INSTRUCTIONS FOR COMPLETING THE OHIO DEVELOPMENTAL DISABILITY PROFILE (ODDP)

The ODDP is to be completed only by a person who has received training approved by the Ohio Department of Developmental Disabilities (DODD) and who is certified. A Service and Support Administrator (SSA) is responsible for the coordination of ALL assessments, including the ODDP.

The validity and reliability of the ODDP is based on a clinical assessment approach, which is a process that includes rights and responsibilities for both the individual and the assessor.

Rights and responsibilities of the individual:

- The responsibility to have an ODDP completed in order to assign a proper funding range for waiver services (excluding Level I)
- The right to participate in the assessment interview
- The right to waive participation in the assessment interview
- The responsibility to document their decision to waive participation in the interview process or parts of the interview process
- The right and responsibility to assist in identifying persons who know the individual well (e.g. parents, other family members, direct support staff in residential and/or day activity settings)
- The right to receive a copy of the completed ODDP tool and results

Rights and responsibilities of the assessor:

- The responsibility to obtain the most accurate information about the individual being assessed through an interview process and use of the case record
- The responsibility to explain to the individual all of his/her rights and responsibilities (as listed above) in the assessment process
- The responsibility to explain the assessor's rights and responsibilities in the assessment process
- The responsibility to obtain information from those persons identified as knowing the individual very well
- The responsibility to invite the guardian of an individual to participate
- The responsibility to complete the sections of the tool in a sequential manner
- The responsibility to not answer any question without supporting evidence obtained through the interview process and/or the case record
- The right to use professional judgment throughout the completion of the assessment, e.g. reminding individuals that they can take a break during the interview or stop participating in the interview process if they are uncomfortable with the questions; making an informed decision when there is conflicting information from two or more sources, etc.

Section A: Identification

Items 1-5 in the on-line assessment will be populated with information from the Individual Information Form (IIF). You will not be able to make changes to this information in the ODDP on-line application. If information from IIF is incorrect, it must be changed in IIF. You should collect the information in items 1-9 during the interview and confirm the answers with the IIF data found in the on-line ODDP document.

1. **Name:** Individual's first name, middle initial and last name.

2. **Date of Birth:** Individual's date of birth.

3. **Gender:** Male or female for the individual.

4. **County**

    a. **County where individual lives**
    b. **County where individual will receive services**

5. **DODD Number:** seven digit resident number for the individual.

6. **Primary Provider / Contract Number:** Enter the 7-digit DODD provider contract number of the primary support service provider. If the form is being completed for an individual on a waiting list who does not have a provider, leave this field blank. If there is more than one primary support provider, select one.

7. **Location where assessment administered:** The location for the assessment/interview should be determined on the basis of convenience for the individual and those who know the individual the best. Choose the location where the assessment is being administered from the three locations listed: county board office, workshop or individual's home. If none of these locations are appropriate, choose 'other' and type the location where the assessment is being administered. You are only allowed to choose one of the above four options. If responses were obtained from interviews in more than one location, please indicate the ONE location where the majority of the information was obtained.

8. **Provided information for assessment:** Select all persons who are interviewed or provided information for assessment. If there is not a box describing the relationship to the individual, then check 'other' and type in the relationship to the individual for whoever is interviewed, present or provided information. This question is intended to determine the primary source(s) of information. The person conducting the assessment/interview should not be included. SSA is only

indicated when the SSA is not completing the ODDP for the individual, but is one of the persons who knows the individual best.

9. **Programs in which the individual is now enrolled:** Place a check mark in the box next to the program(s) in which the individual is enrolled, including those not operated by the county board. Select as many as apply. If you choose 'Other Program' or 'Other Waiver,' you must specify the name of the program or waiver. Some program information is contained in the IIF. The IIF can be used to clarify or confirm responses.

   i. None
   ii. Individual Options Waiver
   iii. Residential Facility Waiver
   iv. Level I Waiver
   v. Other Waiver: Specify _____
   vi. Adult Services
   vii. School/Preschool
   viii. Early Intervention
   ix. Other Program: Specify _____

This will conclude Section A. **Click on "Save and Move on to Another Section".** If you move to another section without saving, you will lose the information you entered.

