DHS Oregon Department of Human Services

Developmental Disabilities Services

Policy Transmittal

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Authorized Signature

Number: **APD-PT-14-001**
Issue Date: 1/17/2014

Topic: Developmental Disabilities

Transmitting (*check the box that best applies*):

☐ New policy ☐ Policy change ☒ Policy clarification ☐ Executive letter
☐ Administrative Rule ☐ Manual update ☐ Other: _____

Applies to (*check all that apply*):

☐ All DHS employees
☐ Area Agencies on Aging
☐ Aging and People with Disabilities
☐ Children, Adults and Families
☒ County DD Program Managers
☐ County Mental Health Directors
☐ Health Services
☒ Office of Developmental Disabilities Services (ODDS)
☒ Other (*please specify*): Support Service Brokerage Personal Agents, Support Service Brokerage Directors, CDDP Service Coordinators, CIIS State Case Managers, ODDS Central Office Staff

Policy/rule title:	ANA/CNA Interpretation Guidance		
Policy/rule number(s):		Release no:	
Effective date:		Expiration:	
References:			
Web Address:			

Discussion/interpretation: This policy transmittal contains interpretation guidance to be used in the administration of the Adult Needs Assessment (ANA) and Children's Needs Assessment (CNA). This guidance must be applied in the administration of all ANA and CNA assessments.
The ANA-CNA Best Practices Guide contains interpretation and administration guidance most frequently requested by field staff, and interpretations for the assessment ratings that are most frequently misinterpreted by assessment participants and facilitators. ANA/CNA Complex Health Management Supports document contains guidance specific to "Health Management – Complex" section of the ANA and CNA. ANA-CNA Behavior Support clarifies the meanings of the support levels used in the

Behavior tab of the ANA and CNA and provides instruction on correctly determining the amount of Exclusive Focus hours that may be recorded on an assessment.

Implementation/transition instructions: All Support Service Brokerage Personal Agents, Community Developmental Disability Program Services Coordinators, Regional staff and DHS staff who will administer either the ANA or CNA must read and implement the interpretation guidance contained in this transmittal when administering ANA or CNA assessments.

Training/communication plan:

Local/branch action required:

Central office action required:

Field/stakeholder review: ☐ Yes ☐ No

If yes, reviewed by:

Filing Instructions:

If you have any questions about this policy, contact:

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ANA/CNA Assessment – Best Practices Guide
December 2013

Interpretation & Application Guidance

Transportation (Adult Tool Only)	
Situation	**Best Practice**
• The individual can arrange his own rides, but needs physical help to access the transportation.	• A partial assist would be marked because the individual has the ability to complete a significant part of transportation (arranging the ride).

Ambulation / Mobility in the Home and Community	
Situation	**Best Practice**
• The individual needs physical assistance to go up and down stairs, requiring a lot of staff time.	• Ask questions: Does person need physical help ambulating in other areas? Explain that it is not the time that determines the rating: it is the nature of the supports. Explain that help on stairs does not equate to all (or nearly all) aspects of ambulation.
• Person needs support in crowded areas due to anxiety.	• Explain that this section is about physical ability – supports for anxiety might be considered in the Behavior Needs section.

Transferring / Positioning	
Situation	**Best Practice**
• Person needs 2 people to assist in and out of the bathtub but needs one person for the rest of transferring and positioning help.	• Explain that the ANA/CNA doesn't rate a question based on only one aspect of transferring. One needs to consider all aspects of transferring and positioning to determine the typical support needed.

Food Preparation (Child Tool Only)	
Situation	**Best Practice**
• The child is 14 years old and likes to cook in the kitchen, but needs a lot of help.	• Mark Independent/Age Appropriate Supports provided because the child is less than 15 years of age. No exceptions considered.
• The 15 year old child will take part in preparing meals as long as the caregiver helps the entire time.	• Mark Partial Assist because the child participates in food preparation. Keep in mind that helping the entire time is not a full physical assist.

