# Oregon Department of Human Services

## OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES

# Oregon Needs Assessment (ONA)

# FAQ

# January 2024

**Table of Contents**
**"Ctrl + Click" on the headings below to access pages immediately**

**FAQ** - Oregon Needs Assessment (ONA)

**All references to the ONA Manual can be found at: [ONA Manual](#)**

## General Procedural Questions

**Q: Where do I find ONA related transmittals?**
**A:** All ONA related transmittals can be found using the following links:

**Oregon Needs Assessment (ONA) participation and follow up: [APD-IM-18-079](#)**

**Annual Functional Needs Assessment: [APD-PT-18-043](#)**

**DD Worker Guide: Case Management Activities and the ONA: [APD-PT-19-025](#)**

**How to Use the ONA Risk Report: [APD-PT-20-108](#)**

**ODDS Children's Res Group Home ONA SG Rate Implementation: [APD-IM-20-112](#)**

**ONA Service Groups and Children's Residential Services: [APD-PT-20-113](#)**

**ONA Procedures: [APD-AR-20-103](#)**

**Training Requirements for ONA Case Manager Assessments: [DD-PT-21-021](#)**

**Service Groups in eXPRS and Agency Provider Rates: [DD-IM-21-058](#)**

**Enhanced and Exceptional Eligibility Notifications: [DD-AR-22-016](#)**

**ODDS Compass Project and ONA Web Pages: [DD-IM-22-019](#)**

**ONA/POC Expiration Monthly Reports: [DD-IM-22-038](#)**

**Oregon Needs Assessment (ONA) Flag Condition Desk Reviews: [DD-PT-22-085](#)**

**Updated ONA FAQs and Translation of ONA Support Documents: [DD-IM-22-090](#)**

**Changes to Assessment Request Form (0744): [DD-IM-22-094](#)**

**Certified ONA Assessor Initial Qualifications and Training: [DD-PT-22-017](#)**

**ONA Assessor Ongoing Qualifications and Training: [DD-PT-22-018](#)**

**Notice of Functional Needs Assessment: [DD-PT-23-041](#)**

**Quality Assurance Checks (QAC) for Certified ONA Assessors: [DD-PT-23-048](#)**

**Administrative Guidelines for the ONA, ANA/CNA, and the SNAP) DD-PT-23-053**

**ONA, ANA/CNA, and SNAP Trainings: DD-IM-23-064**

**Q: Will the ONA be printed in other languages?**
**A:** Yes, the plan is for the ONA to be printed in additional languages on a case-by-case basis. The timeline is currently unknown, the translations will be announced by transmittal when completed.

**Q: How do I complete a courtesy ONA for another CME?**
**A:** If a courtesy ONA needs to be completed for another CME, please follow these steps to obtain access to the ONA:
Someone at the requesting CME will need to send an email to their assigned QAT with the following information:

- The name of the CME assessor that needs access,
- Reason for the courtesy ONA,
- The person's name and prime that they should be able to access, and
- The requested start date
    - The assessor will be given 30 days from the start date to complete the ONA

Once the CME assessor goes into eXPRS to complete the ONA there should be a drop-down menu that allows them to switch from their CME to the requesting CME so that they can find the correct person.

**Q: ONA Manual on page 10 says to include employment providers to ask follow up questions if they're not present at the assessment interview. Are we supposed to contact community employers such as Safeway? And what amount of detail should we go into? Go over every ONA item?**
**A:** Contact all employment services under SE 54: DSA, job coaching, job development, small group, discovery, employment path. Do not contact private employers like Safeway though. You don't need to go into all items of the ONA, just a general follow up with the employment providers to make sure all supports that the person needs are captured. Quite often there are supports needed at employment programs that aren't needed at home and supports needed at home and not at the employment program.

