

ADL and IADL Fact Sheet

Updated: March 2, 2026

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Comment Formula

The Three Questions

- 1. Why is there a need?
- 2. How frequent is the need?
- 3. How is the assistance received?

The Three Reassessment Questions

- 1. What changed?
- 2. How did it change?
- 3. Why did it change?

Ambulation

Ambulation, [OAR 411-015-0006\(7\)\(d\)](#) means the task of moving around inside and outside the home or care setting. This includes assessing the individual's

needs after taking into consideration their level of independence while using assistive devices such as walkers, canes, crutches, manual and electric wheelchairs, and motorized scooters. Ambulation does not include exercise or physical therapy.

Task types

What is considered a task?

- Moving around inside the home or care setting
- Moving around outside the home or care setting

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)

Assist levels and frequency criteria

Minimal assist: Even with assistive devices, the individual requires hands-on assistance from another person to ambulate outside and/or inside their home or care setting; and

- **Frequency:** Outside, at least once each week, totaling four days per month or inside, less than one day each week.

Substantial assist: Even with assistive devices, the individual requires hands-on assistance from another person to ambulate inside their home or care setting; and

- **Frequency:** At least one day each week totaling four days per month.

Full assist: The individual requires hands-on assistance from another person to ambulate; and

- **Frequency:** Every time the activity is attempted and must meet the minimum frequency requirement of assist.

Note: Individuals who are confined to bed are a Full Assist in ambulation.

Good comment examples (why, frequency, how and who)

Independent: Sam is always able to move around inside and outside their home without the assistance of another person.

Minimal assist: Henry moves slowly through his home using a walker. His daughter walks beside him to make sure he doesn't fall. He goes to the store one day each week and to the doctor twice a month using a manual wheelchair. He is unable to propel the wheelchair due to uneven ground outside and weakness in his arms. His daughter must push him in his manual wheelchair each time he leaves the home.

Substantial assist: Facility staff state that Beatrice gets tired and weak due to advanced age and COPD. By the end of the day, even with the use of her Walker, staff must walk beside her holding on to her arm and propping her up as she walks when going to and from the dining room period without staff providing this support, she would be unable to walk. Beatrice states she needs help every evening. The facility service plan documents the same level of care.

Full assist: Mario has progressive multiple sclerosis and is no longer ambulatory on his own because he cannot bear weight. His caregiver must push him in a standard wheelchair each time the wheelchair is used due to persistent issues with dexterity, coordination, and weakness. He is unable to manage any part of wheelchair mobility on his own without hands-on assistance. Mario is unable to use a power chair due to his inability to operate the equipment hand controls.

Transfers

Transfer, [OAR 411-015-0006\(7\)\(e\)](#) means the tasks of moving to or from a chair, bed, toileting area, or wheelchair using assistive devices, if needed. This includes assessing one's ability to transfer from areas used on a daily or regular basis, such as sofas, chairs, recliners, beds, and other areas inside the home or care setting based on their reasonable personal preferences. When individuals are confined to their bed or a wheelchair, repositioning is also considered as a transfer task. This assistance must be required because of the individual's physical limitations, not their physical location or personal preference.

Task types

What is considered a task?

- Getting up or off a chair, bed, toileting area, etc.
- Getting on or into a chair, bed, toileting area, etc.
- Repositioning an individual who is confined to their bed or wheelchair

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)

Assist levels and frequency criteria

Assist: Even with assistive devices, the individual requires hands-on assistance from another person with a task of transferring inside their home or care setting; and

- **Frequency:** At least once each week, totaling four days per month.

Full assist: The individual requires hands-on assistance from another person every time the activity is attempted, even with assistive devices; and

- **Frequency:** Every time the activity is attempted and must meet the minimum frequency requirement of assist.

Good comment examples (why, frequency, how and who)

Independent: Kyle is always able to get up from, sit down, and get into their bed and/or seat inside their home without the assistance of anyone else (includes up and down from toilet or commode).

Assist: Jordan needs help getting to/from his bed to his wheelchair and to/from his wheelchair to his lounge chair due to lower body weakness, pain, and poor balance caused by neuropathy nerve damage to his feet. His provider uses a gait belt to steady him and help him rise from his bed and wheelchair each day. Without a caregiver to assist him with these transfers, he would not be able to accomplish transferring on his own. Jordan states he can transfer on his own in the toileting area where he has grab bars.

Full assist: Bryce has quadriplegia, is non-weight bearing and is unable to participate in any part of the transfer process. Their caregiver is unable to transfer without equipment and must use a Hoyer lift each time transfers are attempted to get them safely from their bed to their wheelchair and vice versa. This task is required at least four times per day and takes approximately 15 minutes each time, which includes transferring to/from the toileting area when having a bowel movement. Without the help of others, Bryce would be unable to accomplish any transfers on their own.

Eating

Eating, [OAR 411-015-0006\(5\)](#) means the tasks of eating, feeding, nutritional IV set up, or feeding tube setup by another person and may include using assistive devices.

Task types

What is considered a task?

- Eating
- Feeding (cutting food or bringing food to the table is considered in Meal Preparation)
- Nutritional IV setup
- Feed tube setup

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)
- Set up (for Nutritional IV or Feeding Tube only)

Assist levels and frequency criteria

Minimal assist: Requires another person to be within sight and immediately available to actively provide hands-on assistance with feeding, attaching special utensils or to address choking; or requires assistance with setup of nutritional IV or feeding tube; or requires assistance with cueing during the act of eating; and

- **Frequency:** At least once each week, totaling four times a month.

Substantial assist: Requires assistance with setup of nutritional IV or feeding tube; or requires assistance with cueing during the act of eating; and

- **Frequency:** Every time the activity is attempted.

Full assist: Requires hands-on assistance with feeding, or requires hands-on assistance to address choking; and

- **Frequency:** Every time the activity is attempted and must meet the minimum frequency requirement of assist.

