# OREGON NEEDS ASSESSMENT MANUAL

**JUNE 2021 - VERSION 5**

Oregon Department of Human Services

OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES

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## INTRODUCTION

### Purpose of the Assessment Tool

The Oregon Needs Assessment (ONA) is the functional needs assessment that helps to fulfill the following functions necessary to ensure access to appropriate services for Individuals with Intellectual and Developmental Disabilities (I/DD):

- The assessment establishes whether individuals meet the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) **Level of Care \*(LOC)** criteria. This is a federally mandated requirement for participation in a waiver and/or the K-plan.
- The assessment identifies potential risks **(RISK)** that should be addressed as part of the Individual Support Plan (ISP).
- The assessment identifies **Enhanced and Exceptional Needs \*(E&E)** for individuals who are supported by a Personal Support Worker (PSW).
- The assessment supports the establishment of a **Service Group** (SG) for fulfilling the ISP goals.

    **\*(LOC) (RISK)** and **(E&E)** items are indicated throughout the manual.

## GENERAL INSTRUCTIONS FOR COMPLETING THE ASSESSMENT

The trained and certified assessor will use professional judgment, while being aware of any potential bias, will determine the coding of items based on ODDS training and guidance after completing due diligence to gather sufficient information to make an informed decision.

This includes:

- Reviewing the individual's support documents

- Meeting with and observing the individual

- Interviewing the individual and any invited guests and if necessary

- Seeking additional input from others on the individual's support team

Observations during the assessment, such as the way the individual gets around at home, the way the individual communicates, and the ability to respond to items, can replace the need to ask questions.

Consider the support <u>needed</u> for each item regardless of who will be providing the support. This includes friends, family, informal supports, paid and unpaid staff, etc.(Do not consider supports provided by the Dept. of Education or by professionals in medical office settings – except in item 46b, Treatments and Therapies).
All items throughout the tool are coded based on a 24-hour day.

**The following steps will be completed within 30 calendar days:**

- ✓ **File Review**
- ✓ **Face-to-Face Meeting**
- ✓ **Assessment Interview**
- ✓ **Submit ONA in eXPRS**

- **File Review and Other Resources** - Assessors will review documentation, such as medical records, previous assessments, Positive Behavior Support Plans (PBSPs), Individual Support Plans (ISPs), Nursing Care Plans, and case notes. File reviews provide the assessor with an initial picture of the individual and allow the assessment interview to (1) be expedited and reduce fatigue; (2) limit the number of times the individual has to explain various support needs; and (3) facilitate a more flowing conversation.

  - o <u>Whenever possible, this should be done prior to the interaction with the individual and the assessment interview</u>. If the individual's residential providers have files that contain significant information that are not in the case management files, the assessor should look at those files too.

  - o Assessors are not expected to read progress notes and incident reports, but they should look at documents the provider indicates includes important information.

  - o Assessors are encouraged to take notes and verify the information with the individual and others during the assessment process.

  - o Use the information gathered from the case file to inform the assessment process. (Do not rely solely on the case file to make coding decisions.)

  - o A field guide is available to record information (located on the ONA Assessor Resource Page) which can be found at ONA Assessor Toolkit: https://www.oregon.gov/dhs/Compass-Project/Pages/ONA-Assessor-Toolkit.aspx

*Please note:* If file review notes are taken directly onto the tool, please be sure to update them during or after the interview process and delete the previously written notes to ensure consistency and clarity.

- **Scheduling the assessment interview** – The assessor will work in cooperation with the case management entity to schedule assessment interviews.
  - No fewer than 14 calendar days prior to conducting an ONA, the CME must mail a notice of the assessment process to the individual to be assessed. The notice must include a description and explanation of the assessment process and an explanation of the process for appealing the results of the assessment.
  - The interview should occur at the time and place agreed upon by the individual. The assessor will learn more by observing the individual at home or school/work/day program than they will by observing the individual in an unfamiliar setting.
  - <u>The interview should include only those people the individual chooses to participate with guidance from the ISP team if needed</u>. If the individual does not want someone at the interview, then that person(s) should not be invited.
    - <u>The guardian must be invited but is not required to attend</u>. The assessor should confirm that the guardian was invited to the interview.
    - The Service Coordinator (SC), Personal Agent (PA), and/or the assessor should ask the individual to talk about people who are important to them. The SC/PA should help the individual choose appropriate people to be at the ONA interview -- such as their service providers. This could also include family, friends, neighbors, support persons who provide emotional, physical, financial, or other types of support, behavior specialists, medical professionals and nurses who provide care and/or oversight.
    - The assessor will confirm at the assessment interview that those present have been chosen by the individual to participate.
    - There is no minimum or maximum amount of people who must attend the assessment interview. The individual can choose to have nobody present but themselves. The assessor can follow up with others at a later time.
  - If the individual is unable to choose, the ISP team will agree upon the time, place and those who will participate.
  - If an interpreter is needed, make sure arrangements are made by the CDDP or Brokerage to have the certified interpreter in place prior to the assessment interview. (CIIS and Kids Res SCs will make arrangements to have a certified interpreter in place).

- **Face-to-face meeting/observation with individual -** The face-to-face meeting can take place anywhere the individual chooses or what works best for the individual.
  - The face-to-face meeting is a key component to gathering information in a person-centered manner.
  - If the individual chooses not to participate in the assessment interview, it is highly recommended that the face-to-face meeting/observation take place <u>before</u> the assessment interview.
  - Assessors should take all necessary steps to ensure that the individual is able to participate in the assessment to the maximum extent possible.
- **Assessment interview –** The assessment interview can take place where the individual chooses or what works best for the individual and/or team.
  - The assessor does not need to address all items during the meeting, especially if the individual does not want to talk about them. However, if anyone present at the ONA interview requests that all items be read and discussed, then do so.
  - The assessor should not read each response option for each item.
  - A conversational approach is an effective way to collect the information needed.
  - Although a formal meeting with the SC/PA is not required, follow-up with the SC/PA is valuable for gathering information.
  - During the interview, the assessor must not discuss coding decisions. Coding of all items is completed by the assessor after all information is gathered from the file review, observation, interview, and follow-up interactions.
- **Follow-up interactions -** The assessor is responsible for answering each of the items based on all the information they have gathered throughout the assessment process.
  - If additional information is needed, the assessor will follow-up with others as needed. (e.g., phone calls, email, additional interactions.) If the individual has chosen not to discuss specific items, the assessor will follow-up with the ISP team.

    If the residential provider (group home, supported living, or foster care) does not participate in the assessment meeting with the individual, the assessor is required to follow-up with the provider prior to submitting the ONA.
- **Submit the ONA within 30 calendar days –** The entire ONA must be completed and submitted within 30 calendar days.

## General Notes for Using the Assessment in eXPRS

Using the Express Payment & Reporting System (eXPRS), the assessor will make a copy of the most recent ONA or create a new one if the individual doesn't already have an existing ONA. All coding, notes and information will be entered and/or updated by the assessor based on the information gathered from the file review, face-to-face, interview and any follow-up interactions they had.

**Note:** When filling out a copied ONA, the assessor must use the progress bar to navigate from the demographics page – do not click on 'continue' at the bottom of the page. The 'previous' and 'next' buttons may be used throughout the remaining pages of the tool.

- A paper field tool is available on the assessor resource website at [ONA Assessor Resource Page](#) for use during the file review and information gathering process, which can then be transcribed into eXPRS at a later time.

- If the assessor is unable to obtain necessary information from the individual, follow-up calls or additional file review may be needed to clarify support needs.

- The assessor will make sure the notes written support the coding option selected. See the formula for writing a solid note in [Appendix E](#).

- When the assessment is fully completed in eXPRS, the assessor must click 'submit' on the bottom of the Comprehensive Review page.

- The assessor will complete all four steps of the assessment process within 30 calendar days.

Skip patterns are functional throughout the entire assessment tool. Some items will automatically be skipped for children under specific ages. Other items grey out based on the specific coding selected. If an assessor determines that a greyed-out item should be answered, review the previous coding selected and determine if the coding was correct.

All assessment items that require a response are indicated with a red asterisk. The tool will indicate any required unanswered items with red font on the comprehensive review page. Clicking on the red font will navigate to the unanswered item. You cannot submit the ONA until all required items have a response. Please be sure to answer all items whether they are marked with an asterisk or not as some unmarked items are considered in the Enhanced & Exceptional (E&E) consideration.

A copy of the completed ONA or summary must be given to the provider by the assessor or SC/PA if requested (group home, supported living or foster care). A copy of the completed ONA or summary must be offered to the individual and/or guardian.

The ONA Assessor must make the SC/PA aware the ONA is completed. And it must be reviewed by the SC/PA within 60 days to ensure a complete and accurate picture of support needs was captured.

For eXPRS login issues, please send an e-mail to: [info.exprs@dhsoha.state.or.us](mailto:info.exprs@dhsoha.state.or.us)

## Overview of Contents

The contents of the ONA is divided into seven sections:

I.    **Assessment & Demographic Information -** This section collects information about the assessment and assessor, the individual's demographics, and the contributors to the assessment process.

II.    **Communication -** This section collects information to document the forms of communication, technology and environmental modifications that are used by the individual and any implications for support planning.

III.    **ADLs and IADLs -** This section is comprised of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The ADL section documents the individual's usual support needs to complete self-care activities, such as bathing and dressing, as well as preferences and guidance for support providers for each activity the individual needs assistance with. The IADL section documents the individual's usual support needs to complete activities that are not necessarily fundamental for functioning but allow the individual greater independence.

IV.    **Behaviors -** This section collects information about the nature of any behavioral concerns, the extent to which intervention is needed, and the general type of intervention required. This section also collects information about the Positive Behavior Support Plan (PBSP) and Safeguarding Interventions (SIs), if applicable.

V.    **Safety -** This section collects information about safety needs to identify how the individual handles emergency situations, to highlight any needs that should be addressed as part of support planning and to identify any personal safety needs.

VI.    **Medical -** This section identifies medical information for health issues and their risks to safety, the type and amount of support (e.g., treatments, therapies, and medications) currently received to address the health and safety issues, nursing supports and interventions, and additional support needs that should be addressed during support planning.

VII.    **Comprehensive Review -** This section contains a support needs summary that creates a list of the individual's needs and other information collected during the assessment.

## Guidance for Individual Sections

This portion of the manual provides specific discussion and guidance for items in the Oregon Needs Assessment. Each section description begins with an overview of the section and then provides descriptions and guidance for each item.

## SECTION I - ASSESSMENT AND DEMOGRAPHIC INFORMATION

The Assessment and Demographic Information section collects basic information about the assessment, individual and those who contributed to the assessment process. Assessors will collect all available information and note any information that requires follow-up.

### Assessment Information

| Assessment Item | Guidance |
|---|---|
| *Assessment type:<br><br>○ Annual (Certified Assessor ONA)<br>○ Annual (SC/PA Assessment)<br>○ Change in Need<br>○ Request<br>○ New to Service | Select the reason for the assessment.<br>**Annual (Certified Assessor ONA):**<br>✓ If the ONA assessor is completing the annual ONA, select this option.<br>✓ Select this option if the ONA is being completed for a child at age 3, 4, 5, 8, 12, 15 and 18. (ONA can be completed by the assessor 60 days prior to the birthday up to the ONA/LOC expiration date, or up to 60 days before the next birthdate, whichever comes first).<br><br>**For example:** Marcus will turn 5 on September 1st. The certified ONA Assessor has the option of completing an ONA anytime within 60 days before their 5th birthday (July 1st up to Sept 1st). Or, the Certified Assessor ONA can be completed after their 5th birthday before the LOC/ONA expiration or until June 30th (60 days before their 6th birthday).<br>    ✓ Select this option for children enrolled in CIIS MFW/MICW who are turning 18. (T-18 ONAs will be completed by the receiving CME).<br>    ✓ Select this option for a five-year cycle (for adults). |

| Assessment Item | Guidance |
|---|---|
| | **Annual (SC/PA Assessment):**<br>✓ This selection is to be used by SCs and PAs completing the annual assessment to confirm that support needs have remained the same.<br>✓ Select this option if backup certified assessors are completing the Annual ONA for an individual on their own caseload.<br><br>**Change in Need:**<br>✓ Select this option if the assessor, case manager, individual, representative or guardian has identified a significant change in need at a time outside of the annual ONA window. Consider increases and decreases in support needs.<br>✓ The certified assessor has 45 days from date the need was identified to complete the change in need ONA.<br><br>**Request:**<br>✓ The individual or their representative has requested a re-assessment and there are no known significant changes in need at the time of the request.<br>✓ The certified assessor has 45 days from date of request to complete the "Request" ONA.<br><br>**New to Service:**<br>✓ Select this option if the individual is newly eligible for I/DD services, was receiving case management/annual plan only, or has left DD services for over 12 months and is returning. |

| Assessment Item | Guidance |
|---|---|
| **Copy Function:**<br><br>Type of copy?<br><br>**Assessment type?**<br><br>    ○ Annual (Certified Assessor ONA)<br>    ○ Annual (SC/PA Assessment)<br>    ○ Change in Need<br>    ○ Request<br>    ○ New to Service<br>    ○ Correction<br>    ○ QA Correction<br>    ○ Risk Change | For individuals who have a previously completed ONA, scroll to the bottom of the demographics page, and click 'Copy'. Select from the following options: See descriptions above for: **Annual, Change in Need, Request and New to Service**.<br><br>**Correction:**<br>  ✓ Certified assessors and SC/PAs will select this option if a correction is needed for an ONA they completed, and the ONA is still within the 60-day window from date of submission. (Do not use this option for a 'Change in Need ONA). LOC and ONA expiration dates will not change.<br><br>**QA Correction:**<br>  ✓ ODDS Quality Assurance Trainers (QATs) will select this option when making a correction to an ONA that is beyond the 60-day window from date of submission, or at the discretion of ODDS to ensure accuracy of an ONA The assessor or SC/PA will be notified when the corrections have been made. If the QAT needs to make a correction based on a Desk Review (DR), the QAT will check in with the assessor or SC/PA first for clarification. LOC and ONA expiration dates will not change.<br><br>**Risk Change:**<br>  ✓ The SC or PA will select this option when a change is needed to risk items only. Please note, if changes are needed for support items, a certified ONA assessor will need to complete a change in need ONA. LOC and ONA expiration dates will not change. |

| Assessment Item | Guidance |
|---|---|
| *Date of Assessment Interview:___ | **The assessment interview must take place within 30 calendar days of the ONA creation or copy date.**<br><br>This field will auto-populate with the date the previous ONA interview took place. This date must be updated.<br><br>If multiple visits and/or contacts occurred to complete the interview, then enter the date in which the bulk of the information was gathered. |
| *Date of Face-to-Face Observation:_ | **The face-to-face observation must take place within 30 calendar days of the ONA creation or copy date.**<br>Enter the date the face-to-face contact with the individual was made for the purpose of the ONA. |
| *Date of Documentation Review:___ | **The documentation (file) review must take place within 30 calendar days of the ONA creation or copy date.**<br><br>Enter the date the individual's case file was reviewed for the purpose of gathering information for the ONA. |
| *Date Assessment Completed:____ | **The entire assessment must be completed (submitted) within 30 calendar days of the ONA creation or copy date.**<br><br>Enter the date the entire ONA is finalized in eXPRS.<br><br>This is the date the ONA assessor clicks the submit button on the comprehensive review page on the ONA in eXPRS. The 'Date completed' that is entered and the auto populated 'Submitted date' on the bottom of the demographics page should match. |

## Demographics

| Assessment Item | Guidance |
|---|---|
| **Client Prime:** | eXPRS will automatically populate this information. |
| **Gender:** | eXPRS will automatically populate this information. |
| **Preferred Gender:_____** | The assessor will indicate in this field the gender the individual identifies with, if the individual indicates a different gender than what is auto populated in the gender field above. This field is not mandatory and can be left blank.<br><br>Do not use this box to list a zip code or any other information other than gender preference. If the individual wants other identifying information such as pronouns listed, please indicate these in the individual's participation notes box. |
| **Legal Name:** | eXPRS will automatically populate this information. |
| **Birth Date:** | eXPRS will automatically populate this information. |
| **Age:** | eXPRS will automatically populate this information.<br>When the 60-day grace period is in effect for children, the ONA will open items based on the age the child will be within 60 days. The grace period is calculated based on the day the ONA is created. Ignore the 60-day grace period for adults as it has no bearing on the ONA items. |

| Assessment Item | Guidance |
|---|---|
| **\*Address:_____** | Enter the current street address of the individual's primary residence. Include unit, apartment, and other applicable information. To prevent a technical glitch, do not use a period or # sign such as St**.** or #3. Use St or Apt 3.<br><br>If the individual does not have a home address, enter an address the individual uses as a point of contact. If no point of contact, enter the CDDP/Brokerage address. |
| **\*City:_____** | Enter the city in which the current primary address is located. |
| **\*Zip Code:_____** | Enter the zip code for the current primary address. |
| **\*Phone:_____** | Enter the primary phone number to reach the individual.<br><br>If the individual lives in a group setting and does not have a direct mechanism for contacting them, enter the phone number of the residence/group setting. If the parent or guardian is the primary point of contact, enter their number here. |
| **\*Parent/Guardian:_____** | If the individual is under 18, identify the parent/ guardian here.<br><br>If the individual is over 18 and has a legal guardian identify that person here. Include his/her first and last name. If the State of Oregon has guardianship, enter the name of the Child Welfare case manager.<br><br>If the individual is over 18 and does not have a legal guardian, enter 'Self'. |

| Assessment Item | Guidance |
|---|---|
| *Vision Function (with correction):<br><br>○ Adequate<br>○ Mild to Moderately Impaired<br>○ Severely Impaired<br>○ Unable to Assess<br>○ Unknown | Code based on the individual's vision function while using (if used regularly) available corrective devices (e.g. glasses).<br><br>**Adequate:** Sees fine detail, including regular print in newspapers/books.<br><br>**Mild to Moderately Impaired:** Can identify objects; may see large print.<br><br>**Severely Impaired:** No vision or object identification is questionable.<br><br>**Unable to Assess and Unknown:** Should only be used if there is reason to question the ability to see, but there isn't any way to determine if vision is limited. |
| *Hearing (with correction):<br><br>○ Adequate<br>○ Mild to Moderately Impaired<br>○ Severely Impaired<br>○ Unable to Assess<br>○ Unknown | Code based on the individual's hearing function while using (if used regularly) available corrective devices (e.g. hearing aids and cochlear implants).<br><br>**Adequate:** Hears with no difficulty.<br><br>**Mild to Moderately Impaired:** Has difficulty hearing some tones and sounds.<br><br>**Severely Impaired:** No hearing or very limited hearing.<br><br>**Unable to Assess and Unknown:** Should only be used if there is reason to question the ability to hear, but there isn't any way to determine if hearing is limited. |

## Assessor and Case Management Entity Information

| Assessment Item | Guidance |
|---|---|
| *Service Setting:<br><br>**Family or own home**<br>• Comp In-Home (SE 49)<br>• Brokerage In-Home (SE 149)<br>• Supported Living (SE 51)<br>• Children's In-Home Services (SE 151)<br>• Children's Intensive In-Home (SE 145)<br>**Foster Care**<br>• Adult Foster Care (SE 158)<br>• Child Foster Care (SE 258)<br>**24-hour Group Home**<br>• 24hr Residential (SE 50)<br>• SACU (SE 141)<br>• Children's Residential System (SE 142)<br>○ Other:_____ | Select the current service setting. If unsure or new to services (and service setting is unknown), select 'Other' and briefly describe.<br><br>If the individual will be moving and the future service setting is known, select the future service setting.<br><br>If an individual moves to a new service setting after the ONA is submitted, the service setting does not need to be updated until the next ONA is completed. |
| **CIIS or Children's Residential Coordinator:_____** | Enter the full name of the CIIS Case Manager or Children's Residential Coordinator, if applicable. |
| **Phone:_____** | Enter the full phone number including area code where the CIIS or Children's Residential Coordinator can be reached. Include extensions if applicable. |
| **Email:_____** | Enter the primary e-mail address where the CIIS or Children's Residential Coordinator can be reached. |
| *Service Coordinator / Personal Agent:_____ | Select the Personal Agent or CDDP Service Coordinator. Click in the box provided, start typing the first or last name of the case manager. A drop-down list will appear. Click on the name of the assigned case manager. The case manager name will populate into the box.<br>If the SC or PA name is not listed, click on the name of the CME manager or a contact person. Indicate the name of the current SC or PA in the 'Additional comments' box. |

| Assessment Item | Guidance |
|---|---|
| *Case Management County:_____ | Using the drop-down menu, select the CDDP or Brokerage where the individual receives services from. |
| Additional comments related to case management entity:_____ | If the current SC or PA is not in the drop-down list, enter the name of the SC or PA here.<br><br>When a 'Correction' ONA is created, identify the items being corrected in this box and notify the SC/PA when submitted. Do not give a detailed description of why the correction was made. See the specific item for detailed notes.<br><br>When applicable, the assessor will see a note in this box in which an SC/PA has indicated "A potential 'Change in need' ONA is needed". *Be sure to delete the note before submitting the ONA.* |
| *Assessor's Name:_____ | This field will auto-populate.<br>**Please note:** If this is not the same person who completed the assessment process, then check the 'Change Assessor' box and enter the correct assessor's name, phone, e-mail address and affiliation. |
| *Affiliation:<br><br>   ❍ Brokerage<br>   ❍ CDDP<br>   ❍ DHS-ReBAR/Assessment Unit<br>   ❍ ODDS Children's Residential<br>   ❍ ODDS CIIS<br>   ❍ ODDS Staff<br>   ❍ Regional Staff | Select the type of organization for the assessor. Acronyms are defined below:<br>• **CDDP:** Community Developmental Disabilities Program<br>• **ReBAR:** Restructuring Budgets, Assessments, and Rates<br>• **ODDS:** Office of Developmental Disabilities Services<br>• **CIIS:** Children's Intensive In-Home Services |

## Individual's Participation in Assessment and People who Contributed

| Assessment Item | Guidance |
|---|---|
| **\*Did the individual participate in the assessment?**<br><br>    ❍ Yes<br>    ❍ No | **Code 'Yes'** if at any point in the assessment interview, the individual either verbally or non-verbally provided information that the individual intended to be used to complete the assessment.<br><br>**Code 'No'** if the individual was present, but any information added to the assessment was only based on observation.<br><br>Note: When an individual does not participate in, or is not present at the assessment interview meeting, it is still necessary to conduct a face-to-face meeting with the individual before the assessment is submitted in eXPRS. |
| **The type of involvement or why the individual was not able to participate:_____** | <u>**A note is required**</u> in this box describing the individual's presence and participation, or lack thereof, in the interview. Indicate what efforts were made to maximize the individual's participation. If the individual was unable to participate in the assessment, describe why. |
| **People Who Attended the Assessement Interview or Contributed to the Assessment**<br><br>On the bottom of the demographics page, click this button.<br><br>Add People | This section must be completed.<br>The assessor must click on the 'Add People' button to open the section.<br><br>**Name/Role:** List all individuals, including case managers, who contributed to the assessment whether they were present at the interview or contributed to the assessment process at another time. If this person is covered by privacy regulations (e.g., receiving I/DD services) OR if the assessor is unsure whether there are privacy concerns, the assessor should only include a first and last initial for the person. |

| Assessment Item | Guidance |
|---|---|
| **People Who Attended the Assessement Interview or Contributed to the Assessment (Cont.)** | **Relationship:** This dropdown menu contains options for the relationship of each identified person. If the appropriate option is not contained in the menu, enter 'Other'. Check the 'Lives with individual' box if the identified person resides in the same residence as the individual.<br><br>**Phone/Email:** In the top box enter the primary phone number of the identified person, if readily available.  This information would be used to make contact if follow-up is necessary. Enter the area code and phone number.<br>(No need to use parenthesis or dashes). Do not include extensions.<br><br>In the lower box enter the primary email of the identified person, if readily available. This information would be used to make contact if follow-up is necessary.<br><br>Use the dropdown menu to select the identified person's participation in the assessment.<br><br>These options include:<br>• **Did not participate:** This selection is used rarely, if at all. The identified person was not present, either in-person or remotely, at the interview and did not provide additional information before or after the assessment interview.<br><br>• **Participated in the assessment:** The identified person was present at the interview, either in-person or remotely (e.g., phone, video conference), and contributed information for assessment coding.  Although some people may not be able to attend the interview, it is best practice to complete interviews in person with most participants. |
| **People Who Attended the Assessement Interview or Contributed to the Assessment (Cont.)** | **Relationship:** This dropdown menu contains |

| Assessment Item | Guidance |
|---|---|
| **People Who Attended the Assessement Interview or Contributed to the Assessment (Cont.)** | • **At the assessment (interview) but did not contribute:** The identified person was present at the assessment interview, either in-person or remotely (e.g., phone, video conference), but did not contribute information for assessment coding. For example, a family member may be present at the assessment to help the individual remain on task, but the family member does not contribute information for coding the assessment items. <br> *Select this option for an interpreter, if one is used. <br><br> • **Gave input outside of assessment (interview):** The identified person provided information about the individual that contributed to the assessment prior to or following the interview. This can include information obtained through email, phone, text, and in-person meetings. |

## SECTION II - COMMUNICATION

The Communication section collects information about how the individual communicates, the forms of communication and technology that is used and/or needed. This section is intended to capture information for children and adults. Do not apply the coding tree used for ADLs, IADLs and Medication Management to this section. Support may be needed very infrequently for these items but still needs to be considered in this section.

Do not consider developmental stages in coding communication questions. Consider the support the individual needs to communicate. For items 2b and 2c, reserve 'Rarely/Never expresses self' for those who do not try to express themselves. For example, a person that refuses to talk to unfamiliar people may be coded 'Rarely/Never expresses self', whereas a child or adult that cries out when they need something would be coded 'Frequently exhibits difficulty'.

### Item 1: Communication Devices and Preferences

| Assessment Item | Guidance |
|---|---|
| a. **How does the person communicate with others?** (Check all that apply) <br> ☐ Verbal English <br> ☐ Verbal Spanish <br> ☐ Verbal other language, specify:_____ <br> ☐ Sign language <br> ☐ Writing or Braille <br> ☐ Gestures <br> ☐ Facial expression <br> ☐ Communication Board <br> ☐ Electronic device <br> ☐ Texting/email/social media <br> ☐ Other:_____ | This item collects information about the range of ways the individual may communicate with others <u>in person or over the phone.</u> <br><br> Electronic device includes a tablet, computer, phone or any other electronic device used for the purpose of communication. <br><br> Communication board includes non-electronic picture boards, calendars, laminated pictures, etc. specifically used to communicate. |
| b. **How do others communicate with the person?** (Check all that apply) <br> ☐ Verbal English <br> ☐ Verbal Spanish <br> ☐ Verbal other language, specify:_____ <br> ☐ Sign language <br> ☐ Writing/Braille <br> ☐ Gestures <br> ☐ Facial expression <br> ☐ Communication Board <br> ☐ Electronic device <br> ☐ Texting/email/social media <br> ☐ Other:_____ | This item collects information about the range of ways others communicate with the individual either in person or over the phone. <br><br> See item above for descriptions. |

| Assessment Item | Guidance |
|---|---|
| **c. Identify any other communication preferences or needs. Include issues with communication with reference to setting.** | Assessors should document anything useful for planning. For example, the difference between talking with familiar and unfamiliar people, or differences that appear in various settings. Describe the individual's preferences or needs and provide an explanation of the difficulties and mechanisms to address barriers to communication. |
| **Notes** | Please note any specific information about the support provided to the individual; informal supports, cyclical support needs, two-person assist, preferences, guidance, or any other specific information discussed during the assessment that would be helpful for the SC/PA to have during service planning. |

## Item 2: Language Expression and Comprehension

| Assessment Item | Guidance |
|---|---|
| **a. *Clarity of speech: (LOC)**<br><br>○ Speech is always clear and easy to understand<br>○ Speech is occasionally unclear or difficult to understand<br>○ Speech is frequently unclear or difficult to understand<br>○ Speech is never clear nor easy to understand<br>○ Does not speak<br>○ Unable to assess | Focus on clarity of speech only, not the content of the message.<br><br>Code based on the clarity of the actual speech regardless of the number of words the individual may say.<br><br>**For example:** *Chris says "yes", "no" and "happy" clearly, but speaks no other words.* Code 'Speech is always clear and easy to understand'.<br><br>**Another example:** *Faith says "hi", "bye" and "no" clearly. But the rest of her speech is very difficult to understand.* Code either 'Speech is frequently unclear' or 'Speech is never clear' (use best judgment to code).<br><br>The ability to communicate and expression of ideas and wants will be incorporated into the response to items 2b-2d.<br><br>***Do not code*** *'Unable to assess' for this item.* |

| Assessment Item | Guidance |
|---|---|
| b. *Expression of ideas and wants with people individual is familiar with: (LOC)<br><br>○ Expresses complex messages without difficulty<br>○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts)<br>○ Frequently exhibits difficulty with expressing needs and ideas<br>○ Rarely/Never expresses self<br>○ Unable to assess | This item captures all forms of communication, including verbal, gestural and non-verbal, that the individual uses to express ideas and wants.<br><br>Indicate the ability of the individual to express ideas, needs and wants to people the individual is <u>familiar</u> with.<br><br>When determining the appropriate coding, consider all environments the individual is familiar with such as banks, doctors' offices, friends, and acquaintances.<br><br>Check the box which indicates the individual's ability to deliver a message.<br><br>Do not code 'Unable to assess' for babies and others who do not use words to communicate. Consider their way of communicating needs and wants such as: pain, hunger, being soiled, a desire to be held, etc.<br><br>***Do not code** 'Unable to assess' for this item.* |
| c. *Expression of ideas and wants with people individual is unfamiliar with: (LOC)<br><br>○ Expresses complex messages without difficulty<br>○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts)<br>○ Frequently exhibits difficulty with expressing needs and ideas<br>○ Rarely/Never expresses self<br>○ Unable to assess | This item captures all forms of communication, including verbal, gestural and non-verbal, that the individual uses to express ideas and wants.<br><br>Indicate the ability of the individual to express ideas, needs and wants to people the individual is <u>unfamiliar</u> with.<br><br>In some situations, the individual may have greater challenges with functional language with people not familiar with his/her communication style.<br><br>Consider communication with doctors, staff at financial institutions, store clerks, etc.<br><br>Choose the item that most accurately reflects the ability of the individual.<br><br>***Do not code** 'Unable to assess' for this item.* |

| Assessment Item | Guidance |
|---|---|
| d. *Is the individual able to ask for something to drink or indicate he or she is thirsty? (RISK)<br><br>○ Yes<br>○ No, describe why unable:_____ | Indicate whether the individual is able to indicate clearly by <u>word or gesture</u> the need for something to drink. This item is used to indicate risk of dehydration. If they are unable to indicate thirst, briefly describe why.<br><br>Consider if the individual can indicate or verbalize often enough to stay hydrated.<br><br>**Do not include:** The ability to hold and consume a beverage. |
| e. *Understanding verbal content (excluding language barriers) (LOC)<br><br>○ Understands - Clear comprehension without cues or repetitions<br>○ Usually understands - Understands most conversations but misses some part/intent of message. Requires cues at times to understand<br>○ Sometimes Understands - Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand<br>○ Rarely/Never Understands<br>○ Unable to assess | This item requires the assessor to indicate the extent to which the individual is able to understand verbal content in his/her primary language.<br><br>Consider understanding simple to complex messages including brief instructions all the way to information given by a doctor, understanding taxes or at a public service office for the purpose of an annual recertification.<br><br>This item applies to all settings the individual typically accesses.<br><br>**Include:** Sign language used as the typical communication medium.<br><br>**Do not include:** Language barriers (e.g., individual understands Spanish spoken to them but does not understand English).<br><br>***Do not code*** *'Unable to assess' for this item.* |
| **Notes:_____** | See guidance for notes in Item 1. |

When coding each ADL and IADL item, think about the individual's usual ability and medical, cognitive, physical, and behavioral factors unique to the individual that might influence task completion. Then consider the usual support needed to complete the task or the support needed during a task. The question to ask for each ADL/IADL item is: *"Does the individual have the functional ability to complete the tasks or parts of the tasks listed? If not, what support is needed"?* Use the ONA Coding Decision Tree to determine the applicable code.

