Oregon Department of Human Services
OFFICE OF DEVELOPMENTAL DISABILITIES SERVICES

Oregon Needs Assessment (ONA)

FAQ

September 2022

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General Procedural Questions

Q: Will the ONA be printed in other languages?
A: Yes, the plan is for the ONA to be printed in additional languages on a case-by-case basis. The timeline is currently unknown, the translations will be announced by transmittal when completed.

Section II - Communication

Item 2: Language Expression & Comprehension

Q: The communication question about understanding "verbal" content- this person is unable to hear, but does respond to basic touch cues for standing, eating, etc. Would I code "rarely/unable to" or "understands sometimes"?

A: Are they able to understand sign language? If so, consider the level of understanding with the use of sign language. If the person responds to touch cues only, but has no ability to understand verbal content, code "Rarely/never understands".

Section III – ADL and IADLs

Item 3: Dressing

Q: A person only receives reminders three days week but needs check ins daily, how is that considered?
A: If the check-in support is needed at least 50% of the days the activity takes place, code the support needed. Be sure to determine when the check-in is needed (before, during, or after the activity).

Item 6: Eating and Tube Feeding

Q: If a person can physically drink, but needs cues to drink enough throughout the day to stay hydrated, is it included? Can you capture it in items 6 and 40a (judgment)?

A: If they need cues throughout the day to drink because they won't physically put the drink to the mouth without a cue, capture in 6b. Some may capture the judgment to eat/drink in item 40a. But there are other judgment examples that can be given for item 40a. Be sure to consider the ability to indicate thirst often enough to stay hydrated in item 2d as well.

Item 7: Elimination

Q: The person needs to be cleaned off in the shower after having a bowel movement. Is it captured in this item or in item 8 – Showering?

A: It depends. Ask more probing questions. Is the showering a part of the normal elimination routine and is required at least 50% of the days the activity takes place? If so, capture it in this item. If not, capture supports needed to clean the body in item 8 – Showering.

Item 10: General Hygiene

Q: A person bites their nails, and the provider must tell them to stop. Do we capture it in this item?

A: Ask probing questions. Why does the provider have to tell them to stop? Do they cause self-injury? If so, this would be captured in item 18 – Injurious to self. Is there a general hygiene support need to keep their nails filed short? Supports could be captured in both. Keep the focus on the hygiene aspect of nail care in this item.

Item 17: Light Shopping

Q: What if the provider just hands the money to the person to pay for items? Is that considered "Supervision" or physical help?

A: Ask more probing questions. Is the provider determining the correct amount of money for the individual? It could be a physical support. Is the provider just holding the money out of convenience for the individual? It may not be a support need at all.

Section IV - Behaviors

Item 21: Aggressive Toward Others, Verbal

Q: Some people may act in a way that could be perceived as aggressive toward others, such as staring for long periods of time while they're processing information. I'm not comfortable coding this as a behavior in this item. How should we capture actions that appear to be behaviors in this item?
A: You can code "Intimidates/stares" in this item and write a good note explaining the behavior. For example: "This person stares at others for a long time while processing information and is subsequently kicked out of public places because people perceive the staring as a behavior". It could also be coded in a different behavior item, such as item 22 as it can appear to be socially unacceptable or isolating, or item 27 "Difficulties regulating emotions". Another option would be to capture it in item 34a – Other behavior items.

Item 23: Sexual Aggression/Assault

Q: Where/how do we capture inappropriate sexual behavior such as posting naked pictures of themselves?
A: It could be captured in a few different behavior items: Socially unacceptable behavior, susceptibility to victimization, and possibly legal involvement if there is a risk of the person being engaged with law enforcement or the Psychiatric Security Review Board (PSRB). Keep in mind that it is acceptable to overlap behavioral items.

Item 33: Legal Involvement

Q: Would you code "Assessor has concerns" in the Legal involvement item if there is underage consumption of cigarettes or marijuana?
A: Yes if there is concern about breaking the law. Don't capture it in Item 38a unless there is a concern about abuse of legal and/or illegal drugs/alcohol. Do not include cigarettes in item 38.

