

Adult Needs Assessment (ANA)/  
Child Needs Assessment (CNA)

# Manual

(Version 3, April 2017)

*This manual is to be used with the State of Oregon Department of Human  
Services Office of Developmental Disabilities Services (ODDS) Adult and  
Child Assessment tools*

## Table of Contents

<b>General Instructions .....</b>	<b>3</b>
<b>Client Demographics Tab .....</b>	<b>8</b>
<b>ADLs Tab .....</b>	<b>12</b>
Transportation (ANA Only).....	12
Ambulation/Mobility in the Home and Community .....	13
Transferring / Positioning.....	15
Eating/Drinking.....	16
Meal Preparation .....	18
Bladder and Bowel Control/Care .....	20
Toileting.....	22
Laundry and Housekeeping.....	23
Bathing (and Washing Hair) .....	25
Hygiene.....	26
Dressing and Hair care .....	28
Shopping and Money Management.....	29
<b>Medical Needs Tab .....</b>	<b>30</b>
Communication – Expressive & Receptive.....	30
Telephone & Alternative Communication Systems .....	32
Safety.....	34
Fire/Emergency Evacuation .....	36
Medication Management Supports – Oral.....	37
Medication Management Supports- Inhalants, Topicals, Suppositories .....	39
Medication Management Supports – Injections.....	40
Health Management Supports – General .....	42
Complex Health Management Supports .....	45
<b>Equipment .....</b>	<b>50</b>
<b>Nighttime Needs Tab .....</b>	<b>522</b>
<b>Community Integration .....</b>	<b>555</b>
<b>Social Interaction .....</b>	<b>59</b>
<b>Behavior Section.....</b>	<b>611</b>
Behavior Supports – No Formal Plan – Supervision and Monitoring.....	633
Behavior Supports – Plans – Home and Community .....	65
Behavioral Supports — Supervision – Home – Exclusive Focus .....	66
Behavioral Supports — Supervision - Community.....	73
<b>Enhanced or Exceptional Section .....</b>	<b>777</b>
<b>Appendix: Additional Reference Links.....</b>	<b>866</b>

## **General Instructions**

This manual includes specific instructions for each assessment section. Instructions for each section include a description of the activity and support need being assessed, reminders for supports that may be missed, reminders of support measured elsewhere in the tool and not included in the section being addressed, and instruction regarding interpretation of the rating options available for each question with examples of each support level available for the specific section.

Services Coordinators, Personal Agents and Case Managers must apply the interpretations published in this manual when conducting either an Adult In-Home Needs Assessment (ANA) or a Children's In Home Needs Assessment (CNA).

### **Required Training**

Before conducting an ANA or CNA, the assessor will read through the manual and become familiar with the items and their intent. The ANA/CNA Assessor exam is available on iLearn and must be passed before conducting assessments. See the appendix at the back of the manual for a link to the exam. As the assessment is being completed, the assessor will refer to the manual for guidance to select the most accurate score for each item.

In-person training is provided as requested by the CDDP or brokerage. Assessment questions can be sent via e-mail or phone. Please contact the ODDS subject matter expert (SME). Refer to the SME list located on DHS staff tools.

### **Using the electronic assessment tools**

The ANA and CNA are MS Excel based tools. While a paper copy of the tool may be used for recording information during the interview, the assessment ratings must be entered into the MS Excel application to generate assessment results. The tools must be downloaded from the DHS/DD Case Management tools page and saved to the desktop every time an assessment is performed. Do not open the tool from DHS staff tools or an e-mail to fill out. It must be saved to the desktop first. This allows all of the functions to work and the results to be saved correctly. Use the file-name convention suggested by the Excel version of the tool.

The ANA and CNA tools contain macros that translate the rating selections into assessment results and generate the summary information. When opening the tools, users will need to enable the macros. Some users may have security settings that automatically disable macros in downloaded files. Users should consult their agency's information technology (IT) policies regarding possibly-needed adjustments of their security settings. It is necessary to enable the macros in order to complete an assessment.

The assessment tool contains multiple worksheet tabs. The following tabs must be completed by the Service Coordinator, Personal Agent or authorized assessor when conducting an assessment: *Client Demographics*, *ADL Needs*, *Medical Needs*, *Nighttime Needs*, and *Social and Behavior Needs*. Assessment results are summarized on two tabs: *Support Needs Summary* provides a consolidated listing of support needs recorded on the assessment tool; and *Summary of In-Home Hours* displays the Attendant Care/Skill Training/Relief Care hours calculated by the assessment tool. The *2-1 Review and Approval* tab must be approved by the CDDP Manager, Brokerage Director, CIIS Manager or their designee. The tool also contains a reference tab *Nursing Assessment Indicators*. This information should be reviewed when ratings are selected which include an asterisk (\*) indicating the potential need for a nursing assessment.

*Complete the demographics page of the assessment prior to recording assessment ratings.* Some sections of the assessment require information from the demographics page in order to accept response. Completing the demographics page in its entirety at the beginning of the assessment will eliminate the need to interrupt the interview to collect demographic information during the conversation.

To record a rating on the assessment, the assessor will click in the option-button to the left of the support need level selected. Assessors should note that the default setting for the option-button is "Independent". It is recommended that assessors review the Support Needs Summary to confirm that all ratings are correct.

The assessment tabs do not need to be completed in the order they appear in the tool and manual. In some cases, the assessor may find it productive to first complete the tab that covers the individual's most prominent needs. For example, for an individual with a serious medical condition, it may be beneficial to first complete the medical tab. Before conducting an assessment interview, the assessor should prepare by familiarizing themselves with the individual by reviewing current file documentation to build context for the assessment interview. The file review will also assist the assessor in identifying potential assessment interview reporting errors.

**For each section:**

**Review the intent of the section:** See bolded description for each section. The information provided on the tool is minimal. Refer to this manual for specific information about section intent and rating interpretation. Be sure to note what is included and what isn't for each section.

**Determine how the activity is accomplished:** Identify how the individual completes this activity and if supports are provided, what those supports look like on a typical day (at least five days a week or more). This is considered The Five Day Rule. Some items do not occur on a typical day and can be scored anyway. See the guidance in the specific item descriptions throughout the manual. Participants may want to share information about when an individual is unusually independent or when the individual requires an unusually high level of support. The assessor should guide this discussion to include the information about the type and amount of support that is typically needed by the individual. Ask probing questions about the individual's skills and abilities to determine support needs. *For example:* The provider states that the individual doesn't do laundry or clean the house. Ask about favorite hobbies or what the individual does for work. If the individual does janitorial work successfully, apply those skills to laundry and housework. Don't assume the individual needs a full assist because he doesn't engage in an activity.

*What if the activity does not pertain to the person?* In some cases, a section may not be applicable to the individual. A common example is the injections section. Injections would not be applicable for an individual who does not currently have prescribed daily injections. If an individual does not perform the activity (with or without support) or does not currently require another person to perform the activity for them, record a rating of “Independent” when “Not Applicable” is not available as a rating option. *Do not* record the level of support the individual would need as if the activity were applicable.

**Assess each support only once.** Each section should reflect different support activities. The same support activity may not be the basis for support ratings in more than one section. If the assessor recognizes that a support has been applied to more than one section, it is recommended that the assessor consult the manual instruction for each of the sections to determine the section to which the support is applicable. *For example:* An individual requires full assistance with Transfers and Positioning, which includes transfers into/out of the bath tub. When assessing support needed for bathing, it is common for participants to think, again, about the support needed to get in and out of the tub. The support is rated only once, in the transfer section, and is not considered again when assessing the support level for bathing.

There is one exception: Fire Evacuation. In the Fire Evacuation section, supports may be based on the same needs measured elsewhere in the assessment (*for example, ambulation supports would be a component of evacuation*).

## Description of Levels of Support

Based on the description of supports, observation, and file documentation the assessor determines the level of support typically needed by the individual. Most sections of the assessment use consistent terms for describing the level of support. The following definitions for level of support terms apply throughout this assessment.

**Independent or Age-Appropriate** means the individual either performs the activity without human assistance, the section is not applicable to the individual or (for a child) an essentially similar level of support for the activity is necessary for a typically developing child of the same age.

**Partial Assist** means the individual needs support with some aspects of the activity on a daily or almost daily basis or each time the activity occurs, but support is less than Full Assist. Partial Assist is a broad category. It is recommended that the assessor utilize the notes field to provide more specific information.

**Full Assist** means the individual requires all or almost all aspects of the activity completed for him or her all or almost all of the time. (“Almost all” is applied as 90% or more.)

**Two-person assist** means the individual requires the physical support of 2 people (concurrently) either on a daily basis, or every time the activity or a part of the activity is performed. Two people do not have to be present throughout the entire activity. (The application of this definition is modified in the behavior tab.) The need for two-person assist must be based solely on the needs of the individual and amount of support a typical caregiver could provide. The rating may not be based on the limitations of a particular caregiver. The two-person assist must be for the purpose of the item. *For example*, the individual requires two people in the bathroom with him while he is bathed. One person provides a full assist to bathe him and the second person provides behavioral supports. This would not be a two-person assist. The supports provided by the second support person would be captured in the behavioral section.

*When an asterisk (\*) appears after the Level of Support description, it indicates the need for documentation, a nursing care plan, and/or an ISP discussion about the potential need for a functional assessment (of behavior) and a behavior support plan or guidelines.*

**Record important information in the “Notes” field.** Use this field to record information relied upon to determine the rating (including significant variations in information received), preferences and potential goals identified during the assessment. Record a description of the support needed and what the individual does to contribute to the activity. This helps to justify why scoring options were selected. The notes field does not have a character limit.

## Client Demographics Tab

### General Information

All fields need to be filled out on the Client Demographics page.

### Specific Demographic Page Instructions

- **Legal Name of the Individual Field:** Enter the full legal name of the individual. Include first, middle and last names. Do not use “nicknames.” If an individual is known by more than one name, include “AKAs” as well.
- **Date of Birth Field:** Enter information as MM/DD/YYYY.
- **Age Field:** This field will automatically populate once the date of birth has been entered.
- **Prime # Field:** Enter individual’s prime number. Prime number entered must have 8 alpha/numeric digits.
- **Weight Field:** Enter the individual’s weight in pounds.
- **Height Field:** Enter the individual’s height in inches.
- **Service Setting Field:** Select the setting type within which the individual receives services. For example, their family home, or a 24-hr group home, or a foster care home, etc.
- **Service Element Field:** Select the service element through which the individual’s services are funded [*not sure if this is the correct verbiage* –PRS]. Note: the available **Service Element** drop-down list options are dependent on which **Service Setting** was selected.



- **Did the child/adult participate in the Assessment Field?** “Yes” indicates the child or adult participated in at least some portion of the assessment interview. “No” indicates the child or adult did not participate in any portion of the interview. Note: When an individual does not “participate” in the interview, it is still necessary to conduct a face- to-face meeting with the individual. If this occurs at a different time than the interview, document the completion of the observation portion of the assessment in the progress note indicating the date the face-to-face meeting took place. This must occur prior to the completion of the assessment tool and the finalization of the ISP.
- **Gender Field:** Select the child or adult’s gender from the dropdown menu
- **Assessment Type Field:** Select the reason for the assessment from the dropdown menu.
  - **Annual:** the child or adult is currently receiving services and this assessment is being completed to develop the next annual service plan.
  - **New:** the child or adult is entering the service for the first time. “New” should also be selected when an ANA is completed for a child to plan for services to be received when the child turns 18.
  - **Change in Need:** the Personal Agent, Service Coordinator or DHS Case Manager has identified a significant change in need. This may include an indication of change in need made by the individual and/or representative/guardian. (Select “Change in Need” whenever the reason is based on changing needs, even if the re-assessment was originally requested by the individual or their representative to address the need.)
  - **Request:** the child or adult or their representative has requested re-assessment and there are no known significant changes in need at the time of the request.

- **Date of Assessment Field:** Enter the date that the assessment is completed. Enter the date in most standard date formats (e.g. 2/13, 2/13/17, Feb 13, February 13 2017, etc.), including the word “today”, which will automatically be converted to today’s date.
- **CDDP Services Coordinator or Brokerage Personal Agent Field:** Enter the full name of the Personal Agent, CDDP Services Coordinator or DHS Case Manager.
- **CDDP/County or Brokerage Field:** Using the drop down box select the correct CDDP/County or Brokerage that is currently providing services to the individual. If the child is also receiving case management supports from CIIS indicate this in the Comments box.
- **Personal Agent/CDDP Services Coordinator Phone Number Field:** Enter the full phone number including area code where the Personal Agent or CDDP Service Coordinator can be reached. Include extensions if applicable.
- **Assessor’s Name Field:** Enter the name of the individual conducting the assessment. **Do not enter “same as above” or other responses.** If the assessor is the same as the PA or Services Coordinator identified, the field should auto-fill (from the field above) once the first letter of the name is typed.
- **Assessor Affiliation Field:** Select the type of organization or DHS work unit for the assessor.
- **Assessor Phone Number Field:** Enter the assessor’s phone number, including area code. Enter the best phone number to reach the assessor and include any extensions, if applicable.
- **Assessor E-Mail Address Field:** Enter the e-mail address of the person conducting the assessment.

- **Name of Assessment Participants Field:** Enter full names of anyone participating in the face-to-face portion of the assessment. The individual and/or their legal representative have the right to request participation by others in the assessment process which may include health professionals, advocates, providers and other Individual Support Plan Team members.
- **Relationship to Individual Field:** Enter the relationship that each participant has with the individual.
- **Phone Number of Assessment Participants Field:** Enter the phone number of each participant, including area code. Enter the best phone number to reach the participant and include any extensions, if applicable
- **Start Time Field:** Enter the approximate time the assessment interview begins.
- **End Time Field:** Enter the approximate time the assessment interview ends.

## ADLs Tab

### ***Transportation (ANA Only)***

[Five day rule does *not* apply]

In this section, you are assessing the individual's ability and need for support with the task of traveling from one location to another. Your assessment should include the individual's ability to plan a trip, schedule a ride, use a bus schedule or access a vehicle, buy a ticket once on the bus and identify start, stop or transfer points. Consider all forms of transportation, including, but not limited to, public transportation, private vehicles, taxis/cabs, ride sharing services, bicycles and walking.

*Do not include* support needs assessed elsewhere in the assessment, such as transferring from a wheelchair to a vehicle seat; assistance needed with money management and transactions; support needed to monitor a complex health condition; or behavior support needed while traveling.

