

**DRAFT ONLY/ UNVALIDATED: DO NOT ALTER**

**Massachusetts O&M Service Delivery Tool  
For Adults with Intellectual Disability**

1. Preview the tool before beginning to become familiar with the questions and categories.
2. Answer all questions in Sections A, B, and C. Choose ONE response in all applicable columns (HOME, WORK, DAY PROGRAM, and/or OTHER location).
  - Most questions have values (0, 5, 10, and 20) circle the assigned number in the VALUE column that corresponds to your answer.
  - If a particular question/situation is not applicable, circle the 0 value.
  - **Please note:** Questions C1, C3, C5, and C7 are comparative, do not have values, and do not get calculated individually. Simply make a check in the column that corresponds to your answer.
  - **Please note:** O&M skills refers to: Human Guide, Trailing, Protective Techniques, Long Cane, Adapted Cane. Transportation skills/access are addressed separately.
3. Upon completion of a page add all circled VALUES in each column to get a SUBTOTAL for HOME, WORK, DAY PROGRAM, and/or OTHER location.
4. When all pages are complete transfer all SUBTOTALS to the **CALCULATION TABLE** (below) and compare each SCORE to **SERVICE FREQUENCY GUIDELINES** (below).

**CALCULATION TABLE**

subtotal	Home			Day	Work	Community
	day	evening	overnight			
Page 1						
Page 2						
Page 3						
Page 4						
Page 5						
Page 6						
Page 7						
<b>TOTAL SCORE</b>						

**SERVICE FREQUENCY GUIDELINES**

TOTAL SCORE	FREQUENCY (per location)	Evaluation/Assessment Recommendation
200-220	2 or more times/week	Reevaluate with Tool within 3 months or sooner*
165-195	1 x / week	Reevaluate with Tool within 3 months or sooner *
110-160	at least 2 x / month	Reevaluate with Tool in 1 year or sooner *
75-105	1 x / month	Reevaluate with Tool in 1 year or sooner *
45-70	1 x / quarter	O&M Assessment in 3 years or sooner *
25-40	2 x / year	O&M Assessment in 3 years or sooner *
0-20	1 x / year	O&M Assessment in 3 years or sooner *
* sooner if change for individual in vision, mobility status, environment (home, work, day program, and/or other location), activity level, transportation access and/or as requested by the individual's Team.		

Time per visit will be determined by COMS based on individual needs and service provided.

## SERVICE TIME and DOCUMENTATION CALCULATIONS

Based on the Service Frequency Guidelines, and the needed documentation per your agency and/or the receiving agency needs, this table will help in planning and tracking your use of time.

\* **NOTE:** Direct Service visits and Training time can range from 15 minutes to over 2 hours per session depending on individuals needs.

	Home daytime	Home evening	Home overnight	day program	work	community
<b>Indicate Length of Time (minutes) per location as applicable.</b>						
Frequency per location    month   week   quarter   year						
	X					
* <b>O&amp;M Direct Service:</b> Length of time (minutes)/visit						
<b>TOTAL DIRECT SERVICE</b>						
* <b>O&amp;M Training:</b> Length of time (minutes)						
<b>TOTAL TRAINING</b>						
<b>Documentation:</b> Assessment						
<b>Documentation:</b> Tool						
<b>Documentation:</b> Progress Note						
<b>Documentation:</b> File Notes						
<b>Documentation:</b> Other						
<b>TOTAL DOCUMENTATION</b>						
<b>Total Direct Service</b>						
<b>Total Training</b>						
<b>Total Documentation</b>						
<b>TOTAL TIME</b>						