Meal Preparation (Adult Tool Only)	
Situation	**Best Practice**
• The adult makes his own breakfast, but needs full help with preparing lunch and dinner.	• Mark Partial Assist-Some Meals since he needs no help with preparing breakfast.
• The adult likes to be present in the kitchen during meal prep and on a really good day, will hand items to the caregiver.	• Mark Full Assist. You’re not rating a really good day or a really bad day. Consider supports on a typical day.

Eating / Drinking	
Situation	**Best Practice**
• The person eats some meals during independent time in the community (without support from anyone) but caregiver indicates the person needs constant supervision when eating at home.	• Explain that the ANA/CNA rates supports provided on typical days and captures supports represented in all environments.
• The individual is fed through a G Tube only.	• Mark Full Assist- Constant Aspiration Risk.
• The caregiver can leave the kitchen to do laundry and answer the phone while the individual eats, but indicates that full assistance and constant monitoring are needed.	• Ask questions about how much monitoring and help is provided. If the caregiver can wash dishes and leave the kitchen, Partial Assist would be the accurate answer choice.

Toileting	
Situation	**Best Practice**
• Full Assist states assistance with <u>some or all</u> parts of using the toilet.	• Define some or all as help with "<u>most parts</u>" of using the toilet.
• The support from the caregiver is needed by Individual due to behaviors: "They'll trash the bathroom" or "They'll use too much toilet paper" or "They'll plug the toilet."	• Explain that supports are captured due to physical ability and developmental delay; behavioral supports are captured in the behavioral section.

Bladder Control (ADLs)	
Situation	**Best Practice**
• Participant thinks accidents equal incontinence.	• There should be a medical reason or physical inability to control the bladder, support for incontinence is ongoing and regularly needed.
• Participants confuse type of support (Partial or Full Assist) with intensity or frequency of support.	• The rating is based on supports given on a typical day and nature of supports, not frequency or intensity of the support.
• Group wants credit for Toileting supports and Full Assist with bladder control.	• Full Assist equals <u>total incontinence of the bladder</u> and overrides Toileting supports.

Bowel Control (ADLs)	
Situation	**Best Practice**
• Diarrhea – Group wants to rate supports for illness related.	• The supports considered are the ongoing, consistently needed supports. Discuss frequency and typical day supports. If diarrhea is very frequent (daily) consider.
• Constipation – Group wants to rate supports to address constipation in this section.	• The supports rated are the actions to address a bowel movement that occurs in a manner other than toileting (loss of bowel control or ostomy) which includes the cleaning of the individual's body and soiled surfaces. Consider constipation supports in general medical.
• Person does not wipe after having bowel movement in the toilet. Participants confuse this clean-up with incontinence.	• Supports with cleansing after toileting are recorded in the toileting section, even when the cleansing occurs at a point in time later than the bowel movement. The supports rated in the Bowel Care section are the actions to address a bowel movement that occurs in a manner other than toileting (loss of bowel control or ostomy). •

Laundry and Housekeeping	
Situation	**Best Practice**
• The 11 year old child needs physical help to clean the house.	• Mark independent/Age Appropriate Supports provided because the child is under 12 years of age.
• The 13 year old child puts away his personal items and makes his bed. He needs full help with laundry.	• Read the bolded description for this section very carefully as there are specific age guidelines for children 12-14 and 15-17. This 13 yr old child could be receiving age appropriate supports.
• The adult needs cues to do laundry, but physical help with housekeeping.	• Mark Partial Assist as there is physical assistance for some aspect of laundry and/or housekeeping.

Bathing (and Washing Hair)	
Situation	**Best Practice**
• Participant says “Individual wouldn’t get clean if I didn’t wash his/her body and hair.”	• Be specific about what exactly the caregiver needs to do in the process. Consider whether the person’s participation is functional. (See next response.)
• Individual cleans only certain areas of the body: * Hair * Front of body * Private body parts	• Consider if the caregiver has to redo the entire process after the individual attempts to clean themselves (mark full.) If the individual cleans parts of the body effectively, mark Partial Assist.
• A second caregiver has to help with transfers in and out of the tub only, but not with bathing.	• Do not mark Two- Person Assist as this would be marked if a second caregiver is required to help throughout the bathing process.