## Coding the Individual's Contribution

When determining how to consider the individual's ability and/or contribution to the activity, the question to ask is: *"Does the individual have the ability to contribute effectively to the activity so that steps do not have to be completed over by a support person"?*

Consider how often an individual has the ability to contribute to an activity when the appropriate supports are in place to encourage and support their participation. If the assessor learns that with appropriate support in place, the individual does not have the ability to contribute effectively to the activity on at least 50% of days the activity takes place, code 'Dependent'. If the assessor learns that the individual has the ability to contribute effectively at least 50% of the days the activity takes place, do not automatically code 'Dependent'. Select appropriate coding. Be sure to indicate in the notes box the contribution the individual is able to make.

## Code Based on a Typical Day

The goal of this assessment is to capture the supports that are usually needed for the individual. Assessors will code items in the ADL/IADL section based on the support needed on a typical day that the activity occurs, looking over the past 30 days and is expected to continue every month over the next three months or longer. While support needs may vary for some individuals, the assessor will identify what support, if any, is needed at least 50% of the days the activity takes place. For individuals with support needs that vary from day to day, the assessor will use their best judgment to decide which code fits best for the individual and describe the varying support needs in the notes box for the item. The assessor will need to use their best judgment to code support needs that vary regularly (support needs that occur three to four days each week on average).

**For example:** *If minimal physical support is needed every other day, which could be four days a week and three days a week every other week (m-w-f),* code 'Partial/moderate' since the physical support is needed frequently and ongoing (at least 50% of the days the activity takes place).

## Consider Support Needed (Not When Provided)

At times, support will be provided once a week or less which meets the daily need for an individual, especially for activities such as meal preparation, money management and medication management. Always consider the individual's usual need. The question to ask is, "*Would the support person need to help daily if the support wasn't provided all in one day*?" **For example:** *Meal preparation - The individual is unsafe with knives and stoves. A support person comes to the home once a week to prepare all of the meals for the week. The individual will then reheat the food in the microwave throughout the week.* The support for meal preparation provided on one day of the week meets the individual's daily support need.

When support is needed but supports are not in place due to the individual being new to services or there is no provider in place at the time, code the support needed.

## Refusal of Supports

Individuals may appear to need support but will choose to refuse it. If the individual refuses support, consider the setting they live in. If the individual lives in their own home, and no support will be provided, code 'Person refused'.
**For example:** *Susana's home appears to be unclean. When asked about support needs, she said that she won't let anyone in her home to help her clean.* No support will be provided. Code 'Person refused'.

Some supports must be provided anyway and need to be considered in coding.
**Example of coding support provided:** *Daniel lives in a group home. He refuses to do any housekeeping.* Per licensing, support persons are required to keep the house clean, code the support provided. See Appendix G for appropriate coding options.

If the activity appears to have been completed unsuccessfully by the individual, but the individual refuses support with the activity and no part of the activity will be completed by another person AND a support provider actively encourages the individual to engage in the activity; code Setup/Clean-up.

In the case of intermittent refusal when the activity is not completed by another person: If the individual has engaged in the activity in the past 30 days and will continue over the next three months or longer, code the support required to engage in the activity when it occurs. **For example:** *The individual refuses to take showers most days but will take one four days a month. Code the support needed at least 50% of the days the* <u>*activity*</u> *takes place. He may need encouragement every day, but the activity takes place four days month. Focus on the support needed on the four days of the month the activity takes place.*

See the Appropriate Use of Coding Options document for additional guidance for using the following coding options: 'Person refused', 'Not applicable', and 'Not attempted due to medical condition or safety concerns'.

## Activity Did Not Occur in Past 30 Days

At times, assessors may encounter a situation in which an activity did not occur in the past 30 days.  When this occurs use these additional coding options: 'Person refused', 'Not applicable' and 'Not attempted due to medical condition or safety concerns'. See ONA Coding Key for guidance when considering these coding options.

## Support Needs are Cyclical

If the individual did not need any support in the past thirty days but does need support on a less than monthly basis, the assessor should code this as 'Independent' AND write a note describing the support need and frequency in the notes box. This is not a usual support need.

When the activity has occurred over the past thirty days, is expected to continue, yet supports are needed less than 50% of the days the activity takes place, code 'Independent' and indicate the infrequent support needed in the notes box for the item.

## Medical Supervision

If an individual needs _only_ active monitoring during an ADL /IADL task due to a medical condition that could potentially cause a health/safety risk, the need for monitoring must be documented in the individual's case file either by means of a written protocol or a doctor's order.
**For example:** *Rachel is able to shower independently but has seizures from time to time. She needs a provider to be present in the home during the showering activity to listen for signs of a possible fall due to a seizure. Water temperature has been known to trigger a seizure in the past.* Code 'Supervision or touching assistance'.

## Behavioral Supervision

When considering how to capture supervision during an ADL/IADL task for behavioral reasons, the assessor will consider: Does the behavior interfere with the mechanics of completing the ADL/IADL activity? **For example:** *Susan is able to eat independently but will argue with her roommates while eating meals at the dinner table.* Code 'Independent' and capture the behavioral support needs in the behavior section because Susan does not need help to eat. When the behavior interferes with the mechanics of completing the task, code the support needed.
**For example:** *Joe will throw his food at roommates instead of eating it and needs supervision and cues to eat his food instead of throwing it. He needs no physical help to eat.* Code 'Supervision or touching assistance' because his behavior is interfering with his ability to eat.

## Assessing children

Code the support the child would need to complete the ADL/IADL activity. (Keep in mind that some items will be automatically greyed out by eXPRS for children under specific age limits). Do not consider developmental stages. There's no need to consider what kind of help a child of the same age would typically need. Be sure to consider all essential steps of the item and code the support that is needed by the child to complete the activity effectively.

## Use of Notes Boxes

Notes boxes will be critical in gathering information necessary for support planning. This information will be provided in the ONA report document to assist SCs and PAs with service planning. Please note any specific information about the support provided to the individual; informal supports, cyclical support needs, two-person assist, preferences, guidance, or any other specific information discussed during the assessment that would be helpful for the SC/PA to have during service planning. When an ONA is copied, the original notes remain. Once the assessor presses submit, every note becomes as though the current assessor wrote it. By submitting the ONA, the assessor confirms that the note is accurate and matches the coding and the preferences and guidance selected. See Appendix E for a useful formula for writing solid ONA notes.

## Item Descriptions

The examples provided in the item language are not definitive examples. The Mobility item states, *'Walks 150 feet'*. Consider the support needed to walk, crawl, or scoot whatever distance the individual typically walks, crawls, or scoots. Do not make the focus of the item '150 feet'. The Meal Preparation item states, *'Pour a bowl of cereal or make a sandwich.'* Do not limit coding consideration to these specific tasks. Consider all the food the individual consumes, and the support needed to prepare it. Also consider other essential elements of making these simple items, such as using a knife to cut vegetables or the stove top to heat soup, prepare eggs, etc. Consider what's usual for the individual.

## ADL & IADL Items Divided into Two Primary Components

➢ **Support need item(s)** - Each ADL/IADL contains one or more related items. Using the Coding Key and the ONA Coding Decision Tree (outlined below) document the individual's support need for each ADL/IADL task. Assessors should code the support needed to complete the specific task, not the support provided out of convenience for the individual (e.g., the support person ties the individual's shoes because it's quicker if they do it).

➢ **Preferences and Guidance- (Optional section)** – See the list of preferences and Guidance in Appendix A. These items document information about the individual's preferences for how services are delivered. Assessors can ask the individual about preferences regarding how services/supports are delivered and then check all items that apply. The use of the Preferences and Guidance sections, along with the notes boxes, are valuable for support planning. <u>Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the individual.</u>

  o When a 2-person assist is needed for applicable ADL items, be sure to select '2-person assist' in this section and indicate the reason for the 2-person assist in the notes box for the item.

  o Be sure that the 2:1 support is needed at least 50% of the days the activity takes place.

# Coding Key

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

**Setup or Clean-up Assistance: (Preparation or follow-up assistance)**
- ✓ Individual **REQUIRES** assistance or preparation prior to engaging in the activity
- ✓ And/or Individual **REQUIRES** review or follow-up after the activity is completed
- ✓ Individual then completes the activity without assistance from a support person
- ✓ Includes cueing via telephone to set-up or clean-up
- ✓ Includes visual cues set up directly before the activity on a typical day
- ✓ Support is refused, but the provider needs to provide cues before or after the activity anyway

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

**Partial/Moderate Assistance: (Physical support needed for 1%-50% of the activity)**
- ✓ Support person completes less than half of the activity
- ✓ The individual functionally contributes more than half of the physical effort to the activity

**Substantial/Maximal Assistance: (Physical support needed for 51%-99% of the activity)**
- ✓ Support person completes more than half of the activity
- ✓ The individual functionally contributes less than half of the physical effort to the activity

**Dependent: (Physical support needed for 100% of the activity)**
- ✓ Individual **IS NOT ABLE TO** physically or cognitively contribute functionally to any part of the activity on at least 50% of the days the activity takes place
- ✓ The individual may contribute symbolically to the activity (does not effectively contribute to any part of the activity).
- ✓ Support person completes the activity for the individual
- ✓ The entire activity is completed using hand over hand supports (The individual is not actively contributing)
- ✓ Two or more support persons are required to complete the task (Individual may also functionally contribute to the activity on at least 50% of the days the activity takes place)

**If activity was not completed, code reason:**

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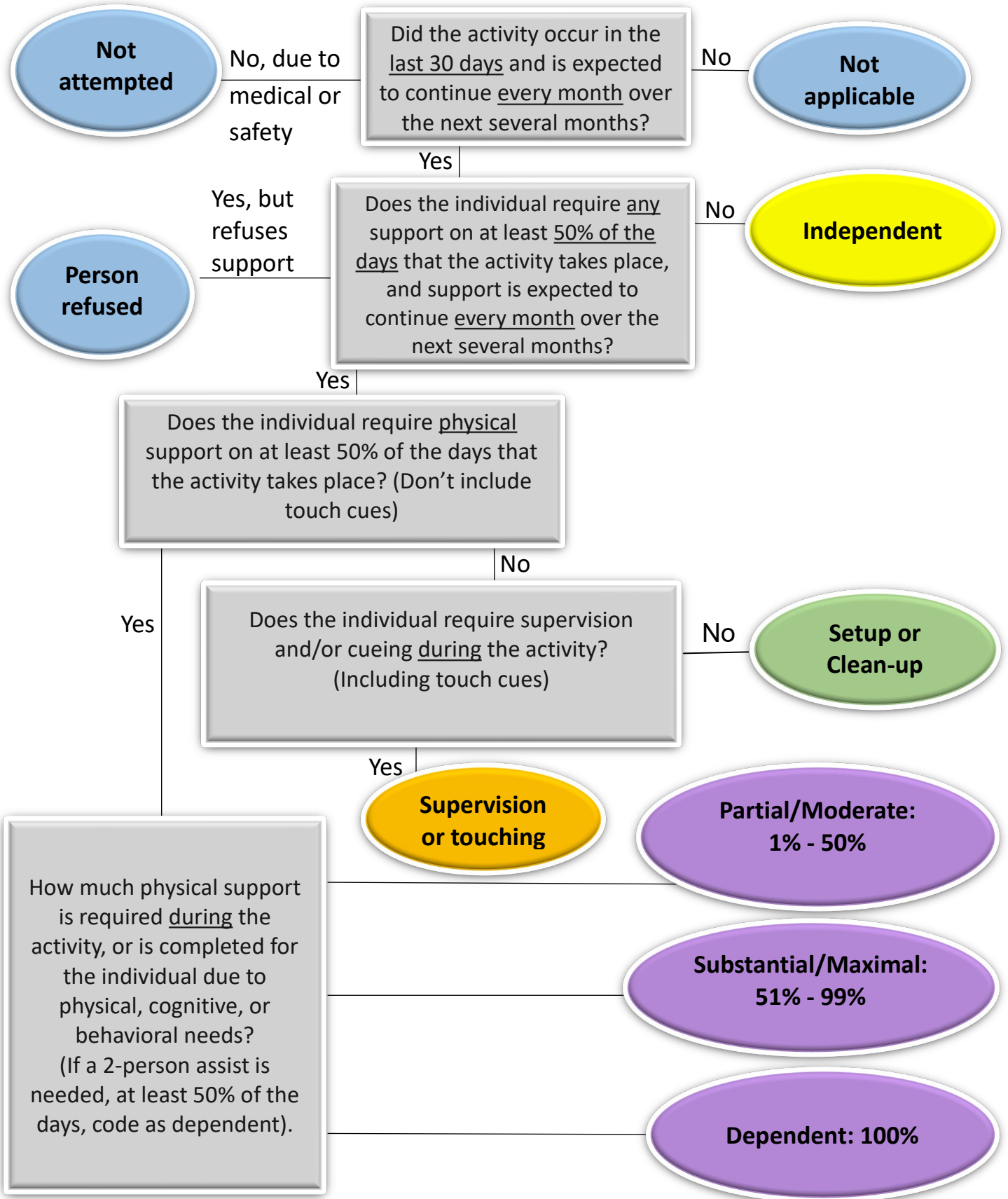
**Not applicable:**
- ✓ Individual does not engage in this activity.
- ✓ Support not required.
- ✓ The activity is **NOT** completed by another person

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

# Coding Decision Tree
## (For use with ADLs, IADLs and Medication Management only)

**Not attempted**

No, due to medical or safety

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

No → **Not applicable**

Yes

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

No → **Independent**

**Person refused**

Yes, but refuses support

Yes

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

No

**Does the individual require supervision and/or cueing during the activity? (Including touch cues)**

No → **Setup or Clean-up**

Yes

Yes → **Supervision or touching**

**How much physical support is required during the activity, or is completed for the individual due to physical, cognitive, or behavioral needs? (If a 2-person assist is needed, at least 50% of the days, code as dependent).**

→ **Partial/Moderate: 1% - 50%**

→ **Substantial/Maximal: 51% - 99%**

→ **Dependent: 100%**

## Activities of Daily Living (ADLs) & Instrumental Activities of Daily Living (IADLs)

Consider the essential elements listed in the guidance column for each item to code Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) items effectively. See Appendix F for Essential Elements.

Refer to the ONA Coding Key and  ONA Coding Decision Tree for guidance to code items.

The preferences and guidance sections are for optional use by the assessor and are useful for planning. See Appendix A for a list of preferences and guidance for each item.

## Guidance for Selecting Coding Options

If the individual needs a support person's help on <u>at least 50% of the days the activity takes place</u> with any or all of the steps listed in the  'Setup or Clean-up' column *and* needs no help in the 'During the Activity' column, code 'Setup/clean-up'.

If the individual needs help with *any or all* of the steps listed in the 'During the Activity' column, identify what kind of help is <u>needed at least 50% of the days the activity takes place</u>. Then consider the following options for coding:

If the individual needs <u>full (100%) physical assistance</u> for *all* steps in the 'During the Activity' column, code 'Dependent' regardless if help is needed in the 'Setup/clean-up' column.

Or, if <u>some help</u> is needed at least 50% of the days the activity takes place for some or all of the steps during the activity, code the kind of help that is needed: '<u>Supervision</u>', '<u>Partial/Moderate</u>' or '<u>Substantial/Maximal</u>'.

*Please note:* There could be elements in a person's life that are not listed such as using conditioner in the shower, using lotion as part of a general hygiene routine or using fabric softener while doing laundry, etc.

**Do not include** activities from the list that do not represent the person; for example, if the person always wears slip on shoes, do not focus on the support to tie shoes. Use your best judgment.

## Item 3: Dressing   (Item 3 is skipped for all individuals under age 4)

| Assessment Item | Guidance |
|---|---|
| **a. *Upper Body Dressing** - The ability to put on and remove shirt or pajama top. Includes buttoning, if applicable. **(LOC)** | Consider the individual's usual dressing routine.<br><br>**Setup/cleanup:** Get clothes out of drawers and/or closets, choose appropriate clothing.<br><br>**During the activity:** Lift arms, put clothing on, button, snap and zip, put on back brace while dressing, adjust clothing correctly.<br><br>**Do not include:** Items that are not put on and taken off while dressing (e.g., a back brace worn only while lifting heavy objects) or the individual talking a support person through the steps of dressing.<br><br>***Do not code** 'Not applicable' for this item.* |
| **b. *Lower Body Dressing** - The ability to dress and undress below the waist, including fasteners. Does not include footwear. **(LOC)** | Consider the individual's usual dressing routine.<br><br>**Setup/cleanup:** Get clothes out of drawers and/or closets, choose appropriate clothing.<br><br>**During the activity:** Raise legs, pull up clothing, button, snap and zip, put on leg braces while dressing, adjust clothing correctly.<br><br>**Do not include:** Items that are not put on and taken off while dressing (e.g., leg braces only worn during OT/PT) or the individual talking a support person through the steps of dressing.<br><br>***Do not code** 'Not applicable' for this item.* |

| Assessment Item | Guidance |
|---|---|
| c. *Putting on/taking off footwear - The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility. (LOC) | Consider the individual's usual dressing routine.<br><br>**Setup/cleanup:** Get footwear out of closets or off the floor, choose appropriate footwear.<br><br>**During the activity:** Bend down to put footwear on, put feet in footwear/socks, put shoes on the right feet, tie, buckle or fasten footwear, put on orthotics, support hose, compression socks, TED hose, AFOs.<br><br>**Do not include:** Items that are not put on/taken off while putting on/taking off footwear (e.g., compression socks for brief periods during the day) or the individual talking a support person through steps of putting on/taking off footwear. |
| d.  Preferences (optional) –What does the individual prefer when dressing? (Check all that apply) | This item addresses the individual's preferences for dressing. Assessors should check all applicable options. See Appendix A. These are useful for service planning.<br><br>Document what the individual shares. |
| e.  Guidance for Individuals Providing Support (optional) – Factors to consider when assisting the individual with dressing (Check all that apply) | Check all that apply. |
| Notes: _____ | Please see Appendix E for a formula for writing a solid note.<br>Be sure to confirm accuracy of the note.<br>Please note any specific information about the support provided to the individual; informal supports, cyclical support needs, two-person assist, preferences, guidance, or any other specific information discussed during the assessment that would be helpful for the SC/PA to have during service planning. Additional information for all preferences and guidance checked is helpful but it is not necessary to indicate in the notes box as well. |

## Item 4: Transferring and Positioning (Item 4 is skipped for all individuals under age 3)

| Assessment Item | Guidance |
|---|---|
| a. **\*Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed. **(LOC)**<br><br>(If this item is coded 'Independent', skip to item d) | Consider the individual's usual routine to stand up in a variety of settings.<br><br>**Include:** Getting up from the floor/ground.<br><br>**Setup/cleanup:** Get assistive devices in place such as a walker or cane, put assistive devices away.<br><br>**During the activity:** Use legs to bear weight, use arms to bear weight, rise up to a standing position.<br><br>**Do not include:** Ambulating, individual talking support person through the steps of the transfer.<br><br>**Do not include:** Transfers in/out of the shower, on/off of a toilet, or in/out of a car.<br><br>Code 'Not attempted due to medical condition or safety concerns' if the individual is unable to bear weight on their feet at all and is transferred by being picked up and moved.<br><br>**Please note:** If the individual requires a mechanical lift for all transfers, code 'Not attempted due to medical condition or safety concerns', scroll down to the guidance section (Item 4e) and check the box: 'Use mechanical lift for ALL transfers'.<br><br>***Do not code*** *'Not applicable' for this item.* |

| Assessment Item | Guidance |
|---|---|
| b. **\*Chair/bed to chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair). <br> (If this item is coded 'Independent', skip to item d) | Consider the individual's usual routine to get in/out of the bed and on/off chairs or wheelchairs. <br> **Include:** Standing up from and sitting down on chairs, beds, etc., if applicable for the individual. <br><br> **Setup/cleanup:** Get assistive devices in place such as a walker or cane, put assistive devices away. <br><br> **During the activity:** Use legs to bear weight, use arms to bear weight, sit down in a chair or bed. <br><br> **Do not include:** Ambulating or the individual talking a support person through the steps of the transfer. <br><br> **Do not include:** Transfers in/out of the shower, on/off of a toilet, or in/out of a car. |
| c. **\*Roll left and right:** The ability to roll from lying on back to left and right side and return to lying on back. | Consider the individual's usual routine to roll left and right. <br><br> **Setup/cleanup:** Get sidelyer or other assistive devices in place such as a walker or cane, put assistive devices away. <br><br> **During the activity:** While lying down, roll from one side to another, use side rails or devices to roll, use arms to pull oneself to one side and/or the other. <br><br> ***Do not code*** *'Not applicable' or 'Not attempted' for this item.* |
| d. **Preferences (optional) -** How does the individual prefer to be transferred and positioned? (Check all that apply) | This item addresses the individual's preferences for transferring and positioning. Assessors should check all applicable options. These are very helpful for service planning. <br> Document what the individual shares. |
| e. **Guidance for Individuals providing support (optional) –** Factors to consider when assisting the individual with transferring and positioning (Check all that apply) | Check all that apply. Be sure to mark 'Two-person assist' if applicable. **Please note:** If the individual requires a mechanical lift for all transfers, check 'Use mechanical lift for ALL transfers'. |
| **Notes**_____ | See guidance for notes in Item 3. |

## Item 5: Mobility   <span style="color:orange">(Item 5 is skipped for all individuals under age 3)</span>

| Assessment Item | Guidance |
|---|---|
| **a.** *__Does the person walk?__<br>(Consider crawling and scooting as forms of mobility).<br><br>❍ Yes<br>❍ No, and walking goal is not indicated (Skip to item e)<br>❍ No, and walking is indicated in future (Skip to item e) | Select the option that represents the individual's mobility.<br><br>**The question to ask is**:<br> *"How does this person get around?"*<br><br>Consider all methods of mobility such as; walking, crawling, and/or scooting on knees or other parts of the body, etc. If the individual is able to use any of these methods, code 'Yes'.<br><br>If the person is not mobile, skip to item 'e'. |
| **b.** *__Walks__ 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. **(LOC)**<br>(Consider crawling and scooting as forms of mobility). | Consider the individual's usual ability to be mobile (walk, crawl or scoot) in a variety of settings in the home and/or community.<br><br>Focus on the distance that is usual for the individual to be mobile and the help that may be needed.<br><br>**Setup/cleanup:** Get assistive devices in place such as a walker or cane, put assistive devices away.<br><br>**During the activity:** Bear weight to walk, crawl or scoot, use of adaptive devices in place such as walkers and rails if currently used to ambulate.<br><br>**Include:** Support needed for walking on uneven terrain in this item only if the individual lives in an area where they typically walk on uneven terrain.<br><br>**Do not include:** Use of a wheelchair or scooter.<br><br>**Do not include:** Occasional hikes or unusual environments such as the annual county fair.<br><br>***Do not code*** *'Dependent' or 'Not applicable' for this item.* |

| Assessment Item | Guidance |
|---|---|
| c. **\*Step onto/off of a curb:** The ability to step on/off a curb or up/down one step. **(LOC)** | Consider the individual's usual ability to step on/off a curb or a step in a variety of settings that the individual typically navigates.<br><br>**Setup/cleanup:** Get assistive devices in place such as a walker or cane, put assistive devices away.<br><br>**During the activity:** Bear weight to go up and down a curb or step (could include carrying someone), take a step, use of adaptive devices such as canes, walkers, etc., if currently used to ambulate.<br><br>**Do not include:** Stairs or the individual talking a support person through the steps of stepping onto/off of curbs. |
| d. **\*12 steps:** The ability to go up and down 12 steps with or without a rail. **(LOC)** | Consider the individual's usual ability to go up and down steps in a variety of settings. Focus on the stairs typically used by the individual, despite the number of steps.<br><br>**Setup/cleanup:** Get assistive devices in place such as a specialized rail, put assistive devices away.<br><br>**During the activity:** Bear weight to go up and down stairs (could include carrying someone), take steps or bear weight with arms to use rails to go up and down stairs.<br><br>**Do not include:** Curbs. |

| Assessment Item | Guidance |
|---|---|
| e. *Does the person use a wheelchair or scooter?<br><br>⭘ Yes<br>⭘ No, unmet need<br>   (Skip to item f)<br>⭘ No, does not use<br>   (Skip to item g) | An individual may use a wheelchair or scooter for mobility at times despite their ability to walk. Code 'Yes' if it is usual for the individual to use a wheelchair for mobility (used in the past 30 days and expected to be used over the next several months).<br><br>**Include:** A specialized stroller or any wheeled conveyance used for the purpose of getting around at home or in the community for adults and/or children.<br><br>**Include:** A stroller or wheelchair used in the community due to behavioral needs only if the behavior interferes with the ability to ambulate.<br><br>Code 'Yes' if motorized wheelchairs are used at stores due to the individual's mobility need.<br><br>Code 'No, unmet need' if the wheelchair or scooter has been ordered to meet a current need or if the individual is borrowing a wheelchair due to the individual's mobility need.<br><br>**Do not include:** A stroller or wheelchair used for the support person's convenience.<br><br>**Do not include:** A walker intended to assist a person to walk. |
| *Type of wheelchair/scooter used:<br><br>☐ Manual<br>☐ Motorized | Indicate the type of wheelchair/scooter used. Check all that apply. |

| Assessment Item | Guidance |
|---|---|
| f. **\*Wheels** 150 feet**: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. **(LOC)** | Consider the individual's usual ability to maneuver the wheelchair/scooter in the home and/or community environment. Focus on the distance that is usual for the individual and the help that may be needed.<br><br>**Setup/cleanup:** Get wheelchair into position for use, plug or unplug wheelchair from charger.<br><br>**During the activity:** Use arms to propel manual wheelchair/stroller, use controller to propel electric wheelchair, maneuver wheelchair/scooter/stroller around corners/obstacles.<br><br>**Do not include:** A stroller or wheelchair used for the support person's convenience, walking, or the individual talking a support person through the steps of wheeling. |
| g. **\*Has the individual had two or more falls in the past year?** **(RISK)**<br><br>◯ Yes<br>◯ No<br>◯ Unknown | The purpose of this item is to identify individuals who present a fall risk and/or who need supports (or additional supports) to reduce and/or eliminate falls.<br><br>If the individual has not had two or more falls in the past year, but concerns about a possible fall risk exist, indicate the specific concern, such as unsteady gait, poor vision, etc., in the notes box for this item.<br><br>Falls do not have to occur while walking. Consider all falls, such as from a chair or bed which pose a health and safety risk to the individual. |

| Assessment Item | Guidance |
|---|---|
| h. *Has the individual ever had fall(s) that resulted in major injury (fracture, sprain, head injury, or ongoing pain)? (RISK)<br><br>   ○ Yes, type (check all that apply)<br>     □ Fracture<br>     □ Head Injury<br>     □ Other:_____<br>   ○ No<br>   ○ Unknown | This item should be used to indicate whether the individual has ever experienced falls that resulted in major injury that has had an ongoing impact on the individual's ability to function. Examples include fracture, head injury, severe swelling, contusions (deep bruise), sprains and chronic pain, if it impacts the ability to function.<br><br>**Do not include:** Bruises, minor swelling, and other minor injuries. |
| i. **Preferences (optional) -** What does the individual prefer when needing to move about? (Check all that apply) | This item addresses the individual's preferences for mobility. Assessors should check all applicable options.<br><br>Document what the individual shares. |
| j. **Guidance for individuals providing support (optional) -** Factors to consider when assisting the individual to move about (Check all that apply) | Check all that apply. |
| **Notes:** _____ | See guidance for notes in Item 3. |