**Q: How do we handle the requirement to have SC participation when an SC is out on leave and won't be back within 30 days (or when the LOC expires). Do they need to connect with the SC manager or another SC (who likely doesn't know the person)? Do they need to make any kind of specific note on the demographics page?**

**A:** Follow up with the person covering and add their information to the 'People who contributed' section. If nobody is covering the caseload, indicate this in a note in the 'Case management entity box stating why the SC or PA did not contribute and don't enter a name for the SC as a contributor. For details, see [DD-PT-23-053](DD-PT-23-053).

**Q: Conflict of interest – I happen to be distantly related to an individual by marriage. Does the State see that as a conflict of interest?**

**A:** This should be determined at the local level by contacting the brokerages board or CDDPs HR person and they will make the determination.

**Q: What If a person changes CMEs and the receiving CME is unable to create an ONA?**

**A:** If there is no CPA with the receiving CME, check the View Client portion in eXPRS to check the LOC date to determine how soon an ONA will need to be created since the LOC is tied to the ONA. If the ONA is due in the month of transferring, it's best practice that the exiting CME complete the ONA.

## Section II - Communication

**Q: Why are we discouraged from selecting the 'Expresses complex messages without difficulty' option in the Communication section (Items 2b and c)?**
**A:** The intent of the item is to capture the expression of all messages throughout the year. This includes talking with doctors, representatives at financial institutions, servers at restaurants, and many others in homes and the community. Most people need help at least once a year to communicate with doctors or others at businesses or people they are unfamiliar with. It may not be uncommon to select 'Expresses complex messages without difficulty' to communicate with people they are familiar with. But carefully consider all communication with unfamiliar people throughout the year.

### Item 2: Language Expression & Comprehension

**Q: The communication question about understanding "verbal" content- this person is unable to hear, but does respond to basic touch cues for standing, eating, etc. Would I code "rarely/unable to" or "understands sometimes"?**
**A:** Are they able to understand sign language? If so, consider the level of understanding with the use of sign language. If the person responds to touch cues only, but has no ability to understand verbal content, code "Rarely/never understands".

## Section III – ADL and IADLs

### Procedural

**Q: When determining if support is needed at least 50% of the days the activity takes place, are all activities in the ADL/IADL and Medication Management sections considered 30 days?**
**A:** Not all activities occur 30 days a month. For example: Shopping may occur once a week, which would mean the activity occurs four days a month and support would need to take place at least two of those days (50% of the days the activity takes place).

**Q: If a person needs 2:1 support for ADLs less than 50% of the days the activity takes place, I know it's not considered in coding of the item. But is it okay to check the box under guidance for the item?**
**A:** Yes, check the guidance box because the support is needed. The guidance box is an effective indicator for service planning.

**Q: Are the Preference and Guidance sections mandatory to complete on the ONA?**
**A:** No. While they are useful for service planning, they are not mandatory. See paper ONA Manual page 36 for guidance. If boxes are marked in these sections, be sure they do not contradict ONA coding and/or notes.

### Item 3: Dressing

**Q: A person only receives reminders three days week but needs check-ins (monitoring) daily, how is that considered?**
**A:** If the check-in support is needed at least 50% of the days the activity takes place, code the support needed. Be sure to determine when the check-in is needed (before, during, or after the activity).

## Item 5: Mobility

**Q: A 3-year-old gets tired easily and is carried by their provider. Is that considered a physical support for walking?**
A: find out what "gets tired easily" means for this 3 yr. old. Is it related to a medical, cognitive, behavioral, or physical factor that impacts the ability to be mobile? If they prefer to be carried out of convenience, but will walk if not held, the coding could be "independent".  If they are unable or unwilling to walk, then it makes sense to capture physical supports.

## Item 7: Elimination

**Q: The person needs to be cleaned off in the shower after having a bowel movement. Is it captured in this item or in item 8 – Showering?**

A: It depends. Ask more probing questions. Is the showering a part of the normal elimination routine and is required at least 50% of the days the activity takes place? If so, capture it in this item. If not, capture supports needed to clean the body in item 8 – Showering.

