



Support Needs Assessment Profile (SNAP) Manual

(Version 1, March 2024)

This manual is to be used with the State of Oregon Department of Human Services Office of Developmental Disabilities Services (ODDS) Support Needs Assessment Profile (SNAP) tool

Table of Contents

Contents

General Instructions 4

Required Training 4

Using the electronic assessment tools..... 4

Assessment Guidelines and Procedures 5

For each item:..... 8

Demographics Page 14

General Information 14

ADL Tab 17

Ambulation/Mobility in the Home 17

Description of Levels of Support: 17

Ambulation/Mobility in the Community 18

Transferring/Positioning 20

Eating/Drinking 21

Toileting 24

Bladder Control (Incontinence or catheter care) 26

Bowel Control 27

Menses 27

Bathing (and Washing Hair) 28

Oral Hygiene 30

Dressing and Hair care 30

Shaving 32

Medical Tab 32

Communication – Expressive 32

Communication – Receptive 34

Safety 35

Fire Evacuation 37

Medication Management Supports – Oral 38

Medication Management Supports- Inhalants, Topicals, Suppositories 40

Medication Management Supports – Injections 41

Health Management Supports – General 43

Complex Health Management Supports 45

Equipment 52

Nursing Assessment Indicators Tab 52

Nighttime Needs Tab 52

Nighttime Needs – Medical Supports 52

Nighttime Needs – Behavior Supports 56

Behavior Needs Tab 59

Behavior Supports – No Formal Plan – Supervision and Monitoring..... 60

Behavior Supports – Plans – Home and Community 62

Behavioral Supports — Supervision - Home 66

Behavioral Supports — Supervision – Home – One-on-One (Exclusive Focus)..... 68

Behavioral Supports — Supervision - Community..... 73

Finalizing and Submitting the SNAP 79

**Appendix A – Sample Introduction to SNAP/Important/Points
to Remember:..... 80**

Appendix B – Initial Support Rate..... 83

Appendix C - Complex Medical Decision-Making Aid 86

Appendix D – SNAP Behavior Chart..... 88

General Instructions

This manual includes specific instructions for each assessment section/item. Instruction for each item includes a description of the activity and support need being assessed, reminders for supports that may be missed, reminders of support measured elsewhere in the tool and/or not included in the item being addressed. It also includes instruction regarding interpretation of the coding options available for each question with examples of each support level available for the specific item.

Assessment facilitators must apply the interpretations published in this manual when conducting SNAP for either a child or adult.

Required Training ([IM-23-064](#))

In addition to this manual, the SNAP assessor must also successfully complete classroom training delivered by an ODDS Assessment Unit trainer, unless an alternative method of training has been approved for use by ODDS. Trainings can be accessed via [Workday](#). The training is called “ODHS - DD - Foster Care Support Needs Assessment Profile Training (Snap Assessment)”.

Using the electronic assessment tools

The SNAP is an electronic, Microsoft Excel based tool. While a paper copy of the tool may be used for recording information during the interview, the assessment coding choices must be entered into the MS Excel application to generate assessment results. The tools are found on the [Resources for Case Management Entities](#) page and should be downloaded from this page each time an assessment is conducted.

The SNAP tool contains macros that translate the coding selections into assessment results and generates the summary information. When opening the tool, users will need to enable the macros, if applicable. Some users may have security settings that automatically disable macros in downloaded files. Users should consult their agency’s information technology (IT) policies regarding adjustment of security settings. It is necessary to have macros enabled to complete an assessment.

The SNAP tool is adjusted periodically to include Collective Bargaining Agreement updates related to the adult SNAP tool only. Also, in order to maintain template integrity, the SNAP tool is reviewed periodically to address any Excel

file programming “bugs”. Therefore, each time an assessor completes one, the SNAP tool should be downloaded and saved prior to beginning the meeting.

Assessment Guidelines and Procedures ([PT-23-053](#))

The SNAP is a consensus-based assessment. This means that each respondent and the assessor must agree on the chosen coding option for each section/item while adhering to the coding decision rules outlined in this manual.

Authorized assessors cannot conduct a SNAP for people they serve or have had on their caseload within the past 6 (six) months.

Prior to completing the SNAP, the assessor is to complete a file review of documentation made available by the person’s ISP team. This review must include any documentation of exclusive focus. Contact the ODDS Assessment Unit for guidance in the event that documentation is presented after the assessment has been locked. The assessment must be completed with a valid respondent group, which includes a team of at least two adult respondents that:

- Have known the person for at least three months
- Have observed the individual in one or more environments
- Feel confident communicating the person’s support needs to the assessor
- Have been invited or approved by the person to participate in the assessment
- [For exceptions to this rule, see the Early Process Assessment (EPA) caveat on page 13 of this manual].

Except in early process assessments, it is best practice and recommended the foster care provider or resident manager attend the SNAP meeting. Contact the ODDS Assessment Unit for guidance in the event that the person does not want the provider to attend the SNAP assessment meeting.

Note - only people who have a vested interest in the person and can speak to their support needs should be respondents. People who cannot speak about the person's support needs but have a vested interest in the person and have been invited by the person (or their legal guardian) may attend as an observer. People who do not have a vested interest in the person being assessed should not be present at the SNAP meeting.

The required face-to-face meeting with the person must take place prior to, or during, the assessment meeting. Please refer to [DD-PT-23-053](#) for specific guidelines.

Each respondent must be provided a blank copy of the SNAP to follow along during the assessment.

It is recommended the assessor provide an introduction to the SNAP at the beginning of the assessment meeting that includes information about:

- Who the assessor is and why they are there.
- The reason the SNAP is being done - a rate setting tool for foster care settings, completed when there is a significant change in need or when someone is first entering foster care, etc.
- The SNAP process and guidelines.
- Confirm a valid respondent group is present.

SNAP assessors must verbally confirm, prior to asking any SNAP assessment questions, that they have reviewed the person's files. Then, confirm with the assessment respondents that all relevant documentation has been provided to the CME for the SNAP assessment file review.

A sample "Introduction to the SNAP meeting" document is included in [Appendix A](#). It is highly recommended that assessors orient respondents to the information provided in this sample introduction.

The assessment tool contains multiple worksheet tabs. The following tabs must be completed by the authorized assessor when conducting the SNAP:

- Client Demographics,
- ADL Needs,
- Medical Needs,
- Nighttime Needs, and
- Behavior Needs.

Note - The initial Foster Care rate covers all areas of support that a person might need. The SNAP covers areas of support in which a person might need additional supports above and beyond what is covered in the initial Foster Care rate. See [Appendix B](#) for information regarding the areas of support covered by the initial rate. Appendix B can be shared during the SNAP meeting with respondent groups for reference of what is and is not covered in the base rate.

Assessment results are summarized on two tabs:

- The Support Needs Summary provides a consolidated list of support needs recorded on the assessment tool; and
- The Foster Care Budget Summary page.

2:1 Staffing Authorizations

- All 2:1 staff hours must be approved by the ODDS Funding Review Committee by completing the ODDS Funding Exceptional Review Request form (0514DD). The process can be accessed [here](#) or by searching “foster care 2:1” on the [ODDS Worker Guides](#) website.
- The SNAP Exception Process Guidelines, which defines what amount of hours can be requested for 2:1 can be accessed at: <http://www.dhs.state.or.us/spd/tools/dd/cm/Fostercare-SNAP-Exception-Process-Guidelines.pdf>

The tool also contains a reference tab - Nursing Assessment Indicators. This information should be reviewed during the SNAP meeting, pointing out when codes are selected which include an asterisk (*) indicating the potential need for a nursing assessment. The SNAP assessor does not make recommendations regarding the potential need for a nursing assessment. It is up to the ISP team to determine whether a nursing assessment is needed.

The assessor should complete the demographics page of the assessment prior to recording assessment codes. Some sections of the assessment require information from the demographics page in order to accept a response. Completing the demographics page in its entirety at the beginning of the assessment will eliminate the need to interrupt the interview to collect demographic information during the conversation.

To record a code on the assessment, the assessor will click on the radio button or square to the left of the support need level selected. Assessors should note that each item’s default code is “Independent”. It is recommended that assessors

review the Support Needs Summary prior to submitting the SNAP to confirm that all codes are correct. Note that if the response options have a round radio button next to them, only one response can be selected. If the response option has a square radio button next to them, then more than one response can be selected.

The assessment tabs do not need to be completed in the order they appear in the tool and manual. In some cases, the assessor may find it productive to first complete the tab that covers the person's most prominent needs. **For example**, for a person with a serious medical condition, it may be beneficial to first complete the medical tab before moving onto other tabs.

It may be suggested that respondents bring 1-2 pages of notes to aid in the discussion about support needs.

Be aware of the age cutoffs in the children's SNAP as it does not gray out questions when the child is under the age cutoff. The default answer for children under the age cutoff for the question is Independent or Age-Appropriate Supports.

For each item:

Review the intent of the item: All items and response options must be read aloud to the respondents. On the SNAP tool, the bolded description atop each item, provides minimal information about item intent. Refer to this manual for specific information about item intent and code interpretation. Be sure to note what is and what isn't included for each item. Ensure respondents understand the intent of the item and the coding options.

It is recommended to have a conversation about what supports look like prior to reading the response options to the respondents. Be sure to get a good picture of what supports look like before coding. If a respondent answers the question(s) about what supports look like with a coding label (i.e., "partial assist"), ask more questions about what they mean by "partial assist".

Determine how the activity is accomplished: Identify how the person completes this activity and what the supports, if any, look like on a typical day (at least five days a week or more). Consider this as the 5-Day Rule. Some tasks assessed do not occur on a typical day but can be scored anyway. See the guidance in specific item descriptions throughout the manual for which items do not follow the 5-Day Rule.

Participants may want to share information about when a person requires more or less supports than what is usual for them. For example, someone may be having a day where they have more or less strength or stamina than their typical day. While maintaining rapport, the assessor should guide this discussion to include the information about the type and amount of support that is typically needed by the person, direct the respondents to only consider that information when coding.

Assessors may need to ask probing questions about the person's skills and abilities to determine support needs. **For example:** The provider states "We complete all shaving tasks for Peter because he is only 14". Ask about similar fine motor tasks and determine if those skills can generalize to shaving. Don't assume the person needs a full assist because they don't engage in an activity.

Not Applicable Section/Items. In some cases, a section/item may not be applicable to the person. **For example,** the toileting item would not be applicable for a person who receives incontinence care only and does not use the toilet for bowel or bladder elimination. Another common example is the injection medication item. Injection medications would not be applicable for a person who does not currently have prescribed daily injections. If a person does not either perform the activity (with or without support) or does not currently require another person to perform the activity for them, record a code of "Independent" when "Not Applicable" is not available as a coding option. Do not record the level of support the person would need if the activity were applicable as this would not be adhering to the rule to code typical support needed 5 days per week or more often.

Assess each support only once. Each section/item should reflect different support activities. The same support activity may not be the basis for support codes in more than one section/item. If the assessor recognizes that a support has been applied to more than one section/item, it is recommended that the assessor consult the manual instruction for each section/item to determine which section/item the support is applicable. **For example:** a person requires full assistance with Transfers and Positioning, which includes transfers into/out of the bathtub. When assessing support needed for bathing, it is common for participants to think, again, about the support needed to get in and out of the tub. Transfer support, however, is rated only once and should only be considered in the transfer item. Transferring support is not considered again when assessing the support level for bathing. Similarly, if a person needs behavior supports while

bathing and ADL supports while bathing, only consider the ADL supports in the Bathing and Washing Hair item and consider the behavior supports in the Behavior Support Need Section.

There is one exception to this rule: the Fire Evacuation item. In the Fire Evacuation item, supports may be based on the same needs measured elsewhere in the assessment - **for example**, ambulation and behavior supports might be a component of evacuation.

In general, the SNAP is capturing supports that are needed **and** provided in the home setting and/or by a residential provider in the community (see EPA caveat on page 13). The SNAP does not capture supports provided by Community Inclusion, Day Support or Employment providers. Supports in these settings, however, can help to inform or guide the conversation.

Level of Support: Based on the description of support codes provided by the assessor and the nature of supports described by respondents, the team determines the level of support typically needed by the person.

Most items of the assessment use consistent terms for describing the level of support/coding choices. The following definitions for coding choice terms apply throughout this assessment, however, see specific items for variations to these definitions (such as, but not limited to, the Eating/Drinking item and the General Health Management Supports item).

Independent or Age-Appropriate means the person either performs the activity without human assistance, the person needs no support on a typical day, an essentially similar level of support for the activity is necessary for a person of the same age, the person does not need support above and beyond the supports identified in the foster care initial support rate, or the section/item is not applicable to the person.

- Note – for a support to be captured anything other than “Independent or Age-Appropriate”, that support must be beyond the support outlined in the Initial Support Rate ([Appendix B](#)). For most items, support must be needed and provided 5 days per week or more often, and when thinking about verbal supports, cues need to be diligent, not casual in nature. The SNAP assesses supports that are above and beyond what is covered in the Initial Support Rate. **For example**, consider these two types of cues for dressing: saying once, “Don’t forget your coat” and a more direct “We’ll leave once everyone has put on their coat”. The difference comes with the

diligence with which cues must be presented. The first is a simple reminder, the second is more strategic, an explanation of what must occur. Simple reminders may become diligent if they need to be repeated multiple times or restated and rephrased. A more diligent cue may be coded Independent if it is an age-appropriate support for a child – so be sure to be mindful of ages. The SNAP assesses supports that are above and beyond what is covered in the Initial Support Rate. (See [Appendix B](#) for reference regarding supports covered in the Initial Support Rate.)

Partial Assist means the person needs more than the support identified in the Initial Support Rate document with some aspects of the activity on a daily or almost daily basis or each time the activity occurs, but support is less than Full Assist. Partial support can include monitoring, verbal cues, or physical assistance/intervention. Partial Assist is a broad category. It is recommended that the assessor utilize the notes field to provide more specific information.

Full Assist means the person needs all or almost all aspects of the activity completed on their behalf all or almost all of the time. (“Almost all” is applied as 90% or more.)

Two-person assist means the person requires the physical support of 2 people (concurrently) every time the activity is performed on a daily basis or almost daily basis. **For example**, the person requires two people to help with every transfer, every time. The need for two-person assist must be based solely on the needs of the person and amount of support a typical support provider could provide. The coding may not be based on the limitations of a particular support provider.

Additional guidance for assessing children. Many items on the children’s version of the SNAP have an identified age cut-off. These items do not grey out if someone is under the age cut-off. The age cut-off indicates that, for all children under that age, it is the expectation that a support person would need to complete or provide physical support for the bulk of the tasks, regardless of whether or not the child experiences an intellectual or developmental disability. **For example**, consider the bathing item. The age cut off is 4 years old. A child under the age of 4 should be coded Independent.

For children above the age cut-off, there are still tasks for which it is the expectation that a support person would need to provide physical support (which varies based on age). Support for these tasks should only be included in the code if the support is needed due to the child's disability. This creates a maximum code regarding codes for children who would need the support, not due to their disability, but due to the typical support needs for someone their age. For children who only need the support due a typical need for someone their age, the coding options could be limited to Independent or Age-Appropriate Supports, or Partial Support.

For example, it is common to expect a child 4 years of age or older to make contributions to washing their body, but still need someone to complete the steps of washing their hair for them. In this example, the maximum code would be Partial Assist for most children. The Partial Assist code could be used if the support need to wash their body was due to their intellectual or developmental disability and the support to wash hair fell within the typical support needs of a child of that age.

