

Activities of Daily Living (ADLs)

Mobility = Ambulation / Transfers

- **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. Required HANDS-ON assistance from another person to ambulate:
 - OUTSIDE the home or case 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. Requires HANDS-ON assistance to get around INSIDE their home or care setting periodically at least one day each week totaling four days per month.
- D. 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.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Confined to bed	Frequency: <input type="checkbox"/> None ___ x’s per day ___ x’s per week ___ x’s per month <input type="checkbox"/> Always	Duration: ___ Minutes each time	Required: <input type="checkbox"/> Inside <input type="checkbox"/> Outside
Ambulation Notes:			

- **Transfers 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 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 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. Needs HANDS-ON assistance to transfer at least one day each week totaling four days per month.
- C. ALWAYS needs HANDS-ON assistance to transfer every time the activity is attempted.

A. Independent	B. Assist	C. Full Assist
Assist Types: <input type="checkbox"/> Hands-on	Frequency: <input type="checkbox"/> None ___ x’s per day ___ x’s per week ___ x’s per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Transfer 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 an assist.

- B. 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. 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. ALWAYS needs one-on-one assistance for:
 - HANDS-ON assistance with feeding or to address choking.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Set-up <input type="checkbox"/> Cueing		Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	
		Duration: ___ Minutes each time	
Eating Notes:			

Elimination = Bladder / Bowel / Toileting

- **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; or
 - Ostomy care.

Select the most appropriate response:

- A. Independent – Does not meet criteria for assist.
- B. Requires HANDS-ON assistance to complete a task of bladder care at least one day each week totaling four days per month.
- C. ALWAYS requires HANDS-ON assistance to manage all assessed tasks of bladder care every time the activity is attempted.

A. Independent		B. Assist		C. Full Assist			
Assist Types: <input type="checkbox"/> Hands-on		Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always		Duration: ___ Minutes each time		Requires: <input type="checkbox"/> Catheter care <input type="checkbox"/> Ostomy care	
Bladder 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; or
 - Ostomy care.

Select the most appropriate response:

- A. Independent – Does not meet the criteria for assist.
- B. Requires HANDS-ON assistance to accomplish some tasks of bowel care at least one day each week totaling four days per month.
- C. ALWAYS requires HANDS-ON assistance to manage any tasks of bowel care every time the activity is attempted.

A. Independent		B. Assist		C. Full Assist			
Assist Types: <input type="checkbox"/> Hands-on		Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always		Duration: ___ Minutes each time		Required: <input type="checkbox"/> Digital stimulation <input type="checkbox"/> Suppository insertion <input type="checkbox"/> Ostomy care <input type="checkbox"/> Enemas	
Bowel 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. 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. ALWAYS needs HANDS-ON assistance with each assessed task of toileting every time all tasks of toileting are attempted.

A. Independent		B. Assist		C. Full Assist	
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing	Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time	Required: <input type="checkbox"/> Cleansing <input type="checkbox"/> Changing <input type="checkbox"/> Removing	Toileting Notes:	

Cognition = Self-Preservation / Decision Making / Make Self Understood / Challenging Behaviors

- **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 from 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. 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. Requires assistance because they cannot act on nor understand the need for self-preservation at least daily.
- D. 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.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Reassurance <input type="checkbox"/> Redirection <input type="checkbox"/> Support <input type="checkbox"/> Monitoring		Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Self-Preservation 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 ADLs, IADLs and the tasks that comprise those activities.

Select the most appropriate response:

- A. Independent – Does not meet criteria for assist.
- B. Requires assistance at least one day each month with decision making. The need may be even specific.
- C. Requires assistance in decision making and completion of ADL and IADL tasks at least daily.
- D. 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.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Redirection <input type="checkbox"/> Support <input type="checkbox"/> Monitoring		Frequency: <input type="checkbox"/> None ___ x’s per day ___ x’s per week ___ x’s per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Decision Making 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 the assistance of another person communicate or express needs, opinions or urgent problems.

Select the most appropriate response:

- A. Independent – Does not meet criteria for assist.

- B. 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. Requires assistance to communicate their health and safety needs at least daily.
- D. 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.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Reassurance <input type="checkbox"/> Redirection <input type="checkbox"/> Support <input type="checkbox"/> Monitoring		Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	
Duration: ___ Minutes each time			
Ability to Make Self Understood 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. 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. 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. 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.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Redirection <input type="checkbox"/> Monitoring		Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	
Duration: ___ Minutes each time			
Challenging Behaviors Notes:			

Bathing & Personal Hygiene

- **Bathing OAR 411-015-0006(2)(a)**: Bathing means the tasks of getting in and out of a 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.
 - The individual requires assistance washing the body, hair, or assistance getting in and out of the bathtub or shower.

Select the most appropriate response:

- A. Independent – Does not meet the criteria for assist.
- B. Requires another person to provide HANDS-ON, CUEING or STAND-BY assistance for at least one task of bathing at least one day each week totaling four days per month.
- C. Always needs HANDS-ON assistance to complete the assessed tasks of bathing each time the activity is attempted.

