

MERCER RESIDENTIAL SERVICES

APPLICATION FOR ADMISSION TO THE WAYNE STREET GROUP HOME ICF/IID

THIS FOR MUST BE COMPLETED ENTIRELY

1. Name _____
 First Middle Last

Social Security Number _____ Sex: M or F

Medicaid Number _____

Date of Birth _____ Phone # _____

Present Address _____
 Street

 City County State Zip Code

SIGNATURE OF GUARDIAN OR LEGAL REPRESENTATIVE IS REQUIRED BELOW

2. Legal Representative/Guardian (if applicable) _____

Address _____
 City County State Zip Code

3. SSA Name and Address (if applicable) _____

Address _____
 City County State Zip Code

Applicant's Signature Legal Rep./Guardian (if applicable) Date

MUST BE SIGNED BY APPLICANT IF THERE IS NO GUARDIAN

4. Diagnosis:
(Mental Health): _____

(Developmental Disability): Level: Profound Severe Moderate Mild
 Circle One

(Physical Health): _____

(Age Disability Identified): _____



PLEASE TELL US ABOUT THE APPLICANT BY CIRCLING ONE FOR EACH HEADING.

5. Mobility

- Walks independently
- Walks with supportive devices
- Walks unaided with difficulty
- Uses wheelchair operated by self
- Uses wheelchair & needs help
- No mobility

Communication

- Speaks and can be understood
- Speaks and is difficult to understand
- Uses gestures
- Uses sign language
- Uses communication board or device
- Does not communicate

Comments: _____ Comments: _____

6. How much time is required for assuring safety?

- Requires less than 8 hours per day on average
- Requires 9-16 hours daily on average
- Requires 24 hours (does not require awake person overnights)
- Requires 24 hours with awake person overnight
- Extreme Need:** Requires 24 hours, awake person trained to meet individual's particular needs; continuous monitoring

Comments: _____

7. How much assistance is needed for daily living tasks?

No assistance needed in **most** self-help and daily living areas and
Minimal assistance (use of verbal prompts or gestures as reminders) needed in **some** self-help and daily living areas, and
Minimal to complex assistance needed to complete skills such as financial planning and health planning.

No assistance in **some** self-help, daily living areas, and
Minimal assistance for many skills, and
Complete assistance (caregiver completes all parts of task) needed in **some** basic skills and all **complex** skills.

Partial (use of hands on guidance for part of task) to complete assistance needed in most areas of self-help, daily living, and decision making, and
Cannot complete **complex** skills

Partial to complete assistance is needed in **all areas** of self-help, daily living, decision making, and complex skills

Extreme Need: All tasks must be done for the individual, with no participation from the individual

Comments: _____

8. How often are doctor visits needed?

For routine health care only / once per year

2-4 times per year for consultation or treatment for chronic health care need

More than 4 times per year for consultation or treatment

Extreme Need: Chronic medical condition requires immediate availability and frequent monitoring

Comments: _____

9. How often are nursing services needed?

Not at all

For routine health care only

1-3 times per month

Weekly

Daily

Extreme Need: Several times daily or continuous availability

Comments: _____

10. Are there behavior problems? Yes No

IF YES – PLEASE CIRCLE ALL THAT APPLY.

Self Injury

Aggressive towards others

Inappropriate sexual behavior

Property destruction

Life threatening (threat of death or severe injury to self or others)

Takes prescribed medications for behavior control

Mental Health Diagnosis _____

PLEASE CIRCLE ONE ANSWER UNDER EACH QUESTION, UNLESS OTHERWISE INDICATED.

11. Where is the individual currently living?

Living with family/relative

Living in own home or apartment

Group home or personal care home

Nursing home

ICF/IID (Intermediate Care Facility)

Living with a friend

12. Does the individual currently receive any of the following services? (Circle all that apply)

Supported Living

Medicaid EPSDT (if under 21)

Medicaid Acquired Brain Injury
 Supported Employment
 Home Health
 Other Medicaid Services
 Day Program
 School
 Behavior Support
 Transportation
 Speech Therapy
 Physical Therapy

Medicaid Home & Community Based Waiver
 Mental Health Counseling or Medication for a
 mental health condition
 In home Support
 Residential
 Respite
 Occupational Therapy
 Support Coordinator
 Other