*Do not include* transportation to and from medical appointments in the determination of the rating. Medical transportation is a health plan service.

*Do not include* the need for financial assistance in your assessment. You may note information regarding issues with financial resources in your notes for service planning, but financial resources are not included in the rating for this section. Support with financial issues like budgeting could be included in the Shopping and Money Management section. Support for the activity of buying a monthly/yearly bus pass could be included in the Community Inclusion section.

Support does not need to be at least five days a week for this item. Consider the level of support needed based on the typical day help is needed.

### **Description of Levels of Support:**

- **Independent:** The individual is able to drive; *or* the individual is able obtain bus pass, plan routes, ride independently, make correct transfers/stops without assistance; *or* the individual is able to coordinate rides, such as taxi service, other commercial transportation service or shared transportation with family or friends, and needs no assistance with coordination and can ride independently.

- **Partial Assist:** The individual is able to either coordinate his or her rides or ride independently part of the time. *For example:* The individual is unable to plan a bus route, or schedule a ride but can ride independently (including correctly disembarking); or the individual can ride independently on known routes, but requires assistance on routes not frequently traveled.
- **Full Assist:** The individual requires full help for all steps of transportation. *For example:* The individual does not understand directions and will get off at the first bus stop without someone riding along or would not get off the bus at all without prompting.

### ***Ambulation/Mobility in the Home and Community***

[Five day rule applies]

In this section, you are assessing the individual's ability and need for support to move about his or her environment, both within the home and in the community on a typical day (five days a week or more). The emphasis of this question is on assessing the level of support the individual requires for the physical mechanics of mobility. Consider how the individual moves about in the home and in the community. There may be multiple methods of moving used by the person; consider all methods to determine how much assistance is needed and how often it is needed.

If the individual uses *adaptive equipment* or has *environmental adaptations* to assist, assess the individual's ability and need with these adaptations in place, but also consider whether these adaptations are available to the individual in all environments that the individual is commonly in. If the adaptations are not always available, consider how the individual moves about both with the adaptations and in the absence of the adaptations.

*Do not include* support based on safety risks that are not associated with the mechanics around ambulation. *For example:* The individual has the physical ability to ambulate, but only requires support from another person to prevent him or her from darting into traffic, do not consider in this item.

*Do not include* support for range of motion (ROM) or therapeutic ambulation in the rating for this section. ROM and therapeutic ambulation should be included in the rating for "Health Management – General" in the Medical tab.

**Description of Levels of Support:**

- **Independent:** The individual moves around with no help from another person. **For example:** The individual is able to walk without human support (may use a walker or cane); or the individual uses a wheelchair and is able to propel the chair themselves without human support.
- **Partial Assist:** The individual is able to move about independently part of the time, or requires cueing, guidance, and/or only minimal hands on help. *For example:* The individual moves about with the use of a wheelchair, but requires some guidance to prevent bumping into walls and needs assistance outside the home to prevent the chair from being steered off the sidewalk or into others; *or* the individual walks in the home without support using handrails, but requires hands-on support to prevent falling in portions of the home that have no rails, and at all times in the community. If the individual is bearing weight and self-balancing while moving about, he or she is completing an essential part of the activity, even if a provider must help the entire time.
- **Full Assist:** The individual needs weight bearing or balance support every time they move about in his or her environment. *For example:* The individual moves about by walking, but would fall down without another person physically holding the person up; *or* the individual uses a wheelchair, and does not propel his or her own wheelchair.
- **Two-Person Assist:** The individual requires two people to maneuver a wheelchair, gurney or to provide physical support with balance and weight-bearing to move about in his or her environment for some or all aspects of the activity.

## ***Transferring / Positioning***

[Five day rule applies]

In this section, you are assessing the individual's ability and need for support to move themselves into and out of chair, bed, toilet, vehicle seat, etc. AND the person's ability and need for support to effectively move his or her body within the chair or bed to maintain comfort on a typical day (five days a week or more). If the individual uses *adaptive equipment* or has *environmental adaptations* to assist with movement, assess the individual's ability and need for assistance with these adaptations in place, but also consider whether these adaptations are available to the individual in all environments that the individual is commonly in. If the adaptations are not always available, consider how the individual moves between seats and changes position both with the adaptations and in the absence of the adaptations.

*Do include* supports that are needed at home and in community settings (to include employment, vocational and day-support activities).

*Do not* include medically necessary positioning to prevent skin breakdown. This can be captured in the Medical Section.

### **Description of Levels of Support:**

- **Independent:** The individual is able to get in and out of bed and in and out of chairs with no help from another person, and can move his or her body within the bed or chair.
- **Partial Assist:** The individual requires stand-by monitoring, cueing and/or some physical help and bears weight on his or her feet. The individual assists with his or her own repositioning or requires cuing and coaching to change positions. *For example:* A standing pivot transfer (bears weight on feet) is an example for some help with transfers; an individual who can shift his or her own body in the chair but needs someone to put their arm under their shoulder for support or change the orientation of positioning cushions.
- **Full Assist:** Full help is required. The individual is unable to bear weight or provide contributory participation in the transfer. *For example:* The individual requires full help as he does not bear weight nor uses limbs to transfer.

- **Two-Person Assist:** Two people must help move the person during some or all transfers.

Note: a “Two-Person Assist” may only be scored if the individual requires support from 2 persons and such tasks cannot be safely performed by a single qualified caregiver. This scoring may not account for physical limitations of a preferred caregiver. For example, two person assist may not be claimed because a preferred caregiver has back issues that necessitate a second caregiver to assist in the transfer if a single caregiver without physical limitations could perform the transfer without additional assistance.

## ***Eating/Drinking***

[Five day rule applies]

In this section, you are assessing the individual’s ability and need for support to safely consume food and beverages on a typical day (five days a week or more). This includes the physical act of getting food from the plate or bowl into the person’s mouth, safely chewing and swallowing. Consider the person’s ability to handle food, use utensils, take appropriately sized bites or sips, adequately chew and swallow. *The emphasis of support scoring in this category is on the physical mechanics of eating as well as providing support to address risk of aspiration.*

If a person needs some help from another person with one or more parts of eating and drinking, consider whether these impact all of mealtime or whether they are intermittent supports or are needed only during a portion of the meal. For instance, a person who successfully eats finger foods and can eat a wide array of foods in this manner but is unable to use utensils, may be able to eat most foods independently if these needs are considered in meal preparation, but the person may need some help when foods require utensils; OR a person who can use utensils for foods that stay on the fork or spoon easily, but due to shaking is unable to manage soup with a spoon and would need assistance when soup or similar items are served, but this assistance would not be needed throughout the meal at all or most meals and would be a partial assist.

Be sure to consider fluid intake in your assessment.

*Do include* in your assessment whether the individual needs monitoring or cuing to prevent choking, including food stuffing due to the inability to gauge bite size or to manage eating at a safe pace.



*Do not include* other behavior related to consumption that impact all areas of life such as polydipsia, Prader-Willi (fluid and food seeking), or pica. (Behaviors are assessed on the behavior tab.)

*Do not include* behaviors that occur throughout the day, including mealtime, such as aggression or throwing/destroying objects. (Behaviors are assessed on the behavior tab.)

*Do not include* support to make healthy food/nutritional choices, portion control and other dietary considerations are not scored in this question. (These items should be considered when assessing “Health Management – General” on the Medical tab.)

### **Description of Levels of Support:**

- **Independent:** The individual eats and drinks with no help from another person.
- **Partial Assist- food cut up:** The individual requires some monitoring and help, but doesn’t need continual cuing or physical help from another person to eat or drink. The person may need some assistance with some physical eating tasks, such as cutting up food. *For example:* the provider is able to walk away, wash dishes, etc. then check on the individual.
- **Partial Assist – intermittent:** The individual has a doctor’s order requiring a specific food texture, such as chopped, pureed, or thickened, and the person requires monitoring and some help, but doesn’t need continual cuing or physical help from another person to eat or drink. *\*\*Note: this selection indicates a potential aspiration risk and the possible need for a Nursing Assessment Referral.*

- **Full Assist – constant:** The caregiver must help throughout the meal to feed, or continually physically assist and monitor the individual throughout the meal. The individual is physically dependent on another person continuously throughout the meal in order to get the food into his or her body for adequate nourishment. There may or may not be a risk of aspiration. *For example:* the individual eats regular texture foods and drinks fluids, but a caregiver must feed her due to severe spasticity. The caregiver is unable to leave the individual during the meal for any length of time.
- **Full Assist – constant/aspiration risk:** The individual may require alteration in food or fluid texture for safety, and the provider must help throughout the meal to feed, assist, and vigilantly monitor to prevent choking, gagging and/or aspirating. *For example:* the individual's risk of choking is so high that the provider doesn't leave the table to answer the door. The individual needs someone to manually feed them with a spoon or fork. (Also score here if the individual is tube fed and requires full assistance with administration of the feeding.) *\*\*Note: this selection indicates a potential aspiration risk and the possible need for a Nursing Assessment Referral.*

### **Meal Preparation**

[Five day rule applies] (See note in first paragraph below for support needs that vary in frequency)

In this section, you are assessing the individual's ability and need for support to prepare food to eat on a typical day (five days a week or more). Please note that meals may be prepared in advance on one day of the week, but the support would be needed on a typical day if the meals weren't prepared in advance. Score the need even if the meals aren't prepared on a typical day throughout the week. This includes the individual's ability to safely handle food (including safe food storage), safely use utensils and safely operate basic kitchen appliances.

Consider whether the individual has the skills and understanding to complete tasks associated with meal preparation. The array of tasks required may vary depending upon the food choices and cooking preferences of the individual. Consider whether the individual would need help with some aspects in order to make enough different types of food to result in a balanced diet. For example, an individual who can open packaging, follow cooking instructions, use the microwave and handle hot food, but does not use a knife may still need some assistance in preparing foods that require cutting. The person's skills would be sufficient to prepare some meals, but not all meals.

If an individual has the skill set to cook or contribute to food preparation but the household routine is that another person or caregiver in the home is the designated meal preparer, the rating must be based on the abilities and need for support, rather than the current distribution of tasks. When the individual does not currently participate in meal preparation due to distribution of household tasks or family custom, determine the individual's ability to complete tasks associated with meal preparation, such as opening containers, pouring, scooping and measuring, cutting food, using a microwave, etc.

For children, ages 15-17 years old, consider support needed for the use of a stove and knives if they are learning and/or using these skills.

*Do not include* poor food choices or portion control issues that impact the individual's health or following special diets in this section. (Dietary support is included in "Health Management – General" on the Medical tab.)

### **Description of Levels of Support:**

- **Independent:** The individual makes all his or her own meals without support from another person.
- **Partial Assist – some meals:** The individual has the ability to make some simple meals, but needs some physical help, frequent monitoring and/or cueing with other meals to maintain a nutritionally sufficient diet. *For example:* The individual makes a simple breakfast and lunch, but needs a lot of monitoring and cueing to use the stove and knives to prepare dinner.

- **Partial Assist – all meals:** The individual is able to perform some tasks associated with making meals, but needs help from another person at every meal. *For example:* the person can pour, scoop, gather items from the refrigerator, but needs assistance organizing the steps to put food items together into an edible meal; or the person can cognitively manage meal prep and can handle utensils and operate appliances safely, but does not have the physical strength and dexterity to open packages or handle plates full of food.
- **Full Assist:** The individual is unable to perform any or almost no aspects of meal preparation and needs someone to prepare meals for him or her. The individual may perform or partially perform very limited tasks but the person's participation is not a measurable contribution in the completion of the activity. *For example:* The person stirs the chocolate syrup into the milk in the glass, but the provider must stir again afterwards to actually mix the two items.

### ***Bladder and Bowel Control/Care***

[Five day rule applies]

In this section, you are assessing whether the individual has the ability to manage his or her own bladder and bowel care or requires help from another person to help perform care for incontinence, ostomy and /or catheter on a typical day (five days a week or more). (Note: Bowel and Bladder Control/Care are combined into a single section on the ANA. (Bowel Control/Care and Bladder Control/Care are rated separately on the CNA.)

Incontinence is the inability to control the bodily functions of urination or elimination, either due to physical functioning or due to the individual's cognitive functioning. *Incontinence does not include soiled or wet clothing and perineal area that result from ineffective cleansing after using the toilet.* Score support needed for cleansing after use of the toilet in the "Toileting" section.

If the person experiences incontinence or has an ostomy or catheter, but also uses the toilet for some elimination, both the Bladder and Bowel Incontinence and Toileting sections cannot be scored as “Full Support”, because neither occur with full time frequency. If support is needed for all aspects of both activities, determine which support is more prevalent and score that elimination support as “Full Assist” support and the other as “Partial Assist.”

*Do not include* night-time enuresis support that occurs between the hours of 10:00 pm and 5:00 am. (This will be included in the rating for Nighttime Supports.)

### **Description of Levels of Support:**

- **Independent:** The individual uses the toilet and does not experience incontinence (or is incontinent less than 5 days per week) and does not have an ostomy or catheter; OR the individual does experience incontinence or has an ostomy and/or catheter but manages his/her own incontinence/ostomy/catheter without any help.
- **Partial Assist:** The individual does experience incontinence or has an ostomy and/or catheter and the individual needs some help with cueing, directions, and/or some physical help. *For example:* The individual removes soiled clothing and takes the brief off, needs help from another person with cleansing.
- **Full Assist:** The individual does not functionally participate in most or any part of caring for his incontinence, ostomy, and/or bladder AND this is the more prevalent form of voiding.

## **Toileting**

[Five day rule applies]

In this section, you are assessing the individual's ability to use the toilet, commode, urinal or bedpan for elimination on a typical day (five days a week or more). Consider all steps in using the toilet, except transferring onto and off of the toilet (this is captured in "Transferring"). Toileting steps include coordination to maintain balance (after transfer) while using the toilet, urinal, commode or bedpan; eliminating in the correct receptacle, cleansing the perineal area after toileting, adjusting clothes and washing hands.

If the individual needs assistance cleansing (wiping or drying) after toileting but does not always alert the provider when using the toilet, score the need for support with cleansing specifically related to waste elimination in this section. (Clean-up related to ineffective cleansing after toileting is not incontinence.)

If the individual does NOT use the toilet for elimination (either due to total incontinence or ostomy/catheter) mark "Independent" (as indicated in the description for Independent). Do NOT rate the amount of support the individual would need if he or she used the toilet. If the person uses the toilet, but also experiences incidents of incontinence, both the Bladder and Bowel Incontinence and Toileting sections cannot be scored as "Full Support". If support is needed for all aspects of both activities, determine which support is more prevalent and score the more prevalent elimination support as "Full Assist" support and the other as "Partial Assist."

