

# OREGON NEEDS ASSESSMENT MANUAL

SEPTEMBER 2023  
VERSION 6

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## INTRODUCTION

### Purpose of the Assessment Tool

The Oregon Needs Assessment (ONA) is the functional needs assessment that fulfills the following requirements to ensure access to appropriate services for people with Intellectual and Developmental Disabilities (I/DD):

- The assessment establishes whether people meet the Intermediate Care Facility for people 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 supports the establishment of a **Service Group (SG)**. <https://www.oregon.gov/odhs/compass/Pages/service-groups.aspx>
- The assessment identifies **Enhanced status** for people who are supported by a Personal Support Worker (PSW). <https://www.oregon.gov/odhs/providers-partners/idd/workerguides/enhanced-exceptional.pdf>

\*(**LOC**), (**RISK**) and (**SG**) items are indicated throughout the manual.

## GENERAL INSTRUCTIONS FOR COMPLETING THE ASSESSMENT

The ONA is a non-consensus-based tool conducted by ODDS trained Certified Assessors. Certified Assessors use their professional judgment, while also being aware of any potential bias, to make informed decisions by gathering information based on ODDS guidance to determine the coding of ONA items.

This includes:

- Reviewing the person's support documents.
- Meeting with and observing the person while they're awake.
- Interviewing the person and any invited guests and, if necessary,
- Seeking additional input from others on the person's support team.

Keep in mind that not all support needs will be captured in the ONA. **For example:** Ordering prescriptions, care for pets, including service animals, and care and use of prosthetics such as hearing aids and eyewear. Be sure to indicate the support needed in the notes box for the relevant items. Assessors will use their professional judgment to code items.

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

Consider the support needed for each item with adaptations, accommodations (including service animals), and assistive devices in place, 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.

ONAs are typically assigned by the Case Management Entity (CME) that the assessor is employed by. On occasion, assessors may be asked to complete an ONA for people not receiving services from their CME. Certified assessors cannot complete ONAs for people they have provided case management services for on their own caseload until a period of six months has lapsed from the last day of case management. See OAR [411-425-0025](#).

An ONA does not need to be completed because of a change in service element, unless support needs have changed, or the ONA is expiring.

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

- **Creation of the ONA in eXPRS**
- **File Review**
- **Face-to-Face Meeting**
- **Assessment Interview**
- **Submit ONA in eXPRS**

If the required steps of the ONA are not completed within 30 days, a new ONA will need to be completed to ensure all steps are completed within the required 30-day window. All steps must be completed by the same assessor.

- **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 person and allow the assessment interview to (1) create a more person-centered interview since the assessor is better informed about the person's support needs; (2) be expedited and reduce fatigue; (3) limit the number of times the person must explain various support needs; and (4) facilitate a conversation that is more engaging and interactive.
  - Whenever possible, this should be done prior to the interaction with the person and the assessment interview. If the person's residential or employment providers have files that contain significant information that are not in the case management files, the assessor should look at those files too.
  - Assessors are encouraged to take notes and verify the information with the person and others during the assessment process.
  - Use the information gathered from the case file to inform the assessment process but do not rely solely on that information to make coding decisions.

Fillable and printable versions of the ONA Notes Guide are on the ONA Assessor Toolkit.

**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. All notes left on the ONA are determined to be accurate by the assessor who submits the ONA.

- **Scheduling the face-to-face meeting and assessment interview**

- The assessor will work in cooperation with the Case Management Entity (CME) to schedule both the face-to-face meeting with the person and assessment interview. The face-to-face meeting and interview can take place at the same time. The face-to-face meeting and/or interview should occur at the time and place agreed upon by the person. The assessor will learn more by observing the person at home or school/work/day program than they will by observing the person in an unfamiliar setting.
- Assessors should take all necessary steps to ensure that the person can participate in the assessment process to the best of their ability.
- The guardian must be invited but is not required to attend the interview. The assessor should confirm that the guardian was invited.
- If the person or their legal guardian/designated representative are unable to attend the scheduled ONA assessment, consent, either verbal or written, must be obtained by the SC or PA to proceed with the meeting in their absence. If consent is not obtained, the assessment will be postponed until consent is received.
- The interview should include only those people the person chooses to participate with guidance from the ISP team if needed. If the person does not want someone at the interview, then that person(s) should not be invited.
  - The Service Coordinator (SC), Personal Agent (PA), and/or the assessor should ask the person to talk about people who are important to them. The SC/PA should help the person choose appropriate people to be at the ONA interview such as their service providers. This could also include family, friends, neighbors, support people 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 person to participate.

- There is no minimum or maximum amount of people who must attend the assessment interview. The person can choose to have no one present but themselves and the assessor. The assessor can follow up with others later.
- There is no length of time the person and those chosen to be present must know each other.
  - If the person is unable to choose, the ISP team will agree upon the time, place and those who will participate in the ONA process.
  - 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).
- No fewer than 14 calendar days prior to conducting an ONA, the CME must mail a notice of the assessment process to the person 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. See Notice of Functional Needs Assessment Transmittal: [PT-23-041](#).

- **Face-to-face meeting/observation with the person**

- The face-to-face meeting is a key component to gathering information in a person-centered manner and is required.
- The assessor conducting the ONA must complete a face-to-face observation of the person being assessed. The face-to-face observation is used to inform the assessor's knowledge of the person's ability to engage in ADL/IADL activities and is required by OAR [411-425-0055](#).
- The person must be awake to complete the face-to-face requirement but is not required to demonstrate their abilities.
- If the person chooses not to participate in the assessment interview, it is highly recommended that the face-to-face meeting/observation take place before the assessment interview.

- The interview can be conducted in person or virtually. Participants can attend via conference call, or other virtual platform. Interviews conducted over the phone should be avoided whenever possible.

- **During the Interview**

- The assessor does not need to address all items during the meeting, especially if the person 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 with the person's permission.
- ONA items are not required to be discussed in the order of the tool. Often during the interview, the conversation may skip around to different topics making a conversational approach an effective way to collect the information needed.
- During the interview, the assessor should not read item coding options and 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.
- While full participation is encouraged, participants do not need to stay for the entire assessment interview.
- If not at the assessment interview, follow-up with the SC/PA, residential provider and employment provider(s) is required for gathering information. The follow-up does not need to be a formal meeting.

- **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, text, additional interactions (be sure to follow HIPPA laws.) If the person has chosen not to discuss specific items with the assessor, the assessor will follow-up with ISP team to gather additional information.
- The provider is not required to be present at the ONA interview. If the residential (group home, supported living, foster care) or employment provider(s) do not participate in the assessment interview with the person, the assessor is required to follow-up with them prior to submitting the ONA.

A progress note is required to support a claim for completing an ONA per the [Case Management Activities and the ONA](#) worker guide. The progress note must meet all the requirements of a progress note that supports any other case management service claim. The CME can establish internal practices for how an assessor's documentation gets into the individual case record. A qualifying progress note could read, with appropriate editing:

“(ASSESSOR NAME) submitted an ONA into eXPRS for (PERSON'S NAME) on (DATE). This was following a review of available documentation, a face-to-face encounter with (PERSON'S NAME) on (DATE) at (PLACE), as well as interviews with (NAME), (NAME), and (NAME). See the completed ONA in eXPRS for the assessment outcomes.”

## 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 person 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 meeting/observation with the person, assessment interview, and any additional follow-up interactions.

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.

The eXPRS tool will time out if there has been no activity for fifteen minutes or longer on the page being worked on. If the page isn't saved, the information on only that page will be lost. Please be sure to save work on each page or don't leave the page idle for longer than fifteen minutes.

- **Notes are required for all ONA items.** The assessor will make sure the notes written support the coding option selected. See the formula for writing a solid note in [Appendix D](#) on page 169.
- Only after the 'Submit' button on the bottom of the Comprehensive Review page is clicked, is the ONA considered complete.

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.

Be sure to answer all items whether they are marked with an asterisk or not. Many 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.

A copy of the completed ONA or summary must be offered to the person and/or guardian. A copy of the completed ONA or summary must be given to the residential (group home, supported living, or foster care) or employment provider(s) by the assessor or SC/PA if requested. See the Distributing ONA Results document on the [ONA Assessor Toolkit](#) for a list of who should receive a copy of the ONA.

The ONA Assessor must make the SC/PA aware that the ONA is completed. The SC/PA must review the ONA within 60 days to ensure a complete and accurate picture of support needs was captured. See [AR-20-103](#) for details.

If a person or guardian does not agree with the ONA results or how it was completed, please refer them to the complaints process at: <https://www.oregon.gov/odhs/idd/Pages/complaints.aspx>

If the assigned Service Group (SG) does not appear to meet the person's support needs, an exception can be filed by the SC or PA. See the [ODDS Funding Review and Exceptions Worker Guide](#) for more information.

For eXPRS login issues, please send an e-mail to: [Info.eXPRS@odhsoha.oregon.gov](mailto:Info.eXPRS@odhsoha.oregon.gov)

## Overview of Contents

The contents of the ONA are divided into seven sections:

- 1. Assessment & Demographic Information** - This section collects information about the assessment and assessor, the person's demographics, and the contributors to the assessment process.
- 2. Communication** - This section collects information to document the forms of communication, technology, and environmental modifications that are used by the person and any implications for support planning.
- 3. 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 person'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 person needs assistance with. The IADL section documents the person's usual support needs to complete activities that are not necessarily fundamental for functioning but allow the person greater independence.
- 4. 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.
- 5. Safety** - This section collects information about safety needs to identify how the person handles emergency situations, to highlight any needs that should be addressed as part of support planning and to identify any personal safety needs.
- 6. 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.
- 7. Comprehensive Review** - This section contains a support needs summary that creates a list of the person's needs and other information collected during the assessment. This section also identifies the Service Group, Enhanced indicator, and the potential need for 2:1 support.

## **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. The left column on each page depicts the exact tool language for each item. The right column for each item depicts the item intent. It's important that assessors read and understand the item intent for each item.

## **SECTION I – ASSESSMENT AND DEMOGRAPHIC INFORMATION**

### **Guidance for Individual Sections**

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

## Demographics

Assessment Item	Guidance
<p><b>*Assessment type:</b></p> <ul style="list-style-type: none"><li>○ Annual (Certified Assessor ONA)</li><li>○ Annual (SC/PA Assessment)</li><li>○ Change in Need</li><li>○ Request</li><li>○ New to Service</li><li>○ Correction</li><li>○ QA Correction</li><li>○ Risk Change</li></ul>	<p>Select the reason for the assessment.</p> <p><b>Annual (Certified Assessor ONA):</b></p> <ul style="list-style-type: none"><li>✓ If the ONA assessor is completing the annual ONA, select this option.</li><li>✓ Select this option for a five-year cycle (for adults).</li><li>✓ Select this option for children enrolled in CIIS MFW/MICW who are turning 18. (T- 18 ONAs will be completed by the receiving CME).</li><li>✓ 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 61 days before the next birthdate, whichever comes first).</li></ul> <p><b>For example:</b> Marcus will turn 5 on September 1<sup>st</sup>. The certified ONA Assessor has the option of completing an ONA anytime within 60 days before their 5<sup>th</sup> birthday (July 1<sup>st</sup> up to August 31<sup>st</sup>). Or the Certified Assessor ONA can be completed after their 5<sup>th</sup> birthday before the LOC/ONA expiration or until June 29<sup>th</sup> (61 days before their 6<sup>th</sup> birthday).</p> <p><b>Annual (SC/PA Assessment):</b></p> <ul style="list-style-type: none"><li>✓ This selection is to be used by SCs and PAs completing the annual assessment to confirm that support needs have remained the same.</li><li>✓ Select this option if backup certified assessors are completing the Annual ONA for a person on their own caseload and support needs have not changed.</li></ul> <p><b>Change in Need:</b></p> <ul style="list-style-type: none"><li>✓ Select this option if the assessor, case manager, representative or guardian has identified a significant change in need at a time outside of the annual ONA window. Consider both increases and decreases in support needs.</li><li>✓ The certified assessor has 45 days from date the need was identified to complete the 'Change in need ONA' but must still follow the 30-day ONA rule.</li></ul>

Assessment Item	Guidance
	<p><b>Request:</b></p> <ul style="list-style-type: none"> <li>✓ The person or their designated representative has requested a re- assessment and there are no known significant changes in need at the time of the request.</li> <li>✓ The certified assessor has 45 days from date of request to complete the 'Request' ONA but must still follow the 30-day ONA rule.</li> <li>✓ A provider cannot request an ONA be completed.</li> </ul> <p><b>New to Service:</b></p> <ul style="list-style-type: none"> <li>✓ Select this option if the person 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.</li> </ul> <p><b>Correction:</b></p> <ul style="list-style-type: none"> <li>✓ 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. (If new information has been identified, do not use this option. Complete a 'Change in Need' ONA instead).</li> <li>✓ LOC and ONA expiration dates will not change. When a 'Correction' ONA is created, identify which item(s) are being corrected in the 'Additional comments related to case management entity' notes box on the demographics page and notify the SC/PA when submitted. Do not give a detailed description of each correction in the demographics notes box. See the specific item for detailed notes. Be sure to update the note to match the coding that was corrected.</li> </ul>

Assessment Item	Guidance
	<p><b>QA Correction:</b></p> <ul style="list-style-type: none"> <li>✓ 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.</li> </ul> <p><b>Risk Change:</b></p> <ul style="list-style-type: none"> <li>✓ 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.</li> </ul>

Assessment Item	Guidance
<p><b>*Date of Assessment Interview:</b> __</p>	<p>The assessment interview must take place within 30 calendar days of the ONA creation or copy date.</p> <p>Enter the date the assessment interview took place. Make sure the date is correct.</p> <p>If multiple visits and/or contacts occurred to complete the interview, enter the date in which the bulk of the information was gathered.</p>
<p><b>*Date of Face-to-Face Observation:</b> .</p>	<p>The face-to-face observation must take place within 30 calendar days of the ONA creation or copy date.</p> <p>Enter the date the face-to-face contact with the person, while awake, was made for the purpose of the ONA.</p>
<p><b>*Date of Documentation Review:</b> .</p>	<p>The documentation (file) review must take place within 30 calendar days of the ONA creation or copy date.</p> <p>Enter the date the person's case file was reviewed for the purpose of gathering information for the ONA.</p>
<p><b>*Date Assessment Completed:</b> __</p>	<p>The entire assessment must be complete and submitted in eXPRS within 30 calendar days of the ONA creation or copy date.</p> <p>Enter the date the entire ONA is finalized in eXPRS.</p>
<p><b>Client Prime:</b></p>	<p>eXPRS will automatically populate this information.</p>
<p><b>Gender:</b></p>	<p>eXPRS will automatically populate this information.</p>
<p><b>Preferred Gender:</b> __</p>	<p>The assessor will indicate in this field the gender the person has chosen, if the person indicates a different gender than what is auto populated in the gender field above. This field is not mandatory and can be left blank.</p>

Assessment Item	Guidance
<b>Legal Name:</b>	eXPRS will automatically populate this information.
<b>Birth Date:</b>	eXPRS will automatically populate this information.
<b>Age:</b>	<p>eXPRS will automatically populate this information.</p> <p>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.</p>
<b>*Address:</b> ____	<p>Enter the current street address of the person’s primary residence. Include unit, apartment, and other applicable information.</p> <p>If the person does not have a home address, enter an address the person uses as a point of contact. If no point of contact, enter the CDDP/Brokerage address.</p>
<b>*City:</b> ____	Enter the city in which the current primary address is located.
<b>*Zip Code:</b> ____	Enter the zip code for the current primary address.
<b>*Phone:</b> _____	<p>Enter the primary phone number to reach the person. If the person 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.</p> <p>As with the address, if the person does not have a phone or a point of contact, enter the phone number of the CDDP/Brokerage.</p>

Assessment Item	Guidance
<p><b>*Parent/Guardian:</b> ____</p>	<p>If the person is under 18, identify the parent/ guardian here. If the State of Oregon has guardianship, enter the name of the Child Welfare case manager.</p> <p>If the person is over 18 and has a legal guardian identify that person here. Include their first and last name. If the person is over 18 and does not have a legal guardian, enter 'Self'.</p>
<p><b>*Vision Function (with correction):</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Adequate</li> <li><input type="radio"/> Mild to Moderately Impaired</li> <li><input type="radio"/> Severely Impaired</li> <li><input type="radio"/> Unable to Assess</li> <li><input type="radio"/> Unknown</li> </ul>	<p>Code based on the person’s vision function while using (if used regularly) available corrective devices (e.g., glasses).</p> <p><b>Adequate:</b> Sees fine detail, including regular print in newspapers/books.</p> <p><b>Mild to Moderately Impaired:</b> Can identify objects; may see large print.</p> <p><b>Severely Impaired:</b> No vision or object identification is questionable.</p> <p><b>Unable to Assess and Unknown:</b> 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.</p>
<p><b>*Hearing (with correction):</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Adequate</li> <li><input type="radio"/> Mild to Moderately Impaired</li> <li><input type="radio"/> Severely Impaired</li> <li><input type="radio"/> Unable to Assess</li> <li><input type="radio"/> Unknown</li> </ul>	<p>Code based on the person’s hearing function while using (if used regularly) available corrective devices (e.g., hearing aids and cochlear implants).</p> <p><b>Adequate:</b> Hears with no difficulty.</p> <p><b>Mild to Moderately Impaired:</b> Has difficulty hearing some tones and sounds.</p> <p><b>Severely Impaired:</b> No hearing or very limited hearing.</p> <p><b>Unable to Assess and Unknown:</b> 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.</p>

## Assessor and Case Management Entity Information

Assessment Item	Guidance
<p><b>*Service Setting:</b></p> <p><b>Family or own home</b></p> <ul style="list-style-type: none"> <li>• Comp In-Home (SE 49)</li> <li>• Brokerage In-Home (SE 149)</li> <li>• Supported Living (SE 51)</li> <li>• Children’s In-Home Services (SE 151)</li> <li>• Children’s Intensive In-Home (SE 145)</li> </ul> <p><b>Foster Care</b></p> <ul style="list-style-type: none"> <li>• Adult Foster Care (SE 158)</li> <li>• Child Foster Care (SE 258)</li> </ul> <p><b>24-hour Group Home</b></p> <ul style="list-style-type: none"> <li>• 24hr Residential (SE 50)</li> <li>• SACU (SE 141)</li> <li>• Children’s Residential System (SE 142)</li> </ul> <p>Other: _____</p>	<p>Select the current service setting. If unsure or new to services (and service setting is unknown), or employment services only, select ‘Other’ and briefly describe.</p> <p>If the person will be moving and the future service setting is known, select the future service setting.</p> <p>If a person 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. (An ONA does not need to be completed when a person moves from one service setting to another).</p>

Assessment Item	Guidance
<b>CIIS or Children’s Residential Coordinator:</b> _	Enter the full name of the CIIS Case Manager or Children’s Residential Coordinator, if applicable.
<b>Phone:</b> _	Enter the full phone number including area code where the CIIS or Children’s Residential Coordinator can be reached. Include extensions if applicable.
<b>Email:</b> __	Enter the primary e-mail address where the CIIS or Children’s Residential Coordinator can be reached.
<b>*Service Coordinator/ Personal Agent:</b> __	<p>Select the CDDP Service Coordinator or Brokerage Personal Agent. 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.</p> <p>If the SC or PA name is not listed, click on the name of the CME manager or a contact person.</p> <p>Indicate the name of the current SC or PA in the ‘Additional comments’ box.</p>
<b>*Case Management County:</b> _	Using the drop-down menu, select the county in which the person receives case management services.
<b>Additional comments related to case management entity:</b> __	<p>If the current SC or PA is not in the drop-down list, enter the name of the SC or PA here.</p> <p>When a ‘Correction’ ONA is created, list the item numbers being corrected in this box and notify the SC/PA when submitted.</p> <p>Do not give a detailed description of why the correction was made. See the specific item for detailed notes.</p> <p>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”.</p> <p>Be sure to delete the note before submitting the ONA.</p>

Assessment Item	Guidance
<p><b>*Assessor's Name:</b> _____</p>	<p>This field will auto-populate.</p> <p><b>Please note:</b> If this is not the same assessor who completed the assessment process, then check the 'Change Assessor' box and enter the correct assessor's name, phone, e-mail address and affiliation.</p>
<p><b>*Affiliation:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Brokerage</li> <li><input type="radio"/> CDDP</li> <li><input type="radio"/> DHS- ReBAR/Assessment Unit</li> <li><input type="radio"/> ODDS Children's Residential</li> <li><input type="radio"/> ODDS CIIS</li> <li><input type="radio"/> ODDS Staff</li> <li><input type="radio"/> Regional Staff</li> </ul>	<p>Select the type of organization for the assessor. Acronyms are defined below:</p> <ul style="list-style-type: none"> <li>• <b>CDDP:</b> Community Developmental Disabilities Program</li> <li>• <b>ODDS:</b> Office of Developmental Disabilities Services</li> <li>• <b>CIIS:</b> Children's Intensive In-Home Services</li> </ul>

Person's Participation in Assessment and People who Contributed	
Assessment Item	Guidance
<p><b>*Did the person participate in the assessment?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p><b>Code 'Yes'</b> if at any point in the assessment interview, the person either verbally or non-verbally provided information that was intended to be used to complete the assessment.</p> <p><b>Code 'No'</b> if the person was present, but any information added to the assessment was only based on observation.</p> <p>Note: When a person 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 person before the assessment is submitted in eXPRS.</p>

Assessment Item	Guidance
<p><b>The type of involvement or why the person was not able to participate: _____</b></p>	<p><b>A note is required in this box</b> describing the person’s presence and participation, or non-participation, in the assessment process. Indicate what efforts were made to maximize the person’s participation. If the person was unable to participate in the assessment, describe why.</p>
<p><b>People Who Attended the Assessment Interview or Contributed to the Assessment</b></p> <p>On the bottom of the demographics page, click this button.</p> <div data-bbox="201 905 394 957" style="border: 1px solid black; padding: 2px; display: inline-block; margin: 10px 0;">Add People</div>	<p>This section must be completed. The assessor must click on the ‘Add People’ button to open the section.</p> <p><b>Name/Role:</b> List all people, 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.</p> <p>There is no need to list the person as a participant because their participation is uniquely noted on the demographics page.</p> <p><b>Relationship:</b> This dropdown menu contains options for the relationship of each participant with the person being assessed. If the appropriate option is not contained in the menu, enter ‘Other’.</p> <p>Check the ‘Lives with individual’ box if the identified person resides in the same residence as the person. If “other” is selected, add the relationship in parenthesis next to the participant’s name, i.e., (observer), (interpreter).</p>

Assessment Item	Guidance
<p><b>People Who Attended the Assessment Interview or Contributed to the Assessment (Cont.)</b></p>	<p><b>Phone/Email:</b> 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. (No need to use parenthesis or dashes). Do not include extensions.</p> <p>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.</p> <p>Use the dropdown menu to select the identified person’s participation in the assessment. These options include:</p> <ul style="list-style-type: none"> <li>• <b>Did not participate:</b> Do not select this option. See “At the assessment but did not contribute” for observers and interpreters.</li> <li>• <b>Participated in the assessment:</b> 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 or virtually with most participants.</li> <li>• <b>At the assessment interview but did not contribute:</b> 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. <b>For example:</b> A new support person may be present at the assessment meeting with permission from the person to learn about support needs but does not contribute information for coding the assessment items. Select this option for an interpreter or observer if one is used. Be sure to add the relationship in parenthesis next to the name.</li> </ul>

Assessment Item	Guidance
<b>People Who Attended the Assessment Interview or Contributed to the Assessment (Cont.)</b>	<ul style="list-style-type: none"><li>• <b>Gave input outside of assessment interview:</b> The identified person provided information about the person that contributed to the assessment prior to or following the interview. This can include information obtained through email, phone, text (follow HIPAA rules), and in-person meetings. Be sure to include the SC/PA who was not present at the assessment meeting but gave input after.</li></ul>

## SECTION II – COMMUNICATION

The Communication section collects information about how the person communicates, the forms of communication and technology that is used and /or needed. The 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 will be considered over the course of the year and may be needed very infrequently for these items but still needs to be considered in this section. When considering mail, consider support needed to communicate about or understand the contents of the mail.