13. What services are needed now or in the future?

Day Program
 School
 Respite
 Transportation
 Speech Therapy
 Physical Therapy
 Other

In home Support
 Residential
 Behavior Support
 Occupational Therapy
 Support Coordinator
 Supported Employment

14. The following are 5 choices for future living arrangements. Where would the individual currently on the waiting list prefer to live in the future? (Choose only one)

- At home with a family member with some one to come in and help
- In the person's own home with minimal supports
- In a 24 hour staffed residence in the community
- In a 24 hour supervised family home in the community
- In an ICF/IID

15. Who is the primary caregiver?

Mother Father Grandmother Grandfather Aunt Uncle
 Sister Brother Friend Neighbor Other: Who? _____

16. What is the age of the primary caregiver?

Less than 30 years old 31-50 years old 51-60 years old 61-70 years old
 71-80 years old Over 80 years old

17. What is the applicant's RAC Group Score? _____ (An IAF form must be submitted with application)

18. The primary caregiver's health status could be classified as:

Poor Stable Very Good

Comments: _____

Person Completing Application: _____

Print Name

Relationship to Individual (if not individual)

Phone Number

Signature

Date

Additional Comments: _____

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

GENERAL INSTRUCTIONS:

PURPOSE:

The purpose of this form is to assess the degree/ level to which individuals depend upon staff assistance and intervention. The information provided on each individual will be used to place individuals into a number of reimbursement categories.

WHO SHOULD FILL OUT THIS SURVEY FORM:

Staff who have completed DODD approved training, have demonstrated successful understanding for the implementation of the IAF tool and knows each individual's level of functioning and daily needs for utilization of staff assistance.

PROCEDURE:

The survey form includes 31 questions with 34 attributes within three domains. Instructions are provided on how to fill out the questions within each domain. Record all responses on the Individual Assessment Form (IAF) answer sheet using the IAF electronic software program. Do not mark on this assessment form. In responding to questions, please base responses on typical and current behavior of the individual observed. We understand that this is sometimes difficult, as individuals are not always consistent in their actions. It may be helpful to ask yourself how you would expect the individual to behave the next time the occasion arises.

Most questions provide a description or list of characteristics to suggest what is meant by the question. These descriptions are not exhaustive; you may have other descriptors in mind that fit the category. Please choose the response under each question that most closely fits the individual. To do so, you must read all of the items. When answering the questions, references to "occasional" mean less than weekly but more than monthly; references to "frequent" mean at least once a week but no more than once daily, and references to "continual" mean more than once a day.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

ADAPTIVE SKILLS DOMAIN

References to “occasional” mean less than weekly but more than monthly;

References to “frequent” mean at least once per week. But no more than daily;

References to “continual” mean more than once per day.

References to “independent” mean the individual’s ability to initiate and complete a task without staff’s assistance and/or prompting.

- a. An individual who has access to and is able to perform the task consistently using adaptive equipment or assistive devices is considered to be able to perform that task.
- b. Consider whether the person can complete the task in keeping with expectations of normally developing individuals in the person’s community.

References to “supervision” mean either of the following:

- a. Reminding (verbal prompts) an individual to perform or complete an activity; or
- b. Observing while an individual performs an activity to ensure the individual’s health and safety.

References to “assistance” mean the hands on provision of help in the initiation and/or completion of a task.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

ADAPTIVE SKILLS DOMAIN CONTINUED

INSTRUCTIONS:

The next twelve (12) questions pertain to the level/utilization of staff assistance/supervision needed for personal care and safety. Each adaptive skill begins with the option of Total Independence. Read the entire list of options before deciding the level/utilization of assistance most typically needed by an individual. Record the number of that response on the answer sheet. Enter only one response.

1. **EATING:** means the ability of an individual to feed oneself; Tasks include the processes of getting food into ones mouth, chewing and swallowing, and/or the ability to use and self-manage a feeding tube. This does not include set up of food and/or meal preparation.
 - 0 Completes task independently.
 - 1 Completes the task with verbal prompts and minimal assistance.
 - 2 Eats with hands on assistance (e.g. placing utensils in hand, hand over hand, scooping or other assistances for eating etc...) or does not perform the task and must be hand fed or requires one on one supervision throughout the entire meal.
 - 3 Nourished by other oral means (e.g., individual is nourished by the use of a gastronomy tube).