## Item 6: Eating and Tube Feeding

| Assessment Item | Guidance |
|---|---|
| a. **\*Nutritional approaches. (**Check all that apply)  **(RISK)**<br><br>○ **Yes (Check all that apply)**<br>☐ Parenteral/IV feeding.<br>(Answer item 6c if this option is selected)<br>☐ Feeding tube - nasogastric or abdominal (*e.g., gastrostomy or jejunostomy*).<br>(Answer item 6c if this option is selected)<br>☐ Mechanically altered food/fluid- require change in texture of food or liquids (e.g., pureed food, thickened liquids).<br>○ **No, none of the above** | Check all that apply to the individual.<br><br>Mechanically altered foods/fluids is when the texture is altered by whipping, blending, grinding, chopping, or mashing so that they are easy to chew and swallow.<br><br>**Include:** Food that must be pureed for those who receive nutrition in that form through a g-tube or j-tube in the 'Mechanically altered food' option.<br><br>**Include:** Fluids that are given via a g-tube or j-tube.<br><br>**Do not include:** Cutting up food into bite sized pieces just for convenience.<br><br>**Do not include:** Nutrition that is poured straight from a can into a g-tube or j-tube in the 'Mechanically altered food' option.<br><br>**Do not include:** Making nutritional choices or menu planning. |

| Assessment Item | Guidance |
|---|---|
| **b.** *<span style="color:red">*</span>**Eating -** The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. This includes modified food consistency. **(LOC)** | <span style="color:orange">(Item 6b is skipped for individuals under age 4)</span><br><br>Consider the individual's usual ability to get food/drink to the mouth, and chew and swallow in a safe manner based on what the individual usually eats/drinks.<br><br>**Include:** Support needed for use of utensils and help with finger foods.<br><br>**Setup/cleanup:** Arrange plate, drink and/or utensils in a specific way on the table before eating due to vision or agility needs.<br><br>**During the activity:** Cut-up food while eating, bring food and drink to the mouth, eat in a safe manner (choke risk may be present if food is eaten too rapidly).<br><br>**Do not include:** Modifying food consistency, cutting up food during meal prep or the individual talking a support person through the steps of eating.<br><br>If an individual needs food/fluid to be <u>physically portioned out</u> during the meal/snack by a support person in order to maintain a safe eating pace, then consider this as a physical support.<br><br>If the individual primarily uses tube feeding for nutrition but also eats, assessors should code the type of support needed to eat.<br><br>If the individual does not take anything by mouth (NPO) the assessor should code 'Not attempted due to medical condition or safety concern'.<br><br>***Do not code*** *'Not applicable' for this item.* |
| **b.** *<span style="color:red">*</span>**Eating -** | |

| Assessment Item | Guidance |
|---|---|
| c. *Tube feeding - The ability to manage all equipment/supplies related to obtaining nutrition. (LOC) | (Item 6c will be greyed out If the individual does not use tube feeding)<br><br>**Setup/cleanup:** Set out supplies for feeding, put supplies away.<br><br>**During the activity:** Pour nutrition into bag or syringe, watch for residuals and physically make adjustments, flush tubing, adjust or change g-tube settings/process as needed, vent air from tube.<br><br>**Do not include:** Stoma care or the individual talking a support person through the steps of tube feeding. |
| d. Preferences (optional) – What does the individual prefer when eating and/or tube feeding? (Check all that apply) | This item addresses the individual's preferences for eating and tube feeding. Assessors should check all applicable options.<br><br>If 'Other' is selected, briefly describe the preference.<br>Document what the individual shares. |
| e. Guidance for Individuals providing support (optional) – Factors to consider when assisting the individual with eating and/or tube feeding (Check all that apply) | Check all that apply. |

| Assessment Item | Guidance |
|---|---|
| **f. \*Does the individual have any signs or symptoms of a possible swallowing disorder?** (Check all that apply.) **(RISK)**<br><br>◯ Yes (Check all that apply)<br> ☐ Complaints of difficulty or pain with swallowing<br> ☐ Coughing or choking during meals or when swallowing medications<br> ☐ Holding food in mouth/cheeks or residual food in mouth after meals<br> ☐ Loss of liquids/solids from mouth when eating or drinking<br> ☐ NPO: nothing by mouth<br> ☐ Other: _____<br>◯ No, none of the above | This item is intended to identify if the individual is at risk of aspiration, choking, and/or has a swallowing disorder. Check all that apply.<br><br>Select 'None' if no signs or symptoms of a swallowing disorder are present.<br><br>**The question to ask is:**<br>"*Are these symptoms tied to a possible swallowing disorder?*"<br><br>Some individuals hold food in their cheeks but have no signs of a swallowing disorder. Use your best judgment to code. |
| **g. \*Does the individual refuse food or liquids because of food preferences or sensory issues, such as texture or taste? (RISK)**<br><br>◯ Yes, describe: _____<br>◯ No | This item is intended to capture information that puts the individual <u>at risk for malnutrition and/or dehydration.</u> This can be a result of extreme food preferences (e.g., will not drink water, only juices) or sensory issues (e.g., does not like many textures and will not eat most foods).<br><br>**Do not include:** A dislike of just one or two specific foods, such as carrots and coconut. |

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| Assessment Item | Guidance |
|---|---|
| h. *Does the individual drool excessively? (RISK)<br><br>    &#9675; Yes<br>    &#9675; No | This item is intended to capture whether the individual is at risk of dehydration due to excessive drooling.<br><br>**For example:** *Individuals who drool excessively such that; clothes could get saturated which could lead to dehydration.*<br><br>**Do not include:** Spitting while talking or occasional drool that occurs when someone is sleeping. |
| i. *Does the individual complain of chest pain, heartburn, or have small, frequent vomiting (especially after meals) or unusual burping (happens frequently or sounds wet)? (RISK)<br><br>    &#9675; Yes<br>    &#9675; No | This item is intended to capture whether the individual is at risk of choking or aspiration.<br><br>If the individual exhibits any of these symptoms, select 'Yes'. |
| j. *Has the individual required intravenous (IV) fluids due to dehydration in the past year? (RISK)<br><br>    &#9675; Yes<br>    &#9675; No | This item is intended to capture whether the individual has required IV fluids due to dehydration during the past year.<br><br>**Include:** Dehydration as a result of being ill which resulted in IV fluids to rehydrate.<br><br>**Do not include:** IV fluids due to surgery or other non-dehydration circumstances. |
| Notes: _____ | See guidance for notes in Item 3. |

## Item 7: Elimination

| Assessment Item | Guidance |
|---|---|
| **a. \*Toilet hygiene-**The ability to maintain perineal hygiene, adjust clothes before and after using toilet, commode, bedpan, urinal. **(LOC)** (Consider support for incontinence, catheter, urostomy and colostomy care). | (Item 7a is skipped for all individuals under age 4)<br><br>Consider the individual's usual ability for toileting in a broad manner to include all methods of elimination, including urination, bowel movements, bladder, and bowel incontinence, changing briefs, catheter, and colostomy care.<br><br>**Setup/cleanup:** Identify the need to eliminate, get supplies out for use, put supplies away.<br><br>**During the activity:** Adjust clothing before use, adjust clothing after use, use toilet effectively and wipe after use, flush the toilet, empty bedpan or commode, change and clean up soiled area of body and briefs after incontinence, use/care of catheter, colostomy, urostomy.<br><br>**Do not include:** Transferring on and off the toilet, washing hands, cleaning up soiled bedding and/or bathroom or the individual talking a support person through the steps of elimination.<br><br>**Do not code** *'Not applicable' or 'Not attempted' for this item.* |
| **b. \*Toilet transfer:** The ability to safely get on and off a toilet or commode. | (Item 7b is skipped for all individuals under age 4)<br><br>Consider the individual's usual ability to initially get on and then get off a toilet or commode after use.<br><br>Code 'Not attempted' if the individual does not sit on a toilet or commode, since alternate means such as lying on a bed or standing up to be changed are being used.<br><br>**Do not code** *'Not applicable' for this item.* |
| **c. Preferences (optional) –** What does the individual prefer when being supported to stay dry and clean? (Check all that apply) | This item addresses the individual's preferences for elimination. Assessors should check all applicable options.<br>Document what the individual shares. |

| Assessment Item | Guidance |
|---|---|
| d. **Guidance for Individuals Providing Support (optional) –** Factors to consider when assisting the individual with toileting (Check all that apply) | Check all that apply. |
| e. *\***Have there been any issues around constipation during the last year? (RISK)**<br><br>⭕ Yes<br>⭕ No (If no, skip to item 8) | Review items f-l first to determine coding for this item.<br><br>If coded 'No', items f-l will be greyed out. If any of those items should be marked 'Yes', reconsider the answer selection for this item. |
| f. **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). **(RISK)**<br><br>⭕ Yes<br>⭕ No | Use this item to capture whether the individual takes medication for constipation, either scheduled or as needed, for constipation more than twice a month during the past year.<br><br>**Include:** Over the counter remedies/PRNs if used to <u>treat</u> constipation. |
| g. *\***Does the individual have a diagnosis of chronic constipation or have ongoing issues with constipation? (RISK)**<br><br>⭕ Yes<br>⭕ No | Use this item to capture whether an individual has a diagnosis of or has issues with chronic constipation.<br>Capture ongoing issues with constipation even if the individual does not have a diagnosis. |
| h. *\***Has the individual required a suppository or enema for constipation within the past year? (RISK)**<br><br>⭕ Yes<br>⭕ No | Definitions of the terms are provided below:<br>• Suppository- A small piece of solid medicine placed in the rectum.<br>• Enema- The injection of a fluid into the rectum to cause a bowel movement.<br><br>**Do not include:** Instances that these mechanisms were used unrelated to constipation, such as PRN seizure medications. |

| Assessment Item | Guidance |
|---|---|
| i. *Does the individual require digital impaction removal by the support person five or more days per week?** (RISK) (E&E)<br><br>&#9711; Yes<br>&#9711; No | Digital impaction removal- the use of a gloved finger with a scoop like motion to remove an immobile bulk of feces that can develop in the rectum as a result of chronic constipation.<br><br>**Do not include:** Digital impaction removal performed by medical professionals (unless paid by an I/DD service payment).<br><br>**Do not include:** Digital stimulation that is solely used to stimulate the sphincter muscle to get feces moving. |
| j. *Has the individual had more than one episode in the past year of complaining of pain when having a bowel movement?** (RISK)<br><br>&#9711; Yes<br>&#9711; No | Complaints of pain can be verbal, or through facial expressions and/or body movements. |
| k. *Has the individual had more than one known episode of hard stool in the past year?** (RISK)<br><br>&#9711; Yes<br>&#9711; No | Hard stool is stool that becomes stuck for an extended period of time and becomes dry, hard and difficult to pass. |
| l. *Does the individual take a medication that causes constipation and would not recognize or communicate if he/she was constipated?** (RISK)<br><br>&#9711; Yes: _____<br>&#9711; No | Indicate whether the individual takes a medication known to cause constipation *and* would not be able to recognize or communicate symptoms of constipation.<br>Note that both conditions need to be in place. |
| **Notes: _____** | See guidance for notes in Item 3. |

## Item 8: Showering and Bathing (Item 8 is skipped for all individuals under age 5)

| Assessment Item | Guidance |
|---|---|
| a. *Shower/bathe self- The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Includes transferring in/out of tub/shower. (LOC) | Consider the individual's usual ability to shower or bathe.<br><br>**Setup/cleanup:** Set out and open supplies, put supplies away.<br><br>**During the activity:** Adjust water temperature, judge water temperature, get in/out of shower, use soap to clean body, use shampoo to clean hair, rinse off body, dry off body.<br><br>**Include:** Baths taken outside of the shower or tub such as: bed baths, baths on a chair, and standing up in the bathroom or a room to bathe.<br><br>**Do not include:** General hygiene activities or the individual talking a support person through the steps of showering/bathing.<br><br>If the individual is able to judge/adjust water independently, scroll down to the guidance section for this item and mark both 'Can judge water temperature' and 'Can adjust water temperature'. If left unmarked, the individual will be considered potentially at risk for water temp on the Risk Report.<br><br>***Do not code*** *'Not applicable' or 'Not attempted' for this item.* |
| b. Preferences (optional) – What does the individual prefer when bathing? (Check all that apply) | This item addresses the individual's preferences for bathing. Assessors should check all applicable options.<br><br>Document what the individual shares. |
| c. Guidance for Individuals providing support (optional) – Factors to consider when assisting the individual with bathing (Check all that apply) | Check all that apply.<br>Be sure to check 'Can judge water temperature' and/or 'Can adjust water temperature' if the individual is able to do so independently. |
| Notes: _____ | See guidance for notes in Item 3. |

## Item 9: Oral Hygiene (Item 9 is skipped for individuals under age 5)

| Assessment Item | Guidance |
|---|---|
| a. *Oral Hygiene- The ability to use suitable items to clean teeth. [Dentures (if applicable) - The ability to remove and replace dentures from and to the mouth and manage equipment for soaking and rinsing them.] (LOC) | Consider the individual's usual ability to brush, floss, and rinse teeth, dentures and/or gums.<br><br>**Setup/cleanup:** Set out toothpaste and toothbrush, open toothpaste, put toothbrush and toothpaste away.<br><br>**During the activity:** Apply toothpaste to toothbrush, brush teeth and rinse, floss, clean and soak dentures, oral care for gums.<br><br>**Do not include:** General hygiene activities, treatments provided by dentist or the individual talking a support person through the steps of oral hygiene.<br><br>*Do not code 'Not attempted' for this item.* |
| b. Preferences (optional) – What does the individual prefer when completing oral hygiene? (Check all that apply) | This item addresses the individual's preferences for completing oral hygiene. Assessors should check all applicable options.<br><br>Document what the individual shares. |
| c. Guidance for Individuals providing support (optional) – Factors to consider when assisting the individual with oral hygiene (Check all that apply) | Check all that apply. |
| Notes: _____ | See guidance for notes in Item 3. |

| Assessment Item | Guidance |
|---|---|
| a. *General Hygiene- The ability to perform other hygiene maintenance tasks, such as hair brushing, shaving, nail care, and applying deodorant.<br>Note: Excludes toilet, and oral hygiene. (LOC) | Consider the individual's usual ability to complete general hygiene tasks.<br><br>**Setup/cleanup:** Set out and open supplies for use, put supplies away.<br><br>**During the activity:** Brush hair, apply deodorant, wash face and/or hands as needed during the day, clean ears and nose, wash hands after using the toilet, nail care, shaving, menses care, other hygiene specific to individual.<br><br>**Do not include:** Services provided by professionals outside of the home (hairdresser, barber, nail salon) or the individual talking a support person through the steps of general hygiene.<br><br>*Do not code 'Not applicable' or 'not attempted' for this item.* |
| b. **Preferences (optional) –** What does the individual prefer when completing general hygiene? (Check all that apply) | This item addresses the individual's preferences for completing general hygiene tasks. Assessors should check all applicable options.<br><br>Document what the individual shares. |
| c. **Guidance for Individuals providing support (optional) –** Factors to consider when assisting the individual with general hygiene (Check all that apply) | Check all that apply. |
| **Notes: _____** | See guidance for notes in Item 3. |

## Item 11: ADL Equipment

| Assessment Item | Guidance |
|---|---|
| **a.** **\*ADL Equipment -** Does the individual have or need any adaptive equipment to assist with ADLs? **(E&E)**<br><br>➢ **Mechanical lift** (e.g., Hoyer lift)<br>➢ **Prone stander**<br>➢ **Sidelyer**<br>➢ **Body jacket**<br><br><br><br>For each assistive device select the response option from the drop-down menu:<br>➢ Does not need<br>➢ Needs but does not have<br>➢ Has but does not use<br>➢ Uses less than daily<br>➢ Uses daily | Consider the listed devices needed/used in any and/or all settings.<br><br>ADL Equipment Definitions:<br>**Mechanical lift:** An electric or non-electric piece of equipment used to transfer an individual.<br><br>**Prone stander:** A piece of equipment used to bring an individual to a standing position.<br><br>**Sidelyer:** A wedge (of various shapes and forms) or a piece of equipment with straps used to reposition an individual.<br><br>**Body jacket:** A hard shell placed around the individual's chest area to keep the body straight.<br><br>If the support person provides assistance to use the equipment, indicate by checking the box in the 'Support person assists with equipment' column.<br><br>**Do not check** 'Support person assists with equipment' if the support is provided by school staff only at school.<br><br>A comprehensive list of all equipment is not necessary.<br><br><ins>If a mechanical lift is used for ALL transfers, go back to item 4c (Guidance Section) and make sure to select the box for 'Use mechanical lift for ALL transfers'.</ins> |
| **Notes: _____** | See guidance for notes in Item 3.<br><br>Include equipment the ISP team wishes to have listed here. |

## Instrumental Activities of Daily Living (IADLs)

### Item 12: Housework (Item 12 is skipped for individuals under age 12)

| Assessment Item | Guidance |
|---|---|
| **a. *Housework-** The ability to safely and effectively maintain cleanliness of the living environment by washing cooking and eating utensils; changing bed linens; dusting; cleaning the stove, sinks, toilets, tubs/showers and counter; sweeping, vacuuming, and washing floors; and taking out garbage. **(LOC)** | Consider the individual's usual ability to ensure a clean home based on what would usually be the responsibility of any person.<br><br>Code based on all cleaning tasks required to keep the home clean, not just the tasks the individual currently engages in.<br><br>**Setup/cleanup:** Set out and open supplies for cleaning, put cleaning supplies away.<br><br>**During the activity:** Usual tasks to clean all rooms of the home such as: vacuum, dust, put items away, sweep, mop, make beds, clean dishes, counters and toilets, use chemicals and appliances to clean, clean up items used for ADL/IADL activities.<br><br>**Do not include:** Paid housekeeping services (housecleaner), occasional deep cleaning or the individual talking a support person through the steps of housework.<br><br>***Do not code*** *'Not applicable' or 'Not attempted' for this item.* |
| **b. Preferences (optional) –** What does the individual prefer when performing housework? (Check all that apply) | This item addresses the individual's preferences for housework. Assessors should check all applicable options.<br><br>Document what the individual shares. |
| **c. Guidance for Individuals providing support (optional) –** Factors to consider when assisting the individual with housework (Check all that apply) | Check all that apply. |
| **Notes: _____** | See guidance for notes in Item 3. |

## Item 13: Meal Preparation (Item 13 is skipped for individuals under age 12)

| Assessment Item | Guidance |
|---|---|
| a. *Make a light meal - The ability to plan and prepare all aspects of a light meal such as a bowl of cereal or a sandwich and cold drink or reheat a prepared meal. (LOC) (Consider all meal prep tasks that are usual for the individual). | Consider the individual's usual ability to prepare all the food/drink the individual usually consumes and the support needed to prepare it.<br><br>**Setup/cleanup:** Set out and open supplies for making meals, take items out of cupboards/fridge.<br><br>**During the activity:** Use knives, use utensils, use stove, microwave and other appliances, use list of ingredients and cooking instructions, complete steps of making meals, complete steps of preparing formula/ ingredients for tube feeding, cut up food before being served.<br><br>**Do not include:** Making complex meals, such as a Thanksgiving dinner, or other meal preparation that is not usual for the individual, making nutritional choices, decisions of what to make or the individual talking a support person through the steps of making meals.<br><br>***Do not code*** *'Not applicable' or 'Not attempted' for this item.* |
| b. Preferences (optional) – What does the individual prefer related to meal preparation? (Check all that apply) | This item addresses the individual's preferences for meal preparation. Assessors should check all applicable options.<br><br>Document what the individual shares. |
| c. Guidance for Individuals providing support (optional) – Factors to consider when assisting the individual with preparing meals (Check all that apply) | Check all that apply. |
| Notes: _____ | See guidance for notes in Item 3. |

| Assessment Item | Guidance |
|---|---|
| a. *Laundry: Includes all aspects of completing a load of laundry using a washer and dryer. Includes sorting, loading and unloading, adding laundry detergent, and folding laundry. (LOC) | Consider the individual's usual ability to complete day-to-day laundry tasks for the clothing, sheets, and towels typically used by the individual.<br><br>**Setup/cleanup:** Set out and open supplies for laundry, put supplies away.<br><br>**During the activity:** Put dirty laundry in basket, physically sort laundry, take laundry to washer, put laundry in washer, put soap in washer, push buttons/turn dials on washer/dryer to start, put laundry in dryer, take laundry out of dryer, fold laundry, take laundry to room, put laundry away.<br><br>**Do not include:** Dry cleaning services, clothing repair, ironing, sewing tasks or the individual talking a support person through the steps of laundry.<br><br>***Do not code*** *'Not applicable' or 'Not attempted' for this item.* |
| b. **Preferences (optional) –** What does the individual prefer when performing laundry? (Check all that apply) | This item addresses the individual's preferences for laundry. Assessors should check all applicable options.<br><br>Document what the individual shares. |
| c. **Guidance for Individuals providing support (optional) –** Factors to consider when assisting the individual with laundry (Check all that apply) | Check all that apply. |
| **Notes: _____** | See guidance for notes in Item 3. |

## Item15: Transportation

| Assessment Item | Guidance |
|---|---|
| **a.** *****Use** public **transportation:** The ability to plan and use public transportation. Includes boarding, riding, and disembarking from transportation. **(LOC)** <br><br> (Consider all forms of transportation the individual uses such as: Cars, vans, buses, agency vehicles, etc.) | <span style="color:orange">(Item 15a is skipped for individuals under age 12)</span> <br><br> Consider the individual's usual ability to get from one place to another in the community. <br><br> **Setup/cleanup:** Provide bus schedule to individual, reminders to set up a ride. <br><br> **During the activity:** Plan and arrange the ride, plan/figure out routes, open/close vehicle doors, get in/out of vehicle, fasten seat belt, drive, navigate. <br><br> **Do not include:** Walking, riding a bike, electric bikes, kick scooters (scooter that one stands on on), school bus used for transporting to/from school, budgeting for and obtaining a bus pass. <br><br> **Do not include:** The inability to pay for a driver's license or automobile in this item. <br><br> If the individual is unable to get a driver's license or is not able to drive due to cognitive, behavioral and/or physical needs, consider the help the individual would need to get around. <br><br> **For example:** *Alberto is unable to drive and uses the public bus to get around on their own.* Code: 'Partial/Moderate' since they complete all steps, except for driving. <br><br> If the individual drives and needs no help with transportation on at least 50% of the days transportation takes place, code: 'Independent'. |
| ***Please note: If the individual can participate in getting in and out of the vehicle, do not code this item 'Dependent'.*** | ***15a cannot be coded*** *'Dependent' unless 15b is also coded 'Dependent' because transfers in and out of the vehicle are included in both items 15a and 15b.* |

| Assessment Item | Guidance |
|---|---|
| **b.** <span style="color:red">*</span>**Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.<br>(Consider support needed with all vehicles the individual uses). | <span style="color:orange">(Item 15b is skipped for individuals under age 3)</span><br><br>Consider the individual's usual ability to initially get in and then get out of a vehicle at the destination.<br><br>**Setup/cleanup:** Get assistive devices in place such as a walker or cane, put assistive devices away.<br><br>**During the activity:** Bear weight with legs, bear weight with arms, transfer in/out of vehicles safely and as expected. (Consider supervision required for behavior in this item if it impacts the ability to get in and out of the vehicle safely).<br><br>**Do not include:** Walking, riding a bike, electric bikes, kick scooters (scooter that one stands on on), school bus used for transporting to/from school, or budgeting for and obtaining a bus pass.<br><br>***15b cannot be coded** 'Dependent' if 15a is not coded 'Dependent' because transfers in and out of the vehicle are included in both items 15a and 15b.*<br><br>The passenger side can be any side of the car or van the individual accesses as a passenger. |
| **c. Preferences (optional) –** What does the individual prefer related to transportation?<br>(Check all that apply) | This item addresses the individual's preferences for transportation. Assessors should check all applicable options.<br><br>Document what the individual shares. |
| **d. Guidance for Individuals providing support (optional) –** Factors to consider when assisting the individual with transportation activities (Check all that apply) | Check all that apply. |
| **Notes: _____** | See guidance for notes in Item 3. |

## Item 16: Money Management (Item 16 is skipped for individuals under age 12)

| Assessment Item | Guidance |
|---|---|
| a. *Money Management - The ability to manage finances for basic necessities (food, clothing, shelter), including counting money and making change, paying bills/writing checks, making budgeting and other financial decisions, and balancing checkbook. (LOC) | Consider the individual's usual ability to manage money.<br><br>**Setup/cleanup:** Set out and open bank statements and bills, reminders to pay bills, reminders to save money.<br><br>**During the activity:** Know money has value *and* understands some denominations, manage finances for food, personal items, clothing and shelter, count money, make change, pay bills, write checks, balance a checkbook/bank account, save and budget for larger purchase, budget for use of debit/atm card.<br><br>**Do not include:** Special needs trusts, retirement accounts, or applying for social benefits (e.g. self-sufficiency benefits, Social Security).<br><br>If the individual has (or needs) a support person to structure finances in a way that limits access to funds, yet that support person physically provides the support only a few days per month, consider the support that person provides as though it were being provided each time the individual needs to engage in any money management task.<br><br>***Do not code*** *'Not applicable' or 'Not attempted' for this item.* |
| b. **Guidance for Individuals providing support (optional)** – Factors to consider when assisting the individual with finances (Check all that apply) | Check all that apply. |
| Notes: _____ | See guidance for notes in Item 3. |

## Item 17: Light Shopping (Item 17 is skipped for individuals under age 12)

| Assessment Item | Guidance |
|---|---|
| **a.** *Light **Shopping -** Once at store, can locate and select up to five groceries and personal care items, take to check out, and complete purchasing transaction. **(LOC)** | Consider the individual's usual ability to shop for groceries and personal care items. <br><br>**Setup/cleanup:** Create a shopping list, put groceries away, reminders to shop, reminders to shop for needed items. <br><br>**During the activity:** Figure out what is needed to purchase while shopping, shop from a list, locate and select items, take items from shelves, take cart to checkout, pay for items, complete steps of online shopping. <br><br>**Do not include:** Budgeting, support for mobility only, or interactions with store personnel. <br><br>If the individual is able to choose very limited preferred items such as a candy bar and/or a soda, consider if the individual can apply this to the essential steps of selecting groceries and personal care items. If unable to do so, code 'Dependent'. <br><br>Do not focus on the number of groceries in this item description. Consider all shopping for food, groceries, and personal items required for the individual. <br>If a family member or personal support worker completes some shopping for the individual while the individual is not present, consider the support the individual would need to complete those tasks. <br><br>***Do not code*** *'Not applicable' or 'Not attempted' for this item.* |
| **b. Preferences (optional) –** What does the individual prefer when shopping? (Check all that apply) | Address the individual's preferences for shopping. Assessors should check all applicable options. Document what the individual shares. |
| **c. Guidance for Individuals providing support (optional) –** Factors to consider when assisting the individual with shopping (Check all that apply) | Check all that apply. |
| **Notes: _____** | See guidance for notes in Item 3. |

The Behavior section documents information about the type and frequency of presenting behaviors, the usual intervention type, frequency of interventions, Positive Behavior Support Plan (PBSP) information and use of Safeguarding Interventions (SIs).

As this information is used to inform ISP planning, particular attention should be paid to the types of intervention used to address behavioral concerns and whether the intervention results in placing restrictions on the individual's privacy and/or access in the home or community. The following information should be well documented and identified, especially if there is concern the supports or interventions may limit the individual's personal rights:

- The specific nature and frequency of the behavior.
- The type and frequency of intervention to address behavioral needs.

The Behavior Section includes an Intervention Frequency item (Item 36) that gathers information about various types of behavioral support needed. The Positive Behavior Support Plan (PBSP) item (Item 39) gathers specific information about the PBSP and the use of it to address identified behaviors.

## Guidance for Behavior Section

If the behavior has been present in the past year and/or mitigated by behavioral supports, the assessor will need to identify the presenting behaviors listed below the coding options.

For each item, check all presenting behaviors that apply. Keep in mind that with most questions, the effect of the behaviors does not need to be intentional.

**For example:** *Jill grabs people's arms and squeezes, often resulting in bruising as a way of showing affection.* Code 'Yes, present in the past year' because the result of Jill's behavior is injury even though her intent is to be affectionate.

Accidents due to poor judgement are not necessarily coded in the behaviors section.
**For example:** *Angela often runs into things, people, or the dog while using her electric wheelchair. Things get broken and people get bruises, but she does not see well and does not judge distance well.* For Angela, this would not be considered in the behavior section. Capture in the safety section only.