Do not consider developmental stages in coding communication questions. Consider the support the person 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
<p><b>a. How does the person communicate with others?</b>            (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verbal English</li> <li><input type="checkbox"/> Verbal Spanish</li> <li><input type="checkbox"/> Verbal other language, specify: __</li> <li><input type="checkbox"/> Sign language</li> <li><input type="checkbox"/> Writing or Braille</li> <li><input type="checkbox"/> Gestures</li> <li><input type="checkbox"/> Facial expression</li> <li><input type="checkbox"/> Communication Board</li> <li><input type="checkbox"/> Electronic device</li> <li><input type="checkbox"/> Texting/email/social media</li> </ul> <p>Other: __</p>	<p>This item collects information about the range of ways the person may communicate with others in person, electronically, or over the phone.</p> <p>Electronic device includes a tablet, computer, phone, or any other electronic device used for the purpose of communication.</p> <p>Communication board includes non-electronic picture boards, calendars, laminated pictures, etc. specifically used to communicate.</p>
<p><b>b. How do others communicate with the person?</b>            (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verbal English</li> <li><input type="checkbox"/> Verbal Spanish</li> <li><input type="checkbox"/> Verbal other language, specify: __</li> <li><input type="checkbox"/> Sign language</li> <li><input type="checkbox"/> Writing/Braille</li> <li><input type="checkbox"/> Gestures</li> <li><input type="checkbox"/> Facial expression</li> <li><input type="checkbox"/> Communication Board</li> <li><input type="checkbox"/> Electronic device</li> <li><input type="checkbox"/> Texting/email/social media</li> </ul> <p>Other: __</p>	<p>This item collects information about the range of ways others communicate with the person either in person, electronically, or over the phone.            See item above for descriptions.</p>

Assessment Item	Guidance
<p><b>c. Identify any other communication preferences or needs. Include issues with communication with reference to setting.</b></p>	<p>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.</p> <p>Describe the person’s preferences or needs and provide an explanation of the difficulties and mechanisms to address barriers to communication.</p>
<p><b>Notes</b></p>	<p>Please note any specific information about the support provided to the person; informal supports, 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.</p>
<p><b>ITEM 2: LANGUAGE EXPRESSION AND COMMUNICATION</b></p>	
<p><b>a. *Clarity of speech: (LOC)</b></p> <ul style="list-style-type: none"> <li>○ Speech is always clear and easy to understand</li> <li>○ Speech is occasionally unclear or difficult to understand</li> <li>○ Speech is frequently unclear or difficult to understand</li> <li>○ Speech is never clear nor easy to understand</li> <li>○ Does not speak</li> <li>○ Unable to assess</li> </ul>	<p>Focus on clarity of verbal speech only, not the content of the message.</p> <p>Code based on the clarity of the actual speech regardless of the number of words the person may say.</p> <p>When making a determination between “occasionally unclear” and “frequently unclear”, consider how frequently someone would need to help clarify speech: Less than half of the time = “occasionally”, More than half of the time = “frequently”.</p> <p><b>For example:</b> Chris says “yes”, “no” and “happy” clearly, but speaks no other words. Code ‘Speech is always clear and easy to understand’.</p> <p><b>Another example:</b> 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).</p> <p><b>Do not code</b> ‘Unable to assess’ for this item.</p>

Assessment Item	Guidance
<p><b>b. *Expression of ideas and wants with people person is familiar with: (LOC)</b></p> <ul style="list-style-type: none"> <li>○ Expresses complex messages without difficulty</li> <li>○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts)</li> <li>○ Frequently exhibits difficulty with expressing needs and ideas</li> <li>○ Rarely/Never expresses self</li> <li>○ Unable to assess</li> </ul>	<p>This item captures all forms of communication, including verbal, gestural and non-verbal, that the person uses to express ideas and wants.</p> <p>When considering mail, consider support needed to communicate about the contents of the mail. Consider all messages. Don't focus on complex messages only.</p> <p>Indicate the ability of the person to express ideas, needs and wants to people the person is familiar with. When determining the appropriate coding, consider all environments the person is familiar with such as banks, doctors' offices, friends, and acquaintances.</p> <p>When making a determination between "some difficulty" and "frequently expresses difficulty", consider how frequently someone would need help to express themselves: Less than half of the time = "some difficulty", More than half of the time = "frequently expresses difficulty".</p> <p><b>Do not code</b> '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.</p> <p><b>Do not code</b> 'Unable to assess' for this item.</p>

Assessment Item	Guidance
<p><b>c. *Expression of ideas and wants with people the person is unfamiliar with: (LOC)</b></p> <ul style="list-style-type: none"> <li>○ Expresses complex messages without difficulty</li> <li>○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts)</li> <li>○ Frequently exhibits difficulty with expressing needs and ideas</li> <li>○ Rarely/Never expresses self</li> <li>○ Unable to assess</li> </ul>	<p>This item captures all forms of communication, including verbal, gestural and non-verbal, that the person uses to express ideas and wants.</p> <p>When considering mail, consider support needed to communicate about the contents of the mail.</p> <p>Indicate the ability of the person to express ideas, needs and wants to people the person is unfamiliar with.</p> <p>In some situations, the person may have greater challenges with functional language with people not familiar with his/her communication style.</p> <p>Consider communication with doctors, staff at financial institutions, store clerks, etc.</p> <p>When making a determination between “some difficulty” and “frequently expresses difficulty”, consider how frequently someone would need help to express themselves: Less than half of the time = “some difficulty”, More than half of the time = “frequently expresses difficulty”.</p> <p><b>Do not code</b> ‘Unable to assess’ for this item.</p>
<p><b>d. *Is the person able to ask for something to drink or indicate they are thirsty?: (Dehydration Risk)</b></p> <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No, describe why unable: ___</li> </ul>	<p>Indicate whether the person indicates clearly by word or gesture the need for something to drink often enough to maintain hydration. This item is used to indicate risk of dehydration. If they are unable to indicate thirst, briefly describe why. Consider if the person can indicate or verbalize often enough to stay hydrated.</p> <p>Code “No” if the person is unable to indicate clearly the need for fluid or will not get fluid often enough to maintain hydration without support from others”.</p> <p><b>Do not include:</b> The ability to hold and consume a beverage.</p>

Assessment Item	Guidance
<p><b>e. *Understanding verbal content (excluding language barriers): (LOC)</b></p> <ul style="list-style-type: none"> <li>○ Understands - Clear comprehension without cues or repetitions</li> <li>○ Usually understands</li> <li>- Understands most conversations but misses some part/intent of message. Requires cues at times to understand</li> <li>○ Sometimes Understands - Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand</li> <li>○ Rarely/Never Understands</li> <li>○ Unable to assess</li> </ul>	<p>This item requires the assessor to indicate the extent to which the person is able to understand verbal content in his/her primary language. Include sign language when considering understanding verbal content.</p> <p>When considering mail, consider support needed to understand the contents of the mail.</p> <p>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.</p> <p>This item applies to all settings the person typically accesses.</p> <p>When making a determination between “usually understands” and “sometimes understands”, consider how frequently someone would need help to understand messages: Less than half of the time = “usually understands”, More than half of the time = “sometimes understands”.</p> <p><b>Include:</b> Sign language used as the typical communication medium.</p> <p><b>Do not include:</b> Language barriers (e.g., person understands Spanish spoken to them but does not understand English).</p> <p><b>Do not code</b> ‘Unable to assess’ for this item.</p>
<p><b>Notes:</b> ____</p>	<p>See guidance for notes in Item 1 on page 26.</p>

## SECTION III – ADLS AND IADLS

When coding each ADL and IADL item, think about the person's usual ability and medical, cognitive, physical, and behavioral factors unique to the person that might influence completion of ADL/IADLs. Then consider the usual support needed to complete the activity or the support needed during an activity.

Always consider support needed with accommodations, assistive devices, or adaptations in place. The question to ask for each ADL/IADL item is: "Does the person need help to complete the activities or parts of the activities? If not, no support is needed. If so, what support is needed?" Use the [ONA Coding Decision Tree](#) on page 38 to determine the applicable code.

Consider the needs of the person only, not provider limitations or provider convenience. If 2:1 support is needed, be sure that the support needed is based solely on the person's needs.

Do not code acute support needs (support needed less than three months).

**For example:** A person sprained their ankle and needs, at the most, six weeks of additional support.

### Code Based on a Typical Day

The goal of this assessment is to capture the supports that are usually needed for the person in a 24-hour day. 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 people, the assessor will identify what support, if any, is needed at least 50% of the days the activity takes place.

If physical support is very minimal and supervision or cueing is needed more during the activity, assessors must still code the highest level of support needed during the activity. **For example:** The person needs mostly supervision and cueing, and only a little physical help to zip up a zipper each time they get dressed, code "partial/moderate" since physical help is needed during the activity. As long as the physical support is needed at least 50% of the days the activity takes place, code the highest level of support needed.

For people with support needs that vary from day to day, the assessor will use their best judgment to decide which code fits best for the person 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).

If a support person has always completed the activity for the person, consider the person's skills and abilities to complete other activities to determine the type of support that would be needed for the items being assessed.

### **Consider the Person's Contribution**

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

Consider how often a person 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 support in place, the person does not have the ability to contribute effectively to the activity at least 50% of days the activity takes place, code 'Dependent'. If the assessor learns that the person has the ability to contribute effectively at least 50% of the days the activity takes place, select the coding option that applies. Be sure to indicate in the notes box the contribution the person is able to make.

### **Consider Support Needed (Not when provided)**

At times, support will be provided once a week or less which meets the daily need for a person, especially for activities such as meal preparation, housework, money management, and medication management (the use of a pill minder). Always consider the person'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 person 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 person 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 person's daily support need.

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

## 2:1 Supports

When a 2-person assist is needed for applicable ADL items, be sure to code, "Dependent", select '2-person assist' in the Guidance Section and **indicate the reason for the 2-person assist in the notes box for the item**. This is essential for 2:1 exception requests.

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

Keep in mind that 2:1 support is applicable even if the person being assessed contributes to the activity.

## Refusal of Supports (Consider if the activity still needs to be completed)

People may need support but will choose to refuse it. If the person refuses support, consider the setting they live in. If the person lives in their own home, and no support will be provided, code 'Person refused'.

**Example of coding person refused:** 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'.

**Example of coding support provided:** Some supports must be provided anyway and need to be considered in coding. Darnell lives in a group home. He refuses to do any housekeeping. Per licensing, support people are required to keep the house clean, code the support provided.

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

**Example of intermittent refusal:** If the person 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 person 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 activity takes place. They 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 [Appendix F](#) on page 183 for additional guidance for using the following coding options: 'Person refused', 'Not applicable', and 'Not attempted due to medical condition or safety concerns.'

## Support Needs are Cyclical

If the person did not need any support in the past thirty days or needs 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 on a typical day.

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.

Follow the Coding Tree instructions at the time the ONA is being completed and consider supports needed at the time the ONA is completed. Seasonal supports such as extra help with mobility during winter months should be considered as a Change in Need ONA if support needs change outside of the ONA 30-day window.

## Medical Impact on ADL/IADL Activities

When considering how to capture supervision or other supports needed during an ADL/IADL task for medical reasons, the question to ask is: "Does the medical condition interfere with the mechanics of completing the ADL/IADL activity"? The medical condition could cause a health/safety risk.

If monitoring only is needed, the need for monitoring must be documented in the person's case file either by means of a written protocol or a doctor's order.

**For example:** Rosalba 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 Impact on ADL/IADL Activities

When considering how to capture supervision or other support 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:** Susana 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 Susana does not need help to eat.

When the behavior interferes with the mechanics of completing the task, code the support needed.

**For example:** Jo will throw their food at roommates instead of eating it and needs supervision and cues to eat their food instead of throwing it. They need no physical help to eat. Code 'Supervision or touching assistance' because their behavior is interfering with their ability to eat effectively.

## Assessing Children

Code the support the child needs 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.

**For example:** Elijah is 12 years old. The transportation item includes driving and navigating, among other essential elements. Since Elijah does not drive, physical support is needed to complete the activity, regardless of his age.

If the parent has always completed the activity for the child, consider the child's skills and abilities to complete other activities to determine the type of support that would be needed for the items being assessed.

## Notes Boxes

**All ONA items are required to have a note written** and are beneficial for support planning and essential to identifying 2:1 supports. 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 person; 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. If the assessor does not agree with the current note or it is no longer accurate, the note needs to be updated to match the current supports and item coding. By submitting the ONA, the assessor confirms that the note is accurate and matches the coding and the preferences and guidance selected.

See [Appendix D](#) on page 169 for a useful formula for writing solid ONA notes.

## Item Descriptions – Use Guidance Written in Right Column for each item

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 the distance the person 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 person consumes, and the support needed to prepare it. Also consider other essential elements of making a meal, such as using a knife to cut vegetables or the stove top to heat soup, prepare eggs, etc. Consider what's usual for the person.

## Preferences and Guidance Sections

**Preferences and Guidance- (Optional section)** – See the list of preferences and Guidance in [Appendix A](#) on page 147. These items document information about the person's preferences for how services are delivered.

Assessors can ask the person 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. Assessors may use some response options as prompts to initiate the conversation, however assessors should not read each option to the person. If preferences and guidance boxes are marked, make sure they align with the coding options selected and descriptions written in the notes boxes.

# Coding Key

No  
Physical  
Support  
Needed

## **Independent: (No support needed at least 50% of the days the activity takes place)**

- ✓ The person does not need help or preparation prior to engaging in the activity
- ✓ The person does not require review or follow-up after the activity has been completed
- ✓ The person completes the activity without help from anyone
- ✓ Support needs are cyclical (support needed less than monthly)

## **Setup or Clean-up Assistance: (Support is only needed before and/or after the activity)**

- ✓ The person then completes the activity without help
- ✓ Includes cueing via telephone to set-up or clean-up before or after the activity
- ✓ Includes visual cues set up directly before the activity on a typical day
- ✓ Support is refused, but a support person needs to provide cues before or after the activity anyway

## **Supervision or Touching Assistance: (Support is needed during the activity)**

- ✓ A support person monitors (eyes on and/or hearing distance) intermittently or continuously during the activity
- ✓ A support person provides cues, either by verbal direction or visual prompts, during the activity
- ✓ No physical support is provided beyond simple touch cues (light taps, linking arms, hand holding, with no support to bear weight) during the activity
- ✓ Include cueing via telephone during the activity

## **Partial/Moderate Assistance: (Minimal physical support needed during the activity)**

- ✓ A support person completes less than half of the physical effort during the activity
- ✓ The person completes more than half of the physical effort during the activity

## **Substantial/Maximal Assistance: (A lot of physical support needed during the activity)**

- ✓ A support person completes more than half of the effort during the activity for the person
- ✓ The person completes less than half of the physical effort during the activity

Physical  
Support  
Needed

## **Dependent: (Physical support needed for 100% of the activity or 2-person support is needed)**

- ✓ The person is not able to contribute to any part of the activity physically or cognitively on at least 50% of the days the activity takes place
- ✓ The person may contribute symbolically, but does not effectively contribute to any part of the activity
- ✓ A support person completes the activity for the person
- ✓ The entire activity is completed using hand over hand supports (The person is not actively contributing)
- ✓ Two or more support people are required to complete the activity (The person may also contribute to the activity on at least 50% of the days the activity takes place)

## **Person refused:**

- ✓ Person refuses to complete the activity and/or refuses support to complete the activity
- ✓ The activity appears to have been completed ineffectively by the person, but they refuse support in this area and no type of support will be provided by anyone
- ✓ The person refuses to answer and there is no other source of information.  
If 'Person refused' is coded, indicate in the notes box why the person is refusing support and how the activity will be addressed

Activity  
Did  
Not  
Occur

## **Not applicable:**

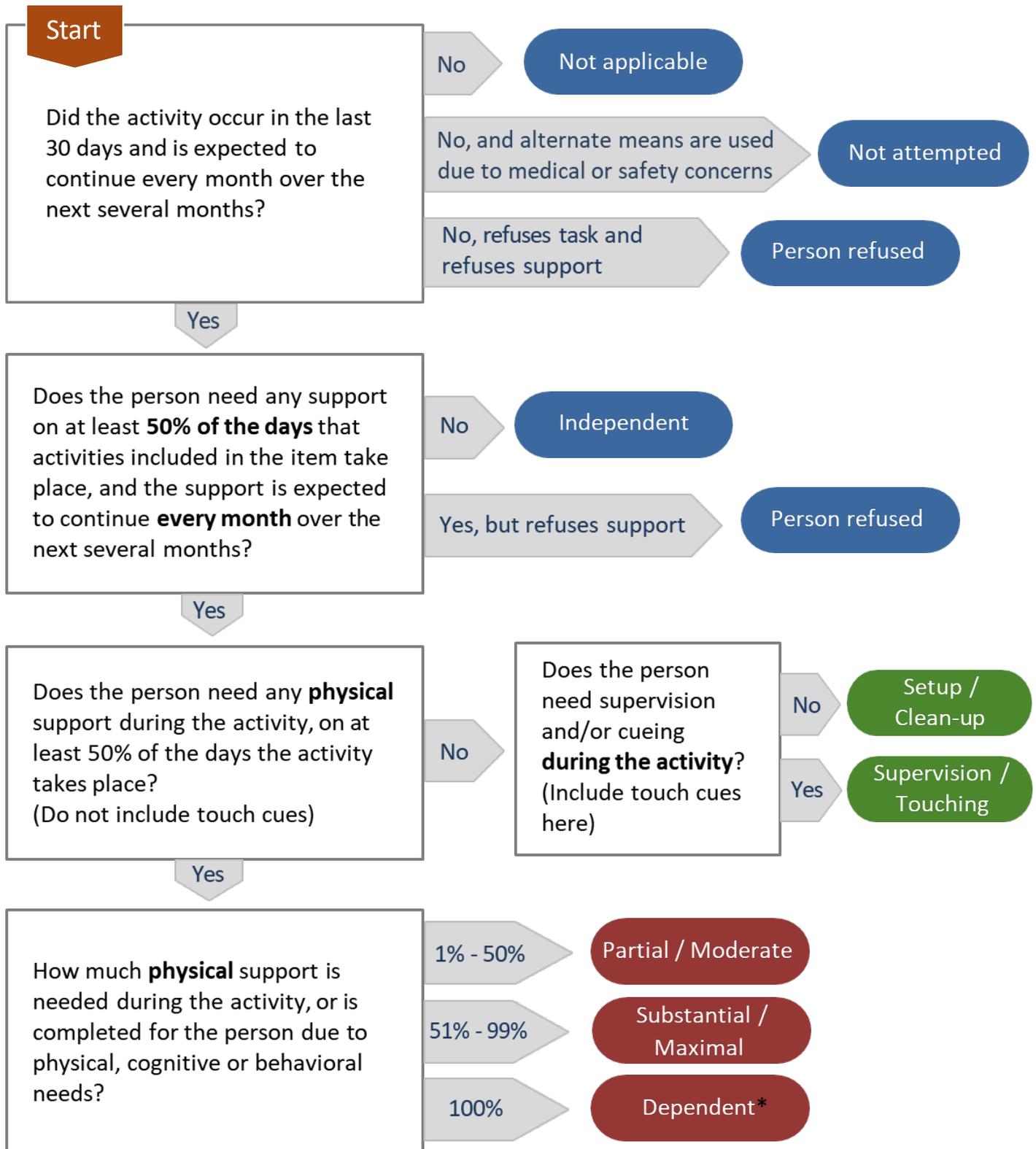
- ✓ The activity has not happened in the past 30 days and is not expected to continue over the next several months
- ✓ Support is not needed
- ✓ The activity is not completed by another person

## **Not attempted due to medical condition or safety concerns:**

- ✓ The person does not engage in the activity due to a medical, safety or behavioral reason
- ✓ Alternate means will be used by the person and/or a support person to complete activities such as using an elevator instead of stairs or g-tube feeding instead of taking food by mouth
- ✓ The activity is not completed by anyone for the person

# ONA Coding Decision Tree

For use with ADLs, IADLs and Medication Management



\*If a 2-person assist is needed on at least 50% of the days the activity takes place, code **Dependent**

## Coding 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 E](#) on page 170 for Essential Elements.

Refer to the [ONA Coding Key](#) on page 37 and [ONA Coding Decision Tree](#) on page 38 for guidance to code items.

## Guidance for Selecting Coding Options Based on Essential Elements

**Coding Setup/Clean-up:** If the person only needs a support person's help (cues and/or physical help) with any or all of the steps listed in the 'Setup or Clean-up' list on at least 50% of the days the activity takes place and needs NO help in the 'During the Activity' list, code 'Setup/clean-up'.

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

**Coding of Dependent:** If the person needs full (100%) physical assistance for ALL steps in the 'During the Activity' list, code 'Dependent' regardless of if help is needed or not in the 'Setup/clean-up' list.

**Remaining Coding Options:** If some help is needed at least 50% of the days the activity takes place for some or all of the steps in the during the activity list, code the kind of help that is needed: 'Supervision', 'Partial/Moderate' or 'Substantial/Maximal'.

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 are not applicable to the person; for example, if the person always wears slip on shoes, do not focus on the support to tie shoes.

Assessment Item	Guidance
<b>ITEM 3: DRESSING (ITEM 3 SKIPPED UNDER AGE 4)</b>	
<p><b>a. *Upper Body</b>  <b>Dressing</b> - The ability to put on and remove shirt or pajama top. Includes buttoning, if applicable. <b>(LOC) (SG)</b></p>	<p>Consider the person’s usual dressing routine including undergarments, and clothing items the person usually wears.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get clothes out of drawers and/or closets</li> <li>• Choose appropriate clothing</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Lift arms</li> <li>• Put clothing/undergarments on</li> <li>• Button, snap, and zip</li> <li>• Put on back brace while dressing</li> <li>• Adjust clothing correctly</li> <li>• Take clothing off</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Items that are not put on and taken off while dressing (e.g., a back brace worn only while lifting heavy objects) or the person talking a support person through the steps of dressing.</p> <p><b>Do not code</b> ‘Not applicable’ for this item.</p>

Assessment Item	Guidance
<p><b>b. *Lower Body Dressing</b> - The ability to dress and undress below the waist, including fasteners. Does not include footwear. <b>(LOC) (SG)</b></p>	<p>Consider the person’s usual dressing routine including undergarments, and clothing items the person usually wears.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get clothes out of drawers and/or closets</li> <li>• Choose appropriate clothing</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Raise legs</li> <li>• Pull up clothing/undergarments</li> <li>• Button, snap, and zip</li> <li>• Put on leg braces while dressing</li> <li>• Adjust clothing correctly</li> <li>• Take clothing off</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Items that are not put on and taken off while dressing (e.g., leg braces only worn during OT/PT) or the person talking a support person through the steps of dressing.</p> <p><b>Do not code</b> ‘Not applicable’ for this item.</p>
<p><b>c. *Putting on/taking off footwear</b> - The ability to put on and take off socks and shoes or other footwear that are appropriate for safe mobility. <b>(LOC) (SG)</b></p>	<p>Consider the person’s usual dressing routine including socks and footwear the person usually wears.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get footwear out of closets or off the floor</li> <li>• Choose appropriate footwear</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Bend down to put footwear on</li> <li>• Lift feet</li> <li>• Put feet in footwear/socks (cont. next pg.)</li> <li>• Put shoes on the right feet</li> <li>• Tie, buckle, or fasten footwear</li> <li>• Put on orthotics, support hose compression socks, TED hose, AFOs</li> <li>• Take shoes off</li> <li>• Monitoring and/or cueing during the activity</li> </ul>

Assessment Item	Guidance
	<p><b>Do not include:</b> 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 person talking a support person through steps of putting on/taking off footwear.</p>
<p><b>d. Preferences (optional)</b> –What does the person prefer when dressing? (Check all that apply)</p>	<p>This item addresses the person’s preferences which can be useful for service planning.</p> <p>Assessor should check all applicable options. See <a href="#">Appendix A</a> on page 147 for a list of all preferences.</p>
<p><b>e. Guidance for Persons Providing Support (optional)</b> – Factors to consider when assisting the person with dressing (Check all that apply)</p>	<p>This item captures supports that are unique to the person being assessed. See <a href="#">Appendix A</a> on page 147 for a list of all guidance.</p> <p>Be sure that the options checked match the coding selected.</p>
<p><b>Notes:</b> __</p>	<p>Please see <a href="#">Appendix D</a> on page 169 for a formula for writing a solid note. Be sure to confirm accuracy of the note. Please note any specific information about the support provided to the person; 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. The preferences and guidance checked is helpful but it is not necessary to indicate in the notes box.</p> <p>The information in the note must match the coding selected.</p>

Assessment Item	Guidance
<b>ITEM 4: TRANSFERRING AND POSITIONING (ITEM 4 SKIPPED UNDER AGE 3)</b>	
<p><b>a. *Sit to stand:</b> The ability to safely come to a standing position from sitting in a chair or on the side of the bed.</p> <p><b>(LOC)</b> (If this item is coded 'Independent', skip to item d)</p>	<p>Consider the person's usual routine to stand up in a variety of settings.</p> <p><b>Include:</b> Getting up from the floor/ground.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Use legs to bear weight</li> <li>• Use arms to bear weight</li> <li>• Rise up to a standing position</li> <li>• Complete the transfer to the floor/ground</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Ambulating, person talking support person through the steps of the transfer.</p> <p><b>Do not include:</b> Transfers in/out of the shower, on/off of a toilet, or in/out of a car.</p> <p>Code 'Not attempted due to medical condition or safety concerns' if the person is unable to bear weight on their feet at all and is transferred by being picked up and moved.</p> <p><b>Please note:</b> If the person 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'.</p> <p><b>Do not code</b> 'Not applicable' for this item.</p>

Assessment Item	Guidance
<p><b>b. *Chair/bed to chair transfer:</b> The ability to safely transfer to and from a bed to a chair (or wheelchair).            (If this item is coded 'Independent', skip to item d)</p>	<p>Consider the person's usual routine to get in/out of the bed and on/off chairs or wheelchairs.  <b>Include:</b> Standing up from and sitting down on chairs, beds, etc., if applicable for the person.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Use legs to bear weight</li> <li>• Use arms to bear weight</li> <li>• Sit down in a chair or bed</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Ambulating or the person talking a support person through the steps of the transfer.</p> <p><b>Do not include:</b> Transfers in/out of the shower, on/off of a toilet, or in/out of a car.</p>
<p><b>c. *Roll left and right:</b>            The ability to roll from lying on back to left and right side and return to lying on back.</p>	<p>Consider the person's usual routine to roll left and right.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get sidelyer or other assistive devices in place</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• While lying down, roll from one side to another</li> <li>• Use side rails or devices to roll</li> <li>• Use arms to pull oneself to one side and/or the other</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not code</b> 'Not applicable' or 'Not attempted' for this item.</p>

Assessment Item	Guidance
<b>d. Preferences</b> (optional)	See item 3d on page 42 for guidance.
<b>e. Guidance</b> (optional)	See item 3e on page 42 for guidance.
<b>Notes:</b> __	See guidance for notes in item 3, page 42.

