APD Four ADL CA/PS Assessment

April 9, 2026

Mobility

Ambulation

OAR 411-015-0006(7)(d): Ambulation means the tasks 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.

- Even with assistive devices, the individual requires assistance from another person to ambulate.

Select the most appropriate response:

- ☐ **A. Independent:** Does not meet criteria for assist.
- ☐ **B. Minimal assist:** Requires hands-on assistance from another person to ambulate:
  - Outside the home or care setting at least one day each week, totaling four days per month; or
  - Inside their home or care setting less than one day each week.

- ☐ C. **Substantial assist:** Requires hands-on assistance to get around inside their home or care setting at least one day per week, totaling four days per month.
- ☐ D. **Full assist:** Always needs hands-on assistance inside the home or care setting every time the individual is required to ambulate. An individual who is confined to bed is a full assist in Ambulation.

Assist types: ☐ hands-on ☐ confined to bed

Frequency: ☐ none __ times per day __ times per week __ times per month ☐ always

Duration: ___ minutes each time

Required: ☐ inside ☐ outside

Notes:

Transfer

OAR 411-015-0006(7)(e): Transfer 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 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 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.

- The individual requires assistance from another person to transfer to and from a chair, bed, toileting area, or wheelchair inside their home or care setting, with or without assistive devices.

Select the most appropriate response:

- ☐ **A. Independent:** Does not meet criteria for assist.
- ☐ **B. Assist:** Needs hands-on assistance to transfer at least one day each week totaling four days per month.
- ☐ **C. Full assist:** Always needs hands-on assistance to transfer every time the activity is attempted.

Assist types: ☐ hands-on

Frequency: ☐ none __ times per day __ times per week
__ times per month ☐ always

Duration: __ minutes each time

Notes:

Eating

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

- When eating, the individual requires assistance of another person with or without the use of assistive devices (cutting food or bringing food to the table is considered in meal preparation).

Select the most appropriate response:

- ☐ **A. Independent:** Does not meet criteria for assist.
- ☐ **B. Minimal assist:** The individual requires assistance from another person, and to be within sight and immediately available at least one day each week totaling four days per month for:
  - Hands-on assistance with feeding, special utensils, or to address choking; or
  - Set-up assistance for nutritional IV or feeding tube set-up; or
  - Cueing during the act of eating.
- ☐ **C. Substantial assist:** Always needs one-on-one assistance for:
  - Set-up assistance for nutritional IV or feeding tube set-up; or
  - Cueing during the act of eating.
- ☐ **D. Full assist:** Always needs one-on-one assistance for:
  - Hands-on assistance with feeding or to address choking.

Assist types: ☐ hands-on ☐ set-up ☐ cueing

Frequency: ☐ none __ times per day __ times per week
__ times per month ☐ always

Duration: __ minutes each time

Notes:

Elimination

Bladder

OAR 411-015-0006(6)(a): Bladder means the tasks of catheter care and ostomy care. The tasks of catheter or ostomy care are specific to the individual. Needs assistance from another person to accomplish the individual's specific tasks of bladder care listed below, with or without assistive devices:

- Catheter care
- Ostomy care

Select the most appropriate response:

- ☐ **A. Independent:** Does not meet criteria for assist.
- ☐ **B. Assist:** Requires hands-on assistance to complete a task of bladder care at least one day each week totaling four days per month.
- ☐ **C. Full assist:** Always requires hands-on assistance to manage all assessed tasks of bladder care every time the activity is attempted.

Assist types: ☐ hands-on

Frequency: ☐ none __ times per day __ times per week
__ times per month ☐ always

Duration: __ minutes each time

Required: ☐ catheter care ☐ ostomy care

Notes:

Bowel

OAR 411-015-0006(6)(b): Bowel means the tasks of digital stimulation, suppository insertion, ostomy care, and enemas. Needs assistance from another person to accomplish the individual's specific tasks of bowel care, with or without assistive devices, including tasks such as:

- Digital stimulation
- Suppository insertion
- Enemas
- Ostomy care

Select the most appropriate response:

- ☐ **A. Independent:** Does not meet criteria for assist.
- ☐ **B. Assist**: Requires hands-on assistance to complete some tasks of bowel care at least one day each week totaling four days per month.
- ☐ **C. Full assist:** Always requires hands-on assistance to manage any tasks of bowel care every time the activity is attempted.

Assist types: ☐ hands-on

Frequency: ☐ none __ times per day __ times per week
__ times per month ☐ always

Duration: __ minutes each time

Required: ☐ digital stimulation ☐ enemas ☐ ostomy care ☐ suppository insertion

Notes:

Toileting

OAR 411-015-0006(6)(C): Toileting 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.

- Needs cueing to prevent incontinence or hands-on assistance to cleanse after elimination, change soiled incontinence supplies or soiled clothing, or to remove and replace clothing to enable elimination.

Select the most appropriate response:

☐ **A. Independent:** Does not meet criteria for assist.

☐ **B. Assist:** Requires hands-on assistance with a task of toileting care or cueing to prevent incontinence at least one day each week totaling four days per month.