Q: If a person is coded "Yes, present in the past year" for physical aggression, does that mean Item 33 – Legal involvement must be coded "Yes, present in the past year"?
A: Not always. For example: There are some forms of aggression directed by an adult or child (atypical of other people) toward a parent or sibling that may never lead to legal involvement. Use your best judgment and rely on input from the people who know the person well.

Item 34: Other Behavior Issues

Q: How do we capture when a person places other people's items in the trash and then it gets thrown away?
A: Capture it in item 34 – Other behavioral issues. Don't capture one-time accidental occurrences if they are not a behavioral concern.

Item 36: Intervention Frequency

Q: For intervention frequency, the only behavior is leaving supervised areas, the set-up of the intervention was a one-time set-up (alarm on the door). Do we count it as a daily occurrence?
A: Ask probing questions to find out if the alarm needs to be checked daily to ensure its functional and on. If so, it could be considered a daily cue. Ask how often the support is needed to ensure the alarm is on due to others disabling it, code in item 36b – proactive strategy. If no daily supports are needed for modifications such as would be the case with hardened walls and plexiglass windows, don't code as a support. Indicate environmental modifications in the notes box.

Item 38: Substance Abuse Issues

Q: What about the person who is on probation/parole who is told as a condition of probation/parole that they cannot use drugs or alcohol? Do we consider that as a concern about abuse of substances in item 38?
A: Consider it in item 38 if a concern about abuse of substances still exists. If the person is on probation/parole due to drug related issues, Item 38 could easily be coded "yes". Be sure to capture the probation/parole in item 33 – Legal Involvement, Item 36 – Behavior Interventions (if interventions are provided) and Item 40 - Judgment. Also consider how the probation/parole requirement may affect ADL/IADL completion. For example: Does the person need to be supervised

while shopping to avoid purchasing alcohol? Without supports, the effective completion of shopping could be impacted because the person would buy alcohol only and not personal care items. Rely on the people who know the person to help you answer that question.

Section V - Safety

Item 40: Safety Awareness and Support

Q: What if the person has adaptive equipment such as a device under the mattress that goes off to escape if there were a fire?
A: Consider the support needed (or not) with the adaptive device in place.

Section VI: Medical

Item 45: Seizures and Diabetes

Q: Do we count stress-induced seizures in the Seizures item?
A: Include only if it has been diagnosed as a seizure or epilepsy.

Q: Should gestational diabetes be captured in the Diabetes item?
A: Only consider it if it is a current diagnosis and treatments are needed ongoing. This ONA should be flagged as needs may change after delivery.

Q: When would we code "No mechanisms advisable" in the diabetes item?
A: Code it if the person has diabetes but it is well controlled, and no mechanisms listed in item 45g are advisable.

Item 46: Treatments and Therapies

Q: Where would you capture the pulse oximeter?
A: Capture in "other "only if there are treatments beside medicine management that result due to the readings captured by the pulse oximeter. If no treatments are necessary, capture the use of it in the notes box only.

Q Where do we capture supports required for repositioning?
A: Code in the "other" option, add the repositioning and code the corresponding columns accordingly as well. The additional note is great too. If they are unable

to roll left to right at all, you may want to capture the supports in item 4c as well (only if they don't roll at all on their own).

Q: Do we capture a Primary Care Physician (PCP) who only write orders for psychotropic medicine and no support person provides supports as ordered by the PCP, in Psychiatric services?
A: If the doctor assesses the need for it and prescribes medicine, yes. Just be sure that you don't code "Support person performs".

Q: If the person has a baclofen pump and sees the doctor once or twice a year for it, can we capture it in this item?
A: Yes. Keep in mind that any treatment and therapy being received can be captured in item 46. Just be sure to code current need accurately. For baclofen pump, you would code "Receives less than weekly". While they have a baclofen pump daily, the treatment for it is received less than weekly. Be sure not to code "Support person performs".

Item 47: Medication

Q: How do we consider administration of marijuana in the medical section since it's still federally illegal?
A: Don't focus on the legal issues around marijuana. Focus on the support needed to take prescribed or doctor recommended meds (orally, inhaled, topical, etc.).