Good comment examples (why, frequency, how and who)

Independent: Eden is always able to feed herself and does not require monitoring for choking or aspiration. Eden does not use an IV or feeding tube.

Minimal assist: Arden likes to manage as much as they can on their own, however, they do not have the strength or dexterity to finish meals on their own during the week due to Parkinson's disease tremors and weakness of limbs. Their caregiver must physically feed them when this occurs and when they are feeling especially weak or tremors are severe, which is about twice a week. If the caregiver were not there to feed them, they would be unable to eat their meals on those days.

Substantial assist: Sarah always requires one-on-one assistance for each meal due to cognitive impairments related to dementia. The caregiver must cue her throughout each meal every time or Sarah would not know what to do and eating would cease. Sarah is able to use a special spoon to feed herself. Her caregiver states that she sits with Sarah for each meal and cues her through the eating process (pick up spoon, dip in soup, bring to mouth, swallow, etc.) but does not need to provide any hands-on assistance. She eats three meals a day.

Full assist: Sawyer always requires one-on-one direct feeding due to cognitive impairments. Even with attempts at cueing, Sawyer does not respond appropriately, requiring his caregiver to physically feed him each time the task is attempted. Sawyer also has choking issues due to muscle weakness in the throat and the caregiver has to swipe his throat to remove food at least once every 2-3 days. Without the direct feeding, Sawyer would be unable to eat on his own.

Bladder

Bladder, [OAR 411-015-0006\(6\)](#) means the tasks of catheter care and ostomy care. The tasks of catheter or ostomy care are specific to the individual.

Task types

What is considered a task?

- Catheter care
- Ostomy care (e.g. Urostomy)

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)

Assist levels and frequency criteria

Assist: Even with assistive devices, the individual requires hands-on assistance from another person with a task of bladder care; and

- **Frequency:** At least one day each week, totaling at least four days per month.

Full assist: The individual requires hands-on assistance from another person to complete all tasks of bladder care; and

- **Frequency:** Every time the activity is attempted and must meet the minimum frequency requirement of assist and urination does not occur without a task being completed.

Good comment examples (why, frequency, how and who)

Independent: Armani does not have a catheter or an ostomy. Amari is always able to manage their own catheter or ostomy care without assistance from others.

Assist: Payton has a catheter which they can manage partly on their own. However, due to contracture of both hands, Payton is unable to connect the drain line to the catheter. Caregivers must insert the intermittent catheter and connect tubing at least once or twice a day. Payton can empty and cleanse the catheter bag; keep the catheter site cleaned and wipe up any spills. Without help from others, Payton would not be able to accomplish their catheter care.

Full assist: Alexis is immobile due to quadriplegia and has a suprapubic catheter stoma which they are unable to clean or manage any part of. The caregiver must clean the stoma site, maintain clean tubing, and empty the bag at least three times a day. Without help from others, Alexis would not be able to accomplish any bladder tasks on their own.

Bowel

Bowel, [OAR 411-015-0006\(6\)](#) means the tasks of digital stimulation, suppository insertion, ostomy care, and enemas.

Task types

What is considered a task?

- Enemas
- Suppository insertion
- Ostomy care
- Digital stimulation

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)

Assist levels and frequency criteria

Assist: Even with assistive devices, the individual requires hands-on assistance from another person with a task of bowel care; and

- **Frequency:** At least one day each week, totaling at least four days per month.

Full assist: The individual requires hands-on assistance from another person to complete all tasks of bowel care; and

- **Frequency:** Every time the activity is attempted and must meet the minimum frequency requirement of assist and no bowel movement occurs without a task being completed.

Good comment examples (why, frequency, how and who)

Independent: Connor does not require ostomy, enema, suppository care, or digital stimulation. Connor is always able to manage their own bowel care (specify) without assistance from others.

Assist: Casey requires the use of an enema 1-2 times a week to enable a bowel movement. Due to limited range of motion from a shoulder injury, Casey cannot reach and operate the enema bottle. Casey relies on the caregiver for assistance with the enemas. The other days of the week, Casey can have a bowel movement without help from another person.

Full assist: Kamari is paralyzed from the waist down and uses a colostomy for his daily bowel needs. Kamari is not able to reach the colostomy bag while laying

down and is unable to see well enough to complete any colostomy care due to his size and the nature of his anatomy. He requires the caregiver to perform all tasks including emptying the bag, cleansing the stoma area, and changing the ostomy bag every time the task is attempted. The task must be done twice a day, and it takes the caregiver about 10 minutes each time.

Toileting

Toileting, [OAR 411-015-0006\(6\)](#) means the assessed tasks of cleansing after elimination, changing soiled incontinence supplies or soiled clothing, adjusting clothing to enable elimination, or cueing to prevent incontinence.

Task types

What is considered a task?

- Adjust clothing to enable elimination
- Cleanse after elimination
- Changing soiled incontinence supplies or soiled clothing
- Cueing to prevent incontinence

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)

Assist levels and frequency criteria

Assist: Requires hands-on assistance with a task of toileting or cueing to prevent incontinence; and

- **Frequency:** At least one day each week, totaling at least four days per month.

Full assist: Requires hands-on assistance from another person through all applicable tasks:

- Cleansing after elimination; and
- Changing soiled incontinence supplies or soiled clothing; and
- Adjust clothing to enable elimination; or
- Always requires cueing from another person during all applicable tasks of elimination to prevent incontinence
 - **Frequency:** Every time the task is attempted and must meet the minimum frequency requirement of assist.

Good comment examples (why, frequency, how and who)

Independent: Iris is always able to manage their own toileting tasks without the assistance of another person.

