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Ohio Assessment for Immediate Needs and Current Needs

Name:		**DOB:**		**Date of Interview:**	
Address:		**County of Residence**			

Name of person completing assessment		**Title**	
Names of participants/Relationship to the individual:			

In what area(s) does the individual report needing help?

Condition (if no to any item, stop. This person does not meet the criteria to be added to the Waiting List)

Does this person have a condition, that is attributable to a mental or physical impairment or a combination of mental and physical impairments, other than an impairment caused solely by a mental health condition?	
Was the condition present before age 22?	
Is the condition likely to continue indefinitely?	

Describe current living arrangements:

Current resources/services (currently used or available)

	(select)		(select)
County Board services/ funding		Medicaid State Plan/Private Duty Nursing	
Help Me Grow/Ohio Early Intervention		Ohio Home Care Waiver	
Bureau for Children with Medical Handicaps (BCMH)		PASSPORT Waiver	
Family and Children First Council (FCFC)		Assisted Living Waiver	
Ohio Department of Education (ODE)		MyCare Waiver	
Vocational Rehabilitation/ Opportunities for Ohioans with Disabilities (OOD)		SELF Waiver	
Children Services		Level One Waiver	
Medicaid State Plan Home Health aide		Medicaid State Plan Home Health nursing	

Other: (Describe in box)

Questionnaire

1. Contributing circumstances

a. Is the individual an adult facing substantial risk of harm due to potential loss or declining or chronic condition of existing caregiver(s) or due to other unforeseen circumstances?

(i) Is there evidence that the primary caregiver has a chronic/declining condition or is facing other unforeseen circumstances that will limit his/her ability to care for the individual? (The answer to this question is "yes" if evidence is provided for 1a(i)(a))

◯ **Yes** ◯ **No**

a) List documentation used to verify presence of declining or chronic condition or other unforeseen circumstances.

b) Is action required within the next 30 days due to the caregiver's inability to care for the individual? (select)

Describe below:

Notes/Comments:

If yes to 1a(i) and 1a(i)(b) the person has an immediate need. Proceed to Question 2

If yes to 1a(i) and no to 1a(i)(b), this is a current need area. Proceed to next question.

(ii) Is there evidence of declining skills the individual has experienced as a result of either the caregiver's condition or insufficient caregivers to meet the individual's current needs?

◯ **Y or N** ◯

a) List documentation used to verify presence of caregiver's condition, if not already described above.

b) Describe decline (required field)

Notes/Comments:

If yes to 1a(ii), this is a current need area. Proceed to next question.

1 b. Does the individual have behavioral, physical care, and/or medical needs that create substantial risk of harm to self/others?

(i) Is the individual a child/adult currently engaging in a pattern of behavior that creates a substantial risk to self/others?

◯ **Yes** ◯ **No (The answer to this is "yes" if 1b(i)(a) and 1b(i)(b) are completed)**

a) Check all that apply:

☐ Physical Aggression ☐ Self Injury ☐ Fire-setting ☐ Elopement

☐ Sexual Offending ☐ Other

☐ Not applicable; there is currently no pattern of behavior that creates a substantial risk. (If this is selected, 1b(i) is "no.")

*Describe type, frequency, and intensity of behavioral concerns: (required if item is selected in 1b(i)(a))

b) Documentation available (only one option is required):

☐ police reports ☐ incident reports ☐ behavior tracking sheets

☐ psychological assessment ☐ Other - describe:

Notes/Comments:

Proceed to next question.

(ii) Is the individual a child/adult with significant physical care needs?

◯ **Yes** ◯ **No (The answer to this is "yes" if any one item in 1b(ii)(a) is selected.)**

a) Check all that apply:

☐ Frequent hands-on support required with ADLs (personal care, mobility/positioning, toileting, etc.) throughout the day and night

☐ Size/condition of the individual creates a risk of injury during physical care

☐ Other

☐ Not applicable; there are no significant physical care needs (If this is selected, 1b(ii) is "no.")

*Describe type, frequency, and intensity of physical care needs: (required if item selected in 1b(ii)(a))

Notes/Comments:

Proceed to next question.

(iii) Is the individual a child/adult with significant or life-threatening medical needs?

◯ **Yes** ◯ **No (The answer to this is "yes" if any one item in 1b(iii)(a) is selected.)**

a) Check all that apply:

☐ Frequent hospitalizations or emergency room visits for life-sustaining treatment

☐ Ongoing medical care provided by caregivers to prevent hospitalizations or emergency room interventions

☐ Need for specialized training of caregiver to prevent emergency medical intervention

☐ Other

☐ Not applicable; there are no significant or life-threatening medical needs. (If this is selected, 1b(iii) is "no.")

*Describe type, frequency, and intensity of medical needs: (required if item selected in 1b(iii)(a)

Notes/Comments:

Proceed to next question.

(iv) Is action required within the next 30 days to reduce the risk(s) presented by the behavioral, physical care and/or medical needs identified 1bi, 1bii, and/or 1biii?

(Select)

Notes/Comments:

If yes, the person has an immediate need. Proceed to question 2.

(v) If No, do the significant behavioral, physical care, and/or medical needs identified above require continuous support to reduce risk?

(Select)

Notes/Comments:

If yes, this is a current need area. Proceed to next question.

1 c. Is the individual an adult who has been subjected to abuse, neglect, or exploitation and requires supports to reduce risk:

◯ **Yes** ◯ **No** **(Yes is marked if 1c(i) and 1c(ii) is "yes.")**

(i) There is a currently an open investigation with (check all that apply):

- ☐ County Board
- ☐ Law Enforcement
- ☐ Adult Protective Services
- ☐ Other - describe:
- ☐ Not applicable; there is currently no open investigation. (If this is selected, 1c is "no.")