### **Description of Levels of Support:**

- **Independent:** The individual does not need any assistance with using the toilet, either because the individual can perform all toileting tasks without help, or because the individual does not use the toilet for elimination. This includes an individual who needs only reminders (less than 5 days per week) for toileting, such as the suggestion of using the toilet before leaving the house, but no support with the steps in using the toilet.
- **Partial Assist – cueing:** The individual needs cues and guidance to do some or all of the steps of toileting. *For example:* The provider talks him through the steps.

- **Partial Assist:** The individual requires the provider to physically help him with some steps. *For example:* The individual may pull his pants down and wash hands with cueing. The provider wipes and buttons pants for the individual.
- **Full Assist:** The individual uses the toilet for elimination and needs a provider to complete all or almost all toileting tasks.

### ***Laundry and Housekeeping***

[Five day rule does *not* apply]

In this section, you are assessing the individual's ability to perform the household tasks of laundry and housekeeping, and the need for assistance from another person to maintain a reasonably clean home environment and clean clothing. This activity does not need to occur at least five days week. Many household and laundry tasks can vary throughout the week. Remember to base the rating on the individual's actual ability and need for support, rather than the distribution of chores within in the household or the individual's willingness to engage in cleaning tasks.

If the individual is not currently performing the task, consider the types of skills and need for support that the individual demonstrates elsewhere in his or her life. Skills and abilities associated with housekeeping and laundry include physical functioning (arm movement necessary to wipe, dust, and the ability to reach and grab which are necessary for getting clothing into and out of a washer/dryer, washing dishes, picking up clutter), ability to remember steps (or follow steps) in an activity and maintain focus; ability to sort and measure.

Consider whether the individual's participation is functional. If the person sweeps the floor, but the sweeping is ineffectual and another person must always redo the sweeping, then do not count the sweeping as participating in the support.

If an individual refuses to participate in the activity, yet has the physical ability to complete tasks, consider if the individual understands the consequences related to health and safety hazards associated with an unclean house. Other factors, such as sensory related issues may contribute to the refusal. Ask probing questions to determine the reason for the refusal. If the refusal is related to the individual's I/DD, score the support needed to complete the activity. If the individual simply refuses and it's not related to the above factors, score "Independent."

**Description of Levels of Support:**

- **Independent:** The individual maintains a reasonably clean home and clothing/linens, without any help, or with just occasional reminders from another person. *For example:* The person generally keeps a reasonably clean home without help, but once in a while her brother needs to remind her to take out the trash; or a person can complete laundry and housekeeping tasks by using a schedule or checklist.
- **Partial Assist- cueing:** The individual can physically perform the tasks related to laundry and housekeeping, but needs cueing to initiate each task, and may need step-by-step cueing for some activities.
- **Partial Assist - physical:** The individual requires physical assistance with some activities and may require monitoring and cueing for others. *For example:* The person has limited strength and reaching ability. He needs assistance with tasks such as getting laundry in and out of the washer & dryer, vacuuming and mopping, but can fold, dust and wash most of the dishes.
- **Full Assist:** The individual is unable to functionally complete most or any of the housekeeping or laundry. The person may participate in some aspects, but participation is not functional.



***Bathing (and Washing Hair)***

[Five day rule applies] (See note in first paragraph below for support needs that vary in frequency)

In this section, you are assessing the individual's ability to effectively wash his or her body and hair, and the individual's need for help with some or all bathing and hair washing steps on a typical day of the week. This activity can vary throughout the week on a typical day. Some people bathe every other day. Don't be too rigid with the five day rule. Include in your assessment both the individual's need for physical support as well as cognitive support to appropriately identify when to bathe or complete tasks in the appropriate sequence.

Base the level of support on the determination of the assistance the individual requires to sufficiently maintain cleanliness in order to avoid disease, physical decomposition or social consequences.

Consider the effectiveness of the individual's participation in the activity.

*Do not include* monitoring for medical needs such as seizures or temperature dysregulation in the rating for bathing (medical monitoring is recorded on the Medical tab).

*Do not include* behavioral supervision in the rating for bathing (behavior support is recorded on the Behavior tab.)

**Description of Levels of Support:**

- **Independent:** The individual needs no reminders, cues or help to bathe and wash hair.
- **Partial Assist:** The individual is able to wash all of his or her body with some help from another person; or the person is able to wash some part of his or her body and hair but needs some type of help to wash the rest. *For example:* the person needs reminders during the bath or shower to assure all parts of the body are washed and soap is thoroughly rinsed; or the person has limited reach and balance and can wash arms and body, but needs assistance with lower body and hair and standby monitoring.

- **Full Assist:** The individual is unable to effectively wash body and hair and all or almost all washing is done by another person. *For example:* the individual may have very poor dexterity or can't wash effectively at all with directions.
- **Two-Person Assist:** The individual needs physical assistance from two persons to safely bath or shower because there is no way to safely complete the tasks with only one caregiver. *For example:* a person with severe spasticity may require 2 persons to safely shower, one to wash and one to prevent the shower chair from tipping.

## Hygiene

[Five day rule applies] (See note in first paragraph below for support needs that vary in frequency)

In this section, you are assessing the individual's ability to safely and effectively address personal hygiene.

Personal hygiene includes activities such as oral hygiene, shaving, facial care, nail care and menses care. Some of these activities do not occur at least five days a week. Some people may need shaving supports only which can vary greatly in frequency. Therefore, support may not be needed at least five days a week for some elements of this item (shaving, menses care).

Consider the level of support based on the most typical need on the day help is needed.

Record only support for the tasks that the person actually requires or engages in on a routine basis. Do not base the rating on the support a person would need for a task they do not engage in. For example: if an individual does not shave, do not consider shaving when rating supports for this item.

The rating recorded in this section should reflect the average, typical support required across the activities in which the individual engages. Do not base the rating on only the highest support need area. Consider all hygiene activities that are necessary for the person and the overall support needed across all of these activities. For example, if an individual is independent in brushing his or her teeth and washing his or her face, but needs full support keeping nails trimmed and some support with shaving, the rating would be "Partial Assist".

*Do include* other tasks that are essential to the *individual's personal desires*, such as applying makeup.

*Do not include* hair care in this section. Hair care is considered with dressing in the following section.

*Do not include* bathing in this section. Bathing is addressed in the previous question.

### **Description of Levels of Support:**

- **Independent:** The individual takes care of hygiene needs without cueing or physical assistance from another person and there is no indication that personal hygiene care is inadequate.
- **Partial Assist:** The individual can perform some hygiene tasks but needs assistance with others; or the person needs reminding, cueing or some physical assistance with all or almost all personal hygiene. *For example:* a person may independently use the electric razor to shave, but needs monitoring and physical assistance from another person to effectively brush teeth. The person may brush, but is not effective; or the person performs the hygiene tasks but needs cueing and sometimes minor physical help with all or almost all hygiene activities.
- **Full Assist:** The individual is unable to functionally complete hygiene tasks and another person physically performs all or almost all personal hygiene for the person.

## ***Dressing and Hair care***

[Five day rule applies]

In this section, you are assessing the individual's ability to put on and take off clothing items, including the ability to use closures such as snaps, buttons, zippers, and laces, and to brush/comb his or her hair on a typical day (five days a week or more).

*Do include* supports to recognize the need to change clothes, to recognize clean versus dirty clothes, clothes that are appropriate for a situation/setting, legally modest and for the weather if this is a support related to the individual's I/DD.

*Do not include* efforts to encourage the person to dress in a manner that another person finds less objectionable as a support.

*Do not include estimation of the* assistance the individual would require to put on or remove clothing that they do not routinely wear. For example, if an individual wears only pants with elastic waists and pullover shirts, do not score assistance that would be needed to put on or remove items with zippers and buttons; and if a person wears only slip-on shoes, do not score the support the person would need to tie his or her shoes,

### **Description of Levels of Support:**

- **Independent:** The individual requires no help to dress, undress and maintain a reasonably groomed appearance. Score here if the individual needs only occasional (less than five days a week) reminders about grooming or weather appropriate clothing.
- **Partial Assist:** Some help is required. *For example:* A caregiver must give the individual instructions and has to tell the individual frequently how to dress correctly. The caregiver helps with buttons and snaps due to poor dexterity.
- **Full Assist:** The individual does not physically help at all to dress, or participation is minimal or ineffectual. *For example:* The individual raises his arms with cues, but still requires a caregiver to select and gather clothing, put on or remove clothing, close and open fastenings.

## ***Shopping and Money Management***

[Five day rule does *not* apply]

In this section, you are assessing the individual's cognitive and physical abilities related to taking care of his or her own financial affairs AND purchasing goods and services. This activity does not need to occur at least five days a week. Support needs can vary from week to week. Consider the person's ability to understand basic consumer economics concepts necessary to make decisions about how to manage his or her resources, such as: value of money, understanding of how much money they have available to them, using a checking and savings account, distinguishing between bills they are obligated to pay and purchases they can choose to incur, and price comparison. Also consider the individual's physical ability to perform tasks to be done for money management and shopping, such as opening bills, writing a check, picking up items from store shelves, maneuvering a cart or carrying a basket, and physically handling change and bills. Do not assume or rate an individual with a "Full Assist" simply because he or she has a rep payee. Many individuals require a lot of support with money management, but are able to participate in shopping tasks such as choosing items effectively in a store.

*Consider* physical support needs an individual may require while shopping that have not already been addressed in other areas such as the ability to push a cart or grab items off high shelves, etc.

*Do not include* supports assessed in other sections, such as ambulation/mobility, supervision needed for safety (including risk of financial exploitation), communication or supervision for behavior.

### **Description of Levels of Support:**

- **Independent:** The individual understands monetary value, financial obligations and is able to complete financial transactions such as banking, paying bills, and selecting and purchasing items without help from another person. The individual is able to complete the physical activities that are a part of shopping, banking and bill paying such as picking up items for purchase, maneuvering a cart or carrying a basket, or writing a check.

- **Partial Assist:** The individual is able to perform some parts of shopping and managing money without help, but needs assistance with some financial or shopping activities. *For example:* the person has some understanding of monetary value and can complete small purchases and handle pocket money, but needs assistance budgeting and paying bills.
- **Full Assist:** The individual does not understand value of money or items and is unable to perform most or any functional portion of money management and shopping tasks. A caregiver is needed to perform all financial tasks and to procure all goods and services for the person.

## Medical Needs Tab

### ***Communication – Expressive & Receptive***

[Five day rule does *not* apply]

In this section, you are assessing the individual's ability to communicate his or her needs and wants to another person and the ability to understand what is communicated to them by another person. This activity does not need to occur at least five days a week. Some people need help in the community only a few days a week. When an individual has and uses an adaptive communication device, score the ability and need for human support with the adaptive device in place. If the device is available to them in some settings, but not others, scoring should consider the amount of support needed in total with the person having the device some of the time.

*(Note: The ANA combines Expressive and Receptive Communication into a single section. On the CNA, the Expressive Communication and Receptive Communication are rated separately.)*

*Do not include* understanding social norms and nuances associated with communication. Consider these in the Community Inclusion and Social Interaction items when appropriate to do so.

## Description of Levels of Support

- **Independent:** The individual is able to make their needs known to another person using a method of communication that can be understood by others without any human assistance. *For example:* The individual can understand information communicated to them by another person without any human assistance to relay the information from the speaker to the person. This includes individuals who may need information repeated by the speaker, but do not require a caregiver to interpret or reframe information received from another person.
- **Partial Assist:** The individual needs some assistance from another person to communicate to a third party, or to understand information communicated to them by a third party. *For example:* The individual uses a communication device and is able to communicate effectively with those close to him who have learned to use the device with him, but he needs a caregiver to relay his communication to and from other people who do not know how to use the device, like store clerks, bus drivers, waitresses, etc.; or the individual can express themselves effectively, but the individual has difficulty understanding basic information and instructions and requires a caregiver to break information down into smaller steps; or the individual may be able to articulate basic concepts such as hunger, thirst or pain but may need support to express preferences or articulate emotions.
- **Full Assist:** The individual requires help from another person to be understood and to receive information being communicated to him or her in most cases and continuously throughout the day. *For example:* The individual requires someone to interpret what he is saying to others most of the time and he needs caregiver to break down most other communication into smaller bits or steps and relay it to him; or the individual does not directly communicate by any effective means and their needs and preferences must be determined by a caregiver by careful monitoring of expressions and reactions.

## ***Telephone & Alternative Communication Systems***

[Five day rule does *not* apply]

In this section, you are assessing the individual's ability to use a telephone or alternate communication device to call for help in both emergency and non-emergency situations. The need for support does not need to occur at least five days a week. Consider both the individual's cognitive and physical ability to identify the need and complete the call for assistance. If the individual uses an adaptive communication device, such as a TTY, or an Emergency Response System, consider their ability and need for support with the device in place.

*Do not include* assistance such as initial device set-up or occasional assistance with adding a phone number into a handset phone book or speed dial system.

*Do not include* support related to purchasing or maintenance of phone services, cell phone plan, etc.

*Do not include* support needed to make social phone calls. This is captured in the Social Interaction item.

This category does not rate technology access or literacy supports associated with computer, internet or texting use. If an individual does functionally use texting as a means of seeking help from a caregiver or natural support, this may be considered in scoring, such as when the individual does not articulate clearly but can independently convey critical information via text to a caregiver- this would be an "independent" scoring in this section.

This category does not capture behavioral supports related to individuals who may use 911 inappropriately/excessively. This is addressed in the behavioral supports tab.



## Description of Levels of Support

- **Independent:** The individual is able to use the telephone or an alternative device on their own without human assistance. *For example:* The individual is able to text or make a phone call to a caregiver or natural support person when an emergency arises or when they are unsure of what to do in a given situation and can call 911 in an emergency. The person may need help with programming or setting up the phone but uses it independently.
- **Partial Assist:** The individual requires some help from another person to use the telephone or an alternate device, or the individual needs assistance to use the telephone or alternate device in some settings or circumstances. *For example:* The person needs adaptive telephone device that is only accessible in the person's home. The individual does not have the physical ability to dial the phone, but can use effective speech communication once assisted with physically accessing the phone.
- **Full Assist:** The individual always requires help regarding telephone use. *For example:* The person does not understand phone use and will press the 911 speed dial button when no emergency exists; or the individual does not use his voice to speak and has no assistive device available

## **Safety**

[Five day rule applies] (See note in first paragraph below for support needs that vary in frequency)

In this section, you are assessing the individual's abilities and need for human support to identify hazards, avoid the hazard when possible, or respond appropriately to the hazard. An exception to the five day rule would be for individuals who may need support in the community only and may access the community fewer than five days a week.