Some behaviors may overlap into multiple behavior items, such as 'Resists care' in item 21 – Aggressive toward others, verbal' and item 28 – 'Refusing ADL/IADL and/or Medical Care'. Use your best judgment as to where each behavior will be captured. Some behaviors may be captured in more than one item.

Some behaviors are prevented by medicine only and the individual requires no support from anyone to prevent the behavior. Do not consider the medication management as a behavior intervention. All behavior supports are coded based on a 24-hour day.

For the listed behaviors in items 18-34, consider behaviors that occur in all environments such as home, community, the workplace and school settings.

For Item 36: Intervention Frequencies, consider interventions provided at home, the community, and/or day program. Do not consider interventions provided and funded by another program such as school staff or hospital staff.

## Guidance for Historical Behaviors:

If the individual has **historical and current presenting behaviors** within the same behavioral item, check only the current behaviors in the list of presenting behaviors. List any historical behaviors in the notes box below the list of presenting behaviors.

If the individual has **historical behaviors only**, do not check the behaviors in the list of presenting behaviors. List the historical behaviors in the notes box and indicate "Historical behavior".

## Assessing Children:

When coding behaviors for children, consider whether the behavior presented by the child is typical or atypical, thus requiring intervention beyond typical supports for children. Code only behaviors that are <u>atypical</u>. If there is doubt as to whether a specific behavior is atypical or not, seek guidance from your Quality Assurance Trainer (QAT).

**Example of an atypical behavior:** *Matthew is ten years old and aggressively attempts to choke his siblings. He is redirected frequently and requires eyes-on supervision to prevent the behavior. Matthew doesn't understand that he could cause injury to his siblings and although given consequences, the behavior does not stop.* Code 'Yes, present in the past year' in this section as this behavior is atypical of child behaviors.

**Example of a typical behavior:** *Bryant is ten years old and hit his sibling a couple of times over the past year when his sibling took something of his. He was given a consequence and the behavior stopped. This is a typical childhood behavior and he redirects when needed.* Code, 'No history, no concern' and indicate the typical behavior in the notes box to document what was reported.

## Guidance for Documenting Behaviors

The assessor will document whether or not the individual displays the behavior and if there is a history or concern about reoccurrence. Be sure to consider the ISP team's input about whether to capture behaviors, present or historical, in this section or not.

If a behavior is not exhibited because interventions are in place, such as cueing, proactive strategies, physical prompts and/or safeguarding interventions, code the behavior displayed as 'Yes, present in past year' and complete the follow-up items.

For each of the behavior items, the assessor should select from the following:

- o **No history, no concern about this behavior**- The individual does not have a history of displaying this behavior and the assessor (ISP team) does not have any concerns about the individual currently presenting this behavior or being at risk of presenting this behavior in the future.

- o **Has history, has not displayed symptoms in past year, no concern about reoccurrence**- The individual has displayed the behavior historically, however not within the past year, supports to prevent are not currently utilized, and the assessor (ISP team) does not have concerns the behavior may reoccur. Describe the history of behavior in the 'b' item.

- o **Has history, has not displayed symptoms in past year, assessor has concerns about reoccurrence**- The individual has displayed the behavior in the past, but not within the past year, and supports to prevent are not currently utilized. However, the assessor (ISP team) has concerns that the behavior may occur again in the future. Describe the history of behavior and rationale for concerns in the 'b' and 'c' items.

- o **No history, but assessor (ISP team) has concerns may become an issue**- The individual does not have a history of the behavior, but the assessor (ISP team) has concerns the behavior may occur in the future. Describe the rationale for concerns in the 'b' item.

- o **Yes, present in past year**- Individual has displayed the behavior in the past year. Complete the follow-up items related to the behavior. This option also includes behaviors that are currently prevented by supports or other interventions but may reoccur if support/intervention is not in place.

**Reminder for all behavior items:** If behavior(s) have previously occurred, but have not been present in the past year due to preventative efforts or environmental controls (*e.g., support person locks up scissors or access to matches is limited so that individual cannot hurt themselves with them, avoiding the triggers*), select 'Yes present in past year'.

| Assessment Item | Guidance |
|---|---|
| a. *Injurious to self - Individual displays, or would without intervention, disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs). (LOC) (RISK)<br><br>**Presenting behaviors:**<br>(Check all that apply)<br><br>☐ Chemical abuse/misuse (Does not include substance abuse - see item 38a)<br>☐ Cutting self<br>☐ Head-banging<br>☐ History of suicide attempts<br>☐ Fascination with fire that could lead to actions that result in injury<br>☐ Pulling out hair<br>☐ Puts self in dangerous situations that cause or may cause harm or injury (must be intentional to harm self and harm must be immediate). **Note:** Item is not looking at risk related to poor judgment, such as walking in front of a car without the intent to harm self.<br>☐ Self-biting<br>☐ Self-burning<br>☐ Self-hitting<br>☐ Self-poking/stabbing/picking<br>☐ Self-restricts eating<br>☐ Other, describe in 18b | This item includes behaviors that pose a risk of physical injury to self. Intent to harm self may not be the motivation behind the behavior, though, accidents due to involuntary movements and/or poor judgment are not considered self-injury (such as running into doorknobs or tables or cutting self when cutting up food).<br><br>Please note that 'History of suicide attempts' must be an actual attempt. If suicide attempts occurred in the past year, or supports are in place to prevent it, code 'Yes, present in the past year' and mark 'History of suicide attempts'. If a suicide attempt occurred over a year ago and no supports are in place to prevent it, code one of the "has history" options.<br><br>**Do not include:** Suicide ideation and threats of suicide. They are captured in item 27 'Difficulties regulating emotions'<br><br>**Do not include:** Pica in this item unless the individual is intending to cause physical injury to their body. (See item 26 to capture Pica).<br><br>If 'Other' is selected, briefly describe the behavior. |

| Assessment Item | Guidance |
|---|---|
| **b. Description of behaviors and/or any potential concerns: _____** | Capture any of the following information, if applicable:<br>• Historical behaviors<br>• History of the behavior and whether it is an ongoing issue<br>• Frequency and duration of behavior<br>• Assessor (ISP team) concerns about reoccurrence<br>• Other presenting behaviors<br>• Other information that will be important to inform the ISP |
| **c. Description of intermittent/cyclical behaviors, if applicable: _____** | Capture whether the behavior is intermittent or cyclical, and if so, any information about the nature (e.g., triggers such as holidays/anniversaries) and frequency of cycling. |
| **Notes: _____** | Please note any specific information about the behavior: Cyclical support needs, preferences, guidance, or any other specific information discussed during the assessment that would be helpful for the SC/PA to have during service planning. Be sure to confirm accuracy of the note. |

## Item 19: Aggressive or Combative

| Assessment Item | Guidance |
|---|---|
| a. *__Aggressive or Combative-__ Individual displays physical behavior symptoms, or would without intervention, directed toward others (e.g., hits, kicks, pushes, or punches others, throws objects, spitting). **(LOC) (RISK)**<br><br>__Presenting behaviors:__<br>(Check all that apply)<br><br>☐ Bites<br>☐ Hits/Punches<br>☐ Kicks<br>☐ Pulls other's hair<br>☐ Pushes<br>☐ Scratches<br>☐ Throws objects at others<br>☐ Unwanted touching of others (Rough Play)<br>☐ Tripping<br>☐ Uses objects to hurt others<br>☐ Other, describe in 19b | This item includes behaviors that present a physical threat to others.<br><br>__Do not include:__ Accidental or uncontrollable movements.<br><br>If 'Other' is selected, briefly describe the behavior. |
| b. Description of behaviors and/or any potential concerns: _____ | |
| c. Description of intermittent/cyclical behaviors, if applicable: _____ | |
| Notes: _____ | See guidance for notes in Item 18. |

## Item 20: Injurious to Animals

| Assessment Item | Guidance |
|---|---|
| a. *Injurious to Animals- Individual displays, or would without intervention, behaviors that would result in the injury of an animal. (LOC) (RISK)<br><br>**Presenting behaviors:**<br>(Check all that apply)<br><br>☐ Rough pulling of limbs or body of animal<br>☐ Attempts to maim or kill animals<br>☐ Sexual abuse against animals<br>☐ Other, describe in 20b | This item includes behaviors that present a physical injury to animals.<br><br>Keep in mind that the intent of the behavior does not need to be to injure the animal.<br><br>**For example:** *Jaxon grabs the small dog and bends its leg to a point of breaking if nobody stops him.*<br>It may not be his intention to hurt the dog. If supports are needed to prevent the behavior and injury, code the behavior in this item.<br><br>If 'Other' is selected, briefly describe the behavior. |

**b. Description of behaviors and/or any potential concerns: _____**

**c. Description of intermittent/cyclical behaviors, if applicable: _____**

| Notes: _____ | See guidance for notes in Item 18. |
|---|---|

## Item 21: Aggressive Toward Others, Verbal

| Assessment Item | Guidance |
|---|---|
| a. *Aggressive Towards Others, Verbal – Individual displays, or would without intervention, verbal behavioral symptoms directed towards others (e.g., yelling, screaming, threatening, cursing, excessive profanity, sexual references). (LOC) (RISK)<br><br>Presenting behaviors:<br>(Check all that apply)<br><br>☐ Attempts to intimidate through aggressive gestures with no physical contact<br>☐ Goads<br>☐ Intimidates/stares<br>☐ Manipulates others – verbal/gestural<br>☐ Resists care<br>☐ Swears at others<br>☐ Taunts/teases<br>☐ Verbal Threats<br>☐ Writes threatening notes (includes electronic or other)<br>☐ Yells/screams at others<br>☐ Other, describe in 21b | This item includes behavior that is verbally abusive to others.<br><br>If the individual does not use their voice to speak and uses alternative forms of communication (such as those listed in presenting behaviors) to aggress, code this behavior the same as someone who communicates verbally.<br><br>If the individual is both physically and verbally aggressive toward others, code the behaviors in both Item 19a 'Aggressive or Combative', and item 21a 'Aggressive Towards Others, Verbal'.<br><br>If 'Other' is selected, briefly describe the behavior. |

**b. Description of behaviors and/or any potential concerns: ____**

**c. Description of intermittent/cyclical behaviors, if applicable: ____**

| Notes: _____ | See guidance for notes in Item 18. |
|---|---|

## Item 22: Socially Unacceptable Behavior

| Assessment Item | Guidance |
|---|---|
| a. *Socially Unacceptable Behavior – Individual expresses him/herself, or would without an intervention, in an inappropriate or unacceptable manner. Includes disruptive or socially inappropriate behavior (e.g., inappropriate sexual comments or other behaviors, smearing/throwing food or feces). (LOC) (RISK)<br><br>Presenting behaviors:<br>(Check all that apply)<br><br>☐ Disrupts other's activities<br>☐ Does not understand personal boundaries<br>☐ Spits<br>☐ Throws food<br>☐ Urinates/defecates in inappropriate places<br>☐ Screams or vocalizes loudly (not related to aggression)<br>☐ Exposes private body areas to others<br>☐ Inappropriately touches others (unlikely to lead to arrest)<br>☐ Masturbates in public<br>☐ Unwanted touching of others<br>☐ Other, describe in 22b | This item includes behaviors that are socially unacceptable or could be perceived by others as inappropriate in the home and/or community.<br><br>These include behaviors that tend to result in individuals potentially becoming socially isolated or excluded from social activities.<br><br>**The question to ask is:**<br><br>*"Does the behavior affect functioning or result in the individual being excluded from social situations?"*<br><br>Consider behaviors by adults or children who grope or touch others inappropriately that would be unlikely to lead to arrest.<br><br>If 'Other' is selected, briefly describe the behavior. |

| b. Description of behaviors and/or any potential concerns: ____ |
|---|

| c. Description of intermittent/cyclical behaviors, if applicable: ____ |
|---|

| Notes: _____ | See guidance for notes in Item 18. |
|---|---|

## Item 23: Sexual Aggression/Assault

| Assessment Item | Guidance |
|---|---|
| a. *Sexual Aggression/Assault- Individual displays, or would without intervention, behaviors that are sexually aggressive (e.g., grabbing, thrusting) or assaultive (e.g., pushing up against wall and groping) towards others. (LOC) (RISK)<br><br>Presenting behaviors:<br>(Check all that apply)<br><br>☐ Inappropriately touches/ gropes others (Could lead to arrest)<br>☐ Unwanted touching of others (Could lead to arrest)<br>☐ Forcible attempts to engage others in sexual acts<br>☐ Pedophilia<br>☐ Targets vulnerable population<br>☐ Other, describe in 23b | This item includes behaviors that are sexually aggressive or assaultive.<br><br>These are behaviors towards others that would most likely lead to legal issues.<br><br>**Questions to ask are:**<br><br>"*Is there a history of law enforcement involved?*"<br><br>"*Is there a history of legal action taken against the individual?*"<br><br>"*Is the individual a registered sex offender?*"<br><br>"*Is there a high risk of being charged with a crime?*"<br><br>"*Is the individual in a special placement to prevent sexual aggression?*"<br><br>"*Is the individual trafficking others?*"<br><br>"*Are there concerns by school staff and other professionals about the behavior?*"<br><br>"*Without interventions, would the individual be at risk of being charged with a crime of sexual aggression?*"<br><br>If 'Other' is selected, briefly describe the behavior. |
| **b. Description of behaviors and/or any potential concerns:** ____ ||
| **c. Description of intermittent/cyclical behaviors, if applicable:** ____ ||
| **Notes:** _____ | See guidance for notes in Item 18. |

## Item 24: Property Destruction

| Assessment Item | Guidance |
|---|---|
| a. *Property Destruction: Individual engages in behavior, or would without an intervention, that disassembles or damages public or private property or possessions. The individual is intentionally engaging in an act that leads to damage, though may not have the intent to cause damage. **(LOC) (RISK)**<br><br>**Presenting behaviors:**<br>(Check all that apply)<br><br>☐ Breaks windows, glass, lamps or furniture<br>☐ Punches holes in walls<br>☐ Sets fires<br>☐ Uses tools/objects to damage property<br>☐ Targets other's property<br>☐ Breaks small objects<br>☐ Cuts electronic cords<br>☐ Tears clothing<br>☐ Other, describe in 24b | This category includes destruction of public or private property.<br><br>When considering property destruction (including the individual's own property), determine the impact, intervention needed and/or property that has to be replaced or repaired.<br><br>**Do not include:** Minor or accidental property damage when property is used the way it is intended to be used.<br><br>**For example:** *Amelia plops hard on chairs and couches.* This causes some additional wear and tear on property but the damage is not caused by a behavior.<br><br>If 'Other' is selected, briefly describe the behavior. |

**b. Description of behaviors and/or any potential concerns: ____**

**c. Description of intermittent/cyclical behaviors, if applicable: ____**

| **Notes: _____** | See guidance for notes in Item 18. |
|---|---|

## Item 25: Leaving Supervised Areas

| Assessment Item | Guidance |
|---|---|
| a. *Leaving Supervised Area – Individual leaves, or would without an intervention, an area or group without telling others or departs from the support person unexpectedly resulting in increased vulnerability. (LOC) (RISK)<br><br>Presenting behaviors:<br>(Check all that apply)<br><br>☐ Wanders away from a support person while in the community<br>☐ Leaves for extended period of time without informing the appropriate person<br>☐ Runs away<br>☐ Attempts to jump out of vehicle<br>☐ Other, describe in 25b | This item applies to individuals whose wandering or elopement is cause for concern due to the risk to the health and safety of self or others.<br><br>If the individual wanders off from the provider and is at risk of injury or safety related issues, whether in line of sight or not, capture it as leaving supervised areas.<br><br>This item is not to be considered a behavior if there is no concern about or a need for limitations on the individual's freedom to leave the home or move about the community.<br><br>If an individual leaves for an extended period of time without informing the appropriate person but is not at an increased vulnerability, do not consider here.<br><br>If 'Other' is selected, briefly describe the behavior. |

**b. Description of behaviors and/or potential concerns: ____**

**c. Description of intermittent/cyclical behaviors, if applicable: ____**

| Notes: _____ | See guidance for notes in Item 18. |
|---|---|

| Assessment Item | Guidance |
|---|---|
| a. *Pica (Ingestion of non-nutritive substances) and/or Placing Non-edible Objects in Mouth –** Does not require diagnosis of Pica, only presenting behaviors. Individual ingests, or would without an intervention, non-food items (e.g., liquid detergent, coins, paper clips, cigarettes) or <u>the individual places non-edible objects in his/her mouth that may cause poisoning, aspiration, choking and/or severe injury.</u> **(LOC) (RISK)**<br><br>**Presenting behaviors:**<br>(Check all that apply)<br><br>☐ Dirt<br>☐ Glass<br>☐ Stones<br>☐ Paper<br>☐ Hair<br>☐ Urine<br>☐ Feces<br>☐ Wood<br>☐ Toxic substances (e.g., soap, cleaning solutions)<br>☐ Cigarettes<br>☐ Other, describe in 26b | This item addresses pica symptoms (the ingestion of non-nutritive substances) and/or placing non-edible objects (e.g., keys, headphones) in the mouth **AND** this may lead to poisoning, bowel obstruction, bowel perforation, aspiration or choking. This can involve ingestion of a wide range of items or materials.<br><br>This item does not require diagnosis of Pica, only presenting behaviors.<br><br>**Do not include:** Situations in which risk of poisoning, aspiration or choking is unlikely. For example; thumb sucking, biting nails, or chewing on pens and pencils habitually.<br><br>If 'Other' is selected, briefly describe the behavior. |

**b. Description of behaviors and/or any potential concerns: _____**

**c. Description of intermittent/cyclical behaviors, if applicable: _____**

| Notes: _____ | See guidance for notes in Item 18. |
|---|---|

## Item 27: Difficulties Regulating Emotions

| Assessment Item | Guidance |
|---|---|
| a. *Difficulties regulating emotions – Individual has instances, or would without an intervention, of emotional behavior that are atypical of others in similar situations. (LOC) (RISK)<br><br>Presenting behaviors:<br>(Check all that apply)<br><br>☐ Cries uncontrollably<br>☐ Frequently argues about small things<br>☐ Impulsivity<br>☐ Overly excitable<br>☐ Screams<br>☐ Shouts angrily<br>☐ Overzealous social exchanges<br>☐ Refuses to move (plants self)<br>☐ Self-injury<br>☐ Throws self on floor<br>☐ Uses inappropriate tone for conversation<br>☐ Other, describe in 27b | This item addresses the lack of capacity to regulate emotions or the demonstration of emotions that are not typical of others in similar situations.<br><br>**Include:** Suicide ideation or threats of suicide in this item.<br><br>If 'Self-injury' is marked in the list of presenting behaviors, be sure to consider in item 18 as well.<br><br>If 'Other' is selected, briefly describe the behavior. |
| b. Description of behaviors and/or any potential concerns: ____ | |
| c. Description of intermittent/cyclical behaviors, if applicable: ____ | |
| Notes: _____ | See guidance for notes in Item 18. |

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

| Assessment Item | Guidance |
|---|---|
| a. *Refusing ADL/IADL and Medical Care- Individual resists required assistance, or would without intervention, (e.g., resists ADL assistance or medications) (LOC) (RISK)<br><br>Presenting behaviors:<br>(Check all that apply)<br><br>☐ Is physically combative against assistance<br>☐ Is verbally combative against assistance<br>☐ Is resistant against specific ADL/IADL assistance, describe in 28b<br>☐ Is resistant to being seen by a medical professional<br>☐ Is resistant to taking medications<br>☐ Requires <u>full</u> sedation for medical appointments<br>☐ Requires <u>full</u> sedation for dental appointments<br>☐ Other, describe in 28b | This item addresses the refusal of any form of personal care, including assistance with ADLs/IADLs, taking medications, medical care and attending medical appointments.<br><br>Resistance or refusal can come in many forms, including physical and verbal aggression. This item is intended to be coded <u>only</u> for instances of medical (including mental health care) and/or ADL/IADL care (e.g., housekeeping and oral care).<br><br>**Include:** Refusal to engage in ADL/IADL activities.<br><br>Individuals can refuse for a variety of reasons, including being confused about what is happening and anxiety/fright over an activity. Assessors should use the presenting behaviors to capture the situations in which the individual refuses medical care or to complete ADLs/IADLs.<br><br><u>Full</u> sedation means the use of general anesthesia. The individual is not awake during the care being given during medical and dental appointments.<br><br>If 'Other' is selected, briefly describe the behavior. |

| b. Description of behaviors and/or any potential concerns: ____ |
|---|

| c. Description of intermittent/cyclical behaviors, if applicable: ____ ||
|---|---|
| Notes: _____ | See guidance for notes in Item 18. |

## Item 29: Rapid Ingestion of Food or Liquids

| Assessment Item | Guidance |
|---|---|
| a. *Rapid Ingestion of Food or Liquids** – Rapidly ingests food or liquids that presents a health or safety risk, or would without intervention, to the individual. (LOC) (RISK)<br><br>**Presenting behaviors:**<br>(Check all that apply)<br><br>☐ Rapid ingestion of liquids<br>☐ Rapid ingestion of foods<br>☐ Behavior only present with specific foods/liquids, describe in 29b<br>☐ Other, describe in 29b | This item addresses health and safety risks that arise as a result of an individual's rapid ingestion of food and/or liquids whether the individual is intending to eat rapidly or not.<br><br>**Include:** If, when given food or drink, the individual attempts to consume food/liquid all at once or cheek food/combine bites, resulting in choking, spitting, and/or coughing.<br><br>If 'Yes, present in the past year' is coded, be sure to also capture the need for ADL support in item 6b – Eating.<br><br>**Do not include:** Food or liquid seeking in this item. Capture in item 34a – other behavior items.<br><br>If 'Other' is selected, briefly describe the behavior. |

**b. Description of behaviors and/or any potential concerns: ____**

**c. Description of intermittent/cyclical behaviors, if applicable: ____**

| **Notes: _____** | See guidance for notes in Item 18. |
|---|---|

## Item 30: Withdrawal

| Assessment Item | Guidance |
|---|---|
| a. *Withdrawal – Individual has a tendency, or would without an intervention, to avoid, isolate or retreat from conversation, interaction or activity. (LOC) (RISK)<br><br>**Presenting behaviors:**<br>(Check all that apply)<br><br>☐ Avoidance<br>☐ Isolation<br>☐ Lack of interest in life events<br>☐ Other, describe in 30b | This item addresses withdrawal which applies to situations that would impact functioning, health, and/or safety. At times, it's difficult to determine if an individual is withdrawing or simply getting away from a busy environment. Consider the individual's behavior.<br><br>**For example:** *Maria gets angry, will withdraw and go days without completing ADL/IADL activities.* This becomes a behavior issue that goes well beyond just cueing to complete ADL/IADL activities.<br><br>**Do not include:** Individuals who withdraw because they prefer not to engage in certain types of activities, and this withdrawal does not impact functioning.<br><br>**Do not include:** Cognitive delays as the only reason for coding this item.<br><br>**For example:** *Ivan doesn't avoid people and doesn't try to engage with others because they don't cognitively understand how to. Ivan needs help with ADLs and needs others to plan and facilitate all social interactions.* Support people give them the help they need to accomplish ADLs. Ivan doesn't have any behaviors around withdrawal (because they aren't actively withdrawing or isolating).<br><br>If 'Other' is selected, briefly describe the behavior. |

**b. Description of behaviors and/or any potential concerns: ____**

**c. Description of intermittent/cyclical behaviors, if applicable: ____**

| Notes: _____ | See guidance for notes in Item 18. |
|---|---|

## Item 31: Intrusiveness

| Assessment Item | Guidance |
|---|---|
| a. *Intrusiveness-* Individual has a tendency, or would without an intervention, for entering personal or private space without regard or permission.  **(LOC) (RISK)**<br><br>**Presenting behaviors:**<br>(Check all that apply)<br><br>☐ Inappropriate boundaries<br>☐ Physical<br>   ➢ *Private areas-*<br>     ▪ Takes things that do not belong to them<br>     ▪ Enters rooms and other private areas without permission<br>   ➢ *Personal space-*<br>     ▪ Inappropriate personal boundaries<br>☐ Verbal<br>     ▪ Verbally intrusive<br>     ▪ Makes comments/suggestions when not part of conversation (i.e. interrupts)<br>     ▪ Interferes with other's schedules<br>☐ Inappropriate eye contact (e.g., extended periods of time)<br>☐ Unaware of interpersonal space<br>☐ Other, describe in 31b | This item addresses intrusiveness into the personal, business or physical/private space of another.  While personal boundaries will vary by individual, the assessor should consider if the individual has difficulty in using reasonable judgment when relating to others.<br><br>**For example:** *James stands too close to and constantly touches others when he is having conversations, generally causing the other person discomfort.* This is considered as 'physical' inappropriate boundaries/unaware of interpersonal space.<br><br>If 'physical' and/or 'verbal' is checked, briefly describe the behavior addressed in the bullets above in item 39b. Or, describe other behaviors.<br><br>If 'Other' is selected, briefly describe the behavior. |

**b. Description of behaviors and/or any potential concerns: ____**

**c. Description of intermittent/cyclical behaviors, if applicable: ____**

| Notes: _____ | See guidance for notes in Item 18. |
|---|---|

## Item 32: Susceptibility to Victimization

| Assessment Item | Guidance |
|---|---|
| a. *Susceptibility to Victimization- Individual engages in, or would without an intervention, behaviors that increase or could potentially increase the individual's level of risk or harm or exploitation by others such as befriending strangers. (LOC) (RISK)<br><br>**Presenting behaviors:**<br>(Check all that apply)<br><br>☐ Hitchhiking<br>☐ Inviting strangers into their home<br>☐ Panhandling<br>☐ Promiscuity<br>☐ Puts self in harm's way<br>☐ Shares personal identifying information<br>☐ Other, describe in 32b | This item addresses the <u>increased</u> susceptibility to victimization <u>due to identified specific active behaviors</u> exhibited by the individual. (A history of victimization need not have occurred).<br><br>The individual needs to be engaging in risky behaviors that puts them at greater risk to be victimized.<br><br>This item focuses on an individual's behavior, not the inability to use judgment in a variety of situations.<br><br>**For example:** *When Joshua goes out in public, he sits at a corner with a sign and asks strangers for money. He does this because he's made friends with others in his community that do it. Often times, after he gets money, he gives it to his "friends". He knows this is risky, but he wants to keep these friends.* Consider in this item because his behavior increases his risk of exploitation or harm.<br><br>**Do not include:** Inability to use judgment with no specific identified behavior causing an increase in susceptibility to victimization. Capture safety concerns in item 40a.<br><br>**For example:** *Stacy is very friendly and does not understand that some strangers are dangerous. She would let anyone into her home.* She does this because she doesn't have the cognitive ability to understand that some people are a threat to her health and safety. She is not presenting the behavior of "actively recruiting" people to enter into her home. Do not consider in this item.<br><br>If 'Other' is selected, briefly describe the behavior. |
| b. Description of behaviors and/or any potential concerns: ____ | |
| c. Description of intermittent/cyclical behaviors, if applicable: ____ | |
| Notes: _____ | See guidance for notes in Item 18. |

## Item 33: Legal Involvement

| Assessment Item | Guidance |
|---|---|
| a. *Legal Involvement- Individual has been engaged with or is at risk of being engaged with law enforcement or Psychiatric Security Review Board (PSRB), arrested, and/or convicted of breaking a law or laws. **(RISK)**<br><br>**Presenting behaviors:**<br>(Check all that apply)<br><br>☐ Assault<br>☐ Burglary<br>☐ Commits arson<br>☐ Issues related to homelessness (e.g., urinating in public, camping ban violations, etc.)<br>☐ Drug related crimes<br>☐ Financial crimes<br>☐ Prostitution<br>☐ Public nuisance<br>☐ Sexual crimes<br>☐ Shoplifting<br>☐ Terroristic threats<br>☐ Theft<br>☐ Trespassing<br>☐ Other, describe in 33b | This item addresses the commission of acts that are illegal and/or result (or can result) in intervention by law enforcement due to an illegal act the individual engages in.<br><br>**Questions to ask are:**<br><br>*"Have the police been called?"*<br><br>*"Would the individual most likely be arrested?"*<br><br>*"Has the individual been arrested in the past?"*<br><br>*"Is the individual currently involved in the legal system?"*<br><br>**Do not include:** Minor infractions such as speeding tickets or parking tickets.<br><br>**Do not include:** When an individual does not have the cognitive ability to avoid breaking the law and is not at risk of breaking the law because supports are always in place.<br><br>**For example:** *Robert does not understand that items must be paid for before leaving the store. A support person is always with them and directs them to the register and helps them to pay.* This is due to cognitive ability and is not considered as a behavior in this item.<br><br>If 'Other' is selected, briefly describe the behavior. |
| b. Description of behaviors and/or any potential concerns: _____ | Describe legal results of involvement and any convictions. Include the current legal status (convicted, not convicted, parole, probation, or PSRB. |
| c. Description of intermittent/cyclical behaviors, if applicable: _____ ||
| Notes: _____ | See guidance for notes in Item 18. |

## Item 34: Other Behavior Issues

| Assessment Item | Guidance |
|---|---|
| a. *Other behavior issues, describe: (RISK)<br><br>Presenting behaviors:<br>(Check all that apply)<br><br>☐ Fecal smearing<br>☐ Hoarding<br>☐ False reporting (with the intent of getting someone in trouble)<br>☐ Calls 911 inappropriately<br>☐ Problem gambling<br>☐ Other, describe in 34b | This item is intended to capture behaviors not captured elsewhere in the list of identified behaviors.<br><br>**Some examples of other behavior issues not listed in the presenting behaviors column are:** Food and/or liquid seeking, triangulation, substance abuse (when support is needed to prevent it).<br><br>**Do not include:** Diagnoses such as Obsessive-Compulsive Disorder (OCD) and Anxiety in this item. Consider the behaviors associated with the diagnoses and capture in the relevant behavioral item(s).<br><br>If 'Other' is selected, briefly describe the behavior. |
| b. Description of behaviors and/or any potential concerns: ____ | |
| c. Description of intermittent/cyclical behaviors, if applicable: ____ | |
| Notes: _____ | See guidance for notes in Item 18. |

## Item 35: Blank Field: This item left intentionally blank

## Item 36: Intervention Frequency

Item 36 collects information about the intervention type and frequency of interventions that are being provided. The assessor will provide an estimate for the total number of times intervention types are required <u>across all behaviors</u> coded as 'Yes, present in past year'.