## Item 10: General Hygiene

**Q: A person bites their nails, and the provider must tell them to stop. Do we capture it in this item?**

A: Ask probing questions. Why does the provider have to tell them to stop? Do they cause self-injury? If so, this would be captured in item 18 – Injurious to self. Is there a general hygiene support need to keep their nails filed short? Supports could be captured in both. Keep the focus on the hygiene aspect of nail care in this item.

## Item 15: Transportation

**Q: The ONA Manual says that Item 15a cannot be coded 'Dependent' unless Item 15b is coded 'Dependent'. What if the person needs 2:1 support for transportation?**

A: The ONA Manual language on page 70 will be updated to state: 15a cannot be coded 'Dependent' unless 15b is also coded 'Dependent' because transfers in and out of the vehicle are included in both items, unless 2:1 support is needed."

**Q: What is the appropriate code if an individual has not used transportation in the past 30 days and won't over the next several months?**

**A:** The focus of this item is: "Transporting an individual from one place to another". For example: If an individual does not access the community at all/just chooses to stay home, code "not applicable" for items 15a and b.

## Item 17: Light Shopping

**Q: What if the provider just hands the money to the person to pay for items? Is that considered "Supervision" or physical help?**

**A:** Ask more probing questions. Is the provider determining the correct amount of money for the individual? It could be a physical support. Is the provider just holding the money out of convenience for the individual? It may not be a support need at all.

## Section IV - Behaviors

### Item 21: Aggressive Toward Others, Verbal

**Q: Some people may act in a way that could be perceived as aggressive toward others, such as staring for long periods of time while they're processing information. I'm not comfortable coding this as a behavior in this item. How should we capture actions that appear to be behaviors in this item?**
**A:** You can code "Intimidates/stares" in this item and write a good note explaining the behavior. For example: "This person stares at others for a long time while processing information". It could also be coded in a different behavior item, such as item 22 as it can appear to be socially unacceptable or isolating, or item 27 "Difficulties regulating emotions". Another option would be to capture it in item 34a – Other behavior items.

### Item 25: Leaving Supervised Settings

**Q: Would you consider an enclosed bed as an intervention to prevent leaving supervised areas? Without the enclosed bed the person would wander.**
**A:** If the enclosed bed eliminates the need for human support to prevent leaving supervised areas, then code one of the "has history" options and write a good note to describe the use of the enclosed bed. Some people who use the enclosed beds still need to be checked on at night because they are able to get the zipper unzipped and will wander. For a situation like that, code "Yes, present in past year".

### Item 33: Legal Involvement

**Q: Would you code "Assessor has concerns" in the Legal involvement item if there is underage consumption of cigarettes or marijuana?**
**A:** Yes, if there is concern about breaking the law. Don't capture it in Item 38a unless there is a concern about abuse of legal and/or illegal drugs/alcohol. Do not include cigarettes in item 38.

**Q: Do you code Present if a person has an ongoing annual legal obligation to register as a sex offender for a past crime that was committed many years ago, when the assessor feels that the person is no longer at risk of committing a crime and no supports are provided to prevent crimes?**
**A:** Code "yes, present in past year" if the person needs help to register annually because if they don't register annually, they would be at risk of legal involvement. Code one of the "has history" options" if the person needs no support to register, and no interventions have been provided in the past year to make sure they register and there's no behaviors over the past year that puts them at risk of legal involvement.

**Q: If a person is coded "Yes, present in the past year" for physical aggression, does that mean Item 33 – Legal involvement must be coded "Yes, present in the past year"?**
**A:** Not always. For example: There are some forms of aggression directed by an adult or child (atypical of other people) toward a parent or sibling that may never lead to legal involvement. Use your best judgment and rely on input from the people who know the person well.

Item 34: Other Behavior Issues

**Q: How do we capture when a person places other people's items in the trash and then it gets thrown away?**
**A:** Capture it in item 34 – Other behavioral issues. Don't capture one-time accidental occurrences if they are not a behavioral concern.