This section does not rate the potential "risk" to an individual. This section measures the level of direct caregiver support required to actively monitor for safety, provide intervention and respond to mitigate the imminent safety issue.

*Consider* the individual's ability and the amount of support required to:

- Distinguish unsafe substances or items (such as chemicals, hot items, sharp items, electricity, machines) from safe items, and handle substances or items in a safe manner.
- Recognize obvious warning signs of exploitation and avoid the exploitive situation, or ask for assistance.
- Exercise street safety skills.
- Recognize a dangerous interpersonal situation and avoid the situation, or ask for assistance.

*Consider* whether the individual lives independently or has independent time in the community or at home without a pattern of incidents. The ability to maintain personal safety during alone time indicates that "Full Assist" is not required. If the ability to maintain personal safety is limited to specific environments, then a "Partial Assist" rating should be considered. If the individual is typically independent at home and in the community and requires support occasionally, then a rating of "Independent" is appropriate.

The assessor should determine how frequently the individual typically requires support for safety and whether the support is needed in all environments or only in some environments. Ask for examples of situations in which the person's response to hazards requires intervention from another person.

*Do not include* support needed for communication. Communication support is covered in the Communication section(s.)

*Do not include* safety risks which are due to behavior. Support for behavior(s) that pose a safety risk are included in the Behavior sections.

### **Description of Levels of Support:**

- **Independent:** The individual needs no help. He is aware of all hazards at home and the community.
- **Partial Assist:** The individual requires help, but not all the time. *For example:* The individual is aware of hot surfaces and sharp objects in the home. He needs no monitoring around harmful objects in the home, but he does not have street safety skills, such as how to follow traffic signals and use crosswalks.
- **Full Assist:** Continuous physical presence of another person at all times is required to ensure safety. *For example:* The individual needs someone to continually monitor and remind him not to touch a hot stove or sharp object. Cognitively and/or physically, he is unable to protect himself. This rating applies when an individual's actions, that are not behaviors, put him at continual or near continual safety/hazard risk, thus requiring a support person to be vigilant or at heightened awareness of the individual's activities and respond/support appropriately ongoing throughout the day. It is unlikely that items such as a knife block will be on a kitchen counter or the individual uses scissors without being monitored very closely. Support people are actively and proactively altering the environment to ensure safety.

## **Fire/Emergency Evacuation**

[Five day rule does not apply]

In this section, you are assessing the individual's abilities and need for human support throughout the 24-hour day to evacuate from the home or community setting during an emergency. This includes both the individual's physical ability to remove him/herself from the location, as well as the cognitive ability to respond to a fire alarm, or emergency communications. Be sure to gauge the support needed in an emergency and not for a drill.

*Note:* This section does not have age guidelines. Indicate the individual's support need regardless of age.

### **Description of Levels of Support:**

- **Independent:** The individual identifies when he needs to evacuate the home or community setting in an emergency and exits safely.
- **Partial Assist:** The individual requires verbal prompting or physical guidance to evacuate. *For example:* The individual will exit safely as long as the provider walks with the individual and verbally directs him on the way out. He may need someone to link arms with him for the purpose of guidance (not to hold the individual up). This may also include the individual's need for support to remain outside until the area is safe for re-entry. This rating may also include the individual who needs some physical support in order to wake, but once awake the individual may physically propel his or her body outside to exit.
- **Full Assist:** The individual needs physical help to be evacuated. *For example:* The provider must physically hold the individual up or push the individual in a wheelchair to evacuate safely. Substantial physical support is necessary to remove the person from danger such as lifting, carrying or dragging of the individual in the event of the emergency.

**Medication Management Supports – Oral**

[Five day rule applies]

In this section, you are assessing the individual's need for another person to administer oral medications to him or her on a daily basis (five days a week or more). This section records supports the individual requires to safely use daily prescription medications as ordered and intended by the prescribing medical professional. Medications or supplements that are recommended for the individual by a licensed medical professional and implemented on a daily or near daily basis (at least 5 days per week) may also be considered. This could include daily vitamins or herbal supplements.

(For children) *Consider* only medications that are related to the child's disability. Score the support needed regardless of age.

*Consider* the support needed to identify what the medication is for, what it looks like, when it should be taken and potential side effects of the medication.

*Do include* reminders given on a daily basis (five days a week or more) over the phone to the individual. This is very typical for individuals who live in their own home or in supported living.

*Do not include* medications taken on an "as needed" (PRN) basis. The medication management question is measuring administration of only the individual's daily medication routine. PRN medication support is considered in the Health Management section.

*Do not include* support needed to get the prescription ordered or picked up from the pharmacy, coordination of insurance coverage of medications, or the financial transaction to purchase the medication.

*Do not include* support for short term medications that are not part of the individual's typical medication regimen, such as an antibiotic prescribed to treat a sinus infection or pain medication prescribed for a sprained ankle.

*Do not consider* support that is not currently necessary. If an individual does not currently require daily oral medication or chooses to decline the use of oral medication (with the demonstrated capacity of informed choice in this area), mark "independent" for level of support.

To complete this section of the assessment, the assessor will need to determine whether the individual requires daily medication administration support and, if so, the number of medications (not doses) administered to the individual by another person on a daily basis. *Do not count the same medication more than once* regardless of frequency of doses. *For example:* Joan's medication regimen includes a daily calcium supplement, a diuretic taken twice per day, and a pain medication taken 3 times daily. The number of medications to record is "3" (calcium + diuretic + pain med = 3 medications.)

### **Description of Levels of Support:**

- **Independent:** The individual does not require another person to administer his or her daily medications. Mark this item if a support person fills a pill organizer once a week and the individual independently takes the medication throughout the week. Support to fill the pill minder can be captured in the Health Management Supports - General section.
- **Full Assist:** The individual requires any amount of assistance for oral medication on a typical day (five or more days per week). (Select the Full Assist rating for the range that describes the number of medications in the individual's daily regimen.) *For example:* The individual puts the pills in the pill box and takes them at the time required with coaching and cues throughout the process.; OR the individual may be able to carry his or her medication with him or her to a day program or when accessing the community, but still requires caregiver assistance with knowing when to take the medication and assuring medication was ingested; OR the individual does not understand what the pills are for nor take them when cued. The provider hands them to the individual and he just puts them in his mouth and drinks water to swallow them.

## ***Medication Management Supports- Inhalants, Topicals, Suppositories***

[Five day rule applies]

In this section, you are assessing the individual's need for assistance from another person to administer topical, inhalant, or suppository medications that are administered on a daily basis (five days a week or more).

(For children) *Consider* only medications that are related to the child's disability. Score the support needed regardless of age.

*Consider* creams, ointments, medicated toothpaste, medicated mouthwash, medicated shampoo, eye drops, ear drops, nasal drops or sprays, asthma inhalers, nebulizers, suppositories and enemas that are used on a daily or near daily basis, as part of a treatment regimen under the direction of a licensed medical professional.

*Do not include* the use of skin creams or sunscreen that is used in a routine manner such as part of a hygiene routine to avoid dry skin or the use of sunscreen because of anticipated exposure to the sun. Hygiene items such as anti-dandruff shampoo, skin moisturizers, and sunscreens must be medically directed and administered in a prescriptive fashion, on a daily or near daily basis (at least 5 days per week) to be considered in this section.

*Do not include* medications that are taken on an "as needed" (PRN) basis, unless the PRN is typically used daily or near daily (at least 5 days per week) by the individual. PRN medication support is considered in the Health Management Supports - General section.

*Do not include* support needed to order or pick up prescriptions from the pharmacy, coordination of insurance coverage of medications, or the financial transaction to purchase the medication. Prescription coordination is considered in the "Health Management Supports– General" section. Financial transactions are covered in "Shopping and Financial Management" on the ADL tab.

*Do not include* support for short term medications that are not part of the individual's typical medication regimen, such as eye drops prescribed to treat an eye infection.

*Do not consider support that is not currently necessary.* If an individual does not currently require daily topical, inhalant or suppository medication or chooses to decline the use of the medication (with the demonstrated capacity of informed choice in this area), mark “independent” for level of support.

### **Description of Levels of Support:**

- **Independent:** The individual is able to administer inhalants, topicals and suppositories without assistance; or does not use inhalants, topicals or suppositories on a daily basis. The individual does not routinely use this category of medication in his or her daily regimen.
- **Partial Assist:** The individual requires some help. *For example:* The individual applies the cream to his body after the provider squeezes the accurate amount into his hand.
- **Full Assist:** The individual requires a caregiver to apply the medication for him or her. *For example:* The individual has very limited movement of his hands and needs another person to spread the ointment onto the skin.

### ***Medication Management Supports – Injections***

[Five day rule applies]

In this section, you are assessing the individual’s need for assistance from another person to administer medications that are injected into the skin, IV tubing or feeding tube on a daily basis (five days a week or more).

(For children) *Consider* only medications that are related to the child’s disability. Score the support needed regardless of age.

*Consider* medications that are typically oral medications, but are administered via g-tube due to the individual’s risk of aspiration.

*Consider only* injections of medication administered by a caregiver on a daily basis (five days a week or more).



*Do not include* injections or IV therapy administered in a clinical setting by a licensed medical professional or staff.

*Do not include* blood glucose testing in this section. Blood Glucose testing is considered in the Health Management Supports – General section (or Health Management –Complex, if the criteria for complex medical section apply.)

*Do not include* medications that are taken on an “as needed” (PRN) basis, unless the PRN is typically used daily or near daily (at least 5 days per week) by the individual. PRN medication support, such as an Epi-pen, is considered in the Health Management Supports -General section.

*Do not include* support needed to order or pick up prescriptions, coordination of insurance coverage of medications, or the financial transaction to purchase the medication. Prescription coordination is considered in the “Health Management Supports – General” section. Financial transactions are covered in the “Shopping and Money Management” item.

*Do not include* support for short term medications that are not part of the individual’s typical medication regimen, such as an antibiotic prescribed for a sinus infection.

*Do not consider support that is not currently necessary.* If an individual does not currently require injections, or chooses to decline the use of injections (with the demonstrated capacity of informed choice in this area), mark “independent” for level of support.

### **Description of Levels of Support:**

- **Independent:** The individual either is able to administer their own injection without help, or does not have injections in their daily medication regimen. *For example:* The individual is able to set up the dose and administer the injection by themselves; OR the individual does not use injections on a daily basis, even though they carry an Epi-pen in case of bee sting.
- **Partial Assist:** The individual needs some help to administer injections on a daily basis. *For example:* The provider fills the syringe with the correct dose of insulin. The individual injects it himself.

- **Full Assist:** The individual needs all or almost all steps done for him. *For example:* The provider draws the correct dosage and administers the injection for the person; or the provider prepares the medications and injects them into the g-tubing.

### ***Health Management Supports – General***

[Five day rule does *not* apply] (See specific instructions for each scoring option)

In this section, you are assessing the individual's abilities and need for human support to maintain general health and ongoing medical needs. Health management supports do not score or assess risk. Health management supports record the individual's ability to perform the functions without support or the measure of support the individual needs from another person. General health management includes:

- Awareness of state of health and necessary communication of health changes;
- Coordination of medical appointments, prescriptions and treatments;
- Identification and treatment of minor illnesses/ailments such as seasonal flu outbreak, ear infection, stomach upset, or sprained ankle;
- Health interventions that are not covered in other sections of this assessment, such as PRN medications, blood glucose testing, special diets prescribed by a licensed medical professional, range of motion (ROM), and other physical therapies.
- Medical supports (monitoring and interventions) that do not reach the criteria for Complex Health Management Supports.

The assessor may find it helpful to make a list of the support activities considered for this section.

*Remember to assess* the individual's ability to recognize and communicate health issues and to coordinate their care, along with specific interventions.

*Remember to include* medications, treatments and other health or medical supports excluded from other sections of the medical tab, such as Epi-Pens and other PRN medications in the determination of the rating for this section. (The assessor may find it helpful to note these supports on a list as they come up in discussion in the other sections.)

*Consider* the individual's current support needs in determining the rating, rather than diagnoses, historical needs or prognosis.

*For children*, coordination of appointments, obtaining medications and support for routine health care needs such as treatment of minor injuries or common illnesses such as colds or flu are considered to be age appropriate supports for children under age 15. Treatments for conditions that are part of, or related to, the child's disability regardless of age, and not measured elsewhere in the assessment may be considered in rating this section.

*Do not include* supports recorded elsewhere in the assessment, such as transferring and repositioning, feeding by g-tube or j-tube, or daily medication administration.

### **Description of Levels of Support:**

- **Independent or Age Appropriate Supports Provided:** The individual is able to manage their own health and medical care without assistance from another person; OR the child is under 15 and the parent or guardian provides for routine healthcare needs. *For example:* The individual identifies pain, calls the doctor and follows through with treatment as prescribed. The individual needs no help to follow through and report side effects to the doctor.
- **Individual- Directed Care:** The individual is able to identify health and medical needs and take steps to get the needs met, but requires some physical assistance with some aspects of their general health and medical care. *For example:* the individual identifies pain and communicates with the doctor. The individual needs help from another person to administer treatments or PRN medications. This rating is *not* used for someone who 'is generally healthy' and otherwise does not need a lot of health management supports. If the individual does not report pain or would not direct his or her own care when necessary, score one of the following two options based on the need.

- **Partial Assist and Monitoring:** The individual requires monitoring to identify and communicate healthcare needs and assistance with treatments, but assistance with treatments is NOT extensive and ongoing throughout the day. *For example:* The individual does not identify nor report pain or symptoms. Because of this, the provider may need to monitor every day (doesn't have to be constant eyes-on and could be remote monitoring such as phone calls to check in) but doesn't have to provide extensive hands on treatments on a typical day. However, a caregiver must administer treatment, such as over the counter medication for a headache, when treatment is needed by the individual. This rating is very broad and captures supports such as general health monitoring with very infrequent support provided and more diligent monitoring that is needed every day yet supports are provided 4 days per week or less. *For example:* Someone who needs general monitoring for seizures and has seizures only 2 times per year and someone who has seizures 4 days per week could both be rated as partial (if said supports do not reach the criteria for Complex Health Management Supports).
- **Full Assist:** The individual requires daily assistance (at least five days a week or more) from another person to administer treatments AND to monitor health status, but the individual's condition and support activities do not meet the criteria for Complex Health Management Supports. *For example:* The individual has diabetes that is well controlled with a special diet. The provider assists the individual with blood glucose testing, selects and measures food according to the individual's doctor ordered special diet on a daily basis, checks the individual's feet regularly and coordinates the individual's care with the dietician, primary care doctor and podiatrist.