## Capture Interventions Provided

Consider interventions that are being provided or have been provided over the past year. Do not consider interventions not currently in place since behaviors of concern typically require immediate intervention. This item is not intended to speculate as to what supports should look like. Consider interventions provided in DD funded environments only (home and community). Do not consider interventions provided by school staff in educational settings.

## Capture Supervision, 1:1 and 2:1 Staffing in Item 36 Notes Boxes

**A note is mandatory in the notes box for Item 36 for the following:** If an individual requires monitoring <u>only,</u> 1:1 and/or 2:1 staffing (provider presence, but no active supports), describe the staffing support needed in the notes box for this item. Do not capture as an intervention. Item 36 captures specific active supports only.

## Explanation of Frequency Types

- **None**: No interventions are needed. Or, the individual refuses interventions, and none are given.
- **Less than once per month**: Intervention occurs less than once per month. This option may also indicate that the behavior is intermittent and/or cyclical.
- **Once per month**: Intervention occurs once per month. This option may also indicate that the behavior is intermittent and/or cyclical. Do not average out behaviors over the year. Intervention must be monthly.
- **More than once per month**: Intervention occurs several times each month, but less than weekly.
- **One to three times per week**: Intervention occurs one to three times per week. Support may be needed one to three times total in one hour, in one day, or over a few days, but less than daily.
- **Four or more times per week, but less than daily**: Intervention occurs four or more times per week. Support may be needed four or more times per hour in one day or over several days, but less than daily.
- **Daily, less than five times per day**: Intervention occurs one to four times every day.
- **Daily, five or more times per day**: Intervention occurs five or more times every day. Support may be needed five or more times in one hour due to the intensity of the behavior. Or, support is needed more than five times a day at various times daily.

| Assessment Item | Guidance |
|---|---|
| **36. How often does the individual require intervention and/or environmental management due to any behavior issues (not specifically to each presenting behavior)?** (Item 36 is skipped if 'Yes, present in the past year' is not coded in the listed behavior items) | |
| **a. \*Cueing:**<br><br>○ **None**<br>○ **Less than once per month**<br>○ **Once per month**<br>○ **More than once per month**<br>○ **1-3 times per week**<br>○ **4 or more times per week, less than daily**<br>○ **Less than 5 times per day**<br>○ **More than 5 times per day**<br>(5 or more times per day) | Cueing includes verbal redirection and cueing such as standing up intentionally as a cue to prevent a behavior from occurring. Verbal or non-verbal cueing, redirection and reminders can take place at any time: before, during, or after the behavior. Please note that cueing may be written into a PBSP as a proactive strategy. But the cueing is still considered in this item if it is unscripted.<br><br>When considering support people who are assigned to support an individual 1:1, consider the number of times the 1:1 is providing active cueing and redirection.<br><br>**For example:** *Yesenia has a support person assigned to help them for five hours a day every day after work because they fight with roommates. During that time, the support person has to cue them three times at the most each day. Yesenia doesn't need support the remainder of the day.* Code 'Less than 5 times per day'.<br><br>**Do not include:** Staffing patterns in this item (capture in the notes box). Consider provider presence only when it's used to prevent a specific behavior.<br><br>**For example:** *Dominic is about to head out the door to engage in a marked behavior. The staff stands up (but does not physically position) and intentionally makes their presence known to Dave as a "cue".* This type of presence has been shown to prevent Dave from engaging in the behavior.<br><br>**Do not include:** Interventions exclusively provided at a school setting. |

| Assessment Item | Guidance |
|---|---|
| b. *Proactive Strategies and Physical Prompts:<br><br>    ○ None<br>    ○ Less than once per month<br>    ○ Once per month<br>    ○ More than once per month<br>    ○ 1-3 times per week<br>    ○ 4 or more times per week, but less than daily<br>    ○ Less than 5 times per day<br>    ○ More than 5 times per day<br>    (5 or more times per day) | **Proactive Strategies and Physical Prompts require active engagement with the individual for the purpose of preventing or stopping behaviors.**<br><br>**Proactive strategies include:** Active engagement as well as the use of tools such as social stories (scripted or visual), scripted language, picture boards, visual schedules, timers. This level of intervention requires a support person to implement proactive interventions that are specific to the individual around behavioral support needs (not for ADL/IADLs only).<br><br>**Do not include:** Unscripted cues, verbal redirection, or reminders in this item. Capture in item 36a.<br><br>**Physical prompts include:** Light physical touches, leading, deflection, evasion, escapes, buffers, and body positioning in which the support person does not come into physical contact in a way that restrains the individual (manually hold the individual in place).<br><br>**Include:** Active engagement with the individual at the time the individual is needing/wanting to access something that has been deemed <u>needing an environmental modification or management</u>. **For example:** *Although Abby has used sharp objects in the past to injure themself, Abby enjoys crafting when in a calm space. Providers unlock and monitor their use of all sharps.*<br><br>**Do not include:** Permanently fixed environmental modifications that do not require active support such as visual checks to keep in place. Capture in the notes box.<br><br>**Do not include:** Medicine administration in this item as a proactive strategy.<br><br>**Do not include:** Interventions exclusively provided at a school setting. |

| Assessment Item | Guidance |
|---|---|
| c. *Safeguarding Interventions: (also known as PPIs) (E&E)<br><br>○ None<br>○ Less than once per month<br>○ Once per month<br>○ More than once per month<br>○ 1-3 times per week<br>○ 4 or more times per week, but less than daily<br>○ Less than 5 times per day<br>○ More than 5 times per day (5 or more times per day) | **Only consider Safeguarding Interventions (SIs) in this item that are OIS trained and written in a currently implemented PBSP.**<br><br>SIs are techniques that restrict the movement of an individual in which the support person comes into physical contact with the individual (manually holds the individual in place) to keep the individual or others safe.<br><br>**Do not include:** Emergency restraints in this item. Capture those in item 39f.<br><br>**Do not include:** Restraints written in a Temporary Emergency Safety Plan (TESP).<br><br>**Do not include:** Mechanical or chemical restraints as interventions in this section.<br><br>**Do not include:** Any physical restraints used by parents on their own minor children that aren't captured in a currently implemented PBSP.<br><br>**Do not include:** Interventions exclusively provided at a school setting. |
| **Notes:**<br><br>**Example of an effective note:** *John needs verbal redirection ten times daily to prevent arguing with others. Body positioning is used three times weekly to prevent them from hitting their roommates. A shirt-belt hold is used once a week when body positioning is not effective to prevent physical aggression toward others.* | **A note is mandatory in this box if interventions are coded in item 36.** Describe the specific interventions provided to the individual. List the cueing, proactive strategies, physical prompts and/or the safeguarding interventions used. See Appendix E for the formula for writing a solid assessment note.<br><br>Identify the frequency and intensity of the interventions indicated in items 36a, 36b, and 36c.<br><br>**Include:** Descriptions and frequency of cueing, redirection, proactive strategies, physical prompts and SIs,1:1 and 2:1 staffing hours, exceptional behavior supports, or any other specific information discussed during the assessment that would be helpful for the SC/PA to have for service planning.<br>Be sure to confirm accuracy of the note. |

## Item 37: Other Behavior Items

| Assessment Item | Guidance |
|---|---|
| a. *Is a court mandated restriction currently in place against the individual? (RISK)<br><br>◯ Yes. Describe the type of restriction, reason for restriction, and order date:_____<br>◯ No | This item is used for documenting formal written orders such as: Psychiatric Security Review Board (PSRB), parole, probation, sex offender registration, termination of parental rights, supervised visitation ordered by a judge, and restraining orders.<br><br>If 'Yes', describe the type of restriction, reason, and date of the order in the notes box.<br><br>**Do not include:** Potentially sensitive details about the restriction unless requested by the ISP team.<br><br>**Do not include:** Verbal recommendations or bench orders verbally given by a judge.<br><br>**Do not include:** Guardianship and adoption orders in this item. |
| b. *Does the individual have a current court mandated restriction in place against anyone? (RISK)<br><br>◯ Yes. Describe the type of restriction, reason for restriction, and order date:_____<br>◯ No | Document whether the individual currently has written court mandated restrictions or injunctions against other individuals, such as no-contact orders or termination of parental rights (for children).<br><br>If 'Yes', describe the type of restriction, reason, and order date in the notes box for this item.<br><br>**Do not include:** Guardianship and adoption orders in this item. |
| Notes: _____ | Be sure to confirm accuracy of the note |

## Item 38: Substance Abuse Issues

| | |
|---|---|
| a. *Is there a concern about abuse of substances, including illegal drugs, marijuana, prescription medication, or alcohol? (RISK)<br><br>○ Yes<br>○ No<br>○ Chose not to answer<br><br>**Which types of substances?**<br>(Check all that apply)<br>☐ Alcohol<br>☐ Marijuana<br>☐ Prescription drugs<br>☐ Illegal drugs<br>☐ Other | This item addresses both legal and illegal substances <u>abused</u> by the individual.<br><br>Document each of the substances that there is a concern of abuse around and provide a brief description about the abuse in the comments box.<br><br>Interventions do not need to be in place to consider the concern of abuse of substances.<br><br>**The question to ask is:**<br><br>"*Does the use/abuse of substances affect ADL/IADL functioning, job performance, and/or relationships*?"<br><br>**Do not include:** Cigarettes and caffeine in this item.<br><br>Only consider the 'Chose not to answer' option if the individual chooses not to answer and there is no other source to obtain the information.<br><br>If interventions are provided to prevent the behavior of abusing substances, address the behavior in 'Other Behavior Issues' (Item 34a).<br><br>Keep in mind that some people choose to abuse substances and no supports will be provided to stop it. If that's the case, do not capture in item 34a. |
| **Describe use/abuse of substances:** | Use this box to describe the specific substances used/abused. |
| **Notes: _____** | Be sure to confirm accuracy of the note. |

## Item 39: Positive Behavior Support Plan (PBSP)

(Items 39a-e are skipped if 'Yes, present in the past year' is not coded in the listed behavior items)

| Assessment Item | Guidance |
|---|---|
| a. *Has a Positive Behavior Support Plan (PBSP) been created for the individual?<br><br>❍ Yes<br>❍ No (Skip to item f) | Only code 'Yes' if the individual has a formal PBSP in place.<br><br>**The PBSP must include the following:**<br>• Functional Behavior Assessment (FBA)<br>• Identified behaviors<br>• Proactive strategies<br>• Reactive strategies<br>• Crisis response plan<br>• Recovery plan<br><br>**Do not include:** Interaction guidelines and mental health plans that do not include the components listed above.<br><br>**Do not include:** Behavior plans written/funded by the Dept. of Education for use at school that might be used at home as well.<br><br>**Do not include:** A Temporary Emergency Safety Plan (TESP) or for individuals for whom a support plan will be developed.<br><br>To make sure the PBSP meets rule, refer to the Guide to Professional Behavior Services at the following link: Guide to Professional Behavior Services at:<br>https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/behavior-professional-resources.aspx |

| Assessment Item | Guidance |
|---|---|
| b. **\*Is the PBSP currently being implemented by support persons?** (Support persons have been trained on the PBSP.) **(E&E)**<br><br>&#9675; Yes<br>&#9675; No (Skip to item f) | Document if the PBSP is currently being implemented by support persons <u>and</u> the support persons have been trained to follow the PBSP. Support persons include both paid (e.g., workers paid through an agency) and unpaid (e.g., family members) workers.<br><br>The plan must be reviewed annually by the ISP team and/or behavior specialist. |
| c. **\*Does the PBSP implementation include documentation of the incidence of behavior?** **(E&E)**<br><br>&#9675; Yes<br>&#9675; No | Indicate whether the implementation of the PBSP requires that people providing support document incidences of behaviors.<br><br>Documentation should include, at minimum, behaviors that are dangerous and/or have significant negative impact to the individual's ability to complete or receive support for ADL, IADL, or other health related activities.<br><br>Acceptable documentation for residential settings includes incident reports and/or written reports provided to the SC or PA.<br><br>Acceptable documentation for In-home services includes phone calls, e-mail or written reports to the SC or PA. |

| Assessment Item | Guidance |
|---|---|
| d. **\*Does the PBSP include Safeguarding interventions?**<br><br>    ○ Yes<br>    ○ No | Safeguarding interventions (SIs), are techniques that restrict the movement of an individual in which the support person comes into physical contact with the individual (manually holds the individual in place) to keep the individual or others safe.<br><br>**Include:** Only SIs that are written to address specific behaviors exhibited by the individual.<br><br>**Do not include:** Emergency restraints written in the PBSP.<br><br>**Please note:** If this item is marked 'No', then item 36c must be marked 'None'. Refer to specific guidance for item 36c. |
| e. **\*Does the individual's PBSP include complex behavior support tools that must be developed or significantly altered by a support person one or more times per month? (Such as social stories or visual structure systems.) (E&E)**<br><br>    ○ Yes<br>    ○ No | Complex behavior support tools are tools that require specific training to develop and adapt. These tools must be developed, significantly altered and adapted by the <u>support person</u> one or more times per month as new triggers are encountered or changes in behavior occur.<br><br>**Do not include:** Tools developed by someone other than the support person or minor changes to existing or prefabricated tools.<br><br>**Do not include:** Developing or altering of complex support tools by a behavior specialist. |

| Assessment Item | Guidance |
|---|---|
| f. *Has the individual required emergency services, crisis intervention services or protective services to address a dangerous behavior 2 or more times in the past 12 months? (E&E)<br><br>❍ Yes<br>❍ No | Indicate whether the individual has required any of the following 2 or more times in the past 12 months in the home or community setting.<br><br>• **Emergency Services:** Any emergency healthcare service provided to evaluate and/or treat the individual for any condition resulting from a dangerous behavior in which unscheduled medical care is required. This includes emergency room services and ambulance involvement, etc.<br><br>• **Crisis Intervention Services:** Services used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems. This could include temporary psychiatric holds, use of a domestic violence shelter, the assistance of police, etc.<br><br>• **Protective Services:** Services provided to adults or children who are at risk of or experiencing physical, sexual, emotional abuse, or emotional/physical neglect as a result of the individual's behavior. This could include investigations of abuse/neglect from adult protective services/child protective services.<br><br>• **Emergency Physical Restraints:** Restraints not currently written into a PBSP but used on an emergency basis only 2 or more times in the past 12 months.<br><br>**Do not include:** Routinely used holds by parents of minor children to prevent or stop a behavior.<br><br>**Do not include:** Emergency services or calls made at a school setting. |

| Assessment Item | Guidance |
|---|---|
| **Notes:** | Use this notes box to indicate unique or additional intervention frequencies not captured in the notes box for item 36.<br><br>SCs or PAs may have indicated additional presenting behaviors or notes in this box.<br><br>Be sure to confirm accuracy of the note.<br><br>Delete the note if it no longer applies. |

The Safety section collects information to:

- Identify how the individual handles emergency situations
- Highlight any needs that should be addressed as part of support planning
- Identify any personal safety needs

Seek input and guidance from the ISP team and/or people who know the individual well to determine the accurate selection of safety items.

Be sure to use the small notes boxes within the item to describe specific safety needs. These notes will transfer over to the Risk Report.

Each item in the safety section has a specific intent. Please note that Items 42a and 42b require evidence or a history of occurrence in order to select 'Yes'.

See guidance column for specific instructions regarding each item.

## Item 40: Safety Awareness and Support

(Item 40 is skipped for individuals under age 5)

| Assessment Item | Guidance |
|---|---|
| a.*Does the individual have the judgment and/or physical ability to cope, make appropriate decisions (e.g., selecting clothing appropriate for weather), and take action in a changing environment or a potentially harmful situation [assessor's judgment]? **(LOC)** **(RISK)**<br><br>⭕ Yes<br>⭕ No. (Check all that apply and describe below):<br>   ☐ Judgment/Decision Making:___<br>   ☐ Physical ability: _____<br>   ☐ Behavior issue: _____ | This item addresses the ability to make a reasonable judgment about a situation and to take actions necessary to ensure safety.<br><br>Consider all risks to health and safety. If safety issues exist, indicate all that apply and briefly describe.<br><br>**Include:** The risk involved with entering into contracts and exploitation in this item. Be sure to describe the risk in the small notes box for 'Judgement/Decision Making'.<br><br>**Example of Judgment/Decision Making:**<br>*Due to lower cognitive functioning, Marcus could be easily exploited.*<br><br>**Example of Physical ability:**<br>*Due to severe Cerebral Palsy, Janice is physically unable to avoid harmful situations.*<br><br>**Example of Behavior issue:**<br>*Due to severe anxiety, Sarah would panic and freeze if a potentially harmful situation such as a flood or fire were to occur.* |
| b. *Does the individual need support to remain safe around traffic? **(RISK)**<br>   ⭕ Yes<br>   ⭕ No | Consider safety around traffic in all areas of the community including parking lots, streets, the neighborhood and exiting automobiles (while in motion or not). |
| **Notes for 40b:** | Utilize this box to indicate the safety and health risks associated with this risk item.<br><br>Anything written in this box will be copied onto the Risk Report indicating a potential risk. |
| c. *Does the individual need support to evacuate when a fire or smoke alarm sounds? **(RISK)**<br>   ⭕ Yes<br>   ⭕ No | Consider all environments such as the home, work, and buildings in the community. |

| Assessment Item | Guidance |
|---|---|
| **Notes for 40c:** | Utilize this box to indicate the safety and health risks associated with this risk item.<br><br>Anything written in this box will be copied onto the Risk Report indicating a potential risk. |
| **Notes:** | Please note any specific information about the risks to the individual; informal supports, cyclical support needs, two-person assist, preferences, guidance, or any other specific information discussed during the assessment that would be helpful for the SC/PA to have during service planning. Be sure to confirm the accuracy of the |

## Item 41: Environmental Safety

| Assessment Item | Guidance |
|---|---|
| **a.*Is the individual at risk of serious injury from household chemicals if the chemicals are not secured? (LOC) (RISK)**<br><br>  ○ No<br>  ○ Yes, describe:_____ | These include general household chemicals such as bleach, window cleaner, soap, shampoo and other household chemicals. Consideration should be given for all environments. The key word is 'if'.<br><br>**The question to ask is:**<br>*"What would happen if chemicals aren't locked up?"* (For the purpose of this item, always assume chemicals are left out or not locked up. Would a risk be present?).<br><br>Serious injury can occur as a result of situations in which the individual would consume chemicals or mix or get harmful chemicals on the skin.<br><br>If the individual is at risk, select 'Yes' and briefly describe the risk.<br><br>If no concerns are expressed, select 'no'.<br><br>**Do not include:** Concerns about minor injury, such as spilling chemicals on the floor and creating a slippery walking surface. |

| Assessment Item | Guidance |
|---|---|
| b.*Are there currently conditions in the residence that may lead to injury or illness? (LOC) (RISK)<br><br>○ No<br>○ Yes, describe:_____ | Based on observations of the living environment and discussions with others, indicate whether there are current conditions in the environment that would most likely lead to injury or illness.<br><br>Conditions may include mold, broken or loose stairs, standing water, or uneven flooring.<br><br>If there are conditions in the residence that would lead to injury or illness, assessors should select 'Yes' and briefly describe.<br><br>If no concerns are expressed, select 'no'. |
| c. *Is the individual at risk of eviction because of conditions within the residence? (LOC) (RISK)<br><br>○ No<br>○ Yes, describe:_____ | In this item, consider the current physical condition of the home and its surroundings.<br><br>This can include hoarding behaviors that may lead to dangerous amounts of clutter, piles of trash in the yard, excessive numbers of animals and/or the inability to provide sufficient upkeep for the environment.<br><br>If the individual owns his/her own home, consider if the individual is at risk of code enforcement involvement.<br>If no concerns are expressed, select 'No'.<br><br>Do not speculate about what could happen if current supports are not in place. |
| Notes: _____ | See guidance for notes in Item 40. |

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

| Assessment Item | Guidance |
|---|---|
| **a.*Is this individual at significantly increased risk beyond the typical risk for an individual with I/DD for neglect, abuse, or exploitation by another person? (RISK)**<br><br>○ No<br>○ Yes, describe reasons:_____ | Select 'Yes' *only* if there is an <u>increased risk</u> as a result of a history of neglect, abuse or exploitation.<br><br>General risk is not being considered in this item. Capture general risk in item 40a.<br><br>**For example:** *John has a long history of financial exploitation by old friends. He now has a rep payee. But, if the rep payee was not in place, financial exploitation would occur.* Select 'Yes'.<br><br>Select 'Yes' if there is a history of neglect, abuse or exploitation that has occurred, even if supports are currently in place to prevent this from happening.<br><br>Select 'No' if there is no evidence of a history of neglect, abuse, or exploitation.<br><br>**For example:** *Anjelica wouldn't recognize if someone were taking advantage of her.* There is no evidence she has ever been exploited. Select 'No'. |

| Assessment Item | Guidance |
|---|---|
| **b.** *****For individuals age 18 and older: Is this person at risk of self-neglect? (RISK)**<br><br>❍ No<br>❍ Yes, check all that apply:<br>  ☐ Alcohol and/or other drug use leading to health or safety concerns<br>  ☐ Behaviors that pose a threat of harm to self or others<br>  ☐ Dehydration or malnutrition<br>  ☐ Hygiene that may compromise health<br>  ☐ Impairment of orientation, memory, reasoning and/or judgment<br>  ☐ Inability to manage funds that may result in negative consequences<br>  ☐ Inability to manage medications or to seek medical treatment that may threaten health or safety<br>  ☐ Unsafe/unhealthy living conditions<br>  ☐ Other:_____ | Select 'Yes' *only* if there is <u>evidence of self-neglect, that has occurred historically or currently,</u> even if current supports are preventing this from happening.<br><br>Select 'No' if there is no evidence of self-neglect.<br><br>Capture general risk of self- neglect in item 40a.<br><br>**Example of when to select 'Yes'**: *Tyler lives on his own. Neighbors reported that they could smell foul odors coming from his home. He did not understand that leaving old food out, then eating it would cause a health and safety risk. He has support now to prevent the self-neglect.* Code 'yes' and check all that apply.<br><br>**Example of when to select 'No':** *Elijah has always lived in a group home and supports have always been provided for him. Staff report that if supports weren't in place, he would be at risk of self-neglect.* Code 'no'. This item is specifically looking for <u>evidence</u> of self-neglect. |

| Assessment Item | Guidance |
|---|---|
| c. *For individuals under age 18: Has child welfare been involved on behalf of the individual? (RISK)<br><br>❍ No<br>❍ Yes, describe:_____ | Select 'Yes' if child welfare has been involved (e.g. open investigation, placement in foster care, family maintenance plan). If child welfare was contacted at any time historically, but is significant to document, select 'Yes' and describe. Otherwise, select 'No'.<br><br>Rely on the ISP team to help determine if child welfare involvement should be captured.<br><br>If the individual is over 18 years of age (item will be greyed out), and still has child welfare involvement, or if it is historical and significant to note, describe in the notes box. |
| Notes: | See guidance for notes in Item 40. |

The Medical section collects information to identify:

- Health concerns and risks to safety as a result of health issues
- The type and amount of support (e.g., treatments, therapies, and medications) currently received to address the health and safety issues
- Additional services and supports that should be addressed during support planning.

For item 44, it is not necessary to provide a comprehensive list of all conditions and diagnoses. On the other hand, if the individual, family, or provider wants them listed, please do so.

When considering who performs medical treatments as a paid support person in nursing & medical professional situations, the assessor should take into consideration funding source, setting and duration.

## Item 43: General Medical Supports

| Assessment Item | Guidance |
|---|---|
| a. *In the past 6 months, how many times has another person recommended that the individual seek medical attention for an issue that the individual was unaware of or unwilling to seek attention for? (RISK)<br><br>○ None<br>○ One<br>○ Two or three<br>○ More than three<br><br>➢ Select the reason(s) individual did not seek attention for issue:<br>   ☐ Individual unaware of issue(s)<br>   ☐ Individual unwilling to seek attention for issues(s)<br>   ☐ Other:_____ | (Item 43a is skipped for individuals under age 18)<br><br>This item determines if there have been occurrences in the past 6 months during which another person (e.g., friend, family, support person) recommended that the individual seek medical attention.<br><br>Total the number of instances where the individual was not aware that the condition was a health risk and/or the individual was not willing to seek attention for the issue.<br><br>**Include:** Acute health conditions or issues such as infections, short term illnesses such as pink eye, broken bones, deep skin lacerations that require stitches, g-tube malfunctions, etc.<br><br>**Do not include:** Routine medical appointments such as annual physicals and routine appointments or blood draws. |
| b. *Does the individual currently experience a lack of access to medical care, including mental health care, because of transportation, geographical, financial, cultural, or other non-behavioral reasons? (RISK)<br><br>○ Yes, select and describe (check all that apply)<br>   ☐ Transportation:_____<br>   ☐ Geographical:_____<br>   ☐ Financial:_____<br>   ☐ Cultural:_____<br>   ☐ Other:_____<br>○ No | Indicate and describe all barriers to accessing medical care. Focus on <u>actual barriers</u> to accessing medical care.<br><br>**Do not include:** Behavioral issues that create a barrier, such as becoming upset in transport vehicles.<br><br>**Do not include:** Medical emergencies in this item.<br><br>Do not select 'Yes' just because an individual lives in a rural area.<br><br>'Other' could include things like language barriers, childcare concerns, or no support person to help access the health care system. |

| Assessment Item | Guidance |
|---|---|
| c. *Does the individual require documented daily monitoring of temperature, respiration, heart rate, and blood pressure according to a documented physician's order? (E&E)<br><br>❍ Yes<br>❍ No | To select 'Yes' for this item each of these conditions must be satisfied:<br><br>• All 4 vitals must be taken and recorded at least once every day<br><br>• As specifically outlined in a doctor's order<br><br>**Do not include:** Monitoring that does not include documentation of results or was not ordered by the licensed health care provider. |
| d. *Is the individual able to report or describe pain and/or signs of illness and where it is located? (RISK)<br><br>❍ Yes<br>❍ No, describe:_____ | Indicate whether the individual is consistently able to identify and/or follow-through with reporting signs of pain or illness and where it is located.<br><br>If the individual is unable to report pain and signs of illness or does not report, select 'No' and briefly describe why in the small notes box.<br><br>**For example:** *Bill frequently cries out as a result of pain, but when a support person asks him where the pain is located, he is unable to identify a specific location.* Select 'No'. |
| e. *Does the individual need assistance to make and/or keep medical appointments? (RISK)<br><br>❍ Yes, describe:_____<br>❍ No | (Item 43e is skipped for individuals under age 18). Capture whether the individual needs assistance to make and/or keep medical appointments. This can be due to a variety of barriers, including memory/cognition, physical, behavioral, transportation, or care availability.<br>If "Yes", document the corresponding barriers in the small notes box. |
| Notes: _____ | Please note any specific information about the risks to the individual; informal supports, cyclical support needs, two-person assist, preferences, guidance, or any other specific information discussed during the assessment that would be helpful for the SC/PA to have during service planning. Be sure to confirm accuracy of the note. |

## Item 44: Conditions and Diagnoses

This Item is not intended to be a diagnostic tool and contains a brief list of conditions that could indicate issues with aspiration or choking. The assessor should review documentation, talk with the individual and their support persons about the conditions listed on the tool and diagnosed by a medical practitioner.

Prior to the assessment interview, assessors should collect information about the individual's conditions and diagnoses from the case file. Additionally, assessors should ask whether the individual has been diagnosed with any of the following medical/health conditions and record information about those diagnoses.