Item 36: Intervention Frequency

**Q: For intervention frequency, the only behavior is leaving supervised areas, the set-up of the intervention was a one-time set-up (alarm on the door). Do we count it as a daily occurrence?**
**A:** Ask probing questions to find out if the alarm needs to be checked daily to ensure its functional and on. If so, it could be considered a daily cue. Ask how often the support is needed to ensure the alarm is on due to others disabling it, code in item 36b – proactive strategy. If no daily supports are needed for modifications such as would be the case with hardened walls and plexiglass windows, don't code as a support. Indicate environmental modifications in the notes box.

## Item 38: Substance Abuse Issues

**Q: What about the person who is on probation/parole who is told as a condition of probation/parole that they cannot use drugs or alcohol? Do we consider that as a concern about abuse of substances in item 38?**

**A:** Consider it in item 38 if a concern about abuse of substances still exists. If the person is on probation/parole due to drug related issues, Item 38 could easily be coded "yes". Be sure to capture the probation/parole in item 33 – Legal Involvement, Item 36 – Behavior Interventions (if interventions are provided) and Item 40 - Judgment. Also consider how the probation/parole requirement may affect ADL/IADL completion. For example: Does the person need to be supervised while shopping to avoid purchasing alcohol? Without supports, the effective completion of shopping could be impacted because the person would buy alcohol only and not personal care items. Rely on the people who know the person to help you answer that question.

## Section V - Safety

### Item 40: Safety Awareness and Support

**Q: What if the person has adaptive equipment such as a device under the mattress that goes off to escape if there were a fire?**
**A:** Consider the support needed (or not) with the adaptive device in place.

## Section VI: Medical

### Item 45: Seizures and Diabetes

**Q: Do we count stress-induced seizures in the Seizures item?**
**A:** Include only if it has been diagnosed as a seizure or epilepsy.

**Q: Should gestational diabetes be captured in the Diabetes item?**
**A:** Only consider it if it is a current diagnosis and treatments are needed ongoing. This ONA should be flagged as needs may change after delivery.

**Q: When would we code "No mechanisms advisable" in the diabetes item?**
**A:** Code it if the person has diabetes but it is  well controlled, and no mechanisms listed in item 45g are advisable.

**Q: Where do we capture insulin injections?**
**A:**  If a person receives insulin injections as indicated in items 45f & 45g, be sure to code "Subcutaneous injections" in item 46b - Treatments and Therapies, as well as item 47e, Medication management – injectable medications.

### Item 46: Treatments and Therapies

**Q: Where would you capture the pulse oximeter?**
**A:** Capture in "other "only if there are treatments beside medicine management that result due to the readings captured by the pulse oximeter. If no treatments are necessary, capture the use of it in the notes box only.

**Q Where do we capture supports required for repositioning?**
**A:** Code in the "other" option, add the repositioning and code the corresponding columns accordingly as well. The additional note is great too. If they are unable to roll left to right at all, you may want to capture the supports in item 4c as well (only if they don't roll at all on their own).

**Q: If the person has a baclofen pump and sees the doctor once or twice a year for it, can we capture it in this item?**

**A:** Yes. Keep in mind that any treatment and therapy being received can be captured in item 46. Just be sure to code current need accurately. For baclofen pump, you would code "Receives less than weekly". While they have a baclofen pump daily, the treatment for it is received less than weekly. Be sure not to code "Support person performs".

## Item 47: Medication

**Q: How do we consider administration of marijuana in the medical section since it's still federally illegal?**

**A:** Don't focus on the legal issues around marijuana. Focus on the support needed to take prescribed or doctor recommended meds (orally, inhaled, topical, etc.).

**Q: How do we consider pill minders and bubble packs for medication management?**

**A:** Be sure to determine if the accommodation is meeting a need for the person being assessed. For example: Pill minders and bubble packs. What purpose do the pill minders and bubble packs serve? Does using them meet the essential elements of:

- Knowing the correct pill
- Knowing the correct dose

If the person is unable to take medication without the use of bubble packs and pill minders because they would not know correct pill and/or dose, consider the human support to fill them as a physical step.

This is very different from using a cane or a walker. The cane or walker take the place of human support (unless it needs to be set up at least 50% of the days the activity takes place).