Assist: Due to back pain and rotator cuff limitations and inability to reach Daryl's caregiver needs to cleanse and wipe the peri area after each bowel movement which happens at least once a day. Daryl can cleanse after bladder elimination and is able to manage adjusting their clothes and incontinence briefs on their own. Daryl has developed skin problems in the past due to inability to cleanse properly after a bowel movement. Without assistance from another person Daryl would develop skin issues again.

Full assist: Haruto has muscle weakness throughout his body due to myofibril myopathy. Due to lack of energy and strength, his caregiver must cleanse him and adjust his clothing each time toileting is attempted. This task takes about 10 minutes each time, four times a day. Without assistance from others, Haruto

would be unable to adjust clothing up or down or cleanse on their own. Haruto doesn't have incontinence needs.

Self-Preservation

Self-Preservation, [OAR 411-015-0006\(3\)\(f\)\(A\)](#) means an individual's actions or behaviors reflecting the individual's understanding of their health and safety needs and how to meet those needs. Self-Preservation refers to an individual's cognitive ability to recognize and take action in a changing environment or potentially harmful situation.

Task types

What is considered a task? Self-Preservation refers to, but is not limited to an individual's:

- Action or behavior that reflects a lack of understanding of their health and safety needs and how to meet those needs.
- Cognitive inability to recognize and take action in a changing environment or potentially harmful situation.

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)
- Monitoring (observe for intervention)
- Reassurance (offer encouragement)
- Redirection (divert attention)
- Support (enhance environment)

Assist levels and frequency criteria

Minimal assist: Requires assistance to stay safe and healthy due to an inability to understand the need for self-preservation; and

- **Frequency:** At least once a month or is event specific.

Substantial assist: Requires assistance to stay safe and healthy due to an inability to understand nor act on the need for self-preservation; and

- **Frequency:** Daily.

Full assist: Requires assistance to stay safe and healthy due to an inability to understand the need for self-preservation; and

- **Frequency:** Throughout each day to the point, they cannot be left alone without risk of harm to themselves or others, or they would experience significant negative health outcomes.

Note: Definition of significant negative health outcomes: "Significant Health Outcome" means the individual would require immediate assistance from a physician, nurse practitioner or physician assistant to safely address the outcome. This means incidents such as a broken bone or a wound that requires stitches rather than bruising or scrapes.

Good comment examples (why, frequency, how and who)

Independent: Ayame is always able to understand their health and safety needs.

Minimal assist: Elan requires monitoring and redirection when he leaves his home due to increasing confusion and disorientation in public spaces. Elan has a history of getting lost on his way back from the store and police have found him

wandering on a busy road near his home as well. Family was unable to continue providing care due to work and now needs a caregiver to accompany him on his outings to the store, so he does not get lost and makes it home safely. Elan likes to get out and shop once a week.

Substantial assist: Due to confusion related to dementia, Charlie requires monitoring, redirecting, and support daily to purchase goods, safely prepare meals, and understand her diabetic needs. She is unaware of the risks to her health and safety. In the past, Charlie has left the stove on and used the microwave with metal inside resulting in a fire. This has happened in the last few months. Her family has turned off the gas to the stove and unplugged the microwave to prevent further safety issues. Someone needs to be present to turn on/off the appliances and watch Charlie during meal prep to prevent Charlie from hurting herself throughout the day in the kitchen. She doesn't understand the safety risk of putting silverware in the appliances. Charlie's caregiver ensures nutrition needs are met and monitors the diabetic testing and medications. Prior to having supports, Charlie had unknowingly mismanaged her medication resulting in hospitalization on multiple occasions. Without support, Charlie would not have adequate meals and would decline in health due to inability to manage healthcare needs.

Full assist: Jackson has advanced dementia and needs to be assisted throughout the day. He currently lives at home with family. Jackson no longer understands he needs to eat, drink, or bathe. He no longer identifies he has urinated or that he has had a bowel movement. Every day, his care provider must feed him and ensure adequate hydration by cueing him to drink liquids throughout the day. Due to his increased confusion, Jackson is not always able

to follow through with the cueing process and needs constant interventions to distract him from sharp objects or electrical devices. He does not understand he needs to wipe after eliminating and just stands there with a blank stare; when this happens, the care providers must help cleanse Jackson. Jackson is still able to walk and frequently walks into the kitchen unpredictably at odd hours during the day and night to turn the lights on, rummage through drawers and handle some of the sharp cooking utensils. When this happens, intervention and redirection are required. Because of this, he cannot be left alone. Without frequent intervention during all waking hours, he would not eat, drink, or change his soiled clothing/supplies. Prior to these supports being in place, Jackson would be in danger of sharp objects as he had several incidents requiring emergency room visits for cuts that needed stitches and a broken arm.

Decision Making

Decision Making, [OAR 411-015-0006\(3\)\(B\)](#) means an individual's ability to make everyday decisions about ADLs, IADLs, and the tasks that comprise those activities. An individual needs assistance if that individual demonstrates they are unable to make decisions, needs help understanding how to accomplish the task necessary to complete a decision, or does not understand the risks or consequences of their decisions.

Task types

What is considered a task?

- Unable to make decisions.
- Needing help understanding how to accomplish the tasks necessary to complete a decision, or

- Does not understand the risks or consequences of their decisions.

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)
- Monitoring (observe for intervention)
- Redirection (divert attention)
- Support (enhance environment)

Assist levels and frequency criteria

Minimal assist: Requires assistance to make necessary decisions in decision making to stay safe and healthy; and

- **Frequency:** At least once a month or is event specific.

Substantial assist: Requires assistance in decision making and completion of ADL and IADL tasks; and

- **Frequency:** Daily.

Full assist: Requires assistance to make decisions and understand the tasks necessary to complete ADL and IADLs critical to one's health and safety; and

- **Frequency:** Throughout each day to the point, they cannot be left along without risk of harm to themselves or others, or they would experience significant negative health outcomes.