### VI - Medical

#### 44 - Conditions and Diagnoses

| Health Conditions/Specific Diagnoses | Has condition | Affects functioning | Receiving treatment for condition | Requires follow-up or referral |
|---|---|---|---|---|
| a. Chronic chest congestion | ☐ | ☐ | ☐ | ☐ |
| b. Dysphagia | ☐ | ☐ | ☐ | ☐ |
| c. Gastroesophageal reflux disorder (GERD) | ☐ | ☐ | ☐ | ☐ |
| d. Persistent cough | ☐ | ☐ | ☐ | ☐ |
| e. Pneumonia (in last year) | ☐ | ☐ | ☐ | ☐ |
| f. Rattling when breathing | ☐ | ☐ | ☐ | ☐ |

If diagnoses were not adequately captured or described, provide additional feedback below (0/1000)

Notes (0/1000)

| Has Condition | Affects Functioning | Receives Treatment | Follow-up or Referral |
|---|---|---|---|
| ▪ Must have a diagnosis<br><br>▪ Symptoms may not be obvious due to treatments provided, but diagnoses are still current<br><br>▪ Documentation of the diagnoses should be in the individual's case file | ▪ How does it affect daily routines?<br><br>For Example:<br><br>▪ *Must sit upright after eating?*<br>▪ *Must rest after walking an extended period?* | ▪ Any treatment<br><br><br>For Example:<br><br>▪ *Medicine*<br>▪ *Nebulizer*<br>▪ *Suctioning*<br>▪ *Deep breathing exercises* | ▪ Check this box when the individual, family or provider states that the condition exists but there is no diagnosis |

**Conditions or Diagnoses (check all that apply): Below are definitions for each of the conditions/diagnoses in item 44.These definitions are not provided for assessors to make a diagnosis, rather assessors should be familiar with the conditions so they can facilitate an informed discussion. (RISK)**

a. **Chronic Chest Congestion-** An abnormal or excessive accumulation of body fluid in the chest cavity on an ongoing (chronic) basis.

b. **Dysphagia-** Difficulty swallowing; can be accompanied by pain when swallowing.

c. **Gastroesophageal Reflux Disorder (GERD) -** A chronic condition in which acid from the stomach flows back into the lower esophagus, causing pain or tissue damage.

d. **Persistent cough-** Ongoing coughing, typically lasting eight weeks or longer in adults and four weeks or longer in children.

e. **Pneumonia (in last year) -** Pneumonia is an inflammatory condition of the lungs affecting primarily the microscopic air sacs known as alveoli. It is usually caused by infection with viruses or bacteria and less commonly other microorganisms, or certain drugs and other conditions such as autoimmune diseases.

f. **Rattling when breathing-** Wheezing or a rapid series of rattling when breathing. This may require the use of a stethoscope to determine rattling instead of determining it with the human ear only. A Nursing Care Plan (NCP) may indicate if the individual has the condition.

| If diagnoses were not adequately captured or described, provide additional description: | Capture additional information related to the condition that wasn't captured in the table. |
|---|---|
| **Notes: _____** | Be sure to confirm accuracy of the note. |

## Item 45: Seizures and Diabetes

| Assessment Item | Guidance |
|---|---|
| a. *Does the individual have a diagnosis of seizures or epilepsy or has the individual had a seizure within the past five (5) years? (RISK)<br><br>❍ Yes<br>❍ No (Skip to item d) | Indicate whether the individual has a diagnoses of seizures/seizure disorder or epilepsy from a health care provider and/or if the individual has had a known seizure in the past 5 years. |
| b. Indicate all items that apply to the individual: (E&E)<br><br>☐ Currently takes medication to control seizures<br>☐ Required a PRN medication (such as Ativan or Diastat) in the past year to stop a seizure, two or more times per month, at the time of the seizure<br>☐ Has taken medication to control seizures in the past year<br>☐ Has had a seizure in the past year<br>☐ Has had seizures that required emergency medical attention in the last three years<br>☐ Uses a vagus nerve stimulator (VNS) two or more times per month | Check all scenarios that apply to the individual.<br><br>Only check the use of a PRN medication such as Ativan or Diastat or a Vagus Nerve Stimulator (VNS) if it is administered two or more times per month, every month throughout the year.<br><br>Use of a VNS refers to external activation of the VNS device by the individual or support person. |

| Assessment Item | Guidance |
|---|---|
| c. \*Does the individual require support to prevent injury during or prior to a seizure episode? (RISK)<br><br>❍ Yes, Describe support needed:____<br>❍ No | If the individual requires support to prevent injury, document the type of support needed.<br><br>Common supports may include timing seizures, ensuring surfaces are protected to prevent injury, implementation of an emergency response protocol, and/or monitoring during the seizure to ensure the individual is still breathing and comes out of the seizure safely.<br><br>Support to avoid injury during or prior to a seizure can include moving objects, wearing/using specialized equipment to prevent injury, fall prevention, and environmental safety measures such as pillows to prevent head injuries.<br><br>**For example:** *Joseph needs support to put his helmet on to prevent injury. This keeps him from injuring his head during a seizure.* Code 'Yes'. |
| Describe support needed | Describe the specific supports needed during or prior to a seizure episode. Include frequency of seizures and support needed. Be sure to include 1:1 and exceptional supports, if needed.<br>Be sure to confirm accuracy of the note. |
| d. \*Does the individual have a diagnosis of diabetes or pre-diabetes? (RISK)<br><br>❍ Yes, diabetes<br>❍ Yes, pre-diabetes<br>❍ No (Skip to Item 46) | Protocols and/or documentation from a health care provider must be in the case file.<br><br>**Do not include**: Diabetes insipidus in this item. |
| e. \*Does the individual use a diabetic insulin pump? (RISK)<br>❍ Yes<br>❍ No | Indicate whether the individual uses a diabetic insulin pump. |

| Assessment Item | Guidance |
|---|---|
| f. *Does the individual's diabetes management include administration of sliding scale insulin? (RISK) (E&E)<br><br>&#9675; Yes, administered by the individual without in-person assistance<br>&#9675; Yes, administered by the individual with in-person assistance<br>&#9675; Yes, administered by support person<br>&#9675; No | 'Sliding scale insulin' refers to varying the amounts/types of insulin injected in response to data taken from capillary blood glucose levels (CBG's) tests.<br><br>**Do not include:** Set amounts of insulin given on a routine basis.<br><br>Document whether the individual uses sliding scale insulin as part of his/her treatment regimen and how much support the individual needs in doing so.<br><br>'Yes' responses are separated into the following categories:<br><br>• **Yes, administered by the individual without in-person assistance-** The individual is able to perform all activities related to administering insulin, including calculating the appropriate amount of insulin to administer, drawing the appropriate amount of insulin, and inserting and administering the insulin shot. This response includes instances in which an individual may need remote coaching (e.g., phone support), but is able to perform the task themselves.<br>• **Yes, administered by the individual with in-person assistance-** The individual is able to assist with the administration of insulin, but requires in-person assistance with calculating the appropriate amount of insulin to administer, drawing the appropriate amount of insulin, and/or inserting and administering the insulin shot.<br>• **Yes, administered by support person-** The individual requires that all steps of insulin administration be performed by a support person. |

| Assessment Item | Guidance |
|---|---|
| **g. Mechanisms to manage diabetes: (E&E)**<br><br>**Currently used:**<br>(check all that apply)<br><br>    ☐ Therapeutic diet<br>    ☐ Exercise<br>    ☐ Blood glucose testing<br>    ☐ Insulin administration<br>    ☐ Other:_____<br><br>**Advisable, but additional support needed to implement:**<br>(check all that apply)<br><br>    ☐ Therapeutic diet:_____<br>    ☐ Exercise:_____<br>    ☐ Blood glucose testing:_____<br>    ☐ Insulin administration:_____<br>    ☐ Other:_____<br><br>**Advisable, but individual chooses not to implement:**<br>(check all that apply)<br><br>    ☐ Therapeutic diet:_____<br>    ☐ Exercise:_____<br>    ☐ Blood glucose testing:_____<br>    ☐ Insulin administration:_____<br>    ☐ Other:_____<br><br>☐ **No mechanisms advisable** | Indicate all mechanisms that the individual currently uses (with or without support from another person) or has been advised to use, by a health care provider, to manage his or her diabetes. Assessors should check all scenarios (currently used or advisable) and all appropriate mechanisms within the scenarios.<br><br>Examples of 'Other' could include skin checks, the use of glucose tabs, ted hose, medications, nail clipping, and a food diary to name a few.<br><br>For the 'Advisable' scenarios, assessors should indicate all mechanisms that the individual has been advised to use by a health care provider.<br><br>If no mechanisms have been or are being advised, check 'No mechanisms advisable'. |
| **Notes: _____** | Describe the specific supports needed to manage the diabetes. Include frequency and intensity of supports. Be sure to include 1:1 and exceptional supports, if needed.<br>Be sure to confirm accuracy of the note. |

## Item 46: Treatments and Therapies

The assessor will record the treatments and therapies the individual may have or need. The assessor will select a dropdown option for treatments and therapies. Indicate if a support person assists and if training is required as well as if oversight from a medical professional is required. See Appendix B for definitions and descriptions of treatments and therapies.

| Assessment Item | Guidance |
|---|---|
| a. *Is the individual currently receiving or currently needs any special treatments or therapies, such as pacemaker, ostomy care, oxygen/respiratory therapy, feeding tube, or dialysis? (RISK) (E&E)<br><br>○ Yes<br>○ No (Skip to Item 47)<br>○ Chose not to answer (Skip to Item 47) | If the individual has needed, is receiving, or needs treatments/ monitoring, code 'Yes'. Assessors will use item 46b to document all currently being received.<br><br>If the individual has never received treatments/monitoring, is unsure, or chose not to answer, assessors should mark 'No' or 'Chose not to answer' and skip to the next section.<br><br>**Include:** Treatments and therapies the individual has had in the past if the ISP team chooses to include them, and code as 'Does not currently need but has needed in the past'. Rely on the ISP team to determine which historical treatments and therapies to capture. |
| b. Treatments and Monitoring (LOC)<br><br>**First column**<br><br>Treatment/monitoring/therapy type | Refer to Treatments and Therapies chart below.<br><br>**First column – Treatment/monitoring/therapy type:** Lists treatments which are criteria for Enhanced and Exceptional (E&E) supports provided in any setting such as medical offices, home, school and the community.<br><br>**Please note for the 2nd and 3rd columns below:** The 'current need' (frequency) and 'Support person performs' columns must match. **For example:** *Butch goes to the psychiatrist once a month. The psychiatrist has given instruction to support staff to complete daily journaling and twice daily deep breathing exercises with Butch as part of the psychiatric treatment.* Select 'Receives daily' in the 'Current need' column and select 'Support person performs' in the 3rd column. Even though Butch sees the psychiatrist monthly, the treatment is provided daily by the support person. The 2nd and 3rd columns must match. |

| Assessment Item | Guidance |
|---|---|
| **<u>Second column</u>**<br><br>**Current need**<br><br>✓<br>Has never needed<br>Does not currently need, but has needed in the past<br>Needs but does not receive<br>Receives less than weekly<br>Receives weekly, fewer than 5 days per week<br>Receives weekly, 5 or more days per week<br>Receives daily<br>Receives 5 or more times per day<br><br><br><br>**<u>Third column</u>**<br><br>**Support person performs** | **Second column – Current need:** Coding determines if it meets the E&E criteria based on frequency of need. Mark the appropriate box. Select 'Does not currently need, but has needed in the past' when the individual has needed the treatment in the past but is not expected to receive treatment over the next several months. Select 'Receives less than weekly' when the individual is expected to need the treatment again over the next several months.<br><br>**Do not code:** Medicine administration only in 'Other' as a Treatment and Therapy. The support for medicine administration will be captured in item 47.<br><br>**Third column – Support person performs:** The 'Support person performs' column should be coded only if the support person completes the treatment for/with the individual. If the support person doesn't complete the treatment each time, or only cleans the equipment, do not code "Support person performs". Indicate in the notes box the support that is provided.<br><br>**Code:** If the support person must perform all or most of the treatment for the individual.<br><br>**Code:** If the support person must model the entire treatment for the individual every time the treatment is completed.<br><br>**Code:** 'Support person performs' in the following scenario's:<br>• For nurses performing Direct Nursing Services (DNS) in the home or community setting (at DSA or employment)<br>• For nurses hired/used as support staff by ODDS provider agencies in the home or community setting (at DSA or employment)<br><br>**Do not code:** If the individual performs the task on their own while the support person supervises and/or coaches the individual through the steps. |

| Assessment Item | Guidance |
|---|---|
| **Fourth column**<br><br>**Requires training and oversight from a medical professional** | When considering who performs medical treatments as a paid support person in <u>nursing & medical professional situations,</u> the question should take into consideration the funding source, setting and duration.<br><br>**Do not code:** In the following scenarios:<br>• Long-Term Care Community Nurses (LTCCN) (they do not perform direct treatments-they support by teaching and delegating to staff and family)<br>• Home Health agencies funded by the individual's medical card/insurance (example- for wound care) in the home<br>• Treatments performed by medical professionals in clinics, medical facilities, or hospitals.<br>• Treatments provided by school staff in a school setting.<br><br>**Do not code:** Support to clean medical equipment only as 'Support person performs'. (Capture cleaning equipment in item 12, housework)<br><br>**Fourth column – Requires training and oversight from a medical professional:** This column is for informational purposes only. It is intended to capture oversight that is above and beyond guidance provided at regular checkups with the physician. The assessor may consult with ISP team members to determine if this column should be coded.<br><br>Code if training and regular oversight by a medical professional is currently provided <u>to the support person performing the treatment and/or therapy</u>. Most of the listed treatments and therapies require some level of training and oversight by a medical professional. There are no specific or regularly scheduled timeframes the training and oversight must be provided.<br><br>**For example:** *Mohammed receives sliding scale insulin injections daily. In order to continue receiving the treatment, a medical professional must provide regular oversight and instruction to the support person to perform the treatment effectively.* |

| Assessment Item | Guidance |
|---|---|
| **Notes column** | **Notes column – Notes for support planning:** Document useful information for planning.<br><br>Be sure to add all treatments and therapies in 'other' if not captured in the listed treatments and therapies, such as: repositioning to prevent skin breakdown, range of motion exercise, physical therapy, occupational therapy, speech therapy, etc.<br><br>**Include:** Skin checks in stage I & II wound care for individuals who require the checks due to frequently occurring wounds.<br><br>**Include:** Repositioning to prevent open wounds in 'other'.<br><br>**Do not include:** Repositioning in wound care unless it's part of the treatment for a current open wound.<br><br>List exceptional medical support needs, 1:1, 2:1 staffing and supervision. |

| Treatment/monitoring/therapy type | Current need | Support person performs | Requires training and oversight from a medical professional | Notes for support planning |
|---|---|---|---|---|
| Respiratory therapy | | ☐ | ☐ | |
| Chest percussion (including percussion vest) | | ☐ | ☐ | |
| Postural drainage | | ☐ | ☐ | |
| Nebulizer | | ☐ | ☐ | |
| Tracheal aerosol therapy | | ☐ | ☐ | |
| Oral suctioning that does not extend beyond the oral cavity | | ☐ | ☐ | |
| Airway suctioning | | ☐ | ☐ | |
| Tracheal suctioning | | ☐ | ☐ | |
| Nasopharyngeal suctioning | | ☐ | ☐ | |
| Other suctioning | | ☐ | ☐ | |
| Tracheostomy care | | ☐ | ☐ | |
| Care for central line | | ☐ | ☐ | |
| Intravenous (IV) injections/infusions | | ☐ | ☐ | |
| Subcutaneous injections | | ☐ | ☐ | |
| Jejunostomy tube | | ☐ | ☐ | |
| Nasogastric or abdominal feeding tube (e.g., g-tube, NG tube) | | ☐ | ☐ | |
| Indwelling or suprapubic catheter monitoring | | ☐ | ☐ | |
| Insertion of catheter (intermittent catheterization) | | ☐ | ☐ | |
| CPAP/BiPAP | | ☐ | ☐ | |
| Mechanical ventilator other than CPAP/BiPAP | | ☐ | ☐ | |
| Oxygen therapy | | ☐ | ☐ | |
| Colostomy, Ostomy, and/or other ostomy | | ☐ | ☐ | |
| Peritoneal Dialysis | | ☐ | ☐ | |
| Hemodialysis | | ☐ | ☐ | |
| Active cerebral shunt monitoring | | ☐ | ☐ | |
| Baclofen pump | | ☐ | ☐ | |
| Wound care, excluding stage III or IV ulcers | | ☐ | ☐ | |

| | | | | |
|---|---|---|---|---|
| Treatment for stage III or IV ulcers (full loss of skin and tissue, may extend into muscle or bone) | | ☐ | ☐ | |
| Behavioral heatlth therapies, including mental health | | ☐ | ☐ | |
| Psychiatric therapies/services | | ☐ | ☐ | |
| Other | | ☐ | ☐ | |
| Other | | ☐ | ☐ | |
| Other | | ☐ | ☐ | |

Notes: _____

## Item 47: Medication

Item 47 collects information about whether the individual currently takes, and/or is currently prescribed medications and addresses the support needed to access and manage those medications.

Items 'c'-'h' are to be used to gauge the supports needed to manage a variety of medications. Consider medications that are currently prescribed and/or used routinely by the individual (prescribed and/or used over the past 30 days and expected to continue every month over the next several months) and ordered or recommended by a medical professional.

**Include:** Vitamins and/or supplements recommended by a medical professional.

**Do not include**: Medications that are used less than monthly, have limited duration such as antibiotics for an infection or medicine prescribed for use less than monthly.

**Do not include:** Ordering or picking up prescriptions.

**Do not include:** Medication administered by a medical professional not funded by DD services.

**Refer to the ONA Coding Key and the ONA Coding Decision Tree for guidance to code the medication items.**

| Assessment Item | Guidance |
|---|---|
| a. *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; and medicines administered through a tube).<br><br>    ○ Yes<br>    ○ No | Consider whether the individual takes medication recommended by a medical professional or has been prescribed medication they should take at least once per month.<br><br>**Include:** Vitamins and/or supplements recommended by a medical professional.<br><br>**Do not include:** Medications that are used less than monthly and medications that have limited duration such as antibiotics for an infection. |
| b. *Does the individual take medication known to cause dehydration? (RISK)<br><br>    ○ Yes<br>    ○ None that the individual, proxy or assessor is aware of | Indicate whether the individual takes medication that is known to cause dehydration. Assessors should consult the individual, support persons and medical records. |

| Assessment Item | Guidance |
|---|---|
| c. **\*Medication management-oral medication:** The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **(LOC) (RISK)** | (Item 47c is skipped for individuals under age 18)<br>Consider the individual's usual ability to take oral medications.<br><br>**Setup/cleanup:** Get oral medication out of where it is stored, open oral medication, reminders to take medication, put medication away.<br><br>**During the activity:** Know the correct oral medication to take, take the correct dose, put the pill in the mouth, set-up pill minder, cut/prepare medicine for dispensing.<br><br>**Do not include:** Medication used less than monthly, ordering or picking up prescriptions and refills, swallowing medication.<br><br>Consider all essential steps of taking oral medications including taking the pill and placing it in the mouth. If the <u>only</u> step the individual does is swallow the pill, code 'dependent'.<br><br>**For example:** *Christian can physically take his medication. But he cannot determine the correct medicine or the correct dose to take. The provider gives the pills to Christian in a cup and he takes them.*<br>Code 'Substantial/maximal' because Christian can put the pills in his mouth himself, which is an essential step of taking medication.<br><br>If all medicine is given through a g-tube or any tube, due to a choking or aspiration risk, code 'Not attempted' for this item. See item 47h below for supports for medicine given through a tube. |

| Assessment Item | Guidance |
|---|---|
| d. **\*Medication management-inhalant/mist medications:** The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **(LOC) (RISK)** | <br><br>Consider the individual's usual ability to use inhalant/mist medications such as inhalers and nebulizer treatments.<br><br>**Setup/cleanup:** Get inhaler/mist out of where it is stored (includes nebulizer), open medication, reminders to use medication, put medication away.<br><br>**During the activity:** Know and dispense correct amount of inhaler/mist, hold mask or inhaler in the correct position, turn on machine.<br><br>**Do not include:** Medications used less than monthly, ordering or picking up prescriptions and refills, taking breaths.<br><br>Consider all essential steps of using an inhaler/nebulizer.<br><br>**For example:** *Miguel is physically unable to apply the nebulizer mask to his face. He can take deep breaths only because he's told to.* Code 'dependent' since he is not completing any of the essential steps. |

| Assessment Item | Guidance |
|---|---|
| e. *Medication management-injectable medications: The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. (LOC) (RISK) | (Item 47e is skipped for individuals under age 18)<br><br>Consider the individual's usual ability to use injectable medications.<br><br>Setup/cleanup: Get injectable medication out of where it is stored, open medication, reminders to use medication, dispose of sharps, put medication away.<br><br>During the activity: Know the correct amount of injectable medication, inject the medication in correct area of body, inject the correct amount of medicine.<br><br>Include: Medications typically injected such as insulin.<br><br>Do not include: Medications used less than monthly, injections administered by medical professionals, ordering or picking up prescriptions and refills. |
| f. *Medication management-topical medications: The ability to prepare and apply all prescribed topical medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. (LOC) (RISK) | (Item 47f is skipped for individuals under age 18)<br><br>Consider the individual's usual ability to apply topical medications.<br><br>Setup/cleanup: Get topical medication out of where it is stored, open medication, reminders to use medication, put medication away.<br><br>During the activity: Know the correct amount of medication, apply the topical medication to the correct area of the body, apply eye and ear drops.<br><br>Include: Prescribed mouthwash, prescribed medicated shampoo, prescribed toothpaste, etc.<br><br>Do not include: Sunscreen or lotion for dry skin not prescribed or recommended by a medical professional for a specific medical concern.<br><br>Do not include: Medications used less than monthly, ordering or picking up prescriptions and refills. |

| Assessment Item | Guidance |
|---|---|
| g. **\*Medication management – suppository medications:** The ability to prepare and apply all prescribed suppository medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **(LOC) (RISK)** | (Item 47g is skipped for individuals under age 18)<br><br>Consider the individual's usual ability to use suppositories/enemas.<br><br>**Setup/cleanup:** Get suppository/enema out of where it is stored, open medication, reminders to use medication, put medication away.<br><br>**During the activity:** Know the correct dose, insert the suppository/ enema into the correct area of body, insert the correct amount of medicine.<br><br>**Do not include:** Medications used less than monthly, ordering or picking up prescriptions and refills. |
| h. **\*Medication management – medications through tube:** The ability to prepare and apply all prescribed medications that are administered through a feeding tube reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **(RISK)** | (Item 47h is skipped for individuals under age 18)<br><br>Consider the individual's usual ability to take medication through a tube (ng-tube, j-tube).<br><br>**Setup/cleanup:** Get medication and supplies out of where it is stored, open medication, reminders to use medication, put medication away.<br><br>**During the activity:** Know the correct dose, prepare tube for medication, flush tube, push medication through the tube, watch for residuals, flush with water, turn on pump, unkink tubing, vent air through tube.<br><br>**Do not include:** Medications used less than monthly, ordering or picking up prescriptions and refills. |
| i. **Other concerns about medications or medication management** | Describe any other concerns about the individual's medication regimen and/or ability to manage medications. |
| **Notes:** | See guidance for notes in Item 43. |

The Comprehensive Review Section provides a summary of all items completed on the ONA tool. It will indicate in red when a required item has not been answered (See below).

Click the item in red and the unanswered item will open. Select a coding option for that item. Return to the Comprehensive Review Section and repeat the steps above for the remaining unanswered items.

**Oregon Needs Assessment**

**Comprehensive Review**

| Legal Name: | ▉▉ | Date of Birth: | ▉▉ | Age at time of Assessment: | 11 |
| Client Prime: | ▉▉ | Gender: | M | | |

| Assessment ID: | ▉▉ | Assessment Status: | Draft |
| Date of Face-to-Face Observation: | 4/15/2020 | Assessment Type: | Annual (SC/PA Assessment) |
| Last Updated By: | ▉▉ | Assessor's Name: | ▉▉ |

Expand all   Collapse all

▸ **I - Assessment and Demographic Information**

▸ **II - Communication**                                                    15

▸ **III - ADLs and IADLs**                                             53 10

▸ **IV - Behaviors**                                              44 7 6 3 3

▸ **V - Safety**                                                          10

▸ **VI - Medical**                                                        15

Expand all   Collapse all

**Some required questions are not answered. Follow red above.**

Cancel   Previous   Delete ONA   Print Full   Print Summary

When the assessment is completed in full, scroll down to the bottom of the Comprehensive Review Page and click 'Submit'.

**Oregon Needs Assessment**

**Comprehensive Review**

| | | |
|---|---|---|
| **Legal Name:** ▮▮▮▮▮ , ▮▮▮ | **Date of Birth:** 9/14/1993 | **Age at time of 25 Assessment:** |
| **Client Prime:** ▮▮▮▮ | **Gender:** M | |

| | |
|---|---|
| **Assessment ID:** ▮▮▮▮ | **Assessment Status:** Draft |
| **Date of Face-to-Face Observation:** 4/2/2019 | **Assessment Type:** QA Correction |
| **Last Updated By:** ▮▮▮▮ | **Assessor's Name:** ▮▮▮▮ |

[Expand all] [Collapse all]

▸ I - Assessment and Demographic Information
------------------------------------------------
▸ II - Communication                                                     14
------------------------------------------------
▸ III - ADLs and IADLs                                           101 16
------------------------------------------------
▸ IV - Behaviors                                                         42
------------------------------------------------
▸ V - Safety                                                             13
------------------------------------------------
▸ VI - Medical                                                          27
------------------------------------------------

[Expand all] [Collapse all]

[Cancel] [Previous] [Delete ONA] [Submit] [🖶 Print Full] [🖶 Print Summary]

| Preferences | Guidance |
|---|---|
| **Item 3 - Dressing:** <br><br> ☐ Changes clothes multiple times daily <br> ☐ Choose own clothes <br> ☐ Female support person <br> ☐ Male support person <br> ☐ Same clothing daily <br> ☐ Velcro closures <br> ☐ Wears loose clothing <br> ☐ Other:_____ | **Dressing:** <br><br> ☐ Able to direct support person <br> ☐ Behavioral health challenges <br> ☐ Can button clothing <br> ☐ Can lift arms <br> ☐ Medical/physical symptoms interfere with performing task <br> ☐ Persons providing support dress individual's lower body <br> ☐ Persons providing support dress individual's upper body <br> ☐ Gets dressed with cueing <br> ☐ Persons providing support help select appropriate, clean, and/or matching clothes <br> ☐ Persons providing support label/organize clothing by color, style, etc. <br> ☐ Able to manage his/her own need <br> ☐ Persons providing support put on/take off footwear <br> ☐ Persons providing support put on/take off sock/TED hose <br> ☐ **Two-person assist** <br> ☐ Able to tie <br> ☐ Able to zip <br> ☐ Uses assistive device <br> ☐ Will attempt to wear dirty clothes <br> ☐ Other:_____ |

| Preferences | Guidance |
|---|---|
| **Item 4 - Transferring and Positioning:**<br><br>☐ Support persons use a gait belt<br>☐ Someone to assist<br>☐ Mechanical and/or ceiling lifts<br>☐ Use a transfer board/pole<br>☐ Weight bearing transfer<br>☐ Other:_____ | **Transferring and Positioning:**<br>☐ Asks for assistance<br>☐ Persons providing support assist with all wheelchair transfers<br>☐ Behavioral health challenges<br>☐ Can transfer self-using a lift<br>☐ Persons providing support cue to use adaptive equipment<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Has good upper body strength<br>☐ Persons providing support maintain contact until steady<br>☐ Individual able to manage his/her own need<br>☐ Regular repositioning required<br>☐ Persons providing support should talk individual through each transfer<br>☐ Transfer quickly<br>☐ Transfer slowly<br>☐ Transfers with some support<br>☐ **Two-person transfer**<br>☐ Steady during transfer<br>☐ **Use mechanical lift for <u>ALL</u> transfers***<br>☐ Use transfer board for transfers<br>☐ Other:_____<br>*Must be marked if used for <u>ALL</u> transfers |
| **Item 5 - Mobility:**<br>☐ Can walk, but prefers wheelchair<br>☐ Cane<br>☐ Contact guard when walking<br>☐ Crutch<br>☐ Electric wheelchair<br>☐ Gait belt<br>☐ Manual wheelchair<br>☐ Pushed in wheelchair<br>☐ Walker<br>☐ Walker with fold-down seat<br>☐ Walker with permanent seat<br>☐ Other:_____ | **Mobility:**<br><br>☐ Access to backup equipment or same day repair<br>☐ Individual is afraid of falling<br>☐ Persons providing support should assist individual over thresholds<br>☐ Can self-propel wheelchair<br>☐ Behavioral health challenges<br>☐ Medical/physical symptoms interfere with performing task |

| Preferences | Guidance |
| --- | --- |
| | ☐ Evacuation plan: call neighbor or friend<br>☐ Evacuation plan: support person assistance<br>☐ Evacuation plan: use personal emergency response system (PERS)<br>☐ Has a steady gait<br>☐ Persons providing support keep walkways clear<br>☐ Individual leans to one side<br>☐ Persons providing support leave assistive device within reach<br>☐ Individual able to manage his/her own need<br>☐ Good navigation<br>☐ Persons providing support provide contact guard when walking<br>☐ Persons providing support provide physical support with stairs<br>☐ Persons providing support should remind individual to use assistive device<br>☐ Batteries recharged daily by support person<br>☐ Sees well enough to navigate independently<br>☐ **Two person assist**<br>☐ Able to exit in emergency<br>☐ Able to walk/bear weight<br>☐ Persons providing support hold the gait belt to steady the individual<br>☐ Other:_____ |

| Preferences | Guidance |
|---|---|
| **Item 6 - Eating and Tube Feeding:**<br><br>☐ Bland diet<br>☐ Cold food<br>☐ Eat/tube feed alone<br>☐ Eat/tube feed with others present<br>☐ Finger foods<br>☐ Hot food<br>☐ Large portions<br>☐ Small portions<br>☐ Snacks<br>☐ Use own recipes<br>☐ Support person to inject formula slowly<br>☐ Tube feeding to be done discretely<br>☐ Environmental preferences – likes to be warm, watch TV, etc.<br>☐ Other:_____ | **Eating and Tube Feeding:**<br><br>☐ Behavioral health challenges<br>☐ Can cut food<br>☐ Persons providing support cut food into small pieces<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Has a good appetite<br>☐ Independent with equipment/adaptations<br>☐ Individual has food allergies<br>☐ Persons providing support monitor liquids<br>☐ Individual has mouth pain<br>☐ Persons providing support provide cues for eating<br>☐ Uses Tube feeding pump<br>☐ Uses gravity method<br>☐ Uses syringe method<br>☐ Strategic timing of tube feeding to maximize participation in other activities<br>☐ Must stop and start tube feeding process frequently – tube clogs easily, person gets up frequently, etc.<br>☐ **Two-person assist**<br>☐ Other:_____ |
| **Item 7 - Elimination:**<br><br>☐ Adult protection/absorbent products<br>☐ Diapers<br>☐ Bed pan only<br>☐ Bedside commode<br>☐ Female support person<br>☐ Male support person<br>☐ Pads/briefs when going out<br>☐ Specific products<br>☐ Urinal<br>☐ Other:_____ | **Elimination:**<br><br>☐ Able to use incontinence products<br>☐ Aware of need to use toilet<br>☐ Behavioral health challenges<br>☐ Persons providing support provide assistance to find bathroom<br>☐ Able to change incontinence pads<br>☐ Able to complete own perineal care<br>☐ Able to empty ostomy/catheter bag<br>☐ Does not need assistance at night<br>☐ Assists support person with transfer<br>☐ Experiences urgency |

| Preferences | Guidance |
|---|---|
| | ☐ Painful urination<br>☐ Will use pads/briefs<br>☐ **Two-person assist**<br>☐ Condom catheter used with support person assistance<br>☐ Pads changed by support person, as needed<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Other:_____ |
| **Item 8 - Showering and Bathing:**<br><br>☐ Bath<br>☐ Bed bath<br>☐ Female support person<br>☐ Male support person<br>☐ Shower<br>☐ Sponge bath<br>☐ Specific products<br>☐ Other: _____ | **Showering and Bathing:**<br><br>☐ Able to direct support person<br>☐ Able to manage his/her own needs<br>☐ Afraid of bathing<br>☐ Persons providing support assist with drying and dressing<br>☐ Bathes self with cueing<br>☐ Behavioral health challenges<br>☐ Can be left unattended<br>☐ **Can judge water temperature**<br>☐ **Can adjust water temperature**<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Enjoys bathing<br>☐ Persons providing support wash the individuals back, legs, feet<br>☐ Persons providing support give bed/sponge bath<br>☐ Individual is weight bearing<br>☐ Skin checks are completed by support person<br>☐ Persons providing support soak the individuals' feet<br>☐ Standby during bathing<br>☐ **Two-person assist**<br>☐ Able to transfer in/out of tub/shower<br>☐ Able to shampoo hair<br>☐ Able to stand alone<br>☐ Other:_____ |

| Preferences | Guidance |
|---|---|
| **Item 9 - Oral Hygiene:**<br><br>☐ Assistance after eating<br>☐ Assistance during morning routine<br>☐ Assistance before bedtime<br>☐ Prefers a female support person<br>☐ Prefers a male support person<br>☐ Electric toothbrush<br>☐ Other:_____ | **Oral Hygiene:**<br><br>☐ Able to manage his/her own need<br>☐ Persons providing support cue to brush teeth<br>☐ Persons providing support assist to clean teeth/dentures<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Aware of hygiene needs<br>☐ Behavioral health challenges<br>☐ Other: _____ |
| **Item 10 - General Hygiene:**<br><br>☐ Assistance after eating<br>☐ Assistance during morning routine<br>☐ Assistance before bedtime<br>☐ Electric razor<br>☐ Prefers a female support person<br>☐ Prefers a male support person<br>☐ Other:_____ | **General Hygiene:**<br><br>☐ Able to manage his/her own need<br>☐ Support person applies the individuals' deodorant<br>☐ Support person combs the individuals' hair as needed<br>☐ Able to comb hair<br>☐ Able to wash face/hands<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Needs reminders to use/change feminine hygiene products<br>☐ Individual knows how to use feminine hygiene products<br>☐ Persons providing support shave the individual daily or as needed<br>☐ Persons providing support trim the individuals fingernails as needed<br>☐ Aware of hygiene needs<br>☐ Behavioral health challenges<br>☐ Other:_____ |
| **Item 11 – ADL Equipment** | **N/A** |

| Preferences | Guidance |
|---|---|
| **Item 12 - Housework:**<br>☐ Likes a neat house<br>☐ Wants items left where they are<br>☐ Prefers others to complete<br>☐ Other:_____ | **Housework:**<br>☐ Able to sweep<br>☐ Allergies to dust, pollen, etc.<br>☐ Behavioral health challenges<br>☐ Individual can do dishes<br>☐ Individual can instruct support person<br>☐ Individual can take out garbage<br>☐ Individual can wash windows<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Persons providing support dust/vacuum as needed<br>☐ Individual has chemical sensitivities<br>☐ Persons providing support mow lawn as needed<br>☐ Individual can make or change bedding<br>☐ Individual can see when surfaces need cleaning<br>☐ Persons providing support change/wash linens weekly<br>☐ Support person cue the individual to perform tasks<br>☐ Persons providing support shovel snow as needed<br>☐ Persons providing support sweep/mop floors as needed<br>☐ Persons providing support take out garbage<br>☐ Other:_____ |

| Preferences | Guidance |
|---|---|
| **Item 13 - Meal Preparation:** | **Meal Preparation:** |
| ☐ Bland diet | ☐ Individual assists with meal preparation |
| ☐ Casein free diet | ☐ Behavioral health challenges |
| ☐ Foods from my culture | ☐ Individual can prepare food with cueing |
| ☐ Fresh fruits and vegetables | ☐ Individual can use the microwave |
| ☐ Gluten free diet | ☐ Individual can cut/peel/chop |
| ☐ Halal diet | ☐ Individual can plan meals |
| ☐ Home-cooked meals | ☐ Individual directs support person to prepare meal |
| ☐ Home delivered meals | ☐ Individual needs assistance when using kitchen |
| ☐ Kosher diet | ☐ Medical/physical symptoms interfere with performing task |
| ☐ Large portions | ☐ Persons providing support prepare meals for individual to reheat |
| ☐ Smaller meals, more than three times per day | ☐ Individual knows how to cook |
| ☐ Other religious/ethnic foods | ☐ Individual has food allergies |
| ☐ Salt-free foods | ☐ Individual has accessible kitchen |
| ☐ Small portions | ☐ Individual keeps spoiled food |
| ☐ Sugar-free foods | ☐ Persons providing support label/organize food products |
| ☐ Vegetarian diet | ☐ Individual leaves burners on |
| ☐ Vegan diet | ☐ Individual makes appropriate meal choices |
| ☐ Other therapeutic diet:_____ | ☐ Persons providing support make food accessible to individual |
| ☐ Other:_____ | ☐ Persons providing support prepare all meals |
| | ☐ Individual has special diet |
| | ☐ Work out a menu with individual |
| | ☐ Other:_____ |
| **Item 14 - Laundry:** | **Laundry:** |
| ☐ Prefers to fold certain items, describe:_____ | |
| ☐ Prefers others to complete | ☐ Individual has allergies to certain detergents or soaps |
| ☐ Wants items left where they are | ☐ Behavioral health challenges |
| ☐ Other:_____ | ☐ Individual can fold clothes |
| | ☐ Individual can instruct support person |
| | ☐ Individual can operate washer/dryer |

| Preferences | Guidance |
|---|---|
| | ☐ Persons providing support cue the individual to perform tasks<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Other:_____ |
| **Item 15 - Transportation:**<br><br>☐ Accessible bus<br>☐ Bike<br>☐ Taxi<br>☐ Ride sharing (e.g., Uber)<br>☐ Use own car, individual drives<br>☐ Use own car, other person drives<br>☐ Other:_____ | **Transportation:**<br><br>☐ Persons providing support accompany person on bus/van<br>☐ Persons providing support arrange medical transportation<br>☐ Behavioral health challenges<br>☐ Individual able to communicate with drivers<br>☐ Persons providing support use their own car<br>☐ Persons providing support drive individual to appointments<br>☐ Has handicap parking sticker/license<br>☐ Knows bus routes<br>☐ Persons providing support make arrangements for accessible bus<br>☐ Persons providing support take portable oxygen tank<br>☐ Persons providing support take wheelchair/walker<br>☐ Persons providing support assist with securing wheelchair in accessible vehicle<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Individual needs orientation and mobility training for new routes<br>☐ Individual able to arrange own transportation<br>☐ Persons providing support use supportive seating<br>☐ Support person assists the individual to use vest/harness<br>☐ Other:_____ |

| Preferences | Guidance |
|---|---|
| **Item 16 - Money Management:**<br><br>ONA tool does not have a preferences section at this time. | **Money Management:**<br><br>☐ Able to budget income and expenses<br>☐ Persons providing support arrange credit counseling<br>☐ Support person balances individuals' checkbook monthly<br>☐ Behavioral health challenges<br>☐ Persons providing support contact POA regarding finance issues<br>☐ Support person contacts representative payee regarding financial issues<br>☐ Individual signs own checks<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Has a representative payee<br>☐ Has direct deposit<br>☐ Has guardian/POA<br>☐ Needs Power of Attorney (POA)<br>☐ Can use EBT card<br>☐ Can use debit card<br>☐ Can write checks and pay bills<br>☐ Can see/read bills or account information<br>☐ Support person pays bills for the individual<br>☐ Needs automatic payment plan set up<br>☐ Needs assistive/adaptive equipment to see paperwork<br>☐ Needs budget set up<br>☐ Needs utility payment set up<br>☐ Vulnerable to financial exploitation<br>☐ Relies on others to understand that money has value<br>☐ Other:_____ |

| Preferences | Guidance |
|---|---|
| **Item 17 - Light Shopping:**<br><br>☐ Shop at a specific store<br>☐ Shop weekly<br>☐ Specialty items<br>☐ Use coupons<br>☐ Other:_____ | **Light Shopping:**<br><br>☐ Able to communicate with store personnel<br>☐ Persons providing support arrange to have groceries delivered<br>☐ Behavioral health challenges<br>☐ Can carry small items<br>☐ Can navigate within the store<br>☐ Can see/identify needed items<br>☐ Can carry heavy items<br>☐ Can reach items<br>☐ Can read labels<br>☐ Can shop online<br>☐ Medical/physical symptoms interfere with performing task<br>☐ Support person assists with comparison shopping<br>☐ Persons providing support do all shopping for the individual<br>☐ Support person guides individual within store, find/describe items<br>☐ Persons providing support help individual make shopping list<br>☐ Persons providing support read labels to the individual<br>☐ Persons providing support put items away<br>☐ Persons providing support take the individual to store<br>☐ Other:_____ |

| Treatment/Therapy | Definition/Description |
|---|---|
| **Respiratory Therapy (E&E)** | This item includes various forms of respiratory treatment, such as a cough assist machine.<br><br>**Do not include:** Chest percussion, postural drainage, tracheal aerosol treatments and nebulizer treatments. These are captured in items below. |
| **Chest Percussion (E&E)** | This item includes manual percussion (the use of the hands to tap, clap, rub and or/massage the chest area) or mechanical percussion (the application of a vest) to clear the lungs. |
| **Postural Drainage (E&E)** | This item includes assisting the individual to get into various positions and/or help to move the body around to make it easier to loosen and/or drain mucous out of the lungs. |
| **Nebulizer (E&E)** | This item includes the use of a device to administer medicine in the form of a mist to clear up the lungs. This includes the use of a mask worn over the nose/mouth or the use of a wand placed in the mouth or held in front of the nose/mouth area.<br><br>**Do not include:** Hand-held inhalers, including those with a chamber/spacer. |
| **Tracheal Aerosol Therapy (E&E)** | This item includes the administration of a medicine and/or mist into the tracheal tubing to clear the lungs. Heated mist therapy is captured in this item. |

| Treatment/Therapy | Definition/Description |
|---|---|
| **Oral Suctioning that does not extend beyond the oral cavity** | This item includes the use of a wand connected to a suction machine to suction mucous out of the mouth and/or nose area only.<br><br>**Do not include:** Suctioning that extends into the throat or trachea. |
| **Airway Suctioning (E&E)** | This item includes the use of a wand connected to a suction machine that is used to clear mucous beyond the mouth into the top of throat.<br><br>**Do not include:** Suctioning that extends into the tracheal area. |
| **Tracheal Suctioning (E&E)** | This item includes the use of a wand connected to a suction machine that is used to clear mucous out of the trachea and lungs, either by way of the mouth or a tracheostomy. |
| **Nasopharyngeal Suctioning (E&E)** | This item includes the use of a narrow tube which is placed in the nostril and ran down into the airway to remove secretions from the upper airways. Nasopharyngeal means the upper part of the throat that lies behind the nasal passages just above the soft palate. |
| **Other Suctioning** | If the suctioning described is not captured in oral suctioning, airway suctioning or tracheal suctioning, contact a QAT for guidance. |
| **Tracheostomy Care (E&E)** | This item includes the maintenance of the inner canula, cleaning the stoma, and changing the trach. |

| Treatment/Therapy | Definition/Description |
|---|---|
| **Care for Central Line** (E&E) | This item includes care of the central line or PICC line by caring for the parts outside of the skin and the dressing. The central line is also known as a central venous catheter (CVC). The CVC is placed into the large vein leading into the heart and is used to give fluids, nourishment, blood products and medicine. |
| **Intravenous (IV) Injections/Infusions** (E&E) | This item includes medication or other fluids that are administered either through an IV or a needle into a vein.<br><br>**Do not include**: Insulin injections in this item.  This is captured in the item below. |
| **Subcutaneous Injections** (E&E) | This item includes administering medicine under the skin. A short needle is used to inject medicine into the tissue between the skin and the muscle. Include intramuscular injections (should be performed by a licensed medical professional only), epi-pens, insulin injections and an insulin pump (changing of insulin cartridges) in this item.<br><br>**Do not include:** blood sugar checks and insulin pumps in this item. |
| **Jejunostomy Tube** (E&E) | This item includes the use of a tube which is placed directly into the small intestine or through a nasal jejunal tube to feed a person.<br><br>**Do not include:** G-tube feeding in this item. It will be captured in the item below. Jejunostomy is a term that combines the terms "jejunum" (a part of the small intestine) and "ostomy" (the opening where the tube is inserted). Stoma care is included in this item. |

| Treatment/Therapy | Definition/Description |
|---|---|
| **Nasogastric or Abdominal Feeding Tube (E&E)** | This item includes the use of a tube which is placed through the nose (nasogastric) or the stomach (abdominal or g-tube) to feed a person. Nasogastric is often referred to as an "NG Tube" and Abdominal is most commonly referred to as a "G-Tube". Stoma care is included in this item. |
| **Indwelling or Suprapubic Catheter Monitoring (E&E)** | This item includes tracking and disposal of urine output and the maintenance of the ostomy device/tubing. "Indwelling" also known as a "foley" catheter, means that the catheter is inserted into the bladder. "Suprapubic" means a tube is inserted into the bladder through a cut into the belly a few inches below the naval (belly button). Stoma care is included in this item.<br><br>**Do not include:** A "condom catheter" which means that it is not inserted into the bladder. |
| **Insertion of Catheter (intermittent catheterization) (E&E)** | This item includes the insertion of a catheter (tubing) into the bladder.<br><br>**Do not include:** "Condom catheters" in this item. |
| **CPAP/BiPAP(E&E)** | This item includes assistance from a support person to apply and adjust the ventilation machine (such as APAP, CPAP, or BiPAP) administered via face mask. To score this item, the ventilation machine is administered without a tracheostomy. |

| Treatment/Therapy | Definition/Description |
|---|---|
| **Mechanical Ventilator other than CPAP/BiPAP (E&E)** | This item includes assistance from a support person to apply and adjust a ventilation machine (such as a Trilogy, Astral, or LTV) administered via a tracheostomy. To score this item, the ventilation machine must be administered with a tracheostomy in place.<br><br>**Do not include:** A tracheostomy itself in this section. It is scored separately. |
| **Oxygen Therapy (E&E)** | This item includes the administration of oxygen via a cannula (tubing attached over the ears with prongs that stick into the nostrils) or through a tracheostomy, which can be applied and removed as needed. This also includes adjustment of the oxygen flow rate based on monitoring of the individual's oxygen levels. |
| **Colostomy, Urostomy, and/or other ostomy (E&E)** | This item includes tracking and disposal of output and the maintenance of the ostomy device/tubing/bag. "Colostomy" means a piece of the colon is diverted to an artificial opening in the abdominal wall to bypass the damaged part of a colon. An "Ileostomy" is another common ostomy. An ileostomy is similar to a colostomy. A different part of the colon "ilium" is diverted to the artificial opening to eliminate waste. "Urostomy" means the flow of urine is diverted to an artificial opening in the abdominal wall to bypass a damaged bladder and/or urethra. Stoma care is included in this item. |

| Treatment/Therapy | Definition/Description |
|---|---|
| **Peritoneal Dialysis (E&E)** | This item includes the removal of waste from the body via a tube inserted into the stomach. "Peritoneal" means the filtering of clear wastes and extra fluid from the body. It replaces the work of the failing kidneys. "Dialysis" means an artificial way of eliminating waste and unwanted fluid from the blood. <br> Includes site care. |
| **Hemodialysis (E&E)** | This item includes the removal and filtering of waste and extra fluid from the body via a tube inserted into a vein. "Hemodialysis means that an artificial kidney does the work of filtering the blood outside of the body via tubes. <br> Includes site care. |
| **Active cerebral shunt monitoring (E&E)** | This item includes the <u>active</u> (feeling for infection and swelling at the site) and very close monitoring for signs of infection, blockage or other malfunction. This also includes documentation of daily checks. All of the above must occur. *Do not include* general monitoring of the shunt site. A "Cerebral Shunt" is a surgically inserted catheter attached to the brain with a tube that leads into the stomach that drains fluid that causes pressure on the brain. <br><br> **Do not include**: General monitoring of the shunt site. |

| Treatment/Therapy | Definition/Description |
|---|---|
| **Baclofen pump (E&E)** | This item includes the active (feeling for infection and swelling at the pump site) and careful monitoring for adverse reactions. This also includes documentation of daily checks. A "Baclofen Pump" is a small pump that is inserted under the skin with a catheter that runs from it to a space in the spine to relieve spasticity.<br><br>**Do not include**: General monitoring of the pump site. |
| **Wound care, excluding stage III or IV ulcers** | This item includes the monitoring, measuring, cleaning, (possible) packing and dressing of a stage I or II skin ulcer (also known as a bed sore or decubitus ulcer) that is not stage III or IV. A "Stage I or II Skin Ulcer" is a wound caused by pressure on the skin due to lack of movement of the body or weakening or rubbing of the skin tissue in the same spot over and over.<br>**Do not include:** Basic first aid to treat minor skin injuries in this item. |
| **Treatment for stage III or IV ulcers (full loss of skin and tissue, may extend into muscle or bone) (E&E)** | This item includes the monitoring, measuring, cleaning, packing and dressing of a stage III or IV skin ulcer (also known as a bed sore or decubitus ulcer). A "Stage III or IV Skin Ulcer" is a wound caused by pressure on the skin due to lack of movement of the body or weakening or rubbing of the skin tissue in the same spot over and over. A stage III or IV ulcer is typically deep and almost, if not, to the bone.<br>**Do not include:** Basic first aid to treat minor skin injuries in this item. |

| Treatment/Therapy | Definition/Description |
|---|---|
| **Behavioral health therapies, including mental health** | This item includes therapy provided by a therapist or a counselor (not an MD). Support includes; A support person helping with exercises such as deep breathing, journaling and other activities as directed by a therapist or counselor. Include exceptional reporting and extensive interactions with provider above and beyond routine appointments.<br><br>**Include:** Applied Behavior Analysis (ABA).<br><br>**Do not include:** behavior interventions or strategies outlined in a PBSP or interaction guidelines or interactions with a behavior specialist.<br><br>**Do not include:** Behavior tracking only in this item.<br><br>**Do not include:** Driving to and attending appointments. |

| Treatment/Therapy | Definition/Description |
|---|---|
| **Psychiatric therapies/services** | This item includes therapy and services provided by a Psychiatrist (one who can prescribe) or an MD. Support includes; A support person helping with exercises such as deep breathing, journaling and other activities as directed by a psychiatrist.<br><br>**Include:** Exceptional reporting and extensive interactions with provider above and beyond routine appointments (Select support person performs).<br><br>**Include:** Primary care providers who write prescriptions for psychotropic medications. (Do not select support person performs).<br><br>**Do not include:** Behavior interventions or strategies outlined in a PBSP or interaction guidelines.<br><br>**Do not include:** Behavior tracking only in this item.<br><br>**Do not include:** Driving to and attending appointments. |
| **Other (See examples in right column)** | Range of motion, physical therapy, occupational therapy, (prescribed by a medical professional) swiping of a VNS, turning and positioning to prevent open wounds and other treatments and therapies not listed. |

## APPENDIX C: GLOSSARY OF TERMS AND ACRONYMS USED IN I/DD SERVICES

| | |
|---|---|
| ADL | "Activities of Daily Living" means the basic personal everyday activities, such as eating, using the restroom, grooming, dressing, bathing, and transferring. |
| Brokerage | "Brokerage" means an entity or distinct operating unit within an existing entity that uses the principles of self-determination to perform the functions associated with planning and implementation of services for individuals with intellectual or developmental disabilities. |
| CDDP | "Community Developmental Disabilities Program" means an entity or distinct operating unit within an existing entity that uses the principles of self-determination to perform the functions associated with planning and implementation of services for individuals with intellectual or developmental disabilities. |
| CIIS | "Children's Intensive In-home Services" - Children's Intensive In-Home Services" includes case management provided by an ODDS employed services coordinator and the services authorized by the Department delivered through the following:<br>(a) The ICF/ID Behavioral Program.<br>(b) The Medically Fragile Children's Program.<br>(c) The Medically Involved Children's Program |
| CME | "Case Management Entity" means a CDDP, a Brokerage, CIIS, or the Children's Residential Program of the Department. |
| E&E | "Enhanced and Exceptional" means the individual has been determined to have needs that rise above typical support needs. Personal Support Workers (PSWs) can receive additional training to receive a higher pay rate when an individual is identified to have enhanced and/or exceptional needs. |
| eXPRS | "Express Payment & Reporting System" – The Oregon Needs Assessment (ONA) tool is built into this platform. It is the payment system used by the Office of Developmental Disabilities Services. |
| FBA | "Functional Behavior Assessment" is an assessment that is completed for individuals with challenging behaviors. This is conducted prior to a Positive Behavior Support Plan to determine if the behavior can be altered based on various strategies. |
| IADLs | "Instrumental Activities of Daily Living" are the activities other than activities of daily living required to continue independent living as described in the Community First Choice state plan. |

| | |
|---|---|
| ICF/IDD | "ICF/IDD Level of Care" means an individual meets the institutional level of care for an intermediate care facility for individuals with intellectual/developmental disabilities. |
| ISP | "Individual Support Plan" includes the written details of the supports, activities, and resources required for an individual to achieve and maintain personal outcomes and health and safety. |
| LOC | "Level of Care" determines whether the individual meets institutional level of care for an intermediate care facility for individuals with intellectual disabilities. |
| MFW | "Medically Fragile Waiver" is for children with very fragile medical needs and are served by the Children's Intensive In-home Services (CIIS) program. |
| MICW | "Medically Involved Child Waiver" is for children with very involved medical needs and are served by the Children's Intensive In-home Services (CIIS) program. |
| ONA | "Oregon Needs Assessment" is the assessment tool used to determine Level of Care, identify risks, determine enhanced and exceptional needs, and measure support needs for individuals with intellectual and developmental disabilities. |
| PA | "Personal Agent" (Employed by a Brokerage Agency) means a person who delivers case management services or person-centered service planning for and with individuals. |
| PSW | "Personal Support Worker" Means a person who has a Medicaid provider number and is hired or selected by an individual or their representative. |
| PBSP | "Positive Behavior Support Plan" means the written strategy, based on person-centered planning and a functional assessment that outlines specific instructions for a primary caregiver or provider to follow in order to reduce the frequency and intensity of the challenging behaviors of an individual and to modify the behavior of the primary caregiver or provider, adjust the environment of the individual, and teach new skills to the individual. |

| | |
|---|---|
| PCI | Person Centered Information is the document that lists information that is important to the individual. |
| Provider | "Provider" means a person, agency, organization, or business, approved by the Department or other appropriate agency and selected by an individual, or their designated or legal representative, to provide services. The provider for a child may not also be the primary caregiver of the child. |
| Proxy | "Proxy" is a term used on the Oregon Needs Assessment (ONA) to represent caregivers, support persons, and others who can speak to the support needs of the individual. |
| PSRB | "Psychiatric Security Review Board" refers to when an individual has committed a felony and has been found to be Guilty Except for Insanity (GEI) (taken from PSRB web page), they are placed under the jurisdiction of the PSRB and must follow requirements and restrictions as ordered. |
| QAT | "Quality Assurance Trainer" is a state employee who provides quality assurance, guidance and support to ONA Assessors. |
| RIT | "Risk Identification Tool" was the tool that was intended to identify known, serious risks that are present in the person's life. These are risks that, without support, would likely result in hospitalization, institutionalization, legal action, or place the person or others in imminent harm. The Risk Report generated by the ONA replaces the RIT. |
| SC | "Services Coordinator" (Employed by a Community Developmental Disabilities Program) means a person who delivers case management services or person-centered service planning for and with individuals. |
| SG | "Service Group" is the hours or rate established by the ONA for fulfilling the ISP goals. |
| SE | "Service Element" is a funding stream to fund developmental disabilities programs and services. See specific service elements in the demographics section of the manual. |
| SI | "Safeguarding Intervention" (SI), formerly known as a Protective Physical Intervention (PPI) is a technique that restricts the movement of an individual in which the support person comes into physical contact with the individual (manually holds the individual in place) to keep the individual or others safe. |

## APPENDIX C: GLOSSARY OF TERMS AND ACRONYMS USED IN I/DD SERVICES

| | |
|---|---|
| TESP | "Temporary Emergency Safety Plan" is a temporary behavior plan written by a behavior specialist to address behavior support needs for an individual until a Positive Behavior Support Plan (PBSP) is finalized. <u>The TESP does not qualify as a formal PBSP for items 36c, 39a and 39b.</u> |

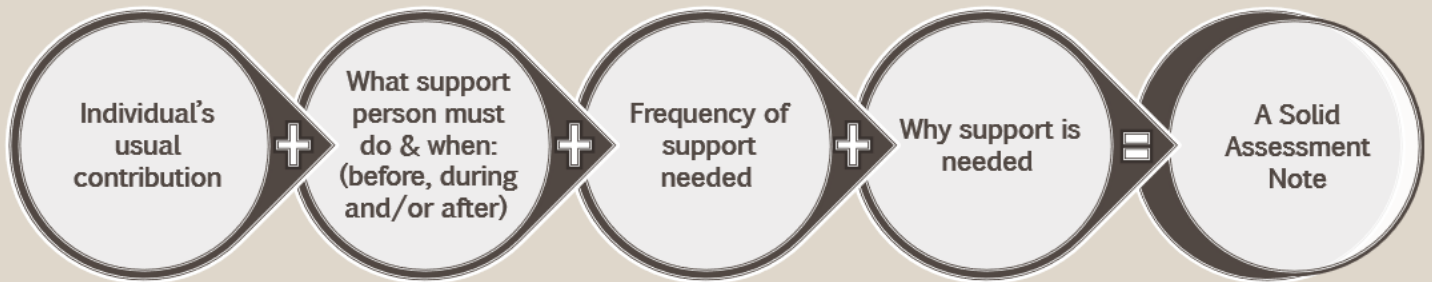**To be used for items 10a General Hygiene and 12a Housework only**

Many items throughout the ONA list several *steps* to complete an activity. Yet, two items include several *parts* to be considered when making coding decisions (General Hygiene and Housework). Be sure not to code supports for just one part of the item only. We'll use Housework as an example: The pie chart below lists several parts, but not necessarily all, that make up the item.