**ITEM 5: MOBILITY (ITEM 5 SKIPPED UNDER AGE 3)**

<p><b>a. *Does the person walk?</b> (Consider crawling and scooting as forms of mobility).</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No, and walking goal is not indicated (Skip to item e)</li> <li><input type="radio"/> No, and walking is indicated in future (Skip to item e)</li> </ul>	<p>Select the option that represents the person’s mobility.</p> <p>The question to ask is: “How does this person move around from one room or place to another?”</p> <p>Consider all methods of mobility such as walking, crawling, and/or scooting on knees or other parts of the body, etc. If the person is able to use any of these methods, code ‘Yes’.</p> <p>If the person is not mobile, skip to item ‘e’.</p>
<p><b>b. *Walks 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space. (Consider crawling and scooting as forms of mobility). (LOC) (SG)</p>	<p>Consider the person’s usual ability to be mobile (walk, crawl, or scoot) in the setting(s) they are mobile in.</p> <p>Focus on the distance that is usual for the person to be mobile and the help that may be needed.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> <li>•</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Bear weight to walk, crawl or scoot</li> <li>• Use of adaptive devices in place such as walkers and rails if currently used to ambulate</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Include:</b> Support needed for walking on uneven terrain in this item only if the person lives in an area where they typically walk on uneven terrain.</p>

Assessment Item	Guidance
	<p><b>Include:</b> Support needed to avoid falls due to inability to see or navigate the environment, or support required due to medical conditions such as drop seizures.</p> <p><b>Include:</b> If the person needs 2:1 support at least 50% of the days the activity takes place.</p> <p><b>Do not include:</b> Clearing obstacles out of the way or opening doors (capture in the safety items).</p> <p><b>Do not include:</b> Use of a wheelchair or scooter.</p> <p><b>Do not include:</b> Occasional hikes or unusual environments such as the annual county fair.</p> <p><b>Do not code</b> 'Not applicable' for this item.</p>
<p>c. <b>*Step onto/off of a curb:</b> The ability to step on/off a curb or up/down one step. (LOC)</p>	<p>Consider the person's usual ability to step on/off a curb or one step in a variety of settings that the person typically navigates.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Bear weight to go up and down a curb or step (could include carrying someone)</li> <li>• Take a step</li> <li>• Use of adaptive devices such as canes, walkers, etc., if currently used to ambulate</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Stairs or the person talking a support person through the steps of stepping onto/off curbs.</p>

Assessment Item	Guidance
<p><b>d. *12 steps:</b> The ability to go up and down 12 steps with or without a rail. (LOC)</p>	<p>Consider the person’s usual ability to go up and down two steps or more in the settings they typically go up and down steps in.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get assistive devices in place</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>Do not include:</b> Curbs</p>
<p><b>e. *Does the person use a wheelchair or scooter?</b></p> <p> <input type="radio"/> Yes  <input type="radio"/> No, unmet need  <input type="radio"/> No, does not use          (Skip to item g)       </p>	<p>A person may use a wheelchair or scooter for mobility at times despite their ability to walk. Code ‘Yes’ if it is usual for the person to use a wheelchair for mobility (used in the past 30 days and expected to be used over the next several months).</p> <p><b>Include:</b> 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.</p> <p><b>Include:</b> A stroller or wheelchair used in the community due to behavioral needs only if the behavior interferes with the ability to ambulate.</p> <p>Code ‘Yes’ if motorized wheelchairs are used at stores due to the person’s mobility need.</p> <p>Code ‘No, unmet need’ if the wheelchair or scooter has been ordered to meet a current need or if the person is using a wheelchair until they obtain their own due to the person’s mobility need.</p> <p><b>Do not include:</b> A stroller or wheelchair used for the support person’s convenience.</p> <p><b>Do not include:</b> A walker intended to assist a person to walk.</p>

Assessment Item	Guidance
<p><b>*Type of wheelchair/scooter used:</b></p> <p><input type="checkbox"/> Manual</p> <p><input type="checkbox"/> Motorized</p>	<p>Indicate the type of wheelchair/scooter used. Check all that apply.</p>
<p><b>f. *Wheels 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. <b>(LOC) (SG)</b></p>	<p>Consider the person’s usual ability to maneuver the wheelchair/scooter in the home and/or community environment. Focus on the distance that is usual for the person and the help that may be needed.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get wheelchair into position for use</li> <li>• Plug or unplug wheelchair from charger</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Use arms to propel manual wheelchair/stroller</li> <li>• Use controller to propel electric wheelchair</li> <li>• Maneuver wheelchair/ scooter/stroller around corners</li> <li>• Monitoring and/or cueing during the activity.</li> </ul> <p><b>Do not include:</b> Clearing obstacles out of the way or opening doors (capture in the safety items).</p> <p><b>Do not include:</b> A stroller or wheelchair used for the support person’s convenience, walking, or the person talking a support person through the steps of wheeling.</p> <p><b>Do not code</b> ‘Person refused’, ‘Not applicable’ or ‘Not attempted’ for this item.</p>

Assessment Item	Guidance
<p><b>g. *Has the person had two or more falls in the past year? (Fall RISK)</b></p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Unknown </p>	<p>The purpose of this item is to identify persons who present a fall risk and/or who need supports (or additional supports) to reduce and/or eliminate falls.</p> <p>If 'No' is coded, and the person 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.</p> <p>Falls do not have to occur while walking. Consider all falls, such as from a chair or bed, a fall due to a seizure, which pose a health and safety risk to the person.</p>
<p><b>h. *Has the person ever had fall(s) that resulted in major injury (fracture, sprain, head injury, or ongoing pain)? (Fall RISK)</b></p> <p> <input type="radio"/> Yes, type (check all that apply)  <input type="checkbox"/> Fracture  <input type="checkbox"/> Head Injury  <input type="checkbox"/> Other: ____  <input type="radio"/> No  <input type="radio"/> Unknown </p>	<p>This item should be used to indicate whether the person has ever experienced falls that resulted in major injury that has had an ongoing impact on the person'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.</p> <p><b>Do not include:</b> Bruises, minor swelling, and other minor injuries.</p> <p>If 'No' is coded, indicate the risk in the notes box for this item.</p>
<p><b>i. Preferences</b> (optional)</p>	<p>See item 3d on page 42 for guidance.</p>
<p><b>j. Guidance</b> (optional)</p>	<p>See item 3e on page 42 for guidance.</p>
<p><b>Notes:</b> __</p>	<p>See guidance for notes in item 3, page 42.</p>

Assessment Item	Guidance
<b>ITEM 6: EATING AND TUBE FEEDING</b>	
<p><b>a. *Nutritional approaches. (Check all that apply) (Aspiration/Choking RISK)</b></p> <p><b>○ Yes (Check all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parenteral/IV feeding. (Answer item 6c if this option is selected)</li> <li><input type="checkbox"/> Feeding tube - nasogastric or abdominal (e.g., gastrostomy or jejunostomy). (Answer item 6c if this option is selected)</li> <li><input type="checkbox"/> Mechanically altered food/fluid- require change in texture of food or liquids (e.g., pureed food, thickened liquids).</li> </ul> <p><b>○ No, none of the above</b></p>	<p>Check all that apply to the person.</p> <p>Mechanically altered foods/fluids is when the texture is altered by whipping, blending, grinding, chopping, mashing, cutting into small pieces, or adding thickeners to liquids, so that they are easy to chew and swallow to prevent a choking or aspiration risk.</p> <p><b>Include:</b> 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.</p> <p><b>Include:</b> Fluids that are given via a g-tube or j-tube.</p> <p><b>Do not include:</b> Altering or cutting up food into bite sized pieces just for convenience.</p> <p><b>Do not include:</b> Nutrition that is poured straight from a can or container that is poured into a g-tube or j-tube in the 'Mechanically altered food' option.</p> <p><b>Do not include:</b> Making nutritional choices or menu planning.</p>

Assessment Item	Guidance
<p><b>b. *Eating</b> - 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. <b>(LOC) (SG)</b></p>	<p><b>(Item 6b skipped under age 4)</b> Consider the person’s usual ability to get food/drink to the mouth with hands and/or utensils, and chew and swallow in a safe manner based on what the person usually eats/drinks.</p> <p><b>Include:</b> Support needed for use of utensils and help with finger foods.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Arrange plate, drink and/or utensils in a specific way on the table before eating due to vision or agility needs</li> <li>• Reminders to eat and/or drink</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Cut-up food while eating,</li> <li>• Bring food and drink to the mouth</li> <li>• Eat appropriate amount of food in a safe manner (choke risk may be present if food is eaten too rapidly)</li> <li>• Portion out food while eating</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Modifying food consistency, cutting up food during meal prep, or the person talking a support person through the steps of eating.</p> <p><b>Do not include:</b> Making nutritional choices.</p> <p>If support is needed due to rapid ingestion of food or fluids, consider interventions that may be needed for Behavioral item 29 - Rapid Ingestion of Food or Liquids.</p> <p>If a person 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.</p>

Assessment Item	Guidance
	<p>If the person primarily uses tube feeding for nutrition but also eats, assessors should code the type of support needed to eat.</p> <p>If the person does not eat anything by mouth (NPO) the assessor will code 'Not attempted due to medical condition or safety concern'.</p> <p><b>Do not code</b> 'Not applicable' for this item.</p>
<p><b>c. *Tube feeding</b> - The ability to manage all equipment/supplies related to obtaining nutrition. <b>(LOC)</b></p>	<p><b>(Item 6c will be greyed out If the person does not use tube feeding)</b></p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Set out supplies for feeding</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Pour nutrition into bag or syringe</li> <li>• Watch for residuals and physically make adjustments</li> <li>• Flush tubing</li> <li>• Adjust or change g-tube settings/process as needed</li> <li>• Vent air from tube</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Stoma care or the person talking a support person through the steps of tube feeding.</p>
<p><b>d. Preferences</b> (optional)</p>	<p>See item 3d on page 42 for guidance.</p>
<p><b>e. Guidance</b> (optional)</p>	<p>See item 3e on page 42 for guidance.</p>

Assessment Item	Guidance
<p><b>f. *Does the person have any signs or symptoms of a possible swallowing disorder? (Choking RISK)</b></p> <p><input type="radio"/> <b>Yes</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complaints of difficulty or pain with swallowing</li> <li><input type="checkbox"/> Coughing or choking during meals or when swallowing medications</li> <li><input type="checkbox"/> Holding food in mouth/cheeks or residual food in mouth after meals</li> <li><input type="checkbox"/> Loss of liquids/solids from mouth when eating or drinking</li> <li><input type="checkbox"/> NPO: nothing by mouth</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><input type="radio"/> <b>No, none of the above</b></p>	<p>Code this item Yes if the person is at risk of aspiration, choking, and/or has a swallowing disorder. Check all that apply.</p> <p>Select 'None' if no signs or symptoms of a swallowing disorder are present.</p> <p>Some people hold food in their cheeks but have no signs of a swallowing disorder. Use your best judgment to code.</p>

Assessment Item	Guidance
<p><b>g. *Does the person refuse food or liquids because of food preferences or sensory issues, such as texture or taste? (Malnutrition/ Dehydration RISK)</b></p> <p><input type="radio"/> Yes, describe: _____</p> <p><input type="radio"/> No</p>	<p>Code this item 'Yes' if the person's refusal puts them at risk for malnutrition and/or dehydration. This can be a result of extreme food/liquid preferences (e.g., will not drink water) or sensory issues (e.g., does not like many textures and will not eat most foods).</p> <p><b>Do not include:</b> Refusal or dislike of food/liquid that does not put the person at risk for malnutrition or dehydration.</p>
<p><b>h. *Does the person drool excessively? (Dehydration RISK)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Code this item 'Yes' if the person is at risk of dehydration due to excessive or uncontrollable drooling.</p> <p><b>For example:</b> Persons who drool excessively such that; clothes could get saturated which could lead to dehydration.</p> <p><b>Do not include:</b> Spitting while talking or occasional drool that occurs when someone is sleeping.</p>
<p><b>i. *Does the person complain of chest pain, heartburn, or have small, frequent vomiting (Especially after meals) or unusual burping (happens frequently or sounds wet)? (Aspiration/Choking RISK)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Code this item 'Yes' if the person is at risk of choking or aspiration.</p> <p>If the person exhibits any of these symptoms, select 'Yes'.</p>

Assessment Item	Guidance
<p><b>j. *Has the person required intravenous (IV) fluids due to dehydration in the past year?</b>  <b>(Dehydration RISK)</b></p> <p><input type="radio"/> Yes  <input type="radio"/> No</p>	<p>Code this item 'Yes' if the person has required IV fluids due to dehydration during the past year.</p> <p><b>Include:</b> Dehydration as a result of being ill which resulted in IV fluids to rehydrate.</p> <p><b>Do not include:</b> IV fluids due to surgery or other non-dehydration circumstances.</p>
<p><b>Notes:</b> __</p>	<p>See guidance for notes in item 3, page 42.</p>

Assessment Item	Guidance
<b>ITEM 7: ELIMINATION</b>	
<p><b>a. *Toilet hygiene-</b>The ability to maintain perineal hygiene, adjust clothes before and after using toilet, commode, bedpan, urinal. <b>(LOC) (SG)</b> (Consider support for incontinence, catheter, urostomy and colostomy care).</p>	<p><b>(Item 7a skipped under age 4)</b></p> <p>Consider the person’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, cecostomy care (include all ostomies used for the purpose of elimination).</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Identify the need to eliminate</li> <li>• Get supplies out for use</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Adjust clothing before use</li> <li>• Adjust clothing after use</li> <li>• Use toilet effectively</li> <li>• Remain on toilet and wipe after use</li> <li>• Flush the toilet</li> <li>• Empty bedpan, or commode</li> <li>• Change and clean up soiled area of body and briefs after incontinence</li> <li>• Use/care of catheter, colostomy, urostomy</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Transferring on and off the toilet, washing hands, cleaning up soiled bedding and/or bathroom or the person talking a support person through the steps of elimination.</p> <p>Capture washing hands in item 10 – General Hygiene.</p> <p><b>Do not code</b> ‘Not applicable’ or ‘Not attempted’ for this item.</p>

Assessment Item	Guidance
<p><b>b. *Toilet transfer:</b> The ability to safely get on and off a toilet or commode.</p>	<p>(Item 7b skipped under age 4)</p> <p>Consider the person’s usual ability to initially get on and off a toilet or commode after use.</p> <p><b>Setup/Cleanup</b></p> <ul style="list-style-type: none"> <li>• Set up equipment to assist with transfer</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Bear weight to initially get on and get off of a toilet after use</li> <li>• Sit down on toilet</li> <li>• Consider use of adaptive devices to transfer if already in place</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Steps of using the toilet, person talking support person through the steps of transferring on/off toilet</p> <p>Code ‘Not attempted’ if the person 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.</p> <p><b>Do not code</b> ‘Not applicable’ for this item.</p>
<p><b>c. Preferences</b> (optional)</p>	<p>See item 3d on page 42 for guidance.</p>
<p><b>d. Guidance</b> (optional)</p>	<p>See item 3e on page 42 for guidance.</p>
<p><b>e. *Have there been any issues around constipation during the last year?</b> <b>(Constipation RISK)</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>(If no, skip to item 8)</p>	<p>Review items f-l first to determine coding for this item.</p> <p>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.</p>

Assessment Item	Guidance
<p><b>f. Does the person take routine bowel medications for constipation or take “as needed” (PRN) medications for constipation more than two times a month within the past year?</b>  <b>(Do not include fiber)</b>  <b>(Constipation RISK)</b></p> <p><input type="radio"/> Yes  <input type="radio"/> No</p>	<p>Use this item to capture whether the person takes medication for constipation, either scheduled or as needed, for constipation more than twice a month during the past year.</p> <p><b>Include:</b> Over the counter remedies/PRNs if used to <u>treat</u> constipation.</p> <p><b>Do not include:</b> fiber used to prevent constipation.</p>
<p><b>g. *Does the person have a diagnosis of chronic constipation or have ongoing issues with constipation?</b>  <b>(Constipation RISK)</b></p> <p><input type="radio"/> Yes  <input type="radio"/> No</p>	<p>Use this item to capture whether a person has a diagnosis of or has issues with chronic constipation.</p> <p>Capture ongoing issues with constipation even if the person does not have a diagnosis.</p>
<p><b>h. *Has the person required a suppository or enema for constipation within the past year?</b>  <b>(Constipation RISK)</b></p> <p><input type="radio"/> Yes  <input type="radio"/> No</p>	<p>Definitions of the terms are provided below:</p> <ul style="list-style-type: none"> <li>• Suppository- A small piece of solid medicine placed in the rectum.</li> <li>• Enema- The injection of a fluid into the rectum or an ostomy to cause a bowel movement.</li> </ul> <p><b>Do not include:</b> Instances that these mechanisms were used unrelated to constipation, such as PRN seizure medications.</p>

Assessment Item	Guidance
<p><b>i. *Does the person require digital impaction removal by the support person five or more days per week?</b> <b>(Constipation RISK)</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>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.</p> <p><b>Do not include:</b> Digital impaction removal performed by medical professionals (unless paid by an I/DD service payment).</p> <p><b>Do not include:</b> Digital stimulation that is solely used to stimulate the sphincter muscle to get feces moving.</p>
<p><b>j. *Has the person had more than one episode in the past year of complaining of pain when having a bowel movement?</b> <b>(Constipation RISK)</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Complaints of pain can be verbal, or through facial expressions and/or body movements.</p>
<p><b>k. *Has the person had more than one known episode of hard stool in the past year? (Constipation RISK)</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Hard stool is stool that becomes stuck for an extended period of time and becomes dry, hard, and difficult to pass.</p>
<p><b>l. *Does the person take a medication that causes constipation and would not recognize or communicate if he/she was constipated? (Constipation RISK)</b></p> <p><input type="radio"/> Yes: ____ <input type="radio"/> No</p>	<p>Indicate whether the person takes a medication known to cause constipation and would not be able to recognize or communicate symptoms of constipation. Note that both conditions need to be in place.</p>
<p><b>Notes:</b> __</p>	<p>See guidance for notes in item 3, page 42.</p>

Assessment Item	Guidance
<b>ITEM 8: SHOWERING AND BATHING (ITEM 8 SKIPPED UNDER AGE 5)</b>	
<p><b>a. *Shower/bathe self-</b> The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Includes transferring in/out of tub/shower. <b>(LOC) (SG)</b></p>	<p>Consider the person’s usual ability to shower or bathe.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Set out and open supplies</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Adjust AND judge water temperature</li> <li>• Get in/out of shower or bath</li> <li>• Use soap to clean body</li> <li>• Use shampoo to clean hair/facial hair</li> <li>• Rinse off body/hair</li> <li>• Dry off body/hair</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Include:</b> 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.</p> <p><b>Do not include:</b> General hygiene activities or the person talking a support person through the steps of showering/bathing.</p> <p><b>Do not include:</b> Permanently fixed environmental modifications, such as checklists, that do not require human support to keep in place. Capture in the notes box.</p> <p>If the person 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 person will be considered potentially at risk for water temp on the Risk Report.</p> <p><b>Do not code</b> ‘Not applicable’ or ‘Not attempted’ for this item.</p>
<b>b. Preferences</b> (optional)	See item 3d on page 42 for guidance.
<b>c. Guidance</b> (optional)	See item 3e on page 42 for guidance.
<b>Notes:</b> __	See guidance for notes in item 3, page 42.

Assessment Item	Guidance
<b>ITEM 9: ORAL HYGIENE (ITEM 9 SKIPPED UNDER AGE 5)</b>	
<p><b>a. *Oral Hygiene-</b> 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.] <b>(LOC) (SG)</b></p>	<p>Consider the person’s usual ability to brush, floss, and rinse teeth, dentures and/or gums.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Set out toothpaste and toothbrush</li> <li>• Open toothpaste</li> <li>• Put toothbrush and toothpaste away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Turn on and off water</li> <li>• Apply toothpaste to toothbrush</li> <li>• Brush teeth AND rinse</li> <li>• Floss</li> <li>• Oral care for gums</li> <li>• Put in and take out dentures from the mouth</li> <li>• Apply adhesive</li> <li>• Clean and soak dentures</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Opening the mouth, general hygiene activities, treatments provided by dentist or the person talking a support person through the steps of oral hygiene.</p> <p><b>Do not code</b> ‘Not attempted’ for this item.</p>
<p><b>b. Preferences</b> (optional)</p>	<p>See item 3d on page 42 for guidance.</p>
<p><b>c. Guidance</b> (optional)</p>	<p>See item 3e on page 42 for guidance.</p>
<p><b>Notes:</b> __</p>	<p>See guidance for notes in item 3, page 42.</p>

Assessment Item	Guidance
<b>ITEM 10: GENERAL HYGIENE (ITEM 10 SKIPPED UNDER AGE 5)</b>	
<p><b>a. *General Hygiene-</b> The ability to perform other hygiene maintenance tasks, such as hair brushing, shaving, nail care, and applying deodorant. Note: Excludes toilet, and oral hygiene. <b>(LOC)</b> <b>(SG)</b></p>	<p>Consider what’s usual for the person to complete general hygiene tasks on at least 50% of the days help is needed for tasks included in the activity.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Set out and open supplies for use</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Brush/comb hair or facial hair</li> <li>• Apply deodorant</li> <li>• Wash face and/or hands as needed during the day</li> <li>• Clean ears and nose</li> <li>• Wash hands after using the toilet</li> <li>• Nail care</li> <li>• Shaving</li> <li>• Menses care</li> <li>• Other hygiene specific to person</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Services provided by professionals outside of the home (hairstylist, barber, nail salon) or the person talking a support person through the steps of general hygiene.</p> <p><b>Do not code</b> ‘Not applicable’ or ‘not attempted’ for this item.</p>
<p><b>b. Preferences</b> (optional)</p>	<p>See item 3d on page 42 for guidance.</p>
<p><b>c. Guidance</b> (optional)</p>	<p>See item 3e on page 42 for guidance.</p>
<p><b>Notes:</b> __</p>	<p>See guidance for notes in item 3, page 42.</p>

Assessment Item	Guidance
<b>ITEM 11: ADL EQUIPMENT</b>	
<p><b>a. *ADL Equipment -</b> Does the person have or need any adaptive equipment to assist with ADLs?</p> <ul style="list-style-type: none"> <li>➤ <b>Mechanical lift</b> (e.g., Hoyer lift)</li> <li>➤ <b>Prone stander</b></li> <li>➤ <b>Sidelyer</b></li> <li>➤ <b>Body jacket</b></li> </ul> <p>For each assistive device select the response option from the drop-down menu:</p> <ul style="list-style-type: none"> <li>➤ Does not need</li> <li>➤ Needs but does not have</li> <li>➤ Has but does not use</li> <li>➤ Uses less than daily</li> <li>➤ Uses daily</li> </ul>	<p>Consider the listed devices needed/used in any and/or all settings.</p> <p>ADL Equipment Definitions:</p> <p><b>Mechanical lift:</b> An electric or non-electric piece of equipment used to transfer a person.</p> <p><b>Prone stander:</b> A piece of equipment used to bring a person to a standing or supine position.</p> <p><b>Sidelyer:</b> A wedge (of various shapes and forms) or a piece of equipment with straps used to reposition a person.</p> <p><b>Body jacket:</b> A hard shell placed around the person’s chest area to keep the body straight. If the support person provides assistance to use the equipment, indicate by checking the box in the ‘Support person assists with equipment’ column.</p> <p><b>Do not check</b> ‘Support person assists with equipment’ if the support is provided by school staff only at school.</p> <p>A comprehensive list of all equipment is not necessary to list in the notes box.</p> <p>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.’</p>
<p><b>Notes:</b> __</p>	<p>See guidance for notes in Item 3, page 42. Include equipment the ISP team wishes to have listed here.</p>

Assessment Item	Guidance
<b>ITEM 12: HOUSEWORK (ITEM 12 SKIPPED UNDER AGE 12)</b>	
<p><b>a. *Housework-</b> 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.</p> <p><b>(LOC) (SG)</b></p>	<p>Consider the person’s usual ability to ensure a clean home based on what would usually be the responsibility of any person.</p> <p>Code based on all cleaning tasks required to keep the home clean, not just the tasks the person currently engages in. Consider all rooms, not just the bedroom or the rooms the person uses.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Set out and open supplies for cleaning</li> <li>• Put cleaning supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Usual tasks to clean all rooms of the home</li> <li>• Vacuum</li> <li>• Dust</li> <li>• Put items away</li> <li>• Sweep</li> <li>• Mop</li> <li>• Make beds</li> <li>• Clean dishes, counters, and toilets</li> <li>• Use chemicals and appliances to clean</li> <li>• Clean up items used for ADL/IADL activities</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Pet care, yardwork, occasional deep cleaning, or the person talking a support person through the steps of housework.</p> <p>Code the support needed, not how often a provider helps to clean the home. Some people will have a provider come in once a week to do all of the cleaning that is typically needed every day. See ONA Manual page 32 for guidance around coding support needed not provided.</p> <p><b>Do not code</b> ‘Not applicable’ or ‘Not attempted’ for this item.</p>

<b>Assessment Item</b>	<b>Guidance</b>
<b>b. Preferences</b> (optional)	See item 3d on page 42 for guidance.
<b>c. Guidance</b> (optional)	See item 3e on page 42 for guidance.
<b>Notes:</b> ____	See guidance for notes in Item 3 on page 42.

Assessment Item	Guidance
<b>ITEM 13: MEAL PREPARATION (ITEM 13 SKIPPED UNDER AGE 12)</b>	
<p><b>a. *Make a light meal -</b> 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.</p> <p><b>(LOC) (SG)</b> (Consider all meal prep tasks that are usual for the person)</p>	<p>Consider the person’s usual ability to prepare all the food/drink the person usually consumes and the support needed to prepare it. Some people choose to buy microwaveable meals only to remain independent with meal prep. But some aren’t able to use stoves and knives and would make home cooked meals with help. Be sure to probe when they say they don’t use the stove or knives.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Set out and open supplies for making meals</li> <li>• Take items out of cupboards/fridge</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Use knives</li> <li>• Use utensils to stir and chop</li> <li>• Use stove</li> <li>• Use microwave and other appliances</li> <li>• Use list of ingredients and cooking instructions</li> <li>• Complete steps of making meals</li> <li>• Complete steps of preparing formula/ ingredients for tube feeding</li> <li>• Cut up food before being served</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Making complex meals, such as a Thanksgiving dinner, or other meal preparation that is not usual for the person, making nutritional choices, decisions of what to make or the person talking a support person through the steps of making meals.</p> <p>Consider the support needed (not when provided) when coding this item. Some providers come in once a week to prepare all of the meals (use knives and stoves) ahead of time so that the person can take them out and reheat them each day.</p> <p>See ONA Manual page 32 for guidance around coding support needed not provided.</p>

Assessment Item	Guidance
	<b>Do not code</b> 'Not applicable' or 'Not attempted' for this item.
<b>b. Preferences</b> (optional)	See item 3d on page 42 for guidance.
<b>c. Guidance</b> (optional)	See item 3e on page 42 for guidance.
<b>Note:</b> ____	See guidance for notes in Item 3 on page 42.

Assessment Item	Guidance
<b>ITEM 14: LAUNDRY (ITEM 14 SKIPPED UNDER AGE 12)</b>	
<p><b>a. *Laundry:</b> 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. <b>(LOC) (SG)</b></p>	<p>Consider the person’s usual ability to complete day-to-day laundry tasks for the clothing, sheets, and towels typically used by the person.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Set out and open supplies for laundry</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Gather dirty laundry</li> <li>• Physically sort laundry</li> <li>• Take laundry to washer</li> <li>• Put laundry in washer</li> <li>• Put soap in washer</li> <li>• Push buttons/turn dials on washer/dryer to start</li> <li>• Put laundry in dryer</li> <li>• Take laundry out of dryer</li> <li>• Fold laundry</li> <li>• Take laundry to room</li> <li>• Put laundry away</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Dry cleaning services, clothing repair, ironing, sewing tasks or the person talking a support person through the steps of laundry.</p> <p><b>Do not code</b> ‘Not applicable’ or ‘Not attempted’ for this item.</p>
<p><b>b. Preferences</b> (optional)</p>	<p>See item 3d on page 42 for guidance.</p>
<p><b>c. Guidance</b> (optional)</p>	<p>See item 3e on page 42 for guidance.</p>
<p><b>Notes:</b> ___</p>	<p>See guidance for notes in Item 3 on page 42.</p>

Assessment Item	Guidance
<b>ITEM 15: TRANSPORTATION</b>	
<p><b>a. *Use public transportation:</b> The ability to plan and use public transportation. Includes boarding, riding, and disembarking from transportation. <b>(LOC) (SG)</b> (Consider all modes of transportation such as cars, vans, agency vehicles, paratransit).</p> <p><b>Please note: If the person can participate in getting in and out of the vehicle, do not code this item 'Dependent'.</b></p>	<p><b>(Item 15a skipped under age 12)</b></p> <p>Consider the person's usual ability to get from one place to another in the community.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Provide bus schedule to person</li> <li>• Reminders to set up a ride</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Plan and arrange the ride</li> <li>• Plan/figure out routes</li> <li>• Open/close vehicle doors</li> <li>• Get in/out of vehicle</li> <li>• Fasten seat belt</li> <li>• Secure wheelchair</li> <li>• Drive</li> <li>• Navigate</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> 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.</p> <p><b>Do not include:</b> The inability to pay for a driver's license or automobile in this item.</p> <p>If the person drives and needs no help with transportation on at least 50% of the days transportation takes place, code: 'Independent'.</p> <p>If the person is unable to get a driver's license due to cognitive, behavioral and/or physical needs, consider the help the person would need to get around.</p> <p><b>For example:</b> Alberto is unable to drive due to physical limitations and uses the public bus to get around on their own. Code: 'Partial/Moderate' since they complete all steps, except for driving.</p>

Assessment Item	Guidance
	<p>External factors such as financial constraints i.e., inability to afford a car, insurance, etc., are not considered. If a person has a license and the ability to drive, do not code driving as a physical step even if a person does not have access to a vehicle to drive.</p> <p><b>Example of an external factor:</b> License suspension as a result of legal infraction(s) as a condition resulting from specific actions of a person, not as a result of disability. If the person previously had a license and the ability to drive, do not consider the step of driving as a physical support need.</p> <p><b>15a cannot be coded 'Dependent'</b> unless 15b is also coded 'Dependent' because transfers in and out of the vehicle are included in both items 15a and 15b.</p>
<p><b>b. *Car transfer:</b> 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. (Consider support needed with all vehicles the person uses).</p>	<p>(Item 15b skipped under age 3)</p> <p>Consider the person's usual ability to initially get in and out of a vehicle at the destination.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Bear weight with legs</li> <li>• Bear weight with arms</li> <li>• Transfer in/out of vehicles safely and as expected (consider supervision needed for safety)</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Include:</b> Supervision required for behavior and/or safety in this item only if it impacts the ability to get in and out of the vehicle safely or maintain safety in the area immediately around the vehicle at the time of the transfer.</p>

Assessment Item	Guidance
	<p><b>Do not include:</b> 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. The passenger side can be any side of the car or van the person accesses as a passenger.</p>
<b>c. Preferences</b> (optional)	See item 3d on page 42 for guidance.
<b>d. Guidance</b> (optional)	See item 3e on page 42 for guidance.
<b>Notes:</b> ___	See guidance for notes in Item 3 on page 42.
<b>ITEM 16: MONEY MANAGEMENT (ITEM 16 SKIPPED UNDER AGE 12)</b>	
<p><b>a. *Money Management -</b> 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. <b>(LOC) (SG)</b></p>	<p>Consider the person’s usual ability to manage money.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Set out and open bank statements and bills</li> <li>• Reminders to pay bills</li> <li>• Reminders to save money</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Know money has value AND understands some denominations</li> <li>• Manage finances for food, personal items, clothing, and shelter</li> <li>• Count money</li> <li>• Make change</li> <li>• Pay bills</li> <li>• Manage auto-bill pay</li> <li>• Write checks</li> <li>• Online banking</li> <li>• Balance a checkbook/bank account</li> <li>• Save and budget for larger purchase</li> <li>• Budget for use of debit/atm card</li> <li>• Monitoring and/or cueing during the activity</li> </ul>

Assessment Item	Guidance
	<p><b>Do not include:</b> Shopping or making purchases, special needs trusts, retirement accounts, or applying for social benefits (e.g., self-sufficiency benefits, Social Security).</p> <p>If the person 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 person needs to engage in any money management task. Focus on the support needed, not provided. See ONA Manual page 32 for guidance.</p> <p><b>Do not code</b> 'Not applicable' or 'Not attempted' for this item.</p>
<b>b. Guidance</b> (optional)	See guidance in item 3e page 42.
<b>Notes:</b> ____	See guidance for notes in Item 3 on page 42.

