

ONA – What to print, when

This matrix provides guidance for case management entities (CMEs) on what to share for various entities when the results from the assessment are being requested.

<b>Person making request</b>	<b>Can view in eXPRS</b>	<b>Provide a copy of the ONA (Print Summary or Print Full)</b>	<b>How will the provider know what needs to meet/their preferences?</b>
Case manager (SC/PA)	Yes	No, unless local process	N/A
24-hour residential provider	No	Yes, as required by OAR	ISP/Service Agreement
Foster care provider	No	Yes, as required by OAR	ISP/Service Agreement
Supported Living	No	Yes, as required by OAR	ISP/Service Agreement
Vocational provider	No	No, unless individual requests	ISP/Service Agreement
Day support activities (DSA) provider	No	No, unless individual requests	ISP/Service Agreement
PSW	No	No, unless individual requests	ISP/Service Agreement
Employer	No	No, unless individual requests	ISP/Service Agreement
Behavior professional	No	Possibly, if individual requests or is important for FBA/PBSP development	ISP/Service Agreement
Individual	No	Must be offered a copy	N/A
Designated Representative	No	If requested	N/A
Guardian	No	Must be offered a copy	N/A