



# Oregon

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**Department of Human Services**

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## **ODDS In-Home Exceptions Smartsheet Questions with Skip Logic**

Name

Prime Number

DOB

Mailing Address

Does the person have a legal guardian?

- Yes
  - Legal Guardian Contact information

CME

SC/PA Name

SC/PA Email

SC/PA Phone

SC/PA Supervisor

SC/PA Supervisor Email

Individual's ONA Age

- Infant/Toddler (ages 0-3)
  - Children's Support Needs
- Child (ages 4-11)
  - Children's Support Needs
- Adolescent (ages 12-17)
  - Children's Support Needs
- Adult (ages 18+)

Does the ONA reflect the individual's current support needs and support the exception being requested?

- Yes
- No
  - There is an acute change in need, the increased support needs are expected to last fewer than 90 days.

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- This is an urgent change in need, there is a plan for a change in need ONA within the next 45 days.
- The ONA is accurate, however, the reason for this exception is not covered by the ONA questions.
- Other

Individual's Service Group

Is this request based on the hours in the ONA or the ANA/CNA?

- ANA/CNA
- ONA

Is this request urgent?

- Yes
  - Why is the request urgent?
    - The individual is in crisis and the request could help stabilize services.
    - The individual requires immediate additional support due to an unforeseen injury or illness.
    - The individual is at risk of losing a provider or placement.
    - Other
      - Describe the "Other" reason this request is urgent.
- No

Exception Service Type

- Hour Allocation
- Staffing Ratio

**Hour Allocation Exception Request**

Hour Allocation Exception Request Type

- New Request- On-Going Need
- Renewal Request- On-Going Need
- Increase in previously Approved Exception
- Limited Duration Increased Support Need
  - Exception Request Start Date
  - Exception Request End Date

Current Approved Monthly Hours

Additional Requested Hour Allocation Hours

- Drop down hours in increments of 30.

## Hour Allocation Exception Criteria

- Intermittent support needs that cannot be scheduled
- ADL or health-related task that takes substantially more time to complete than others with similar assessed needs.
- Risk of Isolation

### *Intermittent support needs that cannot be scheduled*

Which of the following needs cannot be scheduled, arises regularly, and would likely result in physical harm to the person or others if unmet in one of the following areas (Identify all intermittent needs that cannot be scheduled):

- Toileting
- Transferring
- Mobility
- Managing a recurring challenging behavior
  - Identify the intermittent recurring challenging behaviors that require additional support:
    - Self-injurious behavior
    - Aggressive or combative
    - Injurious to animals
    - Sexual Aggression or Assault
    - Property Destruction
    - Leaving the supervised area
    - A diagnosis of Pica
    - Verbal Aggression
    - Difficulties Regulating Emotions
- Uncontrolled seizures
- Diabetes management that includes administration of sliding-scale insulin
- Use of CPAP/BiPAP or mechanical ventilator
- Other
  - Identify the other intermittent support needs.

Intermittent Supports: Describe the intermittent support needs that require additional support.

How often in occurrences per week does this need arise?

How much time does it take to meet this need in hours per week?

What are the consequences that are reasonably expected if the need is unmet?

### ***ADL/Health-Related Tasks***

ADL/Health-Related Tasks: Select the ADL/Health-Related tasks that take substantially more time to complete than others with similar assessed needs.

- Eating
- Mobility
- Dressing and Grooming
- Bathing and Hygiene
- Transferring and Positioning
- Toileting
- Medication Management
- Other (Other ADL/Health-Related support needs)
  - Identify the other ADL or health-related support need)

ADL/Health-Related Support Needs: Describe the task or need that requires additional support, specifically include details about the reasons this need takes substantially more time than others with similar assessed needs.

ADL/Health Related Tasks: How often in occurrences per day does this need arise?

ADL Health-Related Task: How much time does it take to meet this support need in hours per week?

ADL/Health-Related Task: What are the consequences that are reasonably expected if the need is unmet?

### ***Risk of Isolation***

Is the person unable to access the community for at least 20 hours a week due to needing support while in the community and having to utilize all available support hours to meet other ADL, IADL, and health-related tasks?

Number of hours the person can currently access the community per week:

Number of hours desired to access the community per week, up to 20 hours per week:

Risk of Isolation: Explain how the current hour allocation is used to meet other ADL, IADL, and health-related tasks resulting in inadequate hours for community inclusion.

### **Staffing Ratio Exception Request**

Staffing Ratio Exception Request Type

- New Request- On-Going Need
- Renewal Request- On-Going Need
- Increase in previously Approved Exception
- Limited Duration Increased Support Need
  - Staffing Ratio Exception Start Date
  - Staffing Ratio Exception End Date

Current Approved Staffing Ratio

- 2:1
  - Approved 2:1 Hours
- 3:1
  - Approved 3:1 Hours
- 4:1
  - Approved 4:1 Hours
- No Staffing Ratio hours currently

Staffing Ratio Requested

- 2:1
  - 2:1 Hours being requested
- 3:1
  - 3:1 Hours being requested
- 4:1
  - 4:1 Hours being requested

Does this person meet the criteria to approve an increased staffing ratio at the CME level?

