

OhioISP ICF Assessment Reminder Doc

This document suggests which section(s) of the OhioISP would be a good fit for information typically included in ICF plans.

These suggestions are not the only way to record the information.

They are guidelines to support best practice, but still require personalized attention by a QIDP and interdisciplinary team for each person.

	Topic:	Discovery Assessment Section:	Plan Section:
<input type="checkbox"/>	Communication Chart	Communication	Content that is important for DSPs supporting the person can be put into "How you can support me" in the Introduction section
<input type="checkbox"/>	Social History	Social & Spirituality via answering questions, or provide additional social history as a specialized tools	
<input type="checkbox"/>	Money Management	Daily Life & Employment: Finance	
<input type="checkbox"/>		- Establish person's ability to manage own finances or need for learning/support	- Services & Supports: Things done for the person by ICF staff or others (payee, maintaining eligibility) - Outcomes/Experiences: If the person is working on money management to pursue something they value
<input type="checkbox"/>		- Reference how much money person can handle independently	
<input type="checkbox"/>	End of Life Plans	Daily Life & Employment: Life beyond employment	
<input type="checkbox"/>		- Practical end-of-life plans such as pre-paid burial	
<input type="checkbox"/>	Discharge Planning	Community Living: Does the person want to explore other living arrangements?	Outcome or S/S if the person wants change
<input type="checkbox"/>		-Can record conversations about other options (required at least annually)	
<input type="checkbox"/>	Environmental Changes (alarms, locks, etc)	Community Living: Does the person feel they have access to all areas of their home?	
<input type="checkbox"/>		-If there are any alterations to the home for safety of others, be sure to establish that they are for other people and how the individual is supporting to not be restricted by the adaptation.	Service/Support: How staff help the person mitigate the lock/alarm/etc so it is not restrictive. Or could go somewhere else if the person navigates it independently (perhaps Skills/Abilities)
<input type="checkbox"/>		-If there are environmental restrictions for the person's own safety, establish clearly and be sure to follow restrictive measure processes.	Informed consent: RM What help do I need to keep myself safe?
<input type="checkbox"/>	Maintaining Adaptive Equipment	Community Living: Specific items they value, or other appropriate life at home section.	Outcomes/Experiences: If maintaining their own adaptive equipment is something something they value
<input type="checkbox"/>			Services & Supports: Things done for the person to maintain adaptive equipment
<input type="checkbox"/>	Ambulation/Mobility/Transfers	Community Living: Getting Around	S/S or Outcome/Experience for what staff to do help
<input type="checkbox"/>	Community Activities (quality indicator)	Community Living: "does the person feel they are able to access the community" can include things the person has enjoyed doing and things they are interested in exploring.	
<input type="checkbox"/>	Vision	Community Living: Getting Around	S/S or Outcome/Experience for what staff to do help
<input type="checkbox"/>	Hearing	Community Living: Getting Around	S/S or Outcome/Experience for what staff to do help
<input type="checkbox"/>	Important Medical History	Healthy Living: Recently been to a hospital?	
<input type="checkbox"/>		- Can include anything that wasn't recent that is still important to the person's overall services	
<input type="checkbox"/>	Medication: How meds are taken	Healthy Living: Does the person take medication? Please explain	Service/Support if staff provides; other places if appropriate
<input type="checkbox"/>	Psychotropic Medication Review	Healthy Living: Does the person take medication? Please explain	
<input type="checkbox"/>		- Information to assure that psychotropic medications are appropriate and will be titrated when possible, such as "At least annually, the physician will review psychotropic medications and determine if they are safe and appropriate."	
<input type="checkbox"/>	Self-Medication Ability/Learning	Healthy Living: Help with medication?	Outcomes/Experiences: If becoming more independent with medication is something they value
<input type="checkbox"/>		- Can summarize information from formal Self-Administration Assessment	Services & Supports: Elements of med administration that must be done for the person
<input type="checkbox"/>	Schedule (personalized)		Outcomes/Experiences & Services/Supports: Providing details of when & how often experiences and services/supports happen creates a personalized schedule. If a person needs something more detailed, it can be included in the plan as something "important to" the person, or as "how to support" in other sections
<input type="checkbox"/>	Quarterly Reviews		Q's quarterly review of progress and updating of programming as needed can be listed as a service/support, or as outcome review as appropriate

Functional Details: For these functional areas, provide as much detail as appropriate (For Example: Under bathing, if someone can wash their arms but not their face)		
<input type="checkbox"/>	Expressive Communication	Communication
<input type="checkbox"/>	Receptive Communication	Communication
<input type="checkbox"/>	Asking for Help In Community	Communication
<input type="checkbox"/>	Civic Engagement	Advocacy/Engagement: Responsibility/Leadership
<input type="checkbox"/>	Fire Alarm Response	Safety/Security: Safety/Emergency Skills
<input type="checkbox"/>	Using Keys	Safety/Security: Safety/Emergency Skills
<input type="checkbox"/>	Home Safety (electricity, water, glass, etc)	Safety/Security: Safety/Emergency Skills
<input type="checkbox"/>	Social Skills	Social/Spiritual
<input type="checkbox"/>	Human Sexuality (self)	Social/Spiritual: Friends/Relationships
<input type="checkbox"/>	Human Sexuality (with others)	Social/Spiritual: Friends/Relationships
<input type="checkbox"/>	Academic Skills (Reading/Writing, Math)	Daily Life/Employment: School/Education
<input type="checkbox"/>	Workplace Skills	Daily Life/Employment: Employment
<input type="checkbox"/>	Phone/Tablet/Computer Use	Community Living: Life at Home
<input type="checkbox"/>	Caring for Possessions	Community Living: Life at Home
<input type="checkbox"/>	Home Care/Cleaning	Community Living: Life at Home
<input type="checkbox"/>	Independent Leisure Skills	Community Living: Life at Home
<input type="checkbox"/>	Public Transportation	Community Living: Getting Around
<input type="checkbox"/>	Crossing The Street	Community Living: Getting Around
<input type="checkbox"/>	Bathing	Healthy Living/Wellness
<input type="checkbox"/>	Oral Hygiene	Healthy Living/Wellness
<input type="checkbox"/>	Dressing/Undressing	Healthy Living/Wellness
<input type="checkbox"/>	Using Bathroom (bowels and bladder)	Healthy Living/Wellness
<input type="checkbox"/>	Eating/Drinking	Healthy Living/Nutrition
<input type="checkbox"/>	Water Temperature	Healthy Living/Wellness
<input type="checkbox"/>	Shaving	Healthy Living/Wellness
<input type="checkbox"/>	Menstrual Care	Healthy Living/Wellness
<input type="checkbox"/>	Nail Cutting	Healthy Living/Wellness
<input type="checkbox"/>	Hair Styling	Healthy Living/Wellness
<input type="checkbox"/>	Clothing Care	Healthy Living/Wellness
<input type="checkbox"/>	Food Preparation	Healthy Living/Nutrition
<input type="checkbox"/>	Making Bed	Healthy Living/Wellness
<input type="checkbox"/>	Repetitive Movements/ Stereotypies/Self-Stimulation	Multiple Potential Areas: Behavioral, Life at Home, Wellness, Communication

For all of these functional areas:

-If person is working on it to further their own goals, put in Outcomes/Experiences.

-If staff are doing it for or with the person, put in Services/Supports.

-If person is independent, put in Skills/Abilities (OK to group together without listing every single area if person is independent in a lot of things, just make sure what they do need help with goes into Service/Supports).

- If "Natural Supports" provide any of these areas, identify in "Additional Supports" section. For children & youth, this is also a good place to capture transportation provided by a school district, or areas that schools focus on (for example: "Receives OT at school; School and QIDP communicate on goals and progress via email and meetings").

DDP Areas to Remember: The following areas should be included in the OhioISP assessment if answers are positive in the DDP		
<input type="checkbox"/>	Seizure type & frequency	Healthy living: Medical/Dental Care
<input type="checkbox"/>	Medical procedures (G, NG, J tube, CPAP, vent, etc from DDP #21)	Healthy living: Medical/Dental Care
<input type="checkbox"/>	Healthcare procedures (Hoyer lift, ostomy care, etc from DDP #22)	Healthy living: Medical/Dental Care
<input type="checkbox"/>	Tantrums/emotional outbursts	
<input type="checkbox"/>	Damages own/others' property	Safety & Security, Communication, or other section as appropriate.
<input type="checkbox"/>	Physical aggression	
<input type="checkbox"/>	Disrupting activities	If one section goes into detail, it is OK to cross-reference other sections. For example, if someone hits themselves to communicate something specific, the communication section could capture those details, with a note in
<input type="checkbox"/>	Verbally/gesturally aggressive	
<input type="checkbox"/>	Self-injury	
<input type="checkbox"/>	Teasing/harassing peers	
<input type="checkbox"/>	Resisting supervision	
<input type="checkbox"/>	Running away/wandering	Safety & Security: Behavioral Well Being: Risk Behaviors to "see details on self-injury in
<input type="checkbox"/>	Stealing	Communication section." Team should use judgement about where is the best assessment
<input type="checkbox"/>	Eating inedible objects	section to capture the information, and how to direct attention to different assessment
<input type="checkbox"/>	Smearing feces	sections, rather than copying the same wording in different, related sections.
<input type="checkbox"/>	Sexually inappropriate behavior	
<input type="checkbox"/>	Sexually offending or predatory behavior	
<input type="checkbox"/>	Threatening	
<input type="checkbox"/>	Withdrawal or apathy	

Service/Support, Outcomes/Experiences, Skills/ abilities, or other section as appropriate

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Specialized Tools/Assessments: (potential section to attach the report; Q should summarize information in the assessment)		
<input type="checkbox"/>	SLP	Communication and/or Healthy Living
<input type="checkbox"/>	Psychologist	Safety & Security
<input type="checkbox"/>	Behavior Support	Safety & Security
<input type="checkbox"/>	Social Worker	Social/Spirituality
<input type="checkbox"/>	OT	Community Living or Healthy Living
<input type="checkbox"/>	PT	Community Living or Healthy Living
<input type="checkbox"/>	Physical Exam	Healthy Living
<input type="checkbox"/>	Dental Exam	Healthy Living
<input type="checkbox"/>	Nutrition/Dietician	Healthy Living

To show how the team is working on needs identified in specialized assessments:

-If person is working on it to further their own goals, put in Outcomes/Experiences.

-If staff are doing it for or with the person, put in Services/Supports.

-If person is independent, put in Skills/Abilities (OK to group together without listing every single area if person is independent in a lot of things, just make sure what they do need help with goes into Service/Supports).

-Anything done by supports not covered by the ICF (for example, family members, privately paid activities, therapy at school), put in "Additional Supports." That does not apply to external sources that the ICF contracts (for example, contracted day program, clinicians, etc) - those are still part of the person's ICF services.