

Mike McCormick

Authorized signatureNumber: APD-AR-17-040Issue date: 7/11/2017Topic: Long Term CareDue date:Subject: Side-by-Side Comparison to Assess Impact of Cognition Changes**Applies to (check all that apply):**

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

APD is considering changes to the components of Cognition and the associated need levels. To better assess the impact of the changes and the level of training necessary APD Central Office is requesting that all Case Managers (APD and OPI) complete a survey related to consumers' needs in cognition.

When:

In order to measure the impact of proposed changes to components of Cognition APD LTC Policy is requesting that when case managers conduct an assessment (*new, annual, or change of condition*) between 07/17/2017 through 07/28/2017 they also complete the attached survey.

- All responses will be entered into Survey Monkey for collection (https://www.surveymonkey.com/r/2017_Cognition_Survey)
- Please be sure that all surveys are completed and submitted by end of business 08/04/2017

How:

First, complete the CA/PS assessment.

Then complete the survey, including:

1. Consumer demographics; Consumer status, Service Priority Level, and Consumers' current care setting.

- a. If the consumer does not have any cognitive impairment indicate that the consumer is independent in the 8 (eight) current components of Cognition AND mark the box at the bottom of page 1 that reads, “Consumer is independent in the Activity of Daily Living of Cognition and does not require any supports at this time.”
2. If the consumer needs assistance in any of four (4) categories shown on the survey of Cognition indicate for which tasks the consumer needs assistance.
 - a. For the purposes of this survey, **assistance** means the consumer needs any of the assistances types currently defined in rule as related to any of the tasks in the category.
 - b. **EXAMPLE:** Consumer requires assistance from another person to appropriately sequence and implement steps necessary to complete tasks.
 Yes **No**
3. Then indicate the frequency that most appropriately describes the consumer’s needs with the primary task(s).
 - a. **EXAMPLE:** Consumer only requires assistance sequencing information at the grocery store (event specific).
 Assistance or support less than weekly or event specific

If the survey was completed using Survey Monkey, you are now done.

If the survey was completed using the paper tool, please attach to a secure email Ben.C.Sherman@State.Or.US. Please note the strong preference is for this to be completed through Survey Monkey.

Reason for action:

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy & Operations

If you have any questions about this action request, contact:

Contact(s):	Ben Sherman		
Phone:	(503) 602-3471	Fax:	
Email:	Ben.C.Sherman@state.or.us		

Case Manager Cognition Survey

1. What is the consumer's status?
 - Existing Ongoing Consumer
 - New APD consumer (never received any state benefits)
 - New LTC consumer (received medical or SNAP in the past)

2. Service Priority Level based on this assessment/reassessment:

3. What is the consumer's current care setting?
 - In-Home (Includes Independent Choices Program)
 - Adult Foster Home (AFH)
 - Assisted Living Facility (ALF)
 - Residential Care Facility (RCF)
 - Memory care or specific needs
 - Nursing Facility (NF)
 - Oregon Project Independence

Total Hours Authorized:

Add-Ons:

Payment Level:

Payment Level:

Consumer's Current Need Level for Cognition Components							
Adaptation	Awareness	Judgment	Memory	Orientation	Demands on Others	Danger to Self or Others	Wandering
<input type="checkbox"/> Indep	<input type="checkbox"/> Indep	<input type="checkbox"/> Indep	<input type="checkbox"/> Indep	<input type="checkbox"/> Indep	<input type="checkbox"/> Indep	<input type="checkbox"/> Indep	<input type="checkbox"/> Indep
<input type="checkbox"/> Assist	<input type="checkbox"/> Assist	<input type="checkbox"/> Assist	<input type="checkbox"/> Assist	<input type="checkbox"/> Assist	<input type="checkbox"/> Assist	<input type="checkbox"/> Assist	<input type="checkbox"/> Assist
<input type="checkbox"/> Full Assist	<input type="checkbox"/> Full Assist	<input type="checkbox"/> Full Assist	<input type="checkbox"/> Full Assist	<input type="checkbox"/> Full Assist	<input type="checkbox"/> Full Assist	<input type="checkbox"/> Full Assist	<input type="checkbox"/> Full Assist

Consumer is independent in the Activity of Daily Living of Cognition and does not require any supports at this time.

- When the consumer is independent in cognition please mark the box and consider the survey completed.

Consumer's Need Level for Proposed Cognition Components

Please indicate which tasks the consumer needs assistance with in each of the following categories.

- Yes means they need assistance No means they are independent and do not need assistance in this task

Then indicate frequency that most appropriately describes the consumer's needs with the primary task(s).

Category 1
➤ Being oriented to their community or surroundings. ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Safely using household appliances. ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Taking medications appropriately and/or as prescribed. ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Able to recognize and act in potentially dangerous situations. ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Protecting themselves from abuse, neglect or exploitation. ○ <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Assistance or support less than weekly or Event Specific
<input type="checkbox"/> Assistance 1-3 day(s) each week
<input type="checkbox"/> Assistance or supervision at least once each day
<input type="checkbox"/> Assistance or supervision throughout every day

Category 2
➤ Makes informed decisions using appropriate information? ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Aware of risks / consequences of what may be considered poor decisions? ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Sequence and implement steps necessary to complete tasks? ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Plan / organize activities like shopping or medical appointment? ○ <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Assistance or support less than weekly or Event Specific
<input type="checkbox"/> Assistance 1-3 day(s) each week
<input type="checkbox"/> Assistance or supervision at least once each day
<input type="checkbox"/> Assistance or supervision throughout every day

Category 3
➤ Communicates needs, problems, opinions, etc. ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Makes others aware of wants or needs, orally or in writing. ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Identify representative to communicate on their behalf. ○ <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Assistance or support less than weekly or Event Specific
<input type="checkbox"/> Assistance 1-3 day each week
<input type="checkbox"/> Assistance or supervision at least once each day
<input type="checkbox"/> Assistance or supervision throughout every day

Category 4
➤ Manage their behaviors which limits problems with others? ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Understands the consequences of their behaviors or actions? ○ <input type="checkbox"/> yes <input type="checkbox"/> no
➤ Responds to cueing or redirection from others? ○ <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Assistance or support less than weekly – Event Specific
<input type="checkbox"/> Assistance 1-3 day each week
<input type="checkbox"/> Assistance or supervision at least once each day
<input type="checkbox"/> Assistance or supervision throughout every day