Note: Definition of significant negative health outcomes: "Significant Health Outcome" means the individual would require immediate assistance from a

physician, nurse practitioner or physician assistant to safely address the outcome. This means incidents such as a broken bone or a wound that requires stitches rather than bruising or scrapes.”

Good comment examples (why, frequency, how and who)

Independent: Pablo is always able to make their own decisions and understands the risk/consequences of their decisions.

Minimal assist: John was living alone in his own apartment but, due to increasing confusion, he was no longer able to comprehend the steps to determine what he needs to buy at the store for groceries or household needs. He has recently been diagnosed with early onset Alzheimer’s and needs help with event specific needs like shopping every month. John is still able to make basic day-to-day decisions such as managing his personal hygiene needs, dressing, and eating at appropriate times. The HCW assists with meal planning, purchasing and preparing food, and ensuring basic household supplies are in the home.

Substantial assist: Talulla requires daily monitoring and redirection from her caregiver due to complications from a traumatic brain injury. Due to her brain injury, she experiences challenges completing some of her personal care needs, such as eating at appropriate times, eating enough, dressing fully, etc.; Talulla’s caregiver comes every day to assist her through these tasks. The caregivers assist with making sure Talulla has bathed, changed clothing, and eaten something. If something like dressing is started but unfinished, they will talk Talulla through the steps of dressing. Caregivers must also ensure she is

dressed appropriately for the weather as she has previously gone outside in a tank top while it's snowing. Caregivers ensure she wears clean clothing and bedding is changed and cleaned. Talulla would not even think of the need for these normal activities. Once the caregiver has assured Talulla has eaten and is appropriately dressed for the day, Talulla is able to manage her remaining routine.

Full assist: Emilio has brain damage due to chemical exposure and requires assistance throughout each day and can't be left alone for any length of time without placing himself in danger of a significant negative health risk. He cannot be left alone as he puts whatever he sees in his mouth and has choked on items. Prior to moving to the facility, he lived alone and was found unbathed for what appeared to be weeks and was in soiled undergarments only (no other clothing). Emilio does not understand the necessary steps for any of his basic health and safety needs. Since then, he has moved to a facility and staff report that he continually removes his clothing when left alone and must also be redirected, cued, or physically assisted to pull his shirt down or bottoms up. Without constant supervision, Emilio would choke due to placing items in his mouth or fully expose himself to the rest of the residents. These needs are constant throughout each day.

Making Self Understood

Ability to Make Self Understood, [OAR 411-015-0006\(3\)\(C\)](#) means an individual's cognitive ability to communicate or express needs, opinions, or urgent problems, whether in speech, writing, sign language, body language, symbols, pictures, or a combination of these including use of assistive technology. An individual with a cognitive impairment in this component demonstrates an

inability to express themselves clearly to the point their needs cannot be met independently.

Task types

What is considered a task? Ability to Make Self Understood refers to, but is not limited to an individual:

- Cognitive inability to communicate or express needs, opinions, or urgent problems.
- Communication can be in speech, writing, sign language, body language, symbols, pictures, or a combination of these.

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)
- Monitoring (observe for intervention)
- Reassurance (offer encouragement)
- Redirection (divert attention)
- Support (enhance environment)

Assist levels and frequency criteria

Minimal assist: Requires assistance to find the right words or to finish their thoughts to ensure they stay safe and healthy; and

- **Frequency:** At least once a month or is event specific.

Substantial assist: Requires assistance to communicate their health and safety needs; and

- Frequency: Daily.

Full assist: Requires assistance to communicate their health and safety needs; and

- **Frequency:** Throughout each day and is rarely or never understood to the point they cannot be left along without risk of harm to themselves or others, or they would experience significant negative health outcomes.

Note: Definition of significant negative health outcomes: "Significant Health Outcome" means the individual would require immediate assistance from a physician, nurse practitioner or physician assistant to safely address the outcome. This means incidents such as a broken bone or a wound that requires stitches rather than bruising or scrapes.

Good comment examples (why, frequency, how and who)

Independent: Kendra is always able to communicate their health and safety needs.

Minimal assist: Eva is in the beginning stages of Alzheimer's disease and there are multiple days throughout the month when she is unable to communicate her needs effectively or easily to her caregiver. When this occurs, her caregiver begins going through a checklist of Eva's known needs, such as toileting needs/incontinence supplies, meals/when she last ate, or discomfort/if she has taken her pain medication. During these times, if her caregiver is not there to monitor and support her, she would not complete these tasks. Eva has a history

of failing to thrive without reliable supports. With supports, Eva has been maintaining managing her health and safety needs.

Substantial assist: Doug has an acquired brain injury caused by prolonged exposure to paint fumes in his past profession. He is unable to tell his caregiver when he is hungry or when he needs pain medication. His caregiver must monitor him by interpreting sounds, facial expressions, and body movement to determine what he needs. His caregiver is there each day to ensure his medications are taken appropriately and that he gets a minimum of three meals throughout the day. Doug has struggled to communicate with providers in the past, resulting in mismanagement of his medication and poor nutrition.

Full assist: Stevie has advanced dementia and is no longer able to formulate words or sentences in a manner that communicates her needs. Providers must interpret Stevie's body language and expressions constantly throughout each day to identify the need. Staff are trained to anticipate Stevie's needs and watch for indication of what she needs help with. Once staff are familiar with Stevie's needs, they have a better idea as to what Stevie wants help with.

Challenging Behaviors

Challenging Behaviors, [OAR 411-015-0006\(3\)\(D\)](#) means the individual exhibits behaviors that negatively impact their own or others' health or safety. An individual who requires assistance with challenging behaviors does not understand the impact or outcome of their decisions or actions.

Task types

What is considered a task? Challenging Behaviors refers to, but is not limited to an individual:

- An individual's behavior which negatively impacts their own or others' health or safety.
- The individual does not understand the impact or the outcome of their decisions or actions.