For a child whose intellectual or developmental disability related support needs would require a support person to, in the above example, wash the child's hair for reasons above and beyond those typical to a child of that age, the code could be Full Assist. **For example**, if a child experiences Cerebral Palsy that restricts their ability to lift their head, thus significantly increasing the supports needed for washing hair, as well as the child's body, the code could be Full Assist. Similarly, if a child's experience with Autism includes sensitivities and organizational challenges that significantly limit their ability to contribute at all to the hair washing tasks (such as leaning head back **and** holding still) thus significantly increasing the supports needed for washing hair, the code could be Full Assist if they also need someone to wash their body for them. The support need is due to the child's disability in these situations and the child's disability makes the support need above and beyond what is generally expected for that age. Include a note that explains why the item is coded above and beyond the typical support need for a child of that age.

When an asterisk (*) appears after the coding choice description, it indicates a possible need for a nursing assessment, the need for documentation, a nursing care plan, and/or an ISP discussion about the potential need for a Functional Behavior Assessment (FBA) and a Positive Behavior Support Plan (PBSP) or guidelines and/or ODDS approved behavior intervention curriculum.

Record important information in the “Notes” field. Use this field to record the information considered to determine the code (including significant variations in information received), preferences and potential goals identified during the assessment.

Early Process Assessments (EPA)

An early process assessment is generally one that is done before a person moves into foster care. A SNAP could be coded this way because a valid respondent group is not available or the person is moving into foster care from an in-home setting, hospital, rehabilitation, nursing facility, incarceration, homelessness or other non-Residential DD support setting.

An EPA SNAP can be completed in situations where a person has recently moved into a foster care home, but the most recent SNAP does not reflect the current supports that are needed and provided to them, yet the 90-day period for establishing a valid respondent group has not been met. Additionally, if a person’s support needs increase after a hospitalization, a reassessment shall be conducted within thirty (30) days after their discharge back to the foster home. A SNAP completed for this reason should be coded EPA.

When a valid respondent group is not available and the people who can participate in the SNAP meeting don’t know the person’s supports well, and/or no one is currently providing the needed supports, the assessment team should discuss what they know about the person and make educated determinations of what support might need to be rather than code the supports needed and provided. This is the only exception to the rule regarding coding supports that are needed and provided.

If a person is moving from an in-home setting and has a valid respondent group, the SNAP should be coded based on what is currently needed and provided without speculating about how those supports might look in a foster care setting.

If a SNAP is coded EPA, then the services coordinator must review the SNAP in 3-6 months after the person moves into the foster care home to determine if support needs were captured adequately or not. If they were not, the SNAP should be re-done following the general SNAP guidelines. If the SNAP was found to have captured accurately the person’s support needs, a new SNAP does not need to be completed.

Turning 18 Assessments

An Adult SNAP for a person turning 18 years old can be conducted up to 6 months prior to the person's birthday on the adult SNAP form.

Demographics Page

General Information

All fields must be completed on the Client Demographics page unless otherwise noted below.

Specific Demographic Page Instructions

- **Legal Name of the Individual Field:** Enter the full legal name of the person. Include first, and last names. Do not use "nicknames." If a person is known by more than one name, include "AKAs" as well.
- **Date of Birth Field:** Enter information as MM/DD/YYYY.
- **Age Field:** This field will automatically populate once the date of birth has been entered.
- **Prime # Field:** Enter the person's prime number. The prime number entered must have 8 alpha/numeric digits.
- **Height Field:** Enter the person's height in inches.
- **Weight Field:** Enter the person's weight in pounds.
- **Did the individual participate in the Assessment?** "Yes" indicates the person participated in at least some portion of the assessment. "No" indicates the person did not participate in any portion of the assessment. Efforts should be made to encourage the person to participate as much as they would like. The person should not be discouraged from participating.
- **Gender:** Select the person's gender, as identified in eXPRS, from the dropdown menu.

- **Early process assessment (EPA):** Select “yes” when the SNAP is conducted with a respondent group that does not meet the criteria outlined for a valid respondent group, or when the SNAP is conducted while the person is still supported in the family home. Renewal assessments cannot be coded Early Process Assessment (EPA). See page 13 for additional guidance on when to code an assessment as an EPA.
- **Date of Assessment Field:** Enter the date that the assessment is completed. Enter information as MM/DD/YYYY.
- **Provider Name:** Enter the provider’s name, as listed on the Foster Home Certificate or License. If the person lives in a group home, list the Residential Provider Agency. If the person lives in their own home, write “lives in own home”. If the person will be moving to a foster home but is currently admitted to a hospital, nursing facility, rehabilitation facility or other medical or treatment facility, list the name of the facility. In addition, if the person has a direct support professional (DSP) who works for an agency, list the agency’s name.
- **Provider Phone:** This is the provider’s contact phone number, which may be different than the phone number for the site at which the person resides. Leave blank if no provider.
- **Provider Address, Street:** This is the address at which the provider receives mail. It may be different from the site address at which the person resides. If the person lives in their own home, list the person’s home address.
- **Provider Address-City, State, Zip:** This is the city, state, zip code at which the provider receives mail. It may be different from the site address at which the person resides. If the person lives in their own home, list the person’s home address information.
- **CDDP Services Coordinator:** Enter the full name of the CDDP Services Coordinator. In the event the person is case managed by a brokerage at the time of the SNAP, enter the Personal Agent’s name in this field.
- **CDDP/County of Case Management:** Using the drop-down box select the correct CDDP/County. If the person is transitioning from Brokerage

Services, and still case managed by the brokerage, enter the CDDP listed in eXPRS as the county of case management (DD48).

- **CDDP Services Coordinator Phone Number Field:** Enter the full phone number including area code where the CDDP Service Coordinator (or Personal Agent) can be reached. Include extensions if applicable. This is the phone number to reach the person listed in the CDDP Services Coordinator field.
- **Assessor's Name:** Enter the name of the person conducting the assessment. **Do not enter "same as above" or other responses.** The SNAP assessor should not complete the SNAP for someone on their own caseload (or someone who has been on their caseload in the past 6 months).
- **Phone Number Field:** Enter the assessor's phone number, including area code. Enter the best phone number at which to reach the assessor and include any extensions, if applicable.
- **Name of Assessment Participants Field:** Enter full names of anyone participating in the assessment. The person and/or their legal representative have the right to request participation by others in the assessment process which may include health professionals, advocates for the person, providers and other Individual Support Plan Team members. For all non-EPA SNAPs, it is best practice that the residential provider must be one of the respondents. All participants and observers must be listed.
- **Relationship to Individual Field:** Enter the relationship that each participant has with the person. If the participant is the person's personal agent, code this person as "other" and write "personal agent" next to their name in the previous field.
- **Phone Number of Assessment Participants Field:** Enter the phone number of each participant, including area code. Enter the best phone number to reach the participant and include any extensions, if applicable.
- **Start Time:** Enter the approximate time the assessment begins.
- **End Time:** Enter the approximate time the assessment ends.

ADL Tab

The information sought on the ADL tab is related to the physical, intellectual and developmental support needs a person experiences in completing various Activities of Daily Living (ADLs). This section addresses completing the mechanics of the tasks. Supports could be needed due to physical, cognitive, or developmental needs, but not due to health care treatments or interventions, behavioral, or safety support needs.

When assessing these support needs, consider:

- the type of support,
- the frequency of support,
- the duration of support and
- the reason for the support.

Ambulation/Mobility in the Home

In this item, you are assessing the person's ability and the support needed to move about their home environment, on a typical day (five days a week or more). The emphasis of this question is on assessing the level of support the person requires for the physical mechanics of mobility.

There may be multiple methods of moving about used by the person – walking, wheeling, crawling, etc.; consider all methods when determining how much assistance is needed and how often it is needed. If the person uses adaptive equipment or has environmental adaptations to assist, assess the person's ability and need with these adaptations in place.

Do not include support based on safety or behavioral supervision needs present while a person ambulates. **For example**, if a person has the physical ability to ambulate but requires support from another person to prevent wandering from the home, do not include the support to prevent wandering.

Do not include support for range of motion (ROM) or therapeutic ambulation in the coding for this item. ROM and therapeutic ambulation should be included in the coding for "Health Management – General" on the Medical tab.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person moves around the home environment with no support from another person. **For example:** The person is able to walk without human support (may use a walker or cane); or the person uses a wheelchair and is able to propel the chair themselves without human support; or support is needed less than 5 days per week.
- **Partial Assist:** The person is able to move about independently part of the time, or requires cueing, guidance, and/or hands on support for some or all of the time. **For example:** The person moves about with the use of a wheelchair but requires some guidance to prevent bumping into walls; *or* the person walks in some areas of the home without human support by using handrails, but requires hands-on support to prevent falling in portions of the home that have no rails. If the person is bearing weight and self-balancing while moving about, they are completing an essential part of the activity, even if a provider must support the entire time.
- **Full Assist:** The person makes minimal or no contributions every time they move about in the home. **For example:** The person moves about by walking but would fall down immediately without another person physically providing support with balance/weight-bearing and propelling forward; *or* the person moves about using a wheelchair but does not propel their own wheelchair.
- **Two-person Assist:** The person requires two people to maneuver a wheelchair or gurney or to provide physical support with balance and weight-bearing for all moving about within the home environment. **For example,** the person only moves about the home using a gurney that must be maneuvered by 2 people each time and throughout the entire duration of moving about the home.

Ambulation/Mobility in the Community

In this item, you are assessing the person's ability and the support needed to move about in the community. The emphasis of this question is on assessing the level of support the person requires for the physical mechanics of mobility. Consider how the person moves about in the community settings typically accessed.

There may be multiple methods of moving used by the person; consider all methods to determine how much assistance is needed and how often it is needed. If the person uses adaptive equipment to assist, assess the person's ability and need with these adaptations in place, but also consider whether these adaptations are available to the person in all community settings that the person is commonly in. If the adaptations are not always available, consider how the person moves about both with and without the adaptations in place – keeping in mind to code the supports needed and provided 5 days per week or more often.

Do not include support based on safety or behavioral supervision needs present while a person ambulates. **For example**, if a person has the physical ability to ambulate but requires support from another person to prevent darting into traffic.

Remember to base the support coding on the support the person requires on a typical day in settings the person usually accesses, rather than the support that would be needed when the person is unusually weak, or the outing is unusually long or tiring.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person typically moves about in the community with no support from another person. **For example:** The person is able to walk without human support (may use a walker or cane); or the person uses a wheelchair and is able to propel the chair themselves without human support.
- **Partial Assist:** The person is typically able to move with cueing, guidance, and/or hands-on support for some or all of the time. **For example:** The person moves about with the use of a wheelchair but requires some assistance to prevent the wheelchair from being steered off the sidewalk or into obstacles or people; or the person may walk short distances on level ground but requires hands-on support to prevent falling in settings that have uneven terrain. If the person is bearing weight and self-balancing while moving about, they are completing an essential part of the activity, even if a provider must support the entire time.
- **Full Assist:** The person makes no or minimal contributions every time they move about outside their home environment. **For example:** The person would fall down immediately without another person physically

providing support with balance or weight-bearing; or the person moves about using a wheelchair but does not propel their own wheelchair.

- **Two-person Assist:** The person requires two people to maneuver a wheelchair, gurney or to provide physical support with balance and weight-bearing to move about in the community. **For example**, the person only moves about using a gurney, including in the community, that must be maneuvered by 2 people each time and throughout the entire duration of moving about.

Transferring/Positioning

In this item, you are assessing the person's ability and the support needed to move themselves into and out of chairs, beds, toilets, tubs, vehicle seats, etc. AND the person's ability and need for support to effectively move their body within the chair or bed to maintain comfort on a typical day (five days a week or more).

If the person uses adaptive equipment or has environmental adaptations to assist with movement, assess the person's ability and need for assistance with these adaptations in place, but also consider whether these adaptations are available to the person in all environments that the person is commonly in. If the adaptations are not always available, consider how the person moves between seats and changes position both with the adaptations and in the absence of the adaptations 5 days per week or more often. Select the code which describes the predominant level of support required by the person.

Do include supports that are needed at home and in community settings. Do not include medically necessary positioning to prevent skin breakdown. These supports should be considered when assessing Health Management supports on the Medical tab.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person is able to get in and out of bed, chairs, tubs, toilets, etc., with no support from another person and can move their body within the bed or chair; or support is needed less than 5 days per week.

- **Partial Assist:** The person requires stand-by monitoring, cueing and/or some physical support but bears some weight on feet. The person assists with their own repositioning or requires cueing and coaching to change positions. **For example:** A person participating in a stand-pivot transfer (bears weight on feet) is an example of a person needing some support with transfers; a person who can shift their own body in the chair but needs someone to put an arm under their shoulder for support or change the orientation of positioning cushions is an example of a person needing some support for repositioning.
- **Full Assist:** Full physical assistance is required. The person is unable to bear weight or provide contribution to the transfer. **For example:** The person requires another to complete all steps of all transfers as they do not bear weight or use limbs to transfer. Lift-pivot transfers (during which the person bears no weight) are captured as a Full Assist.
- **Two-person Assist:** Two people must move the person during all transfers.

Note: a “Two-person Assist” may only be scored if the person requires support from 2 people and such tasks cannot be safely performed by a single qualified support provider. This scoring may not account for physical limitations of a preferred or specific support provider. **For example**, two-person assist may not be claimed because a preferred support provider has back issues that necessitate a second support provider to assist in the transfer if a single support provider without physical limitations could perform the transfer without additional assistance.

Eating/Drinking

In this item, you are assessing the person’s ability and the support needed to safely consume food and beverages. This includes the physical act of getting food or drink from the plate, bowl, cup, bottle, or glass into the person’s mouth and safely chewing and swallowing. Consider the person’s ability to handle food, use utensils, take appropriately sized bites or drinks, and adequately chew and swallow. The emphasis of support coding in this category is on the physical mechanics of eating as well as providing support to address the risk of aspiration.

People may experience a variety of support needs regarding eating and/or drinking depending on how food is prepared or presented. Some people may not

need support with finger foods, for example, but would need support using utensils. Be sure to consider the typical support needed with the adaptations in place, without limiting a support code because of an adaptation that could be made. **For example**, if the person wants all food to be in finger food form and therefore does not need support to eat and/or drink 5 days per week or more often, the code for that person should be Independent. If, however, the person does not want food to be in finger food form and prefers physical assistance to eat, do not code Independent, code the support the person needs and receives to eat using utensils.

There are two main factors to consider for this item – 1) does the person need support with the entire span of time eating and drinking or just a portion of the time and 2) if the person experiences a risk of aspiration related to a swallowing disorder.

Be sure to consider fluid intake in your assessment.

Do include in your assessment whether the person needs monitoring or cueing to prevent choking, including food stuffing due to the inability to gauge bite size or to manage eating at a safe pace.

Do not include other behavior related to consumption that impact all areas of life such as polydipsia, Prader-Willi (fluid and food seeking), or pica. (Behaviors are assessed on the behavior tab.)

Do not include behaviors that occur while the person is eating, such as aggression or throwing/destroying objects. (Behaviors are assessed on the behavior tab.)

Do not include support to make healthy food choices, portion control and other dietary considerations, these are not coded in this question. (These decisions should be considered when assessing “Health Management – General” on the Medical tab.)

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person eats and drinks with no support from another person – or support is needed and provided less than 5 days per week. Or the child is 5 years old and needs the cues any 5-year-old might need to stay focused on eating.

- **Partial Assist- food cut up:** The person requires some monitoring and support, but doesn't need continual monitoring, cueing or physical support from another person to eat or drink. The person may need some assistance with some physical eating tasks, such as cutting up food, or using a spoon. The support provider does not need to be present the entire time the person is eating or drinking. **For example:** The person does not have concerns with choking due to a physical swallowing concern (such as Dysphagia), but needs some cueing to not eat too fast, the provider is able to walk away, wash dishes, etc. and intermittently check on the person. If there is concern about choking or gagging, the concern does not stem from a physical swallowing issue.

- **Partial Assist – intermittent:** The person has a doctor's order requiring a specific food and/or fluid texture, such as chopped to specified size pieces, pureed, or thickened, and the person requires monitoring and some support, but doesn't need continual cueing or physical support from another person to eat or drink. The support provider does not need to be present the entire time the person is eating or drinking. This level of support would generally be due to a physical swallowing issue (such as Dysphagia). **For example,** the person requires fluids to be nectar thick, once the provider has mixed fluids to the appropriate thickness, they can step away from the person while they drink. OR the person may need to have all food cut up into dime-size pieces per doctor's order. ****Note:** this selection indicates a potential aspiration risk and the possible need for a Nursing Assessment Referral.

- **Full Assist – constant:** The provider must support the person throughout the meal for each step of eating and/or drinking, support could be continuous physical assist or a mix of monitoring, verbal and physical assistance. The support person may not step away while the person is eating or drinking. There may or may not be a risk of aspiration. **For example:** The person has no concerns with a swallowing disorder. The person eats regular texture foods and drinks fluids, but a support provider must scoop/fork the food and provided hand-over-hand for every bite due to severe spasticity. The support provider is unable to leave the person during the meal for any length of time.

- **Full Assist – constant/aspiration risk:** The person may require alteration in food or fluid texture for safety, and the provider must support throughout the meal to feed, assist, and/or vigilantly monitor to prevent

choking, gagging and/or aspirating. **For example:** The person's risk of choking is so high that the provider doesn't leave the table for any reason. The provider must monitor every bite and physically limit how much food the person puts in their mouth. The person may need someone to manually feed them with a spoon or fork. (Also, code here if the person receives nourishment and/or hydration via tube and requires full assistance with administration of the feeding.) ****Note:** this selection indicates a potential aspiration risk and the possible need for a Nursing Assessment Referral as determined by the ISP team.

Toileting

In this item, you are assessing the person's ability and the support needed to complete the steps to use the toilet, commode, urinal or bedpan for elimination. Consider all steps in using the toilet, except transferring on and off the toilet (this is captured in "Transferring/positioning"). Toileting steps include coordination to be balanced (after transfer) while using the toilet, urinal, commode or bedpan, eliminating in the correct receptacle, cleansing after toileting, and adjusting clothes.

If the person needs assistance cleansing (wiping or drying) after toileting but does not always alert the provider when using the toilet, score the need for support with cleansing specifically related to waste elimination in this item as soiled clothing due to ineffective wiping/cleansing after toileting is not incontinence.

Do NOT code the amount of support the person would need if they used the toilet. If the person does NOT use the toilet, urinal, commode or bedpan for elimination (either due to total incontinence or ostomy/catheter) mark "Independent" (as indicated in the description for Independent).

Do not include transferring assistance in the support considered to determine the code. Transferring assistance is considered in the Transferring/Positioning item on this tab.

At times, there will be people who both use the toilet, urinal or commode for elimination and experience incontinence. The tool is designed in a way such that if someone is coded "Full Assist" for the Bladder and/or Bowel Control items, the tool will gray out the Toileting item (though the notes box is available). If the person being assessed uses both incontinence garments and the toilet, urinal, or

commode to eliminate, first determine if the person is totally incontinent of the Bladder and/or Bowel **and** dependent on another for changing soiled garments.

- If the person is totally incontinent and dependent, code the person's support need for Bladder Control and/or Bowel Control "Full Assist" and put a note in the Toileting item.
- If the person is not totally incontinent and/or dependent, code the appropriate support need level for each item (note the Toileting item can be coded Dependent if that is appropriate, with no impact to the Bladder and Bowel Control items).
- If the person is totally incontinent and dependent, and the person also uses the toilet and requires the "Full Assist" level of support, determine which activity is more prevalent throughout the day and code that item "Full Assist". If the toileting is determined to be more prevalent, code the Bladder and/or Bowel items Partial assist or as is appropriate.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person does not need any assistance with using the toilet, either because the person can perform all toileting tasks without support, or because the person does not use the toilet for elimination. This includes a person who is predominantly independent, but needs only occasional reminders for toileting, such as the suggestion of using the toilet before leaving the house a few times per week, but no support with the steps in using the toilet.
- **Partial Assist – cueing:** The person needs cues and guidance to do some or all of the steps of toileting. **For example:** The provider must diligently cue the person to use the bathroom prior to leaving the home and before going to bed.
- **Partial Assist:** The person requires the provider to physically support them with some steps. **For example:** The person may pull his pants down and wash hands with cueing. The provider wipes and buttons pants for the person.
- **Full Assist:** The person primarily uses the toilet for elimination and needs all or almost all toileting tasks completed on their behalf.

Bladder Control (Incontinence or catheter care)

In this item, you are assessing whether the person is incontinent of the bladder; and, if so, whether the person has the ability to manage their own bladder care or requires support from another person to help perform care for incontinence or the catheter.

Incontinence is the inability to control the bodily functions of urination or evacuation, either due to physical functioning or due to the person's cognitive functioning. Incontinence does not include soiled or damp perineal area and clothing that result from ineffective wiping/cleansing after using the toilet.

Score support needed for cleansing after use of the toilet in the Toileting item on this tab.

If the person experiences incontinence or has a catheter, but also uses the toilet for some elimination, both may not be coded as "Full Assist". A Full Assist code for Bladder Control will gray out the Toileting item.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person uses the toilet and is not incontinent and does not have a catheter; OR the person does experience incontinence or has a catheter but manages their own incontinence/catheter without any support. Also, code Independent if the person's experience of incontinence is less than 5 days per week, even if the person needs support to clean their body or change their garments.
- **Partial Assist:** The person does experience incontinence or has a catheter, and the person needs support in the form of cueing, directions, and/or some physical contributions. **For example:** The person removes wet clothing and takes the brief off, needs some support from another person with cleansing.
- **Full Assist:** The person is totally incontinent and does not functionally participate in any part of caring for his incontinence or catheter.

Bowel Control

In this item, you are assessing whether the person is incontinent of bowel or has an ostomy for elimination and whether the person has the ability to manage their own bowel care or requires support from another person to perform the care.

Incontinence is the inability to control the bodily functions of urination or evacuation, either due to physical functioning or due to the person's cognitive functioning. Incontinence does not include soiled or damp perineal area and clothing that result from ineffective cleansing after using the toilet. Score support needed for cleansing after use of the toilet in the Toileting item.

If the person experiences incontinence or has an ostomy, but also uses the toilet for some elimination, both may not be coded as "Full Assist". A Full Assist code for Bowel Control will gray out the Toileting item.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person uses the toilet and is not incontinent and does not have an ostomy; OR the person does experience incontinence or has an ostomy but manages their own ostomy care without any support. Also, code Independent if the person's experience of incontinence is less than 5 days per week, even if the person needs support.
- **Partial Assist:** The person does experience incontinence or has an ostomy, and the person needs support in the form of cueing, directions, and/or some physical contributions. **For example:** The person removes soiled clothing and takes the brief off, needs support from another person with cleansing.
- **Full Assist:** The person is totally incontinent and does not functionally participate in any part of caring for their incontinence or ostomy.

Menses

In this item, you are assessing the person's ability and the support needed to apply, change, and dispose of feminine hygiene products, including identifying when hygiene is needed for changing and cleansing.

Description of Levels of Support:

- **Not applicable:** The person does not experience menses or has not experienced menses during the six months preceding the assessment.
- **Independent:** The person manages their own menses care without assistance from another person.
- **Partial Assist:** The person needs some assistance to perform feminine hygiene tasks. **For example:** The person may be able apply the hygiene product but needs the provider to cue to change hygiene products and properly dispose of them.
- **Full Assist:** The person needs someone to complete 90% or more of feminine hygiene/menses care tasks on their behalf. **For example:** The provider must monitor the need for changing products, apply and reapply products and assist with cleansing during menses.

Bathing (and Washing Hair)

In this item, you are assessing the person's ability and the support needed to effectively wash their body and hair. Include in your assessment both the person's need for physical support as well as cognitive support to appropriately identify when to bathe or complete tasks in the appropriate sequence.

Please note the caveat to the 5-day rule for this item. If a person's bathing and washing hair pattern is such that these tasks occur every other day, so 3-4 days per week instead of 5 days per week, it is acceptable to still consider the support need in the code. Following the mindset of the 5-day rule, still only consider the typical support the person needs when bathing and washing hair, not the support that might be needed less than every other day.

Base the coding decision on the assistance the person requires to sufficiently maintain cleanliness in order to avoid disease, physical decomposition, or social consequences. The support could be due to physical and/or cognitive factors.

Consider the effectiveness of the person's participation in the activity.

Do not include monitoring for medical needs such as seizures or temperature dysregulation in the coding for bathing (medical monitoring is recorded on the Medical tab).

Do not include behavioral supervision or supports in the coding for bathing (behavior support is recorded on the Behavior tab.)

- Do consider, though, the impact one's intellectual or developmental disability might have on the completion of the ADLs. For some that presents in the form of unpleasant, sensitive responses to sensory experiences that might impact the person's, or support provider's, ability to complete the tasks and lead to need for support to complete the Bathing and Hair Washing tasks.

Do not include assistance transferring into the tub, shower chair or bath seat (transfer support is included in the Transferring/Positioning item on this tab).

Do not include the support a person might need for washing hair if the person does not have hair. Do include the support a person might need for washing their hair, even if they don't need support for washing their body.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person performs bathing and hair washing tasks without any assistance from another person. Or no support is needed and provided for bathing and hair washing. Or the child is 5 years old and needs the typical support 5-year-olds need due to age only.
- **Partial Assist:** The person washes all of their body with some support from another person; or the person is able to wash some part of their body and hair but needs some type of support to wash the rest. **For example:** the person needs reminders during the bath or shower to assure all parts of the body are washed and soap is thoroughly rinsed; or the person has limited reach and balance and can wash arms and body but needs assistance with lower body and hair and standby monitoring.
- **Full Assist:** The person is unable to effectively wash body and hair and all or almost all washing is done by another person. **For example:** the person may have very poor dexterity or can't wash effectively at all, even with directions.

- **Two-person Assist:** The person needs physical assistance from two support people to safely bath or shower, because there is no way to safely complete the tasks with only one support provider. **For example:** a person with severe spasticity may require 2 people to safely shower, one to wash and one to prevent the shower chair from tipping.

Oral Hygiene

In this item, you are assessing the person's ability and the support needed to effectively clean and maintain teeth, gums, and/or dentures.

Remember to consider whether the person's participation is functional when determining the code. For persons without teeth or dentures, remember to consider gum care such as swabs and rinses.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person performs oral hygiene tasks without any assistance from another person or support is needed and provided less than 5 days per week. Or no support is provided for oral care.
- **Partial Assist:** The person performs some oral hygiene tasks but needs assistance with others; or the person needs reminding, cueing or some physical assistance. **For example:** a person may need reminders and cueing to brush and/or floss or care for dentures; or the person may brush but does not do so effectively for all teeth and the provider must follow-up by brushing back teeth.
- **Full Assist:** The person is unable to functionally complete oral tasks and another person physically performs all or almost all oral hygiene tasks for the person.

Dressing and Hair care

In this item, you are assessing the person's ability and the support needed to put on and take off clothing items, including utilizing fasteners/closures such as snaps, buttons, zippers, and laces; and to brush/comb their hair.

Consider the person's ability to recognize the need to change clothing and dress appropriately for weather. Appropriate dress consideration should reflect assistance required to address physical health such as adequate clothing to prevent frostbite or burns or to maintain legal standards of modesty (ensuring body parts are covered sufficiently to address unintended legal consequences of indecent exposure) and understanding of attire for the setting, weather, and cleanliness.

Do include a person's preference for hair to be groomed in a particular manner and do include a person's preference to dress in the clothing they prefer to wear.

Do not include efforts to encourage the person to dress in a manner that another person finds less objectionable as a support.

Do not include estimation of the assistance the person would require putting on or removing clothing that they do not routinely wear. **For example**, if a person only wears pants with elastic waists and pullover shirts, do not score assistance that would be needed to put on or remove items with zippers and buttons; and if a person wears only slip-on shoes, do not score the support the person would need to tie their shoes.

Do include the support a person would need with hair care even if they do not need support with dressing and undressing. If a person does not have hair, then consider only the support the person needs for dressing and undressing in the code decision. Do not select a lower coding option because the person doesn't have hair.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person requires no support to dress, undress and maintain a reasonably groomed appearance, or supports are needed and provided less than 5 days per week. Score here if the person needs only occasional reminders about grooming or weather appropriate clothing.
- **Partial Assist:** Some support is required. **For example:** a support provider must give the person instructions and select clothing. The person is able to put the clothes on, but the support provider supports with buttons and snaps due to poor dexterity.

- **Full Assist:** The person does not complete any tasks related to dressing, undressing or hair care, or participation is minimal. **For example:** the person raises his arms with cues, but still requires a support provider to select and gather clothing, put on or remove clothing, close and open fastenings.

Shaving

In this item, you are assessing the person's ability and the support needed to shave safely and effectively.

This item does not follow the 5-day rule. Code the support needed for this task regardless of the frequency with which this task occurs.

If the person does not shave any part of their body, do not base the code on the support a person would need if the person did shave some part of their body.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person shaves without assistance from another person; or the person does not shave.
- **Partial Assist:** The person needs reminding, cueing, monitoring, or some physical assistance with shaving. **For example:** a person may independently use the electric razor to shave but needs monitoring and some follow-up to shave missed hair.
- **Full Assist:** The person needs a support provider to complete all or almost all shaving for them. The person may participate in using the razor but is not effective and the provider must re-shave.

Medical Tab

Communication – Expressive

In this item, you are assessing the person's ability and the support needed to communicate their needs and wants to another person – this item considers both the clarity of speech/articulation and the clarity of the message. When a person has and uses an adaptive communication device, score the ability and need for human support with the adaptive device in place. If the device is available to them in some settings, but not others, scoring should consider the amount of support needed in total, not only when the person has the device.

This item does not follow the 5-day rule. Code the support needed for this task based on the definitions of the coding options in this manual.

Consider the support the person needs in various settings and with various listeners.

Description of Levels of Support

- **Independent or Age-Appropriate Supports Provided:** The person makes their needs known to another person using a method of communication that can be understood by others without any human assistance. **For example**, the person can express all needs or wants or messages to another person without any human assistance to interpret the idea being conveyed. This person does not need support to express themselves in any situation throughout the year.

- **Partial Assist:** The person needs support from another person to communicate to a third party throughout the day, week, or month, but not continually. **For example**, the person may be able to articulate basic concepts such as hunger, thirst, or pain but needs support daily to express preferences or articulate emotions; or the person uses a communication device and is able to communicate effectively with those close to them, but needs another person to assist with the communication device and/or to relay communication to people who do not know how to use the device, like store clerks, bus drivers, waitresses, etc.

- **Full Assist:** The person requires support from another person to be understood in nearly all (90%) or all cases and continuously throughout the day. **For example**, the person requires someone to interpret what is being said to others most of the time; or the person does not directly communicate by any effective means and their needs and preferences

must be determined by a support provider by careful monitoring of expressions and reactions.

Communication – Receptive

In this item, you are assessing the person's ability and the support needed to understand what is communicated to them by another person. When a person has and uses an adaptive communication device, score the ability and need for human support with the adaptive device in place. If the device is available to them in some settings, but not others, scoring should consider the amount of support needed in total, not only when the person has the device.

Consider the support the person needs in various settings and with various speakers. Some support strategies include, but are not limited to, restating or rephrasing information, simplifying information, or asking questions to ensure the person understands.

This item does not follow the 5-day rule. Code the support needed for this task based on the definitions in the coding options in this manual.

Description of Levels of Support

- **Independent or Age-Appropriate Supports Provided:** The person understands what another person says to them without assistance from a third party. **For example**, the person can understand information communicated to them by another person without any human assistance to relay the information from the speaker to the person. This includes persons who may need information repeated by the speaker, but do not require a support provider to interpret or reframe information received from another person. This person does not need support to understand others in any situation throughout the year.
- **Partial Assist:** The person needs support from another person to understand information communicated to them by a third party throughout the day, week, or month, but not continually. **For example**, the person understands simple directions and routine conversation, but has difficulty understanding multi-step directions, or detailed information or complex speech patterns and requires a support provider to break information down into smaller bits some of the time.

- **Full Assist:** The person requires support from another person to understand information being communicated to them in nearly all (90%) to all cases and continuously throughout the day. **For example**, the person requires someone to break down almost all communication into smaller bits, or enter almost all information into the person's adaptive device, or create a visual tool to communicate, almost all to all information.

Safety

In this item, you are assessing the person's ability and the needed for human support to identify hazards, avoid the hazard when possible, or respond appropriately to the hazard or protect themselves, both at home and in the community.

This item does not rate potential risk to a person. This item measures the level of direct, in-person, provider support required to actively monitor for safety, provide intervention, and respond to mitigate the imminent safety issue.

Consider the person's ability and the amount of support required to:

- Distinguish unsafe substances or items (such as chemicals, hot items, sharp items, electricity, machines) from safe items, and handle substances or items in a safe manner.
- Recognize obvious warning signs of exploitation and avoid the exploitive situation or ask for assistance.
- Exercise street safety skills.
- Recognize a dangerous interpersonal situation and avoid the situation or ask for assistance.

The ability to maintain personal safety during alone time indicates that "Full Assist" is not required. Consider whether the person has independent time in the community without a pattern of incidents. If the ability to maintain personal safety is limited to specific environments, then a "Partial Assist" code should be considered.

If the person is typically independent and requires support on less than 5 days per week, then a code of "Independent" is appropriate. The assessor should determine the predominant level of support for personal safety needed on a

typical day. When the amount of support varies by environment, the predominant support level must be applied, not the highest level of support.

Remember that the coding is based on the need for in-person support, rather than perception of risk. Ask for examples of situations in which the person's response to hazards requires intervention from another person.

Do not include support needed for communication. Communication support is covered in the Communication item(s.)

Do not include safety risks which are due to behavior. Support for behavior(s) that pose a safety risk are included in the Behavior sections.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person needs no support (including general monitoring) regarding safety 5 days per week or more often. A person coded Independent is aware of all hazards at home and the community and avoids hazards or responds in a safe manner. The person does not require general monitoring throughout the day for safety.
- **Partial Assist:** The person requires monitoring (throughout the day, week, or month) and intervention from another person to remain safe, but not continuously. **For example:** The person is aware of hot surfaces and sharp objects in the home but does not distinguish dangerous liquid from potable liquids and lacks street safety skills. This person needs a support provider to monitor and ensure that unsafe liquids are not accessible and that they remain safe when they are in use; and this person requires monitoring and cueing in the community.
- **Full Assist:** Continuous physical presence of another person at all times is required to ensure safety; support providers are actively and proactively altering the environment to ensure safety. **For example:** The person needs someone to continually monitor and remind them not to touch a hot stove or sharp object. Cognitively and/or physically, they are unable to protect themselves. This code applies when a person's actions, that are not behaviors, put them at continual or near continual safety/hazard risk, thus requiring a support provider to be vigilant or at heightened awareness of

the person's activities and respond/support appropriately ongoing throughout the day. It is unlikely that items such as a knife block will be on a kitchen counter, or that the person uses scissors without being monitored very closely.

Fire Evacuation

In this item, you are assessing the person's abilities and the needed for human support throughout the 24-hour day to evacuate from the home during an emergency. This includes both the person's physical ability to remove self from the location, as well as the cognitive ability to respond to a fire alarm, or emergency communications.

Remember that for this question, information included in other items, such as, but not limited to, mobility, transferring, communication, and behaviors, is to be applied to determine the coding.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person identifies when they need to evacuate the home in an emergency and exits safely.
- **Partial Assist:** The person requires verbal prompting or physical guidance to evacuate. **For example:** The person will exit safely as long as the provider walks with them and verbally directs them on the way out. The person may need someone to link arms with for the purpose of guidance (not to hold the person up). This may also include the person's need for support to remain outside until the area is safe for re-entry. This code may also include the person who needs some physical support in order to wake, but once awake the person may physically propel their body outside to exit. The predominant support the person needs is verbal.
- **Full Assist:** The person needs physical support to evacuate. **For example:** The provider must physically hold up the person or push the person in a wheelchair to evacuate safely. Substantial physical support is necessary to remove the person from danger such as lifting, carrying, or pulling of the person in the event of the emergency.

Medication Management Supports – Oral

In this item, you are assessing the person's ability and the support needed to administer oral medications. This item records supports the person requires to safely use daily prescription medications as ordered and intended by the prescribing medical professional. Medications, vitamins, or supplements (including herbal supplements) that are recommended for the person by a licensed medical professional and implemented on a daily or nearly daily basis (at least 5 days per week) may also be considered.

For children, only consider medications that are due the child's disability or disability related medical condition. **For example**, many children need to take medication to address constipation on a daily basis. Only include the supports for these medications if the constipation risk is tied to an I/DD such as low motility associated with Cerebral Palsy.

Consider the support needed to identify what the medication is for, what it looks like, when it should be taken and potential side effects of the medication.

Do not include medications taken on an "as needed" (PRN) basis, unless they are taken 5 days per week or more often. The medication management question is measuring administration of only the person's daily medication routine. PRN medication support is considered in the Health Management item.

Do not include support needed to get the prescription ordered or picked up from the pharmacy, coordination of insurance coverage of medications, or the financial transaction to purchase the medication— these activities are included in the initial foster care rate.

Do not include support for short term medications that are not part of the person's typical medication regimen, such as an antibiotic prescribed to treat a sinus infection or pain medication prescribed for a sprained ankle. Prescription coordination is considered in the Health Management – General item.

Do not consider support that is not currently necessary. If a person does not currently require daily oral medication or chooses to decline the use of oral medication (with the demonstrated capacity of informed choice in this area), code Independent or Age-Appropriate Supports Provided for level of support.

To complete this item of the assessment, the assessor will need to determine whether the person requires daily medication administration support and, if so, the number of medications (not doses) administered to the person by a support provider at least 5 days per week. A good rule of thumb is to consider the number of prescriptions from the health care providers. If a person has a medication with different doses those doses are generally prescribed separately.

Do not count the same prescription more than once regardless of frequency of doses. **For example:** Joan's medication regimen includes a daily calcium supplement, a diuretic taken twice per day, and a pain medication taken 3 times daily. The number of medications to record is "3" (calcium + diuretic + pain med = 3 medications). **For example:** Devi's medication regimen includes daily iron and vitamin C (to help absorb the iron), B2 twice a day and 2.5mg of a blood pressure med in the morning and 7.5mg of the same blood pressure med at night. The number of medications to record is "5" (Iron + vitamin C + B2 + blood pressure med at 2.5mg + blood pressure med at 7.5mg = 5 medications.)

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person does not require another person to administer daily medications. This includes a person who has been deemed by the ISP team that they are qualified to safely self-administer medications and they self-administers medication, even when the provider is required, per Oregon Administrative Rule (OAR), to monitor self-administration of medications. Use this code when this item does not apply to the person. Or for a child, the medication is not due to their disability or disability related medical condition.
- **Full Assist:** The person requires some or total support for oral medication other than oversight of self-administered medications.
 - Note, if a person needs support, the Full Assist coding options are based on the number of prescriptions the person has: 1-4, 5-6, or 7 or more, regardless of the amount of support.
 - Select the Full Assist code for the range that describes the number of prescriptions (or medications used 5 days per week or more often) in the person's daily regimen. Remember to count medication prescriptions administered per day, rather than individual doses.

Medication Management Supports- Inhalants, Topicals, Suppositories

In this item, you are assessing the person's ability and the support needed to administer topical, inhalant, or suppository medications that are administered on a daily or near daily basis (five days a week).

Consider creams, ointments, eye drops, nasal drops or sprays, inhalers, nebulizers, suppositories, and enemas that are used 5 days per week or more, as part of a treatment regimen under the direction of a licensed medical professional.

Do not include the use of skin creams or sunscreen used in a routine manner, such as part of a hygiene routine to avoid dry skin or the use of sunscreen because of anticipated exposure to the sun. Hygiene items such as anti-dandruff shampoo, skin moisturizers, and sunscreens must be medically directed and administered in a prescriptive fashion, on a daily or near daily basis (at least 5 days per week) to be considered in this item. If these medicated products are used less than 5 days per week, then the supports needed and provided can be captured in the Health Management item.

Do not include medications that are taken on an "as needed" (PRN) basis unless the PRN is typically used daily or near daily (at least 5 days per week) by the person. When PRN medication is less than 5 days per week, the PRN medication support is considered in the Health Management Supports – General item.

Do not include support needed to order or pick up prescriptions from the pharmacy, coordination of insurance coverage of medications, or the financial transaction to purchase the medication. Prescription coordination is considered in the Health Management – General item.

Do not include support for short term medications that are not part of the person's typical medication regimen, such as eye drops prescribed to treat an eye infection. These can be captured in the Health Management – General item.

Do not consider support that is not currently necessary. If a person does not currently require daily topical, inhalant or suppository medication or chooses to decline the use of the medication (with the demonstrated capacity of informed choice in this area), mark "independent" for level of support.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person administers inhalants, topicals and suppositories without assistance; or does not use or need support to use inhalants, topicals or suppositories 5 days per week or more often. **For example:** The person has been deemed by the ISP team that they are qualified to safely self-administer medications and applies these medications without assistance or monitoring (except monitoring that is required by OAR). OR the person does not routinely use this category of medication in their daily regimen.
- **Partial Assist:** The person requires some support. **For example:** The person applies the cream to the body after the provider squeezes the accurate amount into their hand. OR The person applies these medications without assistance, but the provider oversees the self-application to ensure the person is applying medicine as prescribed.
- **Full Assist:** The person requires a support provider to apply the medication for them. **For example:** The person has limited movement of their hands and needs another person to spread the ointment onto the skin.

Medication Management Supports – Injections

In this item, you are assessing the person's ability and the support needed to administer medications that are injected into the skin, IV tubing or feeding tube on a daily or near daily basis (at least five days a week).

Consider medications that are typically oral medications but are administered via g-tube due to the person's risk of aspiration. Note – do not count those medications in the Medication Management Supports – Oral item.

Consider only injections of medication administered 5 days per week or more often.

Do not include injections or IV therapy administered in a clinical setting or through a home health provider by a licensed medical professional.

Do not include blood glucose testing in this item. Blood Glucose testing is considered in the Health Management – General item (or Health Management – Complex, if the criteria for complex medical item apply.)

Do not include medications that are taken on an “as needed” (PRN) basis unless the PRN is typically used daily or near daily (at least 5 days per week) by the person. PRN medication support, such as an Epi-pen, is considered in the Health Management-General item.

Do not include support needed to get the prescription ordered or picked up from the pharmacy, coordination of insurance coverage of medications, or the financial transaction to purchase the medication. Prescription coordination is considered in the Health Management – General item.

Do not include support for short term medications that are not part of the person’s typical medication regimen, such as an antibiotic prescribed for a sinus infection. These can be considered in the Health Management – General item.

Do not consider support that is not currently provided or not currently necessary. If a person does not currently require injections or chooses to decline the use of injections (with the demonstrated capacity of informed choice in this area), mark “independent” for level of support.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person has been deemed by the ISP team that they are qualified to safely self-administer medications and either administers their own injection without support or monitoring (except monitoring that is required by OAR), does not have injections in their daily medication regimen, or has injections administered in a clinical setting or by home health professionals. **For example:** The person sets up the dose and administers the injection by themselves; OR the person does not use injections 5 days per week or more often.
- **Partial Assist:** The person needs some support to administer injections 5 days per week or more often. **For example:** The provider fills the syringe with the correct dose of insulin, then the person injects it with provider oversight.

- **Full Assist:** The person needs each step of these tasks to be completed on their behalf. **For example:** The provider draws the correct dosage and gives the injection to the person; or the provider prepares the medications and injects them into the g-tubing.

Health Management Supports – General

In this item, you are assessing the person's ability and need for human support to maintain general health and ongoing medical treatments, therapies, and interventions. This Health Management Supports item does not score or assess risks; this item records the person's ability and support needed to perform health management related tasks that are not Complex. General health management includes:

1. Awareness of state of health and necessary communication of health changes.
2. Coordination of and, if needed, action related to, medical appointments, prescriptions, and treatments.
3. Identification and treatment of acute illnesses/ailments such as seasonal flu outbreak, ear infection, stomach upset, headache, or sprained ankle,
4. Health interventions that are not covered in other items of this assessment (including Health Management Supports – Complex), such as PRN medications, blood glucose testing, special diets prescribed by a licensed medical professional, repositioning to prevent/address skin breakdown, wound care, range of motion (ROM), and other physical, occupational, speech language, etc., therapies.

The assessor may find it helpful to make a list of support activities considered for this item, including what initiates the treatment or intervention and their frequency.

Remember to assess the person's ability to recognize **and** communicate health issues and to coordinate their care, along with specific interventions.

Remember to include medications, treatments and other health or medical supports excluded from other items of the medical tab, such as Epi-Pens and other PRN medications in the determination of the coding for this item. (The assessor may find it helpful to note these supports on a list as they come up in discussion in the other items.)

Consider the person's current support needs for health activities, treatments and interventions in determining the code, rather than risk, understanding, diagnoses, historical needs, or prognosis.

For children, general health management activities are considered to be an age-appropriate support for ALL children under 15. Select "Independent or Age-Appropriate Supports Provided" for all children younger than 15.

Do not include supports recorded elsewhere in the assessment, such as transferring and repositioning (for comfort), feeding by g-tube or j-tube, or daily medication administration.

Description of Levels of Support:

- **Independent or Age-Appropriate Supports Provided:** The person is able to manage their own health and medical care without assistance from another person; OR the child is under 15. **For example:** The person identifies pain, calls the doctor and follows through with treatment as prescribed. The person needs no support to follow through and report side effects to the doctor.
- **Individual-Directed Care:** The person is able to identify health and medical needs and take steps to get the needs met but requires physical assistance completing the steps of their general health and medical care. **For example:** the person identifies pain and communicates with the doctor. The person needs support from another person to administer treatments or PRN medications, the person talks the support provider through the steps, but cannot physically complete the steps. This coding is **not** used for someone who 'is generally healthy' and otherwise does not need a lot of health management supports. If the person does not report pain or would not direct their own care when necessary, score one of the following two options based on the need.
- **Partial Assist and Monitoring:** The person requires monitoring to identify and communicate healthcare needs and assistance with treatments, but assistance with treatments occurs fewer than 5 days a week, recommended diets are captured in this code. **For example:** The person does not identify nor report pain or symptoms. Because of this, the provider may need to monitor daily (this monitoring doesn't need to

be constant eyes-on and could be remote monitoring such as phone calls to check in) but doesn't need to provide hands-on treatments on a typical day. However, a support provider must administer treatment, such as over the counter medication for a headache, when treatment is needed by the person. This code is very broad and captures supports such as general health monitoring with very infrequent support provided as well as more diligent monitoring that is needed every day yet supports are provided 4 days per week or less. **For example:** Someone who needs general monitoring for seizures and has seizures only 2 times per year and someone who has seizures 4 days per week could both be rated as Partial Assist (if said supports do not reach the criteria for Complex Health Management Supports).

- **Full Assist:** The person requires daily assistance (at least five days a week or more) from another person to administer treatments AND to monitor health status, but the person's condition and support activities do not meet the criteria for Complex Health Management Supports. Specific diets (such as specially quantified fluid intake, or specific boundaries on calorie, sugar, or sodium intake) are captured in this code – these diets usually have a tracking component to them and are doctored ordered rather than suggested. **For example:** The person has diabetes that is well controlled with a special diet. The provider assists the person with blood glucose testing, selects and measures food according to the person's doctor ordered special diet on a daily basis, checks the person's feet regularly and coordinates the person's care with the dietician, primary care doctor and podiatrist.

Complex Health Management Supports

In this item, you are assessing the person's abilities and need for human support to manage and administer complex medical interventions/treatments for a complex health condition. An assessor might find it helpful to list the treatments, the events that brought about the need for treatments and the frequency and duration of the treatments when trying to determine if the supports reach the complex definition. There are several conditions that must be met for supports to qualify as complex:

This condition must be imminently life threatening. Imminently means the person would become critical within hours to a day without complex medical supports.

A complex medical support is a support for a health condition that impacts all aspects of care, and whose treatment changes on a regular basis in response to data collected by trained providers. Examples are described below.

This support would typically have oversight of a nurse or other clinician (anyone already living in a foster care setting will have a nursing/medical care plan if they have complex medical supports).

Some questions to ask that might be useful in determining if a Complex Health Management include:

- Is data being gathered around the medical condition?
- If so, are complex medical interventions/treatment modified based on the data?
- Without the medical intervention is the person at risk of imminent death? This condition must be imminently life threatening. Imminently means the person would become critical within hours to a day without complex medical supports.

If the answers to these three questions are “yes” then it is more than likely an exceptional medical support. See [Appendix C](#) for a tool that may help determine if a support meets the Complex definition.

The most common interpretation errors when determining the presence of complex medical supports are:

- Confusion between the words ‘complex’ and ‘serious’ (leading to a desire to rate risk rather than supports); and
- Confusion between the presence of a complex medical issue, and the presence of complex medical supports.
- A condition that is considered “complex” by a medical professional but does not meet the specific definition for a complex support need per the SNAP.

This item does not rate risk(s).

Very serious medical issues can have simple health management supports. For instance, the presence of an enlarged heart is a very serious medical condition with dire consequences to health. However, the health management supports may be quite simple; (i.e., the person takes medication and limits activities.) These supports may be the same every day and require occasional follow up with a cardiologist. This is an example of a serious medical issue, but not of a complex medical support.

Seizures pose serious risk to people when they occur, supports may or may not be complex. If, based on monitoring, there are changes to treatment needed on a weekly basis or more often, the support meets the definition for coding in this item. Note, monitoring (timing, tracking) seizures may occur on a daily basis, but unless there is a change to the treatment on a weekly basis, the support does not get coded in the Complex Health Management Supports item, it is coded in the Health Management Supports General item.

Another excellent example of a health condition that is always serious but may or may not require complex health management support is diabetes. A person with diabetes may only need to follow a diabetic diet that always remains the same, and take daily oral medications, (a serious health issue, with non-complex supports.) Or they may need to change the amount of insulin administered 4 times a day based on the CBG readings (as serious health issue, with complex supports).

One more example of a medical condition requiring routine supports is g-tube feeding. The support for g-tube feeding is typically done on a routine basis each day. Supports are predictable and measurable data is not typically collected because supports are routinely provided each day to meet nutritional requirements. Therefore, the need, use and supports for a g-tube for nourishment and hydration does not constitute a Complex Health Management support.

After the presence of a complex medical support has been established, the coding choices can be used to determine the level and frequency of support the person needs in the treatment of this condition. **Scoring in this item is only applicable to the complex medical intervention(s).** This type of intervention would be care that is directed by a current (created or reviewed in at least the past year) and active nursing care plan and requires ongoing nursing care oversight or delegation (an exception may be made for EPA SNAPs for familial support providers performing complex medical tasks when there is an active

nursing or medical care relationship directing the intervention). **To be considered complex, the intervention must be delivered in response to presentation of symptoms and/or based on the collection of medical data.**

A good example of a complex medical support is as follows: A person's supports might consist of sliding scale insulin administration for which the amount of insulin changes multiple times per day (a serious health issue, with complex supports.). This requires careful monitoring and recording of blood sugars. As a result of the monitoring, a determination is made as to how much insulin should be administered.

If the medical care task is not directed by a nursing care plan or directed by a medical professional based on a medical condition diagnosis (such as through delegation), the task may not be "scored" as a complex medical intervention. Complex care must be directed through oversight by a medical professional and should be supported through data tracking.

Most scoring options state "Their health care needs are stable and predictable" or "Their medical condition is unstable." The two paragraphs below define what "stable and predictable" and "unstable" mean.

- **Stable and Predictable (as identified in the other full and partial assist codes)** refer to situations in which the supports are known and foreseeable as to their nature, timing, and duration. Changes to physical health status are not such that the person would need hospitalization or death could occur with only a few moments notice. Thus, a support person does not need to have eyes on the person at all times. Without complex supports, the person's health condition would become critical within a short amount of time. **For example:** Oral, airway and/or tracheal suctioning is needed during and after tasks like toothbrushing and drinking, but not other times of the day. The depth, and length of suctioning varies each time suctioning is completed.
- **Unstable (as identified in the Full Assistance and Monitoring-Exclusive Focus code only)** refers to situations in which a person's supports are changing rapidly in response to rapidly changing health status or changes that lead to hospitalization or death with only a few moments notice. The supports may be the same in nature but are not the

same in application. **For example:** Tracheostomy suctioning is required several times per day or per hour in response to secretions getting into the ostomy. The frequency and duration of suctioning may be unknown requiring eyes on the person at all times. The provider cannot attend to other tasks at the same time, such as monitoring or assisting others, washing dishes, or writing notes. Even with complex medical supports in place, the person's condition remains unstable.

Codes should reflect how often treatment changes occur in response data collection/monitoring. Data generally should be recorded.

Description of Levels of Support:

- **Not Applicable:** The person does not require complex medical interventions on a routine basis - including persons who have a serious medical condition, but do not require complex medical interventions.

- **Independent:** The person needs no assistance from another person to manage a complex health condition and the person may perform the necessary complex medical care their condition requires without provider support or monitoring. The medical condition(s) is stable and predictable. **For example:** The person identifies symptoms of low blood sugar, checks blood glucose, self-administers sliding scale insulin, and/or calls the doctor and follows through with ongoing healthcare treatment as prescribed. They need no support to follow through, to correctly complete prescribed intervention activities and report side effects to the doctor. Their health care needs are stable and predictable.

- **Individual-Directed Care:** The person is able to manage care for a complex medical condition but requires a support person to complete complex medical care interventions on their behalf. The medical condition(s) is stable and predictable. **For example:** The person can identify when their condition changes, communicates the change to a support provider and directs the support provider to make the adjustment in the treatment, such as selecting the correct dosage of a sliding scale medication. The person needs assistance from another person to administer the treatment. Their health care needs are stable and predictable because the complex supports are keeping the person stable.

- **Partial Assist-weekly:** The person needs assistance from a support provider throughout the week to complete complex medical interventions and to monitor the changing signs/symptoms/status of the complex medical condition. A change to interventions occurs at least weekly but may include monitoring that occurs on a daily or ongoing basis. **For example:** The person does not identify or report changes in their health. The provider must intentionally monitor the person's health status with regard to the complex condition. The person requires assistance from a support provider to perform a complex medical intervention provided during the week, but not every day. This could include an acute seizure condition where the person experiences seizure activity throughout the week. The provider must monitor vitals and track the seizure as well as implement protocol activities such as suppository medication in response to the collected data (timing of seizure and presenting symptomology) on at least a weekly basis. Their health care needs are stable and predictable because the complex supports are keeping them stable.

- **Partial Assist – 1 to 3 per day:** The person needs assistance from another a support provider every day, 1 – 3 times a day, to complete complex medical interventions. The person also needs a support provider to monitor the complex medical condition on a daily basis. Monitoring occurs at least daily but may occur throughout the day. **For example:** A person with brittle diabetes doesn't report symptoms of low or high blood sugars. The support provider must monitor the person for signs of hyperglycemia or hypoglycemia. The person requires one to three insulin injections every day for which the insulin dosage for each injection must be adjusted based on the collection of data from the blood glucose testing and possible measurement of vitals. The healthcare needs are considered stable and predictable because the supports are keeping the person stable. Note, Insulin administration that does not actually change doses throughout the day or week does not qualify as complex.

- **Full Assist- more than 3 per day:** The person needs assistance from a support provider every day, more than 3 times a day, to complete complex medical interventions. The person also needs a support provider to monitor the complex medical condition on a daily basis. Active Monitoring occurs at least 4 times a day but may occur throughout the day. **For**

- example:** A person with brittle diabetes doesn't report symptoms of low or high blood sugars. The support provider must monitor the person for signs of hyperglycemia or hypoglycemia. Blood glucose levels, vitals and food and liquid intake/output are measured with a gram scale. The person requires insulin injections every day. The insulin dosage for each injection must be adjusted based on the collection of data from the blood glucose testing and possible measurement of vitals. Wound care is being provided several times a day due to ongoing skin break-down on the person's extremities, including care to an ulcer on the foot. The health care needs are still considered stable and predictable because the supports are keeping the person stable.
- **Full Assistance and Monitoring- Exclusive focus:** The person's health care needs are unstable and unpredictable. The person requires constant monitoring of their complex medical condition and assistance from a support provider to complete complex medical interventions throughout the day. **For example:** the person with brittle diabetes now has kidney failure and dialysis is not successful. The person's stats are being monitored continuously (exclusive focus). A support provider stays near the person to provide continual monitoring of breathing and skin tone as well as continuous necessary medical care interventions. The support provider must remain in the room with the person to monitor stats. The person's medical care needs are so acute, that the support provider must dedicate full attention and active effort to managing the person's medical care needs at all times (another support person would need to be providing any other supports). This is care that is needed to prevent the immediate risk of death. Despite the complex medical supports being given, the person's medical condition remains unstable. The use of video monitoring and cameras to monitor are not considered as providing exclusive focus.
 - **Two- person Assist:** The person needs the assistance of two support people for some or all aspects of their complex medical support needs. **For example:** the person needs two people to support them with their tracheostomy care and only needs support from one person to provide full attention to other complex medical needs. Please note: a two-person assist and another scoring option may be selected for this item.

Equipment

In this item, record the equipment that is essential to the person and currently in use. The equipment section is divided into subsections. In each subsection, mark all the equipment that the person currently uses. Mark “not applicable” if none of the items in the subsection are used. Indicate in the note if there is equipment the person needs but does not have, or there is equipment the person has but does not use and include the reason.

Equipment items which are occasionally missed by an assessor include:

- Communication devices other than “boards” (such as tablets with communication software) which should be recorded as an “Electronic Communication Board”.
- Body jacket can include a hard shell used to help with posture and/or a weighted vest.
- Prosthetics including eyeglasses, hearing aids, dentures, prosthetic limbs, and eyes. List the prosthetics in the notes box.

Nursing Assessment Indicators Tab

The Nursing Assessment Indicators Tab provides information regarding client indicators that may lead to a Services Coordinator referral for a Contract RN nursing assessment. The SNAP assessor makes the SNAP respondent team aware of this option but does not determine if a nursing assessment should be initiated as that is the responsibility of the ISP team.

Nighttime Needs Tab

Nighttime hours for this item of the assessment are specific: **10:00 p.m. to 5:00 a.m.**, regardless of whether the person or the support provider has a different sleeping schedule. Record the actual support provided during the nighttime hours, not the sleep pattern of the person (or the support provider.)

Nighttime Needs – Medical Supports

In this item, you are assessing only active medical and physical health support the person requires during the hours of 10:00p.m. – 5:00a.m. This includes

medical support the person needs during the nighttime hours due to their disability.

The types of medical support which are needed during the nighttime hours are generally a subset of the same types of health management (not ADL) support required during the day (recorded on the other tabs). When determining the frequency of nighttime supports, the assessor must assure that support events considered are not the same events considered in determining coding in other items of the SNAP. **For example:** If a person typically needs supports for transfers in and out of bed, and they choose to go to bed at 11:00 each night, that support should be captured in the Transferring and Repositioning item on the ADL tab, not in either the Nighttime Medical or Behavior item.

Availability of a sleeping support provider is not considered in determining the coding for nighttime supports. "Monitoring" in the support descriptions refers to active monitoring that is necessary due to a specific health and safety issue and must be in-person, eyes on. Eyes on checks can be included provided they are addressing a need, not just peace of mind for the provider. General status monitoring when there is no specific concern or condition being monitored is not counted in the code. Some providers might have audio or video monitoring. This approach to monitoring is not to be considered in the coding decisions. Only consider the monitoring or supports needed once the person and support person are in the same room/space together (eyes on checks from the doorway are permissible to count provided they are a need).

Do consider scheduled medical/health monitoring, such as checking oxygen saturation, monitoring progress of nighttime tube feeding, scheduled incontinence checks or positioning checks.

Do not include ADL supports provided during nighttime hours. (All ADL supports are recorded on the ADL tab.) However, do include medical support that may be provided at the same time as nighttime ADL care, such as wound care or application of PRN topical ointments during repositioning or incontinence care.

Do not include treatments and supports provided between the hours of 5:00 a.m. and 10:00 p.m., even if the person or the provider typically sleeps during those hours.

Do not include any non-medical supports.

Description of Levels of Support:

- **Not Applicable:** The person does not typically have medical/health support needs that occur during nighttime hours.
- **Independent or age appropriate:** For an adult, the person is independent during nighttime hours and is able to meet their own medical or health management needs without assistance from another person. For a child, the child is either independent in meeting their own needs, or the child requires assistance for their medical needs during the night that is essentially similar to assistance needed and provided during the night by a typically developing child.
- **Monthly:** The person requires some support on less than a weekly basis. **For example:** the person experiences occasional nighttime seizures. A few times a month, (not weekly), the provider needs to implement the person's seizure protocol.
- **Weekly:** At least one night a week up to six nights a week (may occasionally be all 7 nights), the person requires support. **For example:** the person is typically incontinent 3 to 4 times per week, but not every night, and needs assistance from a support provider to reapply dressing on open wounds that were soiled. Although the provider may need to check for incontinence nightly, the physical support is not required on a nightly basis. Note – the support explained in this example is not for the changing incontinence garments but for addressing the skin breakdown.
- **Intermittent nightly (1-3):** Nightly assistance is needed one or more times per night every night. One key to choosing this coding option is that the support provider does not need to remain awake during night hours. Therefore, the frequency of support provided could be more than 3 times per night, note that the manual guidance supersedes the language on the tool. **For example:** the person has a CPAP machine that frequently needs to be adjusted. The provider checks the CPAP (and adjusts it when necessary) at midnight, 2 a.m. and 4 a.m. The provider does not remain awake during all night hours.
- **Ongoing nightly:** The person requires assistance every night throughout the night. Because of the extensiveness of supports at night, the person's support provider must remain awake throughout the night. Don't choose

this coding option if an awake caregiver is not currently needed and provided. **For example:** the person has a constant drip-feeding tube and is mobile. The person frequently entangles in the tubing. The support provider frequently checks the person's position and checks tubing throughout the night but can be in another room between checks. Exclusive focus is not required as the provider can watch TV, read a book, and do household chores when the person sleeps. The provider is always aware and listening for indication that the person needs assistance. (Note, the presence of an awake caregiver due to another person's need should not be considered for this code.)