Assessment Item	Guidance
<b>ITEM 17: LIGHT SHOPPING (ITEM 17 SKIPPED UNDER AGE 12)</b>	
<p><b>a. *Light Shopping</b> - Once at store, can locate and select up to five groceries and personal care items, take to check out, and complete purchasing transaction. <b>(LOC) (SG)</b></p>	<p>Consider the person's usual ability to shop for groceries and personal care items.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Create a shopping list</li> <li>• Put groceries away</li> <li>• Reminders to shop</li> <li>• Reminders to shop for needed items</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Get items while at store</li> <li>• Shop from a list while at store</li> <li>• Locate and select items</li> <li>• Take items from shelves</li> <li>• Take cart to checkout</li> <li>• Pay for items</li> <li>• Take items out of store</li> <li>• Complete steps of online shopping</li> <li>• Monitoring and/or cueing during the activity</li> </ul> <p><b>Do not include:</b> Budgeting, support for mobility only, or interactions with store personnel.</p> <p>Choosing very limited preferred items such as a candy bar and/or a soda, is not considered an effective contribution if the person is not able to apply the skill of selecting items to shopping for other groceries or personal care items (code 'dependent')</p> <p>Do not focus on the number of groceries in this item description. Consider all shopping for food, groceries, and personal items required for the person.</p> <p>If a family member or personal support worker completes some shopping for the person while the person is not present, consider the support the person would need to complete those tasks.</p> <p><b>Do not code</b> 'Not applicable' or 'Not attempted' for this item.</p>

<b>Assessment Item</b>	<b>Guidance</b>
<b>b. Preferences</b> (optional)	See item 3d on page 42 for guidance.
<b>c. Guidance</b> (optional)	See item 3e on page 42 for guidance.
<b>Notes:</b> ____	See guidance for notes in Item 3 on page 42.

## SECTION IV BEHAVIORS

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).

The Behavior section is not intended to capture diagnoses. Behaviors may be a symptom of the diagnosis. Be sure to focus on the behaviors that are occurring or behaviors that need interventions to prevent them from occurring.

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 person'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 person's personal rights:

- The specific nature and frequency of the behavior.
- The type and frequency of intervention currently provided 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 that is not typical of others in similar situations has been present in the past year and/or mitigated by behavioral interventions, the assessor will need to identify the presenting behaviors listed below the coding options.

Example of a behavior not typical of others in similar situations:

At the coffee shop, Joel saw a group of people he did not know sitting at a table. He walked up to the group and took a coffee that belonged to someone else instead of purchasing one for himself at the counter. Capture the behavior in item 22 'Socially Unacceptable Behavior'.

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:** Evangeline 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 Evangeline, this would not be considered in the behavior section. Capture in the safety section only.

Some behaviors may be captured in more than one item because some items have similar intent, such as 'Item 22 - Socially Unacceptable Behaviors' and 'Item 31 - Intrusiveness'. Both items capture behaviors around boundaries and personal space. Use your best judgment as to where each behavior will be captured.

Some behaviors are prevented by medicine only and the person requires no support from anyone to prevent the behavior. Do not consider the medication management as a behavior intervention.

For the listed behaviors in items 18-34, consider behaviors that occur in all environments such as home, community, the workplace and school settings. All behavior interventions are coded based on a 24-hour day.

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

### **Guidance for Historical Behaviors:**

If the person 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 person 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 behaviors presented by the child not typical of children in similar situations, thus requiring intervention beyond supports typically provided for children. 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 squeezes his siblings necks. 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 accepts redirection 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 the person 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 has not been exhibited in over a year because interventions are in place, such as cueing, proactive strategies, physical prompts and/or safeguarding interventions, code the behavior 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:

- **No history, no concern about this behavior-** The person does not have a history of displaying this behavior and the assessor (ISP team) does not have any concerns about the person currently presenting this behavior or being at risk of presenting this behavior in the future.
- **Has history, has not displayed symptoms in past year, no concern about reoccurrence-** The person 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' notes box.
- **Has history, has not displayed symptoms in past year, assessor has concerns about reoccurrence-** The person 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' notes boxes.
- **No history, but assessor (ISP team) has concerns may become an issue-** The person 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' notes box.
- **Yes, present in past year (Behavior and/or intervention has been present in past year)-**Person has displayed the behavior in the past year. **OR** behaviors are currently prevented by supports or other interventions and may reoccur if support/intervention is not in place. Complete the follow-up items related to the behavior.

**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 person cannot hurt themselves with them, avoiding the triggers), select 'Yes present in past year'.

Assessment Item	Guidance
<b>ITEM 18: INJURIOUS TO SELF</b>	
<p><b>a. *Injurious to self</b> - Person 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). <b>(LOC) (RISK) (SG)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemical abuse/misuse (Does not include substance abuse - see item 38a)</li> <li><input type="checkbox"/> Cutting self</li> <li><input type="checkbox"/> Head-banging</li> <li><input type="checkbox"/> History of suicide attempts</li> <li><input type="checkbox"/> Fascination with fire that could lead to actions that result in injury</li> <li><input type="checkbox"/> Pulling out hair</li> <li><input type="checkbox"/> Puts self in dangerous situations that cause or may cause harm or injury (must be intentional to harm self and harm must be immediate). <b>Note:</b> Item is not looking at risk related to poor judgment, such as walking in front of a car without the intent to harm self.</li> <li><input type="checkbox"/> Self-biting</li> <li><input type="checkbox"/> Self-burning</li> <li><input type="checkbox"/> Self-hitting</li> <li><input type="checkbox"/> Self-poking/stabbing/picking</li> <li><input type="checkbox"/> Self-restricts eating</li> <li><input type="checkbox"/> Other, describe in 18b</li> </ul>	<p>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).</p> <p>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.</p> <p><b>Do not include:</b> Suicide ideation and threats of suicide. They are captured in item 27 'Difficulties regulating emotions'</p> <p><b>Do not include:</b> Pica in this item unless the person is intending to cause physical injury to their body. (See item 26 to capture Pica).</p> <p>If 'Other' is selected, describe the behavior.</p>

Assessment Item	Guidance
<b>b. Description of behaviors and/or any potential concerns: _____</b>	Capture any of the following information, if applicable: <ul style="list-style-type: none"> <li>• Historical behaviors</li> <li>• History of the behavior and whether it is an ongoing concern</li> <li>• Frequency and duration of behavior</li> <li>• Assessor (ISP team) concerns about reoccurrence</li> <li>• Other presenting behaviors</li> <li>• Other information that will be important to inform the ISP</li> </ul>
<b>c. Description of intermittent/cyclical behaviors, if applicable: _____</b>	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.
<b>Notes:</b> _____	Capture other information that would be beneficial for service planning.

Assessment Item	Guidance
<b>ITEM 19: AGGRESSIVE OR COMBATIVE</b>	
<p><b>a. *Aggressive or Combative-</b> Person displays physical behavior symptoms, or would without intervention, directed toward others (e.g., hits, kicks, pushes, or punches others, throws objects, spitting).  <b>(LOC) (RISK) (SG)</b></p> <p><b>Presenting behaviors:</b>            (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bites</li> <li><input type="checkbox"/> Hits/Punches</li> <li><input type="checkbox"/> Kicks</li> <li><input type="checkbox"/> Pulls other’s hair</li> <li><input type="checkbox"/> Pushes</li> <li><input type="checkbox"/> Scratches</li> <li><input type="checkbox"/> Throws objects at others</li> <li><input type="checkbox"/> Unwanted touching of others (Rough Play)</li> <li><input type="checkbox"/> Tripping</li> <li><input type="checkbox"/> Uses objects to hurt others</li> <li><input type="checkbox"/> Other, describe in 19b</li> </ul>	<p>This item includes behaviors that present a physical threat to others.</p> <p><b>Do not include:</b> Uncontrollable movements such as spasms.            If ‘Other’ is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b>            See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b>            See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b>            See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 20: INJURIOUS TO ANIMALS</b>	
<p><b>a. *Injurious to Animals-</b>            Person displays, or would without intervention, behaviors that would result in the injury of an animal.  <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b>            (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rough pulling of limbs or body of animal</li> <li><input type="checkbox"/> Attempts to maim or kill animals</li> <li><input type="checkbox"/> Sexual abuse against animals</li> <li><input type="checkbox"/> Other, describe in 20b</li> </ul>	<p>This item includes behaviors that present a physical injury to animals.</p> <p>Keep in mind that the intent of the behavior does not need to be to injure the animal.</p> <p><b>For example:</b> Jaxon grabs the small dog and bends its leg to a point of breaking if nobody stops him.</p> <p>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. If 'Other' is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b>            See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b>            See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b>            See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 21: AGGRESSIVE TOWARD OTHERS, VERBAL</b>	
<p><b>a. *Aggressive Towards Others, Verbal</b> – Person displays, or would without intervention, verbal behavioral symptoms directed towards others (e.g., yelling, screaming, threatening, cursing, excessive profanity, sexual references). <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attempts to intimidate through aggressive gestures with no physical contact</li> <li><input type="checkbox"/> Goads</li> <li><input type="checkbox"/> Intimidates/stares</li> <li><input type="checkbox"/> Manipulates others – verbal/gestural</li> <li><input type="checkbox"/> Resists care</li> <li><input type="checkbox"/> Swears at others</li> <li><input type="checkbox"/> Taunts/teases</li> <li><input type="checkbox"/> Verbal Threats</li> <li><input type="checkbox"/> Writes threatening notes (includes electronic or other)</li> <li><input type="checkbox"/> Yells/screams at others</li> <li><input type="checkbox"/> Other, describe in 21b</li> </ul>	<p>This item includes behavior that is verbally abusive to others.</p> <p>If the person 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.</p> <p>If the person 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'.</p> <p>If 'Other' is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 22: SOCIALLY UNACCEPTABLE BEHAVIOR</b>	
<p><b>a. *Socially Unacceptable Behavior</b> – Person 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). <b>(LOC)</b> <b>(RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Disrupts other’s activities</li> <li><input type="checkbox"/> Does not understand personal boundaries</li> <li><input type="checkbox"/> Spits</li> <li><input type="checkbox"/> Throws food</li> <li><input type="checkbox"/> Urinates/defecates in inappropriate places</li> <li><input type="checkbox"/> Screams or vocalizes loudly (not related to aggression)</li> <li><input type="checkbox"/> Exposes private body areas to others</li> <li><input type="checkbox"/> Inappropriately touches others (unlikely to lead to arrest)</li> <li><input type="checkbox"/> Masturbates in public</li> <li><input type="checkbox"/> Unwanted touching of others</li> <li><input type="checkbox"/> Other, describe in 22b</li> </ul>	<p>This item includes behaviors that are socially unacceptable or could be perceived by others as inappropriate in the home and/or community.</p> <p>These include behaviors that tend to result in people potentially becoming socially isolated or excluded from social activities.</p> <p><b>The question to ask is:</b> “Does the behavior affect functioning or result in the person being excluded from social situations?”</p> <p>Consider behaviors by adults or children who grope or touch others inappropriately that would be unlikely to lead to arrest.</p> <p>If ‘Other’ is selected, briefly describe the behavior.</p> <p><b>Include:</b> Unsafe sexual behaviors that are low risk of leading to arrest for sexual assault such as voyeurism, indecent exposure, soliciting and verbal sexual harassment.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 23: SEXUAL AGGRESSION / ASSAULT</b>	
<p><b>a. *Sexual Aggression /Assault-</b> Person 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. <b>(LOC) (RISK) (SG)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inappropriately touches/gropes others (Could lead to arrest)</li> <li><input type="checkbox"/> Unwanted touching of others (Could lead to arrest)</li> <li><input type="checkbox"/> Forcible attempts to engage others in sexual acts</li> <li><input type="checkbox"/> Pedophilia</li> <li><input type="checkbox"/> Targets vulnerable population</li> <li><input type="checkbox"/> Other, describe in 23b</li> </ul>	<p>This item includes behaviors that are sexually aggressive or assaultive (e.g., rape, sodomy, unlawful sexual penetration).</p> <p>These are behaviors towards others that would most likely lead to legal issues.</p> <p><b>Questions to ask are:</b>          “Is there a history of law enforcement involved because of a person’s sexual aggression?”          “Is there a history of legal action taken against the person?”          “Is the person a registered sex offender and have ongoing restrictions outside of annual registry?”          “Is the person in a special placement to prevent sexual aggression?”          “Without interventions, would the person be at high risk of being charged with a crime of sexual aggression?”</p> <p>If ‘Other’ is selected, briefly describe the sexually aggressive behavior (e.g., sexual coercion, unwanted sexual penetration, fondling).</p> <p><b>Include:</b> Contributing to the sexual delinquency of a minor and encouraging child sex abuse.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 24: PROPERTY DESTRUCTION</b>	
<p><b>a. *Property Destruction-</b>            Person engages in behavior, or would without an intervention, that disassembles or damages public or private property or possessions. The person is intentionally engaging in an act that leads to damage, though may not have the intent to cause damage.  <b>(LOC) (RISK) (SG)</b></p> <p><b>Presenting behaviors:</b>            (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Breaks windows, glass, lamps or furniture</li> <li><input type="checkbox"/> Punches holes in walls</li> <li><input type="checkbox"/> Sets fires</li> <li><input type="checkbox"/> Uses tools/objects to damage property</li> <li><input type="checkbox"/> Targets other's property</li> <li><input type="checkbox"/> Breaks small objects</li> <li><input type="checkbox"/> Cuts electronic cords</li> <li><input type="checkbox"/> Tears clothing</li> <li><input type="checkbox"/> Other, describe in 24b</li> </ul>	<p>This category includes destruction of public or private property.</p> <p>When considering property destruction (including the person's own property), determine the impact, intervention needed and/or property that has to be replaced or repaired.</p> <p><b>Do not include:</b> Minor or accidental property damage when property is used the way it is intended to be used.</p> <p><b>For example:</b> Amelia sits down hard on chairs and couches. This causes some additional wear and tear on property, but the damage is not caused by a behavior.</p> <p>If 'Other' is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b>            See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b>            See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b>            See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 25: LEAVING SUPERVISED AREA</b>	
<p><b>a. *Leaving Supervised Area-</b>            Person leaves, or would without an intervention, an area or group without telling others or departs from the support person unexpectedly resulting in increased vulnerability.  <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b>            (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wanders away from a support person while in the community</li> <li><input type="checkbox"/> Leaves for extended period of time without informing the appropriate person</li> <li><input type="checkbox"/> Runs away</li> <li><input type="checkbox"/> Attempts to jump out of vehicle</li> <li><input type="checkbox"/> Other, describe in 25b</li> </ul>	<p>This item applies to people whose wandering, or elopement is cause for concern due to the risk to the health and safety of self or others.</p> <p>If the person 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.</p> <p>This item is not to be considered a behavior if there is no concern about or a need for limitations on the person’s freedom to leave the home or move about the community.</p> <p>If a person leaves for an extended period of time without informing the appropriate person but is not at an increased vulnerability, do not consider here.</p> <p>If ‘Other’ is selected, describe the behavior.</p>
<p><b>b. Description of behaviors and/or potential concerns:</b>            See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b>            See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b>            See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 26: PICA AND /OR PLACING NON-EDIBLE OBJECTS IN MOUTH</b>	
<p><b>a. *Pica (Ingestion of non-nutritive substances) and/or Placing Non-edible Objects in Mouth-</b> Does not require diagnosis of Pica, only presenting behaviors. Person ingests, or would without an intervention, non-food items (e.g., liquid detergent, coins, paper clips, cigarettes) or the person places non-edible objects in his/her mouth that may cause poisoning, aspiration, choking and/or severe injury. <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dirt</li> <li><input type="checkbox"/> Glass</li> <li><input type="checkbox"/> Stones</li> <li><input type="checkbox"/> Paper</li> <li><input type="checkbox"/> Hair</li> <li><input type="checkbox"/> Urine</li> <li><input type="checkbox"/> Feces</li> <li><input type="checkbox"/> Wood</li> <li><input type="checkbox"/> Toxic substances (e.g., soap, cleaning solutions)</li> <li><input type="checkbox"/> Cigarettes</li> <li><input type="checkbox"/> Other, describe in 26b</li> </ul>	<p>This item addresses pica symptoms (the ingestion of non-nutritive substances) and/or placing non-edible objects (e.g., keys, headphones) in the mouth <b>AND</b> this may lead to poisoning, bowel obstruction, bowel perforation, aspiration or choking. This can involve ingestion of a wide range of items or materials.</p> <p>This item does not require diagnosis of Pica, only presenting behaviors.</p> <p><b>Do not include:</b> Situations in which risk of poisoning, aspiration or choking is unlikely. For example, thumb sucking, biting nails, or chewing on pens and pencils habitually.</p> <p>If 'Other' is selected, describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 27: DIFFICULTIES REGULATING EMOTIONS</b>	
<p><b>a. *Difficulties regulating emotions-</b> Person has instances, or would without an intervention, of emotional behavior that are atypical of others in similar situations. <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cries uncontrollably</li> <li><input type="checkbox"/> Frequently argues about small things</li> <li><input type="checkbox"/> Impulsivity</li> <li><input type="checkbox"/> Overly excitable</li> <li><input type="checkbox"/> Screams</li> <li><input type="checkbox"/> Shouts angrily</li> <li><input type="checkbox"/> Overzealous social exchanges</li> <li><input type="checkbox"/> Refuses to move (plants self)</li> <li><input type="checkbox"/> Self-injury</li> <li><input type="checkbox"/> Throws self on floor</li> <li><input type="checkbox"/> Uses inappropriate tone for conversation</li> <li><input type="checkbox"/> Other, describe in 27b</li> </ul>	<p>This item addresses the lack of capacity to regulate emotions or the demonstration of emotions that are not typical of others in similar situations.</p> <p><b>Include:</b> Suicide ideation or threats of suicide in this item.</p> <p>If 'Self-injury' is marked in the list of presenting behaviors, be sure to consider in item 18 as well. If 'Other' is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 28: REFUSING ADL/IADL AND/OR MEDICAL CARE</b>	
<p><b>a. *Refusing ADL/IADL and Medical Care-</b> Person resists required assistance, or would without intervention, (e.g., resists ADL assistance or medications) <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is physically combative against assistance</li> <li><input type="checkbox"/> Is verbally combative against assistance</li> <li><input type="checkbox"/> Is resistant against specific ADL/IADL assistance, describe in 28b</li> <li><input type="checkbox"/> Is resistant to being seen by a medical professional</li> <li><input type="checkbox"/> Is resistant to taking medications</li> <li><input type="checkbox"/> Requires <u>full</u> sedation for medical appointments</li> <li><input type="checkbox"/> Requires <u>full</u> sedation for dental appointments</li> <li><input type="checkbox"/> Other, describe in 28b</li> </ul>	<p>This item addresses the refusal of any form of personal care, including assistance with ADLs/IADLs, taking medications, medical care and attending medical appointments.</p> <p>Resistance or refusal can come in many forms, including physical and verbal aggression. This item is intended to be coded only for instances of medical (including mental health care) and/or ADL/IADL care (e.g., housekeeping, and oral care).</p> <p><b>Include:</b> Refusal to engage in ADL/IADL activities. If concerns of refusal or activities are coded 'Person refused' in the ADL/IADL/Med Management items, consider in this item.</p> <p>People 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 person refuses medical care or to complete ADLs/IADLs. Full sedation means the use of general anesthesia when the person is not conscious. The person is not awake during the care being given during medical and dental appointments.</p> <p>If 'Other' is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 29: RAPID INGESTION OF FOOD OR LIQUIDS</b>	
<p><b>a. *Rapid Ingestion of Food or Liquids-</b> Rapidly ingests food or liquids that presents a health or safety risk, or would without intervention, to the person. <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rapid ingestion of liquids</li> <li><input type="checkbox"/> Rapid ingestion of foods</li> <li><input type="checkbox"/> Behavior only present with specific foods/liquids, describe in 29b</li> <li><input type="checkbox"/> Other, describe in 29b</li> </ul>	<p>This item addresses health and safety risks that arise as a result of a person’s rapid ingestion of food and/or liquids whether the person is intending to eat rapidly or not.</p> <p><b>Include:</b> If, when given food or drink, the person attempts to consume food/liquid all at once or cheek food/combine bites, resulting in choking, spitting, and/or coughing.</p> <p>If ‘Yes, present in the past year’ is coded, be sure to also capture the need for ADL support in item 6b – Eating.</p> <p><b>Do not include:</b> Food or liquid seeking in this item. Capture in item 34a – other behavior items.</p> <p><b>Do not include:</b> Eating too much food in this item.</p> <p>If ‘Other’ is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 30: WITHDRAWAL</b>	
<p><b>a. *Withdrawal-</b> Person has a tendency, or would without an intervention, to avoid, isolate or retreat from conversation, interaction, or activity. <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoidance</li> <li><input type="checkbox"/> Isolation</li> <li><input type="checkbox"/> Lack of interest in life events</li> <li><input type="checkbox"/> Other, describe in 30b</li> </ul>	<p>This item addresses withdrawal which applies to situations that would impact functioning, health, and/or safety. At times, it's difficult to determine if a person is withdrawing or simply getting away from a busy environment. Consider the person's behavior.</p> <p><b>For example:</b> 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.</p> <p><b>Do not include:</b> People who withdraw because they prefer not to engage in certain types of activities, and this withdrawal does not impact functioning.</p> <p><b>Do not include:</b> Cognitive delays as the only reason for coding this item.</p> <p><b>For example:</b> 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). If 'Other' is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 31: INTRUSIVENESS</b>	
<p><b>a. *Intrusiveness-</b> Person has a tendency, or would without an intervention, for entering personal or private space without regard or permission. <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inappropriate boundaries</li> <li><input type="checkbox"/> Physical <ul style="list-style-type: none"> <li>➤ Private areas- <ul style="list-style-type: none"> <li>▪ Takes things that do not belong to them</li> <li>▪ Enters rooms and other private areas without permission</li> </ul> </li> <li>➤ Personal space- <ul style="list-style-type: none"> <li>▪ Inappropriate personal boundaries</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Verbal <ul style="list-style-type: none"> <li>➤ Verbally intrusive</li> <li>➤ Makes comments or suggestions when not part of conversation (i.e. interrupts)</li> <li>➤ Interferes with other's schedules</li> </ul> </li> <li><input type="checkbox"/> Inappropriate eye contact (e.g., extended periods of time)</li> <li><input type="checkbox"/> Unaware of interpersonal space</li> <li><input type="checkbox"/> Other, describe in 31b</li> </ul>	<p>This item addresses intrusiveness into the personal, business, or physical/private space of another. While personal boundaries will vary by person, the assessor should consider if the person has difficulty in using reasonable judgment when relating to others.</p> <p><b>For example:</b> James stands too close to people 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.</p> <p>If 'physical' and/or 'verbal' is checked, briefly describe the behavior addressed in item 31b. If 'Other' is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 32: SUSCEPTIBILITY TO VICTIMIZATION</b>	
<p><b>a. *Susceptibility to Victimization-</b> Person engages in, or would without an intervention, behaviors that increase or could potentially increase the person’s level of risk or harm or exploitation by others such as befriending strangers. <b>(LOC) (RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hitchhiking</li> <li><input type="checkbox"/> Inviting strangers into their home</li> <li><input type="checkbox"/> Panhandling</li> <li><input type="checkbox"/> Promiscuity</li> <li><input type="checkbox"/> Puts self in harm’s way</li> <li><input type="checkbox"/> Shares personal identifying information</li> <li><input type="checkbox"/> Other, describe in 32b</li> </ul>	<p>The intent of this item is to capture unique behaviors such as those listed in the presenting behaviors. This item addresses the increased susceptibility to victimization due to identified specific active behaviors exhibited by the person. (A history of victimization need not have occurred).</p> <p>The person needs to be engaging in risky behaviors such as those listed in the presenting behaviors that puts them at greater risk to be victimized.</p> <p><b>Do not include:</b> Inability to use judgment with no specific identified behavior causing an increase in susceptibility to victimization. Capture safety concerns in item 40a.</p> <p><b>For example:</b> 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.</p> <p><b>Include</b> high risk sexual behaviors such as prostitution and unprotected sex with strangers as “Promiscuity”.</p> <p>This item focuses on a person’s behavior, not the inability to use judgement in a variety of situations.</p>

Assessment Item	Guidance
	<p><b>For example:</b> 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.</p> <p><b>Do not include:</b> Behaviors captured in other items in the behavior section. If ‘Other’ is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 33: LEGAL INVOLVEMENT</b>	
<p><b>a. *Legal Involvement-</b>            Person 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. <b>(RISK)</b></p> <p><b>Presenting behaviors:</b>            (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assault</li> <li><input type="checkbox"/> Burglary</li> <li><input type="checkbox"/> Commits arson</li> <li><input type="checkbox"/> Issues related to homelessness (e.g., urinating in public, camping ban violations, etc.)</li> <li><input type="checkbox"/> Drug related crimes</li> <li><input type="checkbox"/> Financial crimes</li> <li><input type="checkbox"/> Prostitution</li> <li><input type="checkbox"/> Public nuisance</li> <li><input type="checkbox"/> Sexual crimes</li> <li><input type="checkbox"/> Shoplifting</li> <li><input type="checkbox"/> Terroristic threats</li> <li><input type="checkbox"/> Theft</li> <li><input type="checkbox"/> Trespassing</li> <li><input type="checkbox"/> Other, describe in 33b</li> </ul>	<p>This item addresses the commission of an illegal act the person engages in that result, or can result, in intervention by law enforcement.</p> <p><b>Questions to ask are:</b>            "Have the police been called?"            "Would the person most likely be arrested?"            "Has the person been arrested in the past?"            "Is the person currently involved in the legal system?"</p> <p><b>Do not include:</b> Minor infractions such as speeding tickets or parking tickets.</p> <p><b>Do not include:</b> When a person 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.</p> <p><b>For example:</b> 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.</p> <p>If 'Other' is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b>            Describe legal results of involvement and any convictions. Include the current legal status (convicted, not convicted, parole, probation, or PSRB).</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b>            See guidance in Item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	

Assessment Item	Guidance
<b>ITEM 34: OTHER BEHAVIOR ISSUES</b>	
<p><b>a. *Other behavior issues, describe- (RISK)</b></p> <p><b>Presenting behaviors:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fecal smearing</li> <li><input type="checkbox"/> Hoarding</li> <li><input type="checkbox"/> False reporting (with the intent of getting someone in trouble)</li> <li><input type="checkbox"/> Calls 911 inappropriately</li> <li><input type="checkbox"/> Problem gambling</li> <li><input type="checkbox"/> Other, describe in 34b</li> </ul>	<p>This item is intended to capture behaviors not captured elsewhere in the list of identified behaviors.</p> <p><b>Some examples of other behavior issues not listed in the presenting behaviors column are:</b> Food and/or liquid seeking, binge eating, triangulation, substance abuse (when support is needed to prevent it).</p> <p><b>Do not include:</b> 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).</p> <p>If 'Other' is selected, briefly describe the behavior.</p>
<p><b>b. Description of behaviors and/or any potential concerns:</b> See guidance in item 18b on page 80.</p>	
<p><b>c. Description of intermittent/cyclical behaviors, if applicable:</b> See guidance in item 18c on page 80.</p>	
<p><b>Notes:</b> See guidance for notes in Item 18 on page 80.</p>	
<p>Item 35: Intentionally Left Blank</p>	

## 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 provided **across all behaviors** 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 I/DD funded environments only (home and community).