Hygiene (Includes Facial Care, Shaving, Menses and Oral Care,)	
Situation	**Best Practice**
• The individual needs no help with brushing teeth, but needs full assist with menses and shaving.	• Mark partial assist. Be sure to consider all aspects of this section. He may need a full assist with one aspect, but cueing with other aspects.

Dressing & Hair Care	
Situation	**Best Practice**
• The individual just needs reminders here and there to wear a coat in cold weather.	• Independent includes cues for weather appropriate unless frequent cues are required.
• There's a big difference between Partial and Full Assist. What is the threshold for Full Assist?	• Full is total assistance with all or almost all steps in dressing and hair care (choosing appropriate clothes, physically dressing the person and brushing their hair.) If they lift their arms but the caregiver does all of the rest, mark Full Assist.

Shopping and Money Management	
Situation	**Best Practice**
• The child is 11 years old and likes to hold his own money, but needs help.	• Mark Independent/Age Appropriate Supports Provided as the child is under 12. Be sure to read the bolded description for this section as it clearly defines age guidelines.
• The adult needs full assist with budgeting and paying bills, but some cueing and monitoring for day to day pocket money.	• Mark Partial Assist since the individual doesn't need full assist with all aspects of shopping and money management.

Communication – Expressive and Receptive	
Situation	**Best Practice**
• Expressive – What is the difference between intermittent and ongoing support?	• Ask participants how they determine if the individual is upset, angry, happy, hot, cold, hungry, tired, want to watch TV, etc. Is the help needed sometimes in a day or ongoing?
• Receptive – What is the difference between intermittent and continual support?	• Ask for a description of how frequently a caregiver has to give simple or single step directions and prompts. If it's a component of most communication during the day, mark "Full Assist."

Telephone & Alternative Communication Systems (Adult Tool Only)	
Situation	**Best Practice**
• The individual uses his voice to speak but needs physical help to dial the phone.	• Mark Partial Assist since the individual participates in an essential part of using the telephone.
• The individual needs to be instructed the entire time to make the call, but needs no physical help.	• Mark Full Assist as the individual needs step by step cueing for the entire process.

Safety	
Situation	**Best Practice**
• The child is 11 year old, but requires Full Assist.	• Children under 12 years of age are marked as Independent/Age Appropriate Supports.
• Participant wants to rate Full Assist for Individual who accesses the community independently.	• Since the individual has alone time in the community, mark Partial Assist. A Full Assist is for an individual who needs help in the home and community.
• Participants are confused between safety issues and behavior supports.	• Explain difference between behaviors and cognitive ability to recognize and protect from hazards.

Fire Evacuation	
Situation	**Best Practice**
• Participant wants to rate Full Assist for waking a person up.	• Define Full as continual physical assistance for the individual to evacuate the house. Mark Partial Assist.
• Participant wants to rate support for preventing person from re-entering the home, once evacuated	• Clarify supports to keep Individual out of the home, once out. Determine if this is behavioral. Consider attempts to re-enter in the rating if it is cognitive, but not behavioral.
• How to determine what the Individual would need in an actual emergency rather than a drill situation? (or if there have been no drills to inform the participants?)	• Ask participants to describe how the individual reacts in a stressful emergency situation.

Medication Management Supports – Oral	
Situation	**Best Practice**
• Participant wants to include nutritional supplements for which there is not physician's prescription, e.g. ginkgo or fish oil supplements.	• Determine whether the supplements were specifically advised by the person's doctor (or other licensed health professional treating the individual), and if so, whether they are part of the individual's daily medication regimen. Include in the rating if advised by the licensed health professional and are part of the daily regimen. Exclude from the rating if the supplements do not meet both criteria.
• Participant wants to include limited duration prescriptions, e.g. antibiotic for frequent bouts of UTI	• If medications are not used throughout the week on a regular basis, consider under Health Management Supports – General (PRNs). Medications that are used on a regular basis, throughout the week, should be included in the rating.
• If one prescription is given multiple times a day, is it counted for each dosage?	• Count each prescription medication as 1 prescription no matter how frequent or how many different dosing amounts.