- **1:1 Assistance (Exclusive Focus)** - The foster provider must make available a single staff person to provide exclusive focus for medical related supports to the person ongoing throughout the night for the hours from 10:00 PM until 5:00 AM, as is determined by documentation of the person's medical support needs. An additional support person will need to be available to provide ADL/IADL or behavior supports to the person and breaks to the exclusive focus provider. The second support person is not required to be an awake support provider. The need for exclusive focus at night should be supported by documentation indicating the person requires continuous care (not intermittent care) that has been reviewed by the assessor prior to the SNAP meeting. **For example:** the person has a medical condition that requires a support provider to actively monitor breathing and clear secretions throughout the night. The support provider must remain awake and present with the person at all times. The support provider cannot be engaged in tasks that diverts attention from the person or their medical monitoring, treatments, and interventions.
 - Note - This level of support cannot be provided from another room or via audio or video monitoring. The constant monitoring cannot be interrupted to provide support to another person.
- **2:1 Assistance:** The foster provider must make available a second staff person to provide exclusive focus in tandem with the first exclusive focus staff person who both focus on medical related supports to the person. The second staff person must be available to provide the exclusive focus immediately when necessary throughout the night for the hours from 10:00 PM until 5:00 AM, as is determined by documentation of the person's medical support needs. Although both support people are expected to be actively providing medical supports throughout the night, one of the two support people could take breaks (e.g., use the restroom, get a glass of water, etc.) or provide non-medical supports (e.g., assist with eating, changing incontinence garments, etc.). Both support people must be

awake throughout the nighttime hours. The need for exclusive focus at night from two support people should be supported by documentation indicating the person requires continuous care (not intermittent care) that has been reviewed by the assessor prior to the SNAP meeting. **For example:** the person requires two people to administer treatment during the night, one to apply topical medications and the other to physically reposition the person, however one person can't leave the person's side due to medical reasons.

Nighttime Needs – Behavior Supports

In this item, you are assessing support provided to address behaviors the person engages in during the hours of 10:00 p.m. – 5:00 a.m. This includes active, direct/in-person monitoring based on a pattern of behavior requiring behavior interventions during the nighttime hours due to their disability. Some providers might have audio or video monitoring. This approach to monitoring is not to be considered in the coding decisions. Only consider the monitoring or supports needed once the person and support person are in the same room/space together (eyes on checks from the doorway are permissible to count provided they are a need).

Availability of a sleeping support provider is not considered in determining the coding for nighttime supports.

“Monitoring” in the support descriptions refers to active monitoring that is necessary due to a specific pattern of nighttime behavior and must be in-person, eyes on. Eyes on checks can be included provided they are addressing a need, not just peace of mind for the provider. General status monitoring when there are not specific behavior(s) that require intermittent monitoring is not counted in the rating.

Do not include supports due to the person simply being awake between the hours of 10:00 p.m. and 5:00 a.m., and do not include monitoring for general safety.

Do not include ADL or other supports that are captured in other items of the SNAP. Do include behavior support that may be provided concurrent to nighttime ADL care, such as physical aggression that might occur during toileting activities, except in the exclusive focus items.

Description of Levels of Support:

- **Not Applicable:** The person does not typically have behavior support needs that occur during nighttime hours.
- **Independent or age appropriate:** For an adult, the person is independent during nighttime hours and able to meet their own needs without assistance from another person. For a child, the child is either independent in meeting their own needs, or the child requires assistance during the night that is essentially similar to assistance needed during the night by a typically developing child.
- **Monthly:** The person requires some support for behavior during night hours on less than a weekly basis. **For example:** the person awakens with anxiety once or twice per month per month, which can be a precursor to self-injurious behaviors. The provider uses strategies in the person's PBSP to calm them.
- **Weekly:** At least one night a week up to six nights a week on a typical week (may occasionally be all 7 nights), the person requires behavior interventions. **For example:** the person has food seeking behaviors. The person is up during the night several times per week and often wanders to the kitchen or housemates' rooms during the night in search of something to eat. The provider must redirect the person according to the PBSP or behavior guidelines.
- **Intermittent nightly (1-3):** Nightly assistance is needed 1 or more times per night every night. One key to choosing this coding option is that the support provider does not need to remain awake during night hours. Therefore, the frequency of support provided could be more than 3 times per night, **note that the manual guidance supersedes the language on the tool.** **For example:** the person's pattern of behavior includes behaviors requiring a support provider's response occurring during nighttime hours at least once per night. The behaviors are not so severe that a support provider remains awakes and attentive at all times.
- **Ongoing nightly:** The person requires assistance every night throughout the night. Because of the extensiveness of supports at night, the person's support provider must remain awake throughout the night. Don't select this

coding option if an awake caregiver is not currently needed and provided.

For example: the person frequently engages in skin picking during night hours. The provider makes frequent (every 15 minutes) visual checks throughout the night and implements the interventions in the PBSP. Exclusive focus is not required as the provider can watch TV, read a book, and do household chores or attend to housemates between these supports. The provider is always aware and listening for indication that the person is awake. (Note, the presence of an awake caregiver due to another person's need should not be considered for this code.)

- **1:1 Assistance (Exclusive Focus)** – The foster provider must make available a single staff person to provide exclusive focus for behavior related supports to the person ongoing throughout the night for the hours from 10:00 PM until 5:00 AM, as is determined by documentation of the person's behavior support needs. An additional support person will need to be available to provide ADL/IADL and behavior supports to the person and breaks to the exclusive focus provider. The second support person is not required to be an awake support provider. The need for exclusive focus at night should be supported by documentation indicating the person requires continuous monitoring (not intermittent monitoring) that has been reviewed by the assessor prior to the SNAP meeting. **For example:** the person engages in frequent and severe self-injury that has occurred during nighttime hours. The provider must constantly and vigilantly monitor to prevent severe self-injury. The support provider cannot be engaged in tasks that diverts attention from the person or their behavior monitoring and interventions.
 - Note - This level of support cannot be provided from another room or via audio or video monitoring. The constant monitoring cannot be interrupted to provide support to another person.
- **2:1 Assistance:** The foster provider must make available a second staff person to provide exclusive focus in tandem with the first exclusive focus staff person who both focus on behavior related supports to the person. The second staff person must be available to provide the exclusive focus immediately when necessary throughout the night for the hours from 10:00 PM until 5:00 AM, as is determined by documentation of the person's medical support needs. Although both support people are expected to be actively providing behavior monitoring and interventions throughout the night, one of the two support people could take breaks (e.g., use the restroom, get a glass of water, etc.) or provide non-behavior supports (e.g., assist with eating, using the restroom, etc.). Both support people must be awake throughout the nighttime hours. The need for exclusive focus at night from two support people should be supported by

documentation indicating the person requires continuous monitoring (not intermittent monitoring) that has been reviewed by the assessor prior to the SNAP meeting. **For example:** the person engages in frequent and severe property destruction and self-injury that occurs during nighttime hours. Due to the person's size and rapid escalation, two support providers are necessary to be actively engaged in the behavior supports when the interventions are required during the night.

Behavior Needs Tab

The items on the Behavior Needs tab record the person's need for proactive support, supervision, and intervention to address behaviors that negatively impact the person's daily life or which endanger the person or others. To complete the Behavior tab items, the assessor will need to determine the type(s) of behavior that are exhibited; the frequency, intensity and duration of behavior(s); and the types of support and supervision used to address the behavior.

The most challenging aspects of assessing the need for supervision related to behavior are:

1. Determining the typical, predominant support need (as opposed to the highest need)
2. Filtering out supervision needs assessed elsewhere in the SNAP and
3. Recording behavior supports in the correct item(s) of the behavior tab.

The Behavior tab is comprised of five items. Each item measures a different behavior support need (see [Appendix D](#) for a visual guide to this item):

- a. **Behavior Supports – No Formal Plan – Supervision and Monitoring** records the support needed for behaviors that do not require a formal Positive Behavior Support Plan (PBSP), such as behaviors that do not pose a risk of injury to the person or others, and which do not require physical intervention. Examples of behaviors in this category include verbal behaviors and repetitive but non-injurious behaviors.
- b. **Behavior Supports – Plans – Home and Community** records whether the person currently has, or has been determined to need, a formal Positive Behavior Support Plan (PBSP) or Mental Health Plan (MHP). Behaviors that rise to the level of a health and safety risk to self

and/or others or significantly impact the completion of ADLs and IADLs or health related activities are only to be considered for this item.

- c. Behavior Supports – Supervision – Home** records the typical level of intervention or supervision needed in the home environment for behaviors for which a PBSP has been implemented or determined to be necessary, such as behaviors that pose a risk of injury to the person or others, or which significantly impact the person’s ability to complete ADLs, IADLs, health related activities, or receive support.
- d. Behavior Supports – Supervision – Home – One-on-one** (Exclusive Focus) records the amount of time a person requires an “exclusive focus” level of support (supervision) and is or needs to be written into a PBSP. The amount of “Exclusive focus” time is the typical amount of time per day during which a person’s behavior escalates to the degree that the provider must be within arm’s reach and continuously focused solely on the person. Exclusive focus hours are only to be applied to behaviors that will directly result in injury or harm to self and others.
- e. Behavior Supports – Supervision – Community** records the typical level of supervision needed in a community environment for behaviors for which a PBSP has been implemented or determined to be necessary. Such behaviors pose a risk of injury to the person or others, significantly impact the person’s ability to complete ADLs, IADLs, health related activities, or receive support and significantly limit the person’s ability to access their community.

The assessor first needs to determine whether the person exhibits any behaviors for which support is necessary. If behaviors are occurring, the assessor must learn about the types of behavior that are occurring and the supports that are necessary to prevent injury and to minimize the negative impact the behavior has on the person’s daily life.

If participants confuse support/supervision needed for specific or general safety reasons with the supports assessed in this section, remind them that safety is assessed on the Medical tab.

Behavior Supports – No Formal Plan – Supervision and Monitoring

In this item, you are assessing the person's ability and support need due to behaviors that do not require a formal PBSP, such as behaviors that do not pose a risk of injury to the person or others, and which do not require physical intervention. An example of a behavior posing an indirect risk is a verbal or social behavior that is not dangerous itself (such as name calling), but which has previously incited others to aggress upon the person. Your assessment may include behaviors which do not pose a direct risk themselves but have been identified as a precursor to more dangerous behaviors or which have a minor impact on the person's ability to perform or receive support for ADLs, IADLs and health related tasks.

The coding option chosen should reflect the predominant level of supervision required for the two environments, home and community, during the entire waking hours (5:00 am to 10:00 pm), not just the level of supervision needed when the person is escalated or engaging in behaviors. Additionally, the coding decision must reflect the least restrictive level of supervision if the two environments require different levels of supervision. **For example**, if the person requires hearing and visual supervision in the community and hearing or visual supervision in the home, the hearing or visual supervision code should be chosen.

Do not include support needed for behaviors that is captured in subsequent items of the behavior tab.

Do not include behaviors listed in a PBSP.

Do not include support (supervision) needed for general safety, such as supervision needed in the community due to lack of street safety or stranger danger skills. (Safety supports are recorded on the Medical tab.)

Do not include support needed for supervision that is medical monitoring; medical monitoring is recorded on the Medical tab.

(For Children) Do not include childhood behaviors, that would need a similar level of intervention or supervision, commonly exhibited by children of the same age with or without a disability. Do include, however, supports that are above and beyond those commonly provided for the age and behavior, or for situations in which common behaviors that go above and beyond what is common for a child of that age. **For example**: a child under 3 putting nonedible objects in their mouth.

Description of Levels of Support:

- **Not Applicable or Age-Appropriate Supervision** - The person does not engage in behaviors that require the support from another person, or, for a child, the child does engage in behaviors that are common for children of the age to engage in and the support is not above and beyond what other children of that age would receive for that behavior.
- **Redirecting** – The person requires close or constant supervision some of the time but not all the time, and does require a support provider to have a general awareness of the person’s whereabouts, and with intermittent check-ins. **For example:** the person can be in a different room than the support provider for extended periods and may have periods of “alone time” at home or in the community but does need a provider to provide redirection or increased supervision when behaviors occur or triggers/activators are present.
- **Within Hearing or Visual Distances** – The person requires continuous monitoring by a support provider, but monitoring can be safely conducted via hearing most of the time. The person may require occasional visual monitoring. **For example:** the person can be alone in another room (such as their bedroom) but requires a support provider to listen for sounds indicative of behavior and check visually on a regular basis.
- **Within Hearing and Visual Distances** – The person requires continuous visual monitoring by a support provider. The person may have very brief periods where the support provider closely monitors by sound, such as when the person uses the restroom. **For example:** the person has a behavior pattern that escalates quickly, and the support provider must be in the same room and able to always see the person.

Behavior Supports – Plans – Home and Community

In this item, you are assessing the presence of, or the person’s need for, a formal PBSP or mental health guideline, a plan developed by a mental health professional that includes a crisis response plan that may include emergency restraints (note, a mental health plan must follow the same guidelines as a PBSP but is written by a mental health professional). If the person has a PBSP,

determine whether the plan has been reviewed by the Behavior Support Specialist and/or ISP team within the past year and is being implemented currently. If behaviors have changed since the plan was developed, or if the person does not currently have a PBSP but needs to have one developed, base the code on the type of plan, if any, indicated by current behavior patterns.

A formal Functional Behavior Assessment and Positive Behavior Support Plan may be needed when a person engages in behaviors which pose a risk of injury to themselves or others, and/or significantly limit the person's ability to accomplish their ADL/IADL's and/or refusal of health-related activities or ADL/IADL's. The person requires structure, consistent proactive support and consistent crisis supports by the provider to mitigate challenging behaviors. These behaviors might significantly limit the person's ability to access their community as well.

To indicate that a Positive Behavior Support Plan is needed, **all the following must be true:**

- Person has or needs a formal PBSP developed by a **qualified behavior professional**
- The PBSP is based on a Functional Behavior Assessment (FBA) of the presenting behaviors and should include **all the following:**
 - Proactive supports
 - Reactive supports
 - Crisis Supports

To indicate a Mental Health Support Plan is needed, **all the following must be true:**

- The person has or needs a Mental Health Plan (MHP) developed by a **qualified mental health professional**
 - The MHP does not need to be based on a Functional Behavior Assessment – if there is an FBA then consider the MHP as a PBSP for the purpose of the SNAP
- The MHP must include **all the following components**
 - Proactive supports
 - Reactive supports
 - Crisis Supports
 - If emergency restraints are used, then choose the PBSP option as this person will/may need a plan with Safeguarding

Interventions written into it

These things must also be true for either a PBSP or MHP:

- Current need - The PBSP or MHP is currently being implemented or needed. This means that support providers are, or will be, trained to implement the PBSP/MHP and there is an expectation that support providers will provide support as specified in the PBSP/MHP
- Behaviors in question - The PBSP/MHP addresses supports for behaviors that pose a danger to the person or others; or significantly and negatively impact the person's ability to complete or receive support for ADL/IADL/medical tasks
- Documentation – Support providers currently document the incidents of dangerous or other significant behaviors addressed in the plan or that need to be addressed in the plan. Behaviors must be individually documented, after each episode. Documentation must include type of behavior(s) with date of episode. The type or format of documentation, however, is at the discretion of the Behavior Support Specialist and/or ISP team.
 - Examples include a calendar with behavior incidents noted on the date they occur, a daily log or journal, incident reports, or a behavior data tracking form developed by the Behavior Support Specialist or Mental Health Provider.

