility). This means the person must have a signed ISP by 90 days after asking for services (for new enrollments this is the date of the completed application). OAR (411-415-0060(3)) does require a needs assessment within 45 days of the date of application.

Q: For children moving from MFW/MICW, who will be responsible for conducting the ONA? The receiving county or CIIS assessor? A: The receiving CME is responsible for conducting these ONAs.

Q: We thought that the QA team was not using the ONA to review files for our audits. Yet, we are being dinged for not including ONA language in the ISP. Why is that? A: You do not have to use specific ONA language such as "Substantial/Maximal" etc. But keep in mind, if you code "Independent" and indicate a support need in the notes, box, such as a cyclical support need, or help needed less than 50% of the days the activity takes place, it must be addressed in the ISP. Any assessed need identified on an assessment (even in a notes box) will be reviewed by the QA team per CMS requirements to ensure it is addressed in the ISP.

Q: Do we need to save our field guides that we took notes on for ONA? A: No. But it's good practice to keep any written materials in your own files to support your decisions.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: Shadowing by QAT – What if the individual or family is not comfortable with someone shadowing during the ONA meeting? And how far in advance will QATs let the ONA assessor know they will be shadowing? A: The QAT will work with the assessor first to ensure the ONA will be an appropriate one to shadow. About the advance notice, whatever works best for the assessor, individual's and QAT's schedules will take place.

Q: If a change in need ONA is needed mid-year (Not during annual review timeframe), is there still a 45-day requirement for the ONA assessor to complete an ONA? A: Yes, this applies to any reassessment request made by the individual or guardian or a change in need any time of the year.

Q: Does the assessor have 45 days plus the 30-day window to complete the ONA? Or, must it be submitted within 45 days? A: It must be submitted within 45 days from the date of request. Be sure the required components of the ONA are completed within 30 days.

Q: Some ADL items are greyed out for kids, does the algorithm consider that some kids need exceptional supports? A: The algorithm assumes children under specific ages are considered "Dependent" anyway. The algorithm is being built to consider children's needs.

Q: Can you give me the ages for children that need to be reviewed? A: Ages 3, 4, 5, 8, 12, 15 and 18 are the ages that need to have a certified assessor complete their annual assessment. See manual page 8 for further guidance.

Q: When we code 2-person assist in the guidance section for specific ADLs, will they be included in the algorithm? A: They won't be included in the algorithm but may be used for local approval for exceptions.

Q: If the algorithm does go into effect July 1, 2020 for In-Home services, does that mean for July 1 plan dates or Aug 1 plan dates? A: There will be guidance given around this ahead of time.

Q: Will it be flip of the switch for In-Home rates if the algorithm goes into effect July 1, 2020? A: No. The change will take place at the individual's next ISP date (Date to be determined).

Q: Is there a time limit after the ONA is completed as to when a guardian or individual can request a reassessment? A: No. The guardian or individual can request a reassessment at any time.

Q: Can a Notice of Planned Action (NOPA) be e-mailed instead of through snail mail? A: A hard copy should always be sent, but it can be sent additionally by email if that's the individual's preference.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: Will foster care rates be changed right away when the algorithm goes into effect? A: Not right away. Not until at least sometime in 2021.

Q: How will providers know what Service Group (SG) the individual will be in? A: Letters will go out before the algorithm goes into effect.

Q: Will SGs align with current tiers for group homes? A: The five SGs will crosswalk to four payment categories. Each person's SG and the associated rate are expected to be known by the end of 2019. There will continue to be a process for assigning exceptional rates.

Q: If the individual has been in case management services for several months, and is now wishing to access k-plan services, what type of assessment is it? A: "New to Service".

Q: Who can bill for the ONA assessment if a need is identified at the time of the annual ONA?
A: If the ONA is submitted by the SC or PA, to meet LOC timeline and a certified ONA assessor will complete the "Change In need" ONA, the SC or PA can bill for LOC and the certified assessor can bill for the ONA assessment.

Notes boxes Questions

Q: Are notes boxes mandatory on the ONA tool? A: They are not mandatory but are very helpful for service planning. They also help the assessor to justify why a specific item was coded a certain way (especially when conflicting information was received or read in the file).

Q: What if an item has multiple sub items such as dressing? Is a separate note required for every sub item? A: If it would be useful for planning, or if levels of support are different for each sub item, then describe separately. If not, one note for all sub-items would be effective.

Q: Will the notes be included on the report page (future release)? A: Yes, notes, guidance and preferences will be included.

Q: Do you need to write a case note about / for the assessment? A: Refer to PT 18 – 028 located at: <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/Pages/Compass-Project-Case-Manager-Resources.aspx> for the ONA worker guide regarding assessment notes.

Q: Several items have small notes boxes next to the coding option. Can I write "see notes below" and write a larger note in the notes box below? A: No. Use the small notes boxes as the information in those boxes will transfer over to the Risk Report.

Q: Will all notes boxes have an impact on exceptions requests? A: Yes. All notes written on the ONA will be reviewed by the funding committee if an exception is requested.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

LOC/Risk/E&E Questions

Q: What if the ONA Risk items don't match the SC/PAs RIT? A: Work closely with the SC/PA to ensure you're on the same page. Ultimately, you will code based on your knowledge of the item intent. The QA and licensing teams will have knowledge that the ONA may not exactly match the RIT at this time.

Q: When the ONA becomes capable of producing the Risk Report / LOC / SG (Service Group) will these items be retroactive for the assessments completed earlier in the process? A: The ONA establishes LOC as soon as it is submitted. Further information about other functions will be made available as the functions become available.

Q: Year two, will the "Annual Assessment" generate the LOC? A: Yes. The LOC will renew when the SC/PA submits the 'Annual (SC/PA Assessment) and/or when a certified assessor submits a 'Change in Need', 'Request', 'New to Service' or 'Annual (Certified Assessor ONA)''.

Q: IF the LOC is a part of the ONA, is the assessor or SC/PA then satisfying the face to face requirement of the LOC by completing the face to face of the ONA? A: Yes

Q – If someone does not meet LOC can they request another assessment from a new assessor, or would they need to wait a year to have another assessment? A: Currently, every person who doesn't meet LOC immediately through the ONA is being evaluated by ODDS. They are looking at the person's original eligibility documents to determine if the person should be eligible for services as well as the ONA and case file documents. They are seeking additional information from the eligibility specialists and making a case-by-case determination. In most of the cases so far, they have given an exception so that the person meets eligibility. If the person isn't determined eligible, ODDS will contact the SC or PA and give instructions about what options are available.

Q – We've already had someone who does not meet the LOC, how long do we have to send the notice if someone doesn't meet the LOC? And what is their appeal options? A: The CME shouldn't be giving any notice at this time. ODDS will be contacting the CME.

Q: Some LOCs are dated on the date we submitted the ONA and some are coming back with the LOC dated on the day the ONA was approved or the face to face date. What's the correct LOC date? A: The ONA submission date is the correct LOC date.

Q: How do we know if a LOC is accepted or not accepted? A: The SC or PA will have viewer rights and they will be able to see the LOC.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: What about a child who barely qualified for services and now they aren't scoring high enough to meet the LOC on the ONA? Do we click submit? A: Code the ONA the way you've been trained. ODDS is reviewing those who do not meet LOC.

Q: Can an assessor use the "risk change" function, or just the SC/PA? A: This function is only available to those who have SC/PA permissions.

General Coding Guidance for ADL/IADLs and Medication Management

Q: If the individual requires 2:1 assistance because the provider has physical limitations, how do we consider that? A: Consider the needs of the individual only, not provider limitations.

Q: Are we supposed to be coding support "needed" or support "currently being provided"? A: Code support needed. The only occasion we consider support provided is when the individual refuses supports, but support must be given anyway because the individual lives in a 24-hour setting. Think of housework. It still must be done even if the individual refuses. But in an in-home setting, no provider may be providing supports and we would code "Person refused". When Refusal is a factor for some aspects of an item, the professional judgment you'll need to use between supports provided and needed must be considered. *For example:* Item 7 - Toileting, if an individual refuses to be wiped, but needs it and no supports will ever be provided to wipe, but does respond to cues to use the toilet, then "Set up clean up" is being provided and no other supports will be provided. Code "Set-up/clean up" or this person will be assessed too highly because physical supports will never be provided. If "Set-up clean up" is not effective and the provider is giving "cues" during the activity and checking in during the activity, then code, "Supervision". Although the ONA is a support needs assessment, we need to consider supports provided when the person refuses.