2. **TOILETING:** means the ability of an individual to complete the activities necessary to eliminate and dispose of bodily waste; Involves bowel/bladder control- Task includes – using a commode, bedpan, or urinal, cleansing self (including wiping), changing incontinence supplies or feminine hygiene products, managing colostomy, ileostomy, or urinary catheter. This does not include set up and/or transferring to and from commode.
 - 0 Completes all the tasks independently.
 - 1 As a rule indicates the need to eliminate bowels/bladder, but requires assistance with cleansing self (e.g. wiping).
 - 2 As a rule does not indicate a need to eliminate bowels/bladder, but cleanses self independently (e.g. wiping).
 - 3 As a rule does not indicate a need to eliminate bowels/bladder and requires assistance with cleansing self (e.g. wiping).
 - 4 Requires colostomy, ileostomy, or urinary catheter.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

ADAPTIVE SKILLS DOMAIN CONTINUED

3. **ORAL HYGIENE:** means the ability of an individual to keep mouth and teeth clean to prevent dental problems. Tasks include brushing teeth, caring/cleansing for dentures, and cleansing mouth.
- 0 Completes the tasks independently.
 - 1 Completes the tasks with verbal prompts, cue by touch (gestural).
 - 2 Requires hands on assistance to initiate or complete the tasks.
 - 3 Does not perform the task. Task must be done for the individual.
4. **BATHING/SHOWERING:** means the ability of an individual to cleanse one’s body; Tasks include showering, bathing, or sponge bath, or any other generally accepted method. This does not include the act of transferring in and out of shower or tub. Does not include set up.
- 0 Completes tasks independently.
 - 1 Completes tasks with verbal prompts, cue by touch (gestural) or other modifications.
 - 2 Requires hands on assistance to initiate or complete the task (e.g. hand over hand, scrubbing, pouring shampoo in hand etc...).
 - 3 Does not perform the tasks. Tasks must be done for individual.
5. **DRESSING:** means the ability of an individual to complete the activities necessary to dress self. Tasks include selecting and putting on and taking off a regular or modified article of clothing or prosthesis (e.g. shirts, pants, shoes, stockings, underwear, etc...). Fastening/unfastening an item of clothing or prosthesis. This does not include braces or an individual’s ability to match colors or choose clothing that is appropriate for the weather or tasks of clothing care.
- 0 Completes the tasks independently.
 - 1 Completes the tasks with verbal prompts, cue by touch (gestural), materials set-up or other modifications (e.g. laying out clothes).
 - 2 Requires assistance only with fasteners (e.g. buckles, buttons, laces, and zippers).
 - 3 Requires hands-on assistance and/or constant supervision to complete the tasks; or does not perform the tasks. The task must be done for the individual.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

ADAPTIVE SKILLS DOMAIN CONTINUED

6. **TURNING & POSITIONING:** Includes turning, positioning, range of motion, postural drainage. Enter how frequently the individual must be turned or positioned by the staff in a twenty-four hour period.

- 0 Not required.
- 1 Once.
- 2 Two to five times.
- 3 Six to twelve times.
- 4 More than twelve times.

7. **MOBILITY:** means the ability of an individual to use fine and gross motor skills to move oneself safely from place to place within a reasonable amount of time by ambulation or by other means. Moves about...

- 0 Independently (ambulatory without device).
- 1 With assistance of a device such as a cane, walker, crutch, or wheelchair.
- 2 With physical assistance of another person for specific circumstances (e.g. to negotiate stairs, ramp, or elevator, to lock and unlock wheelchair brakes).
- 3 With the assistance of one or more persons.

8. **TRANSFER:** means the ability of an individual to move between surfaces (process of moving between positions) including but not limited to, to and from a bed, chair, toilet, bath, wheelchair or standing positioning.

