

**DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411
DIVISION 425**

**FUNCTIONAL NEEDS ASSESSMENTS FOR INDIVIDUALS WITH
INTELLECTUAL OR DEVELOPMENTAL DISABILITIES**

ADOPTED MAY 1, 2019

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411-425-0005 Statement of Purpose

(Adopted 05/01/2019)

(1) The rules in OAR chapter 411, division 425 prescribe standards, responsibilities, and procedures for conducting an Oregon Needs Assessment (ONA).

(2) The purpose of conducting an ONA is to assist the Department in addressing the following:

(a) Assuring an individual's strengths, preferences, risks, and support needs are identified to inform the development of an ISP.

(b) Providing access to services paid by the Department to eligible individuals who have an assessed need.

(c) Providing services to eligible individuals at an appropriate service level based on the Department's assessment of the individual's functional support needs.

(3) The rules in OAR chapter 411, division 425 are effective as of July 1, 2018.

Stat. Auth.: [ORS 409.050](#), [427.104](#), [427.105](#), [427.115](#), [430.662](#)

Stats. Implemented: [ORS 427.104](#), [427.105](#), [427.115](#), [430.662](#)

411-425-0010 *(Expired 12/28/2018)*

411-425-0015 Definitions and Acronyms

(Adopted 05/01/2019)

In addition to the following definitions, [OAR 411-317-0000](#) includes general definitions for words and terms frequently used in OAR chapter 411, division 425. If a word or term is defined differently in [OAR 411-317-0000](#), the definition in this rule applies.

- (1) "ADL" means "Activities of Daily Living".
- (2) "CME" means "Case Management Entity".
- (3) "IADL" means "Instrumental Activities of Daily Living".
- (4) "ONA" means "Oregon Needs Assessment".
- (5) "Submission date" means the date an ONA is uploaded to the Department's electronic payment and reporting system, indicating a completed ONA.
- (6) "Supervisor" means an employee of a CME who provides management level oversight of an assessor and is trained and qualified to conduct an ONA according to these rules.
- (7) "These Rules" mean the rules in OAR chapter 411, division 425.

Stat. Auth.: [ORS 409.050](#), [427.104](#), [427.105](#), [427.115](#), [430.662](#)

Stats. Implemented: [ORS 427.104](#), [427.105](#), [427.115](#), [430.662](#)

411-425-0020 *(Expired 12/28/2018)*

411-425-0025 Policies and Procedures

(Adopted 05/01/2019)

- (1) Each CME must have adequate policies and procedures to assure adherence to these rules no later than June 30, 2019.
- (2) CONFLICTS OF INTEREST. A CME must assure that an ONA is free from conflicts of interest to the greatest extent possible.

(a) ASSESSOR.

(A) At a minimum, an assessor may not conduct an assessment for an individual for whom the assessor:

(i) Acted in the role of the individual's case manager within the previous six months prior to the start of the assessment.

(ii) Is related by blood or marriage to the individual, or to any paid provider of the individual.

(iii) Is financially responsible for the individual.

(iv) Is empowered to make financial or health-related decisions on behalf of the individual.

(B) After June 30, 2019, the only case management service an assessor may deliver is the completion of an ONA.

(b) SUPERVISOR. A supervisor who conducts an assessment for an individual may not contribute to the development of the ISP for the individual. A supervisor may not conduct an assessment for an individual for whom the supervisor:

(A) Is related by blood or marriage to the individual, or to any paid provider of the individual.

(B) Is financially responsible for the individual.

(C) Is empowered to make financial or health-related decisions on behalf of the individual.

Stat. Auth.: [ORS 409.050](#), [427.104](#), [427.105](#), [427.115](#), [430.662](#)

Stats. Implemented: [ORS 427.104](#), [427.105](#), [427.115](#), [430.662](#)

411-425-0030 (*Expired 12/28/2018*)

411-425-0035 Qualifications and Training

(Adopted 05/01/2019)

(1) An assessor and supervisor must have knowledge of the public service system for developmental disabilities services in Oregon and at least:

(a) A bachelor's degree in behavioral science, social science, or a closely related field;

(b) A bachelor's degree in any field and one year of human services related experience, such as work providing assistance to people and groups with issues, such as economical disadvantages, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural competencies, or housing;

(c) An associate's degree in a behavioral science, social science, or a closely related field and two years of human services related experience, such as work providing assistance to people and groups with issues, such as economical disadvantages, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural competencies, or housing; or

(d) Three years of human services related experience, such as work providing assistance to people and groups with issues, such as economical disadvantages, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural competencies, or housing.

(2) A case manager may only conduct an ONA as described in [OAR 411-415-0060](#). The case manager must not conduct an ONA until completion of initial training as described in section (3) of this rule.

(3) An assessor and supervisor must fulfill the training requirements established by the Department.

(a) An employee of a CME must not conduct an ONA until completion of initial training provided by the Department. Completion of initial training is indicated by the Department's assignment of the ONA Assessor user role to the employee in the Department's electronic payment and reporting system.

(b) An assessor and supervisor must maintain and enhance their knowledge and skills through participation in education and training as required by the Department. The Department provides training materials and the provision of training may be conducted by the Department or CME staff, depending on available resources and at the discretion of the Department.