Do not consider interventions provided by school staff in educational settings. For medical and mental health settings, consider who is providing interventions. If the interventions are provided by the medical or mental health agency, do not capture in item 36.

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

**A note is mandatory in the notes box for Item 36** if any interventions are coded in item 36. If a person requires monitoring only, 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.

**For example:** Amaya has five hours of 1:1 staffing a day. During that five-hour time frame, a support person needs to actively engage with Amaya three times by handing her items to prevent hitting herself. In item 36b, capture the three times interventions were provided. Capture the five hours of 1:1 staffing in the notes box.

## Explanation of Frequency Types

- **None:** No interventions are needed. Or the person 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
<p><b>36. How often does the person require intervention and/or environmental management due to any behavior issues (not specifically to each presenting behavior)?</b> (Item 36 is skipped if 'Yes, present in the past year' is not coded in the listed behavior items (18-34))</p> <p><b>a. *Cueing:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> None</li> <li><input type="radio"/> Less than once per month</li> <li><input type="radio"/> Once per month</li> <li><input type="radio"/> More than once per month</li> <li><input type="radio"/> 1-3 times per week</li> <li><input type="radio"/> 4 or more times per week, less than daily</li> <li><input type="radio"/> Less than 5 times per day</li> <li><input type="radio"/> More than 5 times per day (5 or more times per day)</li> </ul>	<p><b>Consider the following for cueing:</b></p> <ul style="list-style-type: none"> <li>• Unscripted verbal redirection, cues, and reminders</li> <li>• Cueing does not have to be written in a PBSP or interaction guidelines</li> <li>• Verbal or non-verbal cueing, redirection and reminders can take place at any time: before, during, or after the behavior</li> <li>• 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</li> <li>• When considering support people who are assigned to support a person 1:1, consider the number of times the 1:1 is providing active cueing and redirection. (See manual page 98 for guidance)</li> <li>• A support person does not have to be trained to provide the cueing</li> </ul> <p><b>Do not include:</b> Staffing patterns in this item (capture in the notes box).</p> <p><b>Do not include:</b> Touch cues (capture in item 36b)</p> <p><b>Do not include:</b> Interventions exclusively provided at a school setting.</p>

Assessment Item	Guidance
<p><b>b. *Proactive Strategies and Physical Prompts: (SG)</b></p> <ul style="list-style-type: none"> <li>○ None</li> <li>○ Less than once per month</li> <li>○ Once per month</li> <li>○ More than once per month</li> <li>○ 1-3 times per week</li> <li>○ 4 or more times per week, but less than daily</li> <li>○ Less than 5 times per day</li> <li>○ More than 5 times per day (5 or more times per day)</li> </ul>	<p>This item includes interventions written specifically to address behaviors for the person being assessed. While most of these interventions are documented in an informal plan or PBSP, some may not be. Support people are trained how to use the strategies specific to the person. Do not include interventions provided at a school setting.</p> <p><b>Consider the following for proactive strategies and physical prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>Active engagement</i> with the person for the purpose of preventing or stopping behaviors (list is not exhaustive) <ul style="list-style-type: none"> <li>○ Taking walks together</li> <li>○ Offering items to distract from behavior</li> <li>○ Engaging in activities to prevent behavior</li> <li>○ Writing or drawing together</li> <li>○ Avoiding specific locations or events</li> <li>○ Adherence to routines specifically designed to prevent behaviors</li> <li>○ Collaborative problem solving using specific language</li> <li>○ Taking person for a drive to prevent the behaviors</li> </ul> </li> <li>• The <i>use of tools</i> designed to prevent behaviors (list is not exhaustive): <ul style="list-style-type: none"> <li>○ Social stories - scripted or visual</li> <li>○ Picture boards</li> <li>○ Visual schedules, calendars, timers, cue cards</li> </ul> </li> </ul>

Assessment Item	Guidance
	<ul style="list-style-type: none"> <li>• <b>Scripted language</b> <ul style="list-style-type: none"> <li>○ Scripted words, where the words are specified</li> <li>○ Scripted content, where the words are not specified, but the intent of the message is specified</li> <li>○ Scripted style, such as “if/then” language or scripted tone or pace of message</li> </ul> </li> <li>• <b>Physical prompts:</b> <ul style="list-style-type: none"> <li>○ Light physical touches</li> <li>○ Leading</li> <li>○ Deflection &amp; evasion</li> <li>○ Escapes</li> <li>○ Buffers</li> <li>○ Body positioning in which the support person does not come into physical contact in a way that manually holds the person in place</li> </ul> </li> </ul> <p><b>Consider Environmental modifications that require support people to check on frequently:</b></p> <ul style="list-style-type: none"> <li>• Locking up sharps and other items</li> <li>• Checking alarms to ensure they’re on</li> <li>• Room sweeps to prevent behaviors</li> </ul> <p><b>Do not include:</b> Permanently fixed environmental modifications such as hardened walls or plexi-glass over a TV that do not require active support such as visual checks to keep in place. Capture in the notes box.</p> <p><b>Do not include:</b> Unscripted cues, verbal redirection, or reminders in this item. Capture in item 36a.</p> <p><b>Do not include:</b> Medicine administration in this item as a proactive strategy.</p> <p><b>Do not include:</b> Interventions exclusively provided at a school setting.</p>

Assessment Item	Guidance
<p><b>c. *Safeguarding</b></p> <p><b>Interventions: (SG)</b></p> <ul style="list-style-type: none"> <li>○ None</li> <li>○ Less than once per month</li> <li>○ Once per month</li> <li>○ More than once per month</li> <li>○ 1-3 times per week</li> <li>○ 4 or more times per week, but less than daily</li> <li>○ Less than 5 times per day</li> <li>○ More than 5 times per day (5 or more times per day)</li> </ul>	<p><b>Only consider Safeguarding Interventions (SIs) in this item that are Oregon Intervention System (OIS) trained and written in a currently implemented PBSP.</b></p> <p>SIs are techniques that restrict the movement of a person in which the support person comes into physical contact with the person (manually holds the person in place) to keep the person or others safe.</p> <p><b>Do not include:</b> Emergency restraints in this item. Capture those in item 39f.</p> <p><b>Do not include:</b> Restraints written in a Temporary Emergency Safety Plan (TESP).</p> <p><b>Do not include:</b> Mechanical or chemical restraints as interventions in this section.</p> <p><b>Do not include:</b> Any physical restraints used by parents on their own minor children that aren't captured in a currently implemented PBSP.</p> <p><b>Do not include:</b> Interventions exclusively provided at a school setting.</p>

Assessment Item	Guidance
<p><b>Item 36 Note Box:</b></p> <p><b>Example of an effective note:</b>            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.</p>	<p><b>A note is mandatory in this box if interventions are coded in item 36. Identify the frequency and intensity of the interventions indicated in items 36a, 36b, and 36c.</b></p> <p><b>Describe the specific interventions provided to the person:</b></p> <ul style="list-style-type: none"> <li>• Cueing</li> <li>• Proactive strategies and Physical Prompts</li> <li>• Safeguarding interventions</li> </ul> <p><b>Include:</b> 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 service planning.</p> <p>Be sure to confirm accuracy of the note.</p> <p>See <a href="#">Appendix D</a> on page 169 for the formula for writing a solid assessment note.</p>

Assessment Item	Guidance
<b>ITEM 37: OTHER BEHAVIOR ITEMS</b>	
<p><b>a. *Is a court mandated restriction currently in place against the person? (RISK)</b></p> <p><input type="radio"/> Yes. Describe the type of restriction, reason for restriction, and order date: _</p> <p><input type="radio"/> No</p>	<p>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.</p> <p>If 'Yes', describe the type of restriction, reason, and date of the order in the notes box.</p> <p><b>Do not include:</b> Potentially sensitive details about the restriction.</p> <p><b>Do not include:</b> Verbal recommendations or bench orders verbally given by a judge.</p> <p><b>Do not include:</b> Guardianship and adoption orders in this item.</p>
<p><b>b. *Does the person have a current court mandated restriction in place against anyone? (RISK)</b></p> <p><input type="radio"/> Yes. Describe the type of restriction, reason for restriction, and order date:</p> <p><input type="radio"/> No</p>	<p>Document whether the person currently has written court mandated restrictions or injunctions against other persons, such as no-contact orders or termination of parental rights (for children).</p> <p>If 'Yes', describe the type of restriction, reason, and order date in the notes box for this item.</p> <p><b>Do not include:</b> Guardianship and adoption orders in this item.</p>
<p><b>Notes:</b></p>	<p>Be sure to confirm accuracy of the note</p>

Assessment Item	Guidance
<b>ITEM 38: SUBSTANCE ABUSE ISSUES</b>	
<p><b>a. *Is there a concern about abuse of substances, including illegal drugs, marijuana, prescription medication, or alcohol? (RISK)</b></p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Chose not to answer </p> <p><b>Which types of substances?</b> (Check all that apply)</p> <p> <input type="checkbox"/> Alcohol  <input type="checkbox"/> Marijuana  <input type="checkbox"/> Prescription drugs  <input type="checkbox"/> Illegal drugs  <input type="checkbox"/> Other </p>	<p>This item addresses both legal and illegal substances abused by the person.</p> <p>Document each of the substances that there is a current concern of abuse around and provide a brief description about the current and/or past abuse in the comments box. Please be aware that it is not the assessor's role to judge whether substances are abused or not.</p> <p>Interventions do not need to be in place to consider the concern of abuse of substances.</p> <p><b>The question to ask is:</b> "Does the use/abuse of substances affect ADL/IADL functioning, job performance, and/or relationships?"</p> <p>If interventions are provided to prevent the behavior of abusing substances, address the behavior in 'Other Behavior Issues' (Item 34a) and 'Intervention Frequency' (Item 36).</p> <p>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.</p> <p><b>Do not include:</b> Cigarettes, sugar, energy drinks, and caffeine in this item.</p> <p>Only consider the 'Chose not to answer' option if the person chooses not to answer and there is no other source to obtain the information.</p>
<p><b>Describe use/abuse of substances:</b></p>	<p>Use this box to describe the specific substances used/abused.</p>
<p><b>Notes:</b></p>	<p>Be sure to confirm accuracy of the note.</p>

Assessment Item	Guidance
<b>ITEM 39: POSITIVE BEHAVIOR SUPPORT PLAN (PBSP)</b>	
(Items 39a-e are skipped if 'Yes, present in the past year' is not coded in the listed behavior items.)	
<p><b>a. *Has a Positive Behavior Support Plan (PBSP) been created for the person? (SG)</b></p> <p> <input type="radio"/> Yes  <input type="radio"/> No (Skip to item f) </p>	<p>Only code 'Yes' if the person has a formal PBSP in place and there's no knowledge it's been discontinued.</p> <p><b>The PBSP must include the following:</b></p> <ul style="list-style-type: none"> <li>• Functional Behavior Assessment (FBA)</li> <li>• Identified behaviors</li> <li>• Proactive strategies</li> <li>• Reactive strategies</li> <li>• Crisis response plan</li> <li>• Recovery plan</li> <li>• Reviewed annually or more frequently*</li> </ul> <p>*The plan must be reviewed annually by the ISP team and/or behavior professional. If no documentation of the review exists in the case file, follow up with the SC/PA to ensure the plan is reviewed annually and has been by the end of the 30-day ONA completion window.</p> <p><b>Do not include:</b> Interaction guidelines and mental health plans that do not include the components listed above.</p> <p><b>Do not include:</b> Behavior plans written/funded by the Dept. of Education for use at school that might be used at home as well.</p> <p><b>Do not include:</b> A Temporary Emergency Safety Plan (TESP) or for persons for whom a support plan will be developed.</p>

Assessment Item	Guidance
	<p><b>PBSP is in process of being created:</b>            Conduct the ONA at a later time if the LOC is not close to expiring. If the LOC is close to expiring, submit the ONA. A Change in Need ONA will need to be conducted when the PBSP is finalized.</p> <p>To make sure the PBSP meets rule, refer to the Guide to Professional Behavior Services at the following link:  <a href="https://www.oregon.gov/odhs/providers-partners/idd/workerguides/professional-behavior-services.pdf">https://www.oregon.gov/odhs/providers-partners/idd/workerguides/professional-behavior-services.pdf</a></p>
<p><b>b. *Is the PBSP currently being implemented by support persons?</b> (Support persons have been trained on the PBSP.) <b>(SG)</b></p> <p><input type="radio"/> Yes  <input type="radio"/> No <b>(Skip to item f)</b></p>	<p>Document if the PBSP is currently being implemented by support people <b>and</b> support people have been trained to follow the PBSP. Support people include both paid (e.g., workers paid through an agency) and unpaid (e.g., family members) workers.</p>
<p><b>b. *Does the PBSP implementation include documentation of the incidence of behavior?</b></p> <p><input type="radio"/> Yes  <input type="radio"/> No</p>	<p>The intent of this item is to ensure that people providing support document the incidences of behaviors that are listed in the PBSP.</p> <p>Documentation should include, at minimum, behaviors that are dangerous and/or have significant negative impact to the person’s ability to complete or receive support for ADL, IADL, or other health related activities.</p> <p><b>Documentation for 24 hr. Residential settings:</b> Acceptable documentation includes incident reports and/or written reports provided to the SC or PA.</p> <p><b>Documentation for In-home:</b> Acceptable documentation includes phone calls, e-mail or written reports to the SC or PA.</p>

Assessment Item	Guidance
<p><b>d. *Does the PBSP include Safeguarding interventions?</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Safeguarding interventions (SIs), are techniques that restrict the movement of a person in which the support person comes into physical contact with the person (manually holds the person in place) to keep the person or others safe.</p> <p><b>Include:</b> Only SIs that are written to address specific behaviors exhibited by the person.</p> <p><b>Do not include:</b> Emergency restraints written in the PBSP.</p> <p><b>Please note:</b> If this item is marked 'No', then item 36c must be marked 'None'. Refer to specific guidance for item 36c.</p>
<p><b>e. *Does the person's PBSP include complex behavior support tools that must be developed or significantly altered by a support person one or more times per month?</b></p> <p>(Such as social stories or visual structure systems.)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>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 <b>support person</b> (not a behavioral professional) <b>one or more times per month</b> as new triggers are encountered or changes in behavior occur.</p> <p>The behavior professional delegates support people who can develop new tools. This rarely occurs.</p> <p><b>Do not include:</b> Tools developed by someone other than the support person or minor changes to existing or prefabricated tools.</p> <p><b>Do not include:</b> Developing or altering of complex support tools by a behavior professional.</p>

Assessment Item	Guidance
<p><b>f. *Has the person required emergency services, crisis intervention services or protective services to address a dangerous behavior 2 or more times in the past 12 months? (SG)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p>Indicate whether the person has received any of the following <b>2 or more times in the past 12 months</b> in the home or community setting.</p> <ul style="list-style-type: none"> <li>• <b>Emergency Services:</b> Any emergency healthcare service provided to evaluate and/or treat the person for any condition resulting from a dangerous behavior in which unscheduled medical care is required. This includes emergency room services, ambulance involvement, etc.</li> <li>• <b>Crisis Intervention Services:</b> Services used to offer immediate, short-term help to persons 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.</li> <li>• <b>Protective Services:</b> Services provided to adults or children who are at risk of or experiencing physical, sexual, emotional abuse, or emotional/physical neglect <b>as a result of the person’s behavior.</b> This could include protective service investigations of abuse/neglect.</li> <li>• <b>Emergency Physical Restraints:</b> Restraints not currently written into a PBSP but used on an <b>emergency basis only 2 or more times in the past 12 months.</b>  <b>Do not include:</b> Routinely used holds by parents of minor children to prevent or stop a behavior.</li> <li>• <b>Do not include:</b> Emergency services or calls made at a school setting.</li> </ul>

Assessment Item	Guidance
<b>Notes:</b>	<p>Use this notes box to indicate unique or additional intervention frequencies not captured in the notes box for item 36.</p> <p>Describe the emergency restraints if item 39f is coded 'yes' for physical restraints.</p> <p>SCs or PAs may have indicated additional presenting behaviors, interventions, or notes in this box.</p> <p>Be sure to confirm accuracy of the note.</p> <p>Delete the note if it no longer applies.</p>

## SECTION V – SAFETY

The Safety section collects information to:

- Identify how the person 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 person 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.**

Assessment Item	Guidance
<b>ITEM 40: SAFETY AWARENESS AND SUPPORT (ITEM 40 SKIPPED UNDER AGE 5)</b>	
<p><b>a. *Does the person 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]?:</b>  <b>(LOC) (RISK)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Check all that apply and describe below)</p> <p><input type="checkbox"/> Judgment/Decision Making: ____</p> <p><input type="checkbox"/> Physical ability: ____</p> <p><input type="checkbox"/> Behavior issue: ____</p>	<p>This item addresses the ability to make a reasonable judgment about a situation and to take actions necessary to ensure safety. Consider all risks to health and safety. If safety issues exist such as vulnerability around dangerous people, giving away personal information via the phone and social media, code 'No'.</p> <p>Anyone could easily be exploited or scammed in person, over the phone, or via the internet. Very rarely will this item be coded 'Yes'.</p> <p>Indicate all that apply and briefly describe.</p> <p><b>Example of Judgment/Decision Making:</b> Due to lower cognitive functioning, Marcus could be easily exploited.</p> <p><b>Example of Physical Ability:</b> Due to severe Cerebral Palsy, Janice is physically unable to avoid harmful situations.</p> <p><b>Example of Behavior Issue:</b> Due to severe anxiety, Sarah would panic and freeze if a potentially harmful situation such as a flood or fire were to occur.</p> <p><b>Include:</b> 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'.</p>

Assessment Item	Guidance
<p><b>c. *Does the person need support to remain safe around traffic?: (RISK)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>This item addresses the safety concerns around traffic in all areas of the community including parking lots, streets, the neighborhood and exiting automobiles (while in motion or not).</p> <p>If a safety concern exists around getting in and out of vehicles, please consider supervision that may be needed for 15b - Car Transfer (see page 70 for guidance).</p>
<p><b>Notes for 40b:</b></p>	<p>Utilize the box to indicate the safety and health risks associated with this risk item.</p> <p>Anything written in this box will be copied onto the Risk Report indicating a potential risk.</p>
<p><b>d. *Does the person need support to evacuate when a fire or smoke alarm sounds?: (RISK)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>This item addresses concerns around fire safety. Consider all environments such as the home, work, and buildings in the community.</p>
<p><b>Notes for 40c:</b></p>	<p>Utilize this box to indicate the safety and health risks associated with this risk item.</p> <p>Anything written in this box will be copied onto the Risk Report indicating a potential risk.</p>
<p><b>Notes:</b></p>	<p>Please note any specific information about the risks to the person; 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.</p> <p>Be sure to confirm the accuracy of the information.</p>

Assessment Item	Guidance
<b>ITEM 41: ENVIRONMENTAL SAFETY</b>	
<p><b>a. *Is the person at risk of serious injury from household chemicals if the chemicals are not secured?: (LOC) (RISK)</b></p> <p> <input type="radio"/> No  <input type="radio"/> Yes, describe: __ </p>	<p>This item is intended to capture safety risks around general household chemicals such as bleach, window cleaner, soap, shampoo, and other household chemicals.</p> <p>Consideration should be given for all environments. The key word is 'if'.</p> <p><b>The question to ask is:</b>          "What would happen <u>if</u> chemicals were not locked up?" (For the purpose of this item, always assume chemicals are left out or not locked up. Would a risk be present?).</p> <p>If the person is at risk, select 'Yes' and briefly describe the risk. If no concerns are expressed, select 'No'.</p> <p><b>Do not include:</b> Concerns about minor injury, such as spilling chemicals on the floor and creating a slippery walking surface.</p>
<p><b>b. *Are there currently conditions in the residence that may lead to injury or illness?: (LOC) (RISK)</b></p> <p> <input type="radio"/> No  <input type="radio"/> Yes, describe: __ </p>	<p>This item is intended to capture conditions that pose a risk in the living environment. Indicate whether there are <b>current conditions</b> in the environment that would most likely lead to injury or illness.</p> <p>Conditions may include unsafe hazards such as mold, broken or loose stairs, standing water, or uneven flooring (This list is not exhaustive).</p> <p>If there are conditions in the residence that would lead to injury or illness, assessors should select 'Yes' and briefly describe.</p> <p>Do not consider items that are typically used in the home that may pose a risk of injury such as a fireplace, pellet stoves or sharp items, etc.</p> <p>If no concerns are expressed, select 'No'.</p>

Assessment Item	Guidance
<p><b>c. *Is the person at risk of eviction because of conditions within the residence?:</b>  <b>(LOC) (RISK)</b></p> <p><input type="radio"/> No  <input type="radio"/> Yes, describe: _____</p>	<p>In this item, consider the current physical condition of the home and its surroundings.</p> <p>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.</p> <p>If the person owns his/her own home, consider if the person is at risk of code enforcement involvement.</p> <p>If no concerns are expressed, select 'No'. Do not speculate about what could happen if current supports are not in place.</p>
<p><b>Notes:</b></p>	<p>See guidance for notes in item 40 on page 114.</p>

Assessment Item	Guidance
<b>ITEM 42: ASSESSOR'S JUDGMENT ABOUT THE POTENTIAL FOR ABUSE, NEGLECT AND EXPLOITATION</b>	
<p><b>a. *Is this person at significantly increased risk beyond the typical risk for a person with I/DD for neglect, abuse, or exploitation by another person?: (RISK)</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe reasons: _____</p>	<p>Select 'Yes' if there is a known history of neglect, abuse, or exploitation in the person's life. Consider any historic abuse, neglect, or exploitation, at any point in the person's life, if considered relevant by the person, or their team.</p> <p>General risk is not being considered in this item. Capture general risk in item 40a.</p> <p><b>For example:</b> 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'.</p> <p>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.</p> <p>Select 'No' if there is no evidence of a history of neglect, abuse, or exploitation.</p> <p><b>For example:</b> Anjelica wouldn't recognize if someone were taking advantage of her. There is no evidence she has ever been exploited. Select 'No'.</p>

Assessment Item	Guidance
<p><b>b. *For persons age 18 and older: Is this person at risk of self-neglect?: (RISK)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes, check all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol and/or other drug use leading to health or safety concerns</li> <li><input type="checkbox"/> Behaviors that pose a threat of harm to self or others</li> <li><input type="checkbox"/> Dehydration or malnutrition</li> <li><input type="checkbox"/> Hygiene that may compromise health</li> <li><input type="checkbox"/> Impairment of orientation, memory, reasoning and/or judgment</li> <li><input type="checkbox"/> Inability to manage funds that may result in negative consequences</li> <li><input type="checkbox"/> Inability to manage medications or to seek medical treatment that may threaten health or safety</li> <li><input type="checkbox"/> Unsafe/unhealthy living conditions</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> </ul>	<p><b>(Item 42b skipped under age 18)</b></p> <p>Select 'Yes' only if there is evidence of self-neglect, that has occurred historically or currently, even if current supports are preventing this from happening. Consider any historic neglect, at any point in the person's life, if considered relevant by the person, or their team.</p> <p>Select 'No' if there is no evidence of self-neglect.</p> <p>Capture general risk of self-neglect in item 40a.</p> <p><b>Example of when to select 'Yes':</b> 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.</p> <p><b>Example of when to select 'No':</b> 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 evidence of self-neglect.</p>

Assessment Item	Guidance
<p><b>c. *For persons under age 18: Has child welfare been involved on behalf of the person?: (RISK)</b></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe: _</p>	<p><b>(Item 42d skipped age 18 and up)</b></p> <p>Select 'Yes' if child welfare has been involved (e.g., open investigation, placement in foster care, family maintenance plan).</p> <p>If child welfare was contacted at any time historically, and is significant to document, select 'Yes' and describe. Otherwise, select 'No'.</p> <p>Rely on the ISP team to help determine if child welfare involvement should be captured.</p> <p>If the person 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.</p> <p>When describing details of child welfare involvement, there's no need to describe the abuse or neglect that occurred.</p>
<p><b>Notes:</b></p>	<p>See guidance for notes in item 40 on page 114.</p>

## SECTION VI MEDICAL

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 or needed 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. Although, if the person, 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.