Section B: Residence Information

10. Living Arrangement

a. Individual's Living Arrangement: You may only select one. Choose the most appropriate response to indicate with whom the individual resides.

i. Lives Alone – Select this response if the individual is living alone. If you select this option, item 10b will populate itself with one (1).

ii. Lives with Spouse – Select this response if the individual is living with his/her spouse.

iii. Lives with one parent (single, widowed, divorced) – Select this response if the individual lives with one parent who is single, widowed or divorced.

iv. Lives with two parents (married, domestic partners) – Select this response if the individual lives with both of his/her parents who are either legally married or domestic partners.

v. Lives with other family member(s) (sibling, grandparent, significant other) – Select this response if the individual lives with his/her sibling, grandparent, significant other or children.

vi. Lives with 1-3 others (non-related household) – Select this response if an individual lives with one, two or three other non-related individuals. This **may** include a provider who lives in the same residence, which is also addressed in 10(c).

vii. Lives with 4 or more (non-related household) – Select this response if an individual lives with four or more other non-related individuals. This **may** include a provider who lives in the same residence, which is also addressed in 10(c).

Additional Guidance

- If an individual lives in a building with several apartments and residents of each apartment share services, the determination of their living arrangement should be made based on whether or not they have a separate lease.

- If an individual lives with one or both parents **and** an adult sibling(s), select 'lives with other family member(s)' **if** the sibling acts as the head of household [e.g. caretaker for the parent(s)]

- If the family member(s) with whom an individual lives **also receives residential services AND does not provide any natural support for the individual,** then select either 'Lives with 1-3 others' or 'Lives with 4 or more,' disregarding the *non-related household* phrase.

- In an adult foster care setting a significant other does not count as a family member.

- If there is an imminent change in the individual's living arrangement when the ODDP is being conducted, please see Appendix A.

b. Enter the total number of people living in the setting who receive any DODD services: (including the individual identified on this form)**:** Enter the total number of individuals with DODD who share the living arrangement, including the individual identified on this form and others with whom the individual lives and who receive any DODD services. If a sibling (or other individual in setting) is currently receiving services, he/she should be counted.

c. Does the individual live with a provider: Indicate 'Yes' if individual lives with a provider of waiver services who acts as head of household, and provides waiver services to that individual.

d. If the individual lives alone, indicate the reason: Documented supporting evidence must exist in order to select "Necessary for health, welfare, or safety."

e. If the individual lives alone, could he/she reside with others: Documented supporting evidence must exist in order to select "No."

11. **Indicate any needed one-time home modifications (not currently in place):** Select any one-time home modifications (not currently in place) that are needed to either prevent the need for more costly waiver services; to reduce the cost of current waiver services; or to prevent the need for the individual to move. If you select 'other', specify the type of modification needed.

12. **Indicate any needed one-time assistive or adaptive devices (not currently in place):** Select any one-time assistive or adaptive devices (not currently in place) that are needed to either prevent the need for more costly waiver services; to reduce the cost of current waiver services; or to prevent the need for the individual to move. If you select 'other', specify the type of device needed.

13. **Technological Devices:** Please select all of the listed technological devices the individual has access to in his or her place of residence. This means the device is present and there are no physical barriers (e.g. locked room with fax machine, etc.), which prevent access, regardless of the individual's ability to use the device.

This will conclude Section B. **Click on "Save and Move on to Another Section".** If you move to another section without saving, you will lose the information you entered.

Section C: Disability Description

14. **In the left column, indicate all the developmental disabilities that apply.**
15. **In the right column, select the one disability that represents the individual's primary developmental disability.**

    The intent of this section is to specify the individual's formally diagnosed developmental disabilities as reflected in the individual's records and other assessments. Diagnoses may be reflected in the IIF, and in the Ohio Eligibility Determination Instrument (OEDI) or Children's OEDI (COEDI).

    Undetermined developmental disability means that the individual is eligible for MRDD services through either the OEDI, COEDI, or in accordance with OAC 5123:2-1-02, is a child under the age of 6, who has been determined to have an established risk of acquiring a developmental delay, or who has a biological or environmental risk of acquiring a developmental delay, but does not have a developmental disability in the list above.

16. **From the most recent assessment available, select the individual's level of intellectual functioning:** – Select the one category that best describes the individual's level of intellectual functioning. If unsure, refer to the most recent psychological evaluation in the individual's record. Assessor must only select

one category. If respondent cannot or will not specify one level (e.g. the respondent says "mild to moderate"), select the lower functioning option.

17. **Does the individual have a psychiatric diagnosis:** Choose 'Yes' if the individual has a diagnosis from the current version of the DSM. A review of the individual's record may be required if the respondents are uncertain whether there is a documented diagnosis.