☐ **C. Full assist:** Always needs hands-on assistance with each assessed task of toileting every time all tasks of toileting are attempted.

Assist types: ☐ hands-on ☐ cueing

Frequency: ☐ none __ times per day __ times per week __ times per month ☐ always

Duration: __ minutes each time

Required: ☐ cleansing ☐ changing ☐ removing

Notes:

Cognition

Self-Preservation

OAR 411-015-0006(3)(f)(A): Self-Preservation 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 act in a changing environment or a potentially harmful situation.

- Even with assistive devices, the individual requires assistance of another person to assist them in understanding and managing their health and safety needs.

Select the most appropriate response:

- ☐ **A. Independent:** Does not meet criteria for assist.
- ☐ **B. Minimal assist:** Requires assistance at least one day each month to ensure that they are able to meet their basic health and safety needs. The need may be event specific.

☐ **C. Substantial assist:** Requires assistance because they cannot act on nor understand the need for self-preservation at least daily.

☐ **D. Full assist:** Requires assistance to ensure that they meet their basic health and safety needs throughout each day. The individual cannot be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include the assistance types of support or monitoring.

Assist types: ☐ hands-on ☐ cueing ☐ reassurance ☐ redirection ☐ support ☐ monitoring

Frequency: ☐ none __ times per day __ times per week __ times per month ☐ always

Duration: __ minutes each time

Notes:

Decision Making

OAR 411-015-0006(3)(f)(B): Decision-making 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 tasks necessary to complete a decision, or does not understand the risks or consequences of their decisions.

- Even with assistive devices, the individual requires the assistance of another person to make everyday decisions about ADL's, IADL's and the tasks that comprise those activities.

Select the most appropriate response:

- ☐ **A. Independent:** Does not meet criteria for assist.
- ☐ **B. Minimal assist:** Requires assistance at least one day each month with decision making. The need may be event specific.
- ☐ **C. Substantial assist:** Requires assistance in decision making and completion of ADL and IADL tasks at least daily.
- ☐ **D. Full assist:** Requires assistance through each day in order to make decisions and to understand the tasks necessary to complete ADLs and IADLs critical to one's health and safety. The individual cannot be left alone without risk of harm to themselves or others or the individual would experience significant negative health outcomes. This does not include the assistance types of support or monitoring.

Assist types: ☐ hands-on ☐ cueing ☐ redirection ☐ support ☐ monitoring

Frequency: ☐ none __ times per day __ times per week __ times per month ☐ always

Duration: __ minutes each time

Notes:

Ability to make self understood

OAR 411-015-0006(3)(f)(C): Ability to make self understood 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. Ability to make self-understood does not include the need for assistance due to language barriers or physical limitations to communicate.

- Even with assistive devices, the individual requires assistance of another person to communicate or express needs, opinions or urgent problems.

Select the most appropriate response:

- ☐ **A. Independent:** Does not meet criteria for assist.
- ☐ **B. Minimal assist:** Requires assistance at least one day each month in finding the right words or finishing thoughts to ensure their health and safety needs. The need may be event specific.
- ☐ **C. Substantial assist:** Requires assistance to communicate their health and safety needs at least daily.
- ☐ **D. Full assist:** The individual needs constant assistance to communicate their health and safety needs to the level that the individual cannot be left alone for any extended period of time during the day. This does not include the assistance types of support or monitoring.

Assist types: ☐ hands-on ☐ reassurance ☐redirection ☐support ☐ monitoring

Frequency: ☐ none __ times per day __ times per week
__ times per month ☐ always

Duration: __ minutes each time

Notes:

Challenging behaviors

OAR 411-015-0006(3)(f)(D): Challenging behaviors means an individual exhibits behavior(s) 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.

- Even with assistive devices, the individual requires the assistance of another person to address or manage challenging behaviors because it negatively impacts their own or others' health or safety.

Select the most appropriate response:

- ☐ **A. Independent:** Does not meet criteria for assist.
- ☐ **B. Minimal assist:** Requires assistance at least one day each month dealing with a behavior that may negatively impact their own or others' health or safety. The individual sometimes displays behaviors but can be distracted or is able to self-regulate behaviors with assistance. This does include the assistance type of reassurance.
- ☐ **C. Substantial assist:** Requires assistance in managing or mitigating their behaviors at least daily. The individual displays challenging behaviors and

assistance is needed because the individual cannot self-regulate the behavior and does not understand the consequences of their behaviors.

- **D. Full assist:** Requires assistance throughout each day to manage or mitigate behaviors. The individual displays behaviors that require additional support to prevent significant harm to themselves or others. The individual needs constant assistance to the level that the individual cannot be left alone for any extended period of time during the day. The individual cannot self-regulate their behaviors and does not understand the consequences of their behaviors. This does not include the assistance type of monitoring.

Assist types: ☐ hands-on ☐ cueing ☐ redirection ☐ monitoring

Frequency: ☐ none __ times per day __ times per week __ times per month ☐ always

Duration: __ minutes each time

Notes:

Miscellanous notes

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