## ***Complex Health Management Supports***

[Five day rule does *not* apply] (See specific instructions for each scoring option)

In this section, you are assessing the individual's abilities and need for human support to manage a *complex medical condition* and administer *complex medical interventions/treatments*.

**This condition must be imminently life threatening. Imminently means the individual would become critical within hours to a day without complex medical supports.**

**A complex medical support is a support for a health condition that impacts all aspects of care, and whose treatment changes on a regular basis in response to data collected by trained providers.** This support would typically have oversight of a nurse or other clinician.

The most common interpretation errors when determining the presence of complex medical supports are:

- Confusion between the words 'complex' and 'serious'; and
- Confusion between the presence of a complex medical issue, and the presence of complex medical supports.

Very serious medical issues can have fairly simple health management supports. For instance, the presence of an enlarged heart is a very serious medical condition with dire consequences to health. However, the health management supports may be quite simple; (i.e. the individual takes medication and limits activities.) These supports may be the same every day, and require occasional follow up with a cardiologist. This is an example of a serious medical issue, but not of a complex medical support.

Another excellent example of a health condition that is always serious, but may or may not require complex health management support is diabetes. A person with diabetes may only need to adhere to a diabetic diet that always remains the same, and take daily oral medications, (a serious health issue, with non-complex supports.)

One more example of a medical condition requiring routine supports is g-tube feeding. The support for g-tube feeding is typically done on a routine basis each day. Supports are predictable and measurable data is not typically collected because supports are routinely provided each day to meet nutritional requirements.

After the presence of a complex medical support has been established, the ratings key can be used to determine the level and frequency of help the individual needs in the treatment of this condition. Scoring in this section is only applicable to *complex medical intervention*. This type of intervention would be care that is directed by a nursing care plan and requires ongoing nursing care oversight or delegation (an exception may be made for familial caregivers performing complex medical tasks when there is an active nursing or medical care relationship directing the intervention). To be considered complex, the intervention must be delivered in response to presentation of symptoms and/or based on the collection of medical data.

If the medical care task is not directed by a nursing care plan or directed by medical professional based on a medical condition diagnosis (such as through delegation), the task may not be “scored” as a complex medical intervention. Complex care must be directed through oversight by a medical professional and should be supported through data tracking.

Most scoring options state “Their health care needs are stable and predictable” or “Their medical condition is unstable.” The two paragraphs below define what “stable and predictable” and “unstable” mean.

- ***Stable and Predictable (as identified in the other full and partial assist ratings)*** refer to situations in which the supports are known and foreseeable as to their nature, timing and duration. Changes to physical health status are *not* such that the individual would need hospitalization or death could occur with only a few moments notice. Thus a support person does not need to have eyes on the individual at all times. Without complex supports, the individual’s health condition would become critical within a short amount of time.

- **Unstable (as identified in the Full Assistance and Monitoring-Exclusive Focus rating only)** refers to situations in which an individual's supports are changing rapidly in response to rapidly changing health status or changes that lead to hospitalization or death with only a few moments notice. The supports may be the same in nature but are not the same in application. *For example:* Tracheostomy suctioning is required several times per day or per hour in response to secretions getting into the ostomy. The frequency and duration of suctioning may be unknown requiring eyes on the individual at all times. The provider cannot attend to other tasks at the same time, such as monitoring or assisting others, washing dishes or writing notes.

Ratings should reflect how often treatments occur in response data collection/monitoring. Data generally should be recorded.

### **Description of Levels of Support:**

- **Not Applicable:** The individual does not require *complex medical interventions* on a routine basis - including individuals who have a serious medical condition, but do not require *complex medical interventions*.
- **Independent:** The individual needs no assistance from another person to manage a complex health condition and the individual may perform the necessary complex medical care his or her condition requires without caregiver assistance or monitoring. The medical condition(s) is stable and predictable. *For example:* The individual identifies pain, calls the doctor and follows through with ongoing healthcare treatment as prescribed. He needs no help to follow through, to correctly complete prescribed intervention activities and report side effects to the doctor. Their health care needs are stable and predictable.

- **Individual-Directed Care:** The individual is able to manage care for a complex medical condition, but requires assistance from another person to complete complex medical care interventions. The medical condition(s) is stable and predictable. *For example:* The individual can identify when his or her condition changes, communicates the change to a caregiver and directs the caregiver to make the adjustment in the treatment, such as selecting the correct dosage of a sliding scale medication. The individual needs assistance from another person to administer the treatment. Their health care needs are stable and predictable because the complex supports are keeping the individual stable.
- **Partial Assist- weekly:** The individual needs assistance from another person throughout the week to complete complex medical interventions and to monitor the complex medical condition. Monitoring occurs at least weekly, but may include monitoring that occurs on a daily or ongoing basis. *For example:* The individual does not identify or report changes in his or her health. The provider must intentionally monitor individual's health status with regard to the complex condition. The individual requires assistance from another person to help to perform a complex medical intervention is provided during the week, but not every day. This could include an acute seizure condition where the individual experiences seizure activity throughout the week. The provider must monitor vitals and track the seizure as well as implement protocol activities such as suppository medication in response to the collected data (timing of seizure and presenting symptomology) on at least a weekly basis. Their health care needs are stable and predictable because the complex supports are keeping the individual stable.



- **Partial Assist – 1 to 3 per day:** The individual needs assistance from another person every day, 1 – 3 times a day, to complete complex medical interventions. The individual also needs a caregiver to monitor the complex medical condition on a daily basis. Monitoring occurs at least daily, but may occur throughout the day. *For example:* An individual with brittle diabetes doesn't report symptoms of low or high blood sugars. The caregiver must monitor the individual for signs of hyperglycemia or hypoglycemia. The individual requires one to three insulin injections every day. The insulin dosage for each injection must be adjusted based on the collection of data from the blood glucose testing and possible measurement of vitals. The healthcare needs are considered stable and predictable, because the supports are keeping the individual stable.
- **Full Assist- more than 3 per day:** The individual needs assistance from another person every day, more than 3 times a day, to complete complex medical interventions. The individual also needs a caregiver to monitor the complex medical condition on a daily basis. Monitoring occurs at least daily, but may occur throughout the day. *For example:* An individual with brittle diabetes doesn't report symptoms of low or high blood sugars. The caregiver must monitor the individual for signs of hyperglycemia or hypoglycemia. Blood glucose levels, vitals and food and liquid intake/output are measured with a gram scale. The individual requires insulin injections every day. The insulin dosage for each injection must be adjusted based on the collection of data from the blood glucose testing and possible measurement of vitals. Wound care is being provided several times a day due to ongoing skin break-down on the individual's extremities, including care to an ulcer on the foot. The health care needs are still considered stable and predictable because the supports are keeping the individual stable.

- **Full Assistance and Monitoring- Exclusive focus:** The individual's health care needs are *unstable and unpredictable*. The individual requires constant monitoring of his or her complex medical condition and assistance from another person to complete complex medical interventions throughout the day. *For example:* the individual with brittle diabetes now has kidney failure and dialysis is not successful. The individual's stats are being monitored continuously (exclusive focus). A caregiver stays near the individual to provide continual monitoring of breathing and skin tone as well as continuous necessary medical care interventions. The caregiver must remain in the room with the individual to monitor stats. The individual's medical care needs are so acute, that the caregiver must dedicate full attention and active effort to managing the individual's medical care needs at all times. Think – this is care that is needed to prevent the immediate risk of the end of life. Despite the complex medical supports being given, the individual's medical condition remains unstable.
- **Two- person Assist:** The individual needs the assistance of two support people for some or all aspects of complex medical support needs. For example, the individual needs two people to support him with his tracheostomy care and only needs support from one person to provide full attention to other complex medical needs. Please note: a two-person assist and another scoring option may be selected as well for this item.

## Equipment

In this section, you are recording equipment that is essential to the individual and *currently in use*. The equipment section is divided into subsections. In each subsection, mark all of the equipment that the individual currently uses. Mark “not applicable” if none of the items in the subsection are used by the individual.

Equipment items which are occasionally missed by an assessor include:

- Communication devices other than “boards” (such as tablets with communication software) which should be recorded as an “Electronic Communication Board”

- Body jacket can include a hard shell used to help with posture and a weighted vest.
- Prosthetics including eyeglasses, hearing aids, dentures, prosthetic limbs, and eyes. List the prosthetics in the notes box.

## Nighttime Needs Tab

In this section, you are assessing active support the individual requires during the hours of 10:00pm – 5:00am. This includes any physical, medical or behavioral help the person needs during the nighttime hours due to his or her disability. All ADLs, IADLs, Health Management and Behavior Management, Social Interaction and Community Inclusion support needs are to be considered in this section if they occur between the designated hours.

Nighttime hours for this section of the assessment are specific: **10:00 p.m. to 5:00 a.m.**, regardless of whether the individual or the caregiver has a different sleeping schedule. Record the actual support needed during the nighttime hours, not the sleep pattern of the individual (or the caregiver.)

The types of support which are needed during the nighttime hours are generally a subset of the same types of support required during the day (recorded on the other tabs.) When determining the frequency of nighttime supports, the assessor must assure that support events considered are not the same events considered in determining ratings in other sections of the ANA/CNA. For example, incontinence care provided for nighttime enuresis would be scored as a nighttime support when the assistance is provided between the hours of 10:00 p.m. and 5:00 a.m. Incontinence assistance provided after 5:00 a.m., would be included in the assessment of incontinence supports under Bladder and Bowel Control/Care and not included in the nighttime supports.

The frequency of required supports or monitoring is rated in this section.

*Do include* eyes on checks for specific reasons. Support should be based on a pattern/history of need. *For example:* The individual has a risk of moving his C-PAP out of place, leaving through windows or incontinence that leaks onto the bed.

*Do not include* eyes on checks completed for the support person's reassurance or peace of mind.

Availability of a sleeping caregiver is not considered in determining the rating for nighttime supports. “Monitoring” in the support descriptions refers to active monitoring that is necessary due to a specific health and safety risk. The presence alone of an audio monitor is not included in scoring. Consider how often the provider has to respond to the audio monitor and provide active monitoring. Intermittent monitoring of general status, when there is no specific concern or condition being monitored, is also excluded from the rating. Consider scheduled medical monitoring, such as checking oxygen saturation or the progress of nighttime tube feeding at scheduled intervals, and supervision related to behavior when the pattern of nighttime behavior indicates a need for close supervision.

### **Description of Levels of Support:**

- **Not Applicable:** The individual does not typically have support needs that occur at night or doesn’t wake up during nighttime hours.
- **Independent or age appropriate:** For an adult, the individual is independent during nighttime hours and is able to meet his or her own needs without assistance from another person. For a child, the child is either independent in meeting his or her own needs, or the child requires assistance during the night that is essentially similar to assistance needed during the night by a same aged-typically developing child.
- **Monthly:** The individual requires help on less than a weekly basis. *For example:* the individual experiences occasional nighttime incontinence. A few times a month, (not weekly), the provider has to physically assist the individual to change the soiled garments.
- **Weekly:** At least one night a week up to six nights a week, the individual requires help. *For example:* After weekend visits with friends, the individual has difficulty sleeping and attempts to wander. Assistance is needed on Sunday and Monday nights only; OR the individual is typically incontinent 4 to 5 times per week, but not every night, and needs assistance from a caregiver to change soiled garments.

- **Intermittent nightly (1 or more):** Nightly assistance is needed 1 or more times per night. The assistance is needed every night. The caregiver does not need to remain awake during night hours. *For example:* The individual has a g-tube and moves around a lot in his sleep. He requires the tubing to be monitored and untwisted twice a night. The provider does not remain awake during all night hours.
- **Ongoing nightly:** The individual requires assistance every night throughout the night. Because of the extensiveness of supports at night, the individual's caregiver must remain awake throughout the night. *For example:* The individual has extensive behavior supports. He wakes up nightly every couple of hours and requires an extensive amount of time to be redirected and encouraged not to yell and scream. Exclusive focus is not required as the provider can watch TV, read a book, and do household chores when the individual sleeps. The provider is always aware and listening for the first indicator that the individual is awake.
- **Exclusive focus:** The individual requires continuous care by an awake caregiver who must remain in the room with the individual throughout the night. *For example:* The individual has a medical condition that requires a caregiver to actively monitor breathing and clear secretions throughout the night. The caregiver must remain awake and present with the individual at all times.
- **2:1 Assistance:** A two-person assist is required during nighttime hours. *For example:* The individual requires two people to reposition him in bed as he is very heavy. The individual needs to be repositioned several times per night to prevent pressure sores. 2:1 assistance does not have to be continuous throughout the night.

## **Social and Behavioral Needs Tab**

The sections in the Social and Behavioral Needs tab record the individual's need for support to interact with others, access the community; and proactive support, supervision, and intervention to address behaviors that negatively impact the individual's daily life or which endanger the individual or others.

### **Community Integration**

In this section, you are assessing the individual's ability and need for support for initiating, coordinating and completing the steps of various tasks, activities and services which adults typically access in the community. Your assessment should include the need to recognize which entity is appropriate for a given task (i.e., mailing packages is done at the post office), on site preparation of necessary materials (completing addresses, filling out forms), interacting with service personnel, and appropriate steps for conclusion (leaving when done with the task/activity and taking personal belongings).

Given that communication is addressed in another section of this assessment, do not focus on the expression and understanding of messages, rather include the support to adhere to social norms of the activity setting and to stay focused in order to complete the steps required for the community activity to occur. For example, if the individual routinely chooses to go bowling, consider the support the individual may need to successfully engage in the activity such as in approaching the counter at the bowling alley to rent shoes and receive a lane assignment prior to starting the bowling activity, bowling in the assigned lane, and remembering to pay prior to leaving the bowling alley.

When rating, consider only the activities the individual typically engages in or would like to engage in on a regular basis or is essential to/necessary for the individual. Assessors need to consider tasks that are essential to the person's life, like banking, without adding in activities that are not essential and not desired or identified by the individual. For example, do consider support for using the library if the individual wants to but currently does not have the support to do so. Don't consider the support the individual would need to access the library if she or he does not access the library and is not interested in going to the library.