A. Individual Component	Home daytime	Home evening	Home overnight	day program	work	community
<b>Safety</b>						
A1. Which of the following describes <b>safety</b> for the individual? Circle ONE value for each applicable location.						
Safety is well managed, ie. individual consistently uses appropriate O&M skills safely, has had no accidents/injuries, and caregiver/staff report no concerns.	0	0	0	0	0	0
Safety is a concern, ie. hazards in environment exist, but no accidents/injuries reported to date, use of O&M skill is still developing/or is not used consistently, and/or frequent staff turnover.	10	10	10	10	10	10
Safety is a high concern, ie. hazards exist causing difficulty, individual has recently fallen, is unsteady on feet, not using a consistent O&M technique, has had a recent accident/injury, and/or caregiver/staff assisting the individual expresses concern for individual and/or self.	20	20	20	20	20	20
A2. Which of the following describes safety for the individual accessing all forms of <b>private transportation</b> (car, van, bus) to/from each location? Circle ONE value for each applicable location.						
Individual safely exits and enters all vehicles, handrails/grab bars/step stools/other supports and properly trained staffing consistently in place and used appropriately by the individual with minimal or no cuing.	0	0	0	0	0	0
Individual is hesitant and/or uses unsafe techniques when entering or exiting a vehicle, handrails/grab bars/step stools/other supports are not always present, and/or staffing is inconsistent or not properly trained.	10	10	10	10	10	10
Individual has difficulty/has recently fallen or been injured when exiting or entering a vehicle, vehicles with proper handrails/grab bars/step stools/other supports are not consistently used, and staffing is not adequate and/or trained for safety.	20	20	20	20	20	20
<b>SUBTOTAL</b> (Add circled values in each column.)						

A. Individual Component (continued)	Home daytime	Home evening	Home overnight	day program	work	community
<b>Safety (continued)</b>						
A3. Which of the following describes safety for the individual accessing all forms of <b>public transportation</b> (bus, subway, train, taxi) to/from each location? Circle ONE value for each applicable location.						
Individual safely exits and enters all public transportation, handrails/grab bars and properly trained staffing consistently in place and used appropriately by the individual with minimal/no cuing.	0	0	0	0	0	0
Individual is hesitant and/or uses unsafe techniques when entering or exiting public transportation, handrails/grab bars are not always present, and/or staffing is inconsistent or not properly trained.	10	10	10	10	10	10
Individual has difficulty/has recently fallen or been injured while using public transportation, handrails/grab bars are not consistently used, and staffing is not adequate and/or trained for safety.	20	20	20	20	20	20
<b>Recent Changes</b>						
A4. Do any of the following apply to the individual: change in environment, falls or accidents, recent vision changes, upcoming surgeries, change in mobility status?						
No	0	0	0	0	0	0
Yes	10	10	10	10	10	10
<b>Skill</b>						
A5. Is there one or more new <b>O&amp;M skill(s)</b> that the individual would benefit from <b>learning</b> ? Circle ONE value for each applicable location.						
No, individual is functioning well with current skills for safety and independence or is using skill(s) through partial participation.	0	0	0	0	0	0
Yes, safety and/or independence is a concern.	10	10	10	10	10	10
Yes, critical need for safety/injury prevention.	20	20	20	20	20	20
<b>SIIRTOTAL</b> (Add circled values in each column)						

A. Individual Component (continued)	Home daytime	Home evening	Home overnight	day program	work	community
<b>Skill (continued)</b>						
A6. Is there one or more <b>O&amp;M skill(s)</b> that the individual would benefit from <b>practicing</b> for increased safety, independence, and/or partial participation? Circle ONE value for each applicable location.						
No	0	0	0	0	0	0
Yes, for maintenance of skill or to improve consistency	5	5	5	5	5	5
Yes, skill is still emerging	10	10	10	10	10	10
A7. Is there one or more types of <b>transportation</b> and/or related skills that the individual would benefit from <b>learning</b> ? Circle ONE value for each applicable location.						
No, individual is functioning well with current transportation options and skills.	0	0	0	0	0	0
Yes, individual would benefit from learning to access 1-2 types of transportation.	10	10	10	10	10	10
Yes, individual would benefit from learning to access 3 or more types of transportation.	20	20	20	20	20	20
<b>SUBTOTAL</b> (Add circled values in each column.)						