Q: The manual states that documentation is required for some items. Family homes don't generally have much documentation. Can we code support needs without it? A: Documentation could include reports over the phone made by the family and then is documented in the case record. It can also include a nursing assessment or care plan, the ISP and supporting documents.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: There is nothing in the ONA about Community Integration or Social Interaction. How do we capture it? A: The ONA is one piece of the big picture. The ISP and service plan will identify socialization and community integration. Just because it's not captured on the tool, does not mean that you can't include it in service planning. When a CM is looking for a way to justify supporting someone in the community, suggest that they ask themselves why the person can't just walk out the door all by themselves and go do what they want to do without help. Chances are high that the reasons tie back to an ADL/IADL support need that the person has. Socialization and community integration should be tied back to Medicaid funded services. The person's support needs in Communication, ADLs, IADLs, Behavior, and medical support needs should inform what the support person is doing to help with socialization and community integration.

Q: How do we code "hand-over-hand support?" A: If the hand-over-hand support is used to guide the individual's movement and the individual completes part of the activity, consider either "Partial physical or Substantial/maximal". If the hand-over-hand support is provided to engage the individual, but the individual is not contributing to the movement/activity, code "Dependent".

Q: Is Independent the same as "Not applicable"? **Should we code both?** A: No. You must select one of the nine coding options.

Q: If "Independent" is coded, do we need to use the guidance/preference sections and notes boxes? A: Use your best judgment as to whether Preferences/guidance and/or the notes box would be beneficial for service planning. If the individual wants you to note anything specific, then do so. When supports are needed less than 50% of the days the activity takes place, be sure to indicate the support needed in the notes box for the applicable item.

Q: Do we consider supports across all environments – home, work, community? A: Yes, except for Department of Education funded supports provided at school for minors. Don't consider supports provided by a medical professional not funded by DD services.

Q: How do we capture nighttime supports? A: All items are considered over a 24-hour period.

Q: What if the individual has a PSW or support person come into the home once a week to provide support for an activity that would require help daily otherwise? A: Consider the support needed, not the frequency of the supports given. For example: The PSW comes into the home on Sundays to use the stove to cook, use knives to cut food, then place the food in microwaveable containers to be reheated throughout the week by the individual. The PSW would have to come into the home every day if the support wasn't done all in one day (as preferred by the individual). This eliminates the need for the provider to come into the home daily. But the daily support need still exists.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: In an item in ADL/IADL such as general hygiene, where there are several different things to code, you would choose to code it based on the item that had the most need, correct? As in hand washing, they only need cueing while hand washing, but nail care, they need physical substantial assistance, and you would choose the latter? A: No. Use the Coding Decision Tree. If the physical help for nail care is needed at least 50% of the days the activity takes place, code “physical help”. For example: Cueing is needed while hand washing daily, and nail clipping is every other day. So, looking at the entire activity, physical help is needed at least 50% of the days. Code the physical help. Let’s say nail clipping is needed once a week. Physical help is needed only 4 days a month which is nowhere near 50% of the days the entire activity takes place (which includes hand washing and nail care), code “Supervision” because cueing is needed for hand washing during the activity at least 50% of the days the activity takes place.

Q: Many people are saying “The provider has to be there the entire time, so we code “dependent”. Is that accurate? A: No. For the coding options of “Supervision”, “partial/moderate” and “Substantial/maximal, the support person may still need to be present the entire time. We’re measuring the intensity of support needed, not the amount of time needed. “Dependent” would indicate that the individual is unable to physically or cognitively functionally contribute to any part of the activity, or 2 people are required to assist the individual to complete the activity

Q: How do we code supports that are needed but are not being provided because there’s no caregiver in place? Do we code the (unmet) need, or how much support is actually being provided? For example, if a customer currently does all their shopping on their own, but is not able to effectively compare prices or shop within their budget, do we code “independent” because they’re not receiving support on at least 50% of the days that the activity occurs? We imagine this will come up for a number of the categories (i.e. meal prep, housework, general hygiene / bathing, etc.) – what if the customer is somewhat “managing” in the interim, but really needs a provider in order to ensure that the ADL/IADL is completed effectively? A: Consider the support needed. What we want to ask is, “What would happen if no support were provided”? Over time, the individual would not be able to pay rent, etc. because they've spent all their money at the grocery store. We know this touches on budgeting. But we find that without support, the kitchen cupboards may be stocked with unnecessary items and now the lack of help with shopping impacts meal prep and budgeting as well. The only time we would ever consider the support being provided is when the individual refuses support but support it is still being provided anyway, such as in a group home setting.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: What about the person who just refuses to do an activity such as housekeeping– not for lack of ability, just refusal? A: Why is the refusal taking place? Is it due to a behavioral or sensory issue, or unwillingness? Often, the refusal is due to sensory issues or the individual has specific routines he/she follows, and support persons are unable to get him/her to participate in an ADL/IADL. Code the support that is needed to get the activity completed. The only exception is the individual who refuses help and no help will be provided.

Q: I am assessing a client that is blind, deaf and paralyzed on his left side. I was wondering how to code him for ADLs such as housekeeping, shopping, laundry, etc. I was thinking I would code him Dependent, and now I am questioning whether I should code him “Not attempted due to medical condition”. How should I code? A: Code based on the support needed to get the task done. Only code "dependent" if the individual cannot contribute at all. Reserve "Not attempted" for someone who uses alternate means to accomplish a task and would be at risk for health and safety issues. For example: The person uses a wheelchair and goes up and elevator instead of stairs, we would never attempt to take them up or down a flight of stairs due to the likelihood of injury/risk to health and safety.

Q: Where are hearing aids and glasses captured on the ONA? A: Not every support need will be coded on the ONA tool. Indicate the support need in a notes box for an item that it seems most fitting to belong to. For example: I would include a note in the General hygiene item for hearing aids and glasses. Keep in mind that the ONA will capture support needs for hygiene which would represent support needed for other items such as hearing aids and glasses. By including notes, the support need can still be captured in service planning.

Q: What if a provider wants preferences and guidance checked. The manual says it’s optional. Is it in the algorithm? A: They’re not in the algorithm. But, if the individual, guardian, family or provider wants you to check the preferences and guidance sections, then you should check the boxes at the providers request as long as they are accurate. While the use of these sections is considered optional, they are very beneficial and useful for service planning.

Q: What if the individual only needs help to open item such as a medicine bottle or the toothpaste? Is that a physical support or setup/clean-up? A: Code Setup/clean-up. See Essential Elements document located on ONA Assessor Resource Page for what to include at <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/ONA.aspx>

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: When we consider the coding option of “Person refused” what do you mean by “No type of support will be given”? A: Some individuals will refuse support for various items, but in 24-hour settings, supports may need to be provided anyway, such as housekeeping, etc. If that’s the case, do not code “Person refused”. Code the support that must be provided. The coding won’t always be dependent because cueing may be the only type of support the provider will be able to give, such as cueing for oral hygiene. The individual refuses to brush his teeth and the provider will never be able to get a toothbrush in his mouth. Yet, the provider is required by the dentist to cue to brush teeth.

Section 1 – Assessment and Demographic Information

Q: On the Demographics page – can we type “Homeless” and put “zeros” for the phone number if the individual has no address and no phone number? A: No, Put the address and phone number of the CME.

Q: Should we list the individual as a person who attended or contributed to the assessment interview? A: No. The individual’s participation or lack of will be captured on the demographics page under “Individual’s Participation in Assessment” along with the notes box describing the participation or why the individual did not participate.

Q: Should SCs/PAs be considered as people who contributed to the assessment on the ONA demographic page? A: If they provided information to answer items, include them in the list of who contributed and code the applicable participation selection. If the SCs or PAs did not contribute but were present at the assessment, list them and select “At the assessment, but did not contribute”.

Section II – Communication

Q: Should we use the Coding Decision Tree for this section and only look at the past 30 days and what help they need 50% of the days communication takes place? A: No. The Coding Decision Tree and the specific coding guidance is for use in the ADL/IADL and Medication Management sections only. Consider infrequent occasions that an individual may need help to communicate. Consider supports needed to communicate anytime during the year.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: How do I assess communication for babies when they don't speak yet? A: Consider how the baby indicates hunger, being soiled, etc. Typically, babies will cry, make sounds and/or facial expressions to make their needs known. If the baby doesn't express at all, code "Rarely/Never expresses self". Don't use the coding option of "Expresses messages without difficulty", because the baby does not speak. Also consider that everyone has wants and needs and if a baby needs others to interpret their communication (as all babies do) that would be considered support for communication.