*Remember to consider social standards that are typical of those activities for example, following rules, waiting in line and taking turns,*

*Also consider support such as coaching, training, role-playing/practicing, and setting up visual tools or adaptive devices and/or debriefing that may be needed before and after activities. Do not include other ADL/IADL supports delivered in preparation of an outing that are measured elsewhere in the tool. For example, if programming a communication device is the basis of the expressive language rating, do not consider the same support for this section.*

*Do not include support needed for behaviors that are captured in subsequent sections of the Social and Behavioral Needs tab.*

*Do not include support needed for purchases/money transactions; those are captured in the Shopping and Money Management section of the ADL tab.*

*Do not include support needed for supervision to address general safety, such as supervision needed in the community due to lack of street safety skills or exploitation. Safety supports are recorded on the Medical tab.*

*Do not include support needed for supervision that is medical monitoring, Medical monitoring is recorded on the Medical tab.*

*Do not include support needed for transportation. Transportation is included in the Transportation section of the ADL tab.*

The ratings reflect the frequency or proportion of activities in the community in which an individual needs support while at the activity with two exceptions. The Coordination/Occasional support option can be rated if the individual does not need support at the activity, but prior to or after an activity. The Constant Coordination and Support options can only be rated if the individual needs a support person to complete all aspects of every activity in the community setting.

### **Description of Levels of Support:**

- **Not Applicable** - The individual initiates, coordinates and accesses the appropriate community entity for a given want or need and does not require support from another person.



- **Infrequent support** – The individual requires support for community inclusion for tasks, activities or services he or she accesses less than monthly. The frequency of the support is the primary consideration for this rating. The individual completes most day to day or week to week tasks independently. *For example:* The individual can access the bank, post office, restaurants, entertainment activities, the library and several other activities without support, however, some activities, that occur less than monthly, do need support, such as reapplying for SNAP/food stamps, TANF, WIC (and required public assistance recipient follow up activities) resolving an issue with a utility or communication service provider, renewing identification cards, and relocation among other necessary but infrequent tasks.
- **Coordination/Occasional Support** – The individual requires support before an activity or with accessing a service, but, generally, does not need someone present for task completion- AND/OR- The individual may require the occasional support of someone being present (and providing support as needed) for task completion. *For example:* The individual needs reminders, cuing, coaching, teaching, set-up of visual tools or adaptive devices, role-playing/practicing, debriefing or other support before and/or after an activity or accessing services. Or, the individual needs support once or twice a month during appointments or meetings such as for TANF or JOBS check-ins but can complete other tasks without a support person present.
- **Intermittent Support** – The individual requires someone to be present for some, up to half, of tasks and activities and while accessing services. The support person could be monitoring, cueing/reminding, coaching, manipulating adaptive devices or visual tools or providing physical assistance. The individual also may need support in order to prepare for the activity and/or debriefing. *For example:* The individual accesses the general community independently, but needs monitoring and occasional cues while at the movie theatre, or active support throughout accessing the library.

- **Full Support** – The individual requires someone to be present during more than half to nearly all of tasks and activities and while accessing services. The support person could be monitoring, cuing/reminding, coaching, manipulating adaptive devices or visual tools or providing physical assistance. The individual also may need support in order to prepare for the activity and/or debriefing. *For example:* The individual can go to and complete required steps at the bowling alley to participate with his/her bowling team because the employees know the individual, she or he is familiar with the setting and has a well-established routine. Participating in new or unfamiliar events at the bowling alley would require additional support, as do most other tasks, activities or services accessed in the community.
- **Constant Coordination and Support** – The individual participates in accessing community services and activities, but requires someone to plan and complete all essential steps on his or her behalf for nearly all or all tasks, activities and accessed services. The person may perform or partially perform very limited steps but the individual's participation is not a measurable contribution in the completion of the activity. *For example:* The individual needs the caregiver to plan outings to access the community service and provide continual support to complete the activity. The individual physically cannot interact, fill out forms, or complete tasks; *or*, the person has a cognitive impairment such that she or he is unable to complete paperwork, interact, and complete other steps of the activity or task.

## **Social Interaction**

In this section, you are assessing the individual's ability and need for support to engage with other people, respond to and use verbal and non-verbal communication techniques and maintain accepted social norms during person to person interactions. (This item is not about expressing and understanding content of messages.)

This section focuses on the social interaction in the community, particularly in settings other than the individual's residence. As you work through this section, keep in mind it is for rating how we act, engage and interact in the community. Social interaction can occur in a variety of settings, but should not be confused with exchanges or interactions that would be considered in the Community Integration Section. *For example:* The steps of ordering food at a restaurant are rated in Community Integration, how one treats or speaks to the waitress is considered in this section.

Include the support required for the individual to use appropriate tone, initiate and participate in conversations, engage in appropriate conversation topics, to not divulge unnecessary personal information, to listen to the other person, to maintain personal space during a conversation, to use appropriate physical contact, to make eye contact, to turn take in conversations, to be polite and respectful as appropriate to the situation, to use facial expressions, gestures and body movements, to conclude an interaction, and to use respective strategies when disagreeing. In addition to support needed to use afore mentioned techniques, also include the support needed to respond as these techniques are used by others. This may include the support to respectfully assert one's opinion or needs; to initiate, or respond to, and set up social interaction opportunities with the emphasis on maintaining or building social relationships (separate from community inclusion).

*Remember to consider* the impact one's disability might have on the literal interpretation of language and messages. *For example:* The support an individual needs for understanding sarcasm, colloquialisms, idioms, analogies, slang, prison lingo, words and phrases with double meanings and other nuances of language.

*Do not include* support needed for understanding and expressing the content of verbal messages. Receptive and expressive communication support needs are captured in the Communication section of the Medical tab.

*Do not include* support needed for behaviors that are captured in subsequent sections of the Social and Behavioral Needs tab.

*Do not include* support needed for supervision to address general safety, such as supervision needed in the community due to lack of street safety skills. Safety supports are recorded on the Medical tab.

*Do not include* support needed for supervision that is medical monitoring. Medical monitoring is recorded on the Medical tab.

*Do not include* support needed for transportation. Transportation is included in the Transportation section of the ADL tab.

### **Description of Levels of Support:**

- **Independent** - The individual does not require the support from another person before, during or after social interactions.
- **Preparation** – The individual generally does not require on-site support for social interaction, however, support prior to or post opportunities of social interaction builds skills for successful social interactions. The individual may require occasional (monthly or less) monitoring and assistance during social opportunities. *For example:* The individual interacts with others without a support person present, but occasionally needs support to assert his or her position in a disagreement. The individual and support person review a list of appropriate and inappropriate conversation starters, review respectful strategies of disagreement, how to end a conversation appropriately when two people disagree on something, and strategies for when the individual interacts again with the person with whom he disagrees. The individual may need help to use a telephone to arrange and coordinate social interactions.
- **Intermittent support** – The individual requires someone to be present (and providing necessary support) for some, up to half of, social activities/opportunities. A good rule of thumb is that someone needs to be present for less than half of such opportunities. *For example:* The individual can socialize effectively with familiar people or in familiar activities but requires monitoring and/or assistance interacting with strangers or in unfamiliar activities.

- **Frequent Support** – The individual requires someone to be present (and providing necessary support) for more than half to nearly all social activities/opportunities. A good rule of thumb is that someone needs to be present for more than half of such opportunities. *For example:* The individual needs this support to engage with others during some familiar activities as well as less familiar activities; and the individual requires monitoring and/or assistance during most social activities, but does not need this support when interaction involves only close friends and family.
  
- **Full Support** – The individual requires someone to be present (and providing necessary support) for all social activities/opportunities. A good rule of thumb is that someone needs to be present any time social interaction opportunities occur. *For example:* The individual does not initiate or end conversations well, and uses, though not on purpose, offensive language regardless of to whom she or he speaks. Or, the individual does not interact with others due to either physical, intellectual or developmental disability.

### **Behavior Section**

To complete the Behavior sections of the tab, the assessor will need to determine the type(s) of behavior that are exhibited; the frequency, intensity and duration of behavior(s), and the types of support and supervision used to address the behavior.

The most challenging aspects of assessing the need for supervision related to behavior are:

- Determining the typical, predominant support need (as opposed to the highest need);
- Filtering out supervision needs assessed elsewhere in the ANA or CNA; and
- Recording behavior supports in the correct section(s) of the behavior tab.

The Behavior tab is comprised of five sections. Each section measures a different behavior support need:

1. **Behavior Supports – No Formal Plan – Supervision and Monitoring** records the support needed for behaviors that do not pose a risk of injury to the individual or others, and which do not require physical intervention. Examples of behaviors in this category include verbal behaviors and repetitive but non-injurious behaviors. This section can include behaviors that are a precursor to behaviors recorded in subsequent questions.
2. **Behavior Supports – Plans – Home and Community** records whether the individual has or needs a behavior support plan or mental health guideline. If “Not Applicable” is scored, the remaining behavior items will be scored “Not Applicable” as the subsequent questions address behavior support plan level behaviors only.
3. **Behavior Supports – Supervision – Home** records the typical level of support (supervision) needed in the home environment for behaviors that pose a risk of injury to the individual or others, significantly impact the individual’s ability to complete ADLs, IADLs, health related activities, or receive support.
4. **Behavior Supports – Supervision – Home – Exclusive Focus** records the amount of time an individual requires an “exclusive focus” level of support (supervision). The amount of “Exclusive focus” time is the average amount of time per day during which an individual’s behavior escalates to the degree that injury is likely to occur without immediate intervention.
5. **Behavior Supports – Supervision – Community** records the typical level of support needed in a community environment for behaviors that pose a risk of injury to the individual or others, significantly impact the individual’s ability to complete ADLs, IADLs, health related activities, or receive support.

The assessor first needs to determine whether the individual exhibits any behaviors for which support is necessary. If behaviors are occurring, the assessor must learn about the types of behavior that are occurring and the supports that are necessary to prevent injury and to minimize the negative impact the behavior has on the individual's daily life.

Participants may confuse support needed for general safety with the supports assessed in this section. Safety is assessed in the Medical tab.

### ***Behavior Supports – No Formal Plan – Supervision and Monitoring***

In this section, you are assessing the individual's ability and need for support for behaviors that do not pose a direct risk of injury and behaviors that are not dangerous themselves, but may pose an indirect risk of injury. An example of a behavior posing an indirect risk is a verbal or social behavior that is not dangerous itself, but which has previously incited others to aggress upon the individual. Your assessment may include behaviors which have been identified as a precursor to more dangerous behaviors.

*Do not include* support needed for behaviors that is captured in subsequent sections of the behavior tab.

*Do not include* support needed for supervision needed for general safety, such as supervision needed in the community due to lack of street safety skills. (Safety supports are recorded on the Medical tab.)

*Do not include* support needed for supervision that is medical monitoring, medical monitoring is recorded on the Medical tab.

(For Children) *Do not include* behaviors commonly exhibited by children of the same age without a disability.

### **Description of Levels of Support:**

- **Not Applicable** - The individual does not engage in behaviors that require the support from another person.

- **Redirecting** – The individual does not require close or constant supervision most of the time, but does require a caregiver to have a general awareness of the individual’s whereabouts, and with intermittent check-ins. *For example:* The individual can be in a different room than the caregiver for extended periods and may have periods of “alone time” at home or in the community, but does need a provider to provide redirection when behaviors arise.
- **Within Hearing or Visual Distances** – The individual requires continuous monitoring by a caregiver, but monitoring can be safely conducted by sound most of the time. The individual may require occasional visual monitoring. *For example:* The individual can be alone in another room (such as the bedroom), but requires a caregiver to listen for signs of behavior and check visually on a regular basis. The individual may need to be within hearing distance in the home and is always eyes on in the community.
- **Within Hearing and Visual Distances** – The individual requires continuous visual monitoring by a caregiver in the home and community. The individual may have very brief periods where the caregiver closely monitors by sound, such as when the individual uses the restroom. *For example:* The individual has a behavior pattern that escalates quickly and the caregiver must be in the same room and able to see the person at all times (though the individual can be in the bathroom alone for a minute or two).



## ***Behavior Supports – Plans – Home and Community***

In this section, you are assessing the individual's need for a formal behavior support plan or mental health guideline, a plan developed by a mental health professional that includes a crisis response plan that may include protective physical intervention. If the individual has a behavior support plan, determine whether the plan is current and being implemented. If behaviors have changed since the plan was developed, or if the individual does not currently have a behavior support plan, base the rating on the type of plan, if any, indicated by current behavior patterns. A formal plan may be needed when an individual engages in behaviors that pose a risk of injury to self or others, lead to arrest, or significantly limit the individual's ability to accomplish ADL/IADL and health related activities, and require structured, consistent proactive supports and a structured, consistent crisis response by a caregiver. **A behavior support plan does not already need to be in place in order to score behavioral support needs that rise to the level of injury to self or others.**

In the notes box, record the type and frequency of behavior and support type that is provided.

### **Description of Levels of Support:**

- **Not Applicable** - The individual does not engage in behaviors that pose a risk of injury to self or others, or significantly limit the individual's ability to access their community and receive support. For the remaining items in this section, you will mark "Not Applicable".
- **Behavior Plan – No Physical Interventions** – The individual engages in behaviors that require structured, consistent proactive supports and a structured, consistent crisis response by a caregiver, but do not require a caregiver to physically intervene, by holding any part of the individual's body or clothing, or deflecting contact made by the individual
- **Behavior Plan** – The individual engages in behaviors that require structured, consistent proactive supports and a structured, consistent crisis response which includes protective physical interventions by the caregiver.

- **Mental Health Plan** – The individual engages in behaviors that are addressed in a plan developed by a mental health professional that includes a crisis response plan that may include protective physical intervention by the caregiver in an emergency. The mental health plan must include a functional assessment, proactive, reactive and crisis response plan.

## **Behavioral Supports — Supervision - Home**

In this section, you are assessing the individual's need for support in his or her own home to address behaviors which pose a risk of injury to self or others, significantly limit the individual's ability to accomplish ADL/IADL and health related activities, and require structured, consistent proactive supports and a structured, consistent crisis response by a caregiver.

Note: Individuals who require behavior supports recorded in this section have or may need a formal behavior plan, as assessed in the previous section, "Behavior Supports – Plans – Home and Community." Behaviors other than those that indicate the need for a formal plan are assessed in "Behavior Supports – No Formal Plan – Supervision and Monitoring". If an individual has been determined not to have a need for formal behavioral supports, this question should be scored "not applicable".