This will conclude Section C. **Click on "Save and Move on to Another Section".** If you move to another section without saving, you will lose the information you entered.

Section D: Medical Information

18. **Indicate Yes or No for each of these medical conditions:** Select 'Yes' or 'No' for each of medical conditions listed – Choose 'Yes' only if the individual actually has the condition **at the present time**. If they are currently being screened or tested for one of the listed conditions, choose 'No' for that category, unless an official diagnosis has been made. This list is not intended to be a list of ALL medical conditions that a person might have.

19. **Seizures**

    a. **Does individual have a history of seizures?:** Choose 'Yes' if the individual has any history of seizure activity and proceed to 19b. Choose 'No' if the individual has no seizure history and skip to question 20a. You will not be allowed to answer 19b. or 19c. if 19a. is 'No'.

    b. **If yes, which types of seizures has the individual experienced in the last 12 months:** Select all types of seizures the individual has experienced in the last twelve months. If the individual has not had any seizures in the last twelve months, choose 'No seizures this year' and skip to question 20a. (you will not be allowed to answer 19c). If the individual had seizures in the last twelve months but respondent is unsure of the type of seizure, choose 'Had some type of seizure-not sure of type'.

    c. **In the past year, how frequently has the individual experienced seizures that involve loss of awareness and/or loss of consciousness:** Choose the one category that indicates how frequently the individual has experienced seizures that involve loss of awareness and/or loss of consciousness in the last twelve months. If an individual's seizures are very episodic or cyclical in nature, report the frequency of the episode over the last twelve months rather than individual occurrences. For example, if an individual has seizures several times a week, choose 'Several times a week'. However, if an individual is usually seizure-free

yet has had several seizures throughout one or two weeks during the year, treat this as episodic in nature and choose 'Less than once a month'.

20. Medication

a. **Indicate all types of prescription maintenance medications the individual receives on an ongoing basis:** Select all types of prescription maintenance medications the individual receives on an ongoing basis via oral, pump or injection (check all that apply). A prescription maintenance medication is one that is used to treat a diagnosed condition.

If an individual is receiving an antipsychotic, an antidepressant, an anti-anxiety or an anticonvulsant medication for either a diagnosed condition or to address a behavior support issue, select the appropriate type of medication.

Some drugs, such as Depo Provera, have multiple uses. If Depo Provera is prescribed as a birth control method it would not count as a maintenance medication for this question. However, if it is used to address a behavior support issue, it should be counted as an 'Antipsychotic, antidepressant or other medication used for behavior management.' Likewise, if birth control medication is used to treat a medical condition (e.g. ovarian cysts, etc.), it should be counted as 'Other maintenance medications prescribed to treat an existing medical condition.'

Medication included in this category should be restricted to maintenance medication given on an ongoing basis only. PRNs (meaning, 'as needed') are excluded from this question. If the individual does not receive any prescription maintenance medications choose, 'No prescription medications' and skip to question 21.

b. **Does the individual receive ongoing medication by injection:** Select 'Yes' if the individual receives ongoing medication by injection. Select 'No' if the individual does not receive ongoing medication by injection.

c. **Which best describes the level of support the individual receives when taking prescription medications:** Select only one response. Indicate the response that best describes the level of support the individual receives when taking prescription medications. Please read the descriptions of the levels of support carefully as the definitions of "Assistance" and "Supervision" are different from the definition of "Assistance" in OAC 5123: 2-6-02, regarding the administration of medications. These levels of support have been defined in the ODDP as follows:

Total Support - The staff must physically administer medications by such means as injections, drops, mixed in food, or the person is physically incapable of taking medications or is often resistive (spits out or refuses to swallow it).

Assistance – The staff keeps the medications and gives them to the individual at the appropriate time for self-administration.

Supervision – The individual keeps and takes his/her own medication, but the staff may have to prompt or confirm that he/she has indeed taken it.

Independent – The individual is **totally** responsible for taking his/her own medications as prescribed.

If the individual takes more than one medication and the support is provided at different levels (e.g. tablets and injections), select the one that indicates a greater level of support. Mark only one response.