Q: How do I assess individuals who are very high functioning and appear to need help to express and understand information? A: Look at all areas of the individual's life. Does he/she ever need help to talk with doctors, understand treatment plans, etc.? What about help with an annual food stamp recertification? If the individual works, what about help with speaking to an employer or understanding what an employer is saying?

Q: How do we consider the help needed to read mail which is a form of communication? A: If individuals get mail they cannot read or understand, typically a conversation will take place to discuss the contents of it. And, if no conversation takes place, maybe it's because the individual would not understand it anyway, which would help to inform the communication items. Ask probing questions about the individual's understanding of what is being said. Can the individual express what he or she would like to do in response to the information in the mail?

Item 2: Communication Devices & Preferences/Language Expression & Comprehension

Q: Items 2 b and c. The options are "Expresses complex messages without difficulty" or "Exhibits some difficulty with expressing needs, ideas". To me, there is a big jump from complex messages and needs or ideas. An Individual may have great difficulty with complex messages but be very adept at conveying their wants and needs, such as "I'm hungry" or "I don't feel good". While I am usually conservative, I find myself coding these as the second option, and that just doesn't feel right when I know they can tell me if they need something, but they can't necessarily explain their emotional reaction/over-reaction to something. How do we code? A: The word complex can be rather confusing. What we're wanting to know is the ability to express wants and needs. The only time we will code "Expresses complex messages without difficulty" is if they need no help at all to communicate any messages, needs or wants with familiar people (Item 2b) or unfamiliar people (Item 2c). Be sure to consider occasions that (Cont. on next page)

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

happen very infrequently in an individual's life. Don't use the coding tree logic to determine coding. Support needs should be documented whether they are paid, natural, or not currently being provided.

Q: Item 2d – is the individual able to ask for something to drink or indicate thirst? How do we capture young children and babies? A: Consider how the child indicates when a diaper is soiled or indicates pain. Apply this logic to communicating thirst as well. If the child doesn't cry, verbalize or gesture, then code "no".

Q: The communication question about understanding "verbal" content- this client is deaf, but does respond to basic touch cues for standing, eating, etc. Would I code that he is rarely/unable to or understands sometimes? A: Is he able to understand sign language? If not, go ahead and consider if those cues reinforce standing up sitting down, etc. If he needs help in understanding verbal content in every setting and only responds to very few cues, then code "rarely". But, if he picks up on cues quite well in the community to understand verbal content, then code "sometimes". Use your best judgment.

Q: We have a client who needs maximum support with his showering, hygiene and toileting, but refuses it. Because of his refusal, his mom sets up the bathroom for him to do as much as he can on his own. For example, she sets his bathroom poof and soap out for him and gets a fresh towel for him. By doing this, it cues him to shower, however, he is not cleaning himself well and really needs physical support. I'm not sure if I should code set up or refusal. Similarly, he has a difficult time wiping after a bowel movement. He needs help wiping but has sensory issues around that, so his mom purchases flushable wipes. He uses the wipes, but they aren't doing as good of a job as if mom was wiping. Set up or refusal? A: When refusal is a factor, the professional judgment you'll need to use between supports provided and needed must be considered. It sounds like even though he's refusing, "set up clean up" is being provided and no other supports will be provided. Code "set-up/clean up" or this person will be over coded. If "Set-up clean up" is not effective and the provider is giving "cues" during the activity and checking in during the activity, then code, "supervision". Although the ONA is a support needs assessment, we need to consider supports provided when the person refuses. About the wipes, if they are placed there at least 50% of the time the activity take place as a cue, then consider them as "set-up clean up". But, if they're always there and replaced when empty, don't consider them. Refusals are not always seen as "Substantial/maximal" support. Support needs can vary.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Section III – ADL and IADLs

Item 3: Dressing

Q: What about children who can ‘dress’ themselves at school just fine, it takes a long time, but they will do it themselves? At home they need help because they refuse. How do we capture it? A: See manual page 21 regarding supports due to behaviors. If the behavior interferes with the mechanics of completing the ADL at home, consider coding supports needed to get dressed.

Q: In the manual, Items 3a-c indicate that they are part of the LOC, but don’t seem to be addressing the same thing as the current LOC. The current LOC considers whether someone needs support to wear appropriate clothing for the weather. Item 3 seems to be only concerned with an individual’s ability to dress themselves. My question is: should the weather appropriateness of the clothing an individual chooses to wear be taken into consideration here? If not is there another part of the ONA where weather appropriate clothing should be considered? A: Selecting appropriate clothing is included in the dressing item. Use the “Essential Elements” document to determine what is included in each item at <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/ONA.aspx>

Q: I met with a 7-year-old that needs to be reminded to get dressed, wear weather appropriate clothing, and needs help with buttons, zippers, & tying shoes. I consider this to be age appropriate. Would this still be coded as Partial/Moderate due to the physical assistance and reminders being provided? A: We don’t consider developmental stages at all. If physical help is needed for buttons zippers and tying shoes, then “partial physical” is correct. If he/she ONLY needs reminders to wear appropriate clothes (on at least 50% of the days the activity takes place) “set up clean up” would be correct.

Q: Item 3 – Dressing – If the provider sits outside of the bedroom while the individual is getting dressed, the individual comes out of the room half-dressed, and the provider says to go back in the room and finish dressing. Is that “Setup/clean-up” or “Supervision?” A: The individual has not dressed effectively and needed some supervision and cueing during the activity to finish dressing. Code “Supervision”. That mindset is the same for toileting and other ADL/IADLs. If the individual needs a provider there to supervise (whether eyes on or not), to cue them to finish the activity effectively, code “Supervision”. If the individual simply needs a cue to grab a jacket before heading out for the day, code “Setup/clean-up”.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Item 4: Transferring and Positioning

Q: What if the individual can go from a sitting position to his knees only? Do we code support to get to his feet even if he never will? A: Code “Not attempted due to medical or safety concerns” as he does not stand on his feet.

Q: For sit to stand, if the individual does not bear weight on his feet at all and will never come to a standing position, how do we code this item? A: Code, “Not attempted due to Medical/Safety concerns” because alternate means will be used to make the transfer.

Item 5: Mobility

Q: What if an individual needs help with mobility only during the winter months. The individual has an unsteady gait on wet and icy walkways. A: If the individual’s support needs are expected to increase for several months, complete a “Change in need” assessment.

Q: Items 5 g & h – Risk items regarding falls – If the individual has falls due to seizures, do we consider in these items? A: yes, if the falls have occurred two or more times in the past year (item g) and if there is an ongoing impact (item h).

Q: I am looking at the mobility section and person’s preferences. It gives a preference of “contact guard when walking”. I’m assuming this means that someone is touching or holding onto them while they walk, am I correct. A: Yes, you are correct. The contact guard is human support that provides a physical touch or hold while walking.

Q: If the wheelchair transfers into a prone stander and is used for that purpose, do we capture it in ADL Equipment as a Prone Stander? A: Yes

Q: Item 5 – Mobility – If the individual doesn’t walk or use a wheelchair, how are we supposed to code walking and wheeling? A: be sure to ask specific probing questions. Very rarely, individuals may be on hospice and will never leave the bed again. If that’s the case, code “NO” for both items. The sub items will grey out. The algorithm will be built in a way that will assume the individual is “dependent”. For individuals on hospice, alternate means may be used, such as “being carried to another location”.

Q: Is scooting and crawling on knees considering “walking” in this item? A: Yes. The question to ask is, “Is this person ambulatory”? See manual page 25 for further guidance.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: How would a “stair lift” be captured in item 5d – 12 steps? A: Consider the lift as an alternate means to get up the stairs because the individual is not bearing weight to go upstairs only if those are the only stairs used (stairs are not used in the community 50% of the days the activity takes place). Code “Not attempted due to medical/safety concerns”. But be sure to consider all use of stairs that the person encounters and the supports needed. For example: if the person uses the stair lift at home, but also walks up the stairs at work – it might make sense to consider the support needed to go up the work stairs and not just the help needed at the home. Code the support needed.

Item 6: Eating and Tube Feeding

Q: I was told that the individual will eat too fast and needs to be reminded to slow down. The individual reported that he has choked in the past year due to eating too quickly. The mother states that the individual eats independently and she does not provide supervision but agreed that he has choked in the past. How should I code this? A: Does he need cueing while eating? He may not be independent. Sounds like a choke risk. Always code the need, not what support is or isn't being provided, unless the person refuses the support needed and no supports will be provided. Follow up with the SC or PA. When the SC or PA creates the service plan, they could indicate that supports aren't provided.

