

Record Assessment Outcome on page 2

Assessment Outcome:

The individual service plan (ISP) must indicate the outcome of the assessment and how the health care task will be done (assessment outcome plus supports if needed). Based on all answers to questions 1-8, choose one of the outcomes listed below:

- Able to "self-administer" without assistance (Questions 1 through 8 are all "Yes")

- Able to "self-administer" with assistance (Questions 1-5 are all "Yes"; any one or all of 6 through 8 are "No"). OAC 5123:2-6-02 specifies the three types of assistance that can be provided by **uncertified** personnel. Indicate below the type or types of assistance that apply. Provide specific instruction in the individual's ISP.
 - 1. The individual receives assistance with health care task through reminders of when to perform the task.
 - 2. The individual receives assistance with health care task through physical assistance with getting equipment out of storage.
 - 3. Upon request or with consent, and at the **individual's direction**, receives physical assistance with any or all the following: getting supplies out of container; assembly of equipment.

- Unable to perform health care task with or without one of the three types of assistance. (the answer is "No" to any one or all of questions 1-5). Choose one of the following:
 - The individual is able to perform some steps of health care task and a properly licensed or certified and authorized person completes the other steps of the health care task. (List details in ISP).
 - A properly licensed or certified and authorized person is required to assist with or perform the health care task.

Other Considerations:

Because of demonstrated and documented unsafe behaviors, the individual is unable to safely perform health care tasks with or without assistance. If yes, according to rule (Ohio Administrative Code 5123:2-2-06, Behavior Support Strategies that include Restrictive Measures), this must be addressed as a rights restriction in the ISP. Brief summary:

The individual has oral, topical, inhaled medications or specific health care tasks. Use the specific Self-Administration Assessment for Medication - oral/topical, Oxygen, Inhaled Medications and/or Using a Glucometer to determine level of independence, assistance or supports needed.

The Self-Administration Assessment must be completed at a minimum of every 3 years, with a review completed annually.

Annual Review; the confirmation of no changes

First Review:

_____ Name, Signature & Title of Person Performing Assessment _____ Date _____

Second Review:

_____ Name, Signature & Title of Person Performing Assessment _____ Date _____