Assessment Item	Guidance
<b>ITEM 43: GENERAL MEDICAL SUPPORTS</b>	
<p><b>a. *In the past 6 months, how many times has another person recommended that the person seek medical attention for an issue that the person was unaware of or unwilling to seek attention for?:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> None</li> <li><input type="radio"/> One</li> <li><input type="radio"/> Two or three</li> <li><input type="radio"/> More than three</li> </ul> <p><b>Select the reason(s) person did not seek attention for issue:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Person unaware of issue(s)</li> <li><input type="checkbox"/> Person unwilling to seek attention for issues(s)</li> <li><input type="checkbox"/> Other: ____</li> </ul>	<p><b>(Item 43a skipped under age 18)</b></p> <p>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 person seek medical attention.</p> <p><b>Include:</b> 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.</p> <p><b>Do not include:</b> Routine medical appointments such as annual physicals and routine appointments or blood draws.</p> <p>Total the number of instances where the person was not aware that the condition was a health risk and/or the person was not willing to seek attention for the issue.</p>

Assessment Item	Guidance
<p><b>b.* Does the person 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)</b></p> <p><input type="radio"/> Yes, select and describe (check all that apply)</p> <p><input type="checkbox"/> Transportation: _____</p> <p><input type="checkbox"/> Geographical: _____</p> <p><input type="checkbox"/> Financial: _____</p> <p><input type="checkbox"/> Cultural: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="radio"/> No</p>	<p>Indicate and describe all barriers to accessing medical care. Focus on <b>actual barriers</b> to accessing medical care for any routine or urgent appointment.</p> <p><b>Do not include:</b> Behavioral issues that create a barrier, such as becoming upset in transport vehicles.</p> <p><b>Do not include:</b> Medical emergencies in this item. Do not select 'Yes' just because a person lives in a rural area.</p> <p>'Other' could include things like language barriers, childcare concerns, or no support person to help access the health care system.</p>
<p><b>c.* Does the person require documented daily monitoring of temperature, respiration, heart rate, and blood pressure according to a documented physician's order?</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>To select 'Yes' for this item each of these conditions must be satisfied:</p> <p><b>All 4 vitals must be taken and recorded at least once every day.</b></p> <p>As specifically outlined in a doctor's order</p> <p><b>Do not include:</b> Monitoring that does not include documentation of results or was not ordered by the licensed health care provider.</p>

Assessment Item	Guidance
<p><b>d. *Is the person able to report or describe pain and/or signs of illness and where it is located?: (RISK)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, describe: __</p>	<p>Indicate whether the person is consistently able to identify and/or follow-through with reporting signs of pain or illness and where it is located.</p> <p>If the person is unable to report pain and signs of illness or does not report, select 'No' and briefly describe why in the small notes box.</p> <p><b>For example:</b> 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'.</p>
<p><b>e. *Does the person need assistance to make and/or keep medical appointments?: (RISK)</b></p> <p><input type="radio"/> Yes, describe: __</p> <p><input type="radio"/> No</p>	<p><b>(Item 43e skipped under age 18)</b></p> <p>Capture whether the person 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. If "Yes", document the corresponding barriers in the small notes box.</p>
<p><b>Notes:</b></p>	<p>Please note any specific information about the risks to the person: 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.</p>

## 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 risk of aspiration or choking. The assessor should review documentation and talk with the person and their support people about the conditions listed on the tool. The condition has been diagnosed by a medical practitioner.

Prior to the assessment interview, assessors should collect information about the person's conditions and diagnoses from the case file. Additionally, assessors should ask whether the person has been diagnosed with any of the following medical/health conditions and record information about those diagnoses. If the diagnosis is not documented in the case file, and the SC/PA is aware of the condition, mark "Has condition".

Has Condition	Affects Functioning	Receives Treatment	Follow-up or Referral
<ul style="list-style-type: none"> <li>Must have a diagnosis</li> <li>Symptoms may not be obvious due to treatments provided, but diagnoses are still current</li> <li>Documentation of the diagnoses should be in the individual's case file</li> </ul>	<ul style="list-style-type: none"> <li>How does it affect daily routines?</li> </ul> <p>For Example:</p> <ul style="list-style-type: none"> <li><i>Must sit upright after eating?</i></li> <li><i>Must rest after walking an extended period?</i></li> </ul>	<ul style="list-style-type: none"> <li>Any treatment</li> </ul> <p>For Example:</p> <ul style="list-style-type: none"> <li><i>Medicine</i></li> <li><i>Nebulizer</i></li> <li><i>Suctioning</i></li> <li><i>Deep breathing exercises</i></li> </ul>	<ul style="list-style-type: none"> <li>Check this box when the individual, family or provider states that the condition exists but there is no diagnosis</li> </ul>

### 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dysphagia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gastroesophageal reflux disorder (GERD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Persistent cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pneumonia (in last year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Rattling when breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Notes (0/1000)

**Conditions and Diagnoses:** 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 person has the condition.

<p><b>If diagnoses were not adequately captured or described, provide additional description:</b></p>	<p>Capture additional information related to the condition that wasn't captured in the table.</p>
<p><b>Notes:</b></p>	<p>Include information beneficial to service planning. Be sure to confirm accuracy of the note.</p>

Assessment Item	Guidance
<b>ITEM 45: SEIZURE AND DIABETES</b>	
<p><b>a. * Does the person have a diagnosis of seizures or epilepsy or has the person had a seizure within the past five (5) years?: (RISK)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No (Skip to item d)</p>	<p>Indicate whether the person has a diagnoses of seizures/seizure disorder or epilepsy from a health care provider and/or if the person has had a known seizure in the past 5 years.</p>
<p><b>b. Indicate all items that apply to the person:</b></p> <p><input type="checkbox"/> Currently takes medication to control seizures</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Has taken medication to control seizures in the past year</p> <p><input type="checkbox"/> Has had a seizure in the past year</p> <p><input type="checkbox"/> Has had seizures that required emergency medical attention in the last three years</p> <p><input type="checkbox"/> Uses a vagus nerve stimulator (VNS) two or more times per month</p>	<p>Check all scenarios that apply to the person.</p> <p>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.</p> <p>Use of a VNS refers to external activation of the VNS device by the person or support person.</p> <p><b>Include:</b> emergency medical attention as a result of the seizure itself. Do not include follow up care received at a later time.</p>

Assessment Item	Guidance
<p><b>c. *Does the person require support to prevent injury during or prior to a seizure episode? (RISK)</b></p> <p><input type="radio"/> Yes, describe support needed: __</p> <p><input type="radio"/> No</p>	<p>If the person requires support to prevent injury, document the type of support needed.</p> <p>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 person is still breathing and comes out of the seizure safely.</p> <p>Support to avoid injury during or prior to a seizure can include moving objects, wearing/using specialized equipment such as a helmet to prevent injury, fall prevention, and environmental safety measures such as pillows to prevent head injuries.</p>
<p><b>Describe support needed:</b></p>	<p>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. Be sure to confirm accuracy of the note.</p>
<p><b>d. *Does the person have a diagnosis of diabetes or pre-diabetes?: (RISK)</b></p> <p><input type="radio"/> Yes, diabetes</p> <p><input type="radio"/> Yes, pre-diabetes</p> <p><input type="radio"/> No (Skip to Item 46)</p>	<p>Protocols and/or documentation from a health care provider must be in the case file.</p> <p><b>Do not include:</b> Diabetes insipidus in this item.</p>
<p><b>e. *Does the person use a diabetic insulin pump?: (RISK)</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Indicate whether the person uses a diabetic insulin pump.</p>

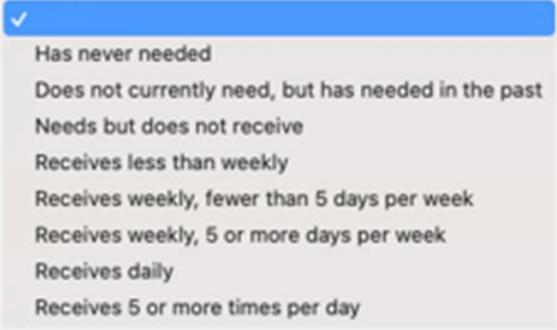
Assessment Item	Guidance
<p><b>f. *Does the person's diabetes management include administration of sliding scale insulin?: (RISK)</b></p> <ul style="list-style-type: none"> <li>○ Yes, administered by the person without in-person assistance</li> <li>○ Yes, administered by the person with in-person assistance</li> <li>○ Yes, administered by support person</li> <li>○ No</li> </ul>	<p>Document whether the person uses sliding scale insulin as part of his/her treatment regimen and how much support the person needs in doing so.</p> <p>'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.</p> <p>'Yes' responses are separated into the following categories:</p> <ul style="list-style-type: none"> <li>• <b>Yes, administered by the person without in-person assistance-</b> The person 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 a person may need remote coaching (e.g., phone support), but is able to perform the task themselves.</li> <li>• <b>Yes, administered by the person with in-person assistance-</b> The person 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.</li> <li>• <b>Yes, administered by support person-</b> The person requires that all steps of insulin administration be performed by a support person.</li> </ul> <p>If the person takes sliding scale insulin, be sure to capture in item 46b – subcutaneous injections and item 47e – injectable medications.</p> <ul style="list-style-type: none"> <li>• <b>Do not include:</b> Set amounts of insulin given on a routine basis.</li> </ul>

Assessment Item	Guidance
<p><b>g. Mechanisms to manage diabetes:</b></p> <p><b>Currently used:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Therapeutic diet</li> <li><input type="checkbox"/> Exercise</li> <li><input type="checkbox"/> Blood glucose testing</li> <li><input type="checkbox"/> Insulin administration</li> <li><input type="checkbox"/> Other: _</li> </ul> <p><b>Advisable, but additional support needed to implement:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Therapeutic diet</li> <li><input type="checkbox"/> Exercise</li> <li><input type="checkbox"/> Blood glucose testing</li> <li><input type="checkbox"/> Insulin administration</li> <li><input type="checkbox"/> Other: _</li> </ul> <p><b>Advisable, but person chooses not to implement:</b> (Check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Therapeutic diet</li> <li><input type="checkbox"/> Exercise</li> <li><input type="checkbox"/> Blood glucose testing</li> <li><input type="checkbox"/> Insulin administration</li> <li><input type="checkbox"/> Other: _</li> </ul> <p><input type="checkbox"/> No mechanisms advisable</p>	<p>Indicate all mechanisms that the person currently uses (with or without support from another person) or has been advised to use, by a health care provider, to manage their diabetes. Assessors should check all scenarios (currently used or advisable) and all appropriate mechanisms within the scenarios.</p> <p>If the person receives insulin via an injection, be sure to capture in item 46b – subcutaneous injections and item 47e – injectable medications.</p> <p>Examples of ‘Other’ could include skin checks, the use of glucose tabs, ted hose, medications, nail clipping, tinctures (supplements), and a food diary to name a few.</p> <p>For the ‘Advisable’ scenarios, assessors should indicate all mechanisms that the person has been advised to use by a health care provider.</p> <p>If no mechanisms have been or are being advised, check ‘No mechanisms advisable’.</p>
<p><b>Notes:</b> _</p>	<p>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.</p> <p>Be sure to confirm accuracy of the note.</p>

Assessment Item	Guidance
<b>ITEM 46: TREATMENTS AND THERAPIES</b>	
<p>The assessor will record the treatments and therapies the person has had, 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 <a href="#">Appendix B</a> on page 157 for definitions and descriptions of treatments and therapies.</p>	
Assessment	Guidance
<p><b>a. *Is the person currently receiving or currently needs any special treatments or therapies, such as pacemaker, ostomy care, oxygen/respiratory therapy, feeding tube, or dialysis?:</b>  <b>(RISK) (SG)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No (Skip to Item 47)</li> <li><input type="radio"/> Chose not to answer (Skip to Item 47)</li> </ul>	<p>If the person has needed, is receiving, or needs treatments/ monitoring, code 'Yes'. Assessors will use item 46b to document all currently being received.</p> <p>If the person 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.</p> <p><b>Include:</b> Treatments and therapies the person 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'.</p> <p>Rely on the ISP team to determine which historical treatments and therapies to capture.</p> <p><b>Include:</b> Treatments provided in all settings including home, community, medical offices, and school settings.</p>

Assessment Item	Guidance
<p><b>b. Treatments and Monitoring:</b> <b>(LOC) (SG)</b></p> <p><b><u>First column:</u></b> <b>Treatment/monitoring/therapy type:</b></p>	<p><b>First column – Treatment/monitoring/therapy type:</b></p> <ul style="list-style-type: none"> <li>• This column lists treatments and therapies provided in any setting including home, school, and medical offices</li> <li>• If insulin is injected, be sure to capture it in 'subcutaneous injections'</li> <li>• Examples of 'other' treatments: Physical, occupational, &amp; speech therapies, repositioning to prevent skin breakdown, swiping of a Vagal Nerve Stimulator (VNS).</li> </ul> <p><b>Include:</b> Skin checks in stage I &amp; II wound care for persons who require the checks due to frequently occurring wounds.</p> <p><b>Do not include:</b> Repositioning in wound care unless it's part of the treatment for a current open wound.</p>

Assessment Item	Guidance
<p><b>Second column:</b>  <b>Current need: (SG)</b></p> <div data-bbox="102 300 659 632" style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p>✓</p> <p>Has never needed</p> <p>Does not currently need, but has needed in the past</p> <p>Needs but does not receive</p> <p>Receives less than weekly</p> <p>Receives weekly, fewer than 5 days per week</p> <p>Receives weekly, 5 or more days per week</p> <p>Receives daily</p> <p>Receives 5 or more times per day</p> </div>	<p><b>Second column – Current need: Coding options defined:</b></p> <ul style="list-style-type: none"> <li>• <b>Has never needed:</b> Select this option if the person has never needed the treatment or therapy.</li> <li>• <b>Does not currently need but has needed in the past:</b> Select this option when the person has had the treatment in the past and no longer receives it. There is no specific time frame to capture treatments received in the past. Rely on ISP team to determine what to capture.</li> <li>• <b>Needs but does not receive:</b> Select this option when the person has a need for a treatment or therapy but does not have it in place yet. Select for people who refuse treatments or therapies.</li> <li>• <b>Receives less than weekly:</b> Select this when the person has received the treatment <b>AND</b> is expected to need the treatment again within the year.</li> <li>• <b>Receives weekly, fewer than five days per week or 5 or more days per week:</b> Select the appropriate option based on frequency of the current need.</li> <li>• <b>Receives daily:</b> Select this option when the person receives treatments or therapies daily, but not more than four times a day. <b>(SG)</b></li> <li>• <b>Receives five or more times a day:</b> Select this option when the person receives treatments or therapies five or more times a day, every day. <b>(SG)</b></li> </ul>

Assessment Item	Guidance
<p><b>Second column (cont.): Current need: (SG)</b></p> 	<p><b>Do not code:</b> Medicine administration in 'Other' as a Treatment and Therapy except for insulin administration and medicine through a g/j tube. The support for medicine administration will be captured in item 47.</p>
<p><b>Third Column: Support person Performs: (SG)</b></p>	<p><b>Third column – Support person performs:</b> Select this option if the support person completes the treatment for the person. Indicate in the notes box the support that is provided. When considering who performs medical treatments as a paid support person in nursing &amp; medical professional situations, the question should take into consideration the funding source, setting and duration.</p> <p><b>When to code 'Support person performs' (Consider home and community):</b></p> <ul style="list-style-type: none"> <li>• The support person must perform all or the majority of the treatment for the person.</li> <li>• The support person must model the entire treatment for the person every time the treatment is completed. Usually occurs with physical and occupational therapies.</li> <li>• Direct Nursing Services (DNS) provides the treatment or therapy.</li> <li>• Nurses employed as support staff by ODDS provider agencies.</li> </ul>

Assessment Item	Guidance
<p><b>Third Column (cont.):</b>  <b>Support person Performs: (SG)</b></p>	<p><b>Do not code 'Support person performs' for the following reasons:</b></p> <ul style="list-style-type: none"> <li>• The person performs the task on their own while the support person supervises and/or coaches the person through the steps.</li> <li>• Long-Term Care Community Nursing (LTCCN) (they do not perform direct treatments. They support by teaching and delegating to staff and family.)</li> <li>• Home Health agencies funded by the person's medical card/insurance (example- for wound care) in the home.</li> <li>• Treatments performed by medical professionals in clinics, medical facilities, or hospitals.</li> <li>• Treatments provided by school staff in a school setting.</li> <li>• Checking equipment and batteries.</li> <li>• Support to clean medical equipment only as 'Support person performs'. (Capture cleaning equipment in item 12, housework.)</li> </ul> <p><b>Important to consider when coding 'Current need' and "Support person performs' columns:</b> The 'Current need' and 'Support person performs' columns must match. For example: If the 'Current need' column is coded 'Receives daily', the 'Support person performs' column can only be checked if the support person is completing the treatment or therapy every day for the person.</p>

Assessment Item	Guidance
<p><b>Fourth column: Requires training and oversight from a medical professional:</b></p>	<p><b>Fourth column – Requires training and oversight from a medical professional:</b> This column should only be marked if the ‘Support person performs’ column is marked.</p> <p>This column is for informational purposes only.</p> <p>It is intended to capture oversight that is above and beyond guidance provided at regular appointments with the physician. The assessor may consult with ISP team members to determine if this column should be coded.</p> <p>Code if training and regular oversight by a medical professional is currently provided to the support person performing the treatment and/or therapy. There are no specific or regularly scheduled timeframes the training and oversight must be provided.</p>
<p><b>Notes column: Notes for support planning:</b></p>	<p><b>Notes column – Notes for support planning:</b> Document useful information for planning.</p> <p>Assessors must list exceptional medical support needs, 1:1, 2:1 staffing and supervision.</p>

Treatment/monitoring/therapy type	Current need	Support person performs	Requires training and oversight from a medical professional	Notes for support planning
Respiratory therapy		<input type="checkbox"/>	<input type="checkbox"/>	
Chest percussion (Including percussion vest)		<input type="checkbox"/>	<input type="checkbox"/>	
Postural drainage		<input type="checkbox"/>	<input type="checkbox"/>	
Nebulizer		<input type="checkbox"/>	<input type="checkbox"/>	
Tracheal aerosol therapy		<input type="checkbox"/>	<input type="checkbox"/>	
Oral suctioning that does not extend beyond the oral cavity		<input type="checkbox"/>	<input type="checkbox"/>	
Airway suctioning		<input type="checkbox"/>	<input type="checkbox"/>	
Tracheal suctioning		<input type="checkbox"/>	<input type="checkbox"/>	
Nasopharyngeal suctioning		<input type="checkbox"/>	<input type="checkbox"/>	
Other suctioning		<input type="checkbox"/>	<input type="checkbox"/>	
Tracheostomy care		<input type="checkbox"/>	<input type="checkbox"/>	
Care for central line		<input type="checkbox"/>	<input type="checkbox"/>	
Intravenous (IV) injections/infusions		<input type="checkbox"/>	<input type="checkbox"/>	
Subcutaneous injections		<input type="checkbox"/>	<input type="checkbox"/>	
Jejunostomy tube		<input type="checkbox"/>	<input type="checkbox"/>	
Nasogastric or abdominal feeding tube (e.g., g-tube, NG tube)		<input type="checkbox"/>	<input type="checkbox"/>	
Indwelling or suprapubic catheter monitoring		<input type="checkbox"/>	<input type="checkbox"/>	
Insertion of catheter (intermittent catheterization)		<input type="checkbox"/>	<input type="checkbox"/>	
CPAP/BiPAP		<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical ventilator other than CPAP/BiPAP		<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen therapy		<input type="checkbox"/>	<input type="checkbox"/>	
Colostomy, Ostomy, and/or other ostomy		<input type="checkbox"/>	<input type="checkbox"/>	
Peritoneal Dialysis		<input type="checkbox"/>	<input type="checkbox"/>	
Hemodialysis		<input type="checkbox"/>	<input type="checkbox"/>	
Active cerebral shunt monitoring		<input type="checkbox"/>	<input type="checkbox"/>	
Baclofen pump		<input type="checkbox"/>	<input type="checkbox"/>	
Wound care, excluding stage III or IV ulcers		<input type="checkbox"/>	<input type="checkbox"/>	
Treatment for stage III or IV ulcers (full loss of skin and tissue, may extend into muscle or bone)		<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral health therapies, including mental health		<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric therapies/services		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	
Notes: _____		<input type="checkbox"/>	<input type="checkbox"/>	

## ITEM 47: MEDICATION ADMINISTRATION

Item 47 collects information about whether the person 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 person (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 such as tinctures 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 I/DD services.

Refer to the [ONA Coding Key](#) and the [ONA Coding Decision Tree](#) for guidance to code the medication items.

Assessment Item	Guidance
<p><b>a. *Person currently takes prescription medications or routine over-the-counter medications recommended by a medical professional:</b> (including inhalants/mists, suppositories, oral, injectable, and topical medications; and medicines administered through a tube).</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Consider whether the person takes medication recommended by a medical professional or has been prescribed medication they should take at least once per month.</p> <p><b>Include:</b> Vitamins and/or supplements recommended by a medical professional.</p> <p><b>Do not include:</b> Medications that are used less than monthly and medications that have limited duration such as antibiotics for an infection.</p>
<p><b>b. *Does the person take medication known to cause dehydration? (RISK)</b></p> <p><input type="radio"/> Yes <input type="radio"/> None that the person, proxy or assessor is aware of</p>	<p>Indicate whether the person takes medication that is known to cause dehydration. Assessors should consult the person, support people and medical records.</p>

Assessment Item	Guidance
<p><b>c. *Medication management-oral medication:</b> The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.  <b>(LOC) (RISK)</b></p>	<p><b>(Item 47c skipped under age 18)</b>  Consider the person’s usual ability to take oral medications recommended by a medical professional or has been prescribed medication they should take at least once per month.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get oral medication out of where it is stored</li> <li>• Open oral medication</li> <li>• Reminders to take medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Know the correct oral medication to take</li> <li>• Take the correct dose</li> <li>• Take medicine at the right time</li> <li>• Put the pill in the mouth</li> <li>• Set-up pill minder</li> <li>• Cut/prepare medicine for dispensing</li> <li>• Monitoring and/or cues during the activity</li> </ul> <p><b>Do not include:</b> Medication used less than monthly, ordering, or picking up prescriptions and refills, or just swallowing medication.</p> <p>Consider all essential steps of taking oral medications including taking the pill and placing it in the mouth. If the only step the person does is swallow the pill, code ‘dependent’. <b>For example:</b> 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. Code ‘Substantial/maximal’ because Christian can put the pills in his mouth himself, which is an essential step of taking medication.</p> <p>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.</p>

Assessment Item	Guidance
<p><b>d. *Medication management-inhalant/mist medications:</b> 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.</p> <p><b>(LOC) (RISK)</b></p>	<p><b>(Item 47d skipped under age 18)</b></p> <p>Consider the person’s usual ability to use inhalant/mist medications such as inhalers and nebulizer treatments recommended by a medical professional or has been prescribed medication they should take at least once per month.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get inhaler/mist out of where it is stored (includes nebulizer)</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Know and dispense correct amount of inhaler/mist,</li> <li>• Know when to use inhaler/mist</li> <li>• Hold mask or inhaler in the correct position</li> <li>• Turn on machine</li> <li>• Monitoring and/or cues during the activity</li> </ul> <p><b>Do not include:</b> Medications used less than monthly, ordering or picking up prescriptions and refills, taking breaths.</p> <p>Consider all essential steps of using an inhaler/nebulizer.</p> <p><b>For example:</b> 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.</p>

Assessment Item	Guidance
<p><b>e. *Medication management-Injectable medications:</b> The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.</p> <p><b>(LOC) (RISK)</b></p>	<p><b>(Item 47e skipped under age 18)</b></p> <p>Consider the person’s usual ability to use injectable medications recommended by a medical professional or has been prescribed medication they should take at least once per month.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get injectable medication out of where it is stored</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Dispose of sharps</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Know the correct amount of injectable medication</li> <li>• Know the right time to inject medicine</li> <li>• Inject the medication in correct area of body</li> <li>• Inject the correct amount of medicine</li> <li>• Monitoring and/or cues during the activity</li> </ul> <p><b>Include:</b> Medications typically injected such as insulin.</p> <p><b>Do not include:</b> Medications used less than monthly, injections administered by medical professionals, ordering, or picking up prescriptions and refills.</p>

Assessment Item	Guidance
<p><b>f. *Medication management-topical medications:</b> The ability to prepare and apply all prescribed topical medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.  <b>(LOC) (RISK)</b></p>	<p><b>(Item 47f skipped under age 18)</b>  Consider the person’s usual ability to apply topical medications recommended or prescribed by a medical professional.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get topical medication out of where it is stored</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Know the correct amount of medication</li> <li>• Know when to use medication</li> <li>• Apply the topical medication to the correct area of the body</li> <li>• Apply eye and ear drops</li> <li>• Monitoring and/or cues during the activity</li> </ul> <p><b>Include:</b> Prescribed mouthwash, prescribed toothpaste, eye drops, ear drops, prescribed medicated shampoo, etc.</p> <p><b>Do not include:</b> Sunscreen or lotion for dry skin not prescribed or recommended by a medical professional for a specific medical concern.</p> <p><b>Do not include:</b> Medications used less than monthly, ordering, or picking up prescriptions and refills.</p>

Assessment Item	Guidance
<p><b>g. *Medication management – suppository medications:</b> The ability to prepare and apply all prescribed suppository medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals.</p> <p><b>(LOC) (RISK)</b></p>	<p><b>(Item 47g skipped under age 18)</b></p> <p>Consider the person’s usual ability to use suppositories/enemas recommended by a medical professional or has been prescribed medication they should take at least once per month.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get suppository/enema out of where it is stored</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Know the correct dose</li> <li>• Know when to use medicine</li> <li>• Insert the suppository/ enema into the correct area of body</li> <li>• Insert the correct amount of medicine into the rectum</li> <li>• Monitoring and/or cues during the activity</li> </ul> <p><b>Do not include:</b> Medications used less than monthly, ordering, or picking up prescriptions and refills.</p> <p><b>Do not include:</b> Ostomy care in this item.</p> <p><b>Do not include:</b> Meds not administered via the rectum.</p>

Assessment Item	Guidance
<p><b>h. *Medication management – medications through tube:</b> 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. <b>(RISK)</b></p>	<p><b>(Item 47h skipped under age 18)</b></p> <p>Consider the person’s usual ability to take medication through a tube (ng-tube, j-tube) recommended by a medical professional or has been prescribed medication they should take at least once per month.</p> <p><b>Setup/cleanup</b></p> <ul style="list-style-type: none"> <li>• Get medication and supplies out of where it is stored</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul> <p><b>During the activity</b></p> <ul style="list-style-type: none"> <li>• Know the correct dose</li> <li>• Know when to administer the medicine</li> <li>• Prepare tube for medication</li> <li>• Flush tube</li> <li>• Push medication through the tube</li> <li>• watch for residuals</li> <li>• Flush with water</li> <li>• Turn on pump</li> <li>• Unkink tubing</li> <li>• Vent air through tube</li> <li>• Monitoring and/or cues during the activity</li> </ul> <p><b>Do not include:</b> Medications used less than monthly, ordering, or picking up prescriptions and refills, or meds administered via tubes that are not a ng-tube, or j-tube.</p>
<p><b>i. Other concerns about medications or medication management</b></p>	<p>Describe any other concerns about the person’s medication regimen and/or ability to manage medications.</p>
<p><b>Notes:</b> __</p>	<p>See guidance for notes in Item 43 on page 123.</p>

