

Policy Transmittal

Select originating program



ONA Assessor's with Dual roles

Number: APD-PT-19-026

Authorized signature

Issue date: 9/20/2019

Topic: Developmental Disabilities

Due date:

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other:

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Policy/rule title:	ONA Assessor's with Dual roles		
Policy/rule number(s):		Release number:	<u>4</u>
Effective date:	<u>upon release</u>	Expiration date:	
References:			
Web address:			

Discussion/interpretation:

Starting July 1, 2018, ODDS has implemented the new Oregon Needs Assessment (ONA) in limited capacity and established a separate assessor role to conduct the ONA in the most objective way. Separating the role of assessor from the role of case manager was necessary to mitigate the conflict of interest that exists between a case manager's role of advocate for the individual and the responsibility to conduct an

assessment of need that determines the amount of services available to the individual.

There is a rule in place requiring that after July 1st, 2019 a certified ONA assessor may not carry a caseload. In order to address workload challenges during the initial roll out of the ONA, ODDS temporarily permitted case managers to act in the role of an assessor for individuals not on their caseloads. This option has been extended ~~through end of April 2020~~ until further notice, and on an ongoing basis in limited circumstances where a Case Management Entity can demonstrate that due to lack of capacity, a case manager must act as a back-up assessor.

ODDS is working to develop appropriate roles and permissions in eXPRS to ensure that case management and assessor roles are supported within eXPRS system. Currently, eXPRS does not support the ability for an individual to have dual roles of an assessor and case manager. ODDS is working to release these roles ~~in the Spring of 2020~~.

Implementation/transition instructions:

Until there is a functional dual role solution release for eXPRS, please use one or both of the options outlined below:

1. SC/PAs who are also certified ONA assessors may have another assessor or case manager conduct the annual SC/PA ONA for individuals on their caseload. (This is the ODDS recommended solution.)
2. SC/PAs who are also certified ONA assessors, may conduct the Annual- (SC/PA Assessment) for individuals on their caseload, if they take the responsibility to ensure they do not edit any items that an SC/PA isn't allowed to edit.

The list of items that an SC/PA is permitted to edit is below. They may not edit any ONA item that is not on this list.

It is the responsibility of any CME to maintain the conflict free case management by ensuring that case managers do not exceed their permissions and conduct assessment in compliance with ODDS rules and guidance.

The list of items that an SC/PA is permitted to edit is below. They may not edit any ONA item that is not on this list.

item number	Item:
	Assessment Type*

	Date of Assessment Interview*
	Date of Face-to-Face Observation*
	Date of Documentation Review*
	Date Assessment Completed*
	Address*
	City*
	Zip Code*
	Phone*
	Parent/Guardian*
	Vision Function (with correction)*
	Hearing (with correction) *
	Service Setting*
	CIIS or Children's residential Coordinator:
	Phone
	Email
	Services Coordinator/Personal Agent*
	Case Management County*
	Additional comments related to case management entity (0/2000)
	Did the individual participate in the assessment?*
	Describe the type of involvement or why the individual was not able to participate (0/2000)
	People who Attended the Assessment Interview or Contributed to the Assessment
1	Communication Devices and Preferences
1a	How does the person communicate with others? (Check all that apply)
1b	How do others communicate with the person? (Check all that apply)
1c	Identify any other communication preferences or needs. Include issues with communication with r (0/1000)
1 notes	Notes (0/1000)
2	Language Expression and Comprehension
2d	Is the individual able to ask for something to drink or indicate he or she is thirsty? *
2 notes	Notes (0/1000)
3d	Preferences (optional) - What does the individual prefer when dressing? (Check all that apply)
3e	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the indiv (Check all that apply)
3 notes	Notes (0/1000)
4d	Preferences (optional) - How does the individual prefer to be transferred and positioned? (Check a

4e	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with transferring and positioning (Check all that apply)
4 notes	Notes (0/1000)
5g	Has the individual had two or more falls in the past year?*
5h	Has the individual ever had fall(s) that resulted in major injury (Fracture, sprain, head injury, or other injury)?
5i	Preferences (optional) - What does the individual prefer when needing to move about? (Check all that apply)
5j	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with moving about (Check all that apply)
5 notes	Notes (0/1000)
6d	Preferences (optional) - What does the individual prefer when eating and/or tube feeding? (Check all that apply)
6e	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with eating and/or tube feeding (Check all that apply)
6f	Does the individual have any signs or symptoms of a possible swallowing disorder? (Check all that apply)
6g	Does the individual refuse food or liquids because of food preferences or sensory issues, such as taste or texture? *
6h	Does the individual drool excessively? *
6i	Does the individual complain of chest pain, heartburn, or have small, frequent vomiting (especially after eating)? *
6j	Has the individual required intravenous (IV) fluids due to dehydration in the past year? *
6 notes	Notes (0/1000)
7c	Preferences (optional) - What does the individual prefer when being supported to stay dry and clean? (Check all that apply)
7d	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with staying dry and clean (Check all that apply)
7e	Have there been any issues around constipation during the last year? *
7f	Does the individual take routine bowel medications for constipation or take "as needed" (PRN) medications for constipation more than two times a month within the past year (do not include fiber)? *
7g	Does the individual have a diagnosis of chronic constipation or have ongoing issues with constipation? *
7h	Has the individual required a suppository or enema for constipation within the past year? *
7j	Has the individual had more than one episode in the past year of complaining of pain when having a bowel movement? *
7k	Has the individual had more than one known episode of hard stool in the past year? *
7l	Does the individual take a medication that causes constipation and would not recognize or communicate when they were constipated? *
7 Notes	Notes (0/1000)
8b	Preferences (optional) - What does the individual prefer when bathing? (Check all that apply)
8c	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with bathing (Check all that apply)
8 notes	Notes (0/1000)
9b	Preferences (optional) - What does the individual prefer regarding oral hygiene? (Check all that apply)