Q: The guidance for 6i says that it's intended to capture whether the individual is at risk of choking or aspiration. If people have occasional heartburn or get heartburn after eating spicy foods, how should we be coding it? We have many people that are saying they get heartburn but have not been diagnosed with GERD and are not at risk of aspiration nor choking. It's been causing some issues with the crossover because the wording in the RIT document is different than the ONA. A: Rely on the ISP team, SC, and/or someone who knows the individual well to determine how best to code it. Write a good note stating that the individual has occasional heartburn.

Item 7: Elimination

Q: The item on the tool doesn't mention incontinence or catheter care. Are we supposed to consider it in toilet hygiene? A: Yes. Please refer to the guidance section in the manual for each item. The guidance section provides more detail about what is considered for each item. The toilet hygiene item includes bowel/bladder incontinence and catheter care.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Q: Item 7(f) (toileting/bowel meds): Do we count non-fiber OTC stool softeners such as Colace or Miralax? A: Yes, if it is used to treat constipation.

Q: For toilet transfer, how would we consider the use of a changing table in a bathroom when the individual does not use a toilet? A: For all individuals aged 4 and older, if a changing table is used instead of a toilet due to medical or safety reasons, code “Not attempted due to medical/safety concerns”.

Q: The individual needs to be cleaned off in the shower after having a bowel movement. Is it captured in this item or in item 8 – Showering? A: It depends. Ask more probing questions. Is the showering a part of the normal elimination routine and is required at least 50% of the days the activity takes place? If so, capture it in this item. If not, capture supports needed to clean the body in item 8 – Showering.

Q: If the individual needs no support to get on and off the toilet but needs help to stay on the toilet in order to eliminate effectively, would we capture this support in item 7a – Toilet hygiene or item 7b – Toilet transfer? A: Capture the support to stay on the toilet in item 7a – Toilet hygiene.

Item 8: Showering and Bathing

Q: How do we capture adjusting and judging water temp? A: In the guidance section for this item, code both “Can adjust water temp” and “Can judge water temp” if the individual is able to do these. If not, do not code them. Not coding them indicates that there is a risk. (This is important to capture for the Risk Report). If the individual needs help adjusting/judging water temp, code as a “physical support”.

Q: If someone is independent with physically transferring in/out of the tub/shower, but needs full/total support with all steps involved in bathing (adjusting water temp, washing, rinsing, drying off, etc.), we’ve been coding it “substantial / maximal” (because this item considers the ability to transfer in/out of the tub shower). Is that correct? A: That’s correct.

Q: Item 8 – Showering - What if an individual needs a 2-person assist to get in and out of the shower, but needs no help during the shower? A: This would be a very rare occasion that it occurs. But if it does, code “Dependent” and be sure to code “Two-person assist in the guidance section. Keep in mind that a 2-person assist at any time to get an activity completed, will be coded as “Dependent”.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Item 9: Oral Hygiene

Q: What if someone only needs help to get the lid off the toothpaste? A: Code, “Set-up/cleanup” since no help is needed during the activity. See “Essential Elements” document for what’s included in each item at <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/ONA.aspx>

Item 10: General Hygiene

Q: It appears that males will be coded more prominently than females. Is this fair? A: Don’t look at gender as an indicator for coding. Look at supports needed regardless of the gender.

Q: Where is beard care captured? A: Capture brushing or combing the beard in general hygiene Item 10. Capture washing the beard in the shower or tub in the showering item.

Q: If the support person needs assist to put on contact lenses, where do we capture that? A: The tool is not designed to capture every single support needed, perhaps put a note under dressing or hygiene to inform support planning.

Q: In what item would we capture “Washing hands before meal preparation”? A: Always capture washing hands in item 10 -General hygiene.

Q: An individual bites his nails and the provider must tell him to stop. Do we capture it in this item? A: Ask probing questions. Why does the provider have to tell him to stop? Does he cause self-injury? If so, this would be captured in item 18 – Injurious to self. Is there a general hygiene support need to keep his nails filed short? Supports could be captured in both. Keep the focus on the hygiene aspect of nail care in this item.

Item 11: ADL Equipment

Q: Is it necessary to list all other equipment in the notes box? A: No, a comprehensive list is not necessary to keep on the assessment.

Q: Is a supine stander considered as the same as a prone stander? A: Yes

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Item 12: Housework

Q: If an individual in residential services has the ability to do some housework tasks but chooses not to, due to mood, and staff step in and complete the tasks, how should this be coded? A: When assessing those who just “don’t want to due to mood”, (possible behavior interferes w/ task completion) ask a few more probing questions to find out if and what supports are needed. In the group home setting, if the individual refuses to do housework no matter what strategies staff use to get the individual to do housework, the coding could be “Dependent”. But before coding “Dependent”, ask if the individual does some small tasks such as takes dishes to the sink, straightens up the bedroom at all, contributes in any way on days when in the mood. Then I’d code accordingly based on the individual’s contribution. The coding may be coded as substantial if the individual does some, even if it’s a small contribution. For 24-hour settings, the provider is typically providing the support if the individual refuses to do it. So, we’ll code the support needed. When someone lives in his/her own home and doesn’t allow anyone to come into the home to help w/ housework, code “Person refused”.

Q: The individual lives in a group home and is expected to only keep his bedroom clean. Do we consider cleaning just his room or the entire house? A: Consider the entire house. Be sure to ask probing questions about his skills and abilities. We don’t want to code based on how the household divides the housekeeping duties, but on the help the person would need to clean the house.

Q: In what item would we capture washing dishes after meal preparation? A: Capture washing dishes in Item 12 – Housework

Item 13: Meal Preparation

Q: The individual is able to safely use the stove and microwave to prepare basic meals. He will not handle knives to cut food and asks his mother to complete this task. He experiences Aichmophobia - extreme fear of knives and sharp edges. He states that he is afraid of self-harm if he handles a knife. A: If he were to manage all meal prep by using his own “workarounds” to avoid knives and needs no help – code “Independent”. If he needs to rely on his mom to do the cutting and she needs to cut during meal prep at least 50% of the days the activity takes place, code “partial/physical”. It sounds like he can do most of the physical steps on his own. If he says, “I only need help with cutting a few days a month”, then the physical support doesn’t meet the 50% of the days rule as directed on the coding decision tree. Keep in (Cont. on next page)

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

mind though, some individuals will have a support person cut up everything one day a week, so they don't have to ask for help every day. Without that weekly help, the help would be needed daily – in which you would code the physical help.

Q: I have a young man who doesn't know how to cook because the grandfather is a bit OCD about him using the kitchen, he's just not allowed but he can warm up a hotdog. How do we code? A: Does he go to work or at a day program to do any cooking? look at his ability to perform other tasks. This will give you an idea as to what his skills and abilities are. Write a good note about him not being allowed to try cooking, but code based on his ability. Does he follow verbal directions effectively? Does he typically need physical help with activities? Then code the help that would be needed to complete the activity. Use your best judgment. Manual page 20 (first paragraph) gives guidance as how to consider support needs.

Q: Item 13 states Make a light meal such as a bowl of cereal or a sandwich and cold drink or reheat a prepared meal. Why does the manual guidance say to include the use of knives and a stove? A: See manual page 21 (third paragraph). While the language on the tool has specific wording, assessors should always read the guidance in the right-hand column in the manual for each item and to answer the question outlined in the guidance section of the manual.

Q: What if the behavior of an individual makes it unsafe to help in the kitchen to prepare meals? A: If the behavior impacts the ability to get an ADL/IADL done, code the support that would be needed to get the activity completed. For some people with Pica or self-injurious behaviors, they may not be able to help at all with some ADL/IADLs. If that's the case, code "Dependent".

Q: In what item would we capture "Washing hands before meal preparation"? A: Always capture washing hands in item 10 -General hygiene.

Q: In what item would we capture washing dishes after meal preparation? A: Capture washing dishes in Item 12 – Housework

Item 14: Laundry

Q: Where would you capture putting dirty laundry in the basket? In this item or housekeeping? A: Capture it in this item.

Q: Is ironing included in this item? A: No. Include the support needed for ironing in the notes box.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Item 15: Transportation

Q: In the more isolated areas – the individual can get around locally on his own by public bus but has a need to travel to a bigger town at least once a week to be able to make needed purchases and can't get themselves there without assistance. How would we capture this support need?

A: Use the guidance on the Coding Decision Tree. Let's say the individual uses transportation independently to get around on four days a week and needs a ride to go to a bigger town once a week. Using the Coding Decision Tree, he does not need help on 50% or more of the days the activity takes place. Code "Independent". Please remember that it's very important that a note is included in the notes box describing the support that is needed less than 50% of the days the activity takes place and how often it is needed.

