

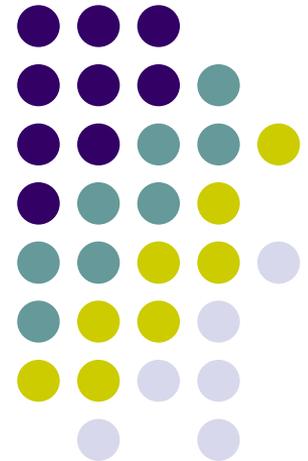
# ***SPL Rule Training***

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## ***Chapter 411, Division 015***

**May 2015**

*Presented by: Suzy Quinlan and Mat Rapoza*



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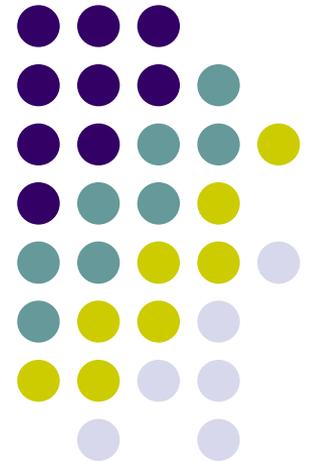
## 1. Purpose

## 2. Assessment

- Buckley Bill Notice – 70B form
- Assessment Time Frame

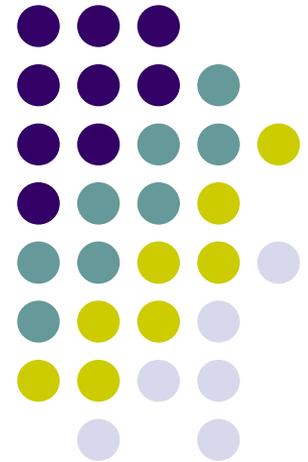
## 3. Service Plan

## 4. Current Limitations



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5. Eligibility for NF & Home & CBC Services
6. Tasks vs Phases
7. Assistance Types
8. Independent Need Level - definition
  - Comment requirements



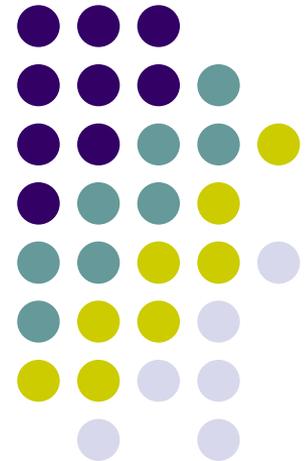
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## 9. Mobility

- Considerations in General
- Falls considerations
- Ambulation
- Transfer

## 10. Eating



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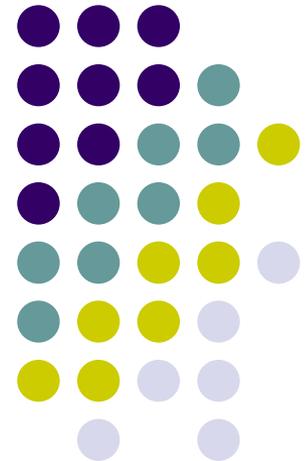
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## 11. Cognition and Behaviors

- General information
- Expanding the Assessment Time Frame
- Comments
  - Assessing without Supports
  - Diagnosis in Comments

## 12. Adaptation

## 13. Awareness



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**14. Judgment**

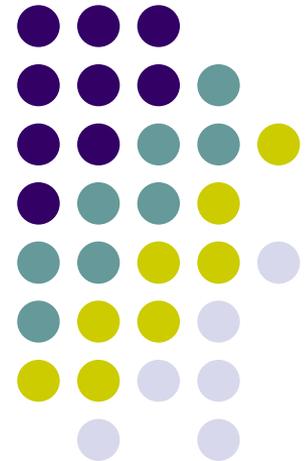
**15. Memory**

**16. Orientation**

**17. Danger to Self or Others**

**18. Demands on Others**

**19. Wandering**



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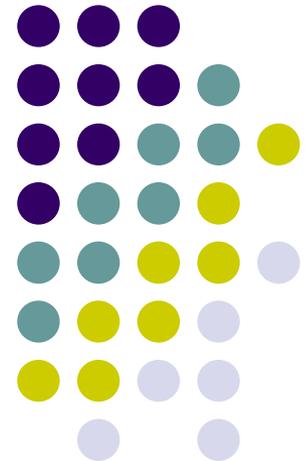
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## 20. Elimination

- Bladder
- Bowel
- Toileting

## 21. Bathing and Personal Hygiene

- Bathing
- Personal Hygiene



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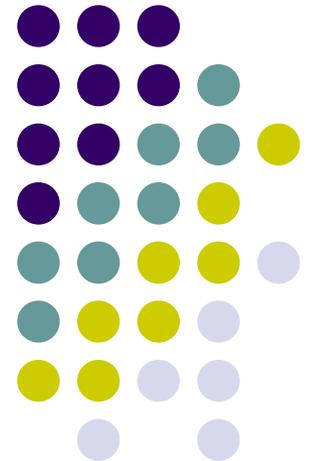
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## 22. Dressing and Grooming

- Dressing
- Grooming

## 23. Websites

## 22. Contact Information



# Purpose

411-015-0000



The purpose of establishing priorities is to assist the Department in addressing these goals:

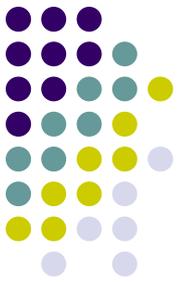
1. To enable persons eligible for & receiving services to remain in the least restrictive & least costly setting
2. To serve those who are the most functionally impaired & have little or no alternative service supports
3. To assure access to APD services
4. To assure services & settings are safe & adequate
5. To manage limited resources to enable the greatest # of persons to receive services based on a priority system



# *Assessment*

# Evaluation of ADL

411-015-0006(2)

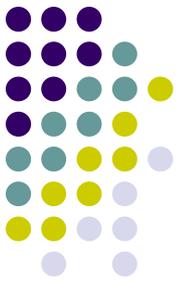


Must be based on:

- The individual's **ABILITIES** rather than the services provided  
*and*
- How the individual functioned during the assessment time  
frame *and*
- Evidence of the **ACTUAL** or **PREDICTED** need for assistance  
of another person.

Do **NOT** consider based on possible or preventative needs

# 411-015-0008 Assessments

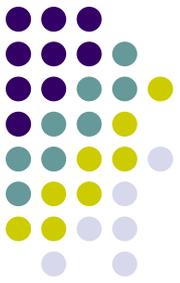


## 1. Assessment

### a) The assessment process:

- A. Identifies an individual's ability to perform ADLs & IADLs;
- B. Determines an individual's ability to address health & safety concerns; and
- C. Includes an individual's preferences to meet service needs.

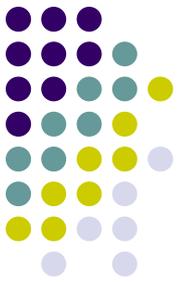
## 411-015-0008 Assessments-continued



- 1(c) CM must assess an individual's abilities regardless of:
- Architectural modifications,
  - Assistive devices or
  - Services provided in a care setting, alternative service resources, or other community providers

# 411-015-0008(1)(d)

## Assessment Time Frame

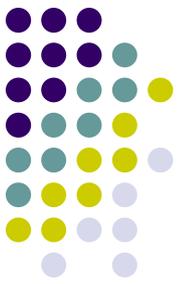


### Must includes all three:

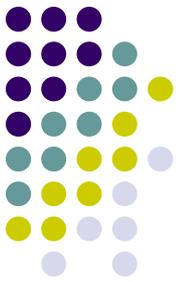
1. Evaluation of how the individual functioned up to 30 days prior to the assessment date; ***and***
1. Evaluation in #1 is with consideration of how the individual is likely to function up to 30 days following the assessment date; ***and***
3. In order to be eligible, an individual must demonstrate the need for assistance of another person within the 30 day look back and forward and expect the need will be on-going beyond the assessment time frame of 1 & 2 above)

**Note: The assessment time frame may be expanded for Cognition and Behaviors if specific criteria is met as described in OAR 411-015-0006 (rule criteria is covered in the Cognition section).**

## 411-015-0008 Assessments-continued

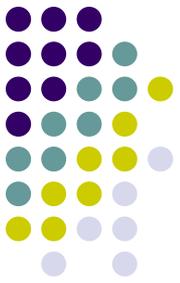


- 1(e) CAPS assessments must be conducted:
  - At least annually; or
  - When requested by an individual
- 1(f) Initial assessment must be conducted face to face in an individual's home or care setting
- 1(g) All reassessment must be conducted face to face in an individual's home or care setting, unless..... (see Buckley Bill info)



# **70B Buckley Bill Notice for re-assessments**

# Buckley Bill Notice

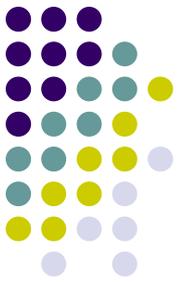


## OAR 411-015-0008

- (1)(g) All re-assessments must be conducted face to face in an individual's home or care setting unless there is a compelling reason to meet elsewhere and the individual requests an alternative location.

Case managers must visit an individual's home or care setting to complete the re-assessment and identify service plan needs, as well as safety and risk concerns.

# Buckley Bill Notice



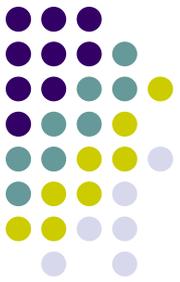
## OAR 411-015-0008

### (1)(g)

- (A) Individuals must be sent a notice of the need for re-assessment a minimum of 14 days in advance.
- (B) Consumer requested re-assessments based on a change in the consumer's condition or service needs are exempt from the 14-day advance notice requirement.

(1)(h) An individual may request the presence of natural supports at any assessment.

# Buckley Bill Notice



## Transmittals:

- **PT-10-039** - Update on the Buckley Bill Notice Requirements and the View Direct Reports for assessments due, past due and coming due
  
- **PT-06-024** – Assessments

# Buckley Bill Notice continued.....



## **General notice information:**

- Individual must receive an automatic or manually generated 70B notice at least 14 days prior to the assessment date
- Administrative Hearings – without a 70B Buckley Bill Notice, the Department may not be upheld in a hearing
- 70B notice is not required if the consumer requested a re-assessment based on a change in the consumer's condition or service needs.

# Early Re-assessments may require a manual 70B Notice

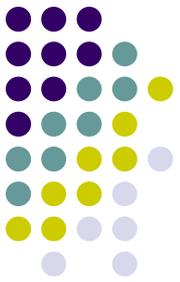


## When are automatic system generated notices sent?

- Mid-month, the month before the CAPS service benefit category end date.

## When must a manual notice be sent?

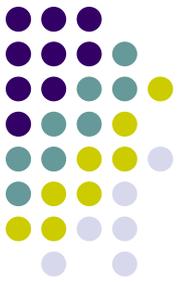
- Case managers must send a 70B notice to consumers when re-assessing prior to the automatic notice date if the consumer did **not** request the assessment because of a change in condition or service need..



# *Assessment*

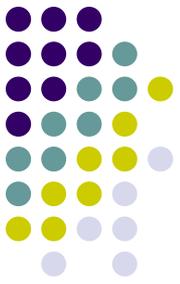
## *Open-ended Questions*

# Open-ended Questions



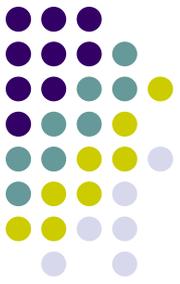
- Cannot be answered by yes or no
- Usually begin with:
  - Who
  - What
  - Why
  - Where
  - When

# Examples of open-ended questions

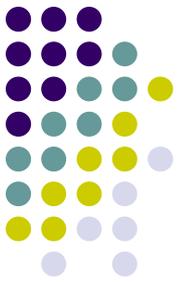


1. How have you been managing at home since I saw you last?
2. How have you been managing at home since you got home from the hospital?
3. What do you need in the way of help right now?
4. Let's talk about things you are able and not able to do.
5. Help me understand.....
6. What do you mean by\_\_\_\_\_?
7. Would you tell me more about.....?
8. What else can you tell me that might help me understand?
9. Could you tell me more about what you're thinking?
10. I'd be interested in knowing.....