Medication Management Supports – Inhalants, Topical, Suppositories	
Situation	**Best Practice**
• Respondents jump to Full Assist	• Ask them to describe nature of support
• How PRNs that are used regularly considered?	• Have participant describe supports on typical day and how doctor has prescribed use on typical day. If the medication is typically used daily, throughout the week, include in the rating. If the medication is needed less than daily, include in rating for Health Management-General. •
• Is sunscreen included in topical medications?	• Ask questions to determine whether it has been prescribed or advised by a doctor to treat a specific condition and whether it is used daily as part of the treatment regimen. If yes, include in this section. However, if use is PRN, or if it is not related to a specific condition, exclude from this section and include in the Health Management-General rating.
• How do we rate differing level of support for different prescriptions, e.g. suppository support is Full vs. topical support is Partial	• Weigh frequency of varying supports, (If both happen equally go with the higher support level)
• What is regular use?	• Regular use is more days than not in a typical week.

Medication Management Supports – Injections	
Situation	**Best Practice**
• Injection is administered by a home health nurse, or in a clinical setting.	• Do not count injections that are not administered by the person's in-home caregiver. Do include injections administered by the individual's caregiver(s), regardless of whether the caregiver is paid or unpaid.
• Medications are delivered via tube feeding.	• Medication administered via feeding tube is included in this rating (except for PRN medications.)
• Individual needs to carry an Epi-pen.	• The Epi-pen is not scored injection, count as a PRN in Health Management-General.
• Caregiver sets-up the accurate dose, and the individual injects it.	• If the caregiver and the individual each do part of the task, it is a Partial Assist.

Health Management Supports – General	
Situation	**Best Practice**
• Participant states Individual is independent at some medical appointments and Individual wants independence but <u>needs</u> some assistance at other medical appointments.	• Explain that although the Individual is independent at some appointments, the ANA/CNA looks at all medical appointments needed - in this case, Individual may require Partial Assist and monitoring
• Group wants to choose Full Assist because Individual is non-verbal and has daily medication/pills	• Full Assist is limited to supports for Individuals needing <u>daily medical intervention.</u> (Medications and communication are captured in previous sections.) Examples: ROM, PKU diet, daily care for stable stoma site, routine blood glucose testing.
• What does "community health care team" mean in the Full Assist answer choice?	• A community health care team could include providers such as neurologists, oncologists, dieticians, etc that oversee the care of the individual. They don't have to be at the home, but they do give orders and see the individual regularly. (Don't confuse this with a nurse that comes to the home.)

Complex Health Management Supports	
Situation	**Best Practice**
• Individual is allergic to bee stings, Provider monitors for bees and give Epi-pen injection if Individual is stung – Provider believes this is complex health management supports.	• Assess if the medical condition is complex. See list of indicators for a complex medical condition. Is there a nursing care plan? Delegated tasks? Frequent changes in the condition? It is unlikely that the person condition changes *frequently* due to the bee sting allergy.
• Individual is monitored all day for seizures. Participants confuse Full Assist and Monitoring – Exclusive Focus. Provider also monitors another Individual for seizures.	• Exclusive focus means that the individuals' complex condition is <u>unstable</u>. This means that the vitals are changing rapidly and requires the provider to give <u>uninterrupted</u> assistance throughout the day. Remember that exclusive focus means that the provider is giving uninterrupted 1:1 attention to the individual and provides no help to others during that time.

Equipment	
Situation	**Best Practice**
• Participant wants to include universal home modifications.	• ANA/CNA does not capture universal home modifications.
• Provider wants to include vehicle modifications, e.g. grab bars and steps used with vehicle	• Modifications for vehicles are not captured by the ANA/CNA. Can list in other.
• Sensory/behavioral equipment/objects – swings, trampoline, shred box, body sock	• Document in 'Other'