Q: Does the transportation item include boarding and tie downs for wheelchairs?

A: Yes

Q: If the individual gets around the community regularly by bike on his own throughout the month, and only needs a ride once a month because he can't drive and no public transportation is available, how would we code this?

A: Code, "partial assist", because bikes are not considered as a mode of transportation in this item. Because he can't drive and no public transportation is available, he needs to rely on the support of someone else to drive him around at least once a month.

Q: Does the "Car Transfer" item include opening and closing the car door?

A: No. Include opening and closing the car door in the "Use public transportation" item. Do not include fastening seatbelts in this item. Consider the help with seatbelts in item 15a – Use Public Transportation.

Item 16: Money Management:

Q: Do we capture reporting income to social security on a regular basis (At least monthly)?

A: If there is a budgeting component to it such as how much they must calculate and report, then consider it.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: How do we consider Money Management that is done behind the scenes for individuals? It appears that day to day, the individual needs no help.

A: Often times, we hear that the individual uses his/her debit card but behind the scene someone else is taking care of a lot of the budgeting and management. There may be a lot physical help to manage the money to pay rent, bills, etc. Consider the extensive support that occurs overall for money management – maybe someone just needs some reminds to pay their bills – code “Set up Clean up”. But, if money is being limited by a rep payee or support person, consider it as a physical help and use your best judgment as to whether it’s partial/physical or substantial/maximal.

Q: How does auto bill pay fit in with Money Management? A: Ask what would happen without that support. Most often, even with auto bill pay, bank account balances need to be checked to ensure enough money is in the account for bill pay. Consider the support needed for that.

Q: Kids aged 12-15 aren’t supposed to be paying rent or managing the bills. Since we’re not considering developmental stages, how do we code a child between 12-15 years of age? A: Consider what the child can do to contribute to the item. Does he know the difference between money denominations? Is he able to save money for a future purchase? Consider the entirety of the item. If the child has some ability to save money and knows the difference between a 1-dollar bill and a 20, then we know that he/she is not “dependent”. Consider the help needed to manage money. Use your best judgment to code support needed.

Item 17: Light Shopping

Q: How do we consider supports for online shopping for groceries and personal care items? A: Consider if it’s usual for the individual to use online shopping. Then consider the support needed to select and make the purchase.

Q: If the individual is unable to shop at the grocery store, but can tell the support person exactly what to get and gives him/her a list to shop from, how would this be coded? A: Code “Substantial/maximal” since the individual is contributing some to the activity of getting the shopping done by choosing what he/she wants.

Q: How do we code “Individual only needs help taking the groceries into the house and putting them away”? A: If that’s the only help needed, code as “Setup-Clean-up” since the individual needs no help while at the store. Typically, if the individual needs help to put groceries away, he probably needs help at the store. Probe as to why that would be the only help needed.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: What if the provider just hands the money to the individual to pay for items? Is that considered “Supervision” or physical help? A: Ask more probing questions. Is the provider determining the correct amount of money for the individual? It could be a physical support. Is the provider just holding the money out of convenience for the individual? It may not be a support need at all.

Q: Do we consider “price comparison” in this item? A: Selecting items while shopping typically includes a component of price comparison. It would be considered in this item. There’s a component of budgeting that could go along with price comparison as well. If so, capture the budgeting for groceries in item 16 – Money Management.

Section IV – Behaviors

General Behavior Section Questions

Q: How do we capture “Has History” and “Yes, present in the past year” in the same item? A: Code, “Yes, present in the past year” and code all the presenting behaviors that apply. Do not code the historical behaviors as well. List the historical behaviors in the notes box.

Q: Where would suicidal ideation be captured? A: It could be captured in several behavior items: Difficulties regulation emotions, verbal aggression, and other behaviors, to name a few.

Q: How would we capture an individual who gets out of the car at inappropriate times? A: Consider whether it is a behavioral issue or more of a safety support and capture it in the applicable section. For some individuals, the assessor and team are not able to determine if it’s behaviorally driven or a safety issue. Use your best judgment and rely on the people who know the individual well as to where to best capture it.

Q: What if medicine does an effective job of preventing the behavior? Do we capture it in the behavior section? A: If no human supports are in place to prevent the behavior, code the “Has history” option that applies. Do not capture the medicine management in the behavior section.

Q: Can we consider behavior supports needed at the Vocational program? A: Yes

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: Should we include behavior supports such as cueing in items 36a and b? A; The ONA is looking at supports that need to be provided in the settings DD services provides for. If the child only needs help for behaviors in the school setting and not at home or the community, do not code the support needs at school as those services will not be provided by DD services. I'll add language with the same reasoning for medical providers as well.

Item 18: Injurious to Self

Q: Where do we capture suicide ideation or threats of suicide? A: Capture in item 27 – Difficulties regulating emotions. Only capture a history of actual suicide attempts in this item.

Item 19: Aggressive or Combative

Q: If an individual has spastic movements due to Cerebral Palsy, could that be considered physical aggression if he hits someone accidentally? A: No. This is more of a safety concern. While not all behaviors have to be intentional, a spastic movement is not aggression. Support people should think of the individual's and other's safety and keep the individual at a safe distance.

Item 20: Injurious to Animals

Item 21: Aggressive Toward Others, Verbal

Q: Many individuals may act in a way that seems aggressive toward others, such as staring for long periods of time while they're processing information. I'm not comfortable coding this as a behavior in this item. How should we capture actions that appear to be behaviors in this item? A: You can code "Intimidates/stares" in this item and write a good note explaining the behavior. Or, code it in a different behavior item, such as Item 27 "Difficulties regulating emotions". Or, another option would be to capture it in item 34a – Other behavior items.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Item 22: Socially Unacceptable Behavior

Q: What about coding socially unacceptable behavior for a client who is not aware that it is socially unacceptable to masturbate in public and staff either redirect or place a blanket over his lap for privacy? Is that a behavior, or would I just write a note about it? A: consider it as a behavior even though he is unaware it's a behavior. Supports are needed to prevent it and others in the community may perceive it as a behavior.

Item 23: Sexual Aggression/Assault

Q: Where/how do we capture inappropriate sexual behavior such as posting naked pictures of themselves? A: It could be captured in a few different behavior items: Socially unacceptable behavior, Susceptibility to victimization, Legal involvement. Keep in mind that it's ok to overlap behavioral items.

Q: Does a conviction have to be in place in order to code the behavior in this item? A: No.

Item 24: Property Destruction

Q: Do we capture inadvertent property destruction here and if not, then where would we capture it? (Example: someone who is very large and has poor muscle control resulting in sitting too hard and breaking toilet multiple times). A: This is considered more as a safety issue thus the need for an adaptation for the individual to accommodate his weight. Do not capture as a behavioral issue. If the individual is using the property as it is intended and just causes wear and tear issues, do not capture it as a behavior.

Q: We have an adult individual that destroys DVDs and DVD players. They have to replace those 4 or 5 times a year. He pulls the cords out of the actual units or pulls them apart trying to use them. He isn't intending to break them but does anyway. Would we consider this in the behavior section? A: If items have to be replaced and aren't being used the way they are intended to be used, and interventions are in place to prevent the behavior, then capture it as "yes, present in the past year", and write a descriptive note.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: Is slamming doors considered property destruction? A: You will need to use your best judgment. Does the individual shut the door the way it's intended to be shut? If, yes and the door frame starts to break down due to normal wear and tear, don't capture in this item. Or, does he/she slam it so hard that it falls off the hinges and breaks door frames? If, yes, code in this item because the door is not being used the way it's intended to be used and is causing property destruction.

Item 25: Leaving Supervised Areas

Q: The individual always has supervision in all settings during all waking hours. He would leave a supervised setting if nobody were around to supervise him. How do we consider that in this item? A: Why does he have supervision in all settings? Does he have a history of wandering or leaving supervised settings? Ask probing questions to determine if there's a risk of wandering off and code accordingly. Code 'Yes, present in past year' if the supports provided are preventing the individual from leaving supervised areas.

Item 26: Pica and/or Placing Non-Edible Objects in Mouth

Q: For the PICA item, it has cigarettes on it. Do we code it for pica if they smoke cigarettes or is this for those who eat cigarettes? A: It's only if they ingest the cigarettes. The behavioral concern is about choking and aspiration (health and safety risk due to a behavior).