21. Indicate the daily frequency of each procedure: Select the daily frequency of each procedure listed.

a. Nasogastric/gastrostomy tube feeding means feeding the individual through a tube that is inserted in his/her nose and feeds into the digestive tract or means feeding the individual through a permanent opening directly into the stomach.

b. Parenteral therapy – means therapy other than through the digestive tract, but by injection through some other route, such as subcutaneous, intramuscular, intraorbial, intracapsular (e.g., with in the capsule of a joint), intraspinal, intrasernal, intravenous, etc.

c. Jejunal Tube means tube feeding that inserts directly into the jejunum, the middle portion of the small intestine - frequently called a J-tube.

d. Tracheostomy care/suctioning means care of the artificial airway opening in the trachea.

e. Wound care (wound dressings and care, ostomy dressing) means on-going or routine care for sores/wounds, including care to prevent open sores/wounds from developing, e.g. cream applications like cellulites to prevent open sores.

f. Oxygen and respiratory therapy means blow bottles, IPPB, respirators, suctioning and oxygen, etc.

g. Individual fed via pump means either continuous or intermittent use of a pump for feeding.

h. Individual requires vented feeds means a part of certain tube feeding procedures in which the tubing is opened to allow for venting before moving forward with feeding.

i. Dependent on apnea monitor, CPAP or pulse ox means a technique of respiratory therapy, in either spontaneously breathing or mechanically ventilated patients, in which airway pressure is maintained above atmospheric pressure throughout the respiratory cycle by pressurization of the ventilatory circuit. *Apnea Monitor:* monitors the cessation of breathing. *CPAP (Continuous Positive Airway Pressure)*:

j. Individual is vent dependent means the individual requires a ventilator in order to breathe.

22. Indicate whether any of the following consequences apply to the individual: Indicate yes or no to each of the four questions listed. Please consider all aspects of the individual's medical condition.

Question 1: Indicate whether the individual missed more than a total of two weeks of scheduled day activities or employment due to medical conditions during the past year. In determining the response: exclude routine examinations or assessments; and include only days missed due to actual medical problems; only count programming missed (it is not missed if it was never scheduled); keep in mind this is a total of two weeks over the last 12 months (not necessarily consecutive); and two weeks can be considered 10 business days.

Question 2: Indicate whether the individual was hospitalized for a medical problem in the last year.
"Hospitalized" means officially admitted to the hospital. Visiting the emergency room or staying overnight on an "outpatient" basis does not support a "Yes" response.

Question 3: Indicate whether the individual presently requires direct care staff to be trained in special health care procedures.
Focus on whether the direct care staff had to be trained.

Question 4: Indicate whether the individual presently requires a special diet planned by a licensed health care professional.
"Special diet" means any diet that is "ordered" or required by any licensed health care professional due to the medical condition of the individual.

This will conclude Section D. **Click on "Save and Move on to Another Section".** If you move to another section without saving, you will lose the information you entered.

Section E: Sensory/Motor Information

23. **Which choice best describes the individuals hearing:** Select the choice that best describes the individual's CURRENT hearing (regardless of previous treatment or surgery) with the use of a hearing devices/aids if used. If an individual has, but chooses NOT to use his/her hearing device/aid, analyze their current hearing status as if the hearing device/aid were not present. If none of the responses apply to the individual or hearing status is unknown, select "Undetermined". If the individual is deaf in one ear, or has loss of hearing in one ear, and the other ear is not impaired, then select the response that captures the most frequent consequence of the partial impairment. Assessor may only select one.

24. **Which choice best describes the individual's vision:** Select the choice which best describes the individual's CURRENT vision (regardless of previous treatment or surgery) with the use of glasses or contact lenses if used. If an individual has, but chooses NOT to use their corrective lenses, analyze their current vision status as if the corrective lenses were not present. Note: legally blind may not necessarily be total blindness. If respondent indicates that the individual is legally blind, probe for understanding of actual vision. If none of the responses apply to the individual or vision status is unknown, select "Undetermined". Assessor may only select one.

25. **Choose the response that best describes the individual's typical level of mobility:** Choose the one response that best describes the individual's <u>ability to walk.</u>

    Choice #2 'Walks independently but with difficulty' involves walking unaided.
    Choice #3 'Walks independently with corrective device' involves the use of a corrective device such as a cane or walker.
    Choice #4, 'Walks only with assistance from another person' means the individual needs some help from another person when walking.

    It is important to remember that this item is intended to measure a person's ability to walk, not his/her preference to walk. Include sensory deficits in your assessment if they are a significant impediment to mobility. If the individual's typical routine has him/her in an environment that requires the use of corrective devices or other assistance to walk, select the choice that reflects a greater level of support.

