

# On-Site/On-Call Assessment Form

Based on OAC Section 5123-9-30

"On-site/on-call"(OSOC) means a rate authorized when no need for supervision or supports is anticipated because the individual is expected to be asleep for a continuous period of no less than five hours, and a provider must be present and readily available to provide homemaker/personal care (HPC) if an unanticipated need arises but is not required to remain awake.

1. Does the individual routinely sleep at least 5 continuous hours during the night?  
Yes \_\_\_ No \_\_\_
2. Does the individual require some-kind of supervision or supports during the night?  
Yes \_\_\_ No \_\_\_
3. Does the individual live with other individuals who require HPC or OSOC?  
Yes \_\_\_ No \_\_\_

When an individual is NOT expected to sleep at least 5 continuous hours a night or the individual's needs require staff to provide any kind of service/support, then OSOC cannot not be authorized.

The team shall assess and document in the individual service plan when on-site/on-call may be appropriate.

In making the assessment, the team **shall** consider all of the following:

4. Medical or psychiatric condition which requires supervision or supports throughout the night: Yes \_\_\_ No \_\_\_ . If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Behavioral needs which require supervision or supports throughout the night: Yes \_\_\_ No \_\_\_ . If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Sensory or motor function limitations during sleep hours which require supervision or supports throughout the night: Yes \_\_\_ No \_\_\_ . If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Other safety considerations which require supervision or supports throughout the night: Yes \_\_\_ No \_\_\_ . If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

8. Emergency action needed to keep the individual safe: Yes \_\_\_ No \_\_\_. If yes, Please Explain: \_\_\_\_\_

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*If the answer is YES to any of the questions 4-8 listed above, On-Site/On-Call services are not appropriate.*

**9. Do any of the supports in question 4-8 that are answered YES, require a staff person for support? Yes\_\_\_\_\_ No\_\_\_\_\_**

*The team should then discuss the most appropriate service for the individual including Homemaker Personal Care or Remote Supports (Monitoring).*

**HPC**

<https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/rules-in-effect/5123-9-30+effective+2021-01-01>

**Remote Supports**

<https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/rules-in-effect/5123-9-35>