Item 27: Difficulties Regulating Emotions

Q: I think that just about every one of us could be captured in this item at some point in our lives. How do we determine what would be captured in this item? A: Consider behaviors that are atypical from how people usually react to situations or events in life. For example, we get bad news from time to time and may take some time to grieve or stop crying. Others who have difficulty regulating emotions may continue to cry uncontrollably for years and require behavior interventions. Rely on those who know the individual well to capture the behavior accurately.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Item 28: Refusing ADL/IADL and/or Medical Care

Q: How do we capture an individual who “resists counseling”? A: Capture the behavior in this item.

Q: The individual prefers specific staff and becomes resistive to ADL care by some staff. A: Capture it in this item if interventions are in place and describe the specifics in the notes box.

Q: What if the individual only refuses care during seizure episodes? A: If interventions are in place to prevent the behavior or prevent injury to self or others, capture it in this item.

Item 29: Rapid Ingestion of Food or Liquids

Q: Does rapid ingestion of food or liquids include food and/or liquid seeking? A: No. Capture food and/or liquid seeking in item 34a – “Other Behavior items”.

Q: Do we capture someone who eats too much in this item? A: Ask probing questions. Do they eat the food rapidly, thus causing a choke risk, in order to eat too much at one time? If not, don’t capture it in this item. Eating too much can affect several items throughout the tool such as eating, shopping, safety items such as judgment, etc. Use your best judgment.

Item 30: Withdrawal

Q: What if someone chooses to just stay in their house all the time and doesn’t like to be around people? I may see it as withdrawal, and you may not. Do we automatically consider this withdrawal? A: Not necessarily. Many people don’t like to be in the community and with advances in technology don’t need to leave the home to get groceries or other needed items. Ask probing questions. Does this affect the individual’s functioning in any way? Is he or she missing work, or not willing to talk to others anymore? If this is just a way of life for the individual and functioning is not affected, don’t capture it in this item. As with every item, talk with those who know the individual well to determine how to capture it.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Item 31: Intrusiveness

Q: In Item 31, I selected Verbal as a presenting behavior because the individual will interrupt conversations and his mother reminds him to wait because she is in the middle of a conversation. She indicated that this is normal and that we all do this. How should I code it?

A: Most people interrupt from time to time, but if he needs regular reminders or other supports not to interrupt, then consider in this item. Consult with the SC or PA to determine if it should be considered as a behavior.

Item 32: Susceptibility to Victimization

Q: How do we capture susceptibility to online victimization? A: First, consider if there's a behavior that the individual displays that causes a susceptibility to victimization. If so, consider it in this item. If no behavior, then capture in the safety section.

Q: I completed an ONA for a client today who has severe CP and I/DD. She is not able to speak or move and she requires 24-hour supervision and full assistance with all of her self-care needs by her family and by Nurses. Would the questions on Susceptibility to Victimization & Risk for Self-Neglect apply to her? I was not sure since she is never left alone.

A: Susceptibility to victimization would be considered only due to a specific behavior presented by her that puts her at an increased risk. Risk of self-neglect must be due to a history of self-neglect. Neither would be considered.

Item 33: Legal Involvement

Q: Would you code "Assessor has concerns" in the Legal involvement item if there is underage consumption of cigarettes or marijuana? A: Yes, if there is concern about breaking the law. Don't capture it in Item 38a unless there is a concern about abuse of drugs/ alcohol.

Q: If an individual is coded "Yes, present in the past year" for physical aggression, does that mean Item 33 – Legal involvement must be coded "Yes, present in the past year"? A: Not always. For example: There are some forms of aggression directed by a child (atypical of other children) toward a parent or sibling that may never lead to legal involvement. Use your best judgment and rely on input from the people who know the individual well.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Item 34: Other Behavior Issues

Q: How do we capture inappropriately accessing emergency services (not calling) rather going to the fire department and/or the ER seeking medical assistance that is un-necessary? A:

Capture it in this item.

Q: Where do we capture binge eating and hoarding food? A: Capture in this item. If the binge eating leads to rapid ingestion, capture the rapid ingestion in item 29 -Rapid Ingestion of Food or Liquids.

Q: Could you please let me know where I could find the Extreme Food or Liquid Seeking behavior in the ONA questions? A: Capture it in item #34a – Other Behavioral Issues as an “other”.

Q: How do we capture when an individual places other people’s items in the trash and then it gets thrown away? A: Capture it in item 34 – Other behavioral issues if interventions are in place to prevent it. Don’t capture one-time accidental occurrences if they are not a behavioral concern.

Item 35: Blank Field

For possible future use

(Thank you, assessors, for your hard work and dedication to the ONA process! You are an awesome group that we are very fortunate to work with!)

Item 36: Intervention Frequency

Q: How do we consider Applied Behavior Analysis (ABA) therapy? Is some of it considered restrictive or teetering on the edge of a safeguarding intervention SI)? A: Consider the definition of an SI – manually holding the person in place to restrict movement. If this is occurring while using this therapy to reduce or eliminate behaviors, then it is a restraint and a PBSP needs to be in place with OIS trained techniques in order to be called an SI and captured in item 36c (unless it’s only the parent of a minor child providing the techniques).

Q: Do we consider a Temporary Emergency Safety Plan (TESP) a PBSP? A: No, because it doesn’t meet all of the requirements to consider it a PBSP. If a TESP is in place, be sure to capture the interventions in item 39f (not 36c). Indicate in the notes box that a TESP is in place as well as the interventions needed/used.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: Do we capture SI's used at school for a minor? A: Focus on the home and community environments. Support at school is funded by the Dept. of Education.

Q: How important is it to describe behavior supports in the notes box for this item? A: It's very important to paint a solid picture of the supports needed, especially 2:1 supports, 1:1 staffing, etc.

Q: Do questions 36 a-c have to be captured in a PBSP in order to code anything other than "None"? Or, is this just for "c" – Safeguarding Interventions? A: Only item #36c requires interventions to be written into a PBSP.

Q: Are all Safeguarding Interventions/physical restraints captured in Item 36c? A: Only capture SIs if they are OIS trained and written in a formal PBSP. If emergency restraints are being utilized until a PBSP is written, capture those in item 39f. Write a detailed note describing the use of the interventions.

Q: For intervention frequency, the only behavior is elopement, the set-up of the intervention was a one-time set-up (alarm on the door). Do we count it as a daily occurrence? A: Ask probing questions to find out if the alarm needs to be checked daily to ensure its functional and on. If so, it could be considered a daily cue. Ask how often the support is needed to ensure the alarm is on and code in item 36a – cueing. If no daily supports are needed for modifications such as hardened walls and plexiglass windows, don't code as a support. Indicate the environmental modifications in the notes box.

Q: Should we include behavior supports such as cueing in items 36a and b if the supports are only needed at school? A: The ONA is looking at supports that need to be provided in the settings DD services provides funding for. If the child only needs help for behaviors in the school setting and not at home or the community, do not code the support needs at school as those services will not be funded by DD services.

Item 37: Other Behavior Items

Q: If an individual must register yearly as a registered sex offender, do we capture that as a current court mandated restriction? A: Yes, and describe the type of restriction, court order, etc.

Q: Is having a legal guardian a court mandated restriction in item 37a or b? A: No. The guardian will be identified on the Assessment Demographics page. Reserve Item 37a and b for legal issues involving behaviors of the individual (Item 37a) or others (Item 37b).

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: Item 37 – Other behavior items- If there is a change to this item that can't be changed by SC/PAs, is it considered a "Change in need" and a certified assessor will have to complete the ONA? (The only change is a "court order" and no support needs have changed).A: This does not rise to the level that a new ONA would need to be conducted. This can be captured in other documents and captured on the next annual ONA, or the SC/PA can conduct the annual ONA to make the adjustment.

Item 38: Substance Abuse Issues

Q: What about the individual who is on parole who is told as a condition of parole that they cannot indulge? Do we consider that as a concern about abuse of substances in item 38? A: Only consider it if there's a concern about abuse. Rely on the people who know the individual to help you answer that question.

Q: Are we supposed to judge whether an individual abuses alcohol or drugs? A: Rely on information you receive from the ISP team, family providers etc. If you have a strong concern and it hasn't been indicated through the file review, face to face or interview, it would be best to discuss with the SC/PA before submitting the ONA.

Item 39: Positive Behavior Support Plan

Q: Do we include a behavior support plan written by the school as PBSP? A: No, it does not meet the requirements of a PBSP (manual page 69).