# Examples of open-ended questions

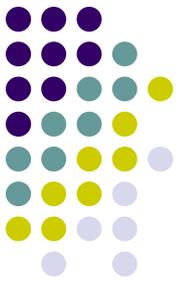


11. Would you explain.....?
12. Is there something specific about \_\_\_\_\_that you are asking for?
13. Would you explain that to me in more detail?
14. I'm not certain I understand..... Can you give me an example?
15. I'm not familiar with \_\_\_\_\_, can you help me to understand?
16. What examples can you give me?
17. You say that you're not able to (cook/bathe/etc....). How have you been managing your (meals/bathing/etc....)?
18. When you say\_\_\_\_\_, what do you mean?
19. I'd like to help you get the best possible service; what more can you tell me that will help me understand your need?



# **Service Plan**

**411-015-0008(2)**



## 411-015-0008(2)(a) Service Plan

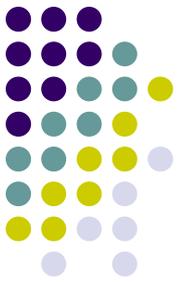
a) An individual being assessed, others identified by the individual, and a case manager must consider the service options as well as assistive devices, architectural modifications, and other alternative service resources as defined in OAR 411-015-0005 to meet an individual's service needs identified in the assessment process.



# 411-015-0008(2)(b) Service Plan

- b) A case manager is responsible for:
  - A. Determining eligibility for specific services;
  - B. Presenting service options, resources, and alternatives to an individual to assist the individual in making informed choices and decisions;
  - C. Identifying goals, preferences, and risks; and
  - D. Assessing the cost effectiveness of an individual's service plan.

# 411-015-0008(2) (c-e) Service Plan



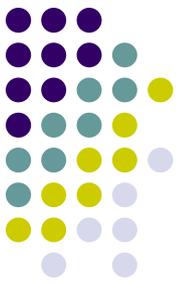
- c) A case manager must monitor the service plan and make adjustments as needed.
- d) An eligible individual, or the individual's representative, is responsible for choosing and assisting in developing less costly service alternatives.
- e) The service plan payment must be considered full payment for the Medicaid home and community-based services rendered. Under no circumstances, may any provider demand or receive additional payment for Medicaid home and community-based services from an eligible individual or any other source.



# **Current Limitations**

**411-015-0015**

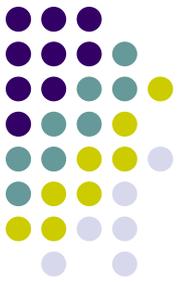
# 411-015-0015(1) Current Limitations



(1) The Department has the authority to establish, by administrative rule, service eligibility within which to manage the Department's limited resources. The Department is currently able to serve:

- a) Individuals determined eligible for the Medicaid OHP Plus benefit package who are assessed as meeting at least one of the service priority levels (1) through (13) as described in OAR 411-015-0010.
- b) Individuals eligible for Oregon Project Independence funded services, if the individuals meets at least one of the service priority levels (1) through (18) of OAR 411-015-0010.
- c) Individuals needing risk intervention services in areas designated to provide such services. Individuals with the lowest service priority level number under OAR 411-015-0010 are served first.

# 411-015-0015(2) Current Limitations

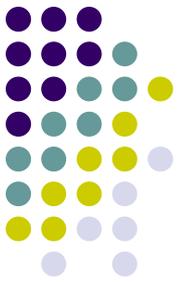


(2) Individuals 65 years of age or older, determined eligible for developmental disability services, or having a primary diagnosis of a mental or emotional disorder, are eligible for nursing facility or Medicaid home and community-based services if:

- a) The individual meets section (1) of this rule; and
- b) The individual is not in need of specialized mental health treatment services or other specialized Department residential program interventions as identified through the mental health assessment process or PASRR process described in OAR 411-070-0043.

# 411-015-0015(3) & (4)

## Current Limitations

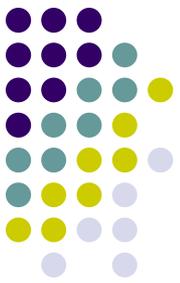


(3) Individuals under 65 years of age, determined eligible for developmental disability services, or having a primary diagnosis of a mental or emotional disorder, are not eligible for Department nursing facility services unless determined appropriate through the PASRR process described in OAR 411-070-0043.

(4) Individuals under 65 years of age determined to be eligible for developmental disability services are not eligible for Medicaid home and community-based services administered by the Department's Aging and People with Disabilities. Eligibility for Medicaid home and community-based services for individuals with intellectual or developmental disabilities is determined by the Department's Office of Developmental Disability Services or designee.

# 411-015-0015(5)

## Current Limitations



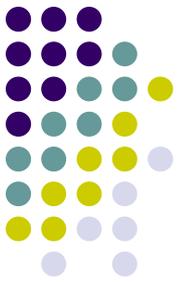
(5) Individuals under 65 years of age who have a diagnosis of mental or emotional disorder or substance abuse related disorder are not eligible for Medicaid home and community-based services administered by the Department's Aging and People with Disabilities unless:

- a) The individual has a medical non-psychiatric diagnosis or physical disability; and
- b) The individual's need for services is based on his or her medical, non-psychiatric diagnosis, or physical disability; and
- c) The individual provides supporting documentation demonstrating that his or her need for services is based on the medical, non-psychiatric diagnosis, or physical disability.

The Department authorizes documentation sources through approved and published policy transmittals.

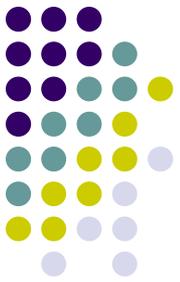
# 411-015-0015(6) and (7)

## Current Limitations



(6) Medicaid home and community-based services are not intended to replace a natural support system as defined by OAR 411-015-0005. Paid support is provided if a natural support is unwilling or unable to provide identified services.

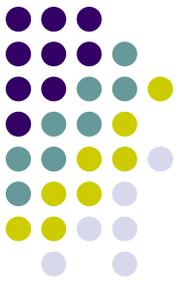
(7) Individuals with excess income must contribute to the cost of service pursuant to OAR 461-160-0610 and 461-160-0620.



**Eligibility  
for Nursing Facility  
or  
Medicaid Home and  
Community-Based  
Services**

**411-015-0100**

# 411-015-0100(1) (a) & (b) & (c)



**(1)** To be eligible for nursing facility services or Medicaid home and community-based services, a person must:

**(a)** Be age 18 or older; and

**(b)** Be eligible for the Medicaid OHP Plus benefit package:

(A) Individuals receiving Medicaid OHP Plus under OAR 410-200 coverage for services in a nonstandard living arrangement (see OAR 461-001-0000) are subject to the requirements in the same manner as if they were requesting these services under OSIPM, including the rules regarding:

(i) The transfer of assets as set forth in OAR 461-140-0210 to 461-140-0300; and

(ii) The equity value of a home which exceeds the limits as set forth in OAR 461-145-0220.

(B) When an individual is disqualified for a transfer of assets, a notice for transfer of assets is required in accordance with OAR 461-175-0310.

(C) When an individual is determined ineligible for the equity value of a home, a notice for being over resources is required in accordance with 461-175-0200.

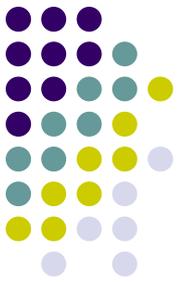
**(c)** Meet the functional impairment level within the service priority levels currently served by the Department as outlined in OAR 411-015-0010 and the requirements in OAR 411-015-0015.

## 411-015-0100(2) and (3)



(2) To be eligible for services paid through the Spousal Pay Program, an individual must meet the requirements listed in section (1) of this rule in addition to the requirements in OAR 411-030-0080.

(3) Individuals who are age 17 or younger and reside in a nursing facility are eligible for nursing facility services only and are not eligible to receive Medicaid home and community-based services administered by the Department's Aging and People with Disabilities.



***Tasks***

VS

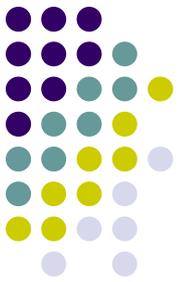
***Phases***



# Tasks

## Tasks – no specific definition in the SPL rule

- Tasks are the specific functions listed in the definition of each ADL or IADL
- **For Example**: Each of these are the specific tasks listed in the OAR definition of Bladder care:
  1. catheter care
  2. toileting schedule
  3. monitoring for infection
  4. ostomy care
  5. changing incontinence supplies



# All Phases

## **All Phases - OAR 411-015-0005(1) definition:**

- means each part of an activity

## **Applying “All Phases”:**

- Phases are the steps that need to be completed to accomplish the tasks listed in the specific ADL or IADL

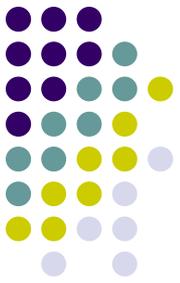
**For Examples:** below are the bladder care tasks for a person consisting of catheter care and monitoring for infection. The phases are the steps it takes to accomplish each of these tasks.

### **Phases (steps) of catheter care:**

1. Check bag for fullness
2. Empty bag
3. Clean catheter line
4. Reapply catheter to leg if needed

### **Phases (steps) of monitoring for infection:**

1. Check for discolored urine
2. Check for unusual odor
3. Check for changes in behavior
4. Report changes to CRN or daughter



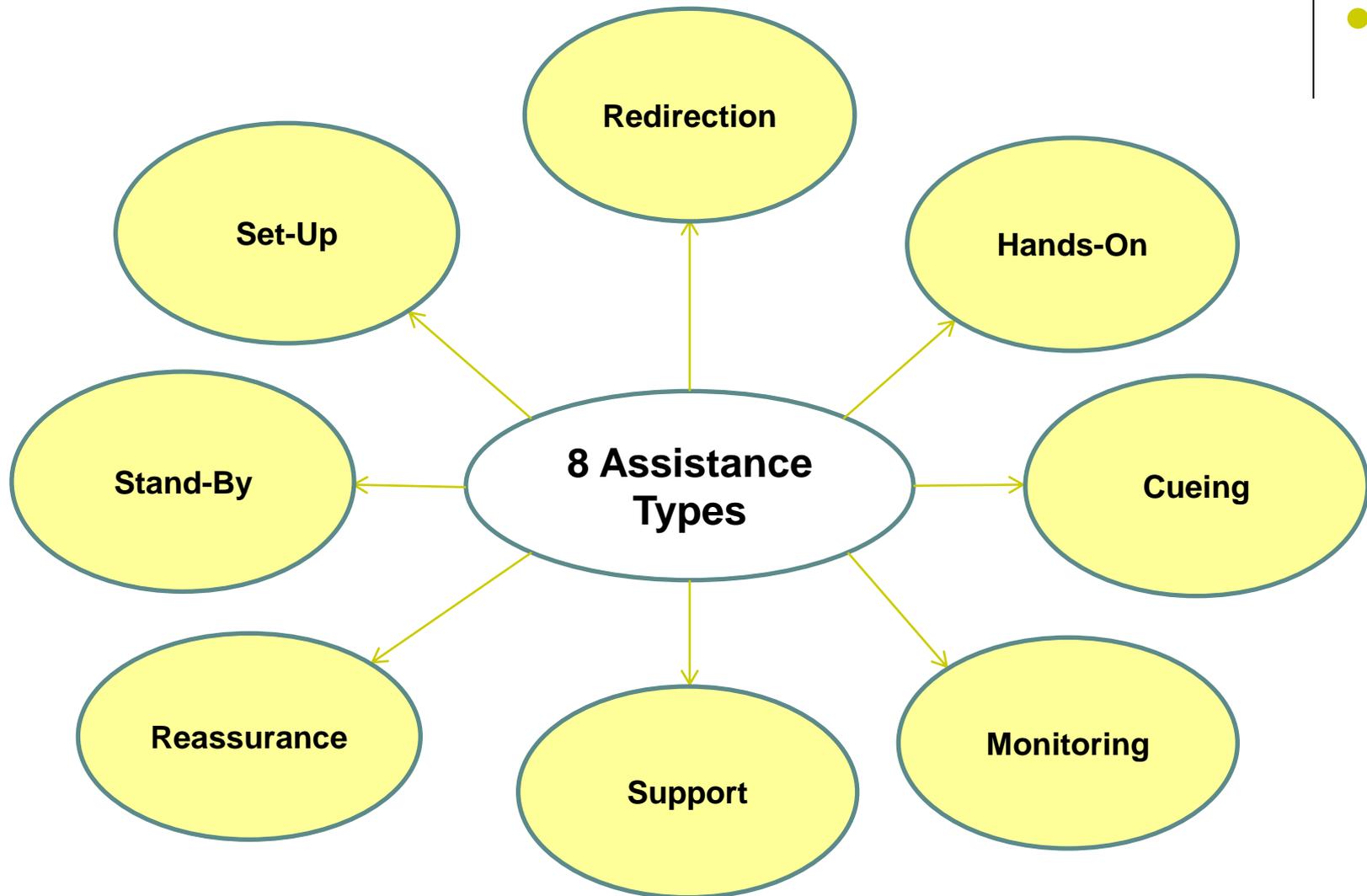
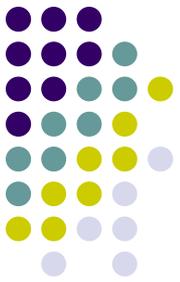
# Assistance Types