A. Independent	B. Assist	C. Full Assist
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Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Stand-by	Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Bathing Notes:		

- **Personal Hygiene OAR 411-015-0006(2)(b):** Personal hygiene means the tasks 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 feminine hygiene products to address menstrual needs.
 - The individual needs, with or without assistive devices, assistance from another person to complete tasks of shaving, caring for the mouth, or menstruation care.

Select the most appropriate response:

- A. Independent – Does not meet criteria for assist.
- B. Requires another person to provide:
 - HANDS-ON assistance for only one task at least one day each week totaling four days each month; or
 - CUEING or STAND-BY assistance for one or more tasks of the activity at least one day each week totaling four days each month.
- C. Always needs HANDS-ON assistance for at least two tasks for personal hygiene each time the activity is attempted.

A. Independent	B. Assist	C. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Stand-by	Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Personal Hygiene Notes:		

Dressing & Grooming

- **Dressing OAR 411-015-0006(4)(a)**: Dressing 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 consideration of an individual’s ability to use clothing with buttons, zippers, and snaps, and reflects the individual’s choice and reasonable preferences.
 - The individual needs, with or without assistive devices, assistance from another person to dress and undress.

Select the most appropriate response:

- A. Independent – Does not meet the criteria for assist.
- B. Requires another person to provide:
 - HANDS-ON assistance for only one task at least one day each week totaling four days each month; or
 - CUEING or STAND-BY assistance needed for one or both tasks at least one day each week totaling four days each month.
- C. Always needs HANDS-ON assistance with each assessed task of dressing each time the activity is attempted.

A. Independent	B. Assist	C. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Stand-by	Frequency: <input type="checkbox"/> None ___ x’s per day ___ x’s per week ___ x’s per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Dressing Notes:		

- **Grooming OAR 411-015-0006(4)(b)**: Grooming means the tasks of nail and hair care based on the individual’s reasonable personal preferences. This includes, but is not

limited to, tasks of clipping and filing both toe nails and finger nails, and brushing, combing, braiding, or otherwise maintaining one’s hair or scalp.

- The individual needs, with or without assistive devices, assistance from another person for nail and hair care.

Select the most appropriate response:

- A. Independent – Does not meet the criteria for assist.
- B. Requires another person to provide:
 - HANDS-ON assistance for nail or hair care at least one day each week totaling four days each month; or
 - CUEING or STAND-BY assistance during the activity of nail and/or hair care at least one day each week totaling four days each month.
- C. Always needs HANDS-ON assistance for nail care and hair care.

A. Independent	B. Assist	C. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Cueing <input type="checkbox"/> Stand-by	Frequency: <input type="checkbox"/> None ___ x’s per day ___ x’s per week ___ x’s per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Grooming Notes:		

Instrumental Activities of Daily Living (IADLs)

- **Housekeeping OAR 411-015-0007(4):** Housekeeping 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.
 - The individual needs assistance from another person in order to accomplish housekeeping tasks which maintain their health and safety within their residence (Does not include pet care, home repair or housekeeping activities related to other household members).

Select the most appropriate response:

- A. Independent
- B. Unable to accomplish some housekeeping tasks without assistance.
- C. Always needs assistance for all tasks.

A. Independent	B. Assist	C. Full Assist
Assist Types: <input type="checkbox"/> Hands-on	Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Housekeeping Notes:		

- **Laundry OAR 411-015-0007(5):** Laundry 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.
 - The individual needs assistance from another person in order to complete laundry tasks.

Select the most appropriate response:

- A. Independent
- B. Unable to accomplish some laundry tasks without assistance.
- C. Always needs assistance for all tasks and phases.

A. Independent	B. Assist	C. Full Assist
Assist Types: <input type="checkbox"/> Hands-on	Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Laundry Notes:		

- **Breakfast Meal Preparation OAR 411-015-0007(6):** Meal preparation means the ability to safely prepare food to meet the basic nutritional requirements of the individual. It includes cutting food and placing food, dishes and utensils within reach for eating.
 - The individual needs assistance from another person to safely prepare food meeting basic nutritional requirements.

Select the most appropriate response:

- A. Independent
- B. Is able to accomplish a majority of the meal preparation tasks, but not all the tasks.
- C. Is able to accomplish only a small portion of the meal preparation tasks without assistance.
- D. Always needs assistance for all tasks of meal preparation.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on		Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Breakfast Meal Preparation Notes:			

- **Lunch Meal Preparation OAR 411-015-0007(6):** Meal preparation means the ability to safely prepare food to meet the basic nutritional requirements of the individual. It includes cutting food and placing food, dishes and utensils within reach for eating.
 - The individual needs assistance from another person to safely prepare food meeting basic nutritional requirements.