<b>A. Individual Component (continued)</b>	<b>Home daytime</b>	<b>Home evening</b>	<b>Home overnight</b>	<b>day program</b>	<b>work</b>	<b>community</b>
A8. Does the individual use any <b>assistive device(s)</b> for mobility, ie. walker, wheelchair, support cane, long cane, adapted mobility device?						
No devices	0	0	0	0	0	0
1 device	5	5	5	5	5	5
2 or more devices	10	10	10	10	10	10
<b>Motivation and Approach</b>						
A9. What is the level of motivation for use of O&M skills and/or device(s) <b>by the individual</b> ? Circle ONE value for each applicable location.						
High	0	0	0	0	0	0
Medium	5	5	5	5	5	5
Low	10	10	10	10	10	10
<b>SUBTOTAL</b> (Add circled values in each column.)						

<b>B. Caregiver Component</b>	<b>Home daytime</b>	<b>Home evening</b>	<b>Home overnight</b>	<b>day program</b>	<b>work</b>	<b>community</b>
<b>Support: Resources, and Sensitivity</b>						
B1. Is there one or more <b>caregivers/staff</b> working with the individual?						
Yes, circle value and proceed to question #B2.	0	0	0	0	0	0
No, circle value and proceed to <b>Section C</b> .	10	10	10	10	10	10
B2. Which of the following best describes caregiver/staff <b>knowledge regarding access to resources</b> such as eye care providers, talking books, catalogs of aids and appliances, large print, recreation and leisure options? Circle ONE value for each applicable location.						
Caregiver/staff is fully aware of and uses resources. Infrequent staff turnover.	0	0	0	0	0	0
Caregiver/staff would benefit from ongoing consultation to learn about resources and how to use them. Occasional staff turnover.	5	5	5	5	5	5
Caregiver/staff is not aware of needs and intensive training is needed. Frequent staff turnover.	10	10	10	10	10	10
B3. Which of the following best describes caregiver/staff <b>sensitivity to each individual's vision loss needs</b> , ie. use of residual vision, use of eyeglasses and sunglasses, environmental adaptations, lighting, organization and set up of ADLs, etc.? Circle ONE value for each applicable location.						
Caregiver/staff demonstrates appropriate response to needs.	0	0	0	0	0	0
Caregiver/staff is aware of some needs, but more training is needed.	5	5	5	5	5	5
Caregiver/staff is not aware of needs and intensive training is needed.	10	10	10	10	10	10
<b>SUBTOTAL</b> (Add circled values in each column.)						

<b>B. Caregiver Component (continued)</b>	<b>Home daytime</b>	<b>Home evening</b>	<b>Home overnight</b>	<b>day program</b>	<b>work</b>	<b>community</b>
<b>Support: Resources, and Sensitivity (continued)</b>						
B4. Is the <b>approach needed</b> (tone, demeanor, type of cuing, etc.) by the individual to succeed in terms of use of <b>resources and rehabilitaive skills</b> demonstrated by caregiver/staff? Circle ONE value for each applicable location.						
All caregivers/staff demonstrate appropriate approach.	0	0	0	0	0	0
Some caregivers/staff demonstrate appropriate approach.	5	5	5	5	5	5
None of the caregivers/staff demonstrate appropriate approach.	10	10	10	10	10	10
<b>Support: O&amp;M</b>						
B5. Are all caregiver/staff knowledgeable about how to <b>support the use of the individual's O&amp;M techniques</b> ? Circle ONE value for each applicable location.						
All caregiver/staff know how to support the individual's use of O&M techniques.	0	0	0	0	0	0
Some caregiver/staff know how to support the individual's use of O&M techniques	5	5	5	5	5	5
None of the caregiver/staff know how to support the individual's use of O&M techniques	10	10	10	10	10	10
<b>Motivation and Approach</b>						
B6. What is the level of <b>motivation</b> of caregivers/staff for use of mobility skill with the individual? Circle ONE value for each applicable location.						
High	0	0	0	0	0	0
Medium	5	5	5	5	5	5
Low	10	10	10	10	10	10
<b>SUBTOTAL</b> (Add circled values in each column.)						