Q: It's a family home – they are OIS trained, with an old PBSP, but no one has reviewed it in three years, so I consider it an invalid PBSP. I don't know if the SI's are OIS trained, but they are using some maneuvers to keep him and others safe, he's an adult. How do we capture it?
A: They need to follow up with getting a PBSP, don't capture it in #36c. Code it in 39F and write a solid note about the interventions used. I would also check in with the SC or PA to determine if the PBSP is being implemented. If so, it needs to be reviewed before it can be considered in the ONA.

Q: What does it mean that the PBSP must be updated annually? A: It means that it must be reviewed yearly by the behavior specialist and/or ISP team to ensure that it is current and being implemented.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Q: Does the PBSP have to be reviewed by the behavior specialist? A: No. It can be reviewed by the ISP team.

Q: An individual is demonstrating new behaviors and the team is sure that a PBSP will be needed. Should an ONA be conducted? A: When behavior supports are being determined and a PBSP is pending, it would be best to hold off on completing an ONA for the individual until the PBSP is in place.

Q: While reviewing the case file, I notice that the PBSP has not been reviewed, but I know it's being implemented, can I ask the SC to get the review completed? A: yes. It would need to be reviewed within the 30-day ONA completion timeline.

Q: If we find out the PBSP is not valid and hasn't been reviewed, can we just hold back from submitting the ONA and when everything is reviewed then submit the ONA? A: The ONA needs to be completed within a 30-day window. You may want to hold off on doing the ONA until a later date unless the LOC is about to expire.

Section V: Safety

Item 40: Safety Awareness and Support

Q: If an individual needs support in ADL and IADL items to eat slower, wear appropriate clothing, know when to take a shower, know how much money to spend, etc., should item 40a always be coded "No"? A: There are many reasons that this item will be coded "No" beside those stated above. If an individual does *not* have the judgment to do all of the above without support, then item 40a should be coded "no" and describe the reason in the small notes box next to judgment. This item is very broad, and most individuals will need help in one area of their life or another regarding safety for various reasons. If the individual is easily manipulated to enter into contracts, etc., code "No". Many people would be vulnerable if they didn't have supports in place. Code "No" and describe the reason.

Q: How do we capture using judgment to buckle a seat belt in a vehicle? A: Capture it in item 40 a – Does the individual have the judgment to make a decision in a changing environment? Be sure to also capture it in item 15a – "Using public transportation".

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: When assessing an individual's judgment, what do physical ability and behavior issue mean? A: This item is about taking action or responding to a changing environment or a risky situation. Let's use dressing as an example. The "Judgment/Decision making" option considers the cognitive ability to make a decision such as putting on a jacket in freezing weather. "Physical ability" means the ability to get the jacket on in freezing weather. "Behavior issue" means that there may be barriers to getting a jacket on because the individual has an aversion to putting clothes on and even in freezing weather refuses to put the jacket on. The intent of the item is to determine if the individual is at risk in changing environments or potentially harmful situations.

Q: If we've answered in previous questions that they need a lot of support for things, then we're likely to code no on the judgment one as well, right? A: Yes, that's very likely. For example: If individuals need cues to slow down while they eat, I would expect to see this item coded "No" and a note explaining the risk (lack of judgment).

Q: I've noticed that item 40 specifically refers to choosing weather appropriate clothing. So now my question is: Is it appropriate to capture the support needed for weather appropriate clothing in both item 3 (dressing) and in item 40? A: Yes, the intent for item 3 is the ability to choose clothes. The intent for item 40 is the use of judgment to make a decision which relates to health and safety.

Q: What if the individual has adaptive equipment such as a device under the mattress that goes off to escape if there were a fire? A: Consider the support needed (or not) with the adaptive device in place.

Item 41: Environmental Safety

Q: Conditions that could lead to eviction - what about homeowners? They can't be evicted. A: Include concerns about homeowners who could receive code violations/fines and could eventually lose the home. Include poor conditions on the property such as porches/steps that could be dangerous/harmful.

Item 42: Assessor's Judgment about the Potential for Abuse, Neglect and Exploitation

Q: Regarding assessor's Judgment about the potential for Abuse, Neglect, and Exploitation – What about being scammed? A: Include if they have any history of being a victim of telephone scams or purchasing scams on social media or TV.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: I completed an ONA for a client today who has severe CP and I/DD. She is not able to speak or move and she requires 24-hour supervision and full assistance with all of her self-care needs by her family and by Nurses. Would the questions on Susceptibility to Victimization & Risk for Self-Neglect apply to her? I was not sure since she is never left alone.

A: Susceptibility to victimization would be considered only due to a behavior presented by her. Risk of self-neglect must be due to a history of self-neglect. Capture health and safety risks in item 40a.

Q: Has child welfare been involved on behalf of the individual? What if it's the minor child of the adult individual that child welfare is involved with? A: This item will be greyed out for adults. Include a note describing the involvement if necessary (discuss with SC/PA).

Q: What if the child is turning 18 and Child Welfare has been involved? A: The item will be greyed out. Write a note about it in the notes box.

Q: What if child welfare has extended guardianship through the age of 21 for an individual. A: The child welfare item will be greyed out. Indicate the guardianship on the demographics page and include a note in the notes box for this item indicating the extended guardianship.

Q: On Item 42c, it asks if child welfare been involved on behalf of the individual. First, I would like to know if this applies to the last 12 months, or the last 5 years? Second, it asks us to describe. How much detail/information are we to provide? A: We don't really want to set a defined timeframe. Take the guidance from the people who know the child well. There may be a reason that they want it noted on the ONA even if it was 10 years ago. Rely on the SC and/or team for how much information they want included in the ONA.

Section VI: Medical

Item 43: General Medical Supports

Q: It seems that if item 43a "recommendation for medical attention" is coded at least "one two, three or more", then item 43d – "able to report pain" should be coded "no". Is that correct? A: For the most part, that is correct. They are very closely related. There are some occasions when an individual may not have noticed an odd growth or lump and someone recommended medical attention, but typically, the individual can report pain just fine. Use your best judgment to answer both questions.

FAQ - Oregon Needs Assessment (ONA)
Updated November 2019

Item 44: Conditions and Diagnoses

Q: It was my understanding from the training that we should list other serious medical conditions here whatever they may be, but others are taking this section to mean only conditions related to aspiration. Seems like a spot where you could address #12 from the RIT-Other serious health or medical issues. A: Use the notes box to list any conditions or diagnoses not captured elsewhere only if it would assist with service planning and the current RIT (Soon to be referred to as the Risk Report on the ONA).

Q: Do we have to list all conditions and diagnoses if they aren't listed on the ONA? A: No. The ONA is not intended to capture a comprehensive list of conditions and diagnoses. If the individual and/or others want you to list them in the notes box, that is fine.

Q: What if we don't see the condition listed in the case file, but the SC or PA says the condition exists? A: Keep in mind that the SC or PA is considered "an extension of the case file. Code what is reported to you by the SC or PA and the best practice is to write a note indicating the source of information.

Item 45: Seizures and Diabetes

Q: Do we count stress-induced seizures in the Seizures item? A: Include only if it's been diagnosed as a seizure or epilepsy.

Q: A person lives in family home and has absence seizures. The seizures cause a complete personality to change all the way from verbal aggression and even physical aggression; the seizures can evolve into a catatonic state where they become immovable without at least two-person assist. Even when there are no seizures there is constant monitoring during activities because the seizures are unpredictable and can last up to six (6) hours and occur every day. An example is that the person can be in the shower and have a seizure so they would essentially be in the shower for up to six hours without intervention or have a seizure while cooking and cause a major catastrophe because they "check out" for up to six hours. Outside the home the person would need two-person assist during a seizure episode, which again cannot be predicted. During a seizure the person is dependent for all activities. There is a VNS and daily meds, which without, the seizures could be and have been and entire day long. The seizures occur every day the length is unpredictable. How would you code this scenario? A: For any medical condition that impacts the ADL/IADL, Medical, safety and behavioral items, code the support needed. With this, you'll want to write a solid note as to (Cont. on next page)

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

how extensive the supports are and the frequency as well since they are unpredictable and could last many hours in a day. Can the individual do any ADL/IADLs without physical help? Consider the individual's contribution. When coding each ADL/IADL and Medication items, use the Coding Decision Tree to determine if help is needed at least 50% of the days the activity takes place. Then, consider the help that is needed - supervision? Physical help? If the individual needs mostly supervision due to medical condition, you could end up coding supervision and write a note in the notes box for each item that describes how often the physical help is needed. For any of the items that requires a 2-person assist and/or 2-person supervision in the community, determine if the 2-person assist is needed at least 50% of the days the activity takes place. Code "Dependent" for those ADLs and code 2-person assist in the guidance section for the applicable ADL. Write a detailed note indicating the exceptional needs.

