

Ohio Department of Job and Family Services  
**OHIO ICF/MR INDIVIDUAL ASSESSMENT**

## **GENERAL INSTRUCTIONS**

### PURPOSE

The purpose of this form is to assess the degree 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?

Direct care staff, QMRP's or others who know first-hand the individual's level of functioning and daily needs for staff assistance should fill out this survey form. If the rater does not know the answer to a question, she/he should inquire with person(s) who know the answer. No question should be left blank.

### PROCEDURE

The survey form includes 31 questions 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 (JFS 02221) using the IAF Electronic Software Program. Do not mark on this assessment form (JFS 02220). In responding to questions, please base responses on the 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 questions, references to "occasionally" mean less than weekly but more than monthly; references to "frequently" mean at least once a week but no more than once daily, and references to "continually" mean more than once a day.

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## ADAPTIVE SKILLS DOMAIN

### **INSTRUCTIONS**

The next twelve (12) questions pertain to the level 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 of assistance most typically needed by an individual. Record the number of that response on the answer sheet. Enter only ONE response.

1.   **EATING:** *Task involved in eating food. Does NOT include set-up.*
  - 0       Completes task independently.
  - 1       Completes the tasks with verbal prompts and minimal assistance.
  - 2       Eats with hands-on assistance (e.g., placing utensils in hand, hand-over-hand, scooping or other assistance) , or does not perform the tasks and must be fed.
  - 3       Nourished by other than oral means (e.g., individual is nourished by use of a gastrostomy tube).
  
2.   **TOILETING:** *Involves bowel and bladder control. Includes wiping. Does NOT include the act of transferring to and from the commode. Does not include set-up.*
  - 0       Completes all the tasks independently.
  - 1       As a rule, indicates the need to toilet, but requires assistance with wiping.
  - 2       As a rule, does not indicate the need to toilet, but wipes independently.
  - 3       As a rule, does not indicate the need to toilet and requires assistance with wiping.
  - 4       Requires colostomy, ileostomy, or urinary catheter.
  
3.   **TOOTH BRUSHING:** *Those tasks involved in brushing teeth.*
  - 0       Completes the task independently.
  - 1       Completes the task with verbal prompts, cue by touch.
  - 2       Requires hands-on assistance to initiate or complete the tasks.
  - 3       Does not perform the tasks. Tasks must be done for the individual.

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**Adaptive Skills Domain Continued:**

4. **BATHING & SHOWERING:** *Those tasks involved in bathing and showering. Does NOT include the act of transferring in and out of the shower or tub. Does NOT include setup.*

- 0 Completes the tasks independently.
- 1 Completes the tasks with verbal prompts, cue by touch or other modifications.
- 2 Requires hands-on assistance to initiate or complete the tasks (e.g. hand-over hand, scrubbing, pouring shampoo in hand).
- 3 Does not perform the tasks. Tasks must be done for individual.

5. **DRESSING:** *Selecting and putting on regular or modified articles of clothing, (e.g., shirts, pants, shoes, stockings, underwear, etc.). Does NOT include braces, nor does it reflect the person’s ability to match colors or choose clothing appropriate for the weather. Does NOT include care of clothing.*

- 0 Completes the tasks independently.
- 1 Completes the tasks with verbal prompts, cue by touch, 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 tasks must be done for the individual.

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.

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**Adaptive Skills Domain Continued:**

7. **MOBILITY:** *How the individual moves about safely and within a reasonable period of time to all or nearly all locations on and around the premises. Consider only locations within sight of the residence. Moves about.....*
- 0 Independently (ambulatory without a device).
  - 1 With the help of a device such as a cane, walker, crutch, or wheelchair.
  - 2 With the physical help of another person for specific circumstances (e.g., to negotiate stairs, ramp or elevator, to lock and unlock wheelchair brakes).
  - 3 With the help of one or more persons.
8. **TRANSFER:** *Process of moving between positions (i.e., to/from bed, chair, standing, bath and toilet).*
- 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.
9. **RECEPTIVE COMMUNICATION:** *Involves understanding directions, simple and complex, verbal and non-verbal.*
- 0 Understands everyday language (whether verbal, non-verbal, or mechanical), both complex and abstract conversation.
  - 1 Understands the meaning of simple conversations (whether verbal, non-verbal, or mechanical) or questions and vocal instructions (e.g., talking about everyday events, the clothes you’re wearing, weather, etc.).
  - 2 Understands simple phrases or instructions (whether verbal, non-verbal or mechanical), such as “it’s 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.

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**Adaptive Skills Domain Continued:**

10. **EXPRESSIVE COMMUNICATION:** *Communicates thoughts with words, sounds, gestures, personal language (i.e., understanding by staff close to the individual) or other means. The act of “signaling for assistance” referred to in items 2, 3, and 4 means that the individual is able to gain the attention of staff and 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 Uses no words. Does not communicate very basic concepts and is unable to signal to staff for assistance.

11. **COMMUNITY MOBILITY:** *Includes movement around the neighborhood or community (including accessing buildings, stores and restaurants) utilizing any mode of transportation (e.g., walking, wheelchair, cars, buses, taxis, bicycles, etc.). 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, or to familiar locations without staff accompaniment.
- 2 Moves about the neighborhood or community with occasional staff accompaniment.
- 3 Moves about the neighborhood or community with frequent staff accompaniment.
- 4 Moves about the neighborhood or community with continual staff accompaniment.
- 5 Does not move about the neighborhood or community.

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**Adaptive Skills Domain Continued:**

12. **PURCHASING SKILLS:** *Skills include orientation to 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.

<b>BEHAVIOR DOMAIN</b>
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**INSTRUCTIONS**

The next nine (9) questions ask you to rate the seriousness of behavioral challenges in terms of the degree of staff intervention/supervision typically required over the past three months. No behavior should be rated above “0” unless there is a plan for addressing the behavior as part of the Individual Program Plan (IPP). The plan may provide for addressing the behavior directly (e.g., by keeping the individual actively absorbed in recreational activities). The word “intervention” in the question refers to proactive as well as reactive staff efforts to manage behaviors. Even purposefully ignoring a behavior may be considered a behavior intervention so long as this intervention is reflected in the IPP.

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**Behavior Domain Continued:**

13. **ENDANGERING BEHAVIOR:** *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, interacting with strangers; or hazardous situations like an open trench, broken window, etc. Does NOT avoid vulnerable situations, including people who would exploit or take advantage of physically, monetarily, or psychologically. Do NOT rate aggressive behavior here. Do NOT include individuals who, because of their disabling conditions, are unable to evacuate or otherwise remove themselves from dangerous situations.*
- 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 BEHAVIOR:** *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 to warrant a plan for managing the behavior.
  - 1 Requires occasional intervention.
  - 2 Requires frequent intervention.
  - 3 Requires continual intervention.

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**Behavior Domain Continued:**

15. **STEREOTYPIC BEHAVIOR:** *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 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 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:** *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 to warrant a plan for managing the 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.



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**Behavior Domain Continued:**

17. **SELF INJURIOUS BEHAVIOR:** *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 to warrant a plan for managing that behavior.
  - 1 Requires occasional intervention.
  - 2 Requires frequent intervention.
  - 3 Requires continual intervention.
18. **DESTRUCTIVE BEHAVIOR:** *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 to warrant a plan for managing that behavior.
  - 1 Requires occasional intervention.
  - 2 Requires frequent intervention.
  - 3 Requires continual intervention.
19. **DISRUPTIVE BEHAVIOR:** *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, sexual behavior inappropriate to time, place and person; excessive whining or crying, screaming, persistent pestering or teasing, constant demand for attention, excessive hyperactivity or masturbation. Temper tantrums that interfere with others or own activities 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 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.

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**Behavior Domain Continued:**

20. **WITHDRAWN BEHAVIOR:** *Customary pattern of withdrawal, apathy, or lack of energy which is not attributable to physical illness or injuries. Includes listlessness, lethargy or other such behaviors. The underlying reasons for these behaviors are irrelevant.*

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

21. **SUICIDAL BEHAVIOR:** *Has a mood disorder or other DSM III-R diagnosis relating to suicide, based on assessment by a qualified psychologist or psychiatrist. NOTE: Must be documented somewhere within the individual's records.*

- 0 No suicidal history.
- 1 Mild or 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.

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<b>MEDICAL DOMAIN</b>
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**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 would be “All Shifts”.

22. **CLINICAL MONITORING BY A LISCENSED NURSE REQUIRED ON ALL SHIFTS?** *Must be prescribed by a physician.*

- 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 per 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.

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**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 FREQUENCY:** *Special measures to improve respiratory function, including blow bottles, IPPB, respirators, suctioning and oxygen. Do NOT count stand-by oxygen unless actually administered.*

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

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**Medical Domain Continued:**

28. **MEDICATIONS ADMINISTRATION:** *Tasks associated with taking prescribed medications, including medications taken orally, topically, by injection or by other means.*

- 0 Independent; individual is totally responsible for medication or does not receive medications.
- 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, drops, topical applications, etc.).

29. **MEDICATION FREQUENCY:** *The number of times per day medication is administered by each of the following means of administration. (Direct your response to reflect typical patterns over the past four weeks.) Enter ONE response for each letter.*

	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) Injection	0	1	2	3
d) Other Way	0	1	2	3

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).*

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

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**Medical Domain Continued:**

31. **UTILIZATION OF OUT OF HOME HEALTH CARE:** *Planned and unplanned hospitalization, physician and dentist appointments for routine or specialized medical services. Indicates the average number of days of staff time per year needed by the individual for out-of-home health care (include time spent enroute as well as any time spent waiting and in care).*

- 0 0-24 hours of staff time on average per year.
- 1 25 hours to seven days of staff time on average per year.
- 2 Eight to 30 days of staff time on average per year.
- 3 Over 30 days of staff time on average per year.