It is incorrect to code as having or needing a PBSP when:

- The plan/document was developed by someone who does not meet the qualifications of a behavior professional; or the mental health document was developed by someone other than a Mental Health Professional.
- The behavior support document (which might be called a “Behavior Support Plan”, “Behavior Guideline”, “Interaction Guideline”, “Safety Plan” or a mental health plan) does not contain proactive, reactive, crisis and recovery strategies or an explanation why if reactive, crisis, and recovery strategies are not included.
- The PBSP/MHP is not currently needed.
- The behaviors addressed in the plan do not present a danger to self or others, and do not prevent completion of ADL/IADL/Medical tasks. Examples of these types of behaviors include verbal behaviors and repetitive but non-injurious behaviors.

- Incidence of behavior is not recorded.

To make sure the PBSP/MHP meets rule, refer to the Guide to Professional Behavior Services at the following link: Guide to Professional Behavior Services at:

<https://www.oregon.gov/odhs/providers-partners/idd/workerguides/professional-behavior-services.pdf>

In the notes box, record the type and frequency of behavior and support type that is provided.

Description of Levels of Support:

- **Not Applicable** - The person does not engage in behaviors that pose a risk of injury to self or others, or significantly limit the person's ability to access their community and receive support.
- **Behavior Plan – No Physical Interventions** – The person has a formal PBSP that is being implemented by support providers; OR a PBSP will be developed for the person to address behaviors that require structured, consistent proactive supports and a structured, consistent crisis response by a support provider, but does not require a support provider to use Safeguarding Interventions.
- **Behavior Plan** – The person has a formal Behavior Support Plan that includes Department approved and trained Safeguarding Interventions and is being implemented by support providers; OR a behavior support plan will be developed for the person to address behaviors that require structured, consistent proactive supports and a structured, consistent crisis response by a support provider that includes Safeguarding Interventions. (See - <https://www.oregon.gov/odhs/providers-partners/idd/workerguides/professional-behavior-services.pdf> - for guidelines regarding Safeguarding Interventions.)
- **Mental Health Plan** – The person engages in behaviors that are addressed in a plan developed by a mental health professional that includes a crisis response plan that may include restraints. The mental health plan must include proactive supports, reactive supports, and a crisis response plan.

Please note, if the Behavior Supports – Plans – Home and Community item above, is marked “Not Applicable”, the remaining behavior items must be marked “Not Applicable”.

Behavioral Supports — Supervision - Home

In this item, you are assessing the person’s need for support in the home to address behaviors which pose a risk of injury to self or others, and/or significantly limit the person’s ability to accomplish ADL/IADL and health related activities, and require structured, consistent proactive supports and a structured, consistent crisis response by a support provider.

Note: persons who require behavior supports recorded in this item have or need a formal behavior plan, as assessed in the previous item, “Behavior Supports – Plans – Home and Community.” Behaviors other than those that indicate the need for a formal plan are assessed in “Behavior Supports – No Formal Plan – Supervision and Monitoring”. If a person already has a PBSP created, include all behaviors included in the plan in this item. If a person has been determined to not have or not have a need for formal behavioral supports, this question should be scored “not applicable”.

This item is also used to assess supervision needed for a person who requires support and is under a legal order which specifically mandates supervision at home (or “at all times”) by a support provider.

The coding option chosen should reflect the level of supervision required in the home environment, during the person’s entire waking hours (5:00 am to 10:00 pm), not just the level of supervision needed when the person is escalated or engaging in behaviors.

Do not include support needs reflected in “Behavior Supports – No Formal Plan – Supervision and Monitoring”.

Do not include support needed for behaviors that is provided in a setting other than the foster home. (Behavior support which otherwise meets the criteria for this item, but is provided outside the foster home, will be recorded in “Behavior Supports – Supervision – Community.”)

Do not include support needed for supervision needed for general safety, such as for a person who does not distinguish potable liquids from hazardous household chemicals. (Safety supports are recorded on the Medical tab.)

Do not include support needed for supervision that is medical monitoring, medical monitoring is recorded on the Medical tab.

(For Children) Do not include childhood behaviors, that would need a similar level of intervention or supervision, commonly exhibited by children of the same age with or without a disability. Do include, however, supports that are above and beyond those commonly provided for the age and behavior, or for situations in which common behaviors that go above and beyond what is common for a child of that age.

Description of Levels of Support:

- **Not Applicable or Age-Appropriate Supervision** – In the home, the person does not engage in behaviors that pose a risk of injury to self or others, or significantly limit the person’s ability to accomplish ADL/IADL and health related activities.
- **Redirecting** – The person engages in behaviors that pose a risk of injury to self or others, or significantly limit the person’s ability to accomplish ADL/IADL and health related activities but does not require close or constant supervision all of the time. The person does require a support provider to have a general awareness of the person’s whereabouts, and intermittent check-ins. **For example:** the person shows signs of escalating aggression on a weekly or monthly basis, but with redirection, incidents of physical aggression have been reduced to one or two occurrences per year. When signs of behavior are not present, the person can safely have “alone time” at home, but a provider is needed to provide redirection or increased supervision when triggers/activators are present or signs of the behavior are observed.
- **Within Hearing or Visual Distances** – The person engages in behaviors that pose a risk of injury to self or others, or significantly limit the person’s ability to accomplish ADL/IADL and health related activities and requires continuous monitoring by a support provider. Monitoring can be safely conducted by sound most of the time. The person may require occasional visual monitoring. **For example:** the person engages in aggressive

behavior that would cause injury but can be alone in a room/part of the house as written into the PBSP (such as their bedroom) with a support provider listening for signs of escalating behavior. The support provider visually checks on the person on a regular basis. This code is also recorded for a person who requires support and is under a legal order which specifically mandates supervision by a support provider in the home.

- **Within Hearing and Visual Distances** – The person engages in behaviors that pose a risk of injury to self or others, or significantly limit the person’s ability to accomplish ADL/IADL and health related activities and requires continuous visual monitoring by a support provider. **For example:** the person has a behavior pattern that escalates quickly, and the support provider must be in the same room and able to always see the person to prevent the person from injuring themselves or another person. If outlined in the PBSP, the person can have very minimal alone time such as when using the restroom while the support provider monitors outside the door. This code is also recorded for a person who requires support and is under a legal order which specifically mandates visual (line of sight) or constant supervision by a support provider.

Behavioral Supports — Supervision – Home – One-on-One (Exclusive Focus)

This item assesses a person’s need for exclusive focus supervision and intervention due to a behavior risk that will imminently result in someone getting hurt if those interventions are not in place. In order to qualify for this level of supervision, the support provider must be providing their constant, undivided, uninterrupted attention to the person. **To be imminent means that there is a compelling reason to believe the behavior will occur momentarily/immediately.** (Note: this is different than “it is possible that the behavior will occur”.) Intervention must be immediate to prevent injury to the person or others.

This item also records time-sensitive but scheduled exclusive focus hours that have been (or will be) developed/written into the PBSP for the purpose of addressing or preventing behaviors. This component of the exclusive focus generally encompasses transition periods (such as school to home or work to home) to help the person decompress or process the day’s events in order to prevent behaviors that otherwise imminently pose a risk of injury to self or others.

Note – this is not a check in to see how the person is doing. If this processing period is interrupted or pre-empted the result is that the person will cause harm to self and/or others. This support must already be in place, whether a plan is written or not, to code it.

The need for exclusive focus will be documented in the person's current PBSP and behavior tracking/reports, or, if the person doesn't have a PBSP at the time of the SNAP, the need should be documented by behavior tracking or other reports and corroborated by the person's SC or PA.

This item is used ONLY to record exclusive focus support that is evidenced to be necessary by a current, or recent history of a, pattern of serious injury caused by the person's behavior requiring medical attention, or documented incidents where serious injury would have occurred, except that intervention prevented the injury. This item should not be used to capture supports for behaviors that do not rise to this level. This item should not be used to capture person directed time that does not meet the exclusive focus definition below.

The "Notes" field must include information about the type of behavior, the history of injury requiring medical attention, and the frequency and duration of behaviors severe enough to cause injury to the person or others.

Exclusive Focus support indicates that the support provider must maintain immediate physical proximity to the person while this level of support is needed. The support provider must be totally focused on the person's behavior and preventing injury to the degree that the support provider would be unable to complete any other tasks (including the person's ADLs) or be responsible for care of other persons (even if those persons do not currently require immediate attention) until the need for this level of support subsides. If there are other people who require any level of supervision or support in the home, there must be another support person to provide needed support – even if it is general supervision.

Do not use this item to record legally mandated supervision. When a person has a legal order requiring that the person have supervision, the supervision is recorded in the items: "Behavior Supports – Supervision – Home" and "Behavior Supports – Supervision – Community." Exclusive Focus hours recorded in this item are limited to the hours necessary to address severe behavior when it is likely to cause injury based on a current or recent history and pattern of injurious behaviors.

Do not include support needed for behaviors that is provided in a setting other than the person's home. (Behavior support which otherwise meets the criteria for this item but is provided outside the person's home, will be recorded in "Behavior Supports – Supervision – Community.")

Do not include support needed for supervision that is medical monitoring. Medical monitoring is recorded in the Medical tab.

Do not include support time that is primarily attributed to the provision of care to address ADL/IADL, medical or safety supports. If a second support person is required during an ADL/IADL to specifically address behaviors that occur during that ADL/IADL, and it is, or needs to be, written into the PBSP as exclusive focus, that support can be captured here. Note the support person providing exclusive focus for the behavior cannot be providing ADL/IADL support. **For example**, if it was determined that while showering the person needs both a support provider for the task of showering and a support provider to keep the person or other provider safe, then the provider providing the behavior support can be captured here (this support person would not be captured in the Bathing item).

If a person has been determined not to have a need for a formal behavioral support plan, this question should be scored "not applicable".

If it is determined that the person requires exclusive focus supervision for behavior support during some portion of the day, the assessment team must also determine the typical amount of exclusive focus that is necessary. The number of exclusive focus hours is determined by the frequency and duration of behavior incidents where the dangerous behavior occurs or is likely to occur. The SC or PA and documentation (e.g., PBSP, behavior tracking and/or incident reports) must corroborate the frequency and duration of the need for exclusive focus. In EPA SNAPs, the SC or PA and documentation should identify behavior concerns that reach the exclusive focus level of concern. The respondents and documentation must indicate:

- Frequency (F) - How often the behavior escalates to the degree that injury resulting from the severe behavior is imminent. (Determine the typical number of incidents per month.)

Duration (D) - The typical (or average) length of time between identification that the behavior is escalating to the intense level and the time the behavior has subsided to the degree where support can be at a “within hearing and visual distances” or lower level.

Then calculate the average amount of time per day. This information should be included in the note.

Calculate:
$$\frac{F \times D}{30}$$

Example: The person engages in self-injury that results in open wounds and will hit and scratch others to the point that medical care is required. This severe behavior typically occurs 50 times per month. The behavior usually resolves about 2 hours after it is identified.

$$\frac{50 \text{ occurrences} \times 2 \text{ (hours)}}{30 \text{ (days in a month)}} = \frac{100}{30} = 3.33 \text{ hours}$$

The correct level of support for this example is “Exclusive Focus – 4”, because the typical, average amount of exclusive focus time is greater than zero but less than 4 hours per day.

In the notes box, include a note about how you got to the number of hours identified, include the math formula – i.e., “In a typical month Joe becomes escalated to the point in which he engages in self-injury or could imminently hurt himself around 50 times (1-2 times per day), he is generally escalated about 2 hours requiring exclusive focus throughout the escalation. This averages to 3 1/3 hours per day”.

In summary, to code exclusive focus hours, the person has a pattern of behaviors that: a) has resulted in injury to self or others that required medical attention, or b) includes documented incidents where injury was avoided by the intervention of another person.

Description of Levels of Support:

- **Not Applicable** - The person does not have a pattern of behaviors that: a) has resulted in injury to self or others that required medical attention, or b) includes documented incidents where injury was narrowly avoided by the intervention of another person.

- **One-on-one – 2 (Exclusive Focus – 2)** - The foster provider must make available a single staff person to provide exclusive focus for the person for up to 2 hours a day for behavior support reasons, as is determined by the person's current PBSP or needed PBSP and behavior tracking/reports.
- **One-on-one – 4 (Exclusive Focus – 4)** - The foster provider must make available a single staff person to provide exclusive focus for the person for more than 2 and up to 4 hours a day for behavior support reasons, as is determined by the person's current PBSP or needed PBSP and behavior tracking/reports.
- **One-on-one – 6 (Exclusive Focus – 6)**- The foster provider must make available a single staff person to provide exclusive focus for the person for more than 4 and up to 6 hours a day for behavior support reasons, as is determined by the person's current PBSP or needed PBSP and behavior tracking/reports.
- **One-on-one – 8 (Exclusive Focus - 8)** - The foster provider must make available a single staff person to provide exclusive focus for the person for more than 6 and up to 8 hours a day for behavior support reasons, as is determined by the person's current PBSP or needed PBSP and behavior tracking/reports.
- **One-on-one – 10 (Exclusive Focus – 10)** - The foster provider must make available a single staff person to provide exclusive focus for the person for more than 8 and up to 10 hours a day for behavior support reasons, as is determined by the person's current PBSP or needed PBSP and behavior tracking/reports.
- **One-on-one – 12 (Exclusive Focus - 12)** - The foster provider must make available a single staff person to provide exclusive focus for the person for more than 10 and up to 12 hours a day for behavior support reasons, as is determined by the person's current PBSP or needed PBSP and behavior tracking/reports.
- **Two-Person Assist (Two Person Exclusive Focus) –** The foster provider must make available a second staff person to provide exclusive focus in tandem with the first exclusive focus staff person for

the person for 1 or more hours each day for behavior support reasons, as is determined by the person's current PBSP or needed PBSP and behavior tracking/reports.

- Note – if the person requires Two-Person assist for behaviors as well as ADL/IADL support during an ADL or IADL task, three support providers are needed during those times.

Documentation should not be presented during the SNAP meeting and should have been provided to the assessor prior to the SNAP interview. The person's services coordinator or personal agent should be aware of the need and be able to corroborate the information. If documents are brought to the SNAP meeting, the meeting may need to be delayed or rescheduled to provide the assessor time to review the documents.

Behavioral Supports — Supervision - Community

In this item, you are assessing the person's need for support in settings other than the foster home, by the foster care provider, for behaviors which pose a risk of injury to self or others, or significantly limit the person's ability to accomplish ADL/IADL and health related activities and significantly limit the person's ability to access their community, and require structured, consistent proactive supports and a structured, consistent crisis response by a support provider.

Note: People who require behavior supports recorded in this item already have or may need a formal behavior plan to be developed, as assessed in the previous item, "Behavior Supports – Plans – Home and Community." Behaviors other than those that indicate the need for a formal plan are assessed in "Behavior Supports – No Formal Plan – Supervision and Monitoring". If a person has been determined not to have a need for formal behavioral supports, this question should be scored "Not Applicable".

The coding option chosen should reflect the level of supervision always required in the community environment, during the hours of 5:00 am to 10:00 pm, not just the level of supervision needed when the person is escalated or engaging in behaviors.

This item is also used to assess supervision needed for a person who requires support and is under a legal order which specifically mandates supervision by a support provider, in the community.