Stat. Auth.: [ORS 409.050](#), [427.104](#), [427.105](#), [427.115](#), [430.662](#)

Stats. Implemented: [ORS 427.104](#), [427.105](#), [427.115](#), [430.662](#)

411-425-0040 (*Expired 12/28/2018*)

411-425-0045 Quality Assurance

(*Adopted 05/01/2019*)

A CME must submit all requested documentation to the Department and allow the Department or the Oregon Health Authority to observe assessors while conducting ONAs for quality assurance.

Stat. Auth.: [ORS 409.050](#), [427.104](#), [427.105](#), [427.115](#), [430.662](#)

Stats. Implemented: [ORS 427.104](#), [427.105](#), [427.115](#), [430.662](#)

411-425-0050 (*Expired 12/28/2018*)

411-425-0055 Oregon Needs Assessment (ONA)

(*Adopted 05/01/2019*)

(1) The ONA:

(a) Determines if an individual who is eligible for services under [OAR 411-320-0080](#) meets the ICF/IID Level of Care.

(A) An individual meets ICF/IID Level of Care when the individual demonstrates significant impairment in at least one area of major life activity as identified in [OAR 411-317-0000](#) by requiring some level of assessed support in response to at least 50 percent of the questions associated with each area of major life activity.

(B) A completed ONA shall provide a Level of Care summary that includes:

(i) The areas of major life activity an individual demonstrates significant impairment by requiring some level of assessed support in response to at least 50 percent of the associated questions and the specific questions that lead to the result; and

(ii) The areas of major life activity an individual does not demonstrate significant impairment because at least 50 percent of the associated questions in that area did not require some level of support and the specific questions that lead to the result. An individual who does not require some level of support is independent, meaning that the individual needs support with the activity fewer than 50 percent of the times the activity was performed in the previous 30 calendar days prior to the initiation of the first component of the ONA as described in subsection (c) of this section.

(C) When an individual does not meet ICF/IID Level of Care, the individual must receive a Notification of Planned Action in accordance with [OAR 411-318-0020](#).

(b) Is a functional needs assessment that:

(A) Identifies an individual's ability to perform ADL and IADL. An individual is considered to be independent in an ADL or IADL when the individual needs support with the activity fewer than 50 percent of the times the activity was performed in the previous 30 calendar days prior to the initiation of the first component of the ONA as described in subsection (c) of this section.

(B) Determines an individual's ability to address health and safety concerns.

(C) Includes an individual's preferences to meet service needs.

(c) Is comprised of three components that may or may not occur simultaneously:

(A) A face to face observation of an individual's ability to independently meet their ADL and IADL support needs in their home or service setting unless the individual requests an alternative location.

(B) An interview with any people chosen by an individual, or as applicable the individual's legal representative, to contribute to the understanding of the individual's ability to independently meet their ADL and IADL support needs.

(C) A review of an individual's record for documented evidence of the individual's ability to independently meet their ADL and IADL support needs.

(d) Is considered to be complete when the components of subsection (c) of this section have occurred and the ONA is submitted to the Department's electronic payment and reporting system. The submission requirement may be waived when the components of subsection (c) of this section have occurred and the Department has determined the ONA to be complete.

(e) Is current for twelve months from the submission date.

(2) STANDARDS FOR ASSESSMENT.

(a) An ONA must be conducted in accordance with the standards of practice established by the Department and these rules.

(b) An ONA must be conducted based on an assessment of an individual's abilities in the absence of alternative resources, supports provided in a service setting or by community providers, and regardless of environmental modifications, environmental safety modifications, assistive devices, or assistive technology.

(c) Evaluation of an individual's need for assistance in ADLs and IADLs is based on:

(A) The individual's ability to complete activities, components, and tasks rather than the services provided; and

(B) Evidence of the actual or predicted need for support within the assessment time frame of 30 calendar days. The need for support must not be based on possible or preventative needs.

(d) An individual may request the presence of natural supports or any other person the individual believes may contribute information or support at an assessment.

(e) An individual, or as applicable the individual's legal representative, must participate in, and provide information necessary to, complete an assessment and re-assessment within the time frame requested by the Department.

(A) When given adequate notice as described in [OAR 411-415-0060](#), failure to participate in or provide requested assessment or re-assessment information when required by the Department, results in a termination of service eligibility.

(B) The Department may allow additional time if no more than 12 months pass between ONAs and circumstances beyond the control of the individual, or as applicable the individual's legal representative, prevent timely participation or submission of information.

(3) At the discretion of the Department, the Department may conduct or assign an alternate assessor to conduct an ONA in lieu of a CME assessor, supervisor, or case manager.

(4) The submission date of the ONA may be no later than 30 calendar days from the date the first component identified in section (1)(c) of this rule was conducted.

(5) When an ONA is completed, the ONA is the functional needs assessment for an individual and replaces any previous functional needs assessments.

(6) If a note contained in a note field in the ONA conflicts with a scored item, the scored item is used for determining ICF/IID Level of Care and the identification of ADL, IADL, and other support needs as part of the functional needs assessment.

Stat. Auth.: [ORS 409.050](#), [427.104](#), [427.105](#), [427.115](#), [430.662](#)

Stats. Implemented: [ORS 427.104](#), [427.105](#), [427.115](#), [430.662](#)

411-425-0060 (*Expired 12/28/2018*)