- Yes, but the person requires a staffing ratio above 2:1
- Yes, but the person requires more hours of increased staffing than is able to be approved by the CME.

- Yes, but the person requires a staffing ratio above 2:1 and more hours of increased staffing than is able to be approved by the CME.
- No

#### Staffing Ratio Exception Criteria

- Behavior Support Needs: The person has a challenging behavior that requires more than one supporter to provide support to either respond to the challenging behavior as it occurs, or to provide proactive supports to prevent the challenging behavior.
- Intensive Focus: Individual requires intensive focus from a paid provider to assure the individual's health and safety and it is necessary for a different provider to complete an IADL that would otherwise detract from the intensive focus.
- Medical needs: The person has medical needs that require more than one person to provide supports.
- ADL needs: The person has ADL needs that require more than one person to provide supports.

#### ***Behavior Support Needs***

Does this person have a PBSP?

- Yes
  - Does the PBSP have authorized safeguarding interventions?
- No
  - Why doesn't the person have a PBSP?

Identify the challenging behavior, that has been present in the last year, that leads to a need for increased staffing.

- Self-injurious behavior that may lead to serious injury
- Aggressive or combative
- Injurious to animals
- Sexual aggression or assault
- Property Destruction
- Leaving Supervised Area
- A diagnosis of PICA
- OTHER challenging behavior that requires more than one supporter at a time to provide support.
  - Describe the OTHER challenging behavior that requires more than one supporter at a time to provide support.

Describe how the need for increased staffing to support the identified above behavior(s) presents for this person:

How often in occurrences per week does the need for additional staffing arise?

Describe how long, in hours per day, the amount of time it takes to support this need.

The Behavior Staffing Ratio being requested.

- 2:1
  - How many 2:1 hours are needed per week to support this need?
- 3:1
  - How many 3:1 hours are needed per week to support this need?
- 4:1
  - How many 4:1 hours are needed per week to support this need?

***Medical/Health-Related Support Needs***

Does this person have a nursing care plan?

- Yes
- No
  - Why don't they have a nursing care plan?

Identify all of the treatments and therapies that the individual is receiving support for at least 5 times per day.

- Drop down of Treatments and Therapies identified in item 46 in the ONA.
- Identify the "Other" Treatments and Therapies notes box.

Describe the medical need, treatment/monitoring/therapy, that requires increased staffing.

Medical Support Need: How often in occurrences per week does the need for additional staffing arise?

Medical Support Need: Describe how long, in hours per day, the amount of time it takes to support this need.

#### Medical Support Ratio Being Requested

- 2:1
  - How many 2:1 hours are needed per week to support this need?
- 3:1
  - How many 3:1 hours are needed per week to support this need?
- 4:1
  - How many 4:1 hours are needed per week to support this need?

#### ***ADL Support Needs***

Identify all of the ADL Support Needs that are marked two-person assistance in the ONA.

- Dressing
- Transferring
- Mobility
- Eating/Tube Feeding
- Elimination
- Showering/Bathing
- Other
  - Identify the Other ADL Support needs not identified above.

Describe how the need for increased staffing to support the identified ADL support needs presents for this person.

ADL Support Need: How often in occurrences per week does the need for additional staffing arise?

How many staffing ratio hours are needed per day for ADL support needs?

#### ADL Staffing Ratio Requested

- 2:1
  - How many 2:1 hours are needed per week to support this need?
- 3:1



- How many 3:1 hours are needed per week to support this need?
- 4:1
  - How many 4:1 hours are needed per week to support this need?

***Intensive Focus***

Intensive Focus: Is the need for intensive focus related to challenging behavior?

- Yes
  - Identify the challenging behavior, that has been present in the last year, that leads to a need for increased staffing.
    - Self-injurious behavior that may lead to serious injury.
    - Leaving Supervised Area
    - A diagnosis of PICA
    - OTHER challenging behavior that requires more than one supporter at a time to provide supports.
- No
  - Describe the health and safety need that requires intensive focus support and if it is necessary for a different provider to complete an IADL that would otherwise detract from the intensive focus.

Describe the person's support that requires the caregiver to \*continuously attend the individual and another caregiver is required to complete necessary IADLs.

Intensive Focus: How often in occurrences per week does the need for additional staffing arise?

Intensive Focus: How many staffing ratio hours are needed per day for intensive focus supports?

**Intensive Focus Staffing Ratio**

- 2:1
  - How many 2:1 hours are needed per week to support this need?
- 3:1

- How many 3:1 hours are needed per week to support this need?
- 4:1
  - How many 4:1 hours are needed per week to support this need?

### **Exception Submission**

Identify the attached support documents.

- PBSP
- FBA
- ISP
- Safety Plan
- Protocols
- Progress Notes
- Staffing Schedules
- Data Tracking
- Incident Reports
- Other
  - What other documents are being attached?

Case Management Entity Recommendation  
Person Submitting Request  
Relationship to Individual