Mental or Emotional Disorders
Cognition & Behaviors
OAR Chapter 411, Division 015

- **Mental & Emotional Disorder Review** (MED):
  - Under 65 years of age are not served by APD unless the individual per OAR 411-015-0015(5):
    - Has a medical non-psychiatric diagnosis or physical disability; &
    - Has a need for services based on a medical, non-psychiatric diagnosis, or physical disability; &
    - Provides supporting documentation demonstrating that the need for services is based on the medical, non-psychiatric diagnosis, or physical disability.
  - Submit MED requests to Med.SPD@dhsoha.state.or.us
  - Or the primary contact in Central Office is Kelsey Weigel & she can be reached at (503) 779-6849 or KELSEY.C.WEIGEL@dhsoha.state.or.us
  - Checklist for Preparing Referral to MED is available at: [http://www.dhs.state.or.us/spd/tools/cm/mental_health/Checklist%20for%20Preparing%20Referrals%20to%20MED%2010-15.pdf](http://www.dhs.state.or.us/spd/tools/cm/mental_health/Checklist%20for%20Preparing%20Referrals%20to%20MED%2010-15.pdf)

- Cognition & Behaviors refer to the inability to effectively process information & how the brain functions in the areas of:
  - Cognition
    - Adaptation
    - Awareness
    - Judgment
    - Memory
    - Orientation
  - Behaviors
    - Danger to Self or Others
    - Demands on Others
    - Wandering
- An individual with no cognitive deficits understand the sequence of events & is able to problem solve in an emergency. Those with cognitive deficits may have the inability to sequence information. For example:
  - A medical emergency occurs at home
  - Call 911
  - Ask for help
  - Explain the problem
  - Give 911 dispatcher the address & phone number.

- Example of connections between areas of Cognition:

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

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

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

  - **Orientation**
    - Inability to recognize the daughter/caregiver. Becomes combative when the daughter tries to bathe her, as she thinks the daughter is a stranger.
- Example of connections between areas of **Cognition & Behaviors**:

  - **Awareness**
    - Inability to understand the need for clothing.

  - **Judgment**
    - Inability to understand choices, risks & consequences for not wearing clothing.

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

  - **Danger to Self or Others**
    - Aggressive & disruptive with other residents/providers when redirected with clothing changes.

- When assessing the areas of Cognition & Behaviors remember the following:
  - Cognition & Behaviors refers to how the brain functions & generally speaking, a number of areas will be impacted when there is a cognitive problem in place.
  - Behavioral symptoms are likely a result of deficits in one or more of the five areas of cognition.
  - Cognition & Behaviors are about the **inability** of the individual to use information.
  - Cognition & Behaviors are NOT about poor choices.
  - Detailed information will be picked up throughout the conversation, through observation, hearing & other senses while interviewing the individual throughout the assessment process (not just while in the cognition section of CA/PS).
  - Don’t ask leading questions in cognition when the individual is clearly cognitively intact.
• **Assessment Time Frame** in Cognition & Behaviors per OAR 411-015-0005(33) & 411-015-0006(5):
  o Cognition is assessed by how the individual functions without supports.
  o The ‘assessment time frame’ may be expanded for assessing Cognition & Behaviors ‘without supports’ when:
    ▪ The individual has a history or incidents more than 30 days in the past; &
    ▪ The history or incident jeopardized the health & safety; &
  o ‘Assessing without supports’ is how an individual would function without the assistance of another person, a care setting & staff, or an alternative service resource.
  o Some questions to consider:
    ▪ How would the individual function if he/she wasn’t in a care setting or if another person wasn’t providing cognitive assistance for him/her?
    ▪ How did the individual function prior to living in their current care setting or prior to receiving care?
    ▪ What were the behaviors prior to moving into their current care setting?

• **Medication is not considered** a support:
  o If the individual does not currently take medication, assess the individual as they present during the assessment.
  o If the individual is currently using medication, assess the individual as they present during the assessment.
  o If the individual is now taking medication, but wasn’t previous to the assessment, do not expand the assessment time frame to assess them back to a time prior to taking medications.

• **Comments** when assessing Cognition without supports need to include information gathered to describe:
  o How the individual functioning prior to receiving or having supports in place; &
  o What is the support doing now to mitigate the problem; &
  o Examples of how the individual functioned prior to having supports in place & what the supports are currently providing to minimize the problem.
  o Comments should not include the individual’s diagnosis.
    ▪ For example, do not state:
      • “Due to dementia, the individual has difficulty adapting to changes in her life”.
- The above comment is about the diagnosis & does not explain why the individual has problems adapting to change, not does it substantiate the need level.