26. **If the individual uses a wheel chair, select the response which best describes wheelchair (may be motorized) mobility. If the individual does not use a wheelchair, indicate this:** Select the response which best describes the individual's typical wheelchair mobility. The first response includes an individual

who only occasionally uses a wheelchair during certain activities for the convenience of the individual, peers or direct support persons.

27. **Indicate whether the individual can perform each task:** Choose 'Yes' or 'No' for each item to select whether the individual can perform each task. Base your response primarily on observation of the individual during the assessment and secondarily on the knowledge of those who know the individual the best. Your response should be based on whether or not the individual is presently capable of doing these things. Using professional judgment, the assessor may ask the individual to demonstrate whether the individual can perform each task. Base your answers only on the person's capabilities and not on their willingness or unwillingness to engage in these activities.

This will conclude Section E. **Click on "Save and Move on to Another Section"**. If you move to another section without saving, you will lose the information you entered.

Section F: Cognitive/Communication Information

28. **Indicate whether individual can perform each of these tasks:** Choose 'Yes' or 'No' to indicate whether the individual successfully performs each cognitive task when asked to do so. The assessor may prompt the individual verbally, but the response must be based on the individual's successful performance of the task. To respond "Yes" to the item, the assessor must determine if the individual can generalize their performance of the task to other settings. For example, "Yes" to 'Understands simple functional signs' means the individual is able to recognize and understand these signs wherever he/she encounters them.

29. **Indicate whether the individual typically displays each of these receptive and expressive communication skills:** Choose a 'Yes' response if the individual typically displays each of the listed items. ***Also, note that the method of communication can be written, verbal, sign language, or symbolic.***

This will conclude Section F. **Click on "Save and Move on to Another Section".** If you move to another section without saving, you will lose the information you entered.

Section G: Behavior

The assessor should take the time to explain that the next series of questions are about the individual's behavior. The first two questions are about current behaviors and the last questions are about the types of supports that are currently in place to minimize the occurrence of problem behaviors. ***Before asking these questions of the individual and/or his or her family, reiterate that some of these questions may not be applicable or they may find them insulting or inappropriate but each question must be addressed to every individual. This particular individual is not being singled out.***

30. **Indicate the frequency of each behavior over the last 12 months:** Select the appropriate frequency for each of the items based on the last twelve months. Use the scale provided for translating the answers to the options on the assessment. For example, if an individual has tantrums several times a week, choose 'Frequently'. If the individual has not exhibited a certain behavior in the last twelve months, choose 'No occurrences' for that behavior.

    If a certain behavior is very episodic or cyclical in nature, report the frequency of the episodes over the last twelve months rather than the individual occurrences. For example, an individual is usually calm yet has several emotional outbursts per day for one or two days each month. Because this behavior occurs episodically, the frequency would be 'Monthly,' as the episodes occur 'about once per month.'

    If the frequency of a certain behavior has changed over the last twelve months, determine the total episodes that have been documented in monthly behavior support status reports, incident reports, etc. and calculate an average frequency. For example, if the frequency of a behavior decreased from daily to monthly during the past twelve months, and there were 70 documented occurrences during that period, then the average frequency would be 'weekly.' (70 episodes divided by 52 weeks per year equals 1.3 episodes per week.)

    Behaviors that are demonstrated in one environment but not another must be considered just as if the behavior occurs in all settings. Select the behaviors regardless if they were intentional or unintentional by the individual.

    - "Tantrums" mean any form of emotional outburst that is significant enough that it interferes with the on-going activities or disturbs people around the individual.
    - "Verbally or gesturally abusive" means those expressions that the people they are addressed to perceive as hostile, threatening, emotionally damaging, frightening, etc. Different cultures may interpret expressions in different ways. What is critical here is that the individual's behavior is considered maladaptive by the people in his own surrounding and not some external standard.
    - "Teases or harasses peers" does not include pro-social "in fun" teasing of others as social interaction but should include those types of interactions that do seem aimed at generating a negative reaction from others.
    - "Resists supervision" means does not respond or rejects direction from authority figures.
    - "Displays sexually inappropriate behavior" refers to sexual behavior that is considered inappropriate in regard to social norms such as privacy and environment.

- "Displays behavior of a sexually offending or predatory nature" refers to sexual behavior that is directed toward another person without his/her consent and/or is criminal in nature.