Nighttime Needs – (Includes ADL, IADL, Medical and Behavioral)	
Situation	**Best Practice**
• What type of supports can be included in the rating for nighttime supports?	• For adults: ADL, IADL, Medical and Behavioral supports that are typically needed by the individual between the hours of 10 p.m. and 5 a.m. are all captured in Nighttime Needs. • For children: exclude care that is age-appropriate. Include only the ADL, IADL, medical and behavior supports that are due to the disability.
• Group wants to rate supports outside nighttime hours * Before 10:00pm, because household goes to bed earlier than 10:00pm * After 5:00am because household rises later than 5:00 a.m.	• Include ONLY supports needed between 10:00 pm – 5:00 am.
• Intermittent vs. ongoing, Caregiver gets up more than 3 times but has no awake staff	• Describe difference between intermittent and ongoing. Ongoing means a provider is awake throughout the night.
• 5 nights vs. 7 nights– weekly or intermittent	• Ask questions to determine if the support happens on a nightly basis. Weekly includes supports that occur multiple nights during the week, but not *every* night. Example: Assistance 5 nights per week = weekly. Assistance that occurs at last once *every* night (up to 3 times per night) is intermittent. Example: Assistance 7 nights per week = intermittent.
• Caregiver states “I listen every night” (Audio monitoring)	• Rate active monitoring (by an awake caregiver) only. Do not include passive monitoring when determining the rating.
• Cyclical issues – “Behavior doesn’t happen every night, but when it does, it lasts for days.”	• How often is the support actually delivered? Consider the typical pattern over a longer period of time and form an “average” of what the supports would be they occurred evenly over time rather than in cycles.

• When it happens, it happens several times a night, but not most nights	• Provider gets up 1-3 times per night several times per week, but not every night – this is weekly support.

Behavioral Supports – No Formal Plan – Supervision and Monitoring (Behavior Needs)	
Situation	**Best Practice**
• The person has a lot of safety risks, or the child is unsafe alone.	• Do not rate include safety supports. These were scored in the Safety question. For children, do not include either safety supports or typical child behaviors. (Consider developmental stages.)
• Caregiver says person needs to be within hearing at home, but needs to be within visual range in the community	• The correct selection for this situation is "Within Hearing or Visual distances"
• Individual has independent time in the community – Individual always has cell phone with him for help.	• The highest possible rating in this section would be "Redirecting."
• Can there be a "no formal plan" answer if there is a BSP?	• Yes, both formal and no formal plan can be marked if the individual needs supports for the behaviors that are clearly outside of the formal plan.
• Participants want to rate supervision based on all behavior support needs, including those covered in a BSP in this section.	• Distinguish between supports included in the formal plan and those that are not. Guide discussion for this section to focus on supports without a formal plan only. Supports with formal plan are addressed in the next section.
• What merits a BSP vs. ISP? What is threshold for behaviors to rise to needing BSP support?	• Behaviors that have potential risk of injury to self or others indicate a need for a BSP. Behaviors that require physical intervention to prevent injury must have a BSP. A BSP may also be adopted to address behaviors that have a significant impact on the person's daily life, but do not pose a risk of injury.
• Caregiver wants credit for managing biological family	• ANA/CNA rates supports to address individual's

issues - not Individual-related or Individual-behavior related, such as multiple individuals needing care.	behavioral support needs only.

Behavioral Supports – Plans – Home and Community	
Situation	**Best Practice**
• Participant wants the person to have a mental health plan or behavior support plan, but does not know which one applies.	• Describe difference between BSP and mental health plan. Mental health plan would typically include a crisis response plan for psychotic and/or episodic breaks and a BSP would typically have proactive supports, positive reinforcement, and when necessary, protective physical interventions to address developmental disability behavioral issues.

Behavioral Supports – Supervision – Home	
Situation	**Best Practice**
• Caregiver wants credit for technology, e.g. alarms, monitors	• Explain support recorded in this section is human assistance.
• All behaviors, including behaviors that don't rise to the level of a BSP are written into the BSP.	• Consider only behaviors that rise to the level of needing a BSP in this section. Behaviors that do not require a formal plan should be rated in "Behavior Supports – No Formal Plan."
• Participant wants to choose answers in this section, but states behaviors don't rise to level of needing BSP.	• Readdress No Formal Plan answer and reaffirm that this section addresses BSP level supports addressed in the previous section (behavior supports - plans).
• Caregiver wants credit for incidental levels of supervision "I can hear everything in the house."	• Base level of supervision on the individual's needs, not on incidental supervision.