- 0 Requires no supervision or physical assistance to complete necessary transfers. May use equipment such as railings, trapeze.
- 1 Needs intermittent supervision (i.e. verbal cuing, guidance and/or physical assistance for difficult maneuvers only).
- 2 Needs direction and/or physical help from one or more persons when transferring.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

ADAPTIVE SKILLS DOMAIN CONTINUED

9. **RECEPTIVE COMMUNICATION:** Involves understanding directions, simple and complex verbal, non-verbal, written, signed, electronic, or mechanical means.
- 0 Understands every language (whether verbal, non-verbal, or mechanical), both complex and abstract conversation.
 - 1 Understands the meaning of simple conversations (whether verbal, non-verbal mechanical or questions and vocal instructions e.g. talking about every day events, the clothes you're wearing, weather etc...).
 - 2 Understands simple phrases or instructions (whether verbal, non-verbal or mechanical) such as "it is time to work," "please make your bed," etc...
 - 3 Understands simple words, gestures or signs, verbal or non-verbal, such as names of objects and common activities.
 - 4 Demonstrates no observable comprehension of verbal and non-verbal language.
10. **EXPRESSIVE COMMUNICATION:** Communicates thoughts with words, sounds, gestures, personal language (i.e. understanding by staff close to the individual) or other means (e.g. written, signed, electronic or mechanical). The act of signaling for assistance referred to 2, 3, and 4, means that the individual is able to gain the attention of staff and is able to communicate basic needs (e.g. a drink, help with toileting etc...).
- 0 Carries on an understandable conversation verbally or by signing (without electronic communication devices).
 - 1 Uses a few simple words and associates words with appropriate objects; such as names of common objects and activities.
 - 2 Uses no words, but can communicate very basic concepts (e.g. through a picture board or electronic communication device) and is able to signal staff for assistance.
 - 3 Uses no words. Can communicate very basic concepts but is unable to signal staff for assistance.
 - 4 Use no words. Does not communicate very basic concepts and is unable to signal to staff for assistance.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

ADAPTIVE SKILLS DOMAIN CONTINUED

11. **COMMUNITY MOBILITY:** means the ability of an individual to independently travel/move around and navigate the neighborhood and community; tasks include abilities for pedestrian safety skills; accessing buildings, stores, and restaurants; utilizing modes of transportation(e.g. walking, wheelchair, cars, buses, taxis, bicycles etc...) Note: for without staff the rater should take into consideration an individual's assessed capabilities to have unsupervised time and required level of supervision(e.g. audible, visual, and physical proximity of staff) to ensure the provision of health and welfare. Does not include movement to and from scheduled day activities (e.g. school, work, or day program centers).
- 0 Moves about the neighborhood or community independently for a complex trip (several stops, unfamiliar places, etc...) without staff accompaniment.
 - 1 Moves about the neighborhood or community independently for a simple direct trip to a familiar location without staff accompaniment.
 - 2 Moves about the neighborhood or community with minimal supervision requiring staff to be available in the setting as a resource for that individual if required (i.e. the individual is aware of staff's presence and can use them as a resource if they need assistance and/or staff is able to assist the Individual as required).
 - 3 Moves about the neighborhood or community with moderate supervision requiring staff in the vicinity of the individual (i.e. staff must be within audible and visual range of the individual).
 - 4 Moves about the neighborhood or community with continual staff supervision requiring staff to be within audible, visual, and physical proximity of the individual.
 - 5 Does not move about the neighborhood or the community.
12. **PURCHASING SKILLS:** means the ability of an individual to become oriented to the setting, deciding what to purchase, obtaining the item, waiting a turn, and paying for the purchase.
- 0 No assistance required.
 - 1 Completes the tasks with verbal prompts.
 - 2 Completes the tasks with physical assistance.
 - 3 Does not perform the tasks. Tasks must be done for the individual.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

BEHAVIORAL DOMAIN

References to “occasional” mean less than weekly but more than monthly;

References to “frequent” mean at least once per week. But no more than daily;

References to “continual” mean more than once per day.

INSTRUCTIONS:

The next nine (9) questions ask you to rate the seriousness of the behavioral conditions in terms of the degrees/level of staff interventions/supervision typically required over the past three months to address behaviors. When rating, the rater should take into consideration what is the behavioral condition and is the condition acute, chronic or mild/cyclical and how is the individual’s assessed level of attention/monitoring for staff utilization required for participation and interruptions for daily activities; placement, planning, and programming. No behavior condition should be rated above a “0” unless there is a plan (e.g. behavioral support plan, strategies, and/or guidance) for addressing exhibited behaviors as part of the Individual Program Plan (IPP). The plan may provide for addressing exhibited behaviors directly (e.g. by redirecting/maintaining the individual is actively absorbed in recreational and/or functional activities). The word “intervention” in the question refers to proactive as well as reactive staff efforts to manage behaviors. Even purposely ignoring an exhibited behavior (e.g. SIBs or self-stimulatory) may be considered a behavior intervention so long as this intervention is reflected in the IPP and requires the utilization of staff supervision in the event direct intervention is required. Reference to frequency refers to the proactive and reactive interventions requiring staff utilization; must be able to be quantified and evidenced when behaviors occur or supports are used to minimize and/or extinguish behaviors. The use of psychotropic medications to treat and/or manage behavior conditions does not fall within the scope of this domain and falls under the medical domain.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

