

**Introduction & Instructions for Completion of Self-Administration Assessments**  
**Oral and Topical Medication; Inhaled Medications; Oxygen Administration; Using a Glucometer;**  
**Performance of Health-Related Activities;**  
**Medication, Nutrition, Fluids per G/J Tube;**  
**Insulin/Metabolic Glycemic Disorder Medications**

The purpose of the Self-Administration Assessment is to ensure that the individual is not able to SAFELY accomplish medication administration and/or complete health care tasks prior to implementation of supports that could violate the inherent right of a person to self-administer medications and treatments (Ohio Administrative Code 5123:2-6-02). Prior to restriction of a person's right to self-administer medication, or perform health care tasks, the DODD approved Self-Administration Assessment must be completed.

**When should a Self-Administration Assessment be completed?**

The self-administration assessment is completed when a person/guardian/advocate is requesting support services for medication administration/treatments/health-related activities or when the SSA/QIDP or another team member identifies the potential need for support. A person is presumed to be able to self-administer unless there is a substantive indication that the person wants/needs support. The individual's team must have reason/information to believe there is a potential need for the service of medication administration/treatments/health-related activities prior to use of the assessment. The presence of any given medical/psychiatric diagnosis is not evidence of an inability to self-administer. There must be some indication, other than diagnoses, to warrant assessment of the need for support with administration of medication/treatments/health-related activities.

- Indications that a person may need help with medication administration/treatments/health-related activities, and that an assessment should be done can include:
  - Individual/guardian/advocate requesting support with medication administration/treatments/health-related activities and expressing indications for concern
  - Significant levels of assistance needed with other Activities of Daily Living (ADLs) that require similar skills to those needed for medication administration (ex: recognition of routines/times of ADLs, memory of basic information, awareness of physical condition/status, recognition of units/amounts)
  - Individual has not completed necessary steps to obtain refills (i.e. calling pharmacy, making or keeping scheduled prescriber appointments)
  - Indications that health conditions continue to get worse despite current medications for those conditions
  - Not using supports already identified to assist with medication (such notifying personnel of need for refills, or appointments)
  - Statements by individual that indicate lack of medication awareness/compliance
  
- If/when the assessment is used to establish the need for medication administration/treatments/health-related activities assistance or support, it must be completed at a minimum of every three years; with a review for potential status changes done at least annually.

The reassessment may indicate changes in the level/type of supports needed. Supports may need to be increased or may be decreased due to development of knowledge, skills and ability.

- A reassessment may also need to be completed in the event of, but not limited to, the following occurrences that can affect the steps a person is completing and/or needing support with:
  - A change in medication route or packaging or medication delivery system
  - A change in service setting
  - A change in the individual's health status
  - A change in the usual medication routine (new location, new provider)
  - A change in functional status of other Activities of Daily Living (ADLs)
  - A change in nutritional formula packaging
  
- If, a person who has historically been able to self-administer but due to a change is unable to do so safely, the assessment is updated. The assistance and supports are provided according to the assessment result(s) and listed in the ISP. Training and support should be provided to help the person return to self-administration status. The individual should be reassessed for the ability to resume self-administration as soon as the circumstances allow. Examples of such occasions include, but are not limited to:
  - Physical/psychiatric illness affecting memory or functional capacity
  - New medications the person is not yet familiar with
  - Post-operative; post-sedation
  - Environmental changes during which time/training is needed to transfer skills to the new environment
  
- When family is delegating to an independent HPC provider the assessment does not need to be completed, unless the team believes the individual's preferences and rights may be being violated. Family must reside with the individual that is receiving family delegation. Additionally, family can never delegate to an agency provider.
  
- Children under the age of 18 do not have an inherent right to self-administer. The guardian/team may decide to use the assessment as a guide for planning and education. The guardian/team may allow self-administration.
  
- If medication administration/treatments/health-related activities are not part of the supports being requested, a self-administration assessment does not need to be done. If the team has concerns about the health and safety of a person, it should be addressed with a person-centered planning process. This may include discussion of the concerns with the individual and identifying risks, providing education, and/or developing potential solutions that may or may not include direct assistance/supports with medication administration.

**Where to complete the assessment?**

Complete the assessment in each setting where the individual will receive medication/treatments or perform health-related activities. A person-centered approach dictates the assessment be conducted in a manner that takes into consideration the location and circumstances under which the medication/treatment will be needed. The assessment is done in each applicable location to determine:

- What, if any, supports the individual may need within the context of their personal environments
- Knowledge, and skills that may/may not transfer across different settings
- If appropriate, a single form may be used for multiple settings; list all settings assessed

The approach to the assessment should be trauma-informed. Every effort should be made to assure the individual feels comfortable, calm, unhurried, and unthreatened by the assessment process. The assessment should never be applied like a quiz or a test.

