

Assessing Cognition & Behavior without Supports

411-015-0005(24) - "Without supports" means lacking the assistance of another person, a care setting and its staff or an alternative service resource defined in OAR 411-015-0005.

411-015-0006(5) (a) - Lack of medication or lack of medication management is not considered when evaluating cognition/behavior.

411-015-0006(b) - The assessment time frame in **OAR 411-015-0008** of 30 days prior to the date of the assessment may be expanded when assessing cognition/behavior without supports. History or incidents in the past more than 30 days prior to the assessment date may be considered if there was a negative impact on health and safety and there are also current concerns that need addressed.

Cognition/behavior refers to the **functions of the brain** that impact an individual's ability to remember, understand, and appropriately use information as it relates to his/her health and safety. If a person has difficulties in cognition/behavior, information the person provides may not be accurate. If a person is able to accurately respond to questions or situations, most Mental Status Need Levels should be considered Independent.

If a person is unable to provide accurate information, consult family, neighbors, caregivers, medical provides, etc. Combine this information with direct observation to provide a clear understanding of the person's Need Level.

Evaluate the individual's cognition and behavior "without supports." That is, consider how the person would function without help from family, friends, caregivers, or the structured environment of a facility. Lack of medication or lack of medication management is not considered when evaluating cognition/behavior.

Eight areas of Cognition & Behavior

OAR 411-015-0005 (5)(b) (A-H)

Adaptation to Change

Evaluate the person's ability to adjust to major losses or changes.

- ◆ Examples are changes in health, living situation, providers, roommates, other residents, or schedule changes in a facility.
- ◆ What has been happening lately? Have there been changes in the person's life? How did the client respond? How much assistance does the person need?

Awareness of Need

Evaluate the person's understanding of needs relating to health and safety.

- ◆ Is the person aware of the need to eat, maintain hydration, and take medications as prescribed?
- ◆ Does the person understand his/her medical condition and what medications are for; what it means when the smoke alarm goes off; or places themselves at risk when using the stove or driving?

Judgment

Evaluate capacity to make informed decisions about daily functioning.

- ◆ Ask for a specific explanation of an outcome to determine if the person really understands the consequences of decisions. For example: What could happen if you don't take your diabetic medications? What may happen if you smoke while using your oxygen? What would you do if the smoke alarm sounds?

A person has the right to make decisions others don't agree with if the consequences are understood.

Memory

Evaluate the person's ability to remember and use current information that impacts health and safety.

- ◆ Does he/she remember and know to take medications correctly?
Know and remember how to dress appropriately for the weather?
Know and remember how to write checks to pay bills?
- ◆ When an individual makes notes regarding appointments etc. and does not need another person to provide reminders, the Memory Need Level is Independent.

Orientation

Evaluate the individual's understanding of person, place or time as it affects daily functioning.

- ◆ Does the person recognize family, friends, and caregivers?
- ◆ Does the person get lost within the care setting?
- ◆ Does the person accurately understand time of day for meals or activities, month or season of the year?

Danger to Self or Others

Evaluate whether the person exhibits behaviors that may be dangerous to self or others.

- ◆ Is the person disruptive or aggressive, either physically or non-physically? Agitated? Sexually inappropriate? Self-injuring?
- ◆ To meet a Need Level of Full Assist an individualized behavioral care plan is required.
- ◆ ***Danger to self or others does not*** include declining care or medications others deem necessary unless the person is physically or verbally aggressive when objecting to assistance.

Demands on Others

Evaluate how the person's habits or emotional states affect living situations, roommates, and other residents or care providers.

- ◆ Has the provider made adjustments to the environment (changed roommates, changed schedules, etc.) to diminish the negative impact?
- ◆ To meet the Need Level of Full Assist a 24-hour specialized care setting or an individualized behavioral care plan is required.

Wandering

Wandering is “aimless” movement or elopement without regard to purpose or safety.

- ◆ Evaluate the person as if living without a secured care setting or support of family, caregivers, or friends.
- ◆ Is the person aware of “where” they are going or “why”? If so, it would not be “aimless movement.”

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