BEHAVIORAL DOMAIN CONTINUED

13. **ENDANGERING BEHAVIORS:** Individual places self or others in dangerous situations intentionally or unintentionally. Examples: does NOT follow rules regarding electricity, fire, water, spilled foods, hazardous household materials, tools, traffic (pedestrian safety), self-preservation, interacting with strangers; or hazardous situations like an open trench, broke window, etc... Does NOT avoid vulnerable situations, including people who would exploit or take advantage of physically, monetarily, or psychologically. Do NOT rate aggressive behaviors here. Do NOT include individuals who, because of their disabling condition, are unable to evacuate or otherwise remove themselves from dangerous situations. The rater should take into consideration an individual's assessed capabilities to have unsupervised time or essential supports and supervision(e.g. audible, visual, and physical proximity of staff) to ensure the provision of health and welfare.

- 0 Intervention is not needed to prevent endangering behaviors.
- 1 Occasional intervention is needed to assure that the individual does not endanger self or others.
- 2 Frequent intervention is needed to assure that the individual does not endanger self or others.
- 3 Continual intervention is needed to assure that the individual does not endanger self or others.

14. **AGGRESSIVE BEHAVIORS:** Individual physically attacks others by throwing objects, punching, biting, pushing, pinching, pulling hair, scratching, etc. Do NOT include self-injurious behaviors, threatening behaviors or property destruction.

- 0 No problem or the problem is not sufficient or occurs enough to warrant a plan for managing the behavior.
- 1 Requires occasional interventions.
- 2 Requires frequent interventions.
- 3 Requires continual interventions.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

BEHAVIORAL DOMAIN CONTINUED

15. **STEREOTYPIC BEHAVIOR:** Individual engages in repetitive behavior or movements that have no apparent function. Examples include body rocking, mouthing, complex hand and finger movements, thumb or limb sucking, limb or body posturing, manipulation of objects within the environment, rubbing self, head shaking and rolling, hand waving or shaking, head nodding or weaving, arm waving or swinging, face patting, screaming, growling or other vocalizations, noises or clapping.
- 0 No problem or the problem is not sufficient or occurs enough to warrant a plan for managing that behavior.
 - 1 Inhibits participation in daily life activities and requires occasional intervention.
 - 2 Inhibits participation in daily life activities and requires frequent intervention.
 - 3 Inhibits participation in daily life activities and requires continual intervention.
16. **THREATENING BEHAVIOR:** Individual either intentionally or unintentionally threatens to do harm to self, others or objects. Do NOT include actual acts of physical violence or self-injury.
- 0 No problem or the problem is not sufficient or occurs enough to warrant a plan for managing that behavior.
 - 1 Threats are not taken seriously, nor do they result in aggression from others. Requires occasional intervention.
 - 2 Frequent threats; sometimes causes fear or aggression from others. Requires frequent intervention.
 - 3 Incidents always generate fear or likely result in aggression from others requires continual intervention.
17. **SELF INJURIOUS BEHAVIOR:** Individual engages in biting, scratching, pica behaviors, such as putting inappropriate objects into ear, mouth, or nose, repeatedly picking at skin, head slapping or banging etc...
- 0 No problem or the problem is not sufficient or occurs enough to warrant a plan for managing a behavior.
 - 1 Requires occasional intervention.
 - 2 Requires frequent intervention.
 - 3 Requires continual intervention.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