Used to Assess ADLs

(OAR-Chapter 411, Division 15)

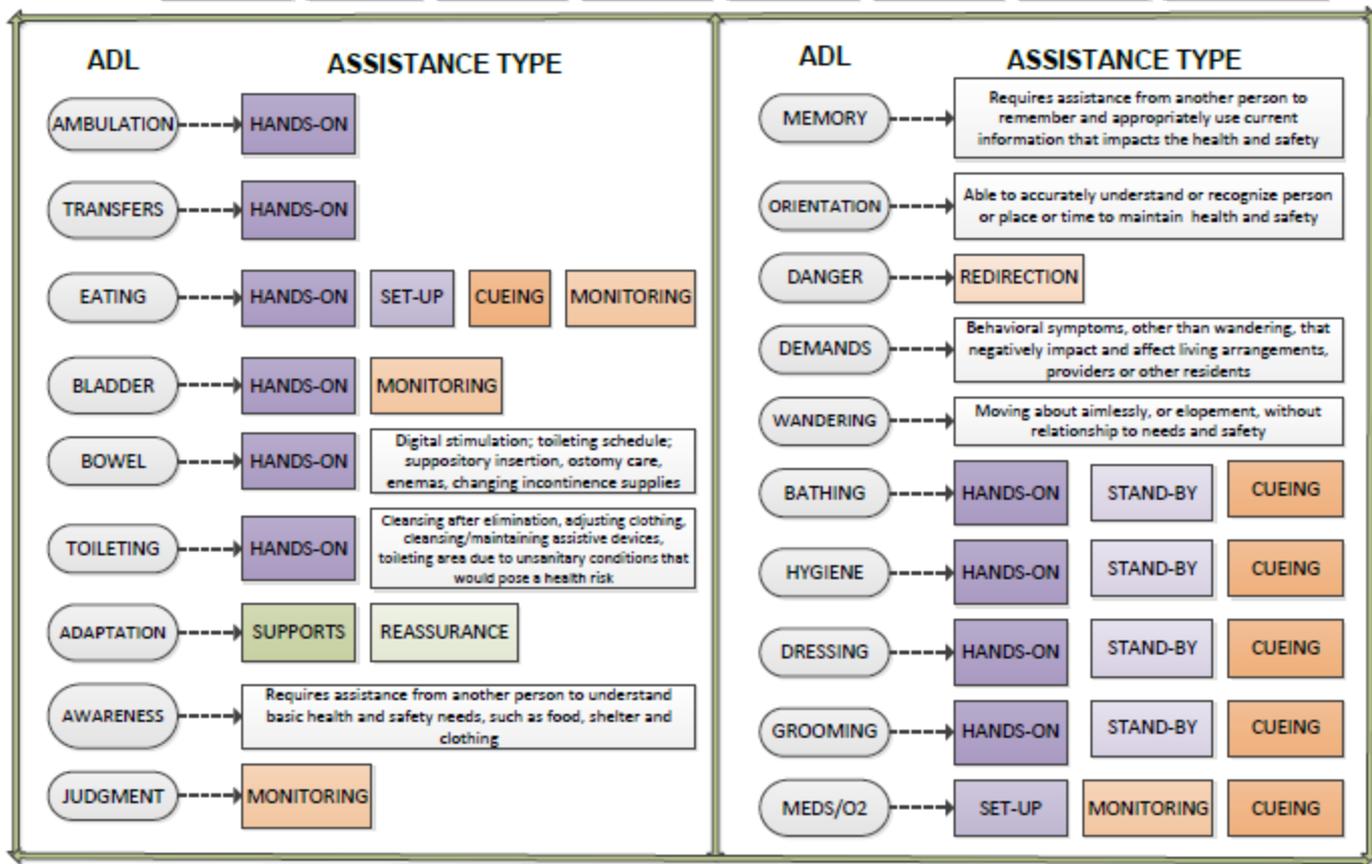
Created by: Rob Jennings, case manager

# Assistance Types

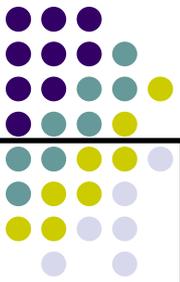




### ADL ASSISTANCE TYPES



# DEFINITIONS



- **Cueing** means giving verbal or visual clues during the activity to help the individual complete activities without hands-on assistance.

Cueing is not reminding. The individual must require clues during the activity in order to complete the task.

- **Hands-on** means a provider physically performs all or parts of an activity because the individual is unable to do so.

- **Monitoring** means a provider must observe the individual to determine if intervention is needed.

- **Reassurance** means to offer encouragement and support.

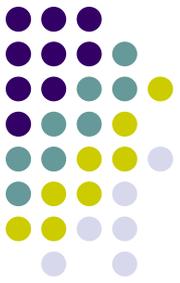
- **Redirection** means to divert the individual to another more appropriate activity

- **Set-up** means getting personal effects, supplies, or equipment ready so that an individual can perform an activity.

- **Stand-by** means a provider must be at the side of an individual ready to step in and take over the task should the individual be unable to complete the task independently.

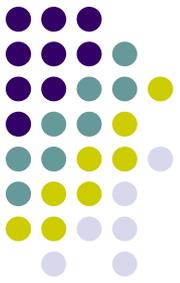
- **Support** means to enhance the environment to enable the individual to be as independent as possible.

# Definition of Independent

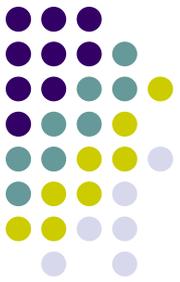


- **Independent** means the individual does not meet the definition of “assist” or “full assist” when assessing ADLs as described in OAR 411-015-0006 or when assessing IADLs as described in OAR 411-015-0007.
- This means that individuals needing assistance from another person are considered “independent” if the need doesn’t meet the OAR definition of the ADL/IADL
  - This includes OAR frequency requirements

# Comments for Independent Need Level



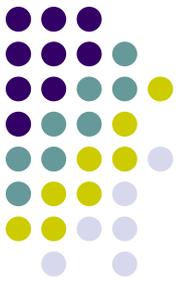
- A need doesn't meet the OAR frequency criteria or the assessment time frame
- When person's condition has improved
- When rule clarification, or correct application of the rule results in a changed need level
- When there is a change in need level that may be questioned, especially for a hearing
- An assessment appears inconsistent



# *Mobility*

## *Ambulation and Transfers*

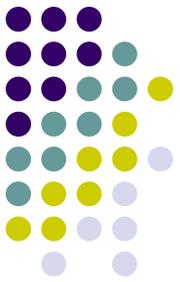
# Mobility



## Considerations:

1. Is the need for assistance inside the home or care setting or is it outside?
2. Assistance Types include Hands-on only
  - Does not include cueing, reminding, stand-by, set-up, monitoring, etc....
3. How is the person's mobility using assistive devices, such as:
  - Walker
  - Wheelchair
  - Walls & furniture
  - Transfer board

# Mobility

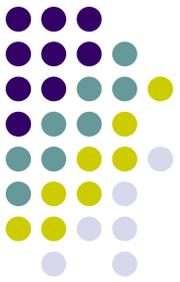


## Considerations:

continued....

4. Do not assess for prevention
  - Assess ability, not the “what if” the person needs assistance to perform the task.
5. Do not include exercise, ROM or physical therapy
6. Does not include getting in & out of a motor vehicle
7. Does not include getting in & out of a bathtub/shower
8. Does not include getting on & off the toilet or getting to & from the toilet

# Mobility

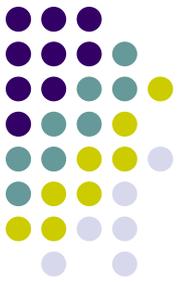


## Considerations:

continued....

9. Where is “inside” the Home or Care Setting?
  - Inside the entrance to the client’s home or apartment unit or inside the care setting
  - Courtyards, balconies, stairs or hallways exterior to the doorway of the home are not considered inside.
  - The threshold between the outside and the inside of the home or care setting is “outside”
  - Inside another person’s home, such as a neighbor’s home, is not considered inside the home or care setting

# Mobility

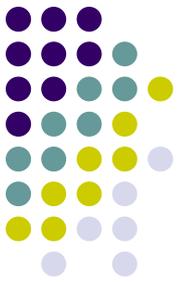


## Consideration of Falls:

continued....

10. Falls are considered for individuals with or resulting in mobility difficulties only.
  - To meet the criteria of a “history of falls”, the fall(s) need to result in on-going mobility problem **or** the resulting fall has created a mobility problem.
  - Do not consider falls which resulted in a negative physical health consequence unless the fall has now caused problem with mobility.  
**or**
  - The fall resulted in a need for mobility assistance following the fall. Individuals with mobility difficulties, who managed to rise without assistance ,due to the person having no other options (such as unavailable assistance) is considered in mobility. This person may meet the assist or full assist need level criteria.

# Definition of Ambulation

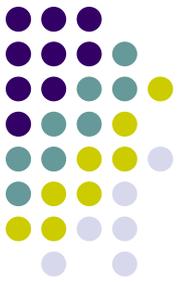


**Ambulation** means:

the activity of moving around both inside and outside the home or care setting, during the assessment time frame while using assistive devices, if needed.

Ambulation does not include exercise or physical therapy.

# Ambulation



## Minimal Assist:

Even with assistive devices, if needed, the individual can get around inside his or her home or care setting without the assistance of another person. Outside of the individual's home or care setting, the individual requires hands-on assistance of another person.

### This means the individual:

- can get around inside the home or care setting without assistance and
- must need hands-on assistance outside the home or care setting only

# Ambulation



## Substantial Assist:

continued....

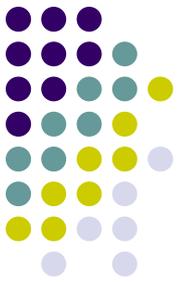
Even with assistive devices, the individual is unable to ambulate during the assessment time without hands-on assistance of another person inside his or her home or care setting. Even with assistive devices, this assistance may also be needed outside.

### This means the individual:

- must need hands-on assistance inside the home or care setting sometimes during the assessment time frame, but not always.
- may need assistance outside the home or care setting, but not required.

# Ambulation

continued....



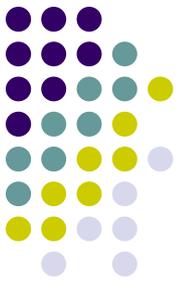
## Full Assist:

Even with assistive devices, the individual is unable to ambulate without assistance from another person. This means the individual needs the hands-on assistance of another person through all phases of the activity, every time the activity is attempted.

### This means the individual:

- **always** needs **hands-on** assistance **inside** the home or care setting for **ALL PHASES** of ambulation
- most likely needs assistance outside the home or care setting, but outside is not required

# Ambulation



## Considerations:

1. Comments need to substantiate the need level
  - For example: If a person uses an electric wheelchair, explain in comments why, when and how the individual needs assistance
2. Question whether a client can physically perform the task
3. Make determinations based on the ability to ambulate, not on hesitation due to fear
4. A truly bed bound person that never ambulates is considered Full Assist (see next slide)
5. Positioning a walker is not considered in ambulation, as this is set-up. Set-up is not part of ambulation



**Ambulation** means the activity of moving around both *inside the home or care setting* and outside, during the *assessment time frame* while using *assistive devices*, if needed. Ambulation does not include exercise or physical therapy.

## Assessing Mobility (ambulation and transfer) in general:

- **Does not** include the following activities: getting in and out of a motor vehicle, getting in or out of a bathtub/shower, moving on or off the toilet, or moving to and from the toilet.
- Inside means inside the entrance to the individual's home or apartment unit or inside the care setting.
- Outside means outside the home or care setting, such as courtyards, balconies, stairs, hallways exterior to the doorway of the home or apartment unit, the threshold of the door leading outside is considered outside.
- Bedbound individuals are full assist in ambulation. Reduce ambulation hours in service planning as appropriate.
- Mobility is not solely dependent on falls.
- **Time Frame** means thirty days prior and thirty days following the assessment date and expect the need to be on-going beyond the assessment time frame.

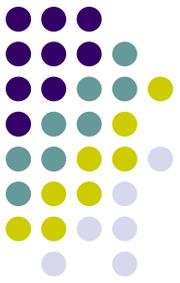
Line shows the end of quick help

# Bedbound with Ambulation



- Previously, assessed as Independent
  - It was thought that if no hands-on assistance was provided for the act of ambulating, due to being bedbound, individuals were considered independent.
- Now, assess as Full Assist
  - A caregiver acts as an extension of the individual when the caregiver ambulates for the purpose of taking care of the individuals needs.
    - ❖ For example: Walk to the dresser to get their clothes or get the person a glass of water.
  - In-home service planning: Hours may be reduced if the individual does not need the maximum assessed hours.

**Is it Substantial Assist in Ambulation if the doctor requests stand-by assistance in case the person may fall?**



**Yes**

**or**

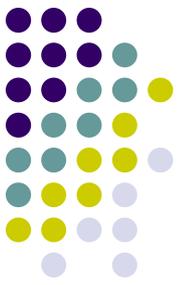
**No**

**OAR 411-015-0006(9)(c)** ..... Falls previous to the assessment time frame or the need for prevention of falls alone, even if recommended by medical personnel, is not a sufficient qualifier for assistance in ambulation or transfer.

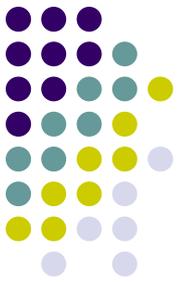
**Two consumers live in the same ALF, both with same physical impairments.**

**One consumer's room is close to the dining room and is able to walk there. The other needs help getting to the dining room because her room is at the far end of the hall.**

1. Would you assess both consumers the same, as they both have the same physical impairment?
2. Should you compare the consumers mobility in the assessment process to ensure the need level is consistent between the 2?
3. Would you assess ambulation for each consumer based on their ability to ambulate to the dining room?



# Definition of Transfer

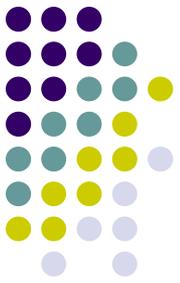


**Transfer** means:

the activity of moving to or from a chair, bed, or wheelchair using assistive devices, if needed.

This assistance must be needed inside the individual's home or care setting.

# Transfer



## Assist:

Even with assistive devices, the individual is unable to accomplish a transfer without hands-on assistance of another person at least four days during a month.

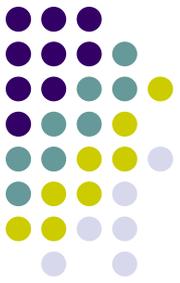
## This means the individual:

- requires hands-on assistance at least 4 different days during the month. The assistance doesn't need to be all day on each of these 4 days.

## Clearly document the reason in CAPS Comments:

Because it is unusual for a person to only need assistance 4 days a month it is important to explain “why” in the comments.

# Transfer

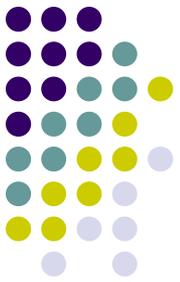


## Full Assist:

Even with assistive devices, the individual is unable to transfer and is dependent on at least one other person to perform the transfer. This means the individual needs hands-on assistance of another person through all phases of the activity, every time the activity is attempted.

### This means the individual:

- always requires hands-on assistance throughout all phases of transferring.



# Transfer

## Special Considerations of Full Assist and Assist:

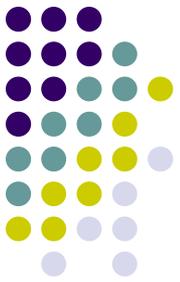
**Full Assist:** a person that always requires assistance throughout the actual task of transferring, but is able to:

- Sit up; or
- Sit up and move legs to side of bed; or
- Bear weight; or
- Bear weight and pivot

**Assist:** a person does not require assistance throughout the transfer, but requires and needs assistance:

- To get legs in/out of bed; or
- To steady them once in the standing position
- For someone to hold on or steady an assistive device in order to transfer

**Do Mobility hours need to be reduced below the maximum assessed hours limit for an individual that requires assistance transferring out of bed 4 days during the month?**

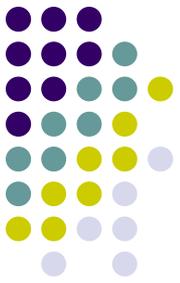


**Yes**

**or**

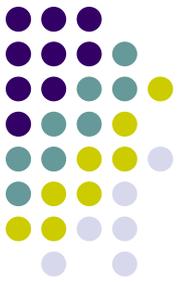
**No**

**OAR 411-030-0070(2)(a)** Maximum Monthly Hours for ADL – The planning process uses the following limitations for time allotments for ADL tasks. Hours authorized must be based on the service needs of the individual. Case manager may authorize up to the amount of hours identified in these assistance levels (minimal, substantial, or full assist)



# **Eating**

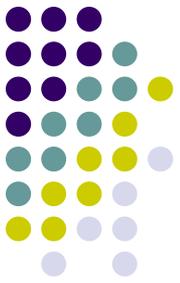
# Definition of Eating



**Eating** means:

the activity of feeding and eating and may include using assistive devices.

# Eating



## Considerations:

continued....

1. Evaluate the person's ability and limitations for feeding themselves.
2. Can the person be left alone due to the possibility of choking or aspiration?
3. Should the need be assessed in Eating or Meal Prep?
4. Cutting up food is assessed in Meal Prep, NOT Eating.
5. What is the individual's ability to eat with or without assistive devices?
6. Does the individual need assistance using special utensils?
7. Does the individual need assistance getting the special utensil applied to their hand?
8. Assistance types do not include stand-by or reminding.
9. Reminding is not the same as Cueing.

# Eating



## Assist:

When eating, the individual requires another person to be within sight and immediately available. Assistance requires hands-on feeding, hands-on assistance with special utensils, cueing during the act of eating, or monitoring to prevent choking or aspiration.

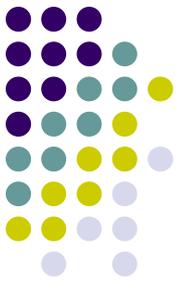
Assistance with eating is a daily need or may vary if an individual's medical condition fluctuates significantly during a one-month period.

### This means the individual:

must have someone immediately available and within sight everyday (may not be a daily need if the person's medical condition fluctuates during the month) **AND**

- requires hands-on assistance for feeding **or**
- hands-on assistance using special utensils **or**
- cueing during the act of eating to help the person complete the activity without hands-on assistance **or**
- monitoring to prevent choking or aspiration

# Eating



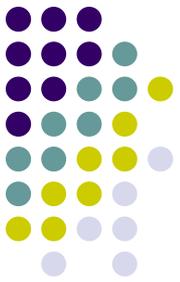
## Full Assist:

When eating, the individual always requires one-on-one assistance for direct feeding, constant cueing, or to prevent choking or aspiration.

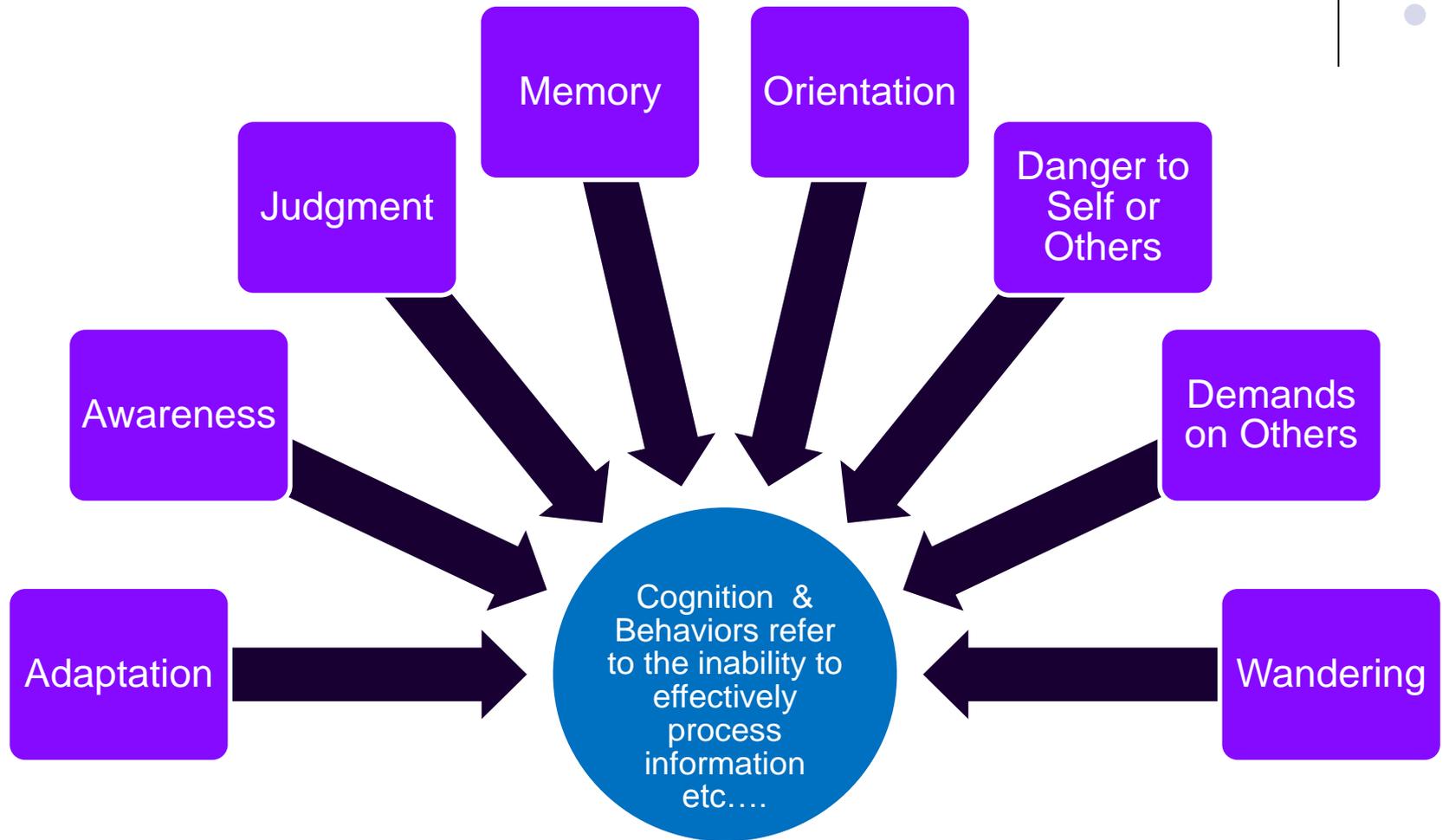
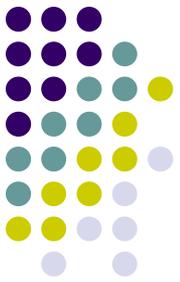
This includes nutritional IV or feeding tube set-up by another person. This means the individual needs the assistance of another person through all phases of the activity, every time the activity is attempted.

**This means the individual always** requires one-on-one assistance for **all phases** of:

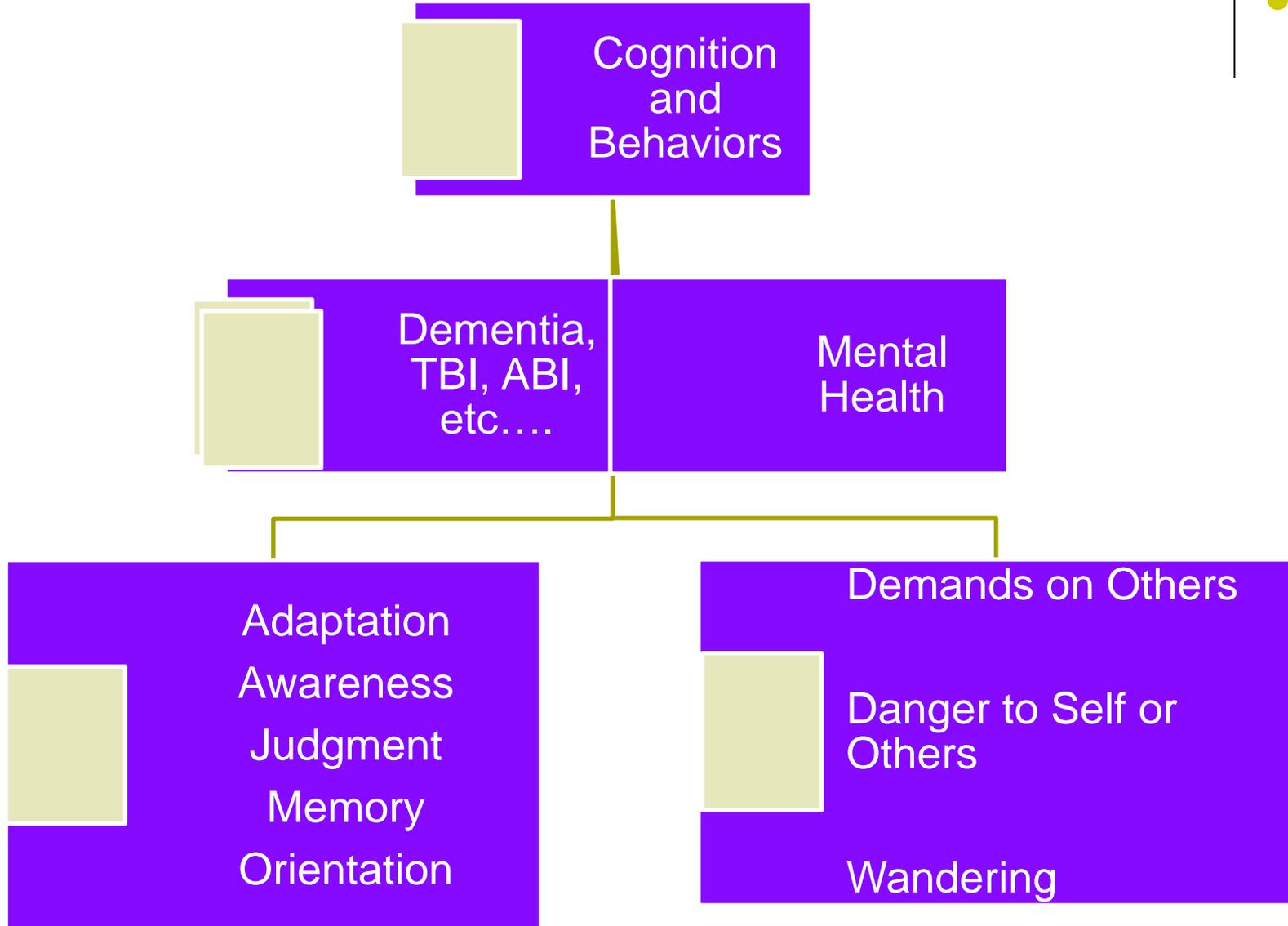
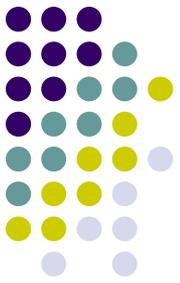
- Direct feeding **or**
- Constant cueing **or**
- To prevent choking or aspiration **or**
- Nutritional IV **or**
- Feeding tube



# **Cognition and Behaviors**



# Assessing Cognition & Behaviors for Mental Health



# Cognition SEQUENCING Example



1

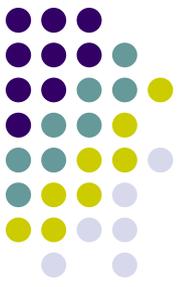
- Medical emergency at home

2

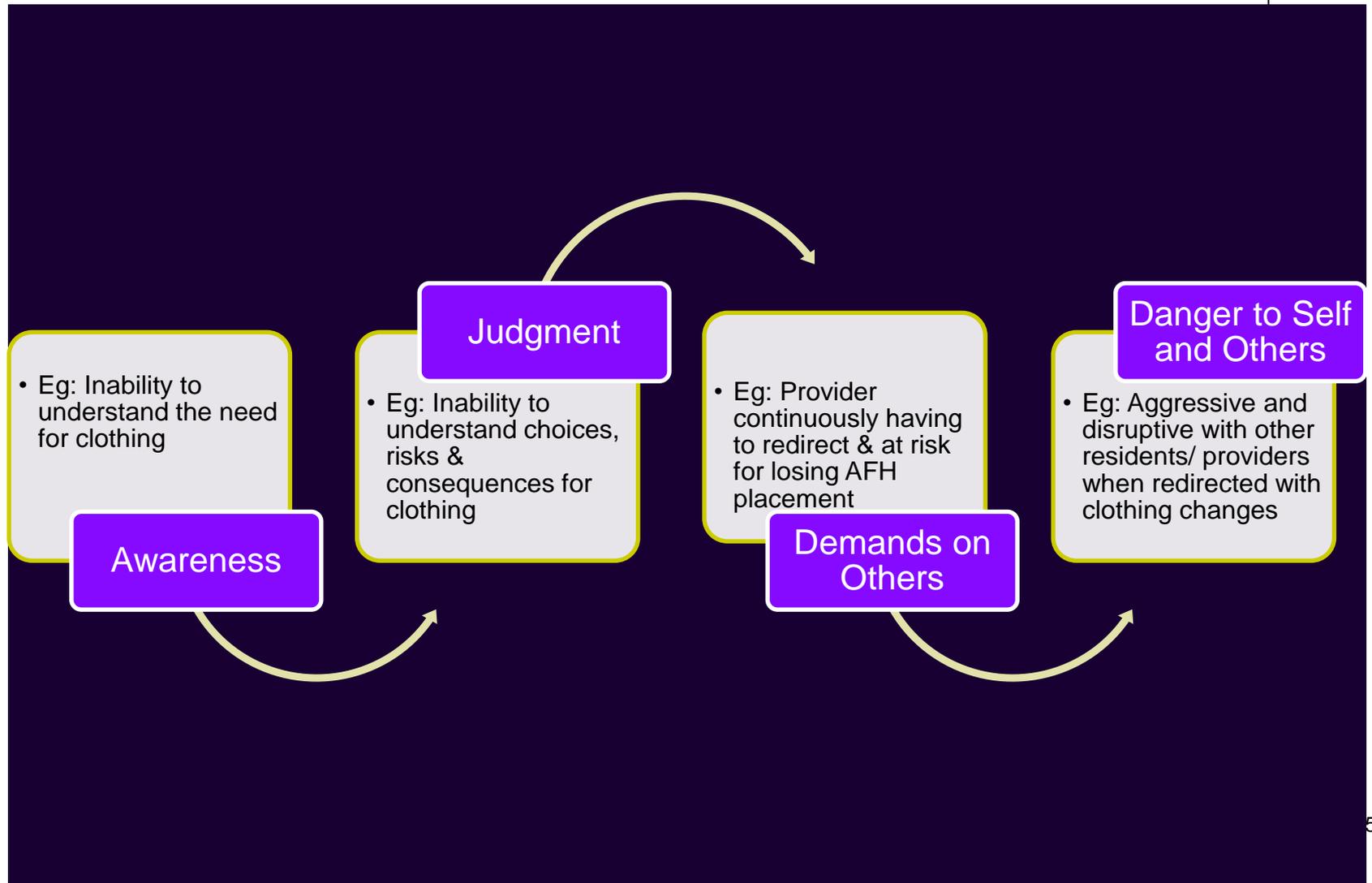
- Call 911
- Ask for help

3

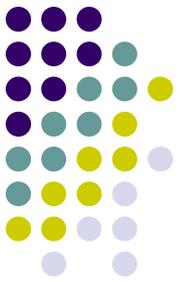
- Explain the problem
- Give address and phone #



# Example of connections between areas of Cognition and/or Behaviors



# Cognition and Behavior



- **Cognition and Behavior** refers to how the brain functions in the areas of:

## Cognition includes:

1. Adaptation
2. Awareness
3. Judgment/decision-making
4. Memory
5. Orientation

## Behavioral symptoms include:

6. Demands on others
7. Danger to self or others
8. Wandering

# Cognition/Behaviors



## Considerations:

1. Cognition and Behaviors refers to how the brain functions and generally speaking, a number of areas will be impacted when there is a cognitive process in place
2. Cognition/Behaviors are about the inability of the person to use information
3. Behavioral symptoms are likely a result of deficits in one or more of the 5 areas of cognition
4. Cognition and Behaviors are NOT about poor choices
5. Detailed information will be picked up throughout the conversation, observation, hearing and other senses while interviewing the person

# Cognition/Behaviors

continued...

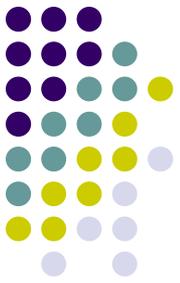


## Considerations:

6. Don't ask leading questions in cognition when the person is clearly cognitively intact
  
7. To meet the Full Assist criteria:
  - Must be Full Assist in 3 of the 8 areas to be an SPL 3
  - A need level of "Assist" does not impact SPL (levels), but does affect:
    - ✓ Hours in cognition
    - ✓ ALF payment levels

# Expanding the Assessment Time Frame for Cognition/Behaviors

OAR 411-015-0005(33) and 411-015-0006(5)(b)

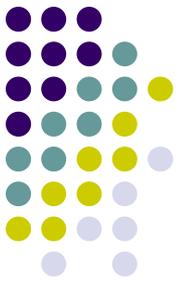


- **Without supports** means the individual lacks the assistance of another person, a care setting and staff, or an alternative service resource.
  - **Lack of medication or medication management** is not considered a “support” when evaluating cognition or behaviors.
  
- Time frame may be expanded when assessing cognition and behaviors “without supports” when:
  - The person has a history or incidents more than 30 days in the past; ***and***
  - The history or incident jeopardized the health and safety; ***and***
  - The individual still has a current concerns that need to be addressed now.

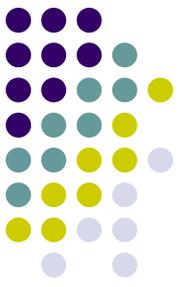
# Comments

## Assessing Cognition without Supports

OAR 411-015-0006



- ❑ Writing “Assessing without Supports” is ok, but the information entered is the most important.
- ❑ Comments need to include information gathered:
  - How the individual functioned prior to receiving or having supports in place; and
  - What is the support doing now to mitigate the problem.
  - **Provide examples** of how the individual functioned prior to having support(s) in place and what the supports are currently providing to minimize the problem.



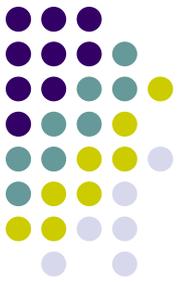
# Using Diagnosis in Comments in Cognition/Behavior and all ADLs

OAR 411-015-0006

## DX cannot be the supporting factor which substantiates a need level:

- ❑ Comments need to state specifically what is happening and what the individual is doing, using examples specific to the individual to substantiate the need.
- ❑ **Do NOT state:** “Due to dementia, the individual has difficulty adapting to change in her life”
  - The above comment is about the diagnosis and does not explain why the individual has problems adapting to change, nor does it substantiate the need level.
  - Individuals with dementia perform differently from each other.
  - Individuals may be able to do more for themselves at the beginning of their dementia, then several years later. Meaning there may be many different stages a person may go through with their dementia.

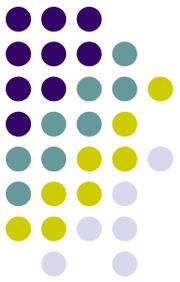
# Definition of Adaptation



**Adaptation** is

the **ability** to respond, cope and adjust to major life changes such as a change in living situation or a loss (such as health, close relationship, pet, divorce or a death).

# Adaptation



## Considerations:

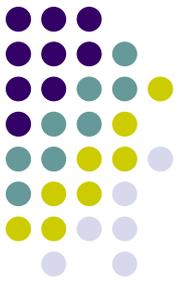
continued....

1. **NOT** only an emotional response, but must refer to how the brain functions.
  - Meaning, it must be based on the person's ability to function due to the impaired cognition functions of the brain
2. Evaluate the person's **ability** to adjust to losses or changes in circumstances, such as:
  - Changes in health, living situation, providers, roommates, other residents or facility schedule changes

# Adaptation

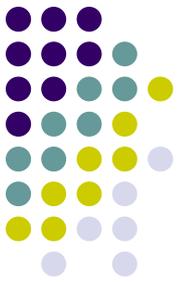
## Considerations:

continued....



3. Consider the person's ability to adapt to major life changes:
  - Keep in mind that people generally have a certain amount of struggles in their life *and*
  - Does the person struggle above & beyond and doesn't recover like a typical person would
  
4. Consider the history of the person. Is this not a typical response from the individual?
  - History can be found by discussing with providers, family, doctors...

# Adaptation



## **Assist:**

The individual requires reassurance from another person to cope with or adjust to change.

### **Frequency:**

- Assistance involves multiple occurrences less than daily
- This means it doesn't happen everyday, but sometime during the week.

## **Full Assist:**

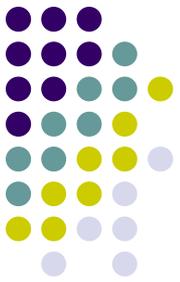
The individual requires constant emotional support and reassurance or is unable to adapt to change. These are daily, ongoing occurrences.

### **Frequency:**

- Requires continuous support & reassurance on a daily basis.
- This means everyday.

**Note:** Frequency is the primary difference between the Assist & Full Assist need levels

# Definition of Awareness

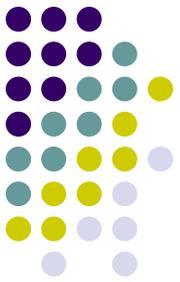


**Awareness** means

the ability to understand basic health and safety needs (such as the need for food, shelter and clothing).

- **Assist:** The individual requires assistance of another person to understand basic health and safety needs.
- **Full Assist:** The individual does not have the ability to understand basic health and safety needs and requires daily, ongoing intervention by another person.

# Awareness

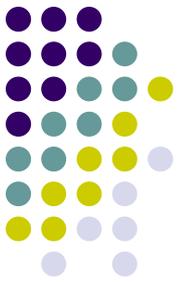


## Considerations:

continued....

1. Consider the person's understanding of needs relating to health & safety (such as food, shelter & clothing).
2. Consideration for the following need levels:
  - Assist – May need guidance or structure, such as having the structure of their coat hanging by the door in the winter when it is cold.
  - Full Assist - This person can not go through the day without intervention and isn't capable of understanding their basic needs.

# Definition of Judgment



**Judgment** means

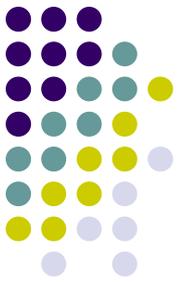
decision-making. It is the ability to identify choices and understand the benefits, risks and consequences of those choices.

Individuals who lack the ability to understand choices or the potential risks and consequences of choices need assistance in decision-making.

Judgment does not include what others might deem a poor choice.

- **Assist:** At least **weekly**, the individual needs protection, monitoring and guidance from another person to make decisions.
- **Full Assist:** The individual's decisions require daily intervention by another person.

# Judgment

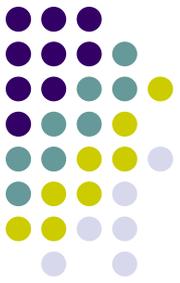


## Considerations:

continued....

1. Evaluate **ability** to make informed decisions about daily functioning
2. A person has the right to make decisions others don't agree with as long as the person understands the consequences of their decision
3. Consideration for the following need levels:
  - Assist - At least weekly, does the individual need assistance to help keep them safe (healthy) without respect to choice?
  - Full Assist - Every day, does the individual need assistance involving protection, monitoring and guidance to make decisions?

# Judgment



## Considerations:

continued....

4. Ask for a specific explanation of an outcome to determine if the person really understands the consequences of the decision.
5. Comments are not about personal feelings or opinions:
  - Make sure comment is about objective facts, not subjective
  - Note: this is not specific to cognition, but all areas of the assessment

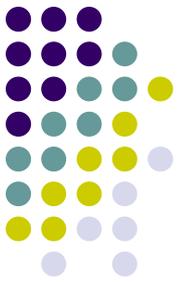
# Definition of Memory



**Memory** means  
the ability to remember and appropriately use current  
information, impacting the **health and safety of the individual.**

- **Assist:** The individual has difficulty remembering and using current information and requires reminding from another person
- **Full Assist:** The individual is unable to remember or use information and requires assistance **beyond reminding**

# Memory

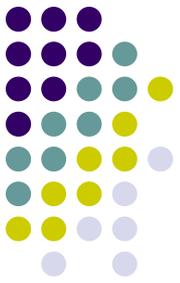


## Considerations:

continued....

1. Evaluate if the person has the ability to remember information
2. Evaluate how the memory issue affects the Health & Safety of the person
3. Is this typical forgetfulness or a memory issue?
  - “I forgot what this medication is for”.
  - “I don’t remember that I take medication.”
  - “I can’t remember what medications I took this morning.”

# Definition of Orientation



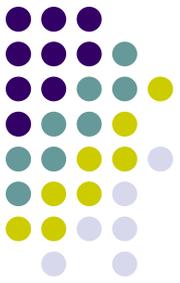
**Orientation** means

the ability to accurately understand or recognize person, place, or time in order to maintain **health and safety**

- **Assist:** The individual is disoriented to person, place or time and requires the assistance of another person (must affect health & safety). These occurrences are episodic during the week but less than daily.
  - This means the occurrences happen at unpredictable time each week, but not every day).
- **Full Assist:** The individual is disoriented daily to person, place or time and requires the assistance of another person. (must affect health & safety)
  - This means the occurrence frequency is every day.

**Note:** Frequency is the primary difference between the Assist & Full Assist need levels 93

# Orientation

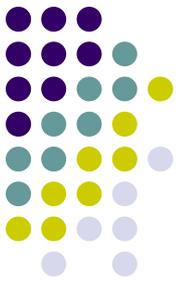


## Considerations:

continued....

1. Evaluate if the person has the ability to understand person, place or time as it affects their daily living
2. Questions to consider and how does it affect health & safety:
  - Does the person recognize family, friends and caregivers?
  - Does the person get lost within the care setting?

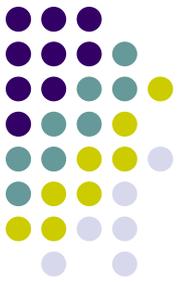
# Definition of Danger to Self or Others



**Danger to self or others** means

behavioral symptoms, other than wandering, that are hazardous to the individual (including self-injury), or harmful or disruptive to those around the individual

# Danger to Self or Others

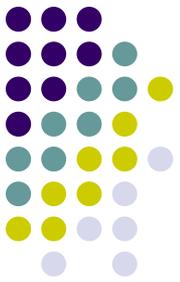


continued....

## Considerations:

1. Evaluate if the person exhibits behaviors that may be dangerous to them self or others
  
2. Questions to consider:
  - Is the person disruptive or aggressive?
    - Is this in a physical or non-physical way
  - Is the person sexually inappropriate?
  - Does the person injure themselves?
  - Is there an individualized behavior care plan? If so,
    - Is the purpose of the care plan to mitigate the behavioral symptoms?

# Danger to Self or Others



## Assist:

At least monthly, the individual is disruptive or aggressive in a non-physical way, agitated, or sexually inappropriate and needs the assistance of another person. These behavioral symptoms are challenging but the individual can be verbally redirected.

## This means:

- Frequency – at least once a month and
- Non-physically:
  - disruptive **or** aggressive **or**
  - Agitated **or** sexually inappropriate
- Behaviors are challenging, but can be verbally redirected
  - Redirection means to divert the individual to another more appropriate activity.

# Danger to Self or Others



## Full Assist:

The individual has had more than one episode of aggressive, disruptive, agitated, dangerous, or physically abusive or sexually aggressive behavioral symptoms directed at self or others. These behavioral symptoms are extreme, may be unpredictable, and necessitate intervention beyond verbal redirection, requiring an individualized behavioral care plan (as defined in OAR 411-015-0005) that all staff are trained to deliver.

## This means:

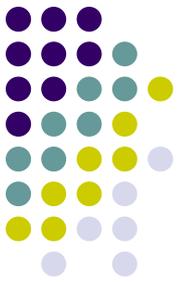
- Frequency – more than one episode within the assessment time frame; **and**
- Aggressive ***or*** disruptive ***or*** agitated ***or*** dangerous **or** physically abusive; **or**
- Sexually aggressive at self or others; **and**
- Must be extreme and may be unpredictable; **and**
- Intervention is **BEYOND verbal redirection**, with a **behavior care plan**.



# Behavior Care Plan Considerations

- ❑ Must be specific to the individual
- ❑ What are the behaviors?
- ❑ What are the goals for reducing or eliminating the behaviors?
- ❑ What are the preferences of the person?
- ❑ What has been tried before?
- ❑ What are the current approaches to take?
  - Before the behaviors escalate *and*
  - After behaviors have escalated
- ❑ How frequently are the behaviors?
- ❑ What staff are trained to implement the plan?
- ❑ Would anyone not knowing the person be able to easily understand and follow the plan?
- ❑ Case manager is responsible for reviewing and approving the plan <sub>99</sub>

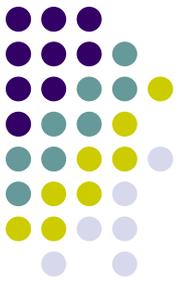
# Definition of Demands on Others



**Demands on others** means

behavioral symptoms, other than wandering, that negatively impact and affect living arrangements, providers or other residents.

# Demands on Others



## Considerations:

continued....

1. Evaluate how the person's habits or emotional states affect living situations, roommates and other residents or the providers.
  
2. Questions to consider:
  - Does the person compromise other residents in the facility?  
If so, how?
  - Has the provider attempted to minimize the problem by setting up and following a behavior care plan?
  - Does the facility have trained staff to mitigate the client's behaviors?

# Demands on Others



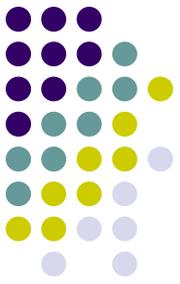
## **Assist:**

The individual's habits and emotional states limit the types of living arrangements and companions, but can be modified with individualized routines, changes to the environment (such as roommates or noise reduction) or general training for the provider that is not specific to the individual.

## **Full Assist:**

The individual habits and emotional states can be modified only with a 24-hour specialized care setting or an individualized behavioral care plan that all staff are trained to deliver.

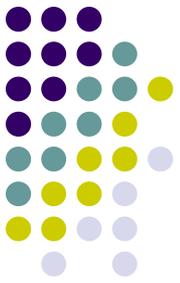
# Definition of Wandering



**Wandering** means moving about aimlessly, or elopement, without relationship to needs or safety.

- **Assist:** The individual wanders within the home or facility, but does not jeopardize safety.
  
- **Full Assist:** The individual wanders inside or outside and jeopardizes safety.

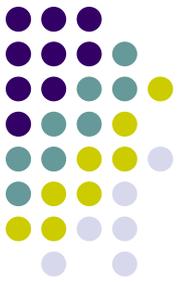
# Wandering



continued....

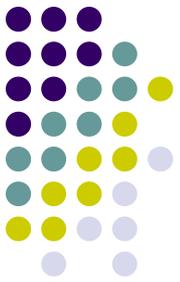
## Considerations:

1. Evaluate the person's ability to understand safety in regards to wandering.
2. Is the person physically capable of wandering? If not, the person would be Independent in Wandering.
3. Evaluate the person as if living without a secured care setting or support of family, caregivers, or friends (without supports)
4. Does the person "aimlessly" (meaning without purpose) move about without an understanding of why they are going someplace?
5. Does the person elope from the care setting, such as the facility or home?



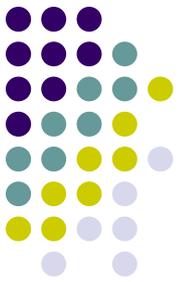
# **Elimination**

- Bladder**
- Bowel**
- Toileting**



# **Bladder**

# Definition of Bladder



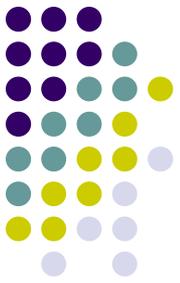
**Bladder** means

managing bladder care. This includes tasks such as catheter care, toileting schedule, monitoring for infection, ostomy care and changing incontinence supplies.

**This means the individual:**

- needs assistance with managing some or all of the their tasks of bladder care.

# Additional Bladder considerations



continued....

## **Monitoring for infection can be considered only:**

- When the person has a history of infections  
**and**
- The person does not have the ability to self-monitor  
**and**
- The provider has specific monitoring tasks to perform  
**and**
- The need is during the assessment time frame

# Additional Bladder considerations



continued....

## Toileting Schedule

Defined in the Case Management Tools website as:

- Scheduled toileting times for the purpose of preventing incontinence or for bowel or bladder training

# Bladder

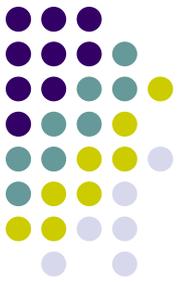


## **Assist:**

Even with assistive devices or supplies, the individual is unable to accomplish some of the tasks of bladder care without at least monthly assistance from another person.

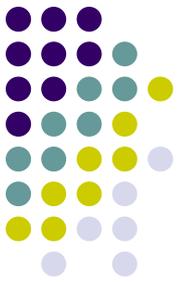
## **Full Assist:**

The individual is unable to manage any part of bladder or catheter care without the assistance of another person. This means the individual needs the assistance of another person through all phases of the activity, every time the activity is attempted.



# *Bowel*

# Definition of Bowel



**Bowel** means

managing bowel care. This includes tasks such as digital stimulation, toileting schedule, suppository insertion, ostomy care, enemas and changing incontinence supplies.

**This means the individual:**

- needs assistance with managing some or all of the their tasks of bowel care.

# Additional Bowel considerations



## Suppository insertion:

continued....

### “Full Assist” - suppository insertion as the only bowel care task:

- The need must be every time a bowel movement occurs during the assessment time frame
  - and*
  - The person can only have a bowel movement with a suppository insertion (Even if this is the only bowel task needed)
    - and*
    - Must be considered a “routine” suppository insertion administered by another person
      - Routine means the suppository insertion is required each time the individual has a bowel movement
      - PRN or as needed means the suppository insertion is only required when the individual needs one due to constipation, etc.... PRN is not “routine” and does not meet Full Assist, but at times may meet the Assist criteria

# Additional Bowel considerations



continued....

## Toileting Schedule

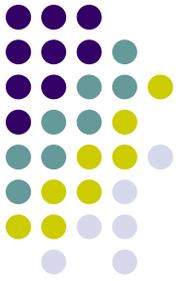
Defined in the Case Management Tools website as:

- Scheduled toileting times for the purpose of preventing incontinence or for bowel or bladder training

## Toileting schedules are NOT:

- Daily routine bowel movements.  
**For example:** an individual has a bowel movement (BM) everyday about 2PM. This is considered a daily “routine” BM, not requiring a schedule for the purpose of preventing incontinence, as the person knows they need to have a BM.

# Bowel

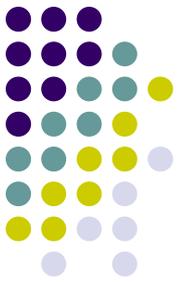


## **Assist:**

Even with assistive devices the individual is unable to accomplish some tasks of bowel care without at least monthly assistance of another person.

## **Full Assist:**

The individual is unable to accomplish any part of bowel care without the assistance of another person. This means the individual needs the assistance of another person through all phases of the activity, every time the activity is attempted.



# *Toileting*

# Definition of Toileting

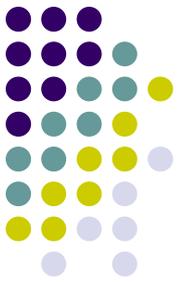


**Toileting** means

the activity of getting to and from, and on and off the toilet (including bedpan, commode or urinal), cleansing after elimination or adjusting clothing, cleaning and maintaining assistive devices, or cleaning the toileting area after elimination because of unsanitary conditions that pose a health risk. This does not include routine bathroom cleaning.

# Toileting

continued....



## Considerations:

1. Getting to & from the toilet
2. Getting on & off the toilet, commode, bedpan or use of a urinal
3. Clean-up for an individual that uses their bed as their “usual” toileting area can be considered in toileting, rather than housekeeping (“usual” doesn’t mean one-time per month)
4. When a person would be an SPL 13 based on toileting assistance needed **only** in the community - Independent
5. Flushing the toilet for the individual would not be a qualifier – Independent

# Toileting

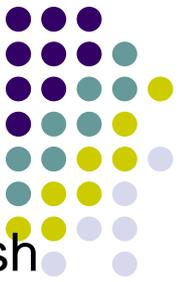
continued....



## Considerations:

6. Cleaning the toileting area after elimination because of an unsanitary condition that poses a health risk to the client or other residents, must consider the following:
  - What is the unsanitary condition that poses a health risk?
  - Must be beyond routine bathroom cleaning....
  - Cleaning inside the toilet is a housekeeping task, not toileting
  - A person having diarrhea once a month inside the toilet is considered in housekeeping, not toileting
  - If cleaning is considered toileting, rather than housekeeping, the unsanitary condition and health risk to the client or other residents needs to be clearly documented in the comments

# Toileting



## **Assist:**

Even with assistive devices the individual is unable to accomplish some tasks of toileting without hands-on assistance of another person at least monthly. Hands-on assistance is required for all tasks, except tasks associated with cleaning devices or the toileting area.

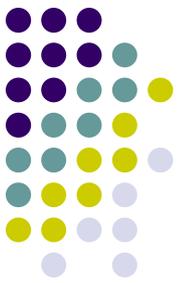
## **Full Assist:**

The individual is unable to accomplish any part of toileting without the assistance of another person. This means the individual needs hands-on assistance of another person through all phases of the activity, every the activity is attempted. Hands-on assistance is required for all tasks, except tasks associated with cleaning devices or the toileting area.

### **A person is Full Assist when the following criteria is met:**

1. Unable to accomplish the activity of getting to and from; and
2. On and off the toilet (including bedpan, commode or urinal); and
3. Cleansing after elimination and adjusting clothing.

A few times a month, this individual has diarrhea that requires extra cleaning to the inside of the toilet.

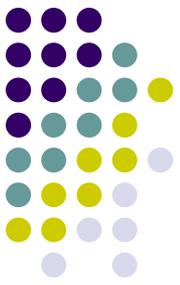


**Which of the following is correct:**

- A. Assess in housekeeping, as this is routine bathroom cleaning
- B. Assess in toileting, as this is not routine bathroom cleaning
- C. Assess in toileting, as it poses an unsanitary condition that poses a health risk to the client
- D. Assess in housekeeping, as it does not pose an unsanitary condition that poses a health risk to the client

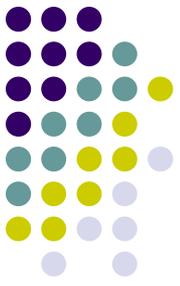
**OAR 411-015-0006(8)(c)** Toileting means the activity of getting to and from, and on and off the toilet (including bedpan, commode or urinal), cleansing after elimination or adjusting clothing, cleaning and maintaining assistive devices, ***or cleaning the toileting area after elimination because of unsanitary conditions that pose a health risk. This does not include routine bathroom cleaning.***

**Clara has Alzheimer's disease. Sometimes when she has a bowel movement, she tries to wipe herself, and makes quite a mess on the wall beside the toilet and on the floor.**



- A. Would this be routine bathroom cleaning? Why?**
- B. Does this create an unsanitary conditions that poses a health risk to the client? If so, what is the health risk?**
- c. What else could be done to minimize this problem?**

Joseph is a person with quadriplegia, is bed bound and is on a ventilator. Twice a week, he receives enemas and digital stimulation in bed, which requires excessive clean-up of his body, the bed and the bedding.

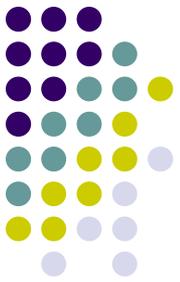


Would cleaning up the bedding be considered in:

- **Toileting** *or*
- **Housekeeping**

Because the individual is bed bound, and the toileting needs are completed in bed, the toileting area would be considered the bed, rather than the area around the toilet.

Must be the “**usual**” toileting area for the person.

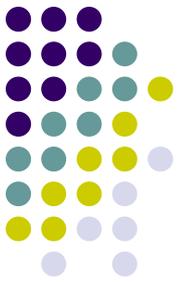


***Bathing***

***and***

***Personal Hygiene***

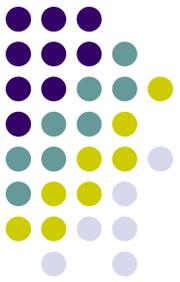
# Definition of Bathing



**Bathing** means

the activities of bathing and washing hair and using assistive devices if needed. Bathing includes the act of getting in and out of the bathtub or shower

# Bathing

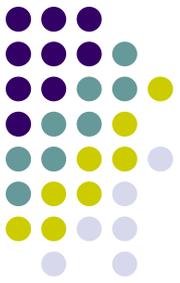


continued....

## Considerations:

- Bathing is one task broken down into 3 phases :
  1. Getting in & out of the shower
  2. Washing hair
  3. Washing the body (do not break down into specific body parts)
- If the person can not fully accomplish all 3 of the phases above each time without hands-on assistance, then the person is Full Assist need level
- If the person can not fully accomplish some of the phases above, than the person may an Assist need level

# Bathing



## Assist:

Even with assistive devices, the individual is unable to accomplish some phases of bathing without assistance of another person.

- **This means the individual requires:**
  1. Hands-on assistance for part of the phases of bathing; **or**
  2. Cueing during the activity; **or**
  3. Stand-by presence during activity.

## Full Assist:

Even with assistive devices, the individual is unable to accomplish any phases of bathing without assistance of another person.

- **This means the individual requires:**
  1. Hands-on assistance through all t phases of bathing; **and**
  2. Assistance is needed every time the activity is attempted.

## Bathing

The individual needs, assistance getting in and out of the bathtub or shower, bathing or washing hair.

**Select the most appropriate response** (Steps of bathing are described in the quick help header):

A. Independent

B. Unable to accomplish bathing **and** the individual needs:

- **HANDS-ON** assistance with any of the steps some of the time; **or**
- **HANDS-ON** assistance with up to two steps always, but doesn't need hands-on assistance for the remaining step(s); **or**
- **CUEING** or **STAND-BY** assistance during Step 1 **and/or** Step 2 **and/or** Step 3 some of the time or always.

C. **ALWAYS** needs **HANDS-ON** assistance during Step 1, Step 2 **and** Step 3.

# Bathing

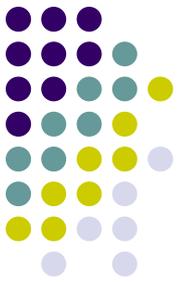
## Quick Help Header

**Bathing** means the activities of bathing and washing hair, using *assistive devices* if needed. Bathing includes the act of getting in and out of the bathtub or shower.

### Tips for assessing Bathing

- Bathing is broken into three steps.
  - Step 1:** Inability to get in and out of the bath tub or shower.
  - Step 2:** Inability to fully complete the task of washing their body. If an individual cannot fully accomplish washing any part of their body, then the individual cannot complete the task of bathing. Do not break bathing the body into multiple parts of the body. Bathing the body is one step.
  - Step 3:** Inability to wash their hair.
- Any step the individual is unable to fully accomplish is considered the inability to complete the step. The individual would not be able to complete the step without assistance from another person.
- Independent means:
  - No assistance needed to fully complete all 3 steps.
- Assist means:
  - Unable to accomplish one or two of the steps **some or all** of the time, but is always able to complete at least one of the steps; **or**
  - Unable to accomplish all three steps **some** of the time.
- Full Assist means:
  - Unable to accomplish all three steps each time bathing occurs without hands-on assistance.
- **Time Frame** means thirty days prior and thirty days following the assessment date.

# Definition of Personal Hygiene



**Personal Hygiene** means

the activities of shaving, caring for the mouth, **or** assistance with the tasks of menstruation care.

## **Assist:**

Even with assistive devices, the individual is unable to accomplish at least one task of personal hygiene without assistance of another person.

## **Full Assist:**

Even with assistive devices, the individual is unable to accomplish at least two personal hygiene tasks without assistance from another person.

# OAR 411-015-0006(4)(b) has been amended

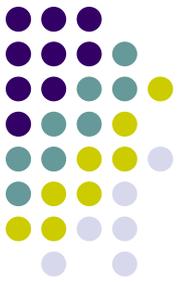


## Personal Hygiene rule:

- Previously, tasks of menstruation care was not technically allowed in rule.
- Now, includes tasks of menstruation care.
- Now allows for a person to be full assist if they always need assistance with at least 2 tasks of personal hygiene.

# Personal Hygiene

continued....



## Considerations:

1. What are the specific tasks of Personal Hygiene?
  - Shaving (face, legs or underarms);
  - Caring for the mouth (denture or teeth care); **or**
  - Assistance with tasks of menstruation care.
2. What tasks can the individual perform themselves?
3. Does the individual shave? If so, is assistance needed to shave?
4. Does the individual need assistance with caring for their mouth? If so, what assistance is needed?
5. Does the individual need menstruation care? If so, what assistance is needed for the menstruation care?



# Personal Hygiene

The individual needs, with or without assistive devices, assistance from another person to **shave, care for the mouth or with the tasks of menstruation care.**

## Select the most appropriate response:

A. Independent

B. Unable to accomplish at least one of the tasks of personal hygiene.

The individual needs:

- **HANDS-ON** assistance **always** for one task of personal hygiene, but doesn't always need hands-on assistance for the remaining two tasks **or**
- **HANDS-ON** assistance needed **some** of the time for one or two of the tasks of personal hygiene, but doesn't need hands-on assistance for the remaining tasks; **or**
- **CUEING or STAND-BY** assistance needed for at least one and up to all of the tasks of personal hygiene.

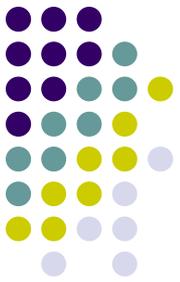
C. **ALWAYS** needs **HANDS-ON** assistance for at least two of the tasks of personal hygiene.

# Personal Hygiene Quick Help Header

**Personal Hygiene** means the activities of shaving, caring for the mouth or assistance with tasks of menstruation care.

## Tips for assessing Personal Hygiene

- Shaving consists of various areas of the body, such as the face, legs or underarms.
- Caring for the mouth consists of brushing teeth, dental floss, denture care, mouthwash and/or other tasks the individual requires for mouth care.
- Independent means:
  - No assistance needed to fully complete shaving, caring for the mouth or tasks of menstruation care.
- Assist means:
  - Always needs hands-on assistance with one of the tasks of personal hygiene, but doesn't need any assistance or may need **some** assistance with the other two tasks; or
  - Needs **hands-on** assistance **some** of the time with one of the tasks, but doesn't need any assistance with the remaining tasks; or
  - Needs **hands-on** assistance **some** of the time with two or more of the tasks, but doesn't need assistance with the remaining task.
- Full Assist means:
  - Always needs hands-on assistance with two or more of the tasks.
- **Time Frame** means thirty days prior and thirty days following the assessment date.



***Dressing***

***and***

***Grooming***

# Definition of Dressing



**Dressing** means  
the activities of dressing and undressing.

## **Assist:**

Even with assistive devices, the individual is unable to accomplish some tasks of dressing without the assistance of another person.

### **This means the individual requires:**

1. Hands-on assistance for part of the task; **or**
2. Cueing during the activity; **or**
3. Stand-by presence during activity.

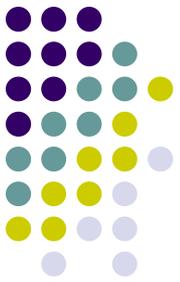
## **Full Assist:**

Even with assistive devices, the individual is unable to accomplish any tasks of dressing without the assistance of another person.

### **This means the individual requires:**

1. Hands-on assistance for dressing tasks; **and**
2. Assistance is needed every time the tasks are attempted.

# Dressing



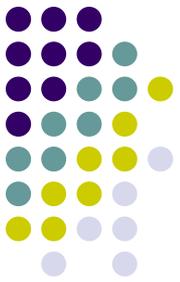
## Considerations:

continued....

1. Dressing is one task broken down into 2 phases :
  1. Top half of the body
  2. Bottom half of the body
2. Can the person make forward progress and fully complete each phase?
3. Do NOT consider set-up for dressing.
4. Would the person be able to accomplish dressing with cueing or standby? (Assist)
5. Evaluate the reason the person cannot dress and/or undress themselves.
6. Ted Hose is a treatment that is captured in dressing, as this is a function of dressing.

# Dressing

ontinued....



## Considerations for the following need levels:

### 1. Full Assist

- Hands-on assistance for dressing and undressing, both the top and bottom of the body, each time the activity occurs.

### 2. Assist

- Hands-on assistance needed sometimes for dressing and undressing, both top and bottom of the body; or
- Hands-on assistance to dress the top half of the body; or
- Hands-on assistance to dress the bottom half of the body; or
- Can fully dress themselves, but cannot button, snap or fasten clothing. Only consider if the individual uses fasteners.

### 3. Independent

- Able to dress themselves, button, including snaps & fasteners without assistance; or
- Able to dress themselves but it takes a bit longer to do on their own.<sup>138</sup>

## Dressing

The individual needs, with or without assistive devices, assistance from another person to dress and undress.

**Select the most appropriate response** . (Steps of dressing are described in the quick help header):

A. Independent

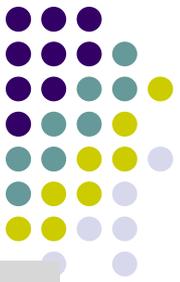
B. Unable to accomplish dressing. This means:

- **HANDS-ON** assistance for step 1 or 2 **some** of the time; **or**
- **HANDS-ON** assistance for one of the steps **always**, but doesn't need hands-on assistance for the remaining step; **■** or
- **CUEING** or **STAND-BY** assistance during steps 1 and/or step 2 **some** of the time **or** always.

C. **ALWAYS** needs **HANDS-ON** assistance for step one and two.

# Dressing

## Quick Help Header

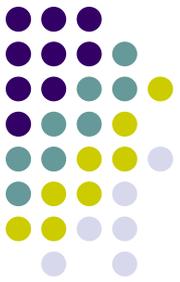


Dressing means the activities of dressing and undressing.

### Tips for assessing Dressing:

- Dressing is broken into two steps:
  - Step 1: Inability to fully complete the task of dressing or undressing the top half of body.
  - Step 2: Inability to fully complete the task of dressing or undressing the bottom half of the body.
- Any part of a step the individual is unable to fully accomplish is considered the inability to complete the full step (e.g. putting one arm....)
- Compression socks, commonly known as 'ted hose', is captured as a dressing function.
- Independent means:
  - No assistance needed to complete Step 1 or Step 2.
- Assist means:
  - Always needs assistance for Step 1 **or** Step 2; or
  - Does not always need assistance with Step 1 and Step 2, but sometimes needs assistance with both steps.
- Full Assist means:
  - Always needs hands-on assistance for Step 1 **and** Step 2.
- **Time Frame** means thirty days prior and thirty days following the assessment date.

# Definition of Grooming



## Grooming

means nail care **and** hair care.

### Assist:

Even with assistive devices, the individual is unable to accomplish tasks of grooming without the assistance of another person.

#### This means the individual requires:

1. Hands-on assistance for part of the task; **or**
2. Cueing during the activity; **or**
3. Stand-by presence during activity.

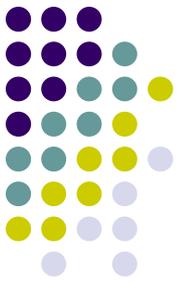
### Full Assist:

Even with assistive devices, the individual is unable to perform any tasks of grooming without the assistance of another person.

#### This means the individual requires:

1. Hands-on assistance for grooming tasks; **and**
2. Assistance is needed every time the tasks are attempted.

# Grooming



continued....

## Considerations:

1. Evaluate the person's ability to complete the tasks of nail **and** hair care.
2. What can the person complete without assistance?
3. Do NOT consider set-up for grooming.
4. Would the person be able to accomplish grooming tasks with cueing or standby? (Assist)
5. Evaluate the reason the person cannot accomplish grooming tasks by themselves.

# Grooming



continued....

## Considerations for the following need levels:

### 1. Full Assist

- Always needs hands-on assistance for both hair **and** nail care.

### 2. Assist

- Always needs hands-on assistance for nail care, but not hair care.

or

- Always needs hands-on assistance for hair care, but not nail care.

or

- Needs assistance sometimes with nail care and hair care

or

- Needs assistance with hair care only.

or

- Needs assistance with nail care only.

### 3. Independent

- Does not need assistance for either nail or hair care

## Grooming

The individual needs, with or without assistive devices, assistance from another person for nail and hair care.

**Select the most appropriate response:**

A. Independent

B. Unable to accomplish nail and/or hair care. The individual needs:

- **HANDS-ON** assistance for nail or hair care **some** of the time; **or**
- **CUEING** or **STAND-BY** assistance during the activity of nail **and/or** hair care **some** of the time **or** always; **or**

C. **ALWAYS** needs **HANDS-ON** assistance for nail care **and** hair care.

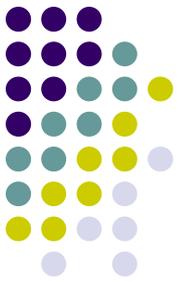
# Grooming Quick Help Header



Grooming means nail and hair care.

## **Tips for assessing Grooming:**

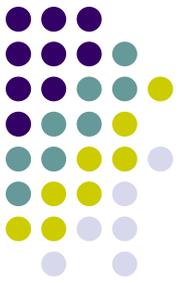
- Nail care consists of cutting and cleaning toe nails and/or finger nails.
- Hair care includes tasks to brush and comb hair and may include activities such as using rubber bands, barrettes, braiding hair, pony tails, etc....
- Independent means:
  - No assistance needed to fully complete nail and hair care.
- Assist means:
  - Needs hands-on, cueing, or stand-by assistance with hair and/or nail care some of the time, but not always; or
  - Needs hands-on assistance always with hair care, but not nail care.
  - Needs hands-on assistance always with nail care, but not hair care.
- Full Assist means:
  - Always needs hands-on assistance with nail and hair care.
- **Time Frame** means thirty days prior and thirty days following the assessment date.



# Websites

- 411-015-0000 through 411-015-0100  
Long-Term Care Service Priorities for Individuals Served  
[http://www.dhs.state.or.us/policy/spd/rules/411\\_015.pdf](http://www.dhs.state.or.us/policy/spd/rules/411_015.pdf)
- APD Case Management Tools  
<http://www.dhs.state.or.us/spd/tools/cm/index.htm>
- APD Staff Tools  
<http://www.dhs.state.or.us/spd/tools/index.htm>

# Contact Information



- Jane-ellen Weidanz (503) 945-5977  
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## Policy Analysts for SPL questions:

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- Mat Rapoza (503) 945-6985