***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 rPhysically 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  \_\_\_\_\_\_\_ |  |
|  |
|  |

Rev. 9/2022