31. **Indicate the frequency of each behavior over the last 12 months:** Select the appropriate frequency of each behavior listed over the last twelve months. Use the scale provided to translate the respondent's answer into one of the options on the ODDP. The first item is concerned with intentional disregard and non-compliance with rules. The second item in this question is concerned with the voluntary or involuntary and repetitive, disruptive occurrence of one or more of the behaviors that are listed.

32. **As a result of behavior problem(s), consider whether or not each of these presently apply:** Choose 'Yes' or 'No' for each support that currently exists for an individual that is intended to prevent the occurrence of a behavior (All but the last item). As you respond to this list of items, include behaviors that currently exist and those behaviors that no longer exist due to the supports that are in place. Include the individual's residential setting as well as, day program, activities, school or employment.

    'A supervised period of time out or time away' means the individual is redirected, prompted or removed from the area where the problem is occurring and needs to be supervised due to the nature of his/her behavior.

    'Involved with the criminal justice system' means the person has been arrested and/or charges have been filed.

This will conclude Section G. **Click on "Save and Move on to Another Section."** If you move to another section without saving, you will lose the information you entered.

Section H: Self-Care and Daily Living Skills

33. **As best you can, indicate how independently the individual typically performs each activity:** Using the scale provided, choose the appropriate level of support required by the individual for each item. Determine how well the person performs each activity, from start to finish, at a reasonably acceptable level. For each item focus on exactly what that item says. For example, 'Putting on clothes' involves just being able to dress oneself once the clothes have been picked out; and 'Feeding self', involves just being able to feed oneself once the food is on the table. If the individual does not have the opportunity to perform an activity estimate the individual's ability to perform this task based upon their other skills and abilities.

    a. *Total Support*: The individual is completely dependent on others to complete activities on their behalf. Total support requires that the service provider be involved throughout the task.

b. *Assistance*: The individual requires lots of hands-on help in order to accomplish tasks and may also receive regular verbal prompting and instructions along with the physical hands-on aid.
c. *Supervision*: The individual is able to perform tasks with mainly verbal direction. The individual usually understands the need for and is usually willing to perform a task.
d. *Independent*: The individual understands the need for, is willing to, and can perform tasks with no prompting. The individual may need supervision and/or assistance in exceptional circumstances.

Chewing and swallowing food: If an individual receives a pureed or ground diet because they have problems chewing choose 'Assistance'. If the individual also needs help swallowing, choose 'Total Support.' If the individual has a G or J tube, mark 'Total Support.'
Feeding self: If the individual has a G or J tube, mark 'Total Support.'
Managing own money: In order to select 'Independent' the individual must be able to do his/her banking and pay bills.

This will conclude Section H. **Click on "Save and Move on to Another Section".** If you move to another section without saving, you will lose the information you entered.

Section I: Routine Voluntary Care

34. **Does the individual have a routine voluntary caregiver:** Select 'Yes' if the individual has a routine voluntary caregiver. This person can be a parent, sibling, neighbor, or other person who is unpaid and provides care for the individual. Select 'No' if there is no one who provides unpaid care to the individual (if 'No', go to end of section and click on "Save and move to next section"). To be considered a routine voluntary caregiver, the care provided must be regular (typically occurring in the individual's life).

35. **Does the individual reside with a routine voluntary caregiver:** Select 'Yes' if the individual resides with the routine voluntary caregiver. If 'Yes', please indicate how many days a week the individual resides with the routine voluntary caregiver. If the individual stays with the voluntary caregiver every other weekend, then estimate that the individual resides with the caregiver one day per week. If the individual stays with the voluntary caregiver only on holidays, this would not be considered 'residing with' the voluntary caregiver.

36. **What is the routine voluntary caregiver(s)' approximate age and relationship to the individual?:** Select the caregiver(s)' approximate age and relationship to the individual. Click on 'View/edit list' in order to add caregiver(s)' information. Part B: Select 'Yes' only if both parents or guardians provide care and they reside together. Select 'No' for all other circumstances.

37. **Choose the appropriate number of hours per week to indicate which services the routine voluntary caregiver(s) provides?:** Choose the appropriate number of hours per week to indicate which services the routine voluntary caregiver(s) provides. If the routine voluntary caregiver is also a paid provider for the individual, this question should only capture unpaid services.

