

The Ohio Department of Developmental Disabilities

THE OHIO DEVELOPMENTAL DISABILITIES PROFILE

User Guide

The Ohio Developmental Disabilities Profile (ODDP) User Guide

Prepared by

Richard Donely
Christopher Leyva
Ashley McKinney
Suzanna Witte

Ohio Department of Developmental Disabilities
30 E. Broad Street
Columbus, Ohio 43215

Contents

Part 1: Introduction

When is it Completed?	1
Reviews and Reassessments	1
ODDP Assessors.....	2
Rights and Responsibilities of the Person	2
Rights and Responsibilities of the Assessor.....	2

Part 2: Assessment Process

Preparing for the Interview	3
Preparing the Person for the Interview.....	3
Conducting the Interview.....	4
Conducting Follow-up	4
Working with the ODDP Online Application	4

Part 3: Completing Sections A, B, C

Section A: Identification.....	5
Section B: Living Arrangement.....	5
Section C: Disability Description	6

Part 4: Completing Sections D and E

Section D: Medical Information.....	7
Section E: Sensory and Motor Information.....	10

Part 5: Sections F, G, H, I

Section F: Cognitive and Communication Information	11
Section G: Behavior	11
Section H: Self-Care and Daily Living Skills.....	13
Section I: Routine Voluntary Care	14
Section J: Clinical Services.....	15

The ODDP Process..... 16

Part 1: Introduction

The Ohio Developmental Disabilities Profile (ODDP) is an online assessment tool that assesses the needs of people with developmental disabilities. It contains a series of questions designed to determine a person's service needs and circumstances. When completed, the ODDP arrives at a funding range that will guide development of the waiver-funded services located in a person's individual service plan or calculate the Resident Assessment Classification (RAC) score for a person in an intermediate care facility (ICF).

Current enrollees in the Individual Options Waiver and all residents of ICFs are required to have an ODDP completed by a county board of developmental disabilities or an ICF provider.

The ODDP ensures that people across the state of Ohio who have similar needs and circumstances receive comparable levels of funding. This allows county boards of developmental disabilities to more accurately predict their costs, while ensuring consistency of service delivery across the statewide developmental disabilities services system for both waiver enrollees and ICF residents.

The ODDP is not a comprehensive functional assessment. It collects a limited portion of information about a person's needs and circumstances.

When is it Completed?

The assessment is completed for waiver recipients at the time of enrollment and before their individual service plan is finalized. Assessors complete the assessment for ICF residents when the person is admitted to a facility.

Reviews and Reassessments

The person's ODDP is reviewed on a regular basis: quarterly for ICF residents and annually for waiver recipients. The ODDP is also updated when the person experiences a *significant change of condition*.

Significant change of condition means a change in a person's physical or mental condition or functional abilities, which may result in a change in the person's support needs. This includes changes such as

- New diagnosis or maintenance medication
- Change in health status or severity of condition
- Change in level of independence
- Change in living arrangement
- Change in natural supports or voluntary care giving (for IO waiver enrollees only)

ODDP Assessors

Typically, for enrollees on the Individual Options Waiver, the service and support administrator (SSA) is the assessor, but it can be other certified county board personnel. For ICF residents, the initial assessor is a DODD staff member. Reassessments for ICF residents are completed by the person's qualified intellectual disabilities professional (QIDP) or whomever the facility deems responsible.

Assessors have a significant role in obtaining valid assessment results. They must evaluate accurately and consistently for all people across the state. Consistently means that all assessors would obtain the same result for the same person and circumstance. To do this, they must have a comprehensive understanding of

- Assessor rights and responsibilities
- Rights and responsibilities of the person being assessed
- How to interpret questions and responses
- Definitions of terms used in the ODDP
- Clinical assessment process

Rights and Responsibilities of the Person

If the person wants to participate in services, they must have an ODDP completed.

They have the right to

- Choose to participate in the ODDP interview or the right to choose not to participate
- Identify people who know them well that they would like to have participate in the interview alongside them
- Receive a copy of the completed ODDP assessment and assessment result

Rights and Responsibilities of the Assessor

Assessors have the responsibility to

- Explain the person's and assessor's rights and responsibilities in the assessment process
- Obtain information from people identified as knowing the person well
- Invite guardian(s) to participate
- Enter information into the ODDP that's supported with evidence through the interview process or record review
- Involve the person as much as he or she is able to participate

Assessors have the right to use professional judgment. They also have the right to make informed decisions when there is conflicting information from two or more sources.