Q: Can we capture CBD and tinctures in the "other" option? A: Yes, if it's a prescribed treatment for Seizures. Also, be sure to capture it in Medication management if it's prescribed or recommended by a medical professional.

Q: Should gestational diabetes be captured in the Diabetes item? A: Only consider it if it's a current diagnosis and treatments are needed ongoing. This ONA should be flagged as needs may change after delivery.

Q: Is diabetes insipidus considered diabetes? A: No. It is not diabetes. Capture supports in the Treatments and Therapies item.

Q: When would we code "No mechanisms advisable" in the diabetes item? A: Code it if the individual has diabetes but it's so well controlled, with or without the coding options listed. (It will very rarely be coded).

Q: What are some examples of "other" Diabetes mechanisms? A: Skin checks, oral medications, nail clipping, glucose tabs, ted hose, weekly diabetes appointments.

Item 46: Treatments and Therapies

Q: Where would we capture suctioning of the hole where a tracheostomy used to be? A: Capture it under "Airway suctioning".

Q: Where would you capture the pulse oximeter? A: Capture in "other" only if there are treatments beside medicine management that result due to the readings captured by the pulse oximeter. If no treatments are necessary, capture the use of it in the notes box only.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: What about the person who has a CPAP or other device, but does not use it due to refusal to use? A: Code, “Needs but does not receive”.

Q: What if the only help the support person gives for CPAP is to fill the water tank and make sure it’s functioning? Count it? A: If the individual is unable to do those pieces, then code “support person performs” because the individual wouldn’t be able to use the CPAP effectively without it. Just be sure that you do not capture just the cleaning and maintenance of the machine as a support in this section.

Q: If the provider or PSW is giving a medication daily for a behavioral health or psychiatric reason, would that be coded in item #46 - Treatments and Therapies?in other words, an individual receives a psychotropic medication daily for behavioral regulation, which the staff give him daily and take to appointments for follow-up and monitoring, you would check boxes for "Current Need, Support Person Performs, as well as Requires training and oversight from a medical professional?" A: Code “Current need” and only code “Support person performs” if the support person has to help with activities at home as ordered by the psychiatrist or mental health specialist. Do not code this box if the provider only administers the psychotropic medications. Reserve the “Requires training and oversight” option only for support persons who currently have extensive training and oversight by a medical professional for intensive medical supports. Plus, the “training and oversight” item would indicate that a medical professional is available 24/7 to provide guidance and help. If the only support is data or behavior tracking, do not code “Support person performs” as the purpose of the tracking is to provide information to the psychiatrist or mental health therapist, not a direct support to the individual.

Q: Who do we consider as “support person performs”? **Would we code it if it’s a parent, an un-paid support, or a group home employee performing it?** A: We code it whether it’s a paid or unpaid support as long as it’s not paid by another source for example; a medical provider or school setting.

Q: Would the support person need to have nursing oversight? Let’s say the parents are providing the support. A: Not always. Some treatments and therapies have become routine and no longer require training and oversight. Treatments and therapies provided in family homes do not require a nursing care plan or delegated tasks for invasive treatments. Those in 24-hour settings always require one per rule. Sometimes, the doctor is the only point of contact for treatments. Only consider if the doctor is providing a higher level of oversight. But if the doctor is just conducting typical routine duties of checking up on the person during normal visits or when a concern arises—it isn’t really the training and continual monitoring that would match what we are asking in this question.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: Behavioral health therapies and Psychiatric therapies– Is giving them their medication daily considered a therapy? A: No. Administering medication is a medicinal regimen captured in Medication management.

Q: What’s the difference between Behavioral health therapies and Psychiatric therapies? A: Psychiatrist is an MD and prescribes meds – and psychiatric therapy is considered in the psychiatric therapies, separate from behavioral health therapies. Also consider if a primary care physician is managing the psychiatric service if the person is stable and continues to monitor the psychiatric symptoms and medication management. Also, if a psychiatrist provides a directive it is considered a physician order and must be implemented as such even though it is not a medication. Consider psychologists and counselors in behavioral health therapies. Counseling, skills training, peer support etc. are to be considered in behavioral health therapies as well. Do not capture supports listed in a PBSP. Those supports are captured in item 36 and 39 in the behavior section.

Q: This is a young man who experiences autism. He needs to be repositioned by his staff multiple times per night when he stops/or has trouble breathing due to his size. He does not have C-Pap and would not tolerate one due to sensory needs. I coded on Treatments and therapies that he needs a C-Pap but does not receive and then put the information about the supports he is getting in the notes. Is this correct? A: Yes. Also, in the “other” option, add the repositioning and code the corresponding columns accordingly as well. The additional note is great too. If he is unable to roll left to right at all, you may want to capture the supports in item 4c as well (only if he doesn’t roll at all on his own).

Q: When we code “Has never needed”, the notes box greys out on the tool. We’d like it to be left open for notes. A: This has been resolved. The notes box stays open. And, when you select “No”, the items grey out.

Q: Do we capture a Primary Care Physician (PCP) who only write orders for psychotropic medicine and no support person provides supports as ordered by the PCP, in Psychiatric services? A: If the doctor assesses the need for it and prescribes medicine, yes. Just be sure that you don’t code “Support person performs”.

Q: If the individual has a baclofen pump and sees the doctor once or twice a year for it, can we capture it in this item? A: Yes. Keep in mind that any treatment and therapy being received can be captured in item 46. Just be sure to code current need accurately. For baclofen pump, you would code “Receives less than weekly”. While he has a baclofen pump daily, the treatment for it is received less than weekly. Be sure not to code “Support person performs”.

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: What's the difference between a behavioral therapist and a psychiatrist? A: A Behavioral therapist is a mental health therapist or a counselor. Do not include a DD licensed behavioral specialist. A psychiatrist is a medical doctor and can prescribe medicine. In order to code "Support person performs", the behavioral therapist or psychiatrist must have given orders for the support person to do activities such as deep breathing, journaling etc. with the individual at home.

Q: Is a Long-Term Care DHS Contracted Nurse for kids considered as "Support person performs" when they provide nursing services for kids in DD services? A: No. They are funded by a different source than a DD provider payment.

Q: Item 46 – Treatments and Therapies - Do we include "maintaining equipment" as "support person performs"? A: IF the support person is not providing the treatment and/or therapy and only maintains and/or cleans the equipment, do not code "Support person performs".

Q: Some treatments and therapies can't be done for the person but must be done along with the individual in order to get the task done effectively. Would we code "Support person performs"? A: Yes. Code "support person performs" if the support person must complete the treatment and therapy with the individual. If all the support person does is walk the individual through the steps or supervise, do not code "Support person performs".

Q: What if an SC/PA identifies a change in need for treatments listed in "Other" such as OT, PT, etc.? A: "Change in Need" ONA will need to be completed by a certified ONA assessor.

Q: Should we include treatments and therapies provided at school only? A: The ONA is looking at supports that need to be provided in the settings DD services provides funding for. If the child only needs treatments and therapies in the school setting and not at home or the community, code the frequency of treatments and therapies received at school, but do not code "Support person performs" as those treatments will not be funded by DD services. If supports are provided at home during summer months, a change in need ONA will need to be completed.

Item 47: Medication

Q: How do we consider administration of marijuana in the medical section since it's still federally illegal? A: Don't focus on the legal issues around marijuana. Focus on the support needed to take prescribed or doctor recommended meds (orally, inhaled, topical, etc.)

FAQ - Oregon Needs Assessment (ONA)

Updated November 2019

Q: How do we consider supports needed for as pill minder? For example: The support person physically helps to get the right dose out and the correct med for the correct day. Then the support person calls each day to make sure the individual takes his/her meds. A: Keep in mind that the use of the pill minder prevents the need of a support person coming into the home daily to set up meds. The physical help is still needed and would be daily if the support person did not set them up in advance. Consider this as physical support because the support person is determining the correct dose by filling the pill minder.

Q: Item 47 – Medication – How do we capture ordering and refilling prescriptions? A: We don't capture them when considering support needed for medication. Include the support needed in the notes box. Not all support needs will be captured in the ONA.

Section VII – Comprehensive Review

Q: I can't find the "submit" button at the bottom of the page. Why not? A: You will need to look for any missed items on the page (indicated in red font) and answer those questions. The "submit" button will appear when all items coded with a "red asterisk" are answered. Keep in mind that all items must be answered. Also, the submit button might not appear if the previous ONA did not meet LOC. In those cases, the previous ONA must be approved for LOC by ODDS before the corrections can be submitted.