

### Assessment for the Need and/or Type of Night Staff

This assessment tool should be conducted by people who know the individual and be based on the current environment the individual resides in. If the individual moves, or their needs change, or housemate/roommates change, a new assessment is to be conducted.

Individual Name:

Date of Assessment:

Items to be considered and discussed when making these determinations: Frequency (never, rare to often) and risk of harm - how often does X occur and what is the risk of harm if it does occur? Is the risk of harm realistic? Are there mitigating factors to be considered?

Does the individual need night staff at all and if so, what type?		If YES, identify frequency and if awake or sleep staff are needed and include reason why awake		Awake		Sleep		No Night	
				Night Staff		Night Staff		Staff Needed	
		Yes No		Yes No		Yes No		Yes No	
1	Is there a court order (pedophilia, arson, assaulting roommates, etc.) that requires night staff?								
2	Does the individual have a history of inappropriate sexual behavior with housemates?								
3	Does the individual leave or wander away from the home?								
4	Does the individual engage in gorging, is a danger to self with over-eating, eats raw food, or cause deprivation to roommates by eating all of their food?								
5	Does the individual go into housemates bedrooms?								
6	Does the individual steal?								
7	Does the individual destroy property or tamper with others belongings?								
8	Does the individual engage in unsafe smoking? For example: smokes in bed, does not use an ashtray, does not appropriately dispose of matches or butts.								
9	Does the individual have inappropriate behaviors that disrupt or impact the ability for housemates to sleep?								
10	Does the individual engage in other endangering behaviors during the night (if yes, specify)? Is there a history of endangering behaviors or a reason to believe that there could be other endangering behaviors during the night (if yes, specify)?								
11	Does the individual require physical assistance during the night? For example: needs to be repositioned throughout the night (identify frequency)?								
12	Does the individual need to be taken to the bathroom during the night by staff and they are not physically capable of doing so by themselves - at what frequency?								
13	Does the individual have medical or seizure disorders that require specific treatment and frequent monitoring during the overnight shift (if yes, specify)?								
14	Does the individual have a history and ongoing pattern of leaving the home to do unsafe activities?								
15	Is there a reasonable fear of explosion of the individual requiring night staff?								
16	Other issues that impact needs for night staff?								

# Assessment for the Need and/or Type of Night Staff

Does the individual need night staff at all and if so, what type?

- 1 Does the individual know when to call for help/assistance?
- 2 Is the individual able to access emergency services/assistance: call 911, call staff phone number (an on-call number) or use assistive communication devices?
- 3 Does the individual understand and demonstrates the ability to secure the home (locking doors, answering doors and phones appropriately, does not allow strangers in, closes curtains, etc.)?
- 4 Does the individual respond appropriately and is physically able to respond to fire alarms, smoke detectors, severe weather, and tornado watches/warnings and knows how to use fire extinguishers, etc. - does assistive technology compensate for physical disabilities?
- 5 Does the individual safely use household appliances (toasters, ovens, dryers, etc.)?
- 6 Does the individual follow rules about electricity, fire, water, tools, traffic, interacting with strangers, or hazardous physical situations like broken windows or open trenches?

		Awake Night Staff	Sleep Night Staff	No Night Staff Needed
Yes	No			
If NO, identify if awake or sleep staff are needed				
Yes No and include reason why awake staff needed.				
Note: this question is on the ODDP and could replace question 5.				

Do combined housemates create a frequency issue to require awake staff instead of sleep staff?

- 1 Does one individual in the home clearly require awake staff, while the other housemates do not?
- 2 Does the combination of the housemates result in at least the need for sleep staff individually? If so, does the frequency of the issues requiring the overnight staff for all the individuals create a combined frequency requiring staff to be up most nights of the week (unable to realistically sleep on the shift)? If yes, then a determination should be made to require awake staff.

		Awake Night Staff	Sleep Night Staff	No Night Staff Needed
Yes	No			
If YES, identify frequency and if awake or sleep staff are needed and include reason why awake				
Yes No staff needed.				

Is there a potential for the individual to require less supervision?

- 1 Indicate if the individual is receptive and could receive (or benefit from) training on specific areas that may result in decreased supervision.
- 2 Indicate if the individual could benefit from assistive technology or environmental modifications that may result in decreased supervision.
- 3 Indicate any one-time assistive or adaptive devices (not currently in place) that could prevent the need for night staff (sleep or awake).

Yes	No	Notes
		Note: this question is adapted from the ODDP and could replace question 2.

If costs need to be cut from this budget, what could be done?

Need for Midnight Staff, February 19, 2004, c.m.p.d.c.s. County Rates and Contracts, Lucas, 2004.

Discussion notes:



# Department of Developmental Disabilities

## Division of Medicaid Development & Administration

Ted Strickland, Governor  
John L. Martin, Director

September 27, 2010

**To:** County Boards of DD Superintendents      County Boards of DD, SSA Directors  
Ohio Association of County Boards DD      Ohio Provider Resource Association  
ARC of Ohio

**From:** Patrick Stephan, Deputy Director Medicaid Development and Administration

**Subject:** Homemaker Personal Care and On-Site / On-Call

The purpose of this communication is to clarify the appropriate application of on-site/on-call payment rates for H/PC services. This communication is based on several recent inquiries and in consultation with the Ohio Association of County Boards of DD, and the Ohio Provider Resource Association. It should be used as guidance by individuals and their ISP teams.

**Ohio Administrative Code 5123:2-9-06 states the following:**

(G) (1) The ISP development process shall be used to determine the frequency, duration, and scope of HPC services to be paid at the on-site/on-call rate.

(G) (2) A provider shall be paid at the on-site/on-call rate for HPC services contained in appendix A to this rule when:

- Based upon assessed and documented need, the ISP indicates the days of the week and the beginning and ending times each day when it is anticipated that an individual will require on-site/on-call services; and
- The individual is asleep and does not require intervention or assistance during this time; and
- The HPC provider is required to be on-site, but is not required to remain awake; and
- On-site/on-call time does not exceed eight hours for the individual in any twenty four hour period.

(G) (3) A provider shall be paid the routine HPC rate when an individual receives interventions/supports during the times the ISP indicates a need for on-site/on-call services. In these instances, the provider shall document the start and stop times and dates during which interventions/supports were provided to the individual.

(G) (4) Neither the behavior support nor the medical assistance rate modification is applicable to the on site/on call payment rates for HPC services.

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### Guidance for Individuals, Service & Support Administrators & Providers

An assessment must be completed and reviewed as part of the ISP planning process in order to determine if on-site/on-call services are appropriate for the individual. Changes, where appropriate, shall be initiated in collaboration with the ISP Team and as a result of the assessment.

Service need information reflected in an assessment and/or ODDP shall be reviewed and addressed in the ISP. At minimum, the following six life areas shall be examined to help guide the team to make an informed decision about whether or not on-site/on call is appropriate.

1. Does the individual have medical/psychiatric needs which require monitoring throughout the night? *Answers to section D (Q 18-22) of the ODDP and physician orders should be addressed when answering this question.*
2. Does the individual have behavioral needs which require monitoring throughout the night? *Answers to section G (Q 30-32) of the ODDP should be addressed when answering this question.*
3. Does the individual have sensory and/or motor function limitations during sleep hours which require staff interventions? *Answers to section E (Q 23-27) and section D (Q 22) of the ODDP should be addressed when answering this question.*
4. Does the individual have any special dietary needs/restrictions/interventions which require monitoring throughout the night? *Answers to section G (Q 30, eats inedible objects) and section D (Q 22), of the ODDP should be addressed when answering this question.*
5. Does the individual have other safety considerations requiring staff intervention throughout the night? *Answers to section H (Q 33, toileting/bowels, toileting/bladder) of the ODDP should be addressed when answering this question.*
6. In the event of an emergency (e.g. feeling sick, smelling smoke/gas etc.) would the individual be able to alert a staff person for help? *When answering this question, consideration for sufficient evacuation time should be taken into consideration.*

### Additional:

- Reduction in service requires the individual to be formally notified of their appeal rights.
- Utilizing on-site/on call while requiring the Provider to remain awake is not appropriate. Staff may remain awake, but that is at the Provider's discretion.
- Homemaker Personal Care should be used when an individual needs routine checks and/or routine intervention during the night.
- On-site/on-call should not be used solely as a means of reducing costs or to avoid prior authorization.
- Utilizing on-site/on-call for an individual because a roommate requires routine H/PC and staff will be awake anyway is not appropriate.

As you know, the use of on-site/on-call versus routine homemaker personal care can be complicated depending on unique circumstances of each case. For technical assistance, please feel free to contact Tracy Cloud, Assistant Deputy Director for Medicaid Development and Administration at [Tracy.Cloud@dodd.ohio.gov](mailto:Tracy.Cloud@dodd.ohio.gov) or 614-752-9177. She or other department staff will be happy to assist.

Thank you very much.