This section is also used to assess supervision needed for an individual who requires support and is under a legal order which specifically mandates supervision by a caregiver in the home.

*Do not include* support needed reflected in "Behavior Supports – No Formal Plan – Supervision and Monitoring".

*Do not include* support needed that is provided in a setting other than the individual's home. (Behavior support which otherwise meets the criteria for this section, but is provided outside the individual's home, will be recorded in "Behavior Supports – Supervision – Community.")

*Do not include* support needed for supervision needed for general safety, such as for an individual who does not distinguish potable liquids from hazardous household chemicals. (Safety supports are recorded on the Medical tab.)

*Do not include* support needed for supervision that is medical monitoring, medical monitoring is recorded on the Medical tab.

(For Children) *Do not include* behaviors commonly exhibited by children of the same age without a disability.

(See also *ANA/CNA Behavior Support – Differentiating between Support Levels* in the Appendix.)

### **Description of Levels of Support:**

- **Not Applicable** - The individual does not engage in behaviors that pose a risk of injury to self or others, or significantly limit the individual's ability to accomplish ADL/IADL and health related activities. Score "Not Applicable" if Behavior Supports - Plans – Home and Community was marked "Not Applicable".
- **Redirecting** – The individual engages in behaviors that pose a risk of injury to self or others, or significantly limit the individual's ability to accomplish ADL/IADL and health related activities, but does not require close or constant supervision most of the time. The individual does require a caregiver to have a general awareness of the individual's whereabouts, and intermittent check-ins. *For example:* The individual shows signs of escalating aggression on a monthly basis, but with redirection, incidents of physical aggression have been reduced to one or two occurrences per year. When signs of behavior are not present, the individual can safely have "alone time" at home, but a provider is needed to provide redirection when signs of behavior are observed.

- **Within Hearing or Visual Distances** – The individual engages in behaviors that pose a risk of injury to self or others, or significantly limit the individual's ability to accomplish ADL/IADL and health related activities, and requires continuous monitoring by a caregiver. Monitoring can be safely conducted by sound most of the time. The individual may require occasional visual monitoring. This rating is also recorded for an individual who requires support and is under a legal order which specifically mandates supervision by a caregiver in the home. *For example:* The individual engages in aggressive behavior that would cause injury, but can be alone in another room (such as their bedroom) with a caregiver to listening for signs of escalating behavior. The caregiver visually checks on the person on a regular basis.

- **Within Hearing and Visual Distances** – The individual engages in behaviors that pose a risk of injury to self or others, or significantly limit the individual’s ability to accomplish ADL/IADL and health related activities, and requires continuous visual monitoring by a caregiver. This rating is also recorded for an individual who requires support and is under a legal order which specifically mandates visual (line of sight) or one-on-one supervision by a caregiver in the home. *For example:* The individual has a behavior pattern that escalates quickly and the caregiver must be in the same room and able to see the individual at all times to prevent the individual from injuring themselves or another person.

### ***Behavioral Supports — Supervision – Home – Exclusive Focus***

In this section, you are assessing the individual’s need for constant supervision and intervention with the undivided, uninterrupted attention from a caregiver to address behaviors that will imminently be at an intensity of posing a direct risk of injury to the individual or others. *To be imminent means that there is compelling reason to believe the intense behavior is about to occur.* (Note: this is different than “it is possible that the behavior will occur”.) Intervention must be immediate to prevent injury to the individual or others.

This section is used ONLY to record exclusive focus support that is evidenced to be necessary by the recent history of a pattern of serious injury caused by the individual’s behavior requiring medical attention, or documented incidents where serious injury would have occurred, except that intervention prevented the injury. **Narrative is MANDATORY for this section when a need for exclusive focus support is recorded.** The “Notes” field must include information about the type of behavior, and the frequency and duration of behaviors severe enough to cause injury to the individual or others.

Exclusive Focus support indicates that the caregiver must maintain immediate physical proximity to the individual while this level of support is needed. The caregiver must be totally focused on the individual’s behavior and preventing injury to the degree that the caregiver would be unable to complete any other tasks or be responsible for care of other individuals until the need for this level of support subsides.

*Do not use this section to record legally mandated supervision.* When an individual has a legal order requiring that the individual have supervision, the supervision is recorded in the sections: “Behavior Supports – Supervision – Home” and “Behavior Supports – Supervision – Community.” Exclusive Focus hours recorded in this section are limited to the hours necessary to address severe behavior when it is likely to cause injury.

*Do not include* support needed for behaviors that is provided in a setting other than the individual’s home. (Behavior support which otherwise meets the criteria for this section, but is provided outside the individual’s home, will be recorded in “Behavior Supports – Supervision – Community.”)

*Do not include* support needed for supervision that is medical monitoring. Medical monitoring is recorded on the Medical tab.

*Do not include* support time that is primarily attributed to the provision of care to address ADL/IADL, medical or safety supports.

*Do not include* time for proactive strategies designed to prevent escalation.

If an individual has been determined not to have a need for formal behavioral supports, this question should be scored “not applicable”.

If it is determined that the individual requires exclusive focus supervision for behavior support during some portion of the day, the assessor must also determine the typical amount of exclusive focus that is necessary. The amount of exclusive focus hours is determined by the frequency and duration of behavior incidents where the intense (severe) behavior is likely. The assessor must determine:

- Frequency (F) - How often does the behavior escalate to the degree that injury resulting from the severe behavior is imminent? (Determine the typical number of incidents per month.)
- Duration (D) - What is the typical (or average) length of time between identification that the behavior is escalating to the intense level and the time the behavior has subsided to the degree where support can be at a “within hearing and visual distances” or lower level? (State the duration in hours, rounding UP to the nearest half hour, for example one hour and 20 minutes would be 1.5 hours)

Calculate:  $\frac{F \times D}{30}$

Example: The individual engages in behavior likely to cause injury to himself. This severe behavior typically occurs 10 times per month. The behavior usually resolves about 2 hours after it is identified.

$$\frac{10 \text{ occurrences} \times 2 \text{ (hours)}}{30 \text{ (days in a month)}} = \frac{20}{30} = 0.66 \text{ hours}$$

(The correct level of support for this example is “Exclusive Focus – 2”, because the typical, average amount of exclusive focus time is greater than zero but less than 2 hours per day.)

In the notes box, include a note about how you got to the number of hours identified – i.e., include the math formula.

### Description of Levels of Support:

- **Not Applicable** - The individual does not have a pattern of behaviors that: a) has resulted in injury to self or others that required medical attention, or b) includes documented incidents where injury was narrowly avoided by the intervention of another person. Score “Not Applicable” if Behavior Supports - Plans – Home and Community was marked “Not Applicable”.
- **Exclusive Focus - 2** - The individual has a pattern of behaviors that: a) Has resulted in injury to self or others that required medical attention, or b) includes documented incidents where injury was narrowly avoided by the intervention of another person. The typical, average daily amount of exclusive focus is less than or equal to 2 hours per day.
- **Exclusive Focus - 4** - The individual has a pattern of behaviors that: a) Has resulted in injury to self or others that required medical attention, or b) includes documented incidents where injury was narrowly avoided by the intervention of another person. The typical, average daily amount of exclusive focus is more than 2 but less than or equal to 4 hours per day.

- **Exclusive Focus - 6** - The individual has a pattern of behaviors that:  
a) Has resulted in injury to self or others that required medical attention, or b) includes documented incidents where injury was narrowly avoided by the intervention of another person. The typical, average daily amount of exclusive focus is more than 4 but less than or equal to 6 hours per day.
- **Exclusive Focus - 8** - The individual has a pattern of behaviors that:  
a) Has resulted in injury to self or others that required medical attention, or b) includes documented incidents where injury was narrowly avoided by the intervention of another person. The typical, average daily amount of exclusive focus is more than 6 but less than or equal to 8 hours per day.
- **Exclusive Focus - 10** - The individual has a pattern of behaviors that: a) Has resulted in injury to self or others that required medical attention, or b) includes documented incidents where injury was narrowly avoided by the intervention of another person. The typical, average daily amount of exclusive focus is more than 8 but less than or equal to 10 hours per day.
- **Exclusive Focus - 12** - The individual has a pattern of behaviors that: a) Has resulted in injury to self or others that required medical attention, or b) includes documented incidents where injury was narrowly avoided by the intervention of another person. The typical, average daily amount of exclusive focus is more than 10 hours per day.
- **Two Person Assist** - This level of support need exists when an individual exhibits behaviors that require “exclusive focus” support, as described above, AND the intervention to address the behavior currently requires the physical support of two caregivers.



The need for Two Person support must be based on a current pattern of behavior support needs. Consider the frequency of behaviors that have required intervention involving the physical support of two people during the past year. (Also consider behaviors for which support from one person was not adequate to prevent harm to the individual or others.) If behaviors have not required the physical support of two people during the preceding 12 months, “Two Person Exclusive Focus” should not be recorded on the assessment. Two-person support can be provided for a portion of the time. A score of two-person support and another score can be selected for this item. *For example:* The individual needs up to 8 hours a day of exclusive focus. But for two hours of that time, he needs exclusive focus from two support people.

When Two Person Exclusive Focus is recorded, completion of the 2:1 tab is required. The reviewer will need information regarding the frequency and duration of behaviors requiring two person support to complete the approval process.

### ***Behavioral Supports — Supervision - Community***

In this section, you are assessing the individual’s need for support in settings other than their own home for behaviors which pose a risk of injury to self or others, or significantly limit the individual’s ability to accomplish ADL/IADL and health related activities, and require structured, consistent proactive supports and a structured, consistent crisis response by a caregiver.

Note: Individuals who require behavior supports recorded in this section have or may need a formal behavior plan, as assessed in the previous section, “Behavior Supports – Plans – Home and Community.” Behaviors other than those that indicate the need for a formal plan are assessed in “Behavior Supports – No Formal Plan – Supervision and Monitoring”. If an individual has been determined not to have a need for formal behavioral supports, this question should be scored “not applicable”.

This section is also used to assess supervision needed for an individual who requires support and is under a legal order which specifically mandates supervision by a caregiver in the community.

*Do not include* support that is reflected in “Behavior Supports – No Formal Plan – Supervision and Monitoring”.

*Do not include* support that is provided in the individual’s home.(Behavior support which otherwise meets the criteria for this section, but is provided in the individual’s home, is recorded in “Behavior Supports – Supervision – Home.”)

*Do not include* support needed for supervision needed for general safety, such as supervision needed in the community due to lack of street safety skills. (Safety supports are recorded on the Medical tab.)

*Do not include* support needed for supervision that is medical monitoring, medical monitoring is recorded on the Medical tab.

*Do not include* skills training for community inclusion and social interaction as it should be captured in those respective items.

(For Children) *Do not include* behaviors commonly exhibited by children of the same age without a disability.

### **Description of Levels of Support:**

- **Not Applicable** - The individual does not require continuous supervision of a caregiver when outside their home to address behaviors that pose a risk of injury to self or others, or significantly limit the individual’s ability to accomplish ADL/IADL and health related activities. *For example:* the individual’s severe behaviors occur infrequently and when the individual shows no signs of behavior escalation, the individual can safely be in the community on their own or be separated from their caregiver in the community. The individual can be in a separate wing of the shopping mall from the caregiver or walk to the store, alone. Score “Not Applicable” if Behavior Supports - Plans – Home and Community was marked “Not Applicable”.

- **Within Hearing or Visual Distances** – The individual engages in behaviors that pose a risk of injury to self or others, or significantly limit the individual's ability to accomplish ADL/IADL and health related activities and requires continuous monitoring by a caregiver. Monitoring can be safely conducted by sound most of the time. The individual may require occasional visual monitoring. This rating is also recorded for an individual who requires support and is under a legal order which specifically mandates supervision by a caregiver in the community. *For example:* The individual engages in aggressive behavior that would cause injury, but can be outside the caregiver's line of sight in the community. The caregiver must listen for signs of escalating behavior. The caregiver visually checks on the individual on a regular basis. The individual can safely be on a different, but close by, aisle in a store with a caregiver able to listen and provide intervention when needed.
  
- **Within Hearing and Visual Distances** – The individual engages in behaviors that pose a risk of injury to self or others, or significantly limit the individual's ability to accomplish ADL/IADL and health related activities, and requires continuous visual monitoring by a caregiver. This rating is also recorded for an individual who requires support and is under a legal order which specifically mandates visual (line of sight) or one-on-one supervision by a caregiver in the community. *For example:* The individual has a behavior pattern that escalates quickly and the caregiver must be in the same room and able to see the individual at all times to prevent the individual from injuring themselves or another person.

- **Exclusive Focus** - The individual engages in behaviors that pose an immediate direct risk of injury self or others and requires constant supervision by a caregiver who stays close enough to the individual to immediately intervene. The caregiver engages in no activity other than preventing injury due to behavior – not shopping related tasks, not paying admittance to activities, not driving (unless a variance exists to use a harness or device to take the place of exclusive focus while being transported in an automobile). Note: This rating is not used to record supervision for an individual under a legal order mandating supervision, unless the individual also requires the exclusive focus supervision to address dangerous behaviors, as described, above. *For example:* The individual engages in severe pica behavior, and requires a constantly vigilant caregiver to prevent ingestion of small objects encountered in the community.
- **Two Person Assist** - This level of support need exists when an individual exhibits behaviors that require “exclusive focus” support, as described above, AND the intervention to address the behavior currently routinely requires the physical support of two caregivers in order to safely access community. Two-person support can be provided for a portion of the time. A score of two-person support and another score can be selected for this item. *For example:* Most of the time in the community, the individual requires exclusive focus from one support person. But, for specific locations on a typical day, the individual requires exclusive focus from two people.

The need for Two Person support must be based on current support needs. Consider the frequency of behaviors in the community that have required interventions with the physical support of two people during the past year. (Also consider behaviors for which support from one person was not adequate to prevent harm to the individual or others.) If behaviors have not required the physical support of two people during the preceding 12 months, “Two Person Exclusive Focus” should not be checked on the assessment.

## Enhanced or Exceptional Section

### Enhanced - Exceptional Tab Instructions

The purpose of the Enhanced - Exceptional tab (or Enhanced – Exceptional Addendum to ANA/CNA) is to record specific information about medical and behavioral supports currently needed and being provided to the individual by the caregiver(s.) This information is necessary to determine whether the individual's needs meet the criteria for which a qualified Personal Support Worker (PSW) may be paid at an Enhanced or Exceptional Personal Support Worker (PSW) rate when providing care to the individual.