B. Caregiver Component (continued)	Home daytime	Home evening	Home overnight	day program	work	community
<b>Motivation and Approach (continued)</b>						
B7. Is the <b>approach needed</b> (tone, demeanor, type of cuing, etc.) needed by the individual to succeed <b>in use of orientation and mobility skills</b> consistently demonstrated by caregiver/staff? Circle ONE value for each applicable location.						
All caregivers/staff consistently demonstrate and use appropriate tone, demeanor, and cuing.	0	0	0	0	0	0
Some of the caregivers/staff consistently demonstrate and use appropriate tone, demeanor, and cuing OR Staff is overall inconsistent in demonstration and use of appropriate tone, demeanor and cuing.	5	5	5	5	5	5
None of the caregivers/staff demonstrate consistent use of appropriate tone, demeanor, and cuing.	10	10	10	10	10	10
<b>SUBTOTAL</b> (Add circled values in each column.)						

DRAFT

C. Frequency Component (continued)	Home daytime	Home evening	Home overnight	day program	work	community
<b>Ideal Frequency</b>						
C1. How often do you think the individual should work on the O&M skill(s) and/or Transportation skills? Check ONE for each applicable location.						
Multiple times each day						
1 x per day						
3 x per week						
1 x per week						
2 x per month						
1 x per month						
<b>Caregiver/Staff Availability</b>						
C2. Is there a caregiver/staff to instruct and work with the individual on O&M skills and/or Transportation skills when you are not there? Circle ONE value for each applicable location.						
Yes, circle value and proceed to question #C3.	0	0	0	0	0	0
No, circle value and proceed to question #C5.)	10	10	10	10	10	10
C3. If Yes, how often can caregiver/staff work on the skill(s) with the individual? Check ONE for each applicable location.						
Multiple times a day						
1 x per day						
3 x per week						
1 x per week						
2 x per month						
1 x per month						
<b>SUBTOTAL</b> (Add circled values in each column.)						

<b>C. Frequency Component (continued)</b>	<b>Home daytime</b>	<b>Home evening</b>	<b>Home overnight</b>	<b>day program</b>	<b>work</b>	<b>community</b>
<b>Caregiver/Staff Availability (continued)</b>						
C4. Does the <b>Caregiver/Staff Delivery (#C3)</b> match the <b>Ideal Service Delivery (#C1)</b> ? Circle ONE value for each applicable location.						
Yes, meets or exceeds	0	0	0	0	0	0
Yes, lower, but sufficient	5	5	5	5	5	5
No, too low	10	10	10	10	10	10
<b>Ideal Frequency Carryover</b>						
C5. How often do you think the person should carry over use of the O&M skill(s) and Transportation skills, ie. same skill on different route or same route at different times of day? Check ONE for each applicable location.						
Multiple times a day						
1 x per day						
3 x per week						
1 x per week						
2 x per month						
1 x per month						
<b>Carryover Staff Availability</b>						
C6. Is there someone to carry over use of the O&M skill(s) and Transportation skills when I am not there? Circle ONE value for each applicable location.						
Yes (Go to Question # C7)	0	0	0	0	0	0
No (END)	10	10	10	10	10	10
<b>SUBTOTAL</b> (Add circled values in each column.)						

C. Frequency Component (continued)	Home daytime	Home evening	Home overnight	day program	work	community
<b>Carryover Staff Availability (continued)</b>						
C7. If Yes, how often can they carry over use of the skill(s)? Check ONE for each applicable location.						
Multiple times a day						
1 x per day						
3 x per week						
1 x per week						
2 x per month						
1 x per month						
C8. Does the <b>Caregiver/Staff Delivery</b> (#C7) match the <b>Ideal Service Delivery</b> (#C5)? Circle ONE value for each applicable location.						
Yes, meets or exceeds	0	0	0	0	0	0
Yes, lower, but sufficient	5	5	5	5	5	5
No, too low	10	10	10	10	10	10
<b>SUBTOTAL</b> (Add circled values in each column.)						