Examples:

- **Verbally aggressive:** "an individual has threatened or screamed at others to the level that it became disruptive to having their own daily needs met. This does not include verbal altercations or reactions to pain. As used in these rules, an individual who is verbally aggressive does not have the cognitive ability to regulate their behaviors".
- **Physically aggressive:** "an individual has used physical force that resulted in bodily injury, physical pain, or impairment to another individual. This may include hitting, shoving, scratching, striking out (with or without an object), pushing, or sexually assaulting others. As used in these rules, an individual who is physically aggressive does not have the cognitive ability to regulate their behaviors".
- **Socially inappropriate/disruptive:** "the individual conducts self-abusive acts, exhibits sexual aggression towards others, or displays a loss of inhibitors resulting in inappropriate behaviors such as disrobing in public, smearing feces, throwing food, or eliminating in inappropriate places. As used in these rules, an individual who is socially inappropriate/disruptive does not have the cognitive ability to regulate their behaviors".

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)

- Monitoring (observe for intervention)
- Reassurance (offer encouragement)
- Redirection (divert attention)
- Support (enhance environment)

Assist levels and frequency criteria

Minimal assist: Requires assistance to deal with a behavior that may negatively impact their own or others health or safety and can be distracted and is able to self-regulate behaviors with reassurance or cueing; and

- **Frequency:** At least once a month or is event specific.

Substantial assist: Requires assistance managing and mitigating their behaviors and the individual is unable to self-regulate the behaviors; and

- **Frequency:** Daily.

Full assist: Displays challenging behaviors that require additional support to prevent significant harm to themselves or others; and

- **Frequency:** Throughout each day assistance is constant to the point they cannot be left alone without the risk of harm to themselves or others or they would experience significant negative health outcomes.

Note: Definition of significant negative health outcomes: "Significant Health Outcome" means the individual would require immediate assistance from a physician, nurse practitioner or physician assistant to safely address the outcome. This means incidents such as a broken bone or a wound that requires stitches rather than bruising or scrapes."

Good comment examples (why, frequency, how and who)

Independent: Jeff does not have or exhibit any challenging behaviors.

Minimal assist: Rupert has Huntington's disease and has a history of becoming agitated and tries to pinch when a caregiver attempts to bathe him. Rupert does not understand the potential risk to their health or safety. The facility has a care plan in place to bathe him twice a week. Rupert needs to be redirected and reassured by the provider that he is in a safe space, and no one is there to harm him. After about 15 minutes, Rupert is more cooperative with the provider.

Substantial assist: Facility staff report that Percy becomes very disruptive during the evening meal every day. He is a person with sundowners and doesn't understand consequences of choices or behaviors. If another resident is sitting at a table where he wants to sit, he becomes verbally and physically aggressive and loud, upsetting the other residents. He has gotten into physical altercations with other residents resulting in one person falling and getting a concussion. Staff get him refocused by redirecting him to eat his meal and reminding him that his favorite T.V. show is on after dinner, which helps reduce his agitation.

Full assist: Eileen constantly talks and yells throughout each day. Her behavior is directed toward other residents and is unintelligible for the most part. Eileen goes into other residents' rooms and touches their personal property. Her behaviors require her to have her own room as she will otherwise continually agitate other residents. This occurs throughout the day each day, and staff are constantly redirecting her by distracting her with her favorite game, Skip-Bo. Eileen has unpredictable episodes of physically aggressive behavior, with a history of hitting staff and other residents. Due to the unpredictable nature of the behaviors, staff must monitor and redirect her around the clock. Facility staff members have been trained in addressing and de-escalating her behavior. This placement has been stable for nine months.

Bathing

Bathing, [OAR 411-015-0006\(2\)\(a\)](#) means the tasks of getting in and out of the bathtub or shower, washing hair, and washing the body, while using assistive

devices, if needed. This includes, but is not limited to, sponge baths, bed baths, bathing in a tub, or showering as chosen by an individual. For individuals who are confined to a bed, bathing is assessed without considering the need to get in or out of the bathtub or shower.

Task types

What is considered a task?

- Getting in and out of the shower or tub
- Washing the body
- Washing the hair

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)
- Stand-by (ready to step in and take over the task)

Assist levels and frequency criteria

Assist: Requires Hands-on help for a task of bathing; or cueing during the activity; or stand-by during the activity; and

- **Frequency:** Needed at least one day each week, totaling at least four days per month.

Full assist: The individual is unable to accomplish any task of bathing without assistance; and

- **Frequency:** Always requires hands-on assistance through all tasks of bathing every time the activity is attempted and must meet the minimum frequency requirement of assist.

Note: Individuals who are confined to a bed: bathing is assessed without considering the need to get in or out of the bathtub or shower.

Good comment examples (why, frequency, how and who)

Independent: Josh is always able to bathe/shower himself.

Assist: Marcos requires the provider to physically help him with getting in and out of the shower each time due to muscle weakness in his legs and advanced cancer. Once he is in the tub, he can manage washing his body and hair by sitting on the bath chair. Without provider assistance, Marcos is unable to manage getting in or out of the tub on his own. On the days he does not have help available, he will use a wet wipe to bathe in his seat. Currently, his caregiver helps him get into and out of the shower by lifting his legs over the tub twice a week.

Full assist: Betty is unable to leave her bed and is unable to reach her hair or cleanse herself while in bed due to pain from a recent car accident that broke multiple bones. Betty always requires hands-on assistance through all bathing tasks every time the task is attempted. Her caregiver completes a daily sponge bath and uses a small plastic tub for washing her hair three times a week. Daily cleansing takes approximately 15 minutes, but on the days, she needs her hair washed, it takes approximately 25 minutes. This task can be completed with one caregiver. Without the hands-on assistance of her caregiver, Betty is not able to complete any part of the bed bath.