## Housework



- ■ Kitchen
- ■ Bedroom
- ■ Bathroom
- ■ Living Room
- ■ Mopping
- ■ Garbage
- ■ Vacuuming
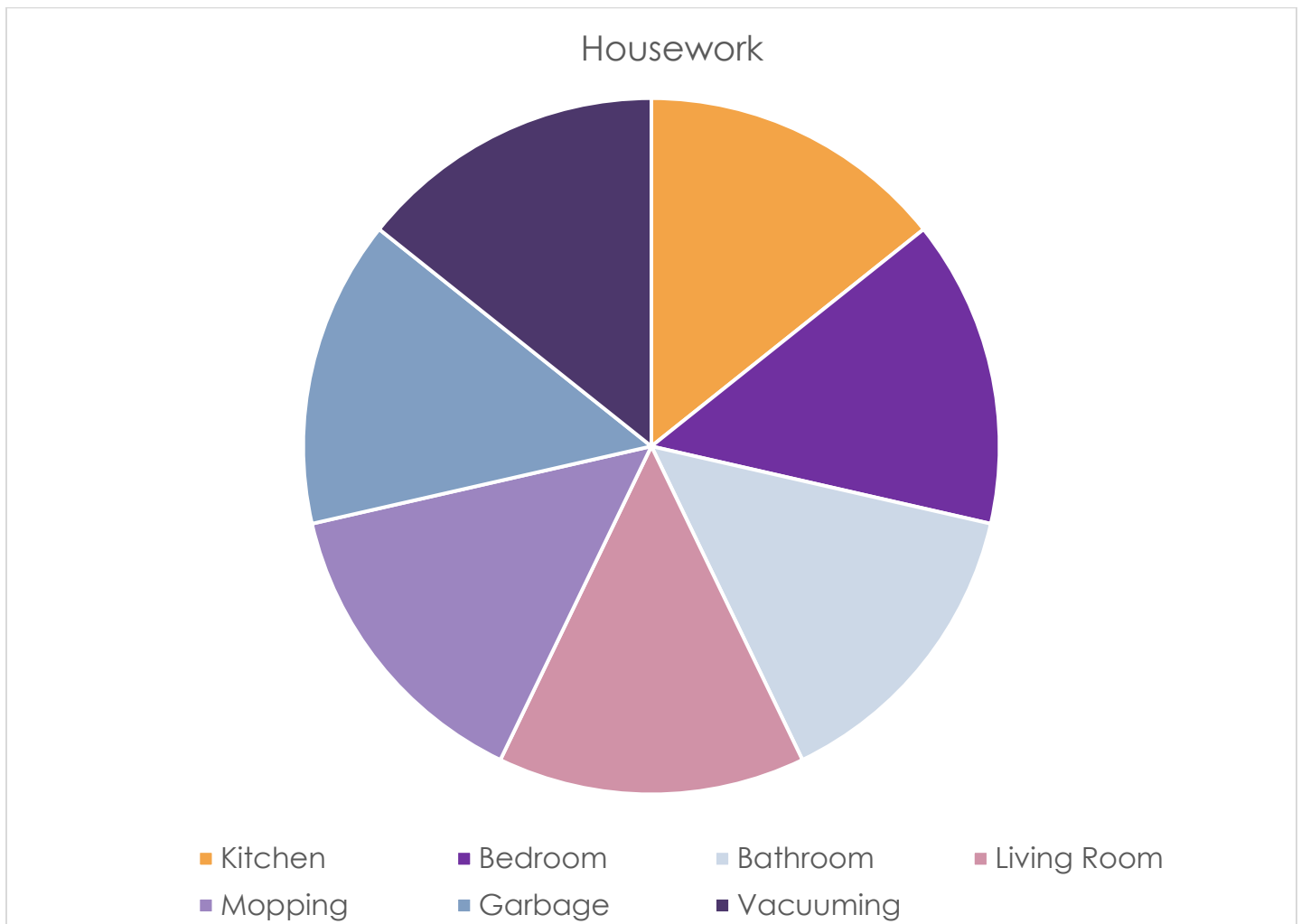
*Example: Anjelica lives alone and works hard on keeping the home clean. Physical help is only needed to do the cleaning once a week. Reminders are needed daily before the activity to clean. A support person comes over on Wednesday to give some physical help to clean the toilet and mop the kitchen because the use of bleach and other harsh chemicals makes Anjelica nervous.* On at least 50% of the days the activity takes place, Anjelica only needs reminders before the activity. Code 'Setup/cleanup'.

**Reminder:** In the notes box for the item, capture the support needed less than 50% of the days the activity takes place. This information is important for SC/PAs to take into consideration for service planning. For Anjelica, a note indicating the physical help needed once a week would be beneficial.

## Formula for Writing an Effective ADL/IADL/Med Mgmt. Note

Individual's usual contribution **+** What support person must do & when: (before, during and/or after) **+** Frequency of support needed **+** Why support is needed **=** A Solid Assessment Note

**Example 1**: Anthony gets dressed while the support person gives him touch cues when dressing every day because he gets easily distracted.

**Example 2**: Melisa stands up by holding onto the support person's arms. The support person gives minimal physical help for every transfer because Melisa is a bit unsteady when she first stands up.

## Formula for Writing an Effective Note to Describe Intervention Frequency (Behavior Item 36)

Describe the Intervention **+** Describe the Frequency of the Intervention
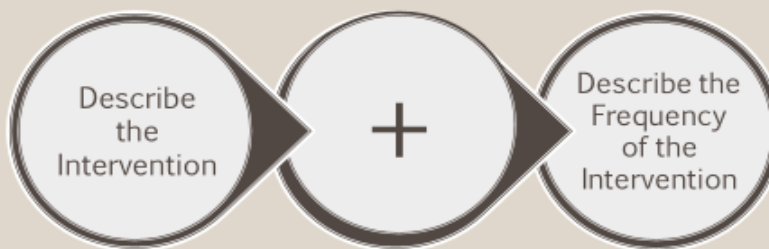
**Example:** John needs verbal redirection ten times daily to prevent arguing with others. Body positioning is used three times weekly to prevent him from hitting his roommates. A shirt-belt hold is used once a week when body positioning is not effective to prevent physical aggression toward others.

# APPENDIX F ONA ITEM ESSENTIAL ELEMENTS

## For use with ADL/IADL and Medication Management Only

**This document is intended to be used as a supplement to the ONA Manual and FAQs which can be found by clicking on the following link:  ONA Assessor Resource Page**

## Instructions:

Use this document along with the Coding Decision Tree and Coding Key to accurately determine which essential elements to consider for each item when coding ADL/IADL and Medication items.

If the individual needs a support person's help <u>at least 50% of the days the activity takes place</u> with any or all of the steps listed in the  'Setup or Clean-up' column *and* needs no help in the 'During the Activity' column, code 'Setup/clean-up'.

If the individual needs help with *any or all* of the steps listed in the 'During the Activity' column, identify what kind of help is <u>needed at least 50% of the days the activity takes place</u>. Then consider the following options for coding:

If the individual needs <u>full (100%) physical assistance</u> for *all* steps in the 'During the Activity*'* column, code 'Dependent' regardless if help is needed in the 'Setup/clean-up' column.

Or, if <u>some help</u> is needed at least 50% of the days the activity takes place for some or all of the steps during the activity, code the kind of help that is needed: '<u>Supervision</u>', '<u>Partial/Moderate</u>' or '<u>Substantial/Maximal</u>'.

<u>Please note:</u>
The list below is not exhaustive. There could be elements in a person's life that are not listed such as using conditioner in the shower, using lotion as part of a general hygiene routine or using fabric softener while doing laundry, etc.

Do not include elements from the list that do not represent the person; for example, if the person always wears slip on shoes, do not focus on the support to tie shoes. Use your best judgment.

# APPENDIX F ONA ITEM ESSENTIAL ELEMENTS

| Item (See ONA manual for item intent) | Setup or Clean-up (Includes reminders/cues before and/or after the activity) | During the Activity (Includes reminders/cues and encouragement during the activity) * All steps in this column can be considered physical steps. | Do NOT Include (Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| **3a: Upper Body Dressing** | • Get clothes out of drawers and/or closets<br>• Choose appropriate clothing (clean vs. dirty, weather, etc.) | • Lift arms<br>• Put clothing on<br>• Button, snap and zip<br>• Put on back brace while dressing<br>• Adjust clothing correctly | • Items that are not put on and taken off while dressing (e.g., a back brace worn only while lifting heavy objects)<br>• Individual talking support person through the steps of dressing |
| **3b: Lower Body Dressing** | • Get clothes out of drawers and/or closets<br>• Choose appropriate clothing (clean vs. dirty, weather, etc.) | • Raise legs<br>• Pull up clothing<br>• Button, snap and zip<br>• Put on leg braces while dressing<br>• Adjust clothing correctly | • Items that are not put on and taken off while dressing (e.g., leg braces only worn during OT/PT)<br>• Individual talking support person through the steps of dressing |
| **3c: Putting on/taking off footwear** | • Get footwear out of closets or off the floor<br>• Choose appropriate footwear (for weather, etc.) | • Bend down to put footwear on<br>• Put feet in footwear/socks<br>• Put shoes on the right feet<br>• Tie, buckle or fasten footwear<br>• Put on orthotics, support hose, compression socks, TED hose, AFOs | • Items that are not put on/taken off while putting on/taking off footwear (e.g., compression socks for brief periods during the day)<br>• Individual talking support person through steps of putting on/taking off footwear |

# APPENDIX F ONA ITEM ESSENTIAL ELEMENTS

| Item (See ONA manual for item intent) | Setup or Clean-up (Includes reminders/cues before and/or after the activity) | During the Activity (Includes reminders/cues and encouragement during the activity) * All steps in this column can be considered physical steps. | Do NOT Include (Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| **4a: Sit to stand** | • Get assistive devices in place such as a walker or cane<br>• Put assistive devices away | • Use legs to bear weight<br>• Use arms to bear weight<br>• Rise up to a standing position | • Ambulating<br>• Individual talking support person through the steps of the transfer |
| **4b: Chair/bed to chair transfer** | • Get assistive devices in place such as a walker or cane<br>• Put assistive devices away | • Use legs to bear weight<br>• Use arms to bear weight<br>• Sit down in a chair or bed | • Ambulating<br>• Individual talking support person through the steps of the transfer |
| **4c: Roll left and right** | • Get sidelyer or another assistive device in place<br>• Put assistive devices away | • While lying down, roll from one side to another<br>• Use side rails or devices to roll<br>• Use arms to pull oneself to one side and/or the other | • Positioning to prevent skin breakdown (if otherwise independent with rolling left and right)<br>• Individual talking support person through the steps of rolling left and right |
| **5b: Walks** 150 feet **(Consider all methods of mobility such as: walking, crawling, scooting, etc.)** | • Get assistive devices in place such as a walker or cane<br>• Put assistive devices away | • Bear weight to walk (could include carrying someone)<br>• Crawl or scoot<br>• Use of adaptive devices in place such as walkers and rails if currently used to ambulate | • Use of a wheelchair or scooter<br>• Individual talking support person through the steps of walking |

# APPENDIX F ONA ITEM ESSENTIAL ELEMENTS

| Item (See ONA manual for item intent) | Setup or Clean-up (Includes reminders/cues **before and/or after** the activity) | During the Activity (Includes reminders/cues and encouragement **during** the activity) * All steps in this column can be considered physical steps. | Do NOT Include (Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| **5c: Step onto/off a curb** | • Get assistive devices in place such as a walker or cane<br>• Put assistive devices away | • Bear weight to go up and down a curb or step (could include carrying someone)<br>• Take a step<br>• Use of adaptive devices such as canes, walkers, etc., if currently used to ambulate | • Stairs<br>• Individual talking support person through the steps of stepping onto/off of curbs |
| **5d:** 12 **steps** | • Get assistive devices in place such as a specialized rail<br>• Put assistive devices away | • Bear weight to go up and down stairs (could include carrying someone)<br>• Take steps<br>• Bear weight with arms to use rails to go up and down stairs | • Curbs<br>• Individual talking support person through the steps of going up/down steps |
| **5f: Wheels** 150 feet | • Get wheelchair into position for use<br>• Plug or unplug wheelchair from charger | • Use arms to propel manual wheelchair/stroller<br>• Use controller to propel electric wheelchair<br>• Maneuver wheelchair/ scooter/stroller around corners/obstacles | • A stroller or wheelchair used for the support person's convenience<br>• Walking<br>• Individual talking support person through the steps of wheeling |

# APPENDIX F ONA ITEM ESSENTIAL ELEMENTS

| Item (See ONA manual for item intent) | Setup or Clean-up (Includes reminders/cues before and/or after the activity) | During the Activity (Includes reminders/cues and encouragement during the activity) * All steps in this column can be considered physical steps. | Do NOT Include (Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| **6b: Eating** | • Arrange plate, drink and/or utensils in a specific way on the table before eating due to vision or agility needs | • Cut-up food while eating<br>• Bring food and drink to the mouth<br>• Eat in a safe manner (choke risk may be present if food is eaten too rapidly) | • Modifying food consistency<br>• Cutting up food during meal prep<br>• Individual talking support person through the steps of eating |
| **6c: Tube feeding** | • Set out supplies for feeding<br>• Put supplies away | • Pour nutrition into bag or syringe<br>• Watch for residuals and physically make adjustments<br>• Flush tubing<br>• Adjust or change g-tube settings/process as needed<br>• Vent air from tube | • Stoma care<br>• Individual talking support person through the steps of tube feeding |
| **7a: Toilet hygiene** | • Identify the need to eliminate<br>• Get supplies out for use<br>• Put supplies away | • Adjust clothing before use<br>• Adjust clothing after use<br>• Use toilet effectively and wipe after use<br>• Flush the toilet<br>• Empty bedpan or commode<br>• Change and clean up soiled area of body and briefs after incontinence<br>• Use/care of catheter, colostomy, urostomy | • Transferring on and off the toilet<br>• Washing hands<br>• Cleaning up soiled bedding and/or bathroom<br>• Individual talking support person through the steps of elimination |

| Item (See ONA manual for item intent) | Setup or Clean-up (Includes reminders/cues before and/or after the activity) | During the Activity (Includes reminders/cues and encouragement during the activity) *All steps in this column can be considered physical steps. | Do NOT Include (Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| 7b: Toilet transfer | • Set up rails or handles to assist with transfer<br>• Put supplies away | • Bear weight to initially get on and then get off a toilet or commode after use<br>• Sit down on toilet<br>• Consider use of adaptive devices to transfer if already in place | • Steps of using the toilet<br>• Individual talking support person through the steps of transferring on/off toilet |
| 8a: Shower/bathe self | • Set out and open supplies<br>• Put supplies away | • Adjust water temperature<br>• Judge water temperature<br>• Get in/out of shower<br>• Use soap to clean body<br>• Use shampoo to clean hair<br>• Rinse off body<br>• Dry off body | • General hygiene activities<br>• Individual talking support person through the steps of showering/bathing |
| 9a: Oral Hygiene | • Set out toothpaste and toothbrush<br>• Open toothpaste<br>• Put toothbrush and toothpaste away | • Apply toothpaste to toothbrush<br>• Brush teeth and rinse<br>• Floss<br>• Clean and soak dentures<br>• Oral care for gums | • General hygiene activities<br>• Treatments provided by dentist<br>• Individual talking support person through the steps of oral hygiene |

| Item (See ONA manual for item intent) | Setup or Clean-up (Includes reminders/cues before and/or after the activity) | During the Activity (Includes reminders/cues and encouragement during the activity) * All steps in this column can be considered physical steps. | Do NOT Include (Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| **10a: General Hygiene** | • Set out and open supplies for use<br>• Put supplies away | • Brush hair<br>• Apply deodorant<br>• Wash face and/or hands as needed during the day<br>• Clean ears and nose<br>• Wash hands after using the toilet<br>• Nail care<br>• Shaving<br>• Menses care<br>• Other hygiene specific to individual | • Services provided by professionals outside of the home (hairdresser, barber, nail salon)<br>• Individual talking support person through the steps of general hygiene |
| **12a: Housework** | • Set out and open supplies for cleaning<br>• Put cleaning supplies away | • Usual tasks to clean all rooms of the home such as: vacuum, dust, put items away, sweep, mop, make beds, clean dishes, counters and toilets<br>• Use chemicals and appliances to clean<br>• Clean up items used for ADL/IADL activities | • Paid housekeeping services (housecleaner)<br>• Occasional deep cleaning<br>• Individual talking support person through the steps of housework |

# APPENDIX F ONA ITEM ESSENTIAL ELEMENTS

| Item<br>(See ONA manual for item intent) | Setup or Clean-up<br>(Includes reminders/cues before and/or after the activity) | During the Activity<br>(Includes reminders/cues and encouragement during the activity)<br>* All steps in this column can be considered physical steps. | Do NOT Include<br>(Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| **13a: Make a light meal** (Consider all the food/drink the individual usually consumes and the support to prepare it) | • Set out and open supplies for making meals<br>• Take items out of cupboards/fridge | • Use knives<br>• Use utensils<br>• Use stove, microwave and other appliances<br>• Use list of ingredients and cooking instructions<br>• Complete steps of making meals<br>• Complete steps of preparing formula/ ingredients for tube feeding<br>• Cut up food before being served | • Making complex meals, such as a Thanksgiving dinner, or other meal preparation that is not usual for the individual<br>• Making nutritional choices<br>• Decision of what to make<br>• Individual talking support person through the steps of making meals |
| **14a: Laundry** | • Set out and open supplies for laundry<br>• Put supplies away | • Put dirty laundry in basket<br>• Physically sort laundry<br>• Take laundry to washer<br>• Put laundry in washer<br>• Put soap in washer<br>• Push buttons/turn dials on washer/dryer to start<br>• Put laundry in dryer<br>• Take laundry out of dryer<br>• Fold laundry<br>• Take laundry to room<br>• Put laundry away | • Dry cleaning services<br>• Clothing repair<br>• Ironing<br>• Sewing tasks<br>• Individual talking support person through the steps of laundry |

| Item (See ONA manual for item intent) | Setup or Clean-up (Includes reminders/cues before and/or after the activity) | During the Activity (Includes reminders/cues and encouragement during the activity) *All steps in this column can be considered physical steps. | Do NOT Include (Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| **15a: Use** public **transportation (Consider any motorized transportation)** | • Provide bus schedule to individual<br>• Reminders to set up a ride | • Plan and arrange the ride<br>• Plan/figure out routes<br>• Open/close vehicle doors<br>• Get in/out of vehicle<br>• Fasten seat belt<br>• Drive<br>• Navigate | • Walking<br>• Riding a bike<br>• Electric bikes<br>• Kick scooters (scooter that one stands on on)<br>• School bus used for transporting to/from school<br>• Budgeting for and obtaining a bus pass |
| **15b: Car transfer** *Consider supervision required for behavior in this item if it impacts ability to get in/out of car safely* | • Get assistive devices in place such as a walker or cane<br>• Put assistive devices away | • Bear weight with legs<br>• Bear weight with arms<br>• Initially get in and then get out of a vehicle at the destination. | • Opening and closing vehicle doors<br>• Fastening/unfastening seatbelts<br>• Individual talking support person through the steps of the car transfer |
| **16a: Money Management** | • Set out and open bank statements and bills<br>• Reminders to pay bills<br>• Reminders to save money | • Know money has value *and* understands some denominations<br>• Manage finances for food, personal items, clothing and shelter<br>• Count money<br>• Make change<br>• Pay bills<br>• Write checks<br>• Balance a checkbook/bank account<br>• Save and budget for larger purchases<br>• Budget for use of debit/atm card | • Special needs trusts<br>• Retirement accounts<br>• Applying for social benefits (e.g. self-sufficiency benefits, Social Security) |

| Item (See ONA manual for item intent) | Setup or Clean-up (Includes reminders/cues before and/or after the activity) | During the Activity (Includes reminders/cues and encouragement during the activity) * All steps in this column can be considered physical steps. | Do NOT Include (Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| **17a: Light Shopping** (Consider all shopping for food groceries and personal items required for the individual) | • Create a shopping list<br>• Put groceries away<br>• Reminders to shop<br>• Reminders to shop for needed items | • Figure out what is needed to purchase while shopping<br>• Shop from a list<br>• Locate and select items<br>• Take items from shelves<br>• Take cart to checkout<br>• Pay for items<br>• Complete steps of online shopping | • Budgeting<br>• Support for mobility only<br>• Interactions with store personnel |
| **47c: Medication management – oral medication** | • Get oral medication out of where it is stored<br>• Open oral medication<br>• Reminders to take medication<br>• Put medication away | • Know the correct oral medication to take<br>• Take the correct dose<br>• Put the pill in the mouth<br>• Set-up pill minder<br>• Cut/prepare medicine for dispensing | • Medications used less than monthly<br>• Ordering or picking up prescriptions and refills<br>• Swallowing medication |
| **47d: Medication management – inhalant/mist medications** | • Get inhaler/mist out of where it is stored (includes nebulizer)<br>• Open medication<br>• Reminders to use medication<br>• Put medication away | • Know and dispense the correct amount of inhaler/mist<br>• Hold mask or inhaler in the correct position<br>• Turn on machine | • Medications used less than monthly<br>• Ordering or picking up prescriptions and refills<br>• Taking breaths |

# APPENDIX F ONA ITEM ESSENTIAL ELEMENTS

| Item (See ONA manual for item intent) | Setup or Clean-up (Includes reminders/cues before and/or after the activity) | During the Activity (Includes reminders/cues and encouragement during the activity) * All steps in this column can be considered physical steps. | Do NOT Include (Do not consider items listed in this column when coding support needs) |
|---|---|---|---|
| **47e: Medication management – injectable medications** | • Get injectable medication out of where it is stored<br>• Open medication<br>• Reminders to use medication<br>• Dispose of sharps<br>• Put medication away | • Know the correct amount of injectable medication<br>• Inject the medication in correct area of body<br>• Inject the correct amount of medicine | • Medications used less than monthly<br>• Injections administered by medical professionals<br>• Ordering or picking up prescriptions and refills |
| **47f: Medication management – topical medications** | • Get topical medication out of where it is stored<br>• Open medication<br>• Reminders to use medication<br>• Put medication away | • Know the correct amount of medication<br>• Apply the topical medication to the correct area of the body<br>• Apply eye and ear drops | • Medications used less than monthly<br>• Ordering or picking up prescriptions and refills |
| **47g: Medication management – suppository medications** | • Get suppository/enema out of where it is stored<br>• Open medication<br>• Reminders to use medication<br>• Put medication away | • Know the correct dose<br>• Insert the suppository/ enema into the correct area of body<br>• Insert the correct amount of medicine | • Medications used less than monthly<br>• Ordering or picking up prescriptions and refills |
| **47h: Medication management – medications through tube** | • Get medication and supplies out of where it is stored<br>• Open medication<br>• Reminders to use medication<br>• Put medication away | • Know the correct dose<br>• Prepare tube for medication<br>• Flush tube<br>• Push medication through the tube<br>• Watch for residuals<br>• Flush with water<br>• Turn on pump<br>• Unkink tubing<br>• Vent air through tube | • Medications used less than monthly<br>• Ordering or picking up prescriptions and refills |

## 'Person refused', 'Not applicable' and 'Not attempted'

*Always refer to the ONA manual to make sure you are aware of the expanded guidance for each item.

## Guidance for the 3 Coding Options

**Person Refused:** Keep in mind that if 'Person refused' is coded, this means that the individual may appear to need support, but NO supports will be provided at all. Or, the individual refuses to answer and there is no reliable source of information. *Many items can potentially be coded as 'person refused'. *Keep in mind that If the person refuses to complete an activity **and** alternate supports are used, don't code 'person refused'. For example: The individual refuses to step off curbs due to a fear of falling. A support person directs the individual down ramps or driveways instead. This would be coded as 'Not attempted' because alternate supports are used.*

**Not Applicable:** If 'Not applicable' is coded, this means that the item does not apply at all. Nobody is providing support and the activity is not needed by the individual.

**Not Attempted due to Medical or Safety Concern:** If 'Not Attempted' is coded, this means that the individual can't engage in the activity due to health and safety reasons. Yet, the individual or a support person will use alternate supports to meet the need. For example, the individual takes nothing by mouth (NPO). Therefore, they do not eat or drink. J or G Tube is used instead. *(Alternate support means that the individual or support person must come up with another way to meet the need instead of completing the specific item for the individual).*

## Item by Item Guidance for use of the 3 Coding Options

**Item 3a: Upper body Dressing:** Never code 'Not applicable'. This item will always apply.

**Item 3b: Lower body dressing:** Never code 'Not applicable'. This item will always apply.

**Item 3c: Putting on/taking off footwear:** 'Not applicable' could apply to individuals who have no feet. Use best judgment. There are many individuals who have socks put on the ends of their legs and may need help.

**Item 4a: Sit to stand:** Never code, 'Not applicable'. If the individual does not stand up at all due to medical or physical reasons and it would be unsafe to stand up or sit from standing, code 'Not attempted' as alternate supports would be used to transfer, such as a mechanical lift or 1 or 2 person assist. Consider if the individual is ever stood up by staff (maybe two staff) to adjust clothes, dry the back side of the body, etc. Code the support needed. On a rare occasion, the individual may be on end-stage hospice, and may not be moved at all, code "Not attempted".

**Item 4b: Chair/bed to chair transfer:** People typically transfer from their beds unless they are on end-stage hospice and will not be transferred out of bed again. If that's the case, code 'Not attempted'. Anyone else would be coded based on the support needed.

**Item 4c: Roll left and right:** Never code 'Not applicable' and 'Not attempted'. This item always applies. Even a person on hospice will typically be turned for comfort.

**Item 5b: Walks 150 ft:** If you've marked 'Yes' for item 5a, 'Dependent' or 'Not applicable' would never apply for this item. Keep in mind that you don't want to focus on the '150 ft' language in this question. Consider the distance the individual typically walks, scoots or crawls.

**Item 5c: Step onto/off of a curb:** 'Not attempted' could apply because alternate means can be provided, such as the use of ramps instead of curbs at home or in the community. This meets the need to go up and down one step or curb. 'Not applicable' will be rarely coded, if at all. A correct usage of 'Not applicable' would be an individual who never goes out into the community and has no steps at home. However, most people will have to navigate a step or curb in most environments.

**Item 5d: 12 steps:** Keep in mind that you don't want to focus on the '12 steps' language in this question. Consider the steps the individual typically climbs or descends. If it's unsafe to go up or down stairs due to medical or safety concerns, code 'Not attempted' because alternate means such as elevators or ramps will be used. 'Not applicable' will be rarely used. If the individual will never need to access stairs or steps at all because the community and home are completely flat, 'Not applicable' would make sense. Again, that's not common.

**Item 5f: Wheels 150 ft:** If item 5e is marked 'yes' or 'no, unmet need', do not code 'Not applicable' or 'Not attempted'. Keep in mind that you don't want to focus on the '150 ft' language in this question. Consider the distance the individual typically wheels. Item 5e indicates that the wheelchair is used.

**Item 6b: Eating:** Never code 'Not applicable'. The item must apply to the individual in some way. If the individual does not eat or drink through the mouth at all and receives all nutrition through a j or g-tube, code 'Not attempted'. The individual does not eat or drink due to medical or safety concerns. Alternate supports are used (j or g tube).

**Item 6c: Tube feeding:** Never code 'Not applicable' or 'Not attempted'. This item only remains open if j or g tube feeding is indicated in item 6a.

**Item 7a: Toilet hygiene:** Never code 'Not applicable' or 'Not attempted'. Elimination must occur. Keep in mind that you don't want to focus on the word 'toilet'. this item includes incontinence, catheter, colostomy and urostomy supports as well. Refer to the expanded item definition in the manual.

**Item 7b: Toilet transfer:** Never code 'Not applicable'. An individual or support person may use alternate means such as the individual transfers onto the bed or is transferred onto a bed to have attends changed, etc. Thus, coding 'Not attempted' is accurate.

**Item 8a: Shower/bathe self:** Never code 'Not applicable' or 'Not attempted'. This item is essential to health and safety. Keep in mind that this item includes bed baths, sponge baths, full body wipe downs, etc. to clean the body.

**Item 9: Oral hygiene:** Never code 'Not attempted' as there are no alternate supports for oral care. Keep in mind that oral hygiene includes gum care, care for dentures and tooth brushing. If the individual has no teeth and no gum care is needed because the individual drinks beverages that washes debris down and support people say no care will be provided at all for gums, code 'Not applicable'. Be sure to probe carefully as supports for gums is very typical for people with no teeth. Some individuals have severe aspiration risks and will require suctioning while getting the teeth brushed or cleaned, supports will be coded.

**Item 10: General hygiene:** Never code 'Not applicable' or 'Not attempted'. Parts of this item are essential to health and safety.

**Item 12: Housework:** Never code 'Not applicable' or 'Not attempted'. Some level of cleaning must be done to prevent health and safety risks. The coding of 'Person Refused' would be applicable for an individual who refuses help and no type of help will be provided.

**Item 13: Make a light meal:** Never code 'Not applicable' as food or j/g tube nutrition must be prepped. Do not code 'Not attempted'. If the individual is unable to cook due to medical or safety concerns, and the item is completed for the individual, code 'Dependent'. Keep in mind that this item includes the use of stoves and knives if typical for the individual. If the individual eats every meal at restaurants because they are <u>unable to cook</u>, consider the cook at the restaurant as an informal support. Consider the individual's skills and abilities to determine the accurate coding.

**Item 14: Laundry:** Never code 'Not applicable' or 'Not attempted' as this item is essential to health and safety. The coding of 'Person Refused' would be applicable for an individual who refuses help and no type of help will be provided.

**Item 15a: Use public transportation:** Keep in mind that you don't want to focus on the word 'public'. This item includes all modes of transportation such as cars, agency vans, paratransit, etc. On a rare occasion, the individual may not go into the community at all. If that's the case and the activity did not occur in the last 30 days, then code 'Not applicable'.

**Item 15b: Car transfer:** Please keep in mind that you don't want to focus on the word 'car'. This item includes all modes of transportation such as buses, cars, paratransit, and buses. Only code 'not applicable' if the individual never uses any form of transportation (see example above for item 15a).

**Item 16: Money Management:** Never code 'Not applicable' or 'Not attempted'. This item is essential to an individual's life and there are no alternate supports.

**Item 17: Light Shopping:** Never code 'Not applicable' as shopping is essential. Never code 'Not attempted' because there are no alternate means. Shopping must be done. Please keep in mind that you don't want to focus on the 'five groceries' language. Consider what is typical for the individual when shopping.

**Item 47c – h: Medication management supports**: Any of the medication management items can be coded 'Not applicable' if the individual does not take the medication via the various methods of administering meds. If an individual has a choke risk, does not receive oral meds via the mouth and receives them through a g or j tube, code 'Not attempted' for item 47c, Medication management-oral, and capture the supports for oral meds through a tube in item 47h.