Part 2: Assessment Process

The ODDP is an online application; however, assessors frequently conduct the assessment using a paper copy of the assessment and then enter the information into the online application at a later time.

There may be circumstances where having the person present is not possible, such as when the person's medical, behavioral, or cognitive status impairs his or her ability to participate in the assessment. In most cases, the person should be present and given the opportunity to respond to the assessment questions.

Preparing for the Interview

Before the interview, assessors review the person's files, such as the individual service plan (ISP), medical records, and other evaluations and assessments.

Next, the assessor should schedule time to meet with the person being assessed as well as anyone the person chooses to have participate in the interview. People chosen by the person could include anyone who knows the person well, including family members, other providers, friends, or teachers.

It's not necessary for everyone to be present at each interview. Assessors may have separate or follow-up conversations with the person or others at different times. However, assessors should always schedule the interviews at locations and times that are convenient and accessible for participants.

Finally, assessors assemble materials, including copies of the tool and other items that might be useful, including

- Pens, pencils, markers, or crayons
- Paper
- Scissors
- Books, magazines, or newspapers
- Watch
- Simple addition or flash cards
- Examples of functional signs

Preparing the Person for the Interview

Assessors review the ODDP process with the person in a manner in which he or she can understand. Assessors also

- Explain the purpose of the assessment and that the answers to questions are private
- Give examples of the different types of questions asked in the ODDP
- Explain that some questions may sound strange or may not apply to the person, but assessors are required to ask all questions
- Explain that the person may take a break at any time, the appointment can be rescheduled, or the person could agree to allow another person to answer questions on their behalf
- Tell others present that their participation is wanted and needed and that they should provide relevant information whenever possible
- Review rights and responsibilities

Conducting the Interview

During ODDP interviews, use a conversational approach and ask open-ended questions. For example, instead of asking, "Do you require assistance with preparing a meal?" ask, "Susan, could you tell me about how you make breakfast, lunch, or dinner?"

Assessors also:

- Repeat, rephrase, and modify questions as needed.
 - When rephrasing, be careful not to change the intended meaning of the question.
- Use familiar names and terms, and help the person with any words that he or she may not understand.
- Observe and note non-verbal communication.
- Complete each section entirely.

How the assessor proceeds through the application will depend on the situation and the people they are interviewing.

Conducting Follow-up

If needed, assessors check additional records or conduct other information gathering to resolve outstanding questions.

Assessors complete the assessment by using knowledge gained from reviewing records, observations, and responses from the person and others present during the interview.

When it is unclear which is the best response, the assessor should select the response that reflects the greatest need. The response may be amended later as the assessor becomes more familiar with the person's needs and abilities.

The assessor is responsible for ensuring the most appropriate response is selected for each question. Responses are based on professional judgement after careful review of all information sources.

Working with the ODDP Online Application

After completing a paper copy of the assessment, assessors enter the information into the online ODDP application. Complete and save the assessment by section. Failure to save a section will result in loss of information.

Saving an assessment is a separate action than submitting it. Assessors may save and come back at a later time with additional information. Saved but not submitted assessments are distinguished from submitted ones by a bold "Go".

Do not use your browser buttons. Navigate using buttons located within the application.

All fields must be completed in order to successfully submit the ODDP. If it is incomplete, the system will specify the missing fields.

Part 3: Completing Sections A, B, C

Section A: Identification

Many of the items in this section are populated from information in DODD's web-based application or DODD's database. Collect information for items 1-9 during the interview and confirm that the answers populated here are correct.



Item 5

This item refers to the seven-digit resident number for the person.

Item 6

This item refers to the seven-digit DODD provider contract number of the primary residential support provider for community-based settings or the seven-digit Medicaid provider number for ICF settings. If the person is on the waiting list and does not have a provider, leave the field blank. If there is more than one primary support provider, only select one.

Item 7

Choose one location from the three locations listed. If no locations are appropriate, choose **Other** and enter the location where the assessment is administered. If you obtained responses from interviews in more than one location, indicate the location where the majority of the information was obtained.

Item 8

Select all who were interviewed or provided information for the assessment. Do not include the assessor. Include the SSA when he or she provides information for the assessment. Do not include the SSA if they conduct the assessment.

Item 9

Select the program(s) in which the person is enrolled, including those not operated by a county board of developmental disabilities.

Section B: Living Arrangement

Item 10(a)

Select one. Choose the most appropriate response. All ICF residents will choose **Lives with 1-3 others** or **Lives with 4 or more**, depending on the size of the intermediate care facility (ICF).



If a person lives in a building with several apartments and residents share services, the determination of their living arrangement is based on whether or not they appear on the same lease.

If a person lives with one or both parents and adult sibling(s), select **Lives with other family member(s)** if the sibling acts as the head of household— e.g. caretaker of the parent(s).

If a person lives with family members that also receive residential services and do not provide any natural support for the person, then select either **Lives with 1-3 others** or **Lives with 4 or more**, disregarding the non-related household phrase.

Item 10(b)

Enter the total number of people living in the setting who receive any developmental disability services, including the person identified on the form. ICFs will need to enter the total resident count, not the certified bed count.

Item 10(c)

Enter **Yes** if the person lives with a provider of waiver services. For people residing in ICFs, select **No**.

Item 11

Select any one-time home modifications (that are not currently in place) that are needed to prevent the need for costlier services, reduce the cost of current services, or prevent the need for the person to move.

Item 12

Select any one-time assistive or adaptive devices (that are not currently in place) that prevent costlier services, reduce the cost of current services, or prevent the need for the person to move.

Item 13

Select all of the listed technological devices the person has access to in his or her place of residence. The device must be present with no physical barriers, such as a locked room with a computer.

Section C: Disability Description

Items 14, 15

In the left column, indicate all the developmental disabilities that apply. In the right column, select the one disability that represents the person's primary developmental disability. The intent of this section is to specify the person's formally diagnosed developmental disabilities as reflected in the person's records and other assessments. Verify diagnoses through documentation in the person's records.



Item 16

From the most recent assessment available, select the person’s level of intellectual functioning. If unsure, refer to the most recent psychological evaluation in the person’s records. Only select one category. If the respondent cannot or will not specify one level—for instance, the respondent says “mild to moderate”—select the lower-functioning option.

Item 17

Choose **Yes** if the person has a diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders, or DSM. A review of the person’s records may be required if the respondents are uncertain whether there is a documented diagnosis.

Part 4: Completing Sections D and E

Section D: Medical Information



Item 18

Enter **Yes** or **No** for each of the listed medical conditions the person has at the time of the assessment. Choose **No** if the person is undergoing screening or testing for a condition. Only choose **Yes** if an official diagnosis has been made.

Item 19(a)

Choose **Yes** if the person has any history of seizure activity.

Item 19(b)

If the answer to 19(a) is yes, select the types of diagnosed seizures the person has experienced in the last 12 months.

Item 19(c)

Choose the category that indicates how frequently the person has experienced seizures that involve loss of awareness or loss of consciousness in the past 12 months. If a person’s seizures are irregular, report the frequency of the episodes during the past 12 months rather than individual occurrences. For example, if a person has seizures several times a week, choose “several times a week”. If a person is usually seizure-free, but has had several seizures throughout one or two weeks during the year, choose “Less than once a month”.

Item 20(a)

Select the prescription maintenance medications the person receives on an ongoing basis orally, or by pump or injection.

Prescription maintenance medication means it is used to treat a diagnosed condition. 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. However, if it is used to address a behavioral issue, it should be counted as an **antipsychotic, antidepressant, or other medication used for behavioral management**. Likewise, if birth control medication is used to treat a medical condition, such as ovarian cysts, it should be counted as **Other maintenance medications prescribed to treat an existing medical condition**.

"As needed" medications, also called PRN medications, are excluded from this question.

Item 20(b)

If the person receives ongoing medication by injection select **Yes**.

Item 20(c)

Select one. 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](#).

If the person takes more than one medication and the support is provided at different levels, such as tablets and injections, select the one that indicates a greater level of support.

Total Support — The staff must physically administer medications by injection, drops, or mixing in food, or the person is physically incapable of taking medications or is resistive (spits out or refuses to swallow it).

Assistance — The staff keep the medications and give them to the person at the appropriate time for self-administration.

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

Independent — The person is totally responsible for taking his or her own medications as prescribed.

Item 21

Indicate the daily frequency of each procedure.

a. Nasogastric or gastrostomy tube feeding: Feeding the person through a tube inserted into his or her nose that feeds into the digestive tract or feeding the person through a permanent opening directly into the stomach.

b. Parenteral therapy: Therapy other than through the digestive tract but by injection through some other route, such as subcutaneous, intramuscular, intraorbital, intracapsular, such as within the capsule of a joint, intraspinal, intrasernal, intravenous, etc.

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

d. Tracheostomy care or suctioning: Care of the artificial airway opening in the trachea.

- e. Wound care, wound dressings and care, or ostomy dressing: Ongoing or routine care for sores or wounds, including care to prevent open sores or wounds from developing, such as cream applications like cellulites.
- f. Oxygen and respiratory therapy: Blow bottles, intermittent positive pressure breathing (IPPB) therapy, respirators, suctioning and oxygen, etc. Indicate the frequency **only** when needed to treat a diagnosed respiratory condition. Do not include experimental or prophylactic use.
- g. Person is fed via pump: Continuous or intermittent use of a pump for feeding.
- h. Person requires vented feeds: Part of certain tube feeding procedures in which the tubing is opened to allow for venting before moving forward with meals.
- i. Person is dependent on an apnea monitor, continuous positive airway pressure (CPAP), or pulse ox: 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.
- j. Person is vent dependent: Requires a ventilator in order to breathe.

Item 22

Indicate **Yes** or **No** for each question listed. Consider all aspects of the person's medical condition.

Question 1

Include only days missed due to medical problems. Exclude routine examinations or assessments. This is a total of two weeks during the past 12 months, not necessarily consecutive; two weeks can be considered 10 business days.

Question 2

Select **Yes** if admitted to the hospital for medical problems in the past 12 months. Do not include visits to the emergency room or staying overnight on an outpatient basis. Do not include psychiatric hospitalizations.

Question 3

In order to care for the person, direct care staff are required to train in special health care procedures, such as procedures such as ostomy care, and adaptive devices such as hooyer lifts.

Question 4

Indicate whether the person requires a special diet planned by a licensed health care professional. Special diet means any diet ordered or required by a licensed health care professional due to the person's medical condition.

Section E: Sensory and Motor Information



Item 23

Select one choice that best describes the person's current hearing with the use of hearing devices or aids, if used. If the person has a hearing device or aid but chooses not to use it, analyze their current hearing status as if the hearing device or aid were not present. If none of the responses applies to the person or hearing status is unknown, select **Undetermined**. If the person is deaf 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.

Item 24

Select one choice that best describes the person's current vision with the use of glasses or contact lenses, if used. If a person has corrective lenses but chooses not to wear them, analyze their current vision status as if the corrective lenses were not present. Legally blind status is not necessarily total blindness. If respondent indicates the person is legally blind, probe for an understanding of the actual vision. If none of the responses apply to the person or vision status is unknown, select **Undetermined**.

Item 25

Choose the response that best describes the person's ability to walk. This item measures a person's ability to walk, not his or her preference to walk. Include sensory deficits in the assessment if they are a significant impediment to mobility. If the person's typical routine has him or 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.

Item 26

If the person uses a wheelchair, select the response which best describes wheelchair mobility.

Item 27

Indicate if the person can perform each task. Base the response primarily on observation of the person during the assessment and secondarily on the knowledge of those who know the person best. Using professional judgment, the assessor may ask the person to demonstrate whether he or she can perform each task. Base answers only on the person's capabilities and not on their willingness or unwillingness to engage in the activities.

Part 5: Sections F, G, H, I

Section F: Cognitive and Communication Information



Item 28

Indicate whether the person successfully performs each cognitive task. Prompt the person verbally, but base the response on the person's successful performance of the task.

Item 29

Indicate whether the person typically displays each of these receptive and expressive communication skills. Choose **Yes** if the person typically displays each of the listed items. Note that the method of communication can be written, verbal, sign language, or symbolic.

Section G: Behavior



The assessor should take the time to explain that the next series of questions are about the person's behavior. The first two questions are about current behaviors and the last questions are about the types of supports that are in place to minimize the occurrence of challenging behaviors. Before asking these questions, reiterate that some of these questions may not apply or the person or respondent might find them insulting or inappropriate. However, each question must be addressed to each person.

Item 30

Select the appropriate frequency of each of the behaviors listed. Use the scale for help translating the answers to the options on the assessment.

If the frequency of a behavior is uncertain, irregular, or has changed during the past 12 months, assessors should view monthly support status reports, incident reports, etc., and calculate an average frequency of the behavior.

Count multiple occurrences or episodes of a behavior in a day once toward the frequency. For example, most of the time, a person is calm, but has several outbursts each Sunday. Although there were several occurrences, the episodes are counted only once.

Periodically, assessors may encounter situations where behavior logs, status or incident reports are unavailable, such as when a person is supported solely through unpaid supports—who are not required to document behavior. In this cases, assessors should view records, such as school records, medical records, or other clinical reports that speak to the occurrence of each behavior.

Example 1

If the frequency of a behavior decreased from daily to monthly during the past 12 months, and there were 70 documented occurrences during that period, the average frequency would be **Weekly**, because 70 episodes divided by 52 weeks per year equals 1.3 episodes per week.

Example 2

For the first three months of a 12-month period, a person displayed a particular behavior, but with the implementation of a new behavior strategies, that frequency was reduced to once per month for the past nine months. A review of status reports shows that this behavior has occurred 75 times during the past 12 months.

- Try dividing by 12 to find a monthly average. $75/12 = 6.25$ times per month. This does not correspond to any of the options in the frequency legend.
- Try dividing by 52 to find a weekly average. $75/52 = 1.4$ times per week. This is closer to "about once per week" rather than "several times per week" so the most accurate frequency would be **Weekly**, especially with the past nine months showing a significant decrease in occurrences.

Definitions

Tantrums: Any form of emotional outburst that is significant enough it interferes with ongoing activities or disturbs people around the person.

Verbally or gesturally abusive: Expressions that most people would perceive as hostile, threatening, emotionally damaging, or frightening. Note: Different cultures may interpret expressions in different ways. What is important is that the person's behavior is considered maladaptive by people in his or her surroundings and not an external standard.

Teases or harasses peers: Interactions aimed at generating a negative reaction from others. Does not include pro-social, "in fun" teasing of others as social interaction.

Resists supervision: Does not respond to or rejects direction from authority figures. Does not include instances of asserting preference, and only relates to instances that pose a threat to health and safety.

Displays sexually inappropriate behavior: 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: Sexual behavior directed toward another person without his or her consent.

Item 31

Select the appropriate frequency of each behavior listed during the past 12 months. Use the scale provided to translate the respondent's answer into one of the options.

Item 32

Indicate whether the items apply because of challenging behaviors. Include the person's residential setting as well as day program, activities, school, or employment.

Involved with the criminal justice system within the last twelve months means arrested, charged, jailed, probation, parole, etc.

Section H: Self-Care and Daily Living Skills

Item 33

Indicate how independently the person typically performs each activity. This refers to the person's ability to complete the task, not their willingness to do so. 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 being able to dress oneself once the clothes are picked out; and **Feeding self** is the ability to feed oneself once the food is on the table. If the person does not have the opportunity to perform an activity, estimate the person's ability to perform this task based upon their other skills and abilities.



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

Assistance - The person requires a lot 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.

Supervision - The person is able to perform tasks with mainly verbal direction. The person usually understands the need for performing a task and is usually willing to perform it.

Independent - The person understands the need for performing a task and is willing to and can perform it with no prompting. The person may need supervision or assistance in exceptional circumstances.

Chewing and swallowing food - If a person has a diet with a modified texture, such as pureed or ground, etc, or if he or she is prompted to use special techniques while eating to minimize risk of choking, such as chin tuck or other measures recommended by a therapist or other clinician, select **Assistance**. If a person uses a feeding tube, select **Total Support**.

Managing own money - In order to select **Independent**, the person must be able to do his or her banking and pay bills.

Section I: Routine Voluntary Care



Item 34

Select **Yes** if the person has a routine voluntary caregiver. This person can be a parent, sibling, neighbor, or other person who is unpaid and provides care for the person. Select **No** if there is no one who provides unpaid care to the person.

Item 35

Select **Yes** if the person resides with the routine voluntary caregiver. If **Yes**, indicate how many days per week the person resides with the routine voluntary caregiver.

Item 36(a)

Select the caregiver's approximate age and relationship to the person.

Item 36(b)

Select **Yes** only if all parents or guardians provide care and they reside together. Select **No** for all other circumstances.

Item 37

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

Item 38

Is the routine voluntary caregiver willing to continue as a routine voluntary caregiver?

If more than one routine voluntary caregiver has been indicated in Item 36, answer this question with regard to the willingness of the person who provides the majority of the routine voluntary care.

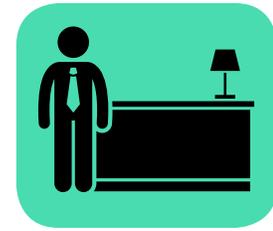
Item 39

Is the routine voluntary caregiver able to continue as a voluntary caregiver?

For example, if an elderly parent can no longer provide care for his or her child due to his or her own failing health or aging, choose **No**.

If there is more than one routine voluntary caregiver, this question is directed toward the primary voluntary caregiver. If more than one routine voluntary caregiver has been indicated in Item 36, answer this question with regard to the ability of the person who provides the majority of the routine voluntary care.

Section J: Clinical Services



Item 40

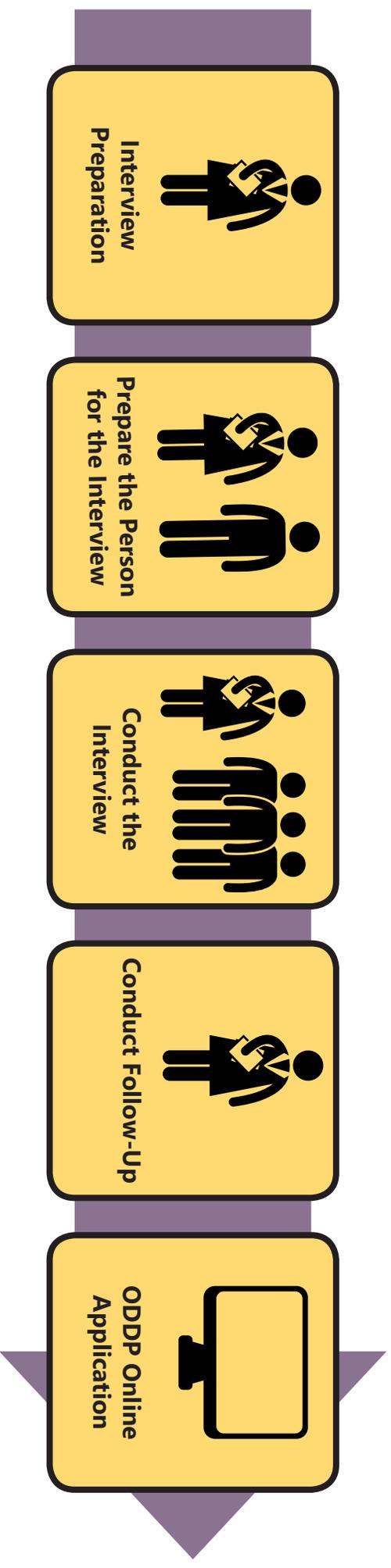
Choose the appropriate frequency for each item to indicate whether and how often the person receives services from the type of health care provider listed. Include direct service or any supervision of that service by the clinical specialist. Also include services by other specialists or assistants under the direct and regular supervision of the clinical specialty listed. These other specialists and assistants include psychologists with a master's degree, physical therapist assistants, occupational therapist assistants, licensed practical nurses (LPN), and social workers with a bachelor's degree, but not case managers or case coordinators.

For **Social worker**, include service given to immediate family members or guardian as a service received by the person. 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, such as a therapist leaving for family leave for a month or two, select the frequency with which the person was scheduled to receive the service.

Mark only one response in each row. In the case where there was only one assessment (by a physician, for example) in the last year, choose **Annually**.

The ODDP Process





**Department of
Developmental Disabilities**

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