9c	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with general hygiene (Check all that apply)
9 notes	Notes (0/1000)
10b	Preferences (optional) - What does the individual prefer regarding general hygiene? (Check all that apply)
10c	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with general hygiene: (Check all that apply)
10 notes	Notes (0/1000)
11 notes	Notes (0/1000)
12b	Preferences (optional) - What does the individual prefer when performing housework? (Check all that apply)
12c	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with performing housework (Check all that apply)
12 notes	Notes (0/1000)
13b	Preferences (optional) - What does the individual prefer related to meal preparation? (Check all that apply)
13c	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with preparing meals (Check all that apply)
13 notes	Notes (0/1000)
14b	Preferences (optional) - What does the individual prefer when doing laundry? (Check all that apply)
14c	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with doing laundry (Check all that apply)
14 notes	Notes (0/1000)
15c	Preferences (optional) - What does the individual prefer related to transportation? (Check all that apply)
15d	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with transportation activities (Check all that apply)
15 notes	Notes (0/1000)
16b	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with shopping (Check all that apply)
16 notes	Notes (0/1000)
17b	Preferences (optional) - What does the individual prefer when shopping? (Check all that apply)
17c	Guidance for Individuals Providing Support (optional) - Factors to consider when assisting the individual with shopping (Check all that apply)
17 notes	Notes (0/1000)
18 notes	Notes (0/1000)
19 notes	Notes (0/1000)
20 notes	Notes (0/1000)
21 notes	Notes (0/1000)
37a	Is a court mandated restriction currently in place against the individual? *
37b	Does the individual have a current court mandated restriction in place against anyone? *
37 notes	Notes (0/1000)
38	Substance Abuse Issues

38a	Is there a concern about abuse of substances, including illegal drugs, marijuana, prescription medication?
38a	Which types of substances? (Check all that apply)
38 describe	Describe use/abuse of substances
38 notes	Notes (0/1000)
39 notes	Notes (0/1000)
40	Safety Awareness and Support
40b	Does the individual need support to remain safe around traffic? *
40c	Does the individual need support to evacuate when a fire or smoke alarm sounds? *
40 notes	Notes (0/1000)
41	Environmental Safety
41 notes	Notes (0/1000)
42	Assessor's Judgment About Potential for Abuse, Neglect, and Exploitation
42a	Is this individual at significantly increased risk, beyond the typical risk for an individual with I/DD, for abuse, neglect, or exploitation by another person? *
42b	For individuals age 18 and over: Is this individual at risk of self-neglect? *
42c	For individuals under age 18: has child welfare been involved on behalf of the individual? *
42 notes	Notes (0/1000)
43a	In the past 6 months, how many times has another person recommended that the individual seek attention for an issue that the individual was unaware of or unwilling to seek attention for? *
43a	Select the reason(s) individual did not seek attention for issue
43b	Does the individual currently experience a lack of access to medical care, including mental health care, due to transportation, geographical, financial, cultural, or other non-behavioral reasons? *
43d	Is the individual able to report or describe pain and/or signs of illness and where it's located? *
43d	Does the individual need assistance to make and/or keep medical appointments? *
43 notes	Notes (0/1000)
44	Conditions and Diagnoses
44a	Chronic chest congestion
44b	Dysphagia
44c	Gastroesophageal reflux disorder (GERD)
44d	Persistent cough
44e	Pneumonia (in last year)
44f	Rattling when breathing
44 if	If diagnoses were not adequately captured or described, provide additional feedback below (0/1000)
44 notes	Notes (0/1000)
45	Seizure and Diabetes
45a	Does the individual have a diagnosis of seizures or epilepsy or has the individual had a seizure within the last 12 months? *

45c	Does the individual require support to prevent injury during or prior to a seizure episode? *
45c	Describe support needed
45d	Does the individual have a diagnosis of diabetes or pre-diabetes? *
45e	Does the individual use a diabetic insulin pump? *
45 notes	Notes (0/1000)
47a	Individual currently takes prescription medications or routine over-the-counter medications recommended by a medical professional (including inhalants/mists, suppositories; oral, injectable, and topical medications) or other medicines administered through a tube. *
47b	Does the individual take medication known to cause dehydration? *
47i	Other concerns about medications or medication management (0/1000)
47 notes	Notes (0/1000)

Training/communication plan:

Release of this transmittal. Monthly transmittal call in (third Thursday every month, 2pm, 877-873-8017, guest code #772325, please try to send questions in advance to ODDS.INFO@state.or.us). Additional training or clarification upon request

Local/branch action required: Certified ONA assessors who have caseloads must follow one of the two options above for individuals on their caseload.

Central office action required:

Field/stakeholder review: Yes No

If yes, reviewed by:

Filing instructions:

If you have any questions about this policy, contact:

Contact(s): Fred Jabin	
Phone: 503-945-6409	Fax:
Email: fred.c.jabin@state.or.us	