Behavioral Supports – Supervision – Home – One-on-One	
Situation	**Best Practice**
• Incidental 1:1, e.g. in vehicles, when Individual happens to be the only one home •	• Exclusive focus is intentional, uninterrupted supervision that is necessary because a behavior likely to cause serious injury is imminent. •
• How are differences between weekends and weekdays figured into the determination of exclusive focus time?	• Add up average for the week. Example: 5 hours per day for Weekends and 3 hours per day for Weekdays (5x2 =10, 3x5= 15→ 25 divided by 7 = 3.6 hours per day on average. Record "Exclusive Focus – 4".

Behavioral Supports – Supervision – Community	
Situation	**Best Practice**
• Person requires 1:1 staffing when using the bathroom in the community.	• Record only supervision needed for behaviors while in the community. If need for support in bathroom is behavioral, consider the entire time in the community. Mark hearing and visual if exclusive focus is only needed in one area.
• Court order but no formal BSP	• A court order does not necessarily mean BSP or equate to exclusive focus, even if the order specifies 1:1 supervision. A court order that requires 1:1 staffing in the community indicates that the caregiver can not also supervise other individuals. 1:1 staffing may be "hearing or visual" or hearing and visual", depending upon the order.

ANA/CNA Complex Health Management Supports

During administration of the ANA/CNA tool, one of the more difficult questions to frame for the respondents is the question of *complex* medical supports. This document provides clarification regarding the applicability of complex medical supports.

There are two common errors respondent groups make when determining the presence of complex medical supports: a.) Confusion between the words 'complex' and 'serious'; and b.) confusion between the presence of a complex medical *issue*, and the presence of complex medical *supports.*

In general, 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. This support would typically have oversight of a nurse or other clinician.

Very serious medical issues can have fairly 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 individual 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 <u>serious medical issue</u>, but not of a <u>complex medical support</u>.

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 adhere to a diabetic diet that always remains the same, and take daily oral medications, (a serious health issue, with non-complex supports.) Conversely, a person may need daily insulin amounts adjusted in response to blood glucose levels, with close support by a nurse and endocrinologist who makes changes in medication and diet on a regular basis, (a serious medical condition with complex medical supports.)

After the presence of a complex medical support has been established, the ratings key can be used to determine the level of help the individual needs in the treatment of this condition.

November 2013

ANA/CNA Behavior Support
Differentiating between support levels

This guide defines terminology used in the Adult Needs Assessment (ANA) and the Children's Needs Assessment (CNA) to describe levels of support for Behavior. It also provides examples and points to consider in determining the correct level of support to record for an individual.

Redirecting – this level of support need exists when an individual exhibits behaviors that require action on the part of the provider on a regular basis, but the behaviors do not typically present a direct or immediate risk of injury to the individual or others. This includes support for an individual, who exhibits behaviors that may pose a risk of injury, but occurrence is very infrequent and the behavior can generally be identified before risk of injury arises.

- Individual does not require close or constant supervision most of the time, but does require a caregiver to have a general awareness of the individual's whereabouts, and with intermittent check-ins (either visual or hearing.)
- Individual can be outside of hearing or visual range of a caregiver for extended periods. Some individuals may even have periods of time where no supervision is required, such as when an individual has "alone time" at home or in the community.
- Examples: a) Sam can be in his upstairs room with the music really loud, while caregiver is in the downstairs kitchen making dinner, unless there are signs that behavior is escalating; b) Teresa goes for walks in her neighborhood without her caregiver, unless behavior precursors are present.

Visual *OR* Hearing – this level of support need exists when an individual exhibits a pattern of behaviors that present a direct risk of injury to the individual or others. The behavior requires proactive support and intervention to prevent injury to the individual or others.