Personal Hygiene

Personal Hygiene, [OAR 411-015-0006\(2\)\(b\)](#) means the task of shaving, caring for the mouth, or assistance with tasks of menstruation care. This includes, but is not limited to, shaving the face, legs, or other desired areas, brushing teeth, maintaining dentures, caring for gums, and using menstrual care products to address menstrual needs.

Task types

What is considered a task?

- Mouth care
- Shaving
- Menstruation care

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)
- Stand-by (ready to step in and take over the task)

Assist levels and frequency criteria

Assist: Requires assistance with one or more tasks of Personal Hygiene; and

- **Frequency:** Needed at least one day each week, totaling at least four days per month.

Full assist: The individual needs hands-on assistance to complete at least two tasks of Personal Hygiene; and

- **Frequency:** Always requires hands-on assistance through all tasks of Personal Hygiene every time the activity is attempted and must meet the minimum frequency requirement of assist.

Good comment examples (why, frequency, how and who)

Independent: Robbie is always able to manage all their personal hygiene needs.

Assist: Until this year, Gloria was able to put her dentures in and take them out. However, due to increased stiffness in her hands, decreased dexterity and arthritic fingers, she now needs the caregiver to insert and remove her dentures to clean them every day. She reported no longer shaving and no menstrual care needs.

Full assist: Due to pain and physical range of motion limitations related to spinal stenosis and finger/hand neuropathy, Erica is not able to shave her legs or underarms or participate in brushing her teeth. She is not able to complete any part of these tasks on her own. Her provider must physically do these tasks for her. The Adult Foster Home care plan indicates the need for someone to brush Erica's teeth twice a day and provide shaving each time it is needed which is once a week. She no longer menstruates.

Dressing

Dressing, OAR [411-015-0006\(4\)\(a\)](#) is comprised of three tasks: putting on clothing, taking off clothing, and putting on or taking off shoes and socks. This includes, but is not limited to, the considerations of an individual's ability to use clothing with buttons, zippers, and snaps, and reflects the individual's choice and reasonable preferences.

Task types

What is considered a task?

- Putting clothes on
- Taking clothes off
- Putting on or taking off shoes and socks

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)
- Stand-by (ready to step in and take over the task)

Assist levels and frequency criteria

Assist: Requires hands-on assistance with one or more tasks of Dressing; or cueing during the activity; or stand-by during the activity; and

- **Frequency:** Needed at least one day each week, totaling at least four days per month.

Full assist: The individual is unable to accomplish any task of Dressing without assistance; and

- **Frequency:** Always requires hands-on assistance through all tasks of Personal Hygiene every time the activity is attempted and must meet the minimum frequency requirement of assist.

Good comment examples (why, frequency, how and who)

Independent: Abner is always able to dress themselves, undress themselves, and put on/take off their socks and shoes.

Assist: Jamie states staff help her put on her TED hose and shoes each day as well as taking both off in the evening. This is due to her inability to bend down far enough to do it herself because of her severe back and hip pain and swelling of the feet and legs due to edema. The hose would be too tight to manage even if they were started for her. She states she usually wears a loose dress and can take that on and off on her own. Without her caregiver assisting her with her TED hose, her feet would become extremely swollen.

Full assist: Provider states that Marvin can pick what clothes he wants to wear for the day. However, a caregiver must physically dress and undress him and put shoes/socks on each time as he has no physical strength or dexterity to do this on his own due to weakness and shortness of breath from emphysema. He is unable to participate in any part of the task, and without the caregiver's help, the task would not occur. Dressing takes approximately 15 minutes, twice a day and can be managed with one caregiver.

Grooming

Grooming, [OAR 411-015-0006\(4\)\(b\)](#) means the task of nail and hair care based on the individual's reasonable personal preferences. This includes, but is not limited to, the task of clipping and filing both toenails and fingernails, and brushing, combing, braiding, or otherwise maintaining one's hair or scalp.

Task types

What is considered a task?

- Hair care
- Nail care

Assist types

What methods of providing care are considered?

- Hands-on (physically assisting the individual)
- Cueing (verbally or visually guiding consumer through each step)
- Stand-by (ready to step in and take over the task)

Assist levels and frequency criteria

Assist: Requires assistance with one or more tasks of Grooming; and

- **Frequency:** Needed at least one day each week, totaling at least four days per month.

Full assist: The individual always needs hands-on assistance to complete all tasks of Grooming; and

- **Frequency:** Always requires hands-on assistance through all tasks every time the activity is attempted and must meet the minimum frequency requirement of assist.

Good comment examples (why, frequency, how and who)

Independent: Trevor is always able to manage their fingernail and toenail care and can manage their haircare.

Assist: Harold can trim his own fingernails but requires hands-on assistance combing his hair and trimming his toenails. He is unable to clip his toenails because he gets dizzy and falls out of his chair if he bends over. Harold has severe pain in his shoulders and is unable to reach over his head to manage his haircare. His caregiver trims his toenails every two weeks and combs his hair each morning.

Full assist: Previously, Boian was able to complete his own nail and hair care. This year, Boian's hands have become more severely contorted by arthritis. He is not able to hold the clippers, nail file or the comb to complete his hair or nail care. The caregiver will brush his hair daily. His fingernails are filed every week,

and his toenails are trimmed monthly when they start to bother him. Boian is now dependent on his caregiver to perform all tasks of the activity every time it is attempted.

Housekeeping

Housekeeping, [OAR 411-015-0007\(4\)](#) means the ability to maintain the interior of the individual's residence for the purpose of health and safety. Housekeeping includes activities such as wiping surfaces, cleaning floors, making the individual's bed, cleaning dishes, taking out the garbage, and dusting. Housekeeping does not include pet care or home repair. Only the housekeeping activities related to the eligible individual's needs may be considered in housekeeping. Housekeeping needs of roommates, guests, family members, or other residents of the household cannot be considered.

