

Assessment Comment Expectations

Updated: Jan. 26, 2026

Central Office is clarifying expectations for what must be included in assessment comments. This clarification is supported by APD Medicaid Policy, the Training Unit for Services and Supports (TUFSS), the CMS Waiver Review (QA) team, and the APD Hearing Department. Assessment comments must clearly document how service eligibility determinations are made.

Documentation outside of the CA/PS such as word documents or emails need to be saved in Laserfiche. This is important because they are part of an individual's record and are used to support Central Office decisions.

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Clarification on Assessment Comments



- Plain language, person-centered
- How assist level was determined
- Functional barriers or symptoms
- How support is provided
- Explain how independence was determined

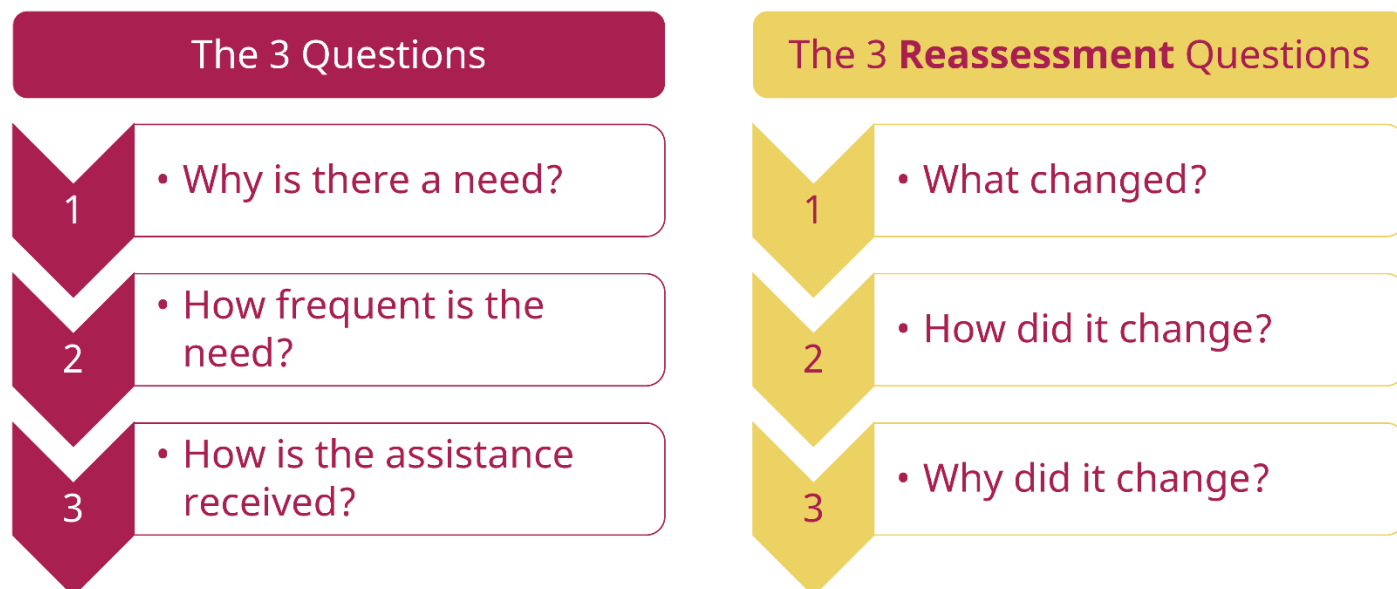
Central Office has clarified expectations for writing assessment comments in Oregon ACCESS.

Assessment comments must:

- Be written in **plain language**, avoiding ODHS or medical jargon and acronyms.
- Be **person-centered** and use the consumer's preferred name.
- Use **person-first** language (for example, instead of John is a diabetic, say "John is a person with diabetes.")
- Don't use biased language (avoid words like "struggle" and ablest language - unless the consumer uses the word, like "struggle, then use quotation marks to indicate that)

- **Explain how you determined the assist level** for each component. This is the purpose of the **three** questions.
- Describe the **consumer's functional abilities**, including symptoms or barriers that prevent independent completion of tasks.
- Clearly describe **how support is provided**, rather than using assist types like "hands-on."
- Provide concise details so the consumer can **understand** how the decision was made, since they will get a copy of the comment on the SPAN.
- Include reasons why a consumer is **assessed as Independent** (simply stating "Independent" is not sufficient).

Comment Requirements



Comments are intended to verify how you determined the assist level for each component in the assessment. It should focus on the three required questions:

1. **Why is there a need?** When describing why there is a need, a diagnosis can be helpful. However, case managers must describe the symptoms that prevent the consumer from completing the task independently.

2. **How frequent is the need?** Frequency is required to support the selected assist level. However, duration is not required in assessment comments.

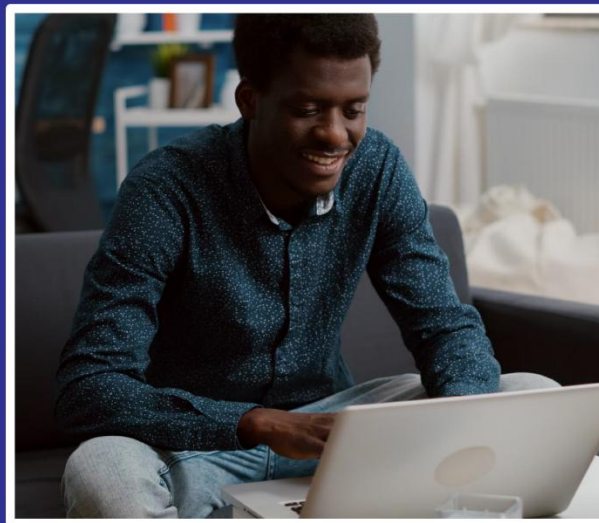
3. **How does the consumer receive assistance to meet the need?** Case managers must also detail how the consumer receives assistance rather than listing an assist type like “reassurance.”

For reassessments, compare previous assessment information to determine if there is a need to also address the three redetermination questions:

- What has changed?
- How did it change?
- Why did it change?

What Should Not be Included

- Exception needs
- Ancillary services reasoning
- Items meant for narration or forms
- Medical jargon or acronyms
- Unrelated details or diagnoses alone



Central Office has identified information that should not be documented in assessment comments but may be captured in other areas:

- Exception needs
 - Add to the 514i and exceptions calculator
- Reasons for Ancillary Service referral (also known as K-Plan)
 - Include in the Ancillary Service request
 - Add details to the OPI-M PLAN form
- Service plan details
 - Document in case narration (template)
 - CA/PS Synopsis

Additional guidance:

- Do **not** repeat medical diagnoses without explaining their functional impact elsewhere in documentation.
- Do **not** use acronyms, internal shorthand or technical language the consumer may not understand.
- Do **not** include narrative unrelated to the assist level or functional ability being assessed.

Additional Resources

For additional help, check out the resources listed. If you have questions, please contact the policy team.

- [Assessment Training Four-Part Series](#)
- [ADL/IADL Fact Sheet](#)
- [TUFSS Learning Hub](#)
- APD Policy Email: apd.medicaidpolicy@odhsoha.oregon.gov

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