## SECTION VII – COMPREHENSIVE REVIEW

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: [REDACTED]	Date of Birth: [REDACTED]	Age at time of Assessment: 11
Client Prime: [REDACTED]	Gender: M	

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

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.**

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

<b>Legal Name:</b> [REDACTED],	<b>Date of Birth:</b> 9/14/1993	<b>Age at time of Assessment:</b> 25
<b>Client Prime:</b> [REDACTED]	<b>Gender:</b> M	

<b>Assessment ID:</b> [REDACTED]	<b>Assessment Status:</b> Draft
<b>Date of Face-to-Face Observation:</b> 4/2/2019	<b>Assessment Type:</b> QA Correction
<b>Last Updated By:</b> [REDACTED]	<b>Assessor's Name:</b> [REDACTED]

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



## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
<p><b>Item 3 - Dressing:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Changes clothes multiple times daily</li> <li><input type="checkbox"/> Choose own clothes</li> <li><input type="checkbox"/> Female support person</li> <li><input type="checkbox"/> Male support person</li> <li><input type="checkbox"/> Same clothing daily</li> <li><input type="checkbox"/> Velcro closures</li> <li><input type="checkbox"/> Wears loose clothing</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Able to direct support person</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Can button clothing</li> <li><input type="checkbox"/> Can lift arms</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Persons providing support dress person's lower body</li> <li><input type="checkbox"/> Persons providing support dress person's upper body</li> <li><input type="checkbox"/> Gets dressed with cueing</li> <li><input type="checkbox"/> Persons providing support help select appropriate, clean, and/or matching clothes</li> <li><input type="checkbox"/> Persons providing support label/organize clothing by color, style, etc.</li> <li><input type="checkbox"/> Able to manage his/her own need</li> <li><input type="checkbox"/> Persons providing support put on/take off footwear</li> <li><input type="checkbox"/> Persons providing support put on/take off sock/TED hose</li> <li><input type="checkbox"/> <b>Two-person assist</b></li> <li><input type="checkbox"/> Able to tie</li> <li><input type="checkbox"/> Able to zip</li> <li><input type="checkbox"/> Uses assistive device</li> <li><input type="checkbox"/> Will attempt to wear dirty clothes</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 4 - Transferring and Positioning:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Support persons use a gait belt</li> <li><input type="checkbox"/> Someone to assist</li> <li><input type="checkbox"/> Mechanical and/or ceiling lifts</li> <li><input type="checkbox"/> Use a transfer board/pole</li> <li><input type="checkbox"/> Weight bearing transfer</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Asks for assistance</li> <li><input type="checkbox"/> Persons providing support assist with all wheelchair transfers</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Can transfer self-using a lift</li> <li><input type="checkbox"/> Persons providing support cue to use adaptive equipment</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Has good upper body strength</li> </ul>

## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Persons providing support maintain contact until steady</li> <li><input type="checkbox"/> Person able to manage his/her own need</li> <li><input type="checkbox"/> Regular repositioning required</li> <li><input type="checkbox"/> Persons providing support should talk person through each transfer</li> <li><input type="checkbox"/> Transfer quickly</li> <li><input type="checkbox"/> Transfer slowly</li> <li><input type="checkbox"/> Transfers with some support</li> <li><input type="checkbox"/> <b>Two-person transfer</b></li> <li><input type="checkbox"/> Steady during transfer</li> <li><input type="checkbox"/> <b>Use mechanical lift for ALL transfers*</b></li> <li><input type="checkbox"/> Use transfer board for transfers</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p>*Must be marked if used for <b>ALL</b> transfers</p>
<p><b>Item 5 - Mobility:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Can walk, but prefers wheelchair</li> <li><input type="checkbox"/> Cane</li> <li><input type="checkbox"/> Contact guard when walking (light physical touch or hold)</li> <li><input type="checkbox"/> Crutch</li> <li><input type="checkbox"/> Electric wheelchair</li> <li><input type="checkbox"/> Gait belt</li> <li><input type="checkbox"/> Manual wheelchair</li> <li><input type="checkbox"/> Pushed in wheelchair</li> <li><input type="checkbox"/> Walker</li> <li><input type="checkbox"/> Walker with fold-down seat</li> <li><input type="checkbox"/> Walker with permanent seat</li> <li><input type="checkbox"/> Other: __</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Access to backup equipment or same day repair</li> <li><input type="checkbox"/> Person is afraid of falling</li> <li><input type="checkbox"/> Persons providing support should assist person over thresholds</li> <li><input type="checkbox"/> Can self-propel wheelchair</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Evacuation plan: call neighbor or friend</li> <li><input type="checkbox"/> Evacuation plan: support person assistance</li> <li><input type="checkbox"/> Evacuation plan: use personal emergency response system (PERS)</li> <li><input type="checkbox"/> Has a steady gait</li> <li><input type="checkbox"/> Persons providing support keep walkways clear</li> <li><input type="checkbox"/> Person leans to one side</li> </ul>

## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Persons providing support leave assistive device within reach</li> <li><input type="checkbox"/> Person able to manage his/her own need</li> <li><input type="checkbox"/> Good navigation</li> <li><input type="checkbox"/> Persons providing support provide contact guard when walking</li> <li><input type="checkbox"/> Persons providing support provide physical support with stairs</li> <li><input type="checkbox"/> Persons providing support should remind person to use assistive device</li> <li><input type="checkbox"/> Batteries recharged daily by support person</li> <li><input type="checkbox"/> Sees well enough to navigate independently</li> <li><input type="checkbox"/> <b>Two person assist</b></li> <li><input type="checkbox"/> Able to exit in emergency</li> <li><input type="checkbox"/> Able to walk/bear weight</li> <li><input type="checkbox"/> Persons providing support hold the gait belt to steady the person</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 6 - Eating and Tube Feeding:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bland diet</li> <li><input type="checkbox"/> Cold food</li> <li><input type="checkbox"/> Eat/tube feed alone</li> <li><input type="checkbox"/> Eat/tube feed with others present</li> <li><input type="checkbox"/> Finger foods</li> <li><input type="checkbox"/> Hot food</li> <li><input type="checkbox"/> Large portions</li> <li><input type="checkbox"/> Small portions</li> <li><input type="checkbox"/> Snacks</li> <li><input type="checkbox"/> Use own recipes</li> <li><input type="checkbox"/> Support person to inject formula slowly</li> <li><input type="checkbox"/> Tube feeding to be done discretely</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Can cut food</li> <li><input type="checkbox"/> Persons providing support cut food into small pieces</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Has a good appetite</li> <li><input type="checkbox"/> Independent with equipment/adaptations</li> <li><input type="checkbox"/> Person has food allergies</li> <li><input type="checkbox"/> Persons providing support monitor liquids</li> <li><input type="checkbox"/> Person has mouth pain</li> <li><input type="checkbox"/> Persons providing support provide cues for eating</li> <li><input type="checkbox"/> Uses Tube feeding pump</li> </ul>

## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
<ul style="list-style-type: none"> <li><input type="checkbox"/> Environmental preferences – likes to be warm, watch TV, etc.</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Uses gravity method</li> <li><input type="checkbox"/> Uses syringe method</li> <li><input type="checkbox"/> Strategic timing of tube feeding to maximize participation in other activities</li> <li><input type="checkbox"/> Must stop and start tube feeding process frequently – tube clogs easily, person gets up frequently, etc.</li> <li><input type="checkbox"/> <b>Two-person assist</b></li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 7 - Elimination:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult protection/absorbent products</li> <li><input type="checkbox"/> Diapers</li> <li><input type="checkbox"/> Bed pan only</li> <li><input type="checkbox"/> Bedside commode</li> <li><input type="checkbox"/> Female support person</li> <li><input type="checkbox"/> Male support person</li> <li><input type="checkbox"/> Pads/briefs when going out</li> <li><input type="checkbox"/> Specific products</li> <li><input type="checkbox"/> Urinal</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Able to use incontinence products</li> <li><input type="checkbox"/> Aware of need to use toilet</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Persons providing support provide assistance to find bathroom</li> <li><input type="checkbox"/> Able to change incontinence pads</li> <li><input type="checkbox"/> Able to complete own perineal care</li> <li><input type="checkbox"/> Able to empty ostomy/catheter bag</li> <li><input type="checkbox"/> Does not need assistance at night</li> <li><input type="checkbox"/> Assists support person with transfer</li> <li><input type="checkbox"/> Experiences urgency</li> <li><input type="checkbox"/> Painful urination</li> <li><input type="checkbox"/> Will use pads/briefs</li> <li><input type="checkbox"/> <b>Two-person assist</b></li> <li><input type="checkbox"/> Condom catheter used with support person assistance</li> <li><input type="checkbox"/> Pads changed by support person, as needed</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 8 - Showering and Bathing:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bath</li> <li><input type="checkbox"/> Bed bath</li> <li><input type="checkbox"/> Female support person</li> <li><input type="checkbox"/> Male support person</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Able to direct support person</li> <li><input type="checkbox"/> Able to manage his/her own needs</li> <li><input type="checkbox"/> Afraid of bathing</li> <li><input type="checkbox"/> Persons providing support assist with drying and dressing</li> </ul>

## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
<ul style="list-style-type: none"> <li><input type="checkbox"/> Shower</li> <li><input type="checkbox"/> Sponge bath</li> <li><input type="checkbox"/> Specific products</li> <li><input type="checkbox"/> Other:_____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Bathes self with cueing</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Can be left unattended</li> <li><input type="checkbox"/> <b>Can judge water temperature</b></li> <li><input type="checkbox"/> <b>Can adjust water temperature</b></li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Enjoys bathing</li> <li><input type="checkbox"/> Persons providing support wash the persons back, legs, feet</li> <li><input type="checkbox"/> Persons providing support give bed/sponge bath</li> <li><input type="checkbox"/> Person is weight bearing</li> <li><input type="checkbox"/> Skin checks are completed by support person</li> <li><input type="checkbox"/> Persons providing support soak the persons' feet</li> <li><input type="checkbox"/> Standby during bathing</li> <li><input type="checkbox"/> <b>Two-person assist</b></li> <li><input type="checkbox"/> Able to transfer in/out of tub/shower</li> <li><input type="checkbox"/> Able to shampoo hair</li> <li><input type="checkbox"/> Able to stand alone</li> <li><input type="checkbox"/> Other:_____</li> </ul>
<p><b>Item 9 - Oral Hygiene:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assistance after eating</li> <li><input type="checkbox"/> Assistance during morning routine</li> <li><input type="checkbox"/> Assistance before bedtime</li> <li><input type="checkbox"/> Prefers a female support person</li> <li><input type="checkbox"/> Prefers a male support person</li> <li><input type="checkbox"/> Electric toothbrush</li> <li><input type="checkbox"/> Other:_____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Able to manage his/her own need</li> <li><input type="checkbox"/> Persons providing support cue to brush teeth</li> <li><input type="checkbox"/> Persons providing support assist to clean teeth/dentures</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Aware of hygiene needs</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 10 - General Hygiene:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assistance after eating</li> <li><input type="checkbox"/> Assistance during morning routine</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Able to manage his/her own need</li> <li><input type="checkbox"/> Support person applies the persons' deodorant</li> </ul>

## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
<ul style="list-style-type: none"> <li><input type="checkbox"/> Assistance before bedtime</li> <li><input type="checkbox"/> Electric razor</li> <li><input type="checkbox"/> Prefers a female support person</li> <li><input type="checkbox"/> Prefers a male support person</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Support person combs the persons' hair as needed</li> <li><input type="checkbox"/> Able to comb hair</li> <li><input type="checkbox"/> Able to wash face/hands</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Needs reminders to use/change feminine hygiene products</li> <li><input type="checkbox"/> Person knows how to use feminine hygiene products</li> <li><input type="checkbox"/> Persons providing support shave the person daily or as needed</li> <li><input type="checkbox"/> Persons providing support trim the persons fingernails as needed</li> <li><input type="checkbox"/> Aware of hygiene needs</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 11 – ADL Equipment</b></p>	<p><b>N/A</b></p>
<p><b>Item 12 - Housework:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Likes a neat house</li> <li><input type="checkbox"/> Wants items left where they are</li> <li><input type="checkbox"/> Prefers others to complete</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Able to sweep</li> <li><input type="checkbox"/> Allergies to dust, pollen, etc.</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Person can do dishes</li> <li><input type="checkbox"/> Person can instruct support person</li> <li><input type="checkbox"/> Person can take out garbage</li> <li><input type="checkbox"/> Person can wash windows</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Persons providing support dust/vacuum as needed</li> <li><input type="checkbox"/> Person has chemical sensitivities</li> <li><input type="checkbox"/> Persons providing support mow lawn as needed</li> <li><input type="checkbox"/> Person can make or change bedding</li> <li><input type="checkbox"/> Person can see when surfaces need cleaning</li> <li><input type="checkbox"/> Persons providing support change/wash linens weekly</li> </ul>

## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Support person cues the person to perform tasks</li> <li><input type="checkbox"/> Persons providing support shovel snow as needed</li> <li><input type="checkbox"/> Persons providing support sweep/mop floors as needed</li> <li><input type="checkbox"/> Persons providing support take out garbage</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 13 - Meal Preparation:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bland diet</li> <li><input type="checkbox"/> Casein free diet</li> <li><input type="checkbox"/> Foods from my culture</li> <li><input type="checkbox"/> Fresh fruits and vegetables</li> <li><input type="checkbox"/> Gluten free diet</li> <li><input type="checkbox"/> Halal diet</li> <li><input type="checkbox"/> Home-cooked meals</li> <li><input type="checkbox"/> Home delivered meals</li> <li><input type="checkbox"/> Kosher diet</li> <li><input type="checkbox"/> Large portions</li> <li><input type="checkbox"/> Smaller meals, more than three times per day</li> <li><input type="checkbox"/> Other religious/ethnic foods</li> <li><input type="checkbox"/> Salt-free foods</li> <li><input type="checkbox"/> Small portions</li> <li><input type="checkbox"/> Sugar-free foods</li> <li><input type="checkbox"/> Vegetarian diet</li> <li><input type="checkbox"/> Vegan diet</li> <li><input type="checkbox"/> Other therapeutic diet: _____</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Person assists with meal preparation</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Person can prepare food with cueing</li> <li><input type="checkbox"/> Person can use the microwave</li> <li><input type="checkbox"/> Person can cut/peel/chop</li> <li><input type="checkbox"/> Person can plan meals</li> <li><input type="checkbox"/> Person directs support person to prepare meal</li> <li><input type="checkbox"/> Person needs assistance when using kitchen</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Persons providing support prepare meals for person to reheat</li> <li><input type="checkbox"/> Person knows how to cook</li> <li><input type="checkbox"/> Person has food allergies</li> <li><input type="checkbox"/> Person has accessible kitchen</li> <li><input type="checkbox"/> Person keeps spoiled food</li> <li><input type="checkbox"/> Persons providing support label/organize food products</li> <li><input type="checkbox"/> Person leaves burners on</li> <li><input type="checkbox"/> Person makes appropriate meal choices</li> <li><input type="checkbox"/> Persons providing support make food accessible to person</li> <li><input type="checkbox"/> Persons providing support prepare all meals</li> </ul>

## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Person has special diet</li> <li><input type="checkbox"/> Work out a menu with person</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 14 - Laundry:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prefers to fold certain items, describe:___</li> <li><input type="checkbox"/> Prefers others to complete</li> <li><input type="checkbox"/> Wants items left where they are</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Person has allergies to certain detergents or soaps</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Person can fold clothes</li> <li><input type="checkbox"/> Person can instruct support person</li> <li><input type="checkbox"/> Person can operate washer/dryer</li> <li><input type="checkbox"/> Persons providing support cue the person to perform tasks</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 15 - Transportation:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accessible bus</li> <li><input type="checkbox"/> Bike</li> <li><input type="checkbox"/> Taxi</li> <li><input type="checkbox"/> Ride sharing (e.g., Uber)</li> <li><input type="checkbox"/> Use own car, person drives</li> <li><input type="checkbox"/> Use own car, other person drives</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Persons providing support accompany person on bus/van</li> <li><input type="checkbox"/> Persons providing support arrange medical transportation</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Person able to communicate with drivers</li> <li><input type="checkbox"/> Persons providing support use their own car</li> <li><input type="checkbox"/> Persons providing support drive person to appointments</li> <li><input type="checkbox"/> Has handicap parking sticker/license</li> <li><input type="checkbox"/> Knows bus routes</li> <li><input type="checkbox"/> Persons providing support make arrangements for accessible bus</li> <li><input type="checkbox"/> Persons providing support take portable oxygen tank</li> <li><input type="checkbox"/> Persons providing support take wheelchair/walker</li> <li><input type="checkbox"/> Persons providing support assist with securing wheelchair in accessible vehicle</li> </ul>

## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Person needs orientation and mobility training for new routes</li> <li><input type="checkbox"/> Person able to arrange own transportation</li> <li><input type="checkbox"/> Persons providing support use supportive seating</li> <li><input type="checkbox"/> Support person assists the person to use vest/harness</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 16 - Money Management:</b> ONA tool does not have a preferences section at this time.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Able to budget income and expenses</li> <li><input type="checkbox"/> Persons providing support arrange credit counseling</li> <li><input type="checkbox"/> Support person balances persons' checkbook monthly</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Persons providing support contact POA regarding finance issues</li> <li><input type="checkbox"/> Support person contacts representative payee regarding financial issues</li> <li><input type="checkbox"/> Person signs own checks</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Has a representative payee</li> <li><input type="checkbox"/> Has direct deposit</li> <li><input type="checkbox"/> Has guardian/POA</li> <li><input type="checkbox"/> Needs Power of Attorney (POA)</li> <li><input type="checkbox"/> Can use EBT card</li> <li><input type="checkbox"/> Can use debit card</li> <li><input type="checkbox"/> Can write checks and pay bills</li> <li><input type="checkbox"/> Can see/read bills or account information</li> <li><input type="checkbox"/> Support person pays bills for the person</li> <li><input type="checkbox"/> Needs automatic payment plan set up</li> </ul>

## APPENDIX A: PREFERENCES AND GUIDANCE

Preferences	Guidance
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Needs assistive/adaptive equipment to see paperwork</li> <li><input type="checkbox"/> Needs budget set up</li> <li><input type="checkbox"/> Needs utility payment set up</li> <li><input type="checkbox"/> Vulnerable to financial exploitation</li> <li><input type="checkbox"/> Relies on others to understand that money has value</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p><b>Item 17 - Light Shopping:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shop at a specific store</li> <li><input type="checkbox"/> Shop weekly</li> <li><input type="checkbox"/> Specialty items</li> <li><input type="checkbox"/> Use coupons</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Able to communicate with store personnel</li> <li><input type="checkbox"/> Persons providing support arrange to have groceries delivered</li> <li><input type="checkbox"/> Behavioral health challenges</li> <li><input type="checkbox"/> Can carry small items</li> <li><input type="checkbox"/> Can navigate within the store</li> <li><input type="checkbox"/> Can see/identify needed items</li> <li><input type="checkbox"/> Can carry heavy items</li> <li><input type="checkbox"/> Can reach items</li> <li><input type="checkbox"/> Can read labels</li> <li><input type="checkbox"/> Can shop online</li> <li><input type="checkbox"/> Medical/physical symptoms interfere with performing task</li> <li><input type="checkbox"/> Support person assists with comparison shopping</li> <li><input type="checkbox"/> Persons providing support do all shopping for the person</li> <li><input type="checkbox"/> Support person guides person within store, find/describe items</li> <li><input type="checkbox"/> Persons providing support help person make shopping list</li> <li><input type="checkbox"/> Persons providing support read labels to the person</li> <li><input type="checkbox"/> Persons providing support put items away</li> <li><input type="checkbox"/> Persons providing support take the person to store</li> <li><input type="checkbox"/> Other: _____</li> </ul>

## APPENDIX B: DESCRIPTIONS AND DEFINITIONS OF TREATMENTS AND THERAPIES

Treatment/Therapy	Definition/Description
<b>Respiratory Therapy (SG)</b>	<p>This item includes various forms of respiratory treatment, such as a cough assist machine.</p> <p><b>Do not include:</b> Chest percussion, postural drainage, tracheal aerosol treatments and nebulizer treatments. These are captured in items below.</p>
<b>Chest Percussion (SG)</b>	<p>This item includes manual percussion (the use of the hands to tap, clap, rub and or/massage the chest or back area) or mechanical percussion (the application of a vest) to clear the lungs.</p>
<b>Postural Drainage (SG)</b>	<p>This item includes assisting the person 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.</p>
<b>Nebulizer (SG)</b>	<p>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.</p> <p><b>Do not include:</b> Hand-held inhalers, including those with a chamber/spacer.</p>
<b>Tracheal Aerosol Therapy (SG)</b>	<p>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.</p>
<b>Oral Suctioning that does not extend beyond the oral cavity (SG)</b>	<p>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.</p> <p><b>Do not include:</b> Suctioning that extends into the throat or trachea.</p>
<b>Airway Suctioning (SG)</b>	<p>This item includes the use of a wand connected to a suction machine that is</p> <p style="text-align: right;"><b>(next page)</b></p>

Treatment/Therapy	Definition/Description
	<p>used to clear mucous beyond the mouth into the top of throat.</p> <p><b>Do not include:</b> Suctioning that extends into the tracheal area.</p>
<b>Tracheal Suctioning (SG)</b>	<p>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.</p>
<b>Nasopharyngeal Suctioning (SG)</b>	<p>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.</p> <p>Nasopharyngeal means the upper part of the throat that lies behind the nasal passages just above the soft palate.</p>
<b>Other Suctioning (SG)</b>	<p>If the suctioning described is not captured in oral suctioning, airway suctioning or tracheal suctioning, contact a QAT for guidance.</p>
<b>Tracheostomy Care (SG)</b>	<p>This item includes the maintenance of the inner canula, cleaning the stoma, and changing the trach.</p>
<b>Care for Central Line (SG)</b>	<p>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) or port-o-cath.</p> <p>The CVC is placed into the large vein leading into the heart and is used to give fluids, nourishment, blood products and medicine.</p>
<b>Intravenous (IV) Injections/Infusions (SG)</b>	<p>This item includes medication or other fluids that are administered either through an IV or a needle into a vein.</p> <p><b>Do not include:</b> Insulin injections in this item. This is captured in the item below.</p> <p style="text-align: right;"><b>(next page)</b></p>

Treatment/Therapy	Definition/Description
<b>Subcutaneous Injections (SG)</b>	<p>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.</p> <p><b>Do not include:</b> Blood sugar checks in this item.</p>
<b>Jejunostomy Tube (SG)</b>	<p>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 and/or administer medications.</p> <p><b>Do not include:</b> 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).</p> <p>Stoma care is included in this item.</p>
<b>Nasogastric or Abdominal Feeding Tube (SG)</b>	<p>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 and/or administer medications. 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.</p>
<b>Indwelling or Suprapubic Catheter Monitoring (SG)</b>	<p>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</p> <p style="text-align: right;"><b>(next page)</b></p>

Treatment/Therapy	Definition/Description
	<p>naval (belly button). Stoma care is included in this item.</p> <p><b>Do not include:</b> A “condom catheter” which means that it is not inserted into the bladder.</p>
<p><b>Insertion of Catheter (intermittent catheterization) (SG)</b></p>	<p>This item includes the insertion of a catheter (tubing) into the bladder.</p> <p><b>Do not include:</b> “Condom catheters” in this item.</p>
<p><b>CPAP/BiPAP(SG)</b></p>	<p>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 <u>without</u> a tracheostomy.</p>
<p><b>Mechanical Ventilator other than CPAP/BiPAP (SG)</b></p>	<p>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.</p> <p><b>Do not include:</b> A tracheostomy itself in this section. It is scored separately.</p>
<p><b>Oxygen Therapy (SG)</b></p>	<p>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 person’s oxygen levels.</p>
<p><b>Colostomy, Urostomy, and/or other ostomy (SG)</b></p>	<p>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.</p> <p style="text-align: right;"><b>( next page)</b></p>

Treatment/Therapy	Definition/Description
	<p>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.</p> <p>Consider ostomies not captured elsewhere in item 46b.</p> <p>Tracheostomy stoma care is captured in Tracheostomy care in item 46b.</p> <p>G-tube and j-tube stoma care is captured in g-tube and j-tube items in 46b.</p>
<p><b>Peritoneal Dialysis (SG)</b></p>	<p>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. Includes site care.</p>
<p><b>Hemodialysis (SG)</b></p>	<p>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. Includes site care.</p>
<p><b>Active cerebral shunt monitoring (SG)</b></p>	<p>This item includes the <b>active</b> (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 checks. All of the above must occur to code 'Support person performs'.</p> <p style="text-align: right;"><b>(next page)</b></p>

Treatment/Therapy	Definition/Description
	<p>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.</p> <p><b>Do not include:</b> General monitoring of the shunt site.</p>
<p><b>Baclofen pump (SG)</b></p>	<p>This item includes the <b>active</b> (feeling for infection and swelling at the pump site) and careful monitoring for adverse reactions. This also includes documentation of daily checks. All of the above must occur to code 'Support person performs'. 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.</p> <p><b>Do not include:</b> General monitoring of the pump site.</p>
<p><b>Wound care, excluding stage III or IV ulcers (SG)</b></p>	<p>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 <u>not</u> 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.</p> <p><b>Do not include:</b> Basic first aid to treat minor skin injuries in this item.</p>
<p><b>Treatment for stage III or IV ulcers (full loss of skin and tissue, may extend into muscle or bone) (SG)</b></p>	<p>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.</p> <p style="text-align: right;"><b>(next page)</b></p>

Treatment/Therapy	Definition/Description
	<p><b>Do not include:</b> Basic first aid to treat minor skin injuries in this item.</p>
<p><b>Behavioral health therapies, including mental health</b></p>	<p>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.</p> <p><b>Include:</b> Applied Behavior Analysis (ABA).</p> <p><b>Do not include:</b> behavior interventions or strategies outlined in a PBSP or interaction guidelines or interactions with a behavior specialist.</p> <p><b>Do not include:</b> Behavior tracking only in this item.</p> <p><b>Do not include:</b> Driving to and attending appointments.</p>
<p><b>Psychiatric therapies/services</b></p>	<p>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.</p> <p><b>Include:</b> Exceptional reporting and extensive interactions with provider above and beyond routine appointments (Select support person performs).</p> <p><b>Include:</b> Primary care providers who write prescriptions for psychotropic medications. (Do not select support person performs).</p> <p style="text-align: right;"><b>(next page)</b></p>

Treatment/Therapy	Definition/Description
	<p><b>Do not include:</b> Behavior interventions or strategies outlined in a PBSP or interaction guidelines.</p> <p><b>Do not include:</b> Behavior tracking only in this item.</p> <p><b>Do not include:</b> Driving to and attending appointments.</p>
<p><b>Other (See examples in right column)</b></p>	<p>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.</p>

## APPENDIX C: GLOSSARY OF TERMS AND ACRONYMS

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 persons 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 persons with intellectual or developmental disabilities.
CIIS	<p>“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:</p> <ul style="list-style-type: none"> <li>(a) The ICF/ID Behavioral Program.</li> <li>(b) The Medically Fragile Children’s Program.</li> <li>(c) The Medically Involved Children’s Program</li> </ul>
CME	“Case Management Entity" means a CDDP, a Brokerage, CIIS, or the Children’s Residential Program of the Department.
CPA	“Client Prior Authorization” means the service authorization in eXF that authorizes the payment of a single service for the person. <b>164   Page</b>
DR	“Desk Review” is a review of an ONA done by a QAT during training of a new assessor or if requested by a CME or assessor to determine accuracy of the assessment.
DNS	“Direct Nursing Services” means the services described in OAR chapter 411, division 380 determined medically necessary to support a person with complex health management support needs in their home and community. Direct nursing services are provided on a shift staffing basis.