Task types

What is considered a task? Examples of Housekeeping tasks include, but are not limited to:

- Wiping surfaces
- Washing dishes
- Making the bed
- Cleaning floors
- Taking out the garbage
- Dusting

Assist levels and frequency criteria

Assist: Requires assistance with one or more tasks of Housekeeping.

Full assist: Always needs hands-on assistance to complete all tasks of Housekeeping.

Good comment examples (why, frequency, how and who)

Independent: Logan is always able to complete all their own housekeeping.

Assist: Due to inability to stand for long periods of time and range of motion limitations, Michael is unable to complete tasks such as vacuuming, throwing out the trash, washing the dishes and putting them away, and relies on his caregiver to complete these tasks throughout the week. Michael can manage a small portion of his housekeeping tasks such as cleaning his counters and dusting his table and furniture while sitting in his walker.

Full assist: Debra reports she has constant chronic pain and weakness from fibromyalgia and does not have the strength or endurance to manage any housekeeping tasks at any time, even light tasks. The caregiver must complete all of Debra's housekeeping needs, otherwise, it would not get done.

Laundry

Laundry, [OAR 411-015-0007\(5\)](#) means the ability to gather and wash soiled clothing and linens, use washing machines and dryers, hang clothes, fold and put away clean clothing and linens.

Task types

What is considered a task? Examples of Laundry tasks include, but are not limited to:

- Gathering soiled clothing and linens

- Washing soiled clothing and linens
- Using the washing machine and dryer
- Hanging, folding and putting away clean clothes and linens

Assist levels and frequency criteria

Assist: Requires assistance with one or more tasks of Laundry.

Full assist: Always needs hands-on assistance to complete all tasks of Laundry.

Good comment examples (why, frequency, how and who)

Independent: Cindy is always able to complete all their own laundry tasks.

Assist: Luis has edema in his legs, cannot stand for long periods of time, and requires the use of a walker to move about. He relies on his caregiver to gather and load/unload the washer/dryer once a week. Once the clothes are dry, his caregiver places them beside him and Luis can fold while in a seated position. Once he has folded his clothes, his caregiver will put the items away. Luis is only able to accomplish a small portion of his laundry tasks.

Full assist: Ryan has dementia and cannot comprehend how to do the laundry, and in which order it should be done. For example, he puts clothes in the dryer then the washer and will not know how to get them dry. He often forgets to put laundry detergent in the washer or will mistake bleach for detergent. His caregiver does all laundry tasks each time it is needed, which is about every other day. If Ryan is handed something to fold, he will hold the piece of laundry and set it down, as he does not understand what to do with it.

Meal Preparation - Breakfast, Lunch and Dinner

Meal Preparation, [OAR 411-015-0007\(6\)](#) means the ability to safely prepare food to meet basic nutritional requirements of the individual. It includes cutting food and placing food, dishes, and utensils within reach for eating.

Task types

What is considered a task? Examples of Meal Preparation tasks include, but are not limited to:

- Preparing ingredients
- Cutting food
- Cooking the meal
- Placing food within reach

Assist levels and frequency criteria

Minimal assist: Able to perform the majority of tasks that comprise the activity without the assistance of another person.

Substantial assist: Able to perform a small portion of the tasks that comprise the activity without the assistance of another person.

Full assist: Unable to accomplish any task and needs assistance from another person through all phases of the activity, every time the activity is attempted.

Good comment examples (why, frequency, how and who)

Independent:

- Juan is always able to complete all their own breakfast meal preparation.
- Juan is always able to complete all their own lunch meal preparation.
- Juan is always able to complete all their own dinner meal preparation.

Minimal assist: Dorris states that she can reheat meals that have been prepared for her and left in the refrigerator or bought frozen from the store. She is unable to prepare meals on her own because of a combination of vision impairment and loss of two fingers on her dominant hand due to diabetes circulation problems. Her caregiver prepares most dinners and leaves the food in the refrigerator for her. Dorris can warm up the preprepared meals or store-bought frozen meals using the toaster oven or the microwave daily.

Substantial assist: Daniel is a new wheelchair user and does not have an accessible kitchen. He is unable to reach appliances including the mounted microwave from his wheelchair. He can prepare some simple meals that do not require heating, such as salads and sandwiches, which is what he ate previously for lunch about four times a week. The caregiver assists with meal preparation that requires heating in a microwave or stove such as soups about three times a week. Daniel can accomplish some lunch prep during the week.

Full assist: Taylor has arthritis joint pain which is extremely severe in the mornings. She is unable to prepare breakfast or even participate due to the pain of swollen joints in her hands. Taylor typically ate - scrambled eggs with fresh vegetables prior to services. She is unable to manipulate the kitchen tools due to her joint pain. She is dependent on her caregiver to complete her breakfast meal during the week and her daughter helps on the weekends. Taylor is unable to accomplish any breakfast prep tasks.

Medication Management

Medication Management, [OAR 411-015-0007\(7\)](#) means the ability to order, organize, and administer prescribed medications. Administering prescribed medication includes pills, drops, ointments, creams, injections, inhalers, and suppositories unrelated to bowel care. Administering as a paid service means set-up, reminding, cueing, checking for effect, and monitoring for choking while taking medications. Oxygen management is included in medication

management. Oxygen management means assisting with the administration of oxygen, monitoring the equipment, and assuring adequate oxygen supply.

Task types

What is considered a task? Examples of Medication Management tasks include, but are not limited to:

- Ordering prescribed medication
- Organizing prescribed medication
- Administering prescribed medications
 - Set-up, reminding, cueing, checking for effect, monitoring for choking
- Oxygen management
 - Administering, monitoring equipment, assuring adequate oxygen supply

Assist levels and frequency criteria

Minimal assist: Able to perform the majority of tasks that comprise the activity without the assistance of another person.