***Fully meeting the criteria*** means that the individual routinely requires the specific task(s) listed, at the frequency listed and all other requirements stated are met. Do not check items for which an individual receives “similar” support or receives the type of support specified, but at a lesser frequency; or when the individual requires a portion of the support listed, but all elements specified are not met.

### Medical Task Checklist

Directions: If the individual has a current Nursing Care Plan, review the content of the plan.

If all nursing tasks are completed by familial caregivers who have been trained to perform the care by a medical professional, ask the interview participants to identify the trained nursing tasks and describe the frequency at which the tasks are performed. Document the nursing task(s) trained to familial caregivers which are not contained in a nursing care plan. Include the source of information relied upon in determining whether tasks meet rating criteria.

- ☐ ***Ventilator*** - select this item if the individual currently utilizes a mechanical ventilator on a daily basis. Do not check the box if the individual has historical use of a ventilator but does not currently use one. Do not check this box if the individual has a CPAP, BiPAP, or APAP only.
- ☐ ***CPAP/BiPAP*** – select this item if the individual currently uses a CPAP, BiPAP or APAP, and requires assistance from the caregiver on a daily basis to apply/adjust the CPAP/BiPAP, or APAP.

- ☐ ***Oxygen*** – select this item if the individual routinely requires the administration of oxygen **5 or more days** per week, **every week** and requires the assistance of the caregiver to monitor for signs of low oxygen, and to administer and adjust the oxygen flow rate.
- ☐ ***Extensive Respiratory Treatment*** – select this item if the individual requires treatment, other than an inhaler, to loosen and drain phlegm from airways. Treatment must be required daily. Examples of treatments that may be part of the treatment regimen include chest percussion, either manual or mechanical, postural drainage, tracheal aerosol and nebulizer treatments. Do not check this item for treatments that are necessary only when the individual has an infection, or other illness or seasonal allergy.
- ☐ ***Tracheostomy care***– select this item if the individual currently has and requires care for a tracheostomy on a daily basis.
- ☐ ***Suctioning airway*** – check this box if the individual requires nasopharyngeal/tracheal suctioning to maintain a clear airway on a daily basis. Do not include suctioning of the oral cavity or suctioning that is not routinely necessary.
- ☐ ***Stoma Care*** – select this item if the individual has a stoma (a surgical opening into the body, generally for the insertion of a tube/application of an external appliance such as a colostomy bag, urostomy, feeding tube or breathing tube) and requires caregiver assistance to monitor, clean and dress the stoma site on a daily basis.
- ☐ ***Tube feeding*** – select this item if the individual requires assistance from a caregiver to administer feedings through a nasogastric, gastrostomy or jejunostomy tube one or more times per day. Do not check the box if the individual administers his own feeding and requires only supervision.
- ☐ ***Diabetes Management*** – select this item if the individual has Diabetes and requires **ALL** of the following:
  - Daily blood glucose checks
  - Management of a diabetic diet
  - Sliding scale insulin administered by a caregiver

- ☐ ***Central Line, Intravenous (IV) injections/infusions; and/or daily intramuscular or subcutaneous injections*** – select this item if the individual requires assistance from a caregiver to administer medications or other fluids through an IV, or to administer injections on a daily basis. Do include daily insulin injections that were considered under Diabetes Management. Do not select this item if the infusions or injections are administered only in a clinical setting by a medical professional or are administered only by a nurse or other medical professional providing in-home nursing services.
- ☐ ***Dialysis*** – select this item if the individual currently requires a caregiver to administer peritoneal dialysis or hemodialysis in the home. Do not include dialysis treatments administered in a clinical setting or administered by a nurse or other medical professional through an outpatient program.
- ☐ ***Shunt care*** – select this item if the individual has a cerebral shunt and requires the caregiver to closely monitor for signs of infection, blockage or other malfunction and document daily neurological checks on a daily basis.
- ☐ ***Monitoring of vital signs*** - select this item if the individual meets **ALL** of the following criteria:
  - Vital signs are taken at least daily
  - A physician has ordered the tracking of vital signs.
  - Results are documented each time vitals are taken and tracking is provided to the physician
  - Vitals include: temperature, heart rate, respiratory rate **AND** blood pressure

Do not select this item if vital signs are taken less than daily, or if the results are not documented, or if the taking of vital signs is done at the direction of the representative rather than ordered by (or requested by) a physician.

- ☐ ***Seizure interventions*** – select this item if the individual has seizures that require intervention to stop the seizure, such as administration of PRN medications including Ativan or Diastat or application of magnet to the Vagus Nerve Stimulator. Check the box only if these interventions are typically required 2 or more times per month. Do not include scheduled seizure medications or seizure monitoring/timing that does not include treatment to stop the seizure.
- ☐ ***Baclofen Pump*** – select this item if the individual uses a Baclofen pump and requires the caregiver to closely monitor the individual's condition for adverse effects on a daily basis.
- ☐ ***Wound care/ulcer care*** – select this item if the individual currently requires medical treatment for a wound (other than a new stump) or a skin ulcer that has resulted in full loss of skin (and may include loss of other tissue.) The wound or ulcer must be serious enough to have required professional medical evaluation. Do not select this item if individual has a minor wound that does not require treatment that would be delegated by a nurse or trained by a medical professional, such as basic first aid for a scrape; or when individual does not currently have a skin ulcer that is currently a stage III or stage IV, even if the individual has a history of skin ulcers or is at risk of skin ulcers.
- ☐ ***Amputation site care*** – select this item if the individual has recently undergone an amputation and needs assistance from a caregiver to monitor and care for the amputation site. This includes the monitoring and application/adjustment of compression bandages. Do not select this item if the individual has a fully healed amputation site that no longer requires wound care or if the amputation site care is provided by a home health agency providing outpatient care and is not provided by the caregiver.
- ☐ ***Colostomy/Urostomy/Ileostomy care*** – select this item if the individual has one or more of the appliances listed and requires a caregiver to provide tracking and disposal of output, and maintenance of ostomy device/tubing. Do not select this item if the individual does not require a caregiver to actively monitor and maintain the device/tubing, such as an individual who empties and maintains his own ostomy bag and independently contacts his healthcare provider when issues arise.



- ☐ ***Digital Stimulation/Impaction Removal*** – select this item when the individual requires digital stimulation of the bowel to induce a bowel movement or removal of impacted fecal material on a daily or near daily basis (at least five days per week.) Do not select this item if the individual does not need the caregiver to perform digital stimulation or impaction removal, even if the individual requires other bowel care to prevent impaction. Do not select this item if the individual requires impaction removal performed by a medical professional rather than the individual's caregiver.
- ☐ ***Urinary Catheterization*** – select this item if the individual requires caregiver assistance with the insertion of a catheter into the bladder when necessary or as prescribed to drain fluid from the bladder; or care for a catheter which has been inserted into the bladder. Care includes monitoring for signs of infection and proper functioning of the catheter, and cleaning of the exposed area of a catheter. Catheter care may include measuring output and irrigation. Do not select this item when the individual uses only a condom catheter and does not use a catheter that is inserted into the bladder.
- ☐ ***Mechanical Lift/Stander/Sidelyer/BodyJacket*** – select this item if the individual requires a mechanical lift for all or almost all transfers, or assistance from a caregiver to use a stander, sidelyer or body jacket on a daily basis or near daily basis (at least 5 days per week, every week.) A mechanical lift can be a freestanding mechanical lift or a built-in lift such as a ceiling lift. Do not select this item if the only mechanical lift used is a vehicle wheelchair lift or a rising recliner/chair.
- ☐ ***Requires awake caregiver 20 or more hours per day to monitor medical status and complete nursing tasks.*** – An awake caregiver is necessary when the individual has a demonstrated medical need that poses a significant risk to health and safety if intervention is not immediate, and which cannot be safely addressed through intermittent checks, use of medical alarms or other adaptations. Select this item if the individual's medical needs necessitate an awake caregiver 20 or more hours per day on a daily basis. Consider the need for an awake caregiver in both daytime and nighttime hours. Do not select if the individual does not typically require an awake caregiver, but needs an awake caregiver during times of illness.

- ☐ ***None of the above*** – select this item if the individual does not currently require any of the treatments specified above.

### **Behavior Support Checklist**

Directions: In this section you are recording the presence of the actual behavior support document and the supports actually provided to the individual during the last 12 months.

Important Note: The Behavior Support Plan item differs significantly from the question on the *Social & Behavioral Supports/ Behavioral Supports* tab.  
Record only plans that fully meet the criteria listed.

☐ ***Behavior Support Plan Implementation***

To check the Behavior Support Plan box, **ALL** of the following must be true:

- Individual has a formal Behavior Support Plan (BSP) developed by a qualified behavior consultant; or individual has a Mental Health Plan developed by a mental health professional
- The BSP is based on a Functional Assessment of the behavior and includes ALL of the following:
  - Proactive supports
  - Reactive supports
  - Crisis Supports
- (OR) If the individual has a MHP, the MHP must include all of the following components
  - Proactive supports
  - Reactive supports
  - Crisis Supports

The BSP or MHP is currently being implemented. This means that caregivers are trained to implement the BSP/MHP and there is an expectation that caregivers will provide support as specified in the BSP/MHP

- The BSP/MHP addresses supports for behaviors that pose a danger to the individual or others; or significantly and negatively impact the individual's ability to complete or receive support for ADL/IADL/Medical Tasks.
- Caregivers document the incidence of dangerous or other significant behaviors addressed in the plan. Behaviors must be individually documented, after each episode. Documentation must include type of behavior(s) with date of episode. Additional detail is not required to meet this criteria. The individual or their guardian or representative may determine the format of documentation by the caregiver(s.) Examples include a calendar with behavior incidents noted on the date they occur, a daily log or journal, incident reports, or a behavior data tracking form developed by the Behavior Consultant or Mental Health Provider.

*It is incorrect to check the box when:*

- The BSP was developed by someone who does not meet the qualifications of a behavior consultant; or the Mental Health Plan was developed by someone other than a Mental Health Professional.
- The behavior support document is a "Behavior Guideline", "Interaction Guideline", "Safety Plan" or a Mental Health Plan that does not contain both proactive and reactive supports in addition to crisis supports.
- The BSP/MHP is not currently implemented. For example, caregivers have not been trained to the BSP, or the Job Description/ task list indicates that the plan is not implemented or contradicts the BSP/MHP.
- The behaviors addressed in the plan do not present a danger to self or others, and do not prevent completion of ADL/IADL/Medical tasks. Examples of these types of behaviors include verbal behaviors and repetitive but non-injurious behaviors.
- Incidence of behavior is not recorded.

☐ ***Behavior Support Plan Revision***

- *Check the box if the BSP was amended to incorporate significant changes in support two or more times in the preceding year because the individual demonstrated new or changing behaviors, or the strategies in the BSP had become ineffective. A BSP change is significant if it adds entirely new strategies, replaces existing strategies or includes multiple changes in the way a strategy is implemented.*

*Do not check the box if modifications to the BSP are not significant.*

Examples of changes that do not rise to the level considered significant include:

- Altering the reward, or number of successes needed to achieve a reward, included in a strategy based on incentives
- Modifying an existing visual aid, social story or other tool used as the component in an existing strategy to address continuing behaviors.

☐ ***Development of complex tools used in BSP***

Select this item if the individual's BSP includes complex behavior support tools that must be developed or significantly altered by a caregiver one or more times per month. Complex behavior support tools are tools that require specific training in the use of the tools.

Examples of complex behavior support tools include:

- social stories developed and adapted by the caregiver as new triggers of behavior are encountered
- visual structure systems that require the caregiver to create new tools, incorporate new arrangements and images as new triggers of behaviors are encountered

Examples of caregiver supports using complex behavior support tools that do NOT meet this criteria include:

- Use of social stories or visual structure systems developed and adapted by a behavior consultant, even when they are implemented by the caregiver.
- Minor adaptation of tools that require only the selection of images from a preset array of images.
- Use of a preprepared social stories or other tools from a book, website or other media that are implemented without significant adaptation by the caregiver.
- Adaptation which is needed less than one time per month.

☐ ***Protective Physical Interventions (PPIs)***

- Select this item if the Crisis strategies in the individual's BSP include Protective Physical Interventions (PPI) to be used in a crisis situation and have been needed at one of the following frequencies:

- The individual has required the application of PPI during crises 3 or more times in the last 6 months. Do not include deflection, evasion or body positioning maneuvers when counting PPIs.
  - The individual has required the application of PPI 5 or more times in the last 12 months. Do not include deflection, evasion or body positioning maneuvers when counting PPIs.
  - The individual has required caregivers to apply a PPI, including deflection, evasion or body positioning maneuvers at least weekly throughout the last 6 months.
  - Individual has had a BSP which includes PPIs for less than 6 months AND the individual required the assistance of emergency services, protective services or crisis intervention services to address a dangerous behavior issues 2 or more times in the last 12 months.
  - *Do not check the box if* the individual's behavior has not escalated to the level requiring PPI in the last 12 months at any of the frequencies listed, above. This is true even if the individual met the criteria in a previous assessment.
- ☐ ***Requires awake caregiver 20 or more hours per day to provide behavior supports.*** – An awake caregiver is necessary when the individual has behaviors which occur during daytime AND nighttime hours that poses a significant risk to health and safety if intervention is not immediate, and which cannot be safely addressed through intermittent checks, environmental adaptations, or adaptive technology. Consider the need for an awake caregiver in both daytime and nighttime hours. Select this item if the individual's behavior support needs necessitate an awake caregiver 20 or more hours per day on a daily basis. Do not select if an awake caregiver is needed on an occasional or cyclical basis.
- ☐ ***None of the above*** – select this item if a behavior support plan is not currently implemented, or if the implementation does not include the documentation of the incidence of behaviors.

## Appendix: Additional Reference Links

Click on the following link to access all transmittals related to assessments:

- [APD transmittals: ReBAR webpage](#)

Click on the following link to access the ANA/CNA exam on iLearn:

*Please note: This is a quick link to the iLearn login page. Once you've logged in, it will take you directly to the exam.*

- <https://go.usa.gov/xXNVC>

Click on the following links to access the most current ANA/CNA assessment tools.

- [CDDP Staff Tools: Adult and Child Needs Assessment Tools](#)
- [Brokerage Staff Tools: Adult Needs Assessment Tool](#)