### **Who completes the assessment?**

- It is recommended that the Self-Administration Assessment be completed by a person who is familiar to the individual; who knows the individual well and; who is knowledgeable about the individual's personal mode of communication. Ultimately, it is the responsibility of the SSA/QIDP to ensure that the Self-Administration Assessment is completed. When possible, it is recommended that a second observer be present to ensure results are indicative of the individual's capacity to safely self-administer or not.
  - The person completing the assessment needs to have detailed information about the individual's currently prescribed medications/treatments/health-related activities, including medication name, dose, route, time, purpose and basic side effects.
  - If the medication/treatment/route is one that requires nurse delegation, a nurse must do the assessment.
  
- The assessment for self-administration of Medications, Nutrition, Fluids per G/J Tube must be completed by a licensed nurse. If the nurse does not know the individual well, then it is recommended that a second observer who does and who is also familiar with the individual's mode of communication be present to ensure the results are indicative of the individual's capacity to safely administer the medication, nutrition or fluids.
  - If the delegating nurse did not complete the assessment for Medications, Nutrition, Fluids per G/J Tube for the individual, the nurse should review the assessment prior to delegation to ensure the nurse is not delegating more supports than is needed.
  
- The assessment for Insulin/Metabolic Glycemic Disorder medications must be completed by a licensed nurse. If the nurse does not know the individual well, then it is recommended that a second observer who does and who is also familiar with the individual's mode of communication be present to ensure the results are indicative of the individual's capacity to safely administer the medication.
  - If the delegating nurse did not complete the assessment for Insulin/Metabolic Glycemic Disorder medications for the individual, the nurse should review the assessment prior to delegation to ensure the nurse is not delegating more supports than is needed.

### **Important Considerations:**

- ✓ People have an inherent right to self-administer (Ohio Administrative Code 5123:2-6-02). The assessment form is used to prove the need to override that right.
- ✓ The person being assessed may not be able to state medical terminology but relaying content/intent in their own words or phrases is sufficient.
- ✓ The person may not be able to state specific side effects, but the ability to report health issues is how potential side effects will be recognized by prescriber/healthcare professional/family/caregiver
- ✓ People with I/DD have the right to do as many steps of self-administration as they can do, either independently or with support, even if they are not assessed to be able to self-administer with or without assistance.
- ✓ Support providers must be legally qualified for whatever support they provide.
- ✓ The team must follow the appropriate processes associated with rights restrictions (Ohio Administrative Code 5123:2-2-06) if a person has been assessed as having the knowledge and skill to self-administer, but has demonstrated unsafe behaviors, and is therefore not able to self-administer.

**(Important Considerations continued):**

- ✓ Multiple Self-Administration Assessments may be needed for a person if their knowledge and skills vary with different medications/treatments/circumstances. Separate Self-Administration Assessment forms should be used to record variable abilities with different medications/treatments and circumstances. For example: if a person is not able to self-administer multiple medications at 8 a.m., but can self-administer one or more medications at 12 p.m., or can apply their topical medications independently, then different assessments should be completed to confirm the different outcomes.
- ✓ If two people do not agree with the assessment based on safety concerns, a third team member should be consulted.
- ✓ Complete the specific Self-Administration Assessment Form as designed for: Oral and Topical Medications; Inhaled Medications; Oxygen Administration; Health-Related Activities such as obtaining temperature or blood pressure; Glucometer; Medications, Nutrition, Fluids per G/J Tube; Insulin/Metabolic Glycemic Disorder Medications.
- ✓ The form is a basic assessment tool. If the outcome on this form is “unable to self-administer with or without assistance” the team needs to assess in more detail to determine what steps of medication administration the person can do and plan only to provide the necessary support for other steps.

**Using the form:**

The assessment is the first part of the form; followed by the assessment outcome.

- A. Answer every assessment question on the form; questions are answered with a “Yes”, “No” or “N/A”.
- B. Record the outcome of the assessment. One of the 3 possible outcomes will be determined based on the assessment:
  1. Able to Self-Administer
  2. Able to Self-Administer with Assistance
  3. Unable to Self-Administer with or without assistance

Other mitigating factors are then addressed in the “Other Considerations” section of page 2 regarding the assessment outcome.

**Processing the Assessment results:**

Once the assessment is completed, the ISP should specify how medications/treatments/health-related activities will be completed.

The ISP will state one of the three possible outcome results:

- able to self-administer without assistance
- able to self-administer with assistance or
- unable to self-administer with or without assistance

If the outcome is “able to self-administer with assistance”

- the ISP should clearly identify which of the three types of assistance is needed and who will provide that assistance (OAC 5123:2-6-02(F))

If the outcome is “unable to self-administer with or without assistance” (Ohio Administrative Code 5123:2-6-02):

- the ISP should clearly identify what steps of medication/treatments/health-related activities the person can do, and who will provide the other steps of the medication administration process

**The SSA/QIDP shall ensure the results of the self-administration assessment appear in the ISP.**