

On-Site/On-Call Assessment Form

Based on OAC Section 5123:2-9-30

"On-site/on-call" means a rate authorized when no need for supervision or supports is anticipated because the individual is expected to be asleep for a continuous period of no less than five hours, and a provider must be present and readily available to provide homemaker/personal care if an unanticipated need arises but is not required to remain awake.

- Does the individual sleep at least 5 continuous hours during the night? Yes ___/ No ___
- Does the individual require some-kind of supervision or supports during the night? Yes ___/ No ___

When an individual is NOT expected to sleep at least 5 continuous hours a night or the individual's needs require staff to provide any kind of service/support, then OSOC should not be authorized.

The team shall assess and document in the individual service plan when on-site/on-call may be appropriate.

In making the assessment, the team **shall** consider all of the following:

- Medical or psychiatric condition which requires supervision or supports throughout the night: Yes ___/ No ___. If yes, please explain: _____

- Behavioral needs which require supervision or supports throughout the night: Yes ___/ No ___. If Yes, please explain: _____

- Sensory or motor function limitations during sleep hours which require supervision or supports throughout the night: Yes ___/ No ___. If Yes, please explain: _____

- Special dietary needs, restrictions, or interventions which require supervision or supports throughout the night: Yes ___/ No ___. If Yes, please explain: _____

- Other safety considerations which require supervision or supports throughout the night: Yes ___/ No ___. If Yes, please explain: _____

- Emergency action needed to keep the individual safe: Yes ___/ No ___. If Yes, Please Explain: _____

If the answer is YES to any of the questions listed above, On-Site/On-Call services are not appropriate. The team should then discuss the most appropriate service for the individual including Homemaker Personal Care or Remote Supports (Monitoring).

HPC

<https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/rules-in-effect/5123-9-30+effective+2021-01-01>

Remote Supports

<https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/rules-in-effect/5123-9-35>