## Glossary of Terms and Acronyms

E&E	“Enhanced and Exceptional” means the person has been determined to have needs that rise above typical support needs. Personal Support Workers (PSWs) can receive additional training to receive a higher payrate when a person is identified to have enhanced and/or exceptional needs.
eXPRS	“Express Payment and Reporting System” - The Oregon Needs Assessment (ONA) tool is built into this platform. It is also the system used by the Office of Developmental Disabilities Services to pay providers for support they provide.
FBA	“Functional Behavior Assessment” is an assessment that is completed for persons with challenging behaviors. This must be conducted prior to determining if a Positive Behavior Support Plan would be beneficial to alter or prevent a person’s behavior based on various strategies.
FCDR	“Flag Condition Desk Review” is a review of an ONA that has conflicting codes within the assessment and is completed through reciprocating communication between an assessor and a QAT.
IADL	“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.
IBL	“Individually Based Limitation” means any limitation to the qualities outlined in OAR 411-004-0020(1)(d) and (2)(d) to (2)(j), due to health and safety risks. An individually based limitation is based on specific assessed need and only implemented with the informed consent of the person or, as applicable, their legal representative, as described in OAR 411-004- 0040.
ICF/IDD	“ICF/IDD Level of Care” means a person meets the institutional level of care for an intermediate care facility for persons with intellectual/developmental disabilities.
ISP	“Person Support Plan” includes the written details of the supports, activities, and resources required for a person to achieve and maintain personal outcomes and health and safety.
LOC	“Level of Care” determines whether the person meets institutional level of care for an intermediate care facility for persons with intellectual disabilities.
LTCCN	“Long Term Community Care Nursing” services may include an assessment, monitoring, delegation, teaching, and coordination of

## Glossary of Terms and Acronyms

	services that address a person’s health and safety needs and are documented in a Nursing Service Plan.
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 persons 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 persons.
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 a person and to modify the behavior of the primary caregiver or provider, adjust the environment of the person, and teach new skills to the person.
PCI	Person Centered Information is the document that lists information that is important to the person.
PRN	“Pro re nata” means the administration of a medication to a person on an ‘as needed’ basis.
Provider	“Provider” means a person, agency, organization, or business, approved by the Department or other appropriate agency and selected by a person, or their designated or legal representative, to provide services. The provider for a child may not also be the primary caregiver of the child.
PSI	“Protective Service Investigation” means there has been an investigation into an allegation of abuse, neglect or exploitation.

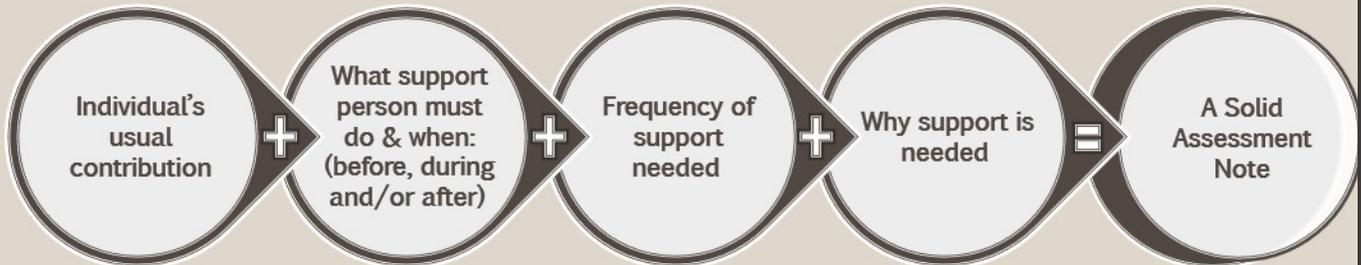
## Glossary of Terms and Acronyms

PSRB	“Psychiatric Security Review Board” refers to when a person 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.
PSW	“Personal Support Worker” Means a person who has a Medicaid providernumber and is hired or selected by a person or their representative.
QAT	“Quality Assurance Trainer” is an ODDS employee who provides qualityassurance, guidance and support to ONA Assessors and CMEs.
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 risksthat, 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 is designed to replace 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 persons.
SE	“Service Element” is a funding stream to fund developmental disabilitiesprograms and services. See specific service elements in the demographics section of the manual.
SG	“Service Group” is the hours or rate established by the ONA for fulfillingthe ISP goals.
SI	“Safeguarding Intervention” (SI), formerly known as a Protective PhysicalIntervention (PPI) is a technique that restricts the movement of a personin which the support person comes into physical contact with the person (manually holds the person in place) to keep the person or others safe.
TAR	“Technical Assistance Request” is the feature in eXPRS that enableseXPRS users to communicate technical issues they have when usingeXPRS and to request assistance.
TESP	“Temporary Emergency Safety Plan” is a temporary behavior plan writtenby a behavior specialist to address behavior support needs for a person 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>

## APPENDIX D: FORMULA FOR WRITING A SOLID NOTE

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

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**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)

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**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 E: 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 Toolkit](#)**

### **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.

**Coding Setup/Clean-up:** If the person only needs a support person's help (cues, and or physical help) with any or all of the steps listed in the 'Setup or Clean-up' column on at least 50% of the days the activity takes place and needs NO help in the 'During the Activity' column, code 'Setup/clean-up'.

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

**Coding of Dependent:** If the person needs full (100%) physical assistance for ALL steps in the 'During the Activity' column, code 'Dependent' regardless if help is needed or not in the 'Setup/clean-up' column.

**Remaining Coding Options:** If some help is needed at least 50% of the days the activity takes place for some or all of the steps in the during the activity column, code the kind of help that is needed: 'Supervision', 'Partial/Moderate' or 'Substantial/Maximal'.

### **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 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.

<p><b>Item</b> (See ONA Manual for item intent)</p>	<p><b>Setup/Clean-up</b> (Includes help, reminders &amp; cues before and /or after the activity)</p>	<p><b>During the Activity</b> (Includes reminders, cues &amp; encouragement <u>during</u> the activity)  *All cognitive steps in this column can be considered physical steps.</p>	<p><b>Do NOT Include</b> (Do not consider items listed in this column when coding support needs)</p>
<p><b>3a: Upper Body Dressing</b></p>	<ul style="list-style-type: none"> <li>• Get clothes out of drawers and/or closets</li> <li>• Choose appropriate clothing (clean vs. dirty, weather, etc.)</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Lift arms</li> <li>• Put clothing on</li> <li>• Button, snap &amp; zip</li> <li>• Put on back brace while dressing</li> <li>• Adjust clothing correctly</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Items that are not put on and taken off while dressing (e.g., a back brace worn only while lifting heavy objects)</li> <li>• Person talking support person through the steps of dressing</li> </ul>
<p><b>3b: Lower Body Dressing</b></p>	<ul style="list-style-type: none"> <li>• Get clothes out of drawers and/or closets</li> <li>• Choose appropriate clothing (clean vs. dirty, weather, etc.)</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Raise legs</li> <li>• Pull up clothing</li> <li>• Button, snap, and zip</li> <li>• Put on leg braces while dressing</li> <li>• Adjust clothing correctly</li> <li>• Take clothing off</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Items that are not put on and taken off while dressing (e.g., leg braces only worn during OT/PT)</li> <li>• Person talking support person through the steps of dressing</li> </ul>
<p><b>3c: Putting on/taking off footwear</b></p>	<ul style="list-style-type: none"> <li>• Get footwear out of closets or off the floor</li> <li>• Choose appropriate footwear (for weather, etc.)</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Bend down to put footwear on</li> <li>• Lift feet</li> <li>• Put feet in footwear/socks</li> <li>• Put shoes on the right feet</li> <li>• Tie, buckle or fasten footwear</li> <li>• Put on orthotics, support hose, compression socks, TED hose, AFOs</li> <li>• Take shoes off</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Items that are not put on/taken off while putting on/taking off footwear (e.g., compression socks for brief periods during the day)</li> <li>• Person talking support person through steps of putting on/taking off footwear</li> </ul>

<b>Item</b> (See ONA Manual for item intent)	<b>Setup/Clean-up</b> (Includes help, reminders & cues before and /or after the activity)	<b>During the Activity</b> (Includes reminders, cues & encouragement <u>during</u> the activity) *All cognitive steps in this column can be considered physical steps.	<b>Do NOT Include</b> (Do not consider items listed in this column when coding support needs)
<b>4a: Sit to stand</b>	<ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Use legs to bear weight</li> <li>• Use arms to bear weight</li> <li>• Rise up to a standing position</li> <li>• Complete the transfer onto the floor/ground</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulating</li> <li>• Person talking support person through the steps of the transfer</li> </ul>
<b>4b: Chair/bed to chair transfer</b>	<ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Use legs to bear weight</li> <li>• Use arms to bear weight</li> <li>• Sit down in a chair or bed</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulating</li> <li>• Person talking support person through the steps of the transfer</li> </ul>
<b>4c: Roll left and right</b>	<ul style="list-style-type: none"> <li>• Get sidelyer or another assistive device in place</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• While lying down, roll from one side to another</li> <li>• Use side rails or devices to roll</li> <li>• Use arms to pull oneself to one side and/or the other</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Positioning to prevent skin breakdown (if otherwise independent with rolling left and right)</li> <li>• Person talking support person through the steps of rolling left and right</li> </ul>
<b>5b: Walks</b> 150 feet <b>(Consider all methods of mobility such as: walking, crawling, scooting, etc.)</b>	<ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Bear weight to walk (could include carrying someone)</li> <li>• Crawl or scoot</li> <li>• Use of adaptive devices in place such as walkers and rails if currently used to ambulate</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Use of a wheelchair or scooter</li> <li>• Person talking support person through the steps of walking</li> </ul>

<b>Item</b> (See ONA Manual for item intent)	<b>Setup/Clean-up</b> (Includes help, reminders & cues before and /or after the activity)	<b>During the Activity</b> (Includes reminders, cues & encouragement <u>during</u> the activity) *All cognitive steps in this column can be considered physical steps.	<b>Do NOT Include</b> (Do not consider items listed in this column when coding support needs)
<b>5c: Step onto/off a curb</b>	<ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Bear weight to go up and down a curb or step (could include carrying someone)</li> <li>• Take a step</li> <li>• Use of adaptive devices such as canes, walkers, etc., if currently used to ambulate</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Stairs</li> <li>• Person talking support person through the steps of stepping onto/off of curbs</li> </ul>
<b>5d: 12 steps</b>	<ul style="list-style-type: none"> <li>• Get assistive devices in place such as a specialized rail</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Bear weight to go up and down stairs (could include carrying someone)</li> <li>• Take steps</li> <li>• Bear weight with arms to use rails to go up and down stairs</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Curbs</li> <li>• Person talking support person through the steps of going up/down steps</li> </ul>
<b>5f: Wheels 150 feet</b>	<ul style="list-style-type: none"> <li>• Get wheelchair into position for use</li> <li>• Plug or unplug wheelchair from charger</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Use arms to propel manual wheelchair/stroller</li> <li>• Use controller to propel electric wheelchair</li> <li>• Maneuver wheelchair/scooter/stroller around corners</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• A stroller or wheelchair used for the support person's convenience</li> <li>• Walking</li> <li>• Person talking support person through the steps of wheeling</li> </ul>

<b>Item</b> (See ONA Manual for item intent)	<b>Setup/Clean-up</b> (Includes help, reminders & cues before and /or after the activity)	<b>During the Activity</b> (Includes reminders, cues & encouragement <u>during</u> the activity)  *All cognitive steps in this column can be considered physical steps.	<b>Do NOT Include</b> (Do not consider items listed in this column when coding support needs)
<b>6b: Eating</b>	<ul style="list-style-type: none"> <li>• Arrange plate, drink and/or utensils in a specific way on the table before eating due to vision or agility needs</li> <li>• Reminders to eat and/or drink</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Cut-up food while eating</li> <li>• Bring food and drink to the mouth</li> <li>• Eat appropriate amount of food in a safe manner (choke risk may be present if food is eaten too rapidly)</li> <li>• Portion out food while eating</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Modifying food consistency</li> <li>• Cutting up food during meal prep</li> <li>• Person talking support person through the steps of eating</li> <li>• Nutritional choices</li> </ul>
<b>6c: Tube feeding</b>	<ul style="list-style-type: none"> <li>• Set out supplies for feeding</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Pour nutrition into bag or syringe</li> <li>• Watch for residuals and physically make adjustments</li> <li>• Flush tubing</li> <li>• Adjust or change g-tube settings/process as needed</li> <li>• Vent air from tube</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Stoma care</li> <li>• Person talking support person through the steps of tube feeding</li> </ul>
<b>7a: Toilet hygiene</b>	<ul style="list-style-type: none"> <li>• Identify the need to eliminate</li> <li>• Get supplies out for use</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Adjust clothing before use</li> <li>• Adjust clothing after use</li> <li>• Use toilet effectively</li> <li>• Remain on toilet and wipe after use</li> <li>• Flush the toilet</li> <li>• Empty bedpan or commode</li> <li>• Change and clean up soiled area of body and briefs after incontinence</li> <li>• Use/care of catheter, colostomy, urostomy</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Transferring on and off the toilet</li> <li>• Washing hands</li> <li>• Cleaning up soiled bedding and/or bathroom</li> <li>• Person talking support person through the steps of elimination</li> </ul>

<b>Item</b> (See ONA Manual for item intent)	<b>Setup/Clean-up</b> (Includes help, reminders & cues before and /or after the activity)	<b>During the Activity</b> (Includes reminders, cues & encouragement <u>during</u> the activity) *All cognitive steps in this column can be considered physical steps.	<b>Do NOT Include</b> (Do not consider items listed in this column when coding support needs)
<b>7b: Toilet transfer</b>	<ul style="list-style-type: none"> <li>• Set up equipment to assist with transfer</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Bear weight to initially get on and get off a toilet or commode after use</li> <li>• Sit down on toilet</li> <li>• Consider use of adaptive devices to transfer if already in place</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Steps of using the toilet</li> <li>• Person talking support person through the steps of transferring on/off toilet</li> </ul>
<b>8a: Shower/bathe self</b>	<ul style="list-style-type: none"> <li>• Set out and open supplies</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Adjust AND judge water temperature</li> <li>• Get in/out of shower or bath</li> <li>• Use soap to clean body</li> <li>• Use shampoo to clean hair/facial hair</li> <li>• Rinse off body/hair</li> <li>• Dry off body/hair</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• General hygiene activities</li> <li>• Person talking support person through the steps of showering/bathing</li> </ul>
<b>9a: Oral Hygiene</b>	<ul style="list-style-type: none"> <li>• Set out toothpaste and toothbrush</li> <li>• Open toothpaste</li> <li>• Put toothbrush and toothpaste away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Turn on and off water</li> <li>• Apply toothpaste to toothbrush</li> <li>• Brush teeth and rinse</li> <li>• Floss</li> <li>• Oral care for gums</li> <li>• Put in and take out dentures from the mouth</li> <li>• Apply adhesive</li> <li>• Clean and soak dentures</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• General hygiene activities</li> <li>• Treatments provided by dentist</li> <li>• Person talking support person through the steps of oral hygiene</li> </ul>

<b>Item</b> (See ONA Manual for item intent)	<b>Setup/Clean-up</b> (Includes help, reminders & cues before and /or after the activity)	<b>During the Activity</b> (Includes reminders, cues & encouragement <u>during</u> the activity) *All cognitive steps in this column can be considered physical steps.	<b>Do NOT Include</b> (Do not consider items listed in this column when coding support needs)
<b>10a: General Hygiene</b>	<ul style="list-style-type: none"> <li>• Set out and open supplies for use</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Brush/comb hair or facial hair</li> <li>• Apply deodorant</li> <li>• Wash face and/or hands as needed during the day</li> <li>• Clean ears and nose</li> <li>• Wash hands after using the toilet</li> <li>• Nail care</li> <li>• Shaving</li> <li>• Menses care</li> <li>• Other hygiene specific to person</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Services provided by professionals outside of the home (hairdresser, barber, nail salon)</li> <li>• Person talking support person through the steps of general hygiene</li> </ul>
<b>12a: Housework</b>	<ul style="list-style-type: none"> <li>• Set out and open supplies for cleaning</li> <li>• Put cleaning supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Usual tasks to clean all rooms of the home</li> <li>• vacuum,</li> <li>• dust,</li> <li>• put items away, sweep,</li> <li>• mop,</li> <li>• make beds,</li> <li>• clean dishes, counters and toilets</li> <li>• Use chemicals and appliances to clean</li> <li>• Clean up items used for ADL/IADL activities</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Paid housekeeping services (housecleaner)</li> <li>• Yardwork</li> <li>• Pet Care</li> <li>• Occasional deep cleaning</li> <li>• Person talking support person through the steps of housework</li> </ul>

<b>Item</b> (See ONA Manual for item intent)	<b>Setup/Clean-up</b> (Includes help, reminders & cues before and /or after the activity)	<b>During the Activity</b> (Includes reminders, cues & encouragement <u>during</u> the activity) *All cognitive steps in this column can be considered physical steps.	<b>Do NOT Include</b> (Do not consider items listed in this column when coding support needs)
<b>13a: Make a light meal</b> <b>(Consider all the food/drink the person usually consumes and the support to prepare it)</b>	<ul style="list-style-type: none"> <li>• Set out and open supplies for making meals</li> <li>• Take items out of cupboards/fridge</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Use knives</li> <li>• Use utensils to stir and chop</li> <li>• Use stove</li> <li>• Use microwave and other appliances</li> <li>• Use list of ingredients and cooking instructions</li> <li>• Complete steps of making meals</li> <li>• Complete steps of preparing formula/ ingredients for tube feeding</li> <li>• Cut up food before being served</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Making complex meals, such as a Thanksgiving dinner, or other meal preparation that is not usual for the person</li> <li>• Making nutritional choices</li> <li>• Decision of what to make</li> <li>• Person talking support person through the steps of making meals</li> </ul>
<b>14a: Laundry</b>	<ul style="list-style-type: none"> <li>• Set out and open supplies for laundry</li> <li>• Put supplies away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Gather dirty laundry</li> <li>• Physically sort laundry</li> <li>• Take laundry to washer</li> <li>• Put laundry in washer</li> <li>• Put soap in washer</li> <li>• Push buttons/turn dials on washer/dryer to start</li> <li>• Put laundry in dryer</li> <li>• Take laundry out of dryer</li> <li>• Fold laundry</li> <li>• Take laundry to room</li> <li>• Put laundry away</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Dry cleaning services</li> <li>• Clothing repair</li> <li>• Ironing</li> <li>• Sewing tasks</li> <li>• Person talking support person through the steps of laundry</li> </ul>

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<b>15a: Use public transportation (Consider any motorized transportation)</b>	<ul style="list-style-type: none"> <li>• Provide bus schedule to person</li> <li>• Reminders to set up a ride</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Plan and arrange the ride</li> <li>• Plan/figure out routes</li> <li>• Open/close vehicle doors</li> <li>• Get in/out of vehicle</li> <li>• Fasten seat belt</li> <li>• Secure Wheelchair</li> <li>• Drive</li> <li>• Navigate</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Walking</li> <li>• Riding a bike</li> <li>• Electric bikes</li> <li>• Kick scooters (scooter that one stands on on)</li> <li>• School bus used for transporting to/from school</li> <li>• Budgeting for and obtaining a bus pass</li> </ul>
<b>15b: Car transfer</b> *Consider supervision required for behavior and/or traffic safety in this item if it impacts ability to get in/out of car safely	<ul style="list-style-type: none"> <li>• Get assistive devices in place such as a walker or cane</li> <li>• Put assistive devices away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Bear weight with legs</li> <li>• Bear weight with arms</li> <li>• Transfer in and out of a vehicle safely and as expected (consider supervision needed for safety)</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Opening and closing vehicle doors</li> <li>• Fastening/unfastening seatbelts</li> <li>• Person talking support person through the steps of the car transfer</li> </ul>
<b>16a: Money Management</b>	<ul style="list-style-type: none"> <li>• Set out and open bank statements and bills</li> <li>• Reminders to pay bills</li> <li>• Reminders to save money</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Know money has value AND understands some denominations</li> <li>• Manage finances for food, personal items, clothing and shelter</li> <li>• Count money</li> <li>• Make change</li> <li>• Pay bills</li> <li>• Manage auto-bill pay</li> <li>• Write checks</li> <li>• Online banking</li> <li>• Balance a checkbook/bank account</li> <li>• Save and budget for larger purchases</li> <li>• Budget for use of debit/atm card</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Special needs trusts</li> <li>• Retirement accounts</li> <li>• Applying for social benefits (e.g. self-sufficiency benefits, Social Security)</li> </ul>

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<b>17a: Light Shopping</b>  <b>(Consider all shopping for food groceries and personal items required for the person)</b>	<ul style="list-style-type: none"> <li>• Create a shopping list</li> <li>• Put groceries away</li> <li>• Reminders to shop</li> <li>• Reminders to shop for needed items</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Get items while at store</li> <li>• Shop from a list while at store</li> <li>• Locate and select items</li> <li>• Take items from shelves</li> <li>• Take cart to checkout</li> <li>• Pay for items</li> <li>• Take items out of store</li> <li>• Complete steps of online shopping</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Budgeting</li> <li>• Support for mobility only</li> <li>• Interactions with store personnel</li> </ul>
<b>47c: Medication management – oral medication</b>	<ul style="list-style-type: none"> <li>• Get oral medication out of where it is stored</li> <li>• Open oral medication</li> <li>• Reminders to take medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Know the correct oral medication to take</li> <li>• Take the correct dose</li> <li>• Take medication at the right time</li> <li>• Put the pill in the mouth</li> <li>• Set-up pill minder</li> <li>• Cut/prepare medicine for dispensing</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Medications used less than monthly</li> <li>• Ordering or picking up prescriptions and refills</li> <li>• Swallowing medication</li> </ul>
<b>47d: Medication management -inhalant/mist medications</b>	<ul style="list-style-type: none"> <li>• Get inhaler/mist out of where it is stored (includes nebulizer)</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Know and dispense the correct amount of inhaler/mist</li> <li>• Know when to use inhaler/mist</li> <li>• Hold mask or inhaler in the correct position</li> <li>• Turn on machine</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Medications used less than monthly</li> <li>• Ordering or picking up prescriptions and refills</li> <li>• Taking breaths</li> </ul>

<b>Item</b> (See ONA Manual for item intent)	<b>Setup/Clean-up</b> (Includes help, reminders & cues before and /or after the activity)	<b>During the Activity</b> (Includes reminders, cues & encouragement <u>during</u> the activity) *All cognitive steps in this column can be considered physical steps.	<b>Do NOT Include</b> (Do not consider items listed in this column when coding support needs)
<b>47e: Medication management – injectable medications</b>	<ul style="list-style-type: none"> <li>• Get injectable medication out of where it is stored</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Dispose of sharps</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Know the correct amount of injectable medication</li> <li>• Know the right time to inject medication</li> <li>• Inject the medication in correct area of body</li> <li>• Inject the correct amount of medicine</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Medications used less than monthly</li> <li>• Injections administered by medical professionals</li> <li>• Ordering or picking up prescriptions and refills</li> </ul>
<b>47f: Medication management – topical medications</b>	<ul style="list-style-type: none"> <li>• Get topical medication out of where it is stored</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Know the correct amount of medication</li> <li>• Know when to use medication</li> <li>• Apply the topical medication to the correct area of the body</li> <li>• Apply eye and ear drops</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Medications used less than monthly</li> <li>• Ordering or picking up prescriptions and refills</li> </ul>
<b>47g: Medication management – suppository medications</b>	<ul style="list-style-type: none"> <li>• Get suppository/enema out of where it is stored</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Know the correct dose</li> <li>• Know when to use the medication</li> <li>• Insert the suppository/ enema into the correct area of body</li> <li>• Insert the correct amount of medicine</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Medications used less than monthly</li> <li>• Ordering or picking up prescriptions and refills</li> </ul>

<b>Item</b> (See ONA Manual for item intent)	<b>Setup/Clean-up</b> (Includes help, reminders & cues before and /or after the activity)	<b>During the Activity</b> (Includes reminders, cues & encouragement <u>during</u> the activity) *All cognitive steps in this column can be considered physical steps.	<b>Do NOT Include</b> (Do not consider items listed in this column when coding support needs)
<b>47h: Medication management – medications through tube</b>	<ul style="list-style-type: none"> <li>• Get medication and supplies out of where it is stored</li> <li>• Open medication</li> <li>• Reminders to use medication</li> <li>• Put medication away</li> <li>• Cues and/or physical help before or after the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Know the correct dose</li> <li>• Know when to administer medication</li> <li>• Prepare tube for medication</li> <li>• Flush tube</li> <li>• Push medication through the tube</li> <li>• Watch for residuals</li> <li>• Flush with water</li> <li>• Turn on pump</li> <li>• Unkink tubing</li> <li>• Vent air through tube</li> <li>• Monitoring and/or cueing during the activity</li> </ul>	<ul style="list-style-type: none"> <li>• Medications used less than monthly</li> <li>• Ordering or picking up prescriptions and refills</li> </ul>

## APPENDIX F: APPROPRIATE USE OF CODING OPTIONS

### '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 when to code 'Person refused', 'Not applicable', and 'Not attempted'

**Person Refused:** Keep in mind that if 'Person refused' is coded, this means that the person may appear to need support, but NO supports will be provided at all. Or the person 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 person refuses to step off curbs due to a fear of falling. A support person directs the person 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 person.

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

### 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 persons who have no feet. Use best judgment. There are many persons who have socks put on the ends of their legs and may need help.

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**Item 4a: Sit to stand:** Never code, 'Not applicable'. If the person 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 person 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 person 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, '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 person 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 a person 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 person 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 person 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.

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**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 person typically wheels. Item 5e indicates that the wheelchair is used.

**Item 6b: Eating:** Never code 'Not applicable'. The item must apply to the person in some way. If the person does not eat or drink through the mouth at all and receives all nutrition through a j or g-tube, code 'Not attempted'. The person 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'. A person or support person may use alternate means such as the person 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 person has no teeth and no gum care is needed because the person 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 persons 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.

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**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 a person 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 person is unable to cook due to medical or safety concerns, and the item is completed for the person, code 'Dependent'. Keep in mind that this item includes the use of stoves and knives if typical for the person. If the person eats every meal at restaurants because they are unable to cook, consider the cook at the restaurant as an informal support. Consider the person'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 a person 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 person 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 person 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 a person'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 person when shopping.

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**Item 47c – h: Medication Management Supports:** Any of the medication management items can be coded 'Not applicable' if the person does not take the medication via the various methods of administering meds. If a person 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.