Visual *OR* Hearing (continued)

- Individual can be alone in another room (such as their bedroom), but requires a caregiver to monitor using sound that might indicate a behavior.
- Individual may require intermittent visual checks.
- Examples: a) Marcy is diagnosed with polydipsia. She can be alone in her room, but her caregiver must be alert to sounds of running water or Marcy's entry into the bathroom or kitchen; b) Jaxon engages in serious SIB. Serious SIB incidents tend to occur following episodes of significant frustration or anxiety and are often preceded by pacing, aggressive talk, and breaking or tearing objects. Jaxon's caregiver monitors closely when Jaxon shows signs of frustration or anxiety, but most of the time Jaxon is safe to be in his bedroom or the family room without his caregiver present in the same room. His caregiver must be alert to sounds of precursor behaviors.

Visual *AND* Hearing – this level of support need exists when an individual exhibits behaviors that escalate very quickly, occur frequently and unexpectedly, and present a direct risk of injury to the individual or others. Intervention must occur soon after the precursor is identified (or soon after the behavior has begun to exhibit if precursors are not identifiable) to prevent injury to the individual or others.

- The individual is not able to spend time alone in another room, except possibly when using the toilet, because the dangerous behavior could occur at any time and:
  - If the dangerous behavior occurred, it is likely that the behavior would result in injury before a caregiver could respond from another room; or
  - The dangerous behavior is not identifiable by means other than visual (examples: severe pica, eye gouging.)
- Example: a) Kyle engages in severe pica. Room sweeps have reduced minor incidents but Kyle attempts to ingest items that cannot be "swept" such as clothing, mattress or cushion materials, flooring & wall surfaces picked from the walls. His supervision was increased from "hearing and frequent visual checks" after a serious incident occurred and similar incidents were observed just in time for the caregiver to intervene.

Exclusive Focus -- this level of support need exists when an individual exhibits behaviors that will imminently be at an intensity posing a direct risk of injury to the individual or others. *To be imminent means that there is reason to believe the intense behavior is about to occur.* (Note: this is different than "it is possible that the behavior will occur".) Intervention must occur soon after the precursor is identified (or soon after the behavior has begun to exhibit, if precursors are not identifiable) to prevent injury to the individual or others.

- Individual requiring Exclusive Focus support is not safe to be alone in another room for any length of time other than toileting in an unlocked bathroom, if safe;
- Behavior is expected to occur. (Note: this is not equivalent to "Behavior may occur".)
- Injury is expected to result from the behavior if intervention is not provided. (Note: this is not equivalent to "injury may occur".)
- Exclusive Focus support is used for the portion of an individual's day when a serious behavior that is likely to cause injury is imminent. During the rest of the individual's day, supervision may be at a "redirecting" (routine) level; "within hearing or visual distances"; or "within hearing and visual distances".
- A caregiver providing exclusive focus support is unable to provide any attention to other responsibilities or activities, such as household tasks (including cooking or cleaning, whether or not the individual is a beneficiary of the task), caring for other individuals or children (including monitoring), personal or recreational activities (such as using the phone or watching television.)
- The amount of exclusive focus hours is determined by the frequency and duration of behavior incidents where the intense (severe) behavior is likely. The assessor must determine how often the behavior rises to the level requiring exclusive focus support, and the 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.
- Example: Jaxon, whose usual level of support is "within hearing or visual distances", engages in serious SIB. Serious SIB incidents tend to occur following episodes of significant frustration or anxiety and are often preceded by pacing, aggressive talk, and breaking or tearing objects. Jaxon returned home from work at 4:00 pm and his

job coach had communicated to the caregiver that Jaxon had a rough day at work. Jaxon's caregiver was beginning to cook dinner when she heard Jaxon pacing back and forth in the hall, muttering curse words. Jaxon's caregiver turns off the oven and joins Jaxon in the hall. She implements the interventions outlined in Jaxon's Behavior Support Plan. She needs to be fully engaged with Jaxon and is not able to finish dinner until 7:00 when Jaxon has been calm for at least 30 minutes. Similar episodes happen 2 – 3 times per week and generally last 2 to 4 hours. Average exclusive focus time can be calculated as 2.5 incidents (average) per week x 3 hours (average) divided by 7 days = 1.1 hours per day. "Exclusive Focus – 2" would be the correct selection to record on the assessment.