In the case where the identified support need isn't being provided, if the person doesn't have a PBSP in place, but the ISP team thinks a PBSP is needed, then the code for the PBSP – Behavior – Community Supervision item should be coded N/A. Once the PBSP is developed, if the behavior specialist writes the plan to include the identified caveat, the SNAP can be completed again to identify the change.

Vehicle transportation and 1:1/exclusive focus: If a person requires 1:1/exclusive focus in the community due to behaviors that meet the behavior rule, consider if those behaviors are also of concern in the vehicle and what a PBSP says or might need to say. If a person's identified risky behaviors that occur in the community are not of concern in the car or can be mitigated with an Individually-based Limitation (IBL), then it is okay to code this item with the 1:1/exclusive focus, be sure to include an explanatory note. No other people who require support may be in the vehicle. If, however, the person's risky behaviors do occur in the car and cannot be mitigated with an IBL, and there must be a support person in addition to the driver, then 1:1/exclusive focus can only be coded if that is the level of support needed and provided. Consider the following examples:

- One-on-one/exclusive focus can be coded if the person engages in behaviors that meet rule in the community, but these behaviors are not of concern in the vehicle, and no other people who require support may be in the car. **For example**, the person will hit unfamiliar people who get within 2 feet of her personal space, they must always have a support person with them, focused solely on preventing them from hitting others. Because there are no unfamiliar people in the car, hitting others is not a concern. **The 1:1/EF support person does not provide support with the community activities.**
- One-on-one/exclusive focus can be coded if the person engages in behaviors that meet rule in the community, but these behaviors can be mitigated in the vehicle using an IBL, and no other people who require support may be in the car. **For example**, the person has a concern of bolting away from their support providers when in the community if they see something of interest. There is concern that this could happen in the

car, so the ISP team has an IBL in place that allows for the use of a 5-point harness and the safety locks on the car door. Then, once out of the car, the one support provider must focus solely on preventing the person from bolting and/or other concerning behaviors. **The 1:1/EF support person does not provide support with the community activities.**

- One-on-one/exclusive focus can be coded if the person engages in behaviors that meet rule in the community and in the vehicle and a support person is in the vehicle, providing needed supports, in addition to the driver. **For example**, the person engages in self-injury. They need to have their hands busy, as they pick at skin when they don't have something to do with their hands. Their support person gives them various items to engage with and provides verbal redirection all throughout the day. They drop things or lose interest in them quickly (within 2-4 minutes) and items need to be replaced quickly. **The support person cannot attend to other things while they are in the car or in the community.**

Do not include support that is reflected in "Behavior Supports – No Formal Plan – Supervision and Monitoring".

Do not include support that is provided in the person's home. Behavior support which otherwise meets the criteria for this item, but is provided in the person's home, is recorded in "Behavior Supports – Supervision – Home."

Do not include support needed for supervision for general safety, such as supervision needed in the community due to lack of street safety skills or risk of exploitation. Safety supports are recorded on the Medical tab.

Do not include support needed for supervision that is medical monitoring; medical monitoring is recorded on the Medical tab.

(For Children) Do not include childhood behaviors that would need a similar level of intervention or supervision, commonly exhibited by children of the same age with or without a disability. Do include however, supports that are above and beyond those commonly provided, or for common behaviors that go above and beyond what is common for a child of that age.

Description of Levels of Support:

- **Not Applicable or Age-appropriate Supervision** - The person does not require continuous supervision of a support provider when outside their home to address behaviors that pose a risk of injury to self or others, or significantly limit the person's ability to accomplish ADL/IADL and health related activities. **For example**, the person exhibits no behaviors that require a PBSP; or the person's behaviors occur infrequently and when the person shows no signs of behavior escalation, the person can safely be in the community on their own or be separated from their support provider in the community. The person can be in a separate wing of the shopping mall from the support provider or walk to the store alone. Score "Not Applicable" if Behavior Supports - Plans – Home and Community was marked "Not Applicable".

- **Within Hearing or Visual Distances** – The person engages in behaviors that pose a risk of injury to self or others, or significantly limit the person's ability to accomplish ADL/IADL and health related activities and requires continuous monitoring by a support provider. Monitoring can be safely conducted by sound most of the time, but the person may require visual monitoring as well. This code is also recorded for a person who requires support and is under a legal order which specifically mandates supervision by a support provider in the community. **For example**, the person engages in aggressive behavior that would cause injury but can be outside the support provider's line of sight in the community. The support provider must listen for signs of escalating behavior. The support provider visually checks on the person on a regular basis. The person can safely be out of sight, but close by, in a store with a support provider able to listen and provide intervention when needed.

- **Within Hearing and Visual Distances** – The person engages in behaviors that pose a risk of injury to self or others, or significantly limit the person's ability to accomplish ADL/IADL and health related activities and requires continuous visual monitoring by a support provider. This code is also recorded for a person who requires support and is under a legal order which specifically mandates visual (line of sight) or arms reach supervision by a support provider in the community. **For example**, the person has a behavior pattern that escalates quickly, and the support provider must be in the same room/space and able to always see and hear the person to prevent the person from injuring themselves or another person.

- **One-on-one (Exclusive Focus)** – The foster provider must make available a single staff person to provide exclusive focus for the person while in the community, as is determined by the person’s current PBSP or needed PBSP and behavior tracking/reports. Exclusive focus should only be coded in situations when there is concern of someone getting hurt due to the person’s behaviors. **For example**, the person engages in severe pica behaviors and requires a constantly vigilant support provider to prevent ingestion of small objects encountered in the community. This level of support must be needed and provided each time the person accesses the community unless it is otherwise outlined in a current PBSP.
 - Note: This code is not used to record supervision for a person under a legal order mandating supervision, unless the person also requires the exclusive focus supervision to address dangerous behaviors, as described above.
 - Note: this level of supervision often requires 2 support providers while the person is in the community – one support provider to provide support for the community activity, and one support provider to provide exclusive focus regarding behaviors. The same support provider cannot be providing activity support and behavior support as the focus will be divided between activity and behavior. If the person requires no support for the activity one support person present may be adequate.

- **Two-Person Assist (Two-Person Exclusive Focus)** – The foster provider must make available a second staff person to provide exclusive focus in tandem with the first exclusive focus staff person for the individual while in the community, as is determined by the person’s current PBSP or needed PBSP and behavior tracking/reports. This level of support need exists when a person exhibits behaviors that require exclusive focus support from two support people concurrently for those behaviors, as described above to safely access the community. This level of support is needed each time the person accesses the community unless limited exceptions are otherwise outlined in the PBSP. **For example**, the person is flanked by 2 support providers each time they go out while a 3rd works with the person to complete the community outing task or activity, such as providing physical support or guidance to complete the steps associated with going to get a haircut, to the library, or bowling.

- Note – this level of supervision often requires 3 support providers while the person is in the community – one support provider to provide support for the community activity, and two support providers for the exclusive focus regarding behaviors. The same support provider cannot be providing activity support and behavior support as the focus will be divided between activity and behavior. If the person requires no support for the activity, two support people present may be adequate.

* The need for two-person support must be based on **current** support needs. If behaviors have not required the exclusive focus support of two people during the **preceding 30 days**, “Two-person Assist” should not be checked on the assessment.

Finalizing and Submitting the SNAP

Once all items on the SNAP have been answered, ask the respondents if they “think an accurate and complete picture of the person’s support needs has been captured?”. Review answers with the respondents if desired. If respondents indicate they do not agree to that statement, review items of concern and ask again. All respondents should agree to this statement before “locking” the SNAP. Do not share the budget summary with the respondents.

Once everyone has agreed the responses are accurate and complete, enter the Assessment End Time on the Demographics Tab.

Save the SNAP using this file convention:

- LastName,FirstInit_Prime#_SNAP_MMDDYYYY.xlsx
 - where “**MMDDYYYY**” is the assessment date

Lock the SNAP on the Budget Summary Tab.

The CME should upload the SNAP to Plan of Care.

Appendix A – Sample Introduction to SNAP/Important/Points to Remember:

- Explain who you are and why you are there.
- Explain why the SNAP is being done - a rate setting tool for foster care settings, completed when there is a significant change in need or when someone is first entering foster care.
- Explain that you have reviewed the person's files that your CME has access to.
- Then, confirm with the assessment respondents that all relevant documentation has been provided to the CME for the SNAP assessment file review.
- Questions in the SNAP are grouped into different areas – Activities of Daily Living, Medical needs, Nighttime needs, and Behavior Support needs.
 - Each question has options for different kinds of support - Independent and varying levels of partial and full support or various levels of supervision.
 - Options for support change throughout the SNAP and vary from question to question.
 - The definitions of Independent, Partial and Full depend on the question.
 - Choose option that best matches, while keeping to the SNAP guidelines (options may not exactly match supports provided).
 - We want to rate what best describes the typical support needs that currently are provided. We're going to take a "SNAPshot" of right now.
 - "Typical" is generally defined, for most questions, as support is needed and provided 5 days per week or more often.
 - Note: for those who currently don't have supports in place because they don't have a person to provide supports – consider the supports this person needs and code the SNAP as an EPA (Early Process Assessment).

- Sometimes “Independent” may be rated because the person requires age appropriate (for children) or typical supports for someone with developmental disabilities.
 - Sometimes reminders are captured with the Independent code.

- For ADLs, communication, safety, fire evacuation, and medications consider supports provided in the 24-hour period/all day.

- Medical and Behavioral Supports questions are split-up in to daytime and nighttime hours.
 - Daytime, consider only the support provided during daytime/waking hours (5:00AM to 10:00PM).
 - The Nighttime Needs question addresses 10:00PM to 5:00AM for Medical and then Behavioral supports ONLY.

- For most questions rate the support secondary to/because of physical or developmental disabilities.
 - Do not rate support needed due to behaviors anywhere except in the Behavior Needs Section
 - Similar idea for medical supports
 - The SNAP is rigid and can only rate supports in one area

- Age matters.
 - Some questions have specific age cut-offs other questions use language such as, “Age-appropriate supports provided.”

- We are assessing support needs above and beyond the support needs that are or would need to be provided to anyone living in DD foster care or the typical supports for a child of that age.

- Respondent responsibilities are to participate throughout the entire assessment, if someone takes a break, all take a break, if someone leaves then the SNAP must be rescheduled.
 - Except for _____ (the person), who can stay for as much or as little as they like.
 - No cell phones, computers, other electronics.

- I need to ask all the questions. I have read _____'s ISP and related documentation that the county has. Is there any other documentation that I should have reviewed?
- Provide a confidentiality statement and note that some of the questions might seem personal, sensitive, or nosy, that the person's information is kept confidential.
- Discuss need for an Early Process Assessment (EPA).
- Discuss that SNAP could trigger a nursing referral for LTCCN or DNS/PDN services which could result in a Nursing Care Plan (NCP), a Functional Behavior Assessment (FBA) and Positive Behavior Support Plan (PBSP).

Appendix B – Initial Support Rate

Foster Care Support Needs Assessment Profile (SNAP) for Adults & Children SNAP Initial Support Rate

- The **Initial Support Rate** for the Foster Care Support Needs Assessment Profile assumes that certain fundamental services and supports are provided to each person enrolled in Foster Care Services (DD58).
- The **Initial Support Rate** assumes that general 24-hour supervision and monitoring is provided to a person, as per the Oregon Administrative Rules (OARs) for Child and Adult Foster Care Services
 - **General 24-hour supervision and monitoring** means that the Foster Care Provider and/or hired Foster Care staff:
 - Know where the person is supposed to be and what they are supposed to be doing, at all times, day and night
 - Monitors, observes, cues, and reminds the person regarding daily life activities, as needed
 - Takes care of their personal business, family matters, and upkeep of the foster home during the same time that general 24-hour supervision and monitoring is provided to the person
 - Is able to rest and sleep an average of seven to eight hours per night
- The **Initial Support Rate** amount is not the same for adults and children

The **SNAP Initial Support Rate** assumes that the following supervision and supports are provided to a person:

- **General 24-Hour Supervision and Monitoring**
 - Know what person is supposed to be doing, at all times
 - Know where person is supposed to be, at all times
 - Observe person's overall status, daily
 - Report any status changes to Services Coordinator
- **Typical Physical Care** (i.e., monitor, observe, cue, remind)

- Oversee toileting, bathing, dressing activities
- Oversee hair care, nail care, dental care activities
- Oversee personal hygiene activities

- **Communication**
 - Support general communication between person and others

- **Safety**
 - Assure maximum safety of person
 - Maintain safe home environment
 - Provide and/or assist with approved social activities

- **Meals**
 - Plan, shop for, prepare and cook nutritious meals and snacks

- **Typical Medical Care**
 - Ensure medications are administered per physicians' orders
 - Assure prescriptions are refilled, as needed
 - Accompany to medical appointments
 - Communicate medical issues to physicians
 - Maintain medical records

- **Household**
 - Shop for all household supplies
 - Maintain clean home environment
 - Care for persons' clothes, do laundry and ironing

- **Emergency System**
 - Maintain emergency notification and evacuation system
 - Maintain and test smoke detectors, alarms, and fire extinguishers
 - Practice egress/escape plans with all household members
 - Maintain emergency system records

- **Money Management**
 - Assist with purchases
 - Assist with banking
 - Maintain person's financial records

- **Transportation**
 - Provide or facilitate transportation to and from typical appointments.

- For children - Arrange routine travel throughout the community.
- **Respite Care For children_–**
 - Arrange for respite care, as needed.

Appendix C - Complex Medical Decision-Making Aid

Note - The following is only an example of how conditions might be treated. See next page for blank chart.

Condition	Treatment or intervention	Frequency of treatment or intervention (weekly, daily, # per day, etc.)	What triggers the treatment or intervention – the documentable discriminating factors/data	How often does the treatment/ intervention change based on the data (Key to complex code)	Complex?
Pain management	Meds, massage	3 times a day	The time of day	It does not	No – Meds own question, not life threatening
Pressure sores (not stage 3 or 4)	Wound care	3 times a day	The time of day	It does not	No – no changes
Swallowing disorder	Eating via g-tube – no Failure to Thrive d/g	4 times a day	The time of day	Maybe extra water if it is really hot, otherwise, it does not	No – eating has own question, no changes
Tracheostomy and aspiration	suctioning	A few to several times per hour	tooth brushing, sound of breathing	Several times per day – depth, length	Yes – life threatening, changes

SNAP Manual, Version 1

Condition	Treatment or intervention	Frequency of treatment or intervention (weekly, daily, # per day, etc.)	What triggers the treatment or intervention – the documentable discriminating factors/data	How often does the treatment or intervention change based on the data (Key to complex code)	Complex?

Appendix D – SNAP Behavior Chart

ISP only – 1 question
Home and Community

Positive Formal Behavior Support Plan (PBSP) – 4 questions

Supervision support needs are captured or need to be captured in the **ISP**, but are not and do **not** need to be captured in **PBSP**.

- N/A
- Redirecting
- Hearing or Visual
- Hearing and Visual

List the behaviors targeted in the ISP.

Support for behavior cannot be captured here and in the PBSP questions.

Has or needs a PBSP: **type-**

- N/A
- PBSP: **No SIs**
- PBSP: **Yes SIs**
- MHP

List the behaviors targeted in the PBSP

Has or needs a PBSP: at **home supervision -**

- N/A
- Redirecting
- Hearing or Visual
- Hearing and Visual

Has or needs a PBSP: **home 1:1 exclusive focus hours -**

- N/A
- 2
- 4
- 6
- 8
- 10
- 12
- 2:1 –
 Logged; must be in PBSP except for EPAs

Has or needs a PBSP: in **community supervision -**

- N/A
- Hearing or Visual
- Hearing and Visual
- 1:1/EF
- 2:1/EF