*Describe incident under investigation and supports needed to reduce the risk (required if item is selected in 1c(i))

Notes/Comments:

(ii) Is action required within the next 30 days to reduce the risk? (Select)

Notes/Comments:

If yes to 1c, the person has an immediate need. Proceed to question 2.

If No, proceed to the next question

1 d. Is the individual a resident of an intermediate care facility for individuals with intellectual disabilities (ICF/IID) or Nursing Facility who has either been issued a 30-day notice of intent to discharge or has received an adverse Resident Review determination?:

◯ **Yes** ◯ **No (This is "yes" if the response to 1d(i), 1d(ii), and 1d(iii) is yes.)**

(i). Is the individual a current resident of an ICF or nursing facility? (Select)

(ii). Has the person been issued a 30-day notice of intent to discharge from or received an adverse resident review determination? (Select)

(iii). Is action required within 30 days to reduce the risk? (Select)

Notes/Comments:

If yes to 1d, the person has an immediate need. Proceed to question 2.

If No, proceed to the next question

1 e. Does the individual have an ongoing need for limited/intermittent supports to address behavioral, physical, or medical needs in order to sustain existing caregivers and remain in the current living environment with existing supports?

◯ **Yes** ◯ **No (Mark "Yes" if the response to all three questions below are "yes")**

(i) Does the person have a need for limited or intermittent supports within the next 12 months?

(Select)

(ii) Does the individual desire to remain in the current living environment?

(Select)

(iii) Are existing caregivers willing AND able to continue to provide supports, if some relief were provided?

(Select)

Notes/Comments:

If yes to section 1e, this is a current need area Proceed to next question.

1 f. Is the individual reaching the age of majority and being released from the custody of a child protection agency within the next 12 months and has needs that cannot be addressed through alternative services?

◯ **Yes** ◯ **No** (Mark "Yes" if response to 1f(i) and 1f(ii) are "yes")

(i) Is the individual being released from the custody of a child protection agency within the next 12 months?

(Select)

List anticipated date:

(ii) Does the individual have needs that cannot be addressed through alternative services?

(Select)

Notes/Comments:

If yes to section 1f, this is a current need area. Proceed to next question.

1 g. Does the individual require waiver funding for adult day or employment-related supports?

◯ **Yes** ◯ **No** (Mark "Yes" if the response to all three questions below are "yes")

(i) Are the needed services required at a level or frequency that exceeds what is able to be sustained through local board resources?

(Select)

(ii) Are the needed services beyond what is available to the individual through the local school district/IDEA?

(Select)

(iii) Are the needed services beyond what is available to the individual through vocational rehabilitation services/OOD (Opportunities for Ohioans with Disabilities) or other resources?

(Select)

Notes/Comments:

If yes to 1g, this is a current need area. Proceed to next question.

1 h. Does the individual have a viable discharge plan from the current facility in which he/she resides?

◯ **Yes** ◯ **No** (Mark "Yes" if the response to all three questions below are "yes")

(i) Is the individual a current resident of an intermediate care facility for individuals with intellectual disabilities (ICF/IID) or a Nursing Facility?

(Select)

(ii) Has the individual /guardian expressed an interest in moving to a community-based setting within the next 12 months?

(Select)

(iii) Is the individual's team developing a discharge plan that addresses barriers to community living, such as housing and availability of providers?

(Select)

Notes/Comments:

If yes to 1h, this is a current need area. Proceed to next question

2. Is there an immediate need identified that requires an action plan within 30 days to reduce the risk

(Yes to question any of the following, an immediate need has been identified:
1a + 1a(i)(b)
1b(i), 1b(ii), and/or 1b(iii) + 1b(iv)
1c, or
1d)

(Select)

Describe the area of immediate need: (required if "yes")

If yes to 2, proceed to question 4.

If no, proceed to next question.

3a. If No, does the individual have a need identified in
1a(i)
1a(ii)
1b(i), 1b(ii), and/or 1b(iii) + 1b(v)
1e
1f
1g, or
1h? (Y is required if any of the criteria listed are "yes" If "yes," go to question 3b. If "no, "go to question 4.)

(Select)

3b. If yes, to 3a, will any of those needs be unmet by existing supports/resources within the next 12 months?

(Select) **(Y/N is required if 3a is "yes." Go to question 4.)**

Describe the unmet need: (required if "yes")

4. Will the immediate or current unmet need require enrollment in a waiver due to the lack of community-based alternative services to address the need? (Y/N is required)

(Select)

If no, describe the community-based alternative services that can address the unmet need: (required if "no")

Conclusions (check one):

◯ Individual has unmet needs that require enrollment in a waiver at this time to address circumstances presenting an immediate risk of harm.

- Requires ALL of the following:
  - "Yes" to all three condition questions
  - "Yes" to question 2
  - "Yes" to question **4**

◯ Individual has needs that are likely to require waiver-funded supports within the next 12 months and will be placed on the waiting list at this time.

- Requires ALL of the following:
  - "Yes" to all three condition questions
  - "Yes" to 3a
  - "Yes" to 3b
  - "Yes" to 4

◯ The individual does not require waiver enrollment or placement on the waiting list as there were no assessed needs or alternative services are available to meet assessed needs.

- This is the outcome if one of the other two outcomes above are not met. Requires the following:
  - "No" to 4

◯ The individual is not eligible for placement on the waiting list, as he/she has no qualifying condition.

- This is the outcome if one or more of the three condition questions is "no."

Name of person determining conclusion:		Title:	
Date:			