<table>
<thead>
<tr>
<th>Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adaptation</strong> means the ability to respond, cope &amp; adjust to major life changes such as a change in living situation or a loss (such as health, close relationship, pet, divorce or a death).</td>
</tr>
<tr>
<td><strong>Assist:</strong> The individual requires reassurance from another person to cope with or adjust to change.</td>
</tr>
<tr>
<td>• <strong>Frequency:</strong></td>
</tr>
<tr>
<td>o Assistance involves multiple occurrences less than daily.</td>
</tr>
<tr>
<td>o This means it doesn’t happen every day, but sometimes during the week.</td>
</tr>
<tr>
<td><strong>Full Assist:</strong> The individual requires constant emotional support &amp; reassurance or is unable to adapt to change. These are daily, ongoing occurrences.</td>
</tr>
<tr>
<td>• <strong>Frequency:</strong></td>
</tr>
<tr>
<td>o Requires continuous support &amp; reassurance on a daily basis.</td>
</tr>
<tr>
<td>o This means every day.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Awareness</strong> means the ability to understand basic health &amp; safety needs (such as the need for food, shelter &amp; clothing).</td>
</tr>
<tr>
<td><strong>Assist:</strong> The individual requires assistance of another person to understand basic health &amp; safety needs.</td>
</tr>
<tr>
<td><strong>Full Assist:</strong> The individual does not have the ability to understand basic health &amp; safety needs &amp; requires daily, ongoing intervention by another person.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Judgment</strong> means decision-making. It is the ability to identify choices &amp; understanding the benefits, risks, &amp; consequences of those choices. Individuals who lack the ability to understand choices, or the potential risks &amp; consequences of choices, need assistances in decision-making. Judgment does not include what others might deem a poor choice.</td>
</tr>
<tr>
<td><strong>Assist:</strong> At least weekly, the individual needs protection, monitoring, &amp; guidance from another person to make decisions.</td>
</tr>
<tr>
<td><strong>Full Assist:</strong> The individual’s decisions require daily intervention by another person.</td>
</tr>
</tbody>
</table>
### Memory

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

**Assist:** The Individual has difficulty remembering & using current information & requires reminding from another person.

**Full Assist:** The individual is unable to remember or use information & requires assistance beyond reminding.

### Orientation

**Orientation** means the ability to accurately understand or recognize person, place, or time in order to maintain health & safety.

**Assist:** The individual is disoriented to person, place or times & requires the assistance of another person (must affect health & safety). These occurrences are episodic during the week, but less than daily.

**Full Assist:** The individual is disoriented daily to person, place, or time & requires the assistance of another person.

### Danger to Self or Others

**Danger to Self or Others** means behavioral symptoms, other than wandering, that are hazardous to the individual (including self-injury), or harmful or disruptive to those around the individual.

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

- **Frequency:**
  - At least once a month; &
  - Non-physically disruptive or aggressive or agitated or sexually inappropriate; &
  - Behaviors are challenging, but can be verbally redirected.

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

- **Frequency:**
  - More than one episode within the assessment time frame; &
  - Aggressive or disruptive or agitated or dangerous or physically abusive; or
  - Sexually aggressive at self or others; &
  - Must be extreme & may be unpredictable; &
Intervention is beyond verbal redirection, with a behavioral care plan.

### Demands on Others

**Demands on Others** means behavioral symptoms, other than wandering, that negatively impact & affect living arrangements, providers or other residents.

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

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

### Wandering

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

**Assist:** The individual wanders within the home or facility, but does not jeopardize safety.

**Full Assist:** The individual wanders inside or outside & jeopardizes safety.

- **Contact information** for Policy Analyst SPL & Cognition questions:
  - Ben Sherman
    - Phone: (503) 947-5189
    - Email: BEN.C.SHERMAN@dhsoha.state.or.us
  - Kathryn Nunley
    - Phone: (503) 947-2309
    - Email: KATHRYN.M.NUNLEY@dhsoha.state.or.us
  - Lisa Bouchell
    - Phone: (503) 269-4771
    - Email: Lisa.BOUCHELL@dhsoha.state.or.us