

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

Manual
(March 2014)

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

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General Instructions

This manual includes specific instructions for each assessment section. Instruction 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

In addition to this manual, the Services Coordinator, Personal Agent or Case Manager must also successfully complete the required video training and exam prior to conducting an assessment. The training video takes about 40 minutes to complete. A score of 85% or higher is required to pass the exam. The exam may be retaken as many times as necessary to achieve a passing score.

The training is available on the DHS/DD Case Management tools page located at <http://www.dhs.state.or.us/spd/tools/dd/cm/> and on the Personal Agent's tool page at <http://www.dhs.state.or.us/spd/tools/dd/bpa/index.html>. The exam is administered through the DHS Learning Center at <https://dhslearn.hr.state.or.us>. The course title for the exam is Adult and Child In-Home Support Needs Assessment, course number C03916.

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 may be downloaded from the DHS/DD Case Management tools page. Instructions for downloading assessment tools are contained in APD-AR-13-084 (see Appendix.)

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 adjustment of 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 Case Manager when conducting an assessment: *Client Demographics*, *ADL Needs*, *Medical Needs*, *Nighttime Needs*, 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 is completed by the CDDP Manager, Brokerage Director, CIIS Manager or their designee. (See APD-AR-13-089 in the Appendix.) 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 radio button to the left of the support need level selected. Assessors should note that the default setting for the radio button is "Independent". It is recommended that assessors review the Support Needs Summary to confirm that all "Independent" 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. Prior to 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. 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.

What if the activity does not pertain to the person? In some cases, a section may not be applicable to the individual. For example, the toileting section would not be applicable for an individual who receives incontinence care only and does not use the toilet for bowel or bladder elimination. Another 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 either 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 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 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*).

Level 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 support with all or almost all aspects of the activity 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 is performed. (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.

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.

(This field is limited to 255 characters. If you are unable to address variations in information & source relied upon within the 255 character limit, document necessary information in case note and reference the case note in this “Notes” field.)

Demographics Page

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.
- **Did the child/adult participate in the Assessment?** “Yes” indicates the child or adult participated in at least some portion of the assessment. “No” indicates the child or adult did not participate in any portion of the assessment. (Note: When an individual does not “participate” in the assessment, 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 either in the “Comments” box on the “Summary of In-Home Hours” tab, or in a case note.)
- **Gender:** Select the child or adult’s gender from the dropdown menu.

- **Assessment Type:** 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 information as MM/DD/YYYY.
- **CDDP Services Coordinator or Brokerage Personal Agent:** Enter the full name of the Personal Agent, CDDP Services Coordinator or DHS Case Manager.
- **CDDP/County or Brokerage:** 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:** 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:** Select the type of organization or DHS work unit for the 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.
- **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:** Enter the approximate time the assessment (interview portion) begins.
- **End Time:** Enter the approximate time the assessment (interview portion) ends.

ADL/IADL Section

Transportation (ANA Only)

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, identify start, stop or transfer points.

Do not include support needs assessed elsewhere in the assessment, such as transferring from wheelchair to 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.

Description of Levels of Support:

1. **Independent:** The individual is able to drive; *or* the individual is able to 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.
2. **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 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.

3. **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

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. 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/supervision needs present while an individual ambulates. For example, if an individual has the physical ability to ambulate, but requires support from another person to prevent darting into traffic.

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:

1. **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.
2. **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.
3. **Full Assist:** The individual needs help 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 providing support with balance or weight-bearing; *or* the individual moves about using a wheelchair, but does not propel his or her own wheelchair.
 4. **Two-Person Assist:** The individual requires two people maneuver a wheelchair, gurney or to provide physical support with balance and weight-bearing to move about in his or her environment.

Transferring / Positioning

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 address health concerns such as circulatory issues and skin integrity, prevent health issues such as pressure sores or airway obstruction, and maintain comfort. 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.

Description of Levels of Support:

1. **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.
2. **Partial Assist:** The individual requires stand-by monitoring, cueing and/or some physical help and bears some weight on feet. The individual assists with his or her own repositioning or requires cueing and coaching to change positions. *For example:* Pivot transfers (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.
3. **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.
4. **Two-Person Assist:** Two people must help move the person during 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

In this section, you are assessing the individual's ability and need for support to safely consume food and beverages. 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 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 polydyspia, 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 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:

1. **Independent:** The individual eats and drinks with no help from another person.
2. **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.
3. **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.*
4. **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 unthickened 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.
5. **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

In this section, you are assessing the individual's ability and need for support to prepare food to eat. 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.

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:

1. **Independent:** The individual makes all of his or her own meals without support from another person.

2. **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.
3. **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.
4. **Full Assist:** The individual is unable to perform all or almost all 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 and milk in the glass, but the provider must stir again afterwards to actually mix the two items.)

Toileting

In this section, you are assessing the individual's ability to use the toilet, commode, urinal or bedpan for elimination. 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 be balanced (after transfer) while using the toilet, urinal, commode or bedpan; eliminating in the correct receptacle, cleansing after toileting, and adjusting clothes.

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 they used the toilet. If the person uses the toilet, but also experiences incidents of incontinence, both may not be scored as "Full Support". If support is needed for all aspects of both activities, determine which the most prevalent support is and score that prevalent elimination support as "Full Assist" support and the other as "Partial Assist."

Description of Levels of Support:

1. **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 occasional reminders for toileting, such as the suggestion of using the toilet before leaving the house, but no support with the steps in using the toilet.
2. **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.
3. **Partial Assist:** The individual requires the provider to physically help them help 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.
4. **Full Assist:** The individual primarily uses the toilet for elimination and needs help with all or almost all toileting tasks.

Bladder and Bowel Control/Care

In this section, you are assessing whether the individual is incontinent, has an ostomy and/or catheter; and 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. (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 evacuation, 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 may not be scored as "Full Support", because neither occur with full time frequency. If support is needed for all aspects of both activities, determine which is most prevalent support 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 Night Supports.)

Description of Levels of Support:

1. **Independent:** The individual uses the toilet and is not (or is rarely) incontinent 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.
2. **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.

3. **Full Assist:** The individual does not functionally participate in any part of caring for his incontinence, ostomy, and/or bladder.

Laundry and Housekeeping

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.

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 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.

Description of Levels of Support:

1. **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.
2. **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.
3. **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.

4. **Full Assist:** The individual is unable to functionally complete any of the housekeeping or laundry. The person may participate in some aspects, but participation is not functional.

Bathing (and Washing Hair)

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. 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 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:

1. **Independent:** The individual needs no reminders, cues or help to bathe and wash hair.
2. **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.
3. **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.

4. **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

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.

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, there is no consideration of shaving as a hygiene task.

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 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:

1. 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.
2. 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.

3. 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

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.

Consider the individual's ability to recognize the need to change clothing and dress appropriately for weather. Appropriate dress consideration should only reflect assistance required to address physical health such as adequate clothing to prevent frostbite or burns or to maintain legal standards of modesty (ensuring body parts are covered sufficiently to address unintended legal consequences of indecent exposure). For example, many young people wear shorts all year. Some people wear pajama pants in public and some choose to cross dress.

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:

1. **Independent:** The individual requires no help to dress, undress and maintain a reasonably groomed appearance. Score here if the individual needs only occasional reminders about grooming or weather appropriate clothing.
2. **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.
3. **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

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 purchases of goods and services. 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 envelopes, writing a check, picking up items from store shelves, maneuvering a cart or carrying a basket, and physically handling change and bills.

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:

1. **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.
2. **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.

- 3. Full Assist:** The individual does not understand value of money or items and is unable to perform 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 Section

Communication – Expressive & Receptive

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. 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.)

Description of Levels of Support

1. **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.
2. **Partial Assist:** The individual needs help 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.
3. **Full Assist:** The individual requires help from another person to be understood and to receive information being communicated to them 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

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. Consider both the individual's cognitive and physical ability to 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 that occurs less than daily, 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 the individual requires in response to hazards. (This is captured in the next section as "Personal Safety").

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 emergency communication with 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

1. **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.

2. **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.
3. **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.

Personal Safety

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.

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 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 and requires support on less than a daily basis, then a rating of "Independent" is appropriate.

The assessor should determine the how frequently the individual typically requires support for personal 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:

1. **Independent:** The individual needs no help. He is aware of all hazards at home and the community.
2. **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.
3. **Full Assist:** The individual needs full help. *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.

Fire/Emergency Evacuation

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.

Description of Levels of Support:

1. **Independent:** The individual identifies when he needs to evacuate the home in an emergency and exits safely.
2. **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 physical propel their body outside to exit.
3. **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

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. 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.

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 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:

1. **Independent:** The individual does not require another person to administer his or her daily medications.
2. **Full Assist:** The individual requires some or total support for oral medication. (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 them 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 his pills are for nor will 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

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.

Consider creams, ointments, eye drops, nasal drops or sprays, asthma inhalers, nebulizers, suppositories and enemas that are used on a 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 section.

Do not include support needed to order or picked 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 – 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:

1. **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. *For example:* The provider checks in to ensure the individual is applying medicine effectively. OR the individual does not routinely use this category of medication in his or her daily regimen.
2. **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.
3. **Full Assist:** The individual requires a caregiver to apply the medication for them. *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

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.

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.

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 – 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-General 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. These supports are considered in the Health Management – General section.

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:

1. **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.
2. **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.
3. **Full Assist:** The individual needs full help. *For example:* The provider draws the correct dosage and gives the injection to the person; or the provider prepares the medications and injects them into the g-tubing.

Health Management Supports – General

In this section, you are assessing the individual's abilities and need for human support to maintain general health and ongoing medical supports. 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.

The assessor may find it helpful to make a list of 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 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:

1. **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.
2. **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.
3. **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 must monitor every day 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 headache, when treatment is needed by the individual.
4. **Full Assist:** The individual requires daily assistance from another person to administer treatments AND to monitoring health status, but the individual's condition and support activities do not meet the criteria for Complex Medical. *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

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*.

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.

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.

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.) Conversely, a person may need daily insulin amounts adjusted in response to blood glucose levels, with close support by a nurse and endocrinologist who makes changes in medication and diet on a regular basis (a serious medical condition with complex medical supports.)

After the presence of a complex medical support has been established, the ratings key can be used to determine the level 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 plan 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.

- *Stable and predictable* means that the condition is still complex. It means that it can become critical and unstable without supports.
- *Unstable* means that the individual needs continual monitoring of stats and vitals due to severity of condition. (Think “end of life” type of complex condition)

Description of Levels of Support:

1. **Not Applicable:** The individual does not require *complex medical interventions* on a routine basis. This includes an individual who has a serious medical condition, but does not require *complex medical interventions*.
2. **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.

3. **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.
4. **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 through out 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.
5. **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 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.

- 6. 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.
- 7. 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. At night, a 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 individuals medical care needs at all times.

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”
- 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.

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 provided 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. 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 Care and not included in the nighttime supports.

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. 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. For example: an individual with severe pica whose behavior pattern includes ingestion of bedding material.

Description of Levels of Support:

1. **Not Applicable:** The individual does not typically have support needs that occur during nighttime hours.
2. **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 typically developing child.
3. **Monthly:** The individual requires some 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 to prevent skin breakdown.
4. **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.
5. **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 a round 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.
6. **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.

7. **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.
8. **2:1 Assistance:** A 2 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.

Behavior Supports Tab

The sections on the Behavior tab record the individual's need for proactive support, supervision, and intervention to address behaviors that negatively impact the individual's daily life or which endanger the individual or others. To complete the Behavior tab sections, 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.
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 on the Medical tab.

In addition to the following instructions for each Behavior tab section, the assessor should refer to *ANA/CNA Behavior Support – Differentiating between Support Levels* in the Appendix. This document provides additional guidance for determining the correct supervision level to record on the assessment.

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* childhood 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:

1. **Not Applicable** - The individual does not engage in behaviors that require the support from another person.
2. **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.

3. **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 their bedroom), but requires a caregiver to listen for signs of behavior and check visually on a regular basis.
4. **Within Hearing and Visual Distances** – The individual requires continuous visual monitoring by a caregiver. 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.

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, 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.

Description of Levels of Support:

1. **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.
2. **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.
3. **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.
4. **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.

Behavioral Supports — Supervision - Home

In this section, you are assessing the individual's need for support in their 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 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 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* childhood 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:

1. **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.
2. **Redirecting** – The individual infrequently 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 or in the community, but a provider is needed to provide redirection when signs of behavior are observed.
3. **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.

4. **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, the history of injury requiring medical attention, 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.

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

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.

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

(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.)

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

Description of Levels of Support:

1. **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.
2. **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.
3. **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.
4. **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.
5. **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.
6. **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.

7. **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 Exclusive Focus** -- 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.

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.

(For Children) *Do not include* childhood 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:

1. **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.
2. **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.
3. **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.
4. **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. 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.
 5. **Two Person Exclusive Focus** - 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.

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.

Appendix: Additional Reference Sources

Other reference documents include:

- [APD-AR-13-100](#) Submitting Assessment Results Using Secure Email
- [APD-AR-13-089](#) Process for 2:1 Reviews – In-Home Needs
- [APD-PT-14-001](#) ANA/CNA Interpretation Guidance
 - Includes:
 - ANA/CNA Best Practices Guide
 - ANA/CNA Complex Health Management Supports
 - ANA/CNA Behavior Supports
- [CDDP Staff Tools: Adult and Child Needs Assessment Tools](#)
- [Brokerage Staff Tools: Adult Needs Assessment Tool](#)