Substantial assist: Able to perform a small portion of the tasks that comprise the activity without the assistance of another person.

Full assist: Unable to accomplish any task and needs assistance from another person through all phases of the activity, every time the activity is attempted.

Good comment examples (why, frequency, how and who)

Independent: Thomas is always able to manage all their medications appropriately.

Minimal assist: Lupe states that he can manage most of his medications on his own, but he has trouble setting up his medication in his medication organizer due to his poor vision. He is dependent on his caregiver to set up his medications once a week. After that, he can remember to take them and is able to re-order them when his caregiver tells him they are almost gone.

Substantial assist: Trudie can take her own medication each time without being monitored. She is unable to set them up as she is unsure about what to take and when to take them due to cognitive limitations. Her caregiver orders and sets up her medications in a weekly med minder and needs to remind Trudie twice a day to take her medications or she forgets. Once she receives the reminder, she can take the medication without assistance.

Full assist: Due to confusion caused by severe cognitive impairment, Avery does not comprehend the need to take medications, when they need to be ordered, or remember to take them. He relies on the caregiver to set up, administer, and order all his medications. Avery is unable to manage any med management tasks on his own and relies on caregivers to do all tasks every time.

Shopping

Shopping, [OAR 411-015-0007\(8\)](#) means the ability to purchase goods that are necessary for the health and safety of the individual being assessed and are related to the individual's service plan. Goods that are related to the service plan include items such as food (meal preparation), clothing (dressing), and medicine (medication management).

Task types

What is considered a task? Examples of Shopping tasks include, but are not limited to:

- Purchasing clothing – related to Dressing

- Purchasing cleaning supplies – related to Housekeeping
- Purchasing food – related to Meal Preparation
- Purchasing toilet paper – related to Elimination

Assist levels and frequency criteria

Minimal assist: Able to perform the majority of tasks that comprise the activity without the assistance of another person.

Substantial assist: Able to perform a small portion of the tasks that comprise the activity without the assistance of another person.

Full assist: Unable to accomplish any task and needs assistance from another person through all phases of the activity, every time the activity is attempted.

Good comment examples (why, frequency, how and who)

Independent: Pedro is always able to complete all their own shopping tasks.

Minimal assist: Sandra can travel to the grocery store with her caregiver, but she needs to use a motorized scooter to get around the store and is limited to items she can reach. For example, she cannot stand up and lean to get a package of meat from a cooler or sort through the fruit in a produce display. Her caregiver must retrieve all items that are not within reach. Sandra can complete most of her shopping with the help of her caregiver.

Substantial assist: Lester has shortness of breath and pain in his hands and feet from neuropathy. He does not go shopping with his caregiver anymore because the process is too draining and depletes him of energy for the remainder of the day. Instead, his caregiver picks up what he needs from the store and then Lester can place items away while sitting in his walker. He is only able to accomplish a small portion of his shopping tasks.

Full assist: Nicole is not able to shop anymore due to a traumatic brain injury. She is not able to verbalize or choose what she needs or wants. Due to this, she cannot complete any of her own shopping tasks and relies on her family to keep track of what is needed and shop for her every time.

Transportation

Transportation, [OAR 411-015-0007\(9\)](#) means, assuming transportation is available, the ability to arrange rides, the ability to get in or out of a vehicle, and the need for assistance for physical or cognitive need such as spasticity, memory impairment, aspiration, choking, or seizure. Transportation as a paid service means, in accordance with a plan of care, assisting an individual to get in or out of a vehicle, or arranging a ride for an individual. Transportation does not include mileage reimbursement.

Task types

What is considered a task? Examples of Transportation tasks include, but are not limited to:

- Arranging rides
- Getting in or out of a vehicle
- Assistance during a ride – for physical or cognitive need such as spasticity, memory impairment, aspiration, choking or seizures.

Assist levels and frequency criteria

Minimal assist: Able to perform the majority of tasks that comprise the activity without the assistance of another person.

Substantial assist: Able to perform a small portion of the tasks that comprise the activity without the assistance of another person.

Full assist: Unable to accomplish any task and needs assistance from another person through all phases of the activity, every time the activity is attempted.

Good comment examples (why, frequency, how and who)

Independent: Janice is always able to manage all their transportation needs.

Minimal assist: Matthew can arrange his own transportation and does not need an escort during the ride. However, he needs physical assistance to get in/out of the vehicle due to leg weakness every time. Matthew can seat themselves in the passenger seat but needs his caregiver to lift his legs into the car and out of the car one leg at a time due to lower body weakness. Once he is securely inside the car, he does not need assistance from someone during the ride. Matthew can accomplish most of the transportation tasks for each car ride.

Substantial assist: Janette had a stroke which impaired her speech and range of motion on her right side resulting in weakness on that side. Janette is not able to complete the process of scheduling an appointment because it is difficult to understand her over the phone and she is not physically able to get into/out of a vehicle. She needs her caregiver arrange her rides and to lift her out of her wheelchair and into the car, then lift her legs in and scoot her body fully into the seat each time she gets in or out of a car. Once she is securely inside the car, she does not need assistance from someone during the ride. Janette can accomplish a small portion of the transportation tasks during each ride.

Full assist: Linda has impaired cognition due to Huntington's disease and does not have the capacity to grasp the steps involved with arranging a ride. Due to her cognitive limitations, Linda is easily agitated when in changing situations and when there is a change in her routine. Currently, Linda requires an escort during rides due to agitation each time she rides in a vehicle. Linda also needs an escort during the ride to monitor muscle spasms so they can pull over and intervene as needed. Linda is unstable on her feet and her caregiver will hold

her under her arm as she steps into the car passenger seat and then again to get out. Linda is unable to accomplish any transportation tasks on her own.

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