# ODHS logo

# In-Home Staffing Ratios Local Approval

Name: Click or tap here to enter text.

PRIME: Click or tap here to enter text.

ONA Date: Click or tap to enter a date.

CME: Click or tap here to enter text.

Use the following links to jump to the correct section to complete this form. Only one form is needed if the person receiving services needs both types of increased staffing ratios.

* [Person needs 2 staff to support a behavioral, medical, or ADL need](#_2:1_Eligibility_criteria); or
* [Person has a medical or behavioral need that requires training of staff by relevant professional and it is most cost effective to train staff in a group](#_Training_for_DSPs_1)

## 2:1 Eligibility criteria

### Behavior:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ONA question** | **Criteria** | **ONA coding** |  |
| BOTH: | 39a | Positive Behavior Support Plan | Yes |  |
| 39d | PBSP includes safeguarding interventions | Yes |  |
| AND | | | | |
| At least one: | 18 | Injurious to self | Yes, present in past year |  |
| 19 | Aggressive or combative | Yes, present in past year |  |
| 20 | Injurious to animals | Yes, present in past year |  |
| 23 | Sexual aggression or assault | Yes, present in past year |  |
| 24 | Property destruction | Yes, present in past year |  |
| 25 | Leaving supervised areas | Yes, present in past year |  |
| 26 | Diagnosis of PICA | Yes, present in past year |  |

### Behavior – Intensive Focus:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ONA question | Criteria | ONA coding |  |
|  | 39a | Positive Behavior Support Plan | Yes |  |
| AND | | | | |
| At least one: | 18 | Injurious to self | Yes, present in past year |  |
| 25 | Leaving supervised areas | Yes, present in past year |  |
| 26 | Diagnosis of PICA | Yes, present in past year |  |
| AND | | | | |
| The person’s challenging behavior requires the caregiver to continuously attend\* to the person to keep the person healthy and safe and another caregiver is needed to complete necessary IADLs | | | | |

\* ”continuously attend” means that the caregiver cannot do anything else other than focus on the person and if the caregiver needs a break for any amount of time, the caregiver must be relieved by another caregiver who will focus on the person.

### Medical:

|  |  |  |
| --- | --- | --- |
| **All of these are present** | | |
| Item 46a | Yes |  |
| Item 46b – first column | Any treatment/monitoring/therapy type |  |
| Item 46b – second column | Receives 5 or more times per day |  |
| Item 46b – third column | Support person performs checked |  |

### Two-Person Assist checked on ADL:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ONA question** | **Coding** | **Guidance** |  |
| Dressing | 3a or 3b | Dependent | Two-person assist |  |
| Transferring | 4a, 4b, or 4c | Dependent | Two-person assist |  |
| Mobility | 5b, 5c, 5d, or 5f | Dependent | Two-person assist |  |
| Eating/tube feeding | 6b or 6c | Dependent | Two-person assist |  |
| Elimination | 7a or 7b | Dependent | Two-person assist |  |
| Shower/ bathing | 8a | Dependent | Two-person assist |  |

### Documentation reviewed to support 2:1:

|  |  |
| --- | --- |
| Documents: |  |
| Individual Support Plan (ISP) |  |
| Oregon Needs Assessment (ONA) |  |
| Risk Tool |  |
| Person Centered Information |  |
| Nursing Care Plan |  |
| Positive Behavior Support Plan (PBSP) |  |
| Additional Medical Documentation |  |
| Additional Behavior Documentation |  |
| Other: Document Reviewed |  |
| Other: Document Reviewed |  |
| Other: Document Reviewed |  |
| Other: Document Reviewed |  |
| Other: Document Reviewed |  |

### Approval:

Description of the need(s) supported by 2:1, the frequency of the need, and the time needed to support the need. Needs can include those identified by the ONA and those identified by the ISP team during the person-centered planning process

Amount of 2:1 approved: Hours per month of 2:1 approved

Supervisor Approval:



Date: Click or tap to enter a date.

This approval is effective until a new ONA is completed by an ONA assessor or a new request is completed.

### Training for DSPs and PSWs

Staff requires training from a behavior professional or LTCCN and it is most cost effective to train staff together.

|  |  |
| --- | --- |
| **One of the following:** | |
| Person has a nursing care plan and the LTCCN needs to train or delegate tasks |  |
| Person has a PBSP and the behavior professional needs to train safeguarding interventions |  |

Number of staff to be trained: Number of staff to be trained together

Amount of time needed to complete training: Hours needed to complete training

### Documentation reviewed to support staff training:

|  |  |
| --- | --- |
| Documents: |  |
| Individual Support Plan (ISP) |  |
| Oregon Needs Assessment (ONA) |  |
| Risk Tool |  |
| Person Centered Information |  |
| Nursing Care Plan |  |
| Positive Behavior Support Plan (PBSP) |  |
| Additional Medical Documentation |  |
| Additional Behavior Documentation |  |
| Other: Document Reviewed |  |
| Other: Document Reviewed |  |
| Other: Document Reviewed |  |
| Other: Document Reviewed |  |
| Other: Document Reviewed |  |

### Approval:

Amount of staff training approved: Hours staff training approved

Supervisor Approval:



Date Approved: Click or tap to enter a date.

# Local approval limits:

|  |  |  |
| --- | --- | --- |
| ONA Age Group | Service Group | Maximum local 2:1 |
| Adult (18 and over) | Very low/ Low/ Moderate | 30 |
| High | 60 |
| Very High | 90 |
| Adolescent (12 – 17) | Very low/ Low/ Moderate/ High | 30 |
| Very High | 60 |
| Child (4 – 11) | Moderate / High/Very High | 30 |
| Infant/Toddler (0 – 3) | Infant/Toddler | 30 |