BEHAVIORAL DOMAIN CONTINUED

18. **DESTRUCTIVE BEHAVIORS:** Individual destroys, tears, burns, dents, breaks, (e.g. breaking windows, slashing tires, tearing clothing, or destroying furniture). Do NOT include accidents unless there is a pattern.
- 0 No problem or the problem is not sufficient or occurs enough to warrant a plan for managing behaviors.
 - 1 Requires occasional intervention.
 - 2 Requires frequent intervention.
 - 3 Requires continual intervention.
19. **DISRUPTIVE BEHAVIORS:** Individual interferes with activities of others (including staff) or own activities through behaviors, including but not limited to: putting on or taking off clothing inappropriately, stubbornness/excessive non-compliance and/or refusals to complete daily tasks, sexual behavior inappropriate to time, place, and person; excessive whining or crying, screaming, persistent pestering or teasing, constant demand for attention, elopement, excessive hyperactivity or masturbation. Tantrums/emotional outburst, non-compliance, elopement should be rated here. Do NOT include verbal threatening or acts of physical aggression to others.
- 0 No problem or the problem is not sufficient or occurs enough to warrant a plan for managing the behavior.
 - 1 Requires occasional intervention.
 - 2 Requires at least weekly but less than daily intervention.
 - 3 Requires daily intervention.
 - 4 Requires continual intervention.
20. **WITHDRAWN BEHAVIOR:** Individual displays a customary pattern of withdrawal, apathy or lack of energy which is not attributable to physical illness or injuries. Includes listlessness, lethargy or other such behavior. The underlying reasons for these behaviors are irrelevant but should not be confused with deliberate refusals/non-compliance to complete daily tasks as this is rated under disruptive behaviors.
- 0 No problem or the problem is not sufficient or occurs enough to warrant a plan for managing the behavior.
 - 1 Requires occasional intervention.
 - 2 Requires frequent intervention.
 - 3 Requires continual intervention.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

BEHAVIORAL DOMAIN CONTINUED

21. **SUICIDAL BEHAVIOR:** Individual has a mood disorder or other DSM IV-TR diagnosis relating to suicide, based on assessment by a qualified psychologist or psychiatrist. NOTE: must be documented somewhere with the individual's records and; a rating at a 1 or 2 would be dependent on what the assessment/evaluation definitively states for that individual regarding suicidal behavior and/or history associated with that diagnosed condition requiring, programming, placement, staff intervention and or supervision for suicidal behaviors (e.g. risk assessments etc...).

Factors to consider when rating this would be:

- What is the condition and is the condition acute, chronic or mild/cyclical for treating suicidal behaviors?
- Defined Level of attention/monitoring required for participation and interruptions for daily activities; placement, planning, and programming due to suicidal behaviors.

- 0 No suicidal history.
- 1 Mild cyclical condition; requires occasional attention and intervention to participate in daily activities; requires assistance considerations when planning activities.
- 2 Chronic condition; requires frequent attention and intervention to participate in daily activities; requires attention to mental/emotional status when planning activities.
- 3 Acute condition requires continual attention and intervention.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

MEDICAL DOMAIN

References to “occasional” mean less than weekly but more than monthly;

References to “frequent” mean at least once per week. But no more than daily;

References to “continual” mean more than once per day.

INSTRUCTIONS: Most of the next ten (10) questions ask for estimates of the number of times staff have provided or assisted in special treatments to address medical conditions. If a particular function occurs each shift, regardless of the number of shifts a facility utilizes or the number of times a function occurs, the response should be all shifts.

22. CLINICAL MONITORING BY A LICENSED NURSE REQUIRED ON ALL SHIFTS? Must be prescribed by a physician and the nurse is onsite as on-call is not applicable.

- 0 Not applicable.
- 1 Yes.

23. NASOGASTRIC/GASTROSTOMY TUBE FEEDING FREQUENCY:

- 0 Not applicable.
- 1 Daily.
- 2 Twice per day.
- 3 Three or more times a day.
- 4 All shifts.

24. PARENTERAL THERAPY FREQUENCY: Includes I.V., medications, Hickman Catheter, and Heparin Lock.

- 0 Not applicable.
- 1 Daily.
- 2 Twice per day.
- 3 Three or more times a day.
- 4 All shifts.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

MEDICAL DOMAIN CONTINUED

25. TRACHEOSTOMY CARE/SUCTIONING FREQUENCY:

- 0 Not applicable.
- 1 Daily.
- 2 Twice per day.
- 3 Three or more times a day
- 4 All shifts.