38. **Based on the available information, is the routine voluntary caregiver willing to continue as a routine voluntary caregiver?:** Select 'Yes' if the routine voluntary caregiver is **willing** to continue as a voluntary caregiver. Select 'No' if the routine voluntary caregiver is **not willing** to continue as a voluntary caregiver. Or select 'Cannot be determined', if you cannot determine whether the routine voluntary caregiver is **willing** to continue as a voluntary caregiver. If there is more than one routine voluntary caregiver, this question is directed about the primary voluntary caregiver.

    If more than one routine voluntary caregiver has been indicated in question 36, answer this question with regard to the willingness of the person who provides the majority of the routine voluntary care. If routine voluntary care is provided evenly between two or more people, and one or more is not willing to continue providing care, which would result in a significant deficit in care for the individual, the answer to this question should be 'no.'

39. **Based on the available information, is the routine voluntary caregiver able to continue as a voluntary caregiver?:** Select 'Yes' if the routine voluntary caregiver is able to continue as a voluntary caregiver. Select 'No' if the routine voluntary caregiver is **not able** to continue as a voluntary caregiver. Or select 'Cannot be determined', if you cannot determine whether the routine voluntary caregiver is able to continue as a voluntary caregiver. For example, if an elderly parent can no longer provide care for his/her child due to his/her own failing health or aging, choose 'No'. If there is more than one routine voluntary caregiver, this question is directed about the primary voluntary caregiver.

    If more than one routine voluntary caregiver has been indicated in question 36, answer this question with regard to the ability of the person who provides the majority of the routine voluntary care. If routine voluntary care is provided evenly between two or more people, and one or more is not able to continue providing care, which would result in a significant deficit in care for the individual, the answer to this question should be 'no.'

This will conclude Section I. **Click on "Save and Move on to Another Section".** If you move to another section without saving, you will lose the information you entered.

Section J: Clinical Services

40. Indicate how often the individual receives services: Choose the appropriate frequency for each item to indicate whether and how often the individual receives services from the type of health care provider listed. Indicate only those services received by the individual. Include direct service to the individual or any supervision of that service by the clinical specialist. Also include services provided by other specialists or assistants under the direct and regular supervision of the clinical specialist listed. These other specialists and assistants include psychologist with a master's degree, physical therapist assistant, occupational therapist assistant, licensed practical nurse (LPN), and social worker with bachelor's degree, but not case manager or case coordinator. For item (h), 'Social Worker' includes service given to immediate family members or guardian as a service received by the individual. Service and support provided by the SSA is not social work. Do not count annual redetermination with the County Department of Job and Family Services as social work.

> If there was a brief break in an otherwise regular service due to a temporary inability to provide the service (For example, a therapist leaves and it takes a month or two to replace him/her), select the frequency with which the individual was scheduled to receive the service.
>
> Mark only one response in each row. In the case where there was only an assessment (by a physician, for instance) in the last year, choose 'Occasionally'.

This will conclude Section J. **Click on "Save and Move on to Another Section".** If you move to another section without saving, you will lose the information you entered.

ODDP INSTRUCTIONS

APPENDIX A

Use With An Individual Who Is Moving To A New Living Arrangement Concurrent With Waiver Enrollment

Application: These guidelines apply to the use of the Ohio Developmental Disabilities Profile (ODDP) for any individual who is moving to a new living arrangement concurrent with his or her enrollment in a home and community-based services waiver for which the ODDP is required, including, but not limited to, the following:

1. An individual residing in an ICF/IID who is enrolling in the Community Access Model Waiver or the Individual Options Waiver, and

2. An individual who is enrolling in the Individual Options Waiver and is moving from his/her parents' home into a shared living arrangement with other individuals also enrolled or enrolling on the waiver.

Given that the individual service plan (ISP) is to be developed or revised to address the circumstances of the individual's new living arrangement, the ODDP responses should reflect the appropriate answers for the new living arrangement.

Process to be Used:

1. BEFORE the move happens, the individual, along with his or her circle of support/team, begin a person-centered discussion about the services and supports that WILL NEED TO BE IN PLACE for the individual AFTER the move to the new living arrangement occurs.
2. The ISP is then drafted, but not finalized.
3. The ODDP is completed for the individual, BASED ON THE ISP that has been drafted. The ODDP is scored and the FUNDING RANGE identified.
4. The ISP is reviewed and finalized based on the assigned FUNDING RANGE.
5. The individual moves.
6. Note that the funding range identified can be changed. OAC 5123:2-9-06(F)(2) allows changes to funding ranges, when there is significant change in assessment variables.