Select the most appropriate response:

- A. Independent
- B. Is able to accomplish a majority of the meal preparation tasks, but not all the tasks.
- C. Is able to accomplish only a small portion of the meal preparation tasks without assistance.
- D. Always needs assistance for all tasks of meal preparation.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
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Assist Types: <input type="checkbox"/> Hands-on	Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Lunch Meal Preparation Notes:		

- Dinner / Supper Meal Preparation OAR 411-015-0007(6)**: Meal preparation means the ability to safely prepare food to meet the basic nutritional requirements of the individual. It includes cutting food and placing food, dishes and utensils within reach for eating.
 - The individual needs assistance from another person to safely prepare food meeting basic nutritional requirements.

Select the most appropriate response:

- A. Independent
- B. Is able to accomplish a majority of the meal preparation tasks, but not all the tasks.
- C. Is able to accomplish only a small portion of the meal preparation tasks without assistance.
- D. Always needs assistance for all tasks of meal preparation.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on	Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time	
Dinner / Supper Meal Preparation Notes:			

- **Medication Management OAR 411-015-0007(7):** Medication management means the ability to order, organize and administer prescribed medications. Administering prescribed medications 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 assistance with the administration of oxygen, monitoring the equipment and assuring adequate oxygen supply.
 - The individual needs assistance from another person to order, organize or administer prescribed medications and/or oxygen. The assistance may include: set-up, reminding, cueing, checking for effect and monitoring for choking or administering O2 or monitoring equipment to assure adequate O2 supply.

Select the most appropriate response:

- A. Independent
- B. Is able to accomplish a majority of the medication/O2 management tasks, but not all the tasks.
- C. Is able to accomplish only a small portion of the medication/O2 management tasks without assistance.
- D. Always needs assistance for all tasks of medication/O2 management.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on	Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	Duration: ___ Minutes each time	
Medication / O2 Management Notes:			

- **Shopping OAR 411-015-0007(8):** Shopping 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).

- The individual needs assistance from another person to purchase goods that are necessary for the health and safety of the individual and are related to the individual’s service plan, such as:
 - Food (meal preparation);
 - Clothing (dressing); or
 - Medicine (medication management).

Select the most appropriate response:

- A. Independent
- B. Is able to accomplish a majority of the shopping tasks, but not all the tasks.
- C. Is able to accomplish only a small portion of the shopping tasks without assistance.
- D. Always needs assistance for all tasks of shopping.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Medicine		Frequency: <input type="checkbox"/> None ___ x’s per day ___ x’s per week ___ x’s per month <input type="checkbox"/> Always	Duration: ___ Minutes each time
Shopping Notes:			

- **Transportation OAR 411-015-0007(9)**: Transportation 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 during a ride. The need for assistance during a ride means assistance for a physical or cognitive needs 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 during a ride, assisting an individual to get in or out of a vehicle, or arranging a ride for an individual. Transportation does not include mileage reimbursement.
 - The individual needs assistance from another person to:
 - Arrange rides; and/or

- Get in or out of a vehicle; and/or
- Physical or cognitive assistance during a ride, such as for spasticity, memory, aspiration, choking or seizure.

Select the most appropriate response:

- A. Independent
- B. Is able to accomplish a majority of the transportation tasks, but not all the tasks.
- C. Is able to accomplish only a small portion of the transportation tasks without assistance.
- D. Always needs assistance for all tasks of transportation.

A. Independent	B. Minimal Assist	C. Substantial Assist	D. Full Assist
Assist Types: <input type="checkbox"/> Hands-on <input type="checkbox"/> Arrange rides <input type="checkbox"/> Get in/out <input type="checkbox"/> Physical/Cognitive assistance		Frequency: <input type="checkbox"/> None ___ x's per day ___ x's per week ___ x's per month <input type="checkbox"/> Always	
		Duration: ___ Minutes each time	
Transportation Notes:			

- **Shift Services OAR 411-030-0068:** The individual requires the assistance of another person, including assistance types and tasks per the definition in the ADLs/IADLs, at least once each hour the individual is awake in order to ensure their safety and well-being, and the person meets either 1 or 2 below:
 1. The individual is assessed as full assist in cognition and cannot be left alone for any part of the day; or
 2. The individual is assessed as full assist in mobility or elimination, and has at least one of the following debilitating medical conditions:
 - Cachexia;
 - Severe neuropathy;
 - Coma;
 - Persistent or re-occurring stage 3 or 4 wounds;
 - Late stage cancer;
 - Frequent and unpredictable seizures;
 - Debilitating muscle spasms;

- A spinal cord injury or similar disability with permanent impairment; or
- An acute care or hospice need that is expected to last no more than six months.

If the answer below is A (Yes), submit to Central Office for final approval.

Select the most appropriate response:

- A. Yes
- B. No

Shift Services Notes:

HCW(s) Weekly Schedule

<u>HCW</u>	<u>Sun.</u>	<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>
1.							
2.							
3.							
4.							
5.							
6.							

Misc. Notes: