***LA PLUS:* Routine Supports for Medical/Physical Needs (NOT Requiring Skilled Nursing) Total Score:\_ \_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requires Support from Staff/Family routinely to address the following:** | **Check Any of the Following Moderate Supports [Score = 1]** | **Check Any of the following Intensive Supports** **[Score = 2]** | **Support Ranking** |
| 1. **Repositioning**
 | [ ] Needs partial physical assistance to reposition | [ ] Needs full physical assistance for repositioning |  |
| 1. **Lifting or transferring**
 | [ ] Needs partial physical assistance for transfers (person needs intermittent hands-on assistance or assistance for balance to steady/guide OR person can participate in and complete a significant portion of the task but caregiver must complete some parts of the task for the person) | [ ] Needs full physical assistance for transfers of 1 or more staff persons or uses lift/equipment with 1 or more staff(person does not participate in any aspect of the task; caregiver must complete all aspects of the task on the person’s behalf) |  |
| 1. **Support from Staff or Family to Participate in Speech/OT/PT Activities**

 | [ ] Needs reminders and verbal prompts to participate and/or instructions/demonstration [ ] Practice of simple skills outside session | [ ] Practice outside of session requires full physical support;[ ] Needs full physical guidance to do routine range of motion, exercises, or other therapy related activities |  |
| 1. **Supports Before/During/After Seizure Activity**

 | [ ] Observance of early signs and reminder to sit/lay down to avoid falls[ ] Timing and observation during seizure[ ] Observation for brief period post seizure[ ] Typical seizure first-aid protocol | [ ] Close proximity to assure no injuries when seizure starts[ ] Timing and observation during seizure to alert RN/MD [ ] Observation for lengthy period post seizure or remainder of day requires altering due to impacts of seizure[ ] Beyond typical seizure first-aid protocol (detailed protocol must be attached to EPOC or in Attach D. of EPOC) |  |
| 1. **Oral Stimulation or Specific Jaw Positioning for Meals**

 | [ ] Intermittent physical positioning/stimulation and/or verbal prompts prior to or during all meals | [ ] Continuous oral stimulation, repositioning of jaw, head support or postural alignment and/or physical engagement throughout all meals |  |
| 1. **Administration of Enteral Meals (tube-feeding) by Staff or Family**
 | [ ] Requires caregiver to administer enteral meals; individual able to position self following instructions | [ ] Requires caregiver to administer meal, position/reposition and monitor throughout meals*RN- delegated tasks are included in Attach. D of the EPOC* |  |
| 1. **Completion of Wound Care/Skin Integrity Care**

 | [ ] At risk for skin breakdown and requires first aid assistance and/or assistance with cleaning and bandaging wounds[ ]  Not at risk for skin breakdown, but requires first aid assistance and/or assistance with cleaning and bandaging wounds | [ ] At risk for skin breakdown, requires frequent head-to-toe skin checks for new wounds, signs of decubitus/pressure sores[ ] At risk for skin breakdown, requires regular monitoring of existing wounds/decubitus/pressure sores for signs/symptoms of worsening or not healing[ ] At risk for skin breakdown, requires maintaining log of skin checks and monitoring, per nurse instructions[ ] At risk for skin breakdown, requires additional supplemental support to ensure best possible skin integrity, including applying skin moisturizer/protectant, and other strategies (diet, hydration, exercise, repositioning, etc.)*RN- delegated tasks are included in Attach. D of the EPOC* |  |
| 1. **Cleaning and Observing or Other Delegated Care for Ostomy Site**

 | *Not applicable* | [ ] Has an ostomy and requires ostomy site checks (assess redness, oozing, inflammation)[ ] Has an ostomy and requires cleaning around ostomy site (via saline, wound cleanser, etc. as determined by nurse)*RN- delegated tasks are included in Attach. D of the EPOC* |  |
| 1. **Suctioning Around Tracheostomy as Delegated by RN**
 | *Not applicable* | [ ] Requires frequent/daily suctioning using a yankauer around the tracheostomy.*RN- delegated tasks are included in Attach. D of the EPOC* |  |
| 1. **Other Supports for Medical Needs as Delegated by RN**

|  |
| --- |
| **a.**  |
| **b.**  |
| **c.**  |

 |  *Not applicable* | *RN-delegated tasks are included in Attach. D of the EPOC*[ ] Any medical care/needs that can be delegated by an RN not addressed in other items[ ] Any medical care/needs that can be delegated by an RN not addressed in other items[ ] Any medical care/needs that can be delegated by an RN not addressed in other items |  |
|  |
|  |

***LA PLUS:* Routine Supports for Behavioral Health Needs** **Total Score: \_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requires support to PREVENT/INTERVENE (except #13) in the following:**  | **Check Any of the Following Moderate Supports [score = 1]** | **Check Any of the following Intensive Supports** **[score = 2]** | **Support Ranking** |
| 1. **Physical Aggression That May Cause Injury to Others**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_ | [ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_\_ |  |
| 1. **Destruction of Property That has Monetary and/or Significant Emotional Value**

**\_\_\_\_\_** |  [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_ | [ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_\_ |  |
| 1. **Self-Injurious Behavior (not including suicidal threats/attempts)**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_ | [ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_\_ |  |
| 1. **Suicidal Statements (talks about suicide/death) and/or Attempts to Harm Oneself**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance to participate in positive activities \_\_\_\_\_ | [ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_ |  |
| 1. **Ingesting or Inserting (in any part of the body) Objects That are Harmful**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_ | [ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_ |  |
| 1. **Sexual Aggression or Assault**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance for positive interaction[ ] Verbal reminders to maintain social boundaries\_\_\_\_\_ | [ ] Physically blocking the behavior r[ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_\_ |  |
| 1. **Other Nonconsensual Sexual Behavior (including verbal threats of sexual nature)**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance for positive interaction[ ] Verbal reminders to maintain social boundaries[ ] Individual prevention strategies\_\_\_\_\_ | [ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_ |  |
| 1. **Taking Items of Value From Another Intentionally, Including Shoplifting**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_ | [ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_ |  |
| 1. **Intentionally Running Away or Getting Away From Supervision**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_ | [ ] Physically blocking the behavior r[ ]  Physically guiding the person back to area [ ] Maintenance of close proximity at all times to intervene [ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_\_ |  |
| 1. **Wandering Away Or Leaving Supervision Unintentionally (when the person is not able to assure their own safety)**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_ | [ ] Physically blocking the behavior [ ] Physically guiding the person back to area [ ] Maintenance of close proximity at all times to intervene [ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_\_ |  |
| 1. **Emotional/Verbal Outbursts Directed Towards Others (not simply cursing)**

**\_\_\_\_** | [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_ | [ ] Physically guiding the person away from others[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_\_ |  |
| 1. **Substance Abuse (diagnosed by clinician) or Substance Use That Impairs/Negatively Impacts Person)**

**\_\_\_\_\_** | [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_ | [ ] Maintenance of close proximity at all times to intervene[ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_\_ |  |
| 1. **Support to Access & Participate in Behavioral Health Treatment**

**\_\_\_\_\_** | [ ] Making appts/transportation[ ] Help communicating needs[ ] Assistance to take BH medication\_\_\_\_\_ | [ ] Assistance in therapy session [ ] Assistance to practice skills from therapy session [ ] Prompts/reminders and repetition to take BH medications due to refusals\_\_\_\_\_\_ |  |
| 1. **Other Behavioral Health Symptoms or Behavioral Challenges (not covered in other items)**

|  |
| --- |
| **a .**  |
| **b.**  |
| **c.**  |

 |  [ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_\_[ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_\_[ ] Supervision/verbal guidance for interaction[ ] Verbal reminders [ ] Individual prevention strategies\_\_\_\_\_\_\_ |  [ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene [ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_[ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene [ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_[ ] Physically blocking the behavior [ ] Physically guiding the person away [ ] Maintenance of close proximity at all times to intervene [ ] Professional recommendations/plan that includes more than supervision/guidance/verbal reminders\_\_\_\_\_\_\_ |  |
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