26. WOUND CARE FREQUENCY: Wound dressing and care, ostomy dressing and warm, moist packs ordered for inflamed areas.

- 0 Not Applicable.
- 1 Daily.
- 2 Twice per day.
- 3 Three or more times per day.
- 4 All shifts.

27. OXYGEN & RESPIRATORY THERAPY: Special measures to improve respiratory functions, including but not limited to... blow bottles, IPPB, respirators, suctioning and oxygen. Do NOT count stand by oxygen or other as-needed special measures unless actually administered. Do NOT include prescribed medications e.g. asthma inhalers.

- 0 Not applicable.
- 1 Daily.
- 2 Twice per day.
- 3 Three or more times per day.
- 4 All shifts.

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

MEDICAL DOMAIN CONTINUED

28. **MEDICATION ADMINISTRATION:** means the ability of an individual to prepare and self-administer and complete tasks associated with all forms of over the counter medications and prescription medications taken orally, topically, by injections, or other means. Preparation for medication administration including but not limited to... taking blood pressure, glucose checks etc...

- 0 Independent; individual is totally responsible for medication or does not receive medication.
- 1 Supervision; individual keeps own medication but needs verbal prompts or some assistance from staff.
- 2 Assistance; staff keeps medication and gives to individual for self-administration.
- 3 Total Assistance; staff keeps medication and assumes responsibility for administering medication to individual (e.g., by injection, in food, suspension, drops, topical applications, etc...).

29. **MEDICATION FREQUENCY:** The number of times per day (e.g. 8am, 12 noon, 4pm, and 8pm etc...) medication is administered by an R.N. and/or L.P.N for each of the following means of administration. This is not to be rated on the number of medications an individual is prescribed. If there is utilization of Delegated Nursing to administer medications then the rater would score a 0. Medication administration has to occur frequent enough to be rated as applicable to the noted administration times for a 24 hour day.

Routes	Medication not offered	1-4 Times/24 Hour day	5-8 Times/24 Hour day	>8 Times/24 Hour day
A. Oral	0	1	2	3
B. Topical	0	1	2	3
C. Injections	0	1	2	3
D. Other way	0	1	2	3

Ohio ICF/IID –INDIVIDUAL ASSESSMENT

MEDICAL DOMAIN CONTINUED

30. **SEIZURES:** Convulsions starting in the area of the cortex containing nerve cells that are more apt to discharge than normal cells. Includes one or more of the following seizure classifications: generalized (i.e., grand mal, petit mal, absence, Lennox-Gustaut, atonic seizures or infantile spasms); and/or partial (i.e. simple or complex). Rater should take into consideration specialized treatments and/or interventions to treat seizures (e.g. vagus nerve stimulator, Diastat suppository, etc.). Also the rater needs to rate seizure activity according to actual staff utilization to implement reactive interventions and/or monitoring to treat breakthrough and/or uncontrolled seizure activity. This is not to be rated based on prescribed medications that provides continual maintenance for controlled seizures activity.

- 0 No problems in this area.
- 1 Requires occasional intervention.
- 2 Requires frequent intervention.
- 3 Requires continual intervention.

31. **UTILIZATION OF OUT OF HOME HEALTH CARE:** This is for an individual's planned and unplanned hospitalization, physician and dentist appointments for routine or specialized medical services. Indicates the average number of hours of staff time per year needed by the individual for out of home health care (include time spent en-route as well as time spent waiting and in care.) If staff takes more than one individual on an appointment then the staff's time should be apportioned accordingly amongst those individuals. The rater should be able to quantify and/or evidence the amount of staff hours for attending out of home health care (e.g. nursing progress notes, census/travel logs, medical appointment forms, etc...) The rater will use a rolling calendar year (i.e. The individual is being rated on March 31, 2013 therefore the rater will use information going back to March 31, 2012 up to March 31, 2013.) to rate the Individual. If an Individual is admitted and has not been at their current Provider for a year, the rater will use information going back to the date of admission up to the date of the current rating and then pro-rate that amount to project a full year (i.e. The individual has been in the facility for 6 months, the rater should take the amount of time and multiply it by 2). If an Individual is transferred from one ICF/IID to another ICF/IID under the same Provider/Company, the rater will use a rolling calendar year.

- 0 0-24 hours of staff time per year.
- 1 25 hours to 168 hours of staff time per year.
- 2 169-720 hours of staff time per year.
- 3 721+ hours of staff time per year.