Mental or Emotional Disorders
Cognition & Behaviors

OAR Chapter 411, Division 15
MED: Mental & Emotional Disorders Review

Under 65 years of age are not served by APD unless the individual:

OAR 411-015-0015(5)

- Has a medical non-psychiatric diagnosis or physical disability;
  
  *and*

- Has a need for services based on a medical, non-psychiatric diagnosis, or physical disability;
  
  *and*

- Provides supporting documentation demonstrating that the 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.
Mental Emotional Disorders (MED)

- Med.SPD@state.or.us

- Primary contact-
  - Kelsey Weigel 503-779-6849

- Checklist-
  - http://www.dhs.state.or.us/spd/tools/cm/mental_health/index.htm
Cognition and Behaviors

Chapter 411, Division 015
Cognition & Behaviors refer to the inability to effectively process information etc....

- Awareness
- Judgment
- Memory
- Orientation
- Danger to Self or Others
- Demands on Others
- Adaptation
- Wandering
Assess Cognition & Behaviors the same for Mental Health

Cognition and Behaviors

Dementia, TBI, ABI, etc.
and
Mental Health

Cognition
- Adaptation
- Awareness
- Judgment
- Memory
- Orientation

Behaviors
- Demands on Others
- Danger to Self or Others
- Wandering
The Inability to Sequence Information may occur in Cognition

A person with no cognitive deficits understands the sequence of events to problem solve in an emergency. For 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

- **Awareness**
  - E.g.: Inability to understand the need to drink water for hydration.

- **Judgment**
  - E.g.: Inability to understand choices, risks & consequences of not hydrating their body.

- **Memory**
  - E.g.: Inability to remember to drink water or take medications etc...

- **Orientation**
  - E.g.: Inability to recognize the daughter/caregiver. Becomes combative when the daughter tries to bathe her, as she thinks the daughter is a stranger.
Another example of connections between areas of Cognition and/or Behaviors

- **Awareness**
  - E.g.: Inability to understand the need for clothing

- **Judgment**
  - E.g.: Inability to understand choices, risks & consequences for clothing

- **Demands on Others**
  - E.g.: Provider continuously having to redirect & at risk for losing AFH placement

- **Danger to Self and Others**
  - E.g.: Aggressive and disruptive with other residents/providers when redirected with clothing changes
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

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 problem in place.

2. Behavioral symptoms are likely a result of deficits in one or more of the 5 areas of cognition.

3. Cognition/Behaviors are about the inability of the person to use information.

4. Cognition and Behaviors are NOT about poor choices.

5. Detailed information will be picked up throughout the conversation, through observation, hearing and other senses while interviewing the person throughout the assessment process (not just while in the cognition section of CAPS).

6. Don’t ask leading questions in cognition when the person is clearly cognitively intact.
Cognition is assessed by how the person functions without supports.

The “assessment time frame” may be expanded for assessing cognition & 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 would still have a current concern that would pose a problem without another person, a care setting and staff, or an alternative service resource in place.
Assessment Time Frame in Cognition/ Behaviors
OAR 411-015-0005(33) and 411-015-0006(5)

- Assessing “without supports”:
  This is how an individual would function without the assistance of another person, a care setting and staff, or an alternative service resource.

Some questions to consider:

- How would the person function if he/she wasn’t in a care setting or if another person wasn’t providing cognitive assistance for him/her?

- How did the person function prior to living in the current care setting or prior to receiving care?

- What were the behaviors prior to moving into the care setting? Does the provider have a plan to mitigate or reduce the behaviors? What is the provider doing to mitigate the behaviors?
Medication is not considered a support:

- If the person does not currently take medication, assess the person as the person presents during the assessment.

- If the person is currently using medication, assess the person as the person presents during the assessment.

- If the person is now taking medication, but wasn’t previous to the assessment, do not expand the assessment time frame to assess them back to a time prior to taking medications.
Comments
Assessing Cognition without Supports
OAR 411-015-0006

- 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 changes 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 early on in their dementia, then several months or 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

1. **NOT** a typical emotional response, but refers to the cognitive **inability** to process and use information

   - Keep in mind that people generally have a certain amount of struggles in their life **and**
   - The person struggles above & beyond what is typical for the person and now doesn’t recover like he/she would have in the past **and**
   - Consider the history of the person. Is this typical? Is this not a typical response from the individual? History can be found by discussing with providers, family, doctors, etc…

2. Evaluate the person’s **inability** to adjust to major life changes, losses or changes in circumstances, such as:

   - Changes in health, living situation, providers, roommates, other residents or facility schedule changes
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.
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

1. Ask for a specific explanation of an outcome to determine if the person really understands the consequences of the decision.

   **For example:** What would happen if you spent all your money on on-line purchases and didn’t have money left for your rent?

2. **Comments** are not about personal feelings or opinions:
   - Make sure comments are objective facts, not subjective
   - Provide an example of how the individual doesn’t understand the choices, risks and consequences.

   **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

1. Evaluate if the person has the inability to remember information and how does this memory problem affect the person’s health & safety:
   - Having memory problems that do not impact the person’s health and safety are not considered part of the OAR application for memory.

2. Everyone forgets things sometimes. Consider if it is typical forgetfulness or does the person have a memory problem that impacts their health and safety?

   Is this typical forgetfulness or a memory problem?
   - “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 times 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.
Orientation

1. Evaluate if the person has the ability to understand person, place or time as it affects the health and safety of their daily living

2. When considering orientation and its impact on health & safety, consider:
   - Does the person recognize family, friends, and caregivers?
   - Does the person get lost within the care setting?
   - How does their orientation affect the person’s health and safety?
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**

**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.
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

**